

CAMBRIDGE MEDICAL CENTER



From left, Jenni Caulk (Cambridge Police), Sgt. Bill Guenther (Isanti County Sheriff) and Officer Matt Bemis (Cambridge Police) understand how precious minutes can be when someone's heart has stopped. Having AEDs in their patrol cars is saving lives in the Cambridge area.



2 Dialysis comes to Cambridge



3 Teens tripped up by prescription and OTC drugs



4 A true story: The power of colon cancer screening

Near to your heart

FROM SQUAD CARS TO SCHOOLS, AEDs SAVE LIVES IN THE CAMBRIDGE AREA

IT CAN HAPPEN anywhere, anytime. You're watching a high school game or just crossing the street, and your heart stops. It's called sudden cardiac arrest.

With no doctors around, you may find yourself relying on strangers for help, and you may find yourself in good hands. In the Cambridge area, more than 70 AEDs (automated external defibrillators) are in squad cars, schools, the hockey arena, churches and other public places, and hundreds of people have been trained to use them.

HEART SAFE COMMUNITIES

Many local businesses and organizations have worked with the Heart Safe Communities program of Allina Hospitals & Clinics to place AEDs in the community and train people to use them.

"Every year, more than 350,000 Americans experience sudden cardiac arrest, and without early CPR and defibrillation, less than 6 percent of them survive," says Mark Thayer, MD, physician lead, Emergency Services Department at CMC. "With early CPR and defibrillation, their

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CAMBRIDGE MEDICAL CENTER

Allina Hospitals & Clinics

KIDNEY FAILURE

Understanding dialysis

KIDNEYS are crucial. Every day they filter harmful waste, such as excess water, nitrogen and salt, from our blood. They help us maintain a healthy blood pressure and balance our levels of potassium, calcium and sodium.

When kidneys don't work because of injury or disease, a transplant or dialysis must do their job.

Lifesaving dialysis is now available in Cambridge.

WHAT IS DIALYSIS?

Dialysis is an artificial means of cleaning the blood. About 90 percent of people on dialysis use a procedure called hemodialysis, in which blood is cleaned by a machine.

In hemodialysis, two tubes are attached to the body—usually to a person's arm or leg.

During the procedure:

- Blood travels through one of

the tubes into the hemodialysis machine.

- Blood in the machine passes through a filter that removes excess water and waste.

- Cleaned blood returns to the body through the second tube.

To stay healthy, a person usually undergoes hemodialysis three times a week. Each treatment lasts from three to five hours. A person can read, talk, sleep or watch television during treatments.

HOME DIALYSIS

With special training and regular monitoring, some patients are able to perform dialysis at home, giving them more freedom and ability to travel. They may use a portable hemodialysis machine or perform peritoneal dialysis, which cleans blood using fluid injected into the abdomen. ❖

Local treatments. Sherry Wentworth, RN, of CentraCare Kidney Program, prepares a patient for her hemodialysis treatment. Wentworth works at the new dialysis center in Cambridge.



NEW IN CAMBRIDGE

Kidney dialysis center opens

A new kidney dialysis center will open in Cambridge this spring, allowing area patients to receive hemodialysis close to home.

The center, leased from Cambridge Medical Center (CMC)/Allina Hospitals & Clinics, is located just south of CMC on Dellwood Avenue. It can serve 15 patients at a time, and each station has a television, music system and other patient comforts. The CentraCare Kidney Program of St. Cloud Hospital will provide dialysis services.

"We're pleased we could play a part in bringing these important services to Cambridge patients," says Dennis Doran, president of CMC.

The staff, experienced in all aspects of dialysis, includes registered nurses; licensed practical nurses; dialysis technicians; a social worker; a dietitian; and nephrologists Chad Haroldson, MD, and Bryan Rolph, MD. Drs. Haroldson and Rolph also see kidney patients at CMC on a regular schedule.

"The goal is to provide high-quality, holistic services to these patients, who are often very ill and may be on dialysis for a long time. The wait for a kidney transplant is about two years for most patients, and they need the support of a whole team," says Cathy Sindelir, dialysis director for the program.

"In addition to the dialysis, patients need to carefully balance medications and follow a very restrictive, precise diet. We help them with all of that and the financial, emotional and psychological issues that dialysis patients face."

For more information about dialysis, go to www.allina.com and select *Health Topics and Resources*.



Generation RX



TEENS TRIPPED UP BY PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Hmmm. Whatever happened to those pain medications that were left over after the minor surgery you had last year or the Ritalin® your child used to take?

If teens—your own or someone else’s—have access to your medicine cabinet, you’d better check it out. Prescription drugs, often from mom and dad, have become the latest trend in teen drug abuse.

One in five teens has abused a prescription painkiller, and one in 11 has abused over-the-counter (OTC) medications like cough syrup, according to a study by the Partnership for a Drug-Free America™.

Pain relievers such as OxyContin® and Vicodin® are the most commonly abused prescription drugs by teens.

FREE AND EASY

Kids abuse drugs for many of the same reasons they always have—acceptance by peers, escape from the problems of life and getting high. Now they are choosing prescription drugs more often than street drugs, and it’s no wonder.

It’s so easy and cheap to get the drugs. More than 57 percent of teens say prescription pain relievers are easy to get from parents’ medicine cabinets. They also get them from friends or on the Internet.

MAINSTREAM MISCONCEPTIONS

The Partnership for a Drug-Free America study uncovered several teen misconceptions about the drugs. Almost a third of teens believe prescription pain relievers are not addictive. Kids think they are

safe. And drug-related websites refer to “responsible” and “safe” use, even as they explain how many pills to take and how to snort or inject them to get high.

IT’S NOT SAFE

“Oxycontin and Vicodin are opioids, in the same class as heroin,” says David Olson Sr., MD, CMC psychiatrist and medical director for the Dellwood Adolescent Unit, which works with adolescents and teens with chemical dependence issues. “They can be psychologically and physically addicting, and they can cause death.”

In addition, prescription and OTC drug side effects can include lack of motor control, severe vomiting, stomach pain, rapid heart rate, frightening hallucinations and death.

Over the last 10 years, the number of teens getting treatment for addiction to prescription pain relievers has increased by more than 300 percent.

TALK TO YOUR KIDS ABOUT DRUGS

Teens whose parents have discussed drugs with them are half as likely to abuse them. Talk with your kids.

For tools and tips, visit www.timetotalk.org, a Partnership for a Drug-Free America website. ❖



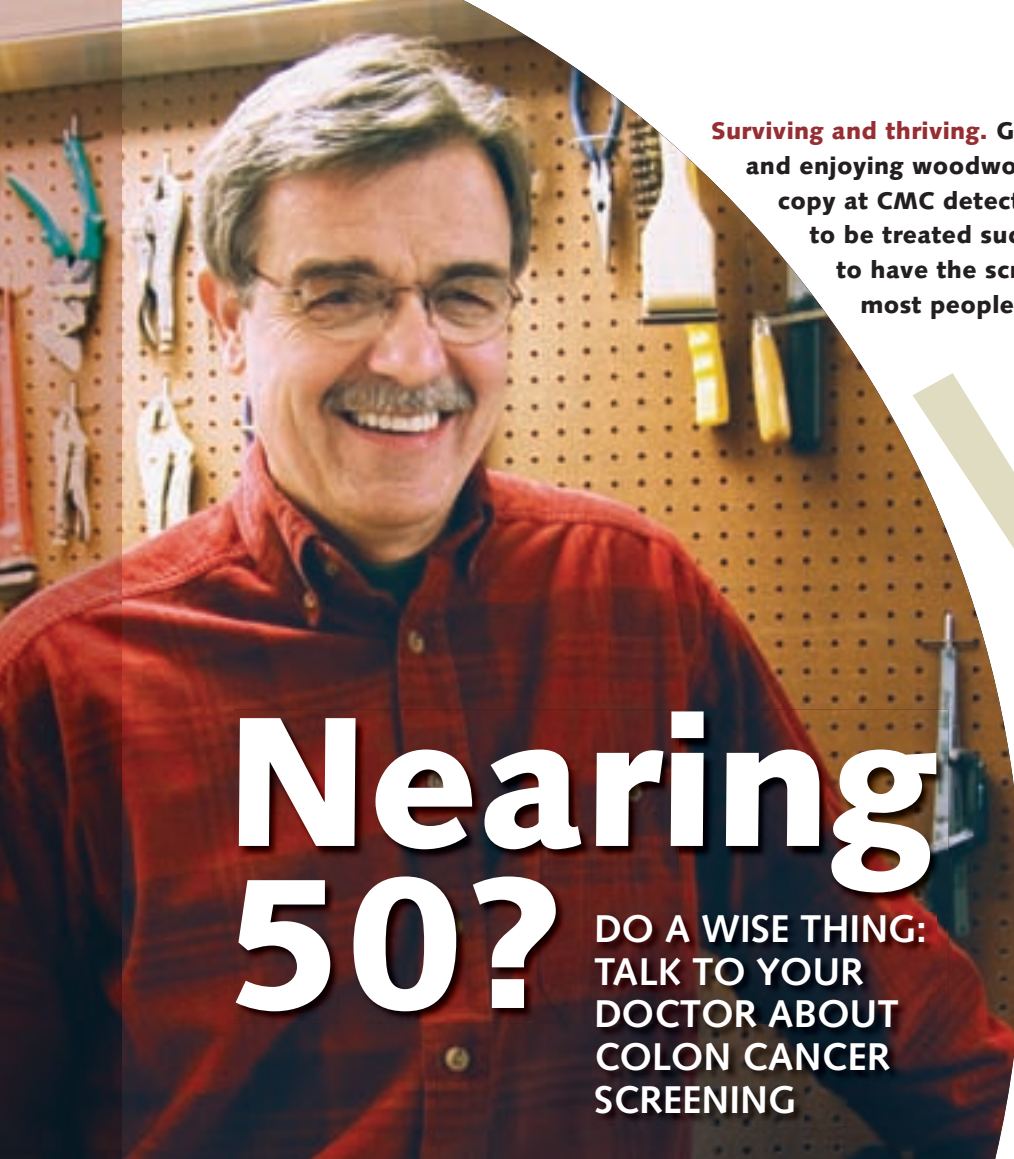
Don't be an accidental supplier

“Monitor and lock up your medications and dispose of medications that you no longer use,” recommends David Olson Sr., MD, CMC psychiatrist and medical director for the Dellwood Adolescent Unit. “Also, request that the number of refills on a prescription be time-limited, so it can't be refilled unless necessary.”

To dispose of medications, put them in a sealable container or bag mixed with some unpleasant substance, like used coffee grounds or kitty litter, and throw them in the trash. Flushing them down the toilet can pollute water.

Visit www.whitehousedrugpolicy.gov/drugfact/factsht/proper_disposal.html for detailed disposal guidelines.





Surviving and thriving. Greg Larsen is grateful to be healthy and enjoying woodworking. A routine screening colonoscopy at CMC detected his colon cancer early enough to be treated successfully. He encourages everyone to have the screening, which is recommended for most people starting at age 50.

Nearing 50?

**DO A WISE THING:
TALK TO YOUR
DOCTOR ABOUT
COLON CANCER
SCREENING**

YOU WOULD STOP cancer from developing if you could, wouldn't you?

Colon cancer—which this year alone will be diagnosed in some 106,000 Americans—can indeed be prevented in many cases, according to the American Cancer Society (ACS).

How, exactly? Typically, colon cancer begins as a polyp, a growth that is not yet cancerous. Colon cancer screening can help doctors find—and remove—polyps before cancer develops, thereby stopping a potentially deadly cancer in its tracks.

More than 90 percent of people diagnosed with colon cancer are 50 or older, the ACS reports. If it is found early and treated, the

A routine screening saves a life

About four years ago, close to his 50th birthday, Greg Larsen, of Princeton, Minn., had his yearly physical with John Lynch, MD, family medicine doctor at Cambridge Medical Center (CMC). Everything was fine, but as he did with all of his 50-year-old patients, Dr. Lynch recommended that Larsen have a screening colonoscopy.

A SMART STEP

That recommendation and Larsen's follow-through saved his life. When he had the routine screening colonoscopy a few weeks later, colon cancer was discovered—even though Larsen felt fine, had experienced no symptoms, and didn't have a family history of colorectal cancer or other risk factors. (For a list of risk factors, see page 5.)

"It came as a shock to everyone—it was just a routine screening," Larsen recalls. "To have significant disease at a first screening colonoscopy is very unusual," Dr. Lynch confirms. "Maybe 25 percent of the time there will be precancerous polyps, and that's what we really want to catch."

The discovery started Larsen's long road to survival and recovery. His treatment began with surgical removal of 16 inches of his colon and several lymph nodes, performed at CMC by Thomas Molano, MD. After he recovered from that, he started chemotherapy under the direction of Stephen Mann, MD, oncologist with Hubert H. Humphrey Cancer Center, who sees patients at CMC on a regular basis.

Larsen was very pleased that he

didn't have to miss much work during his seven months of chemotherapy.

"Work was therapeutic and helped me focus on something other than my health," he says.

IN IT TOGETHER

His chemotherapy program, administered by CMC, included treatments at CMC and at home.

In May his chemotherapy ended, and he was able to go on a long-anticipated trip to the Boundary Waters in August.

"It was great to be able to have all my treatments at CMC," he says. "It was a very good experience."

Larsen continued to follow up with colonoscopies and other tests to make sure the cancer hadn't reappeared. ♦

A colonoscopy saved Greg Larsen's life. It could save yours, too.

five-year survival rate is 90 percent. Unfortunately, less than 40 percent of colon cancers are detected early because many people are not being tested.

Several tests can help detect cancers of the colon and rectum, including fecal occult blood tests, sigmoidoscopy and colonoscopy. Talk to your doctor about which screenings are appropriate for you.

“Colonoscopy is the gold standard for screening for colorectal cancer,” says Allen Mork, MD, family medicine doctor at Cambridge Medical Center (CMC). “If polyps are found, they can usually be removed during the procedure. Removal of polyps dramatically reduces the chances of contracting colorectal cancer.”

He emphasizes that you're not only trying to detect cancer early, you can actually prevent it with the removal of polyps.

“It's hard to do those screenings when you're feeling well,” Dr. Mork acknowledges. “But that's exactly when you should. After seeing cases like Greg Larsen's, I am definitely going to have my screening colonoscopy when I reach 50.” (See page 4 for Larsen's story.)

“The procedure is not as bad as most people expect. Don't let fear prevent you from having it. The cleaning out preparation is the worst part. The staff at CMC is very proficient and takes care to make patients as comfortable as possible with medications. They have

the latest technology for the procedure,” he adds.

Last year surgeons performed more than 1,300 colonoscopies at CMC.

So if you're nearing 50, talk to your doctor about being screened. If you're at increased risk for colon cancer—for example, if this cancer runs in your family—you may need to begin screening earlier.

For more about colonoscopies and colon cancer, go to www.allina.com, look under *Conditions & Treatments*, and then select *Health Topics and Resources*. ❖



A winning team. Greg Larsen is grateful to John Lynch, MD (left), who was emphatic that he should have the screening colonoscopy that saved his life, and to Allen Mork, MD (back), his current family physician, and the team at CMC that treated his cancer, including surgeon Thomas Molano, MD, and oncology chemotherapy nurse DeeAnn Oslund, RN, OCN.

Colon cancer:

What's your risk?

You may need to be screened for colorectal cancer earlier than age 50 or more often if you have risk factors that make you more susceptible to it. Some of these are lifestyle risk factors that you can control, and others are not. According to the American Cancer Society, these factors can put you at higher risk for colorectal cancer:

- age-risk increases significantly after age 50
- physical inactivity
- obesity
- a diet mostly from animal products
- smoking
- heavy use of alcohol
- diabetes
- previous diagnosis of colorectal cancer
- previous history of polyps
- history of inflammatory bowel disease
- family history of colorectal cancer
- African-American heritage.

Seniors and driving: Safe on the road

AS AN OLDER driver, experience works to your advantage. All your time behind the wheel has taught you to anticipate possible dangers and avoid fender benders or worse.

Still, physical changes that can occur with age—such as vision problems or slowing reflexes—may be your cue to take extra care when driving.

For safety's sake:

- To see as clearly as possible, keep your windshield, mirrors and headlights clean. (Speaking of your headlights, be sure yours are working and aimed correctly.) Also sit high enough in the seat so that you can see the road for at least 10 feet in



front of the vehicle.

And if you wear glasses or contacts, have your eyes checked regularly and keep your prescription current.

- If a loss of flexibility makes it hard to look over your shoulder when changing lanes, reduce your driver's side blind spot by moving your car's mirrors.
- Are you less confident in traffic? Consider driving only on familiar

streets and avoiding rush hour.

- Finally, if friends or family have expressed concerns about your driving—or you yourself have questions—speak frankly with your doctor. He or she can help you address any changes in your health that may be compromising your ability to drive safely. ♦

Sources: National Highway Traffic Safety Administration; National Institute on Aging

Living large

IT'S PORTION DISTORTION

WHO DOESN'T love a muffin? But don't those giant ones you see in grocery store bakeries look more like a meal than a muffin?

Experts from the National Institutes of Health who have studied portion size say muffins, and many foods, just aren't what they used to be. For example, the average muffin 20 years ago: 210 calories (1.5 ounces). Today: a whopping 500 calories (5 ounces).

Like the muffin, portion sizes of theater popcorn, desserts, french fries, soda and many other foods have grown greatly, along with America's waistlines.

It's called portion distortion, and "It's a big deal," says Registered



Dietitian Dawn Jackson Blatner, a spokeswoman for the American Dietetic Association.

Size management. To cut servings down to size, try these quick strategies from Blatner:

- Use a smaller plate.
- Buy favorite packaged foods in pre-portioned packages, and avoid eating directly from large packages.
- Share oversized restaurant portions with a companion.

- In your kitchen, you can measure or weigh food to know what a serving should be. Look for recommended serving sizes on food labels.
- Try visualizing the right portion size by comparing servings to everyday objects:
 - Three ounces of meat: a deck of cards
 - One and a half ounces of cheese: four dice
 - A medium potato: a computer mouse
 - A medium piece of fruit: a baseball
 - Half a bagel: a hockey puck
 - Two tablespoons of peanut butter: a ping-pong ball.

It adds up. When it comes to healthy eating, Blatner says, "There are two things that matter—what you eat and how much you eat. Fifty percent of this equation is portion control." ♦



CAMBRIDGE MEDICAL CENTER

Cambridge Medical Center invites you to a health-promoting class or seminar. For more information, visit www.cambridgemedicalcenter.com or register by calling the CMC Education Department at 763-689-7780.

CANCER RESOURCE CENTER

The Harbor Room is filled with resources for cancer patients and their loved ones. Call 763-689-8415 for hours and activities.

CPR AND FIRST AID

Two- and four-hour classes
Offered monthly at various times
Minimal charge

Basic life support recertification classes for health care providers are offered throughout the year. Call CMC's Education Department at 763-689-7780, ext. 1, for details on first aid or other basic life support class availability.

DIABETES AND NUTRITION EDUCATION

Diabetes Self-Management Training

Classes are available for people newly diagnosed with diabetes as well as for annual education updates. Individual consultations are available if required by your doctor. A doctor referral is required for this class.

The Winning Weigh

- May 12, 6-8:30 p.m.
- June 17, 6-8:30 p.m.
- Aug. 21, 10 a.m.-12:30 p.m.
- Sept. 16, 4-6:30 p.m.

Foundation Room

Cost is often covered by insurance. Check with your insurance company before registering.

Call CMC Diabetes Education at 763-689-7775 for details. Classes, taught by a registered dietitian, are available for anyone who has been diagnosed by a doctor as having pre-diabetes, impaired fasting glucose, impaired glucose tolerance or dysmetabolic syndrome.

CHILDBIRTH CLASSES

Prepared Childbirth

Wednesdays, 6-9 p.m.

- May 7, 14, 21, 28

- June 4, 11, 18, 25

- July 9, 16, 23, 30

- Aug. 6, 13, 20, 27

\$65 (\$35 if deliver at CMC)

Using the Lamaze® approach to prepared childbirth, the classes focus on relaxation and breathing for labor and delivery. A tour of the Maternity Care Center is included.

Fast Track Prepared Childbirth

Two sessions per class

- Thursday, June 5, 5-9 p.m., and Saturday, June 7, 8 a.m.-noon

- Thursday, Aug. 7, 5-9 p.m., and Saturday, Aug. 9, 8 a.m.-noon

\$65 (\$35 if deliver at CMC)

JOINT REPLACEMENT SURGERY

Monthly Classes

- Second Tuesday, 6-8 p.m.

- Fourth Tuesday, 2-4 p.m.

Foundation Room

Free

A class for people anticipating knee or hip replacement surgery. Learn how to get ready for surgery and how to prepare for a successful recovery. Class is taught by an orthopedic nurse.

PARENTING CLASSES

Exploring Newborns

Fridays, 11 a.m.-noon

CMC 4th Floor Classroom

A program for moms and/or dads and their babies from birth to 6 months. Bring your baby to the weekly informal

get-togethers, where each week a different baby care topic will be discussed. A registered nurse will weigh babies and answer questions. Sponsored by Isanti County Public Health, ECFE and CMC. No registration required. Call the Partners in Pregnancy Clinic at 763-689-7725 for more information.

New Baby Care

Two-session class

Tuesdays, 7-9 p.m.

June 17 and 24, July 29 and Aug. 5, Sept. 9 and 16

Dining Room B

\$20 per couple (free if deliver at CMC)

Learn the basics of baby care, such as bathing, diapering, swaddling, cord care, infant CPR and more.

Car Seat Safety

45-minute class

Tuesdays, 5:30-6:15 p.m.

May 20, July 15, Aug. 19, Sept. 23

Dining Room B

\$15 per couple (free if deliver at CMC)

This class, taught by child-passenger safety technicians, will focus on how to safely position your child in the car seat, when to transition to a larger seat and tips for proper seat installation.

Breastfeeding

60-minute class

Tuesdays, 6:30-7:30 p.m.

May 20, July 15, Aug. 19, Sept. 23

Dining Room B

\$20 per couple (free if deliver at CMC)

Get your breastfeeding off to a good start. The course is taught by a certified lactation counselor.



People's Bank of Commerce was the first business in Isanti County to purchase AEDs like this one shown by Clyde Bloyer, senior vice president (left), People's Bank of Commerce in Cambridge, and Bruce Hildebrandt, ambulance manager for Allina Medical Transportation, Cambridge. More AEDs are needed in area businesses and public places. See the story below for information about a special matching grant program to encourage placement of more AEDs.

Near to your heart

—Continued from Page 1

chances of survival double. Having AEDs available in the community saves lives.”

AEDs SAVING LIVES IN ISANTI COUNTY

Since law enforcement officers are often the first to arrive at the scene when someone has sudden cardiac arrest, squad cars were equipped with AEDs first.

Cambridge police officer Jenni Caulk can attest to the benefit of having an AED in the squad car—she helped save a man’s life with one.

“I received a medical call that an elderly man was down and not breathing at his home,” she recalls. “When I arrived, he was unconscious and not breathing. I attached the electrode patches to his chest, turned on the AED, and it took over from there, telling me what to do. It advised a shock, and fortunately, the first shock worked.”

The ambulance arrived and provided more emergency care while they continued CPR, and the man was taken to the hospital and survived. Caulk has been with the police department for nine years and had responded to similar calls before the AEDs were available.

“It was great to have the AED,” Caulk says. “Without it, CPR was often unsuccessful. The AEDs are a great tool, and they should be everywhere.”

YOU CAN HELP

More AEDs are needed in our area. To encourage businesses and churches to purchase them, an Isanti County Heart Safe Communities program will offer a matching grant for part of the cost, mount the unit, train the employees, and do periodic maintenance on the AED. Area residents can also help place more AEDs in our community by making a donation to the Isanti County Heart Safe Communities program.

For more information, call Bruce Hildebrandt at 763-689-7962. ❖

HOW TO REACH US

- General Information . . . 763-689-7700
- Clinic Appointments . . . 763-689-8700
- Eye Clinic 763-689-7857
- Rum River Drug 763-689-7809
- Same Day Clinic 763-689-7820
- Allina Medical Clinic—
North Branch 651-674-0055

For more information and services, visit www.cambridgemedicalcenter.com.

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