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# HEALTH *Talk*

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## Say Goodbye to Floaters

About seven years ago, Jane Urbatsch of Williston first noticed something in her line of vision.

That something was like “a great big worm,” she said. It would float to the top of her line of vision, and then to the bottom; eventually, it stopped floating back and forth and remained right in the middle of her vision. “It was a big worm,” she said, noting that it was opaque, dense, and you couldn’t see through it.

What Urbatsch saw is more commonly known as a “floater,” a deposit of vitreous humour – the clear gel that fills the space between the lens and the retina – that floats (hence its name) in a person’s field of vision.

While it didn’t cause Urbatsch any pain, it was certainly a



Mark Raymond, MD, an ophthalmologist with Trinity Regional Eyecare – Western Dakota, right, demonstrates the technology used to remove eye floaters.

serious inconvenience. Urbatsch separates from the retina and forms into clumps, which are perceived in the vision as a floater.

Having floaters is a part of the natural aging process, Raymond said. “We all go through it

slit lamp, a biomicroscope. Prominent floaters are identified and obliterated with the laser.

“You feel nothing,” Urbatsch said, of the surgery. “It was amazing.”

As Dr. Raymond noted, the surgery is not painful and requires no significant aftercare. The evening after her surgery,

“it was just totally awesome” that she was able to have her vision restored in her right eye. She didn’t waste any time enjoying her new sight: she went online and ordered more books to read.

“I would recommend the surgery,” Urbatsch said. “I tell everybody about it.”

Trinity Regional Eyecare – Western Dakota acquired the technology in September and since then, Raymond has

performed the procedure on three patients.

“I love it,” Dr. Raymond said. “You can’t have happier patients than Jane.”

Over the next month, Urbatsch had additional surgeries – also performed by Dr. Raymond – for her cataracts.

“I can see again. It was so nice,” she said. “Why live with this if you don’t have to?”

A doctor’s referral is not needed for the procedure. To schedule an appointment, call Dr. Raymond’s office at (800) 735-4926 or 572-7641. Trinity Regional

Eyecare – Western Dakota is located at Trinity Community Clinic – Western Dakota, 1321 West Dakota Parkway, Williston.

*“I can see again. It was so nice. Why live with this if you don’t have to?”*

— Jane Urbatsch  
Eye Floater Patient

serious inconvenience. Urbatsch loves to read (period westerns are her favorite), so when the floater remained centrally static, it prevented her from reading, or pretty much doing anything.

“It was blinding me,” she said.

The floater was only in her right eye, so to do things (like reading), she would close her right eye and focus with her left. However, coupled with glaucoma and astigmatism, focusing with just her left eye began to put a strain on her “poor left eye.”

Floaters are “consolidations of the vitreous that occur with age,” explained Mark Raymond, MD, an ophthalmologist with Trinity Regional Eyecare – Western Dakota. As a person ages, he said, the vitreous

sooner or later.” The National Eye Institute stated on its website that floaters “are more common in people who are very nearsighted, have diabetes, or who have had a cataract operation.” However, trauma, inflammation, or bleeding of the eye can cause premature floaters, Raymond added.

The solution for floaters, which is now available at Trinity Regional Eyecare – Western Dakota, is YAG laser vitreolysis, which breaks up the floaters in a ten-minute, in-office procedure. Recently, TRE – Western Dakota upgraded its technology to include YAG laser vitreolysis.

The procedure is similar to a standard eye exam: a patient would sit in the chair while the doctor looks in the eye with a



Jane Urbatsch doing something she enjoys – reading, something that she couldn’t do when eye floaters blocked her vision in her right eye. A surgical procedure available at Trinity Regional Eyecare-Western Dakota helped to fix this.

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# 2017 in Review

## Lung Cancer Screening Program

Heidi Bender, FNP-C, a nurse practitioner in Pulmonology and coordinator of the Lung Cancer Screening Program, explained that the program was launched with the purpose of detecting lung cancer at an earlier stage, to improve the health of high-risk individuals in our region. Consistent with Trinity Health’s mission, the Low-Dose CT Lung Cancer Screening Program demonstrates Trinity’s commitment to futuristic and proactive continuous performance improvements, Bender noted.

Prior to low-dose CT lung cancer screening, lung cancer often was detected through chest X-rays, but the cancer often wasn’t picked up early enough to make a difference in reducing the death rate, explained Scott Lewis, MD, medical director of Trinity Health’s Radiology department. “They would find cancers, but it was too late.”

The National Lung Screening Trial (NLST) demonstrated that low-dose CT scans reduces the death rate from lung cancer by 20 percent by detecting lung cancers early. “That was the first study to show they could save lives from lung cancer screening,” Lewis said.

Finding lung cancer early is critical because it does not often present symptoms until the cancer is in its later stages. The main symptoms of lung cancer include cough, shortness of breath, blood in sputum, weight loss, and chest pain. Lewis said that if any of these symptoms are present, it is important to see a provider.

## Comprehensive Medicine: Traditional Family Medicine Returns

Kwanza Devlin, MD, and her colleague, Kimberly Krohn, MD – both are the newest additions to Trinity Health’s Family Medicine team – offer comprehensive care as a way to increase the care a patient receives, while maintaining a level of continuity.

Through comprehensive care, Krohn and Devlin can see a patient in their office, at the patient’s home, in the hospital, or in a nursing home. Krohn described this as “patient-centered care,” where the needs of the patient are met, regardless of geography or the level of care that is needed. “It’s having a view that patient care is not limited by the boundaries of time and space.”

It harkens back to the days where you would call for the doctor, who would come to your home with his doctor’s bag and treat what ails you; Devlin and Krohn hope that this traditional form of family medicine can return.

“It’s going back to the way things used to be, when you had your doctor and that was the doctor for your family,” Devlin said. “The doctor knew your family inside and out, and they would, if needed to, make a home visit. If you went to the nursing home, they would see you there. If you had a baby, they would be there for that. You don’t see that very much anymore.”

“After 10 years of being a doctor for someone, you are never the same doctor you were when you first met them,” Krohn added, noting that the doctor grows around the patients’ needs while getting to know them.

## Trinity Regional Eyecare – Western Dakota receives new equipment through RCGF Grant

The Trinity Health Foundation received a grant from the Rural Community Grant Fund to purchase two surgical eye carts for Trinity Community Clinic – Western Dakota, in Williston.

The addition of these carts has proven to be beneficial as the Ambulatory Surgery Center at the clinic has grown significantly with more eye cases and new surgical services, explained Mark Raymond, MD, an ophthalmologist with Trinity Regional Eyecare – Western Dakota. Eye surgeries performed include cataracts, corneal transplants, LASIK, glaucoma surgeries, pediatric cases, and floater removal.

These surgical carts assist the providers in offering patients the best possible care. A surgical cart differs from a surgical table as the cart includes a specific headrest that helps keep the patient’s head stable – an important component, when you consider the small area the surgeon has to work with.

## The Heart of an Organization Keeps Giving

Through their fundraising efforts, the Trinity Health Auxiliary Healthy Hearts Club was able to raise \$15,000 to purchase cardiac chairs.

A check for \$15,000 was presented to C. Etta Tabe, MD, a cardiothoracic surgeon with Trinity Health, during the Healthy Hearts Club’s Hearts Gala on February 10.

These cardiac chairs are used to help get heart patients up and around after surgery, explained Lorrie Antos, RN, BSN, director of Trinity Health’s Critical Care and Women’s and Children’s Services.

Early mobilization is started with the patient soon after surgery. The first step is getting them into the cardiac chair.

“The chairs are specially designed to make it easier for them to get up,” Antos said. “The chairs are made in such a way that you can position the patient correctly. They help the patient get well faster. Early mobilization helps prevent pneumonia and complications from surgery.”

Patients use the chair the whole time they are in the Intensive Care Unit.

With the donation from the Healthy Hearts Club, three cardiac chairs were purchased, which added to the two chairs Trinity had already.

The Healthy Hearts Club, an extension of the Trinity Health Auxiliary, hosts several fundraisers throughout the year to benefit the region’s heart patients and the heart programs at Trinity Health.

## TeleSitter Program Helps Ensure Patient Safety

Trinity Health has implemented a new technology that will help keep patients safer and help to reduce the number of falls and potential injuries during their hospital stay.

The AvaSys® video monitoring system, known as TeleSitter, keeps a watchful eye over acute care patients in a more practical way.

Nurses typically round on patients throughout their shift. “We can have several patients that we try to monitor simultaneously to care for and prevent injury on a daily basis,” explained Karen Zimmerman, RN, vice president and chief nursing officer with Trinity Health. “A patient may be at risk for falling, for pulling at IV lines or tubes, or may be a little disoriented and anxious about their surroundings.”

With TeleSitter, a technician is able to monitor a number of patients at the same time, via the monitoring system, as if the patients were all in the same room. The implementation of TeleSitter is a positive step toward patient safety, Zimmerman said. The monitoring system is a safeguard for patients to prevent falls and injuries. Falls happen when patients try to get out

of bed, walk without assistance, or forget they need assistance.

## Trinity Physicians Among First To Offer New Sinus Stent

Trinity Health otolaryngologists Mark Noel, DO, and Rob Thomas, MD, were among the first ENT specialists in the nation to employ a new device that helps keep sinuses open after sinus surgery.

PROPEL® Contour, a product of Intersect ENT, Inc., is a dissolvable drug-eluting stent that is placed in the sinuses after sinus surgery to deliver medication and mechanical support to optimize surgical outcomes. The device was recently approved by the Food and Drug Administration.

Dr. Noel said Trinity Health is one of a handful of ENT centers in the country selected to pilot the new stent. He said the device is the latest in a line of sinus stents designed to treat the various passages of the sinus system.

## Trinity Health Receives Recognition for Stroke Care Services

Trinity Health was awarded with the Stroke Gold Plus Quality Achievement Award, the American Heart Association’s highest award for stroke care, as well as a recertification as an Advanced Primary Stroke Center from the Joint Commission.

The Get With The Guidelines®-Stroke Gold Plus achievement was awarded as Trinity Health met “the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the communities you serve,” according to the American Heart Association.

Jerilyn Alexander, RN, BSN, Stroke and STEMI Coordinator with Trinity Health, explained that Trinity’s Stroke Center was reviewed by the Joint Commission in February 2017, using data from 2016. The issue of recertification was announced in April 2017. According to the Joint Commission’s website, the Certificate of Distinction for Primary Stroke Centers “recognizes centers that follow the best practices for stroke care. Applicants for advanced certification must meet the requirements for Disease-Specific Care Certification, plus additional, clinically specific requirements and expectations.”

## Trinity Introduces New Health Screenings

Trinity Health is pleased to provide the community greater access to additional health screenings. Available screenings include: Abdominal Aortic Aneurysm (AAA), Carotid Artery, Coronary Artery Calcium Scoring, Electrocardiogram (EKG), and Peripheral Artery Disease (PAD). Our imaging technology provides earlier disease detection and promotes timely care.

## FirstCare Walk-In Clinic Opens

Calling it a new day in same-day medicine, Trinity Health opened a walk-in clinic at Health Center – Medical Arts called FirstCare in September. FirstCare provides healthcare access on a walk-in basis with no appointments. The walk-in clinic welcomes patients seven days a week with extended hours from 8 a.m. to 8 p.m. on weekdays, and 9 a.m. to 5 p.m. on weekends and holidays.

Thomas M. Warsocki, FACHE, vice president of Physician Network Services at Trinity Health, called the new clinic a significant step in non-emergent care.

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# Giving Back



The Trinity CancerCare Center received a donation of \$1,000 from El Azteca Restaurant on November 20. During the month of October, the Mexican restaurant sold pink chips and salsa to raise funds for the CancerCare Center. Additionally, on October 21, with the assistance of Minot Stiletto, they held a chip-eating contest, “Eat It Cancer!” that raised \$375; those funds were included in the donation to the CancerCare Center. Lilie Nicolas and Griselda Enriquez, with El Azteca, presented the check to Shane Jordan, director of the Trinity CancerCare Center; Cody McManigal, donor relations coordinator, and Al Evon, director, both with the Trinity Health Foundation.



Trinity Hospital – St. Joseph’s Same Day Surgery donated blankets to Ward County Child Protective and Family Services. Every year, the unit makes blankets to donate to different area organizations.



Scheels of Minot presented a \$1,650 check to the Trinity CancerCare Center. The proceeds represent ticket sales from Scheels’ 3rd annual after-house shopping event held November 12. Pictured from left are Beth Feldner, events coordinator at Scheels; Al Evon, director of the Trinity Health Foundation; Cody McManigal, the Foundation’s donor relations coordinator; and Shane Jordan, director of the Trinity CancerCare Center.



Students from the National Junior Honor Society at Erik Ramstad Middle School recently raised \$260 for the Trinity CancerCare Center during a “Pink Out,” when students paid \$1 or more to wear pink on a particular day. The check was received on December 13 by Carol Mohagen and Shane Jordan, with the Trinity CancerCare Center, and Al Evon and Cody McManigal, with the Trinity Health Foundation. The money will go into the CancerCare Center’s Patient Assistance Fund.

thank you!

## FirstCare Walk-In Clinic Now Open Health Center – Medical Arts • No Appointments Necessary

# Medication Delivery Program

Patients at Trinity Hospital no longer need to wait for medication after being discharged. Through a new program, patients can receive their prescriptions while they are still in the hospital.

“A lot of patients would get discharged, go to the pharmacy, and get their prescription filled before going home,” explained Carolyn Seehafer, PharmD, director of Pharmacy Services at Trinity Health.

This new service, which began in July, includes patients receiving their medication the day of discharge, allowing them to go directly home. Medications are filled at B&B Pharmacy, located on the ground floor at Health Center – East, and are then delivered directly to the patient’s hospital room. All medications, including short-term courses of antibiotics or the patient’s first 30-day supply of a prescription, are included, Seehafer says, noting that patients have been “very happy” to have this service available.

## Trinity Health’s Speaker’s Bureau

Call our Community Education Department at 857-5099 to check for available dates and topics.

# 2017 in Review

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“FirstCare gives patients the direct accessibility of walk-in care without compromising quality,” he said. “Patients will have ready access to lab, pharmacy, and imaging services in addition to the full range of integrated services available through the Trinity Health system. That’s important to someone who might have a condition that requires a higher level of care.”

Staffing the clinic is a new team of providers committed to providing first-class walk-in care. Marisa Albertson, MD, is a Minot native who has practiced Family Medicine in the community for many years. She is joined by nurse practitioners Jessica Fricke, FNP-C, and Sandy Storey, FNP-C.

### Trinity Health Adds Palliative Medicine Program

Trinity Health has expanded its continuum of care at Trinity Hospital, adding Palliative Medicine to its scope of services. Palliative Medicine is a program of specialized medical care for people with serious and life-limiting illnesses.

Leading the program are Ann M. Hoff, MD, and Kristy Leier, FNP-C. They work with a team of physicians, nurse practitioners, nurses, social workers, and other specialists to focus on providing relief from the stress and symptoms associated with the serious or life-limiting illness and to improve quality of life for patients and their families.



# A Determination of Steele

*Minot man fights way back from stroke, with help from Trinity Health staff*

Bruce Steele walked slowly, but confidently, up the quiet cul-de-sac in northwest Minot where he makes his home.

Ten times, up and down the street, is the exercise that Steele needs. Negotiating his walker up the small driveway and up the step into his home also helps aid in his recovery, which has come a long way since he suffered a stroke last year.

On March 25, 2017, Steele was in his bedroom when he had his stroke. “I just fell over,” he said.

He crawled from his bedroom into the kitchen and called for an ambulance, which took him to Trinity Hospital, where he stayed for a few days before being transferred to Trinity Health’s RehabCare Center, located at Trinity Hospital – St. Joseph’s.

**Feeling in a Fog**

Trinity’s RehabCare Center is an inpatient rehabilitation program dedicated to helping people restore their independence and return to a more productive lifestyle following an illness, injury or surgery.

Tammy Ferderer, MSW, LCSW, program director for the RehabCare Center, stated that stroke is the leading diagnosis for patients admitted to RehabCare.

At first, Steele felt “overwhelmed and depressed” following his admission to RehabCare. “You’re in a fog from the stroke. I just wanted to stay in bed and sleep,” he said.

The staff, however, came in to wake him up every morning, insisting that he carry on and follow through with his therapy. “They were very conscientious and accommodating,” Steele said, but while being positive, they weren’t sympathetic enough to allow Steele to wallow in his malady. Steele reckoned that if that were the case, he wouldn’t have gotten nearly as far. The staff didn’t coddle him; they made him work toward his recovery.

“If I was going to feel sorry for myself, I had to do it on my own,” he said.

And he did.

An interdisciplinary team works with RehabCare patients. The staff at RehabCare include rehabilitation nursing staff, physical therapists,



*As part of his Home Health-based physical therapy, Bruce Steele walks up and down his street ten times under the supervision of Gus Kruse, OTR/L, an occupational therapist with Trinity's Home Health. Steele suffered a stroke in March and “is doing wonderful,” Kruse says, crediting Steele's motivation as a factor toward his recovery.*

occupational therapists, speech-language pathology and audiology therapists, psychiatric and psychological services, pastoral care, medical social services, and nutritional services.

“Everyone was so positive, so supportive,” he said. That encouragement, he adds, “was enough for me. I just decided if I did things halfway, I’m cheating myself. I committed to the program and took it serious.”

Initially, Steele was to stay at RehabCare for three weeks, “but they thought it would do me good – and it did,” if he stayed another week so they could get him to the level of recovery where he could go home. That program included sessions with physical therapy, occupational therapy, and speech therapy, the latter of which taught him how to swallow again. “You’re like a child learning how to ride a tricycle. You’re almost like a child,” Steele said.

Throughout his treatment and the repetition involved, he received incremental gains, as his body began to remember how to do things most take for granted: picking up a pencil, getting dressed, the basics.

The exercises that he was taught “translates so well into the real world,” Steele said, noting that he can see how the things he learned in RehabCare carry over into daily living. “They know what they’re doing. They know their business; I can’t say enough about them.”

Each day was important as he got into a rhythm, learning to regain his old self by re-learning things he could do before.

“The confusion is gone; the awkwardness is still there,” he said. “RehabCare gives you daily rewards and constant encouragement from the staff. “The whole program is full of

triumphs. It keeps you going. It kept me going.”

**Being Cut Loose**

About a week before he was discharged, a home visit was performed to ascertain his living conditions. His rugs were removed to eliminate any tripping hazards and furniture was rearranged to accommodate Steele and his walker.

On April 25, 2017, “they cut me loose” and Steele returned home.

For the next six weeks, Steele participated in Trinity’s Home Health/Hospice program; the Home Health agency caters to patients who are homebound and have a skilled need for either a nurse or a therapist (physical, occupational, or speech).

Home Health staff include social workers, as well as certified nursing assistants to help with bathing and personal cares; it does not provide custodial care, such as homemaking, making meals, or cleaning homes, but Home Health can assist patients in getting Meals on Wheels or LifeLine. Social workers can help them access community resources, help with financial concerns, and long range planning.

Patients who require Home Health may have had surgery, where they are using a wheelchair, walker, or crutches to get around. So, in lieu of making numerous trips to the clinic, Home Health acts as the eyes and ears for the provider.

Twice a week, staff from Trinity Home Health visited Steele at his home for therapy sessions. These sessions continued for four to six weeks after he came home; once he completed this, he graduated to outpatient therapy sessions. Patients participate in the Home Health program anywhere from one to three months, depending on the health of the patient.

The first six months of recovery following a stroke are crucial, said Gus Kruse, OTR/L, an occupational therapist with Trinity Home Health/Hospice, who worked with Steele. “That’s when you get most of your return. The biggest gains happen in the first six months after having a stroke. The brain is more into getting everything back and reconnecting those signals.”

According to the American Speech-Language-Hearing Association (ASHA), a stroke may cause physical difficulties, particularly in the arm, leg and face on one side of the body; cognitive problems; and/or speech and language problems. These impairments can improve over time as the brain heals. Recovery is based on the severity and location of the stroke, plus the will and ability of the patient to work on getting back on track.

“He’d been busting his butt to get as much back as possible,” Kruse said. “It’s quite a process.”

While the staff at RehabCare were helpful to Steele, it is Steele himself who is instrumental in his progress.

“Bruce is doing wonderful,” Kruse said in last June, as they escaped from the growing summer heat in Steele’s home. He credited Steele’s recovery to pure motivation and determination “If he wasn’t motivated, he wouldn’t be doing as well. He’s come a long ways already.” If Bruce doesn’t continue on his own, a person won’t succeed.

Therapy “is a two way street,” Kruse said. The four hours of Home Health therapy that Steele did weekly is not enough, and the care must continue at home.

While at home, Steele did tasks that can help promote dexterity in his fingers, as well as “creating the wiring” in his right hand. A pail of toy plastic blocks sits by his kitchen table. With his left hand, he will reach into the pail, fish out a block, and then attach it to another block. He leans against his kitchen counter and does exercises: knee bends, leg lifts, and squats.

“I’ll come over here and do 20 minutes, a half hour,” he said.

While watching television, Steele does his block exercises, stringing beads, cutting paper, or typing on his computer.

“Without him being determined and working on all his activities, including dressing, bathing, cutting up paper and working on his hand, he would not be doing as good as he is doing,” Kruse said.

If Steele sat on his couch watching television and wasn’t doing anything, he felt “uncomfortable,” he said. “It’s important to keep busy.”

Keeping busy helped Steele move closer and closer to his overall goal: freedom from his walker.

“The day I get rid of this” – he motioned toward this walker – “and get a cane, I’ll be so happy,” he said. “I’ll celebrate it every year.”

Steele is feeling “very good now,” not just physically, but emotionally and mentally. “I’m very optimistic,” he said, as he neared the end of his therapy.

As Steele appeared to be progressing just fine, that day should be soon coming.

Participation in Trinity Health’s Home Health Agency is usually recommended by your provider. If you feel you qualify, please speak to your physician. For more information, please call 857-5082.



# Cervical Cancer can be Prevented

Cancer of the cervix, the lower part of the uterus (womb), is the second-most common cause of female-specific cancer – breast cancer is the most common – and it can be detected through recommended screenings.

The American Cancer Society estimates that in 2017, about 12,820 new cases of invasive cervical cancer would be diagnosed and about 4,210 women would die from it.

Cervical cancer is also preventable.

Like mammograms and self-breast exams with breast cancer, David Amsbury, DO, an OB/GYN with Trinity Health, said that staying up to date with Pap smears and following recommended guidelines is integral to prevent cervical cancer.

“Cervical cancer is something that no woman should have to die from,” Dr. Amsbury said.

Early vaccination, along with regular Pap smears and HPV testing when recommended, is now the best way to prevent cervical cancer, the Foundation for Women’s Cancer said.

The Papanicolaou test, known more

commonly as a Pap smear, is a method of cervical screening used to detect potentially pre-cancerous and cancerous processes in the cervix. The Foundation for Women’s Cancer states that since its inception in the 1940s, the Pap smear has reduced deaths from cervical cancer by more than 70 percent. “It is hoped with wide-spread vaccination and improved screening strategies, fewer and fewer women will be affected by cervical cancer and pre-cancers in the future,” the organization stated on its website.” It added that cervical cancer was once one of the

most common causes of cancer death for American women.

Since 2012, the American Cancer Society recommends that cervical cancer screenings, such as Pap



smears, should first be performed at the age of 21. The previous guideline was 18 years of age, but, as Margaret Nordell, MD, an OB/GYN with Trinity Health, stated, young women who were still going through the maturation process would be tested and given false positives, leading to unnecessary surgeries.

After the first Pap smear, women are encouraged to get one every three years between the ages of 21 to 29, unless recommended otherwise.

From the ages of 30 to 65, the testing would be done every three years or every five years if combined with HPV testing. From the age of 65, recommendations suggest against screening for those women who are not at a high risk for cervical cancer.

“High risk, in general, refers to people who have had a history of abnormal Pap smears or multiple sex partners, as that is how you get exposed to HPV. Those are your two high risk groups,” Dr. Amsbury said.

“If you get the HPV vaccine at a younger age, theoretically, you are protecting yourself from cervical cancer later in life,” Dr. Amsbury said. “You are now vaccinated against those high risk strains of HPV.”

The vaccine is called Gardasil, a routine HPV vaccination for all 11-12-year old girls. Gardasil is recommended by the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices, and the North Dakota Department of Health.

Catch-up vaccination is also recommended for females ages 13 to 18, and for adults 19 to 26 who were not previously vaccinated.

Amsbury recommends that, if you are a younger person, the Gardasil vaccine should be discussed with a physician.

According to the CDC, risk factors for cervical cancer include smoking, having HIV or another condition that makes it hard for your body to fight off health problems, using birth control pills for a

long time (five or more years), having given birth to three or more children, or having several sexual partners.

“HPV virus causes the most of these cervical problems,” said Dr. Nordell. It wasn’t until the 1980s that HPV was identified in cervical cancer tissue, implicating it in virtually all cervical cancers. “We don’t know how the HPV virus is out there, but the way to take care of cervical cancer is to get a Pap smear and treat it accordingly.”

As cervical cancer progresses, symptoms can include vaginal bleeding after intercourse, between periods, or after menopause; watery, bloody vaginal discharge; and pelvic pain or painful intercourse.

Depending on its stage, treatment for cervical cancer can vary.

Trinity Health’s obstetrics and gynecological providers deal with the surgical care of women and their children during pregnancy, childbirth, and the postnatal period. For more information, visit: <http://trinityhealth.org/gynecology>.

Trinity Health’s staff of OB/GYNs are available to help with all of your gynecological needs.

David Amsbury, DO, is based at Health Center – Medical Arts, and can be reached at 857-7385.

Heather Bedell, MD, Tim Bedell, MD, and Jennifer Johnson, MD, are based at Health Center – Medical Arts, and can be reached at 857-7397.

Lori Dockter, PA-C, is based at Health Center – Medical Arts, and can be reached at 857-5050.

David Billings, MD, is based at Health Center – Town & Country, and can be reached at 857-7394.

Jessie Fauntleroy, MD, Margaret Nordell, MD, and Carol Schaffner, MD, are based at Health Center – Town & Country, Suite 102, and can be reached at 857-5703.



David Amsbury, DO



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# Hand Procedure Worthy of a Thumbs Up

*New CMC Sling Procedure Effective in Treating Thumb Arthritis*

Arthritis is most often associated with hips and knees, but hands can be just as vulnerable to the painful effects of joint disease.

Blendi Cumani, MD, a specialist in hand, wrist, and upper limb surgery, says hand arthritis can stem from many factors such as an old sprain or fracture, or simply wear and tear over years of usage.

“People reach a certain age and they start to feel some aches and pains,” Dr. Cumani noted. “Most people ignore the pain and continue doing whatever it is they’ve been doing with their hands over many years, but they really shouldn’t ignore the pain.”

Dr. Cumani says he’s noticed a rise lately in the number of patients complaining of hand arthritis, especially osteoarthritis of the thumb, the most common form of hand arthritis. It usually occurs in the joint at the base of the thumb, called the carpometacarpal joint, or CMC. It’s the joint that allows you to move your thumb into your palm, a motion called opposition.

“It’s where the metacarpal bone of the thumb attaches to the trapezium bone of the wrist,” Dr. Cumani explained. “Over time, you can start to develop a breakdown of the cartilage that cushions the ends of the bones and the underlying bone itself. It can be very painful.”

Women are three times more likely than men to develop arthritis in the CMC joint due to certain anatomical differences and hormonal factors. Diagnosis isn’t difficult, according to Dr. Cumani. “It can be ruled in or out with just a simple X-ray. Once we have a diagnosis, there are several conservative remedies we can try, depending on the patient’s age and the extent of the disease.”



Dr. Cumani stressed it’s important to address any form of hand arthritis as soon as you notice symptoms of pain or limited movement. “There are supportive measures we can prescribe – splints, braces, and cortisone shots, that can help slow the disease progression and promote healing. We even have custom braces that our hand therapists construct out of plastic that mold to the shape of your hand.”

Patients with advanced disease who don’t get relief from conservative treatments do have multiple surgical options available to them. A number of procedures that address thumb arthritis involve partial or complete removal of the diseased bone and tissue on both sides of the wrist and thumb joint. The issue then becomes how to stabilize the thumb when the wrist bone isn’t available to serve as a base of support. Hand procedures have advanced in recent years to address this issue. One technique calls for running a tendon from the wrist to the thumb joint. But this can result in

some loss of wrist movement. Dr. Cumani prefers a method that secures the thumb without compromising wrist function.

“Instead of taking a tendon from the wrist we use something called a CMC sling. It’s like a little rope that tethers the base of the thumb to the base of the index finger, creating a suspension that relieves the pain while preserving the thumb’s movement and flexibility,” he explained.

The procedure has been available only three years or so, but already the sling method appears to be showing promise in terms of long-term

outcomes, pain relief, and patient satisfaction.

Whatever the health issue, if it involves hands it’s best to consult a hand and wrist

specialist, according to Dr. Cumani. “The hand contains so many structures, not just bone and tendon, but blood vessels, nerves, and soft tissues. How you tackle one

problem is going to affect another. The hand is finicky; it’s designed to work as perfect machine on its own. There’s not a lot of room for error.”

To consult with one of Trinity Health’s hand and wrist specialists, Blendi Cumani, MD, or Daniel Williams, MD, call the Hand and Wrist Surgery Department at 857-7301. Their offices are located at Health Center – Medical Arts, 400 Burdick Expressway East, Minot.



Blendi Cumani, MD



Daniel Williams, MD

# Horn of Plenty Turkey Drive Exceeds Goal

A drive to put turkeys on the tables of less fortunate families this holiday season has raised a record sum.

The Trinity Health Foundation launched its sixth annual turkey drive in late October in partnership with KHRT’s Horn of Plenty campaign. The goal was to raise \$6,750 – enough to purchase up to 450 turkeys or 150 full gift boxes for families in the region.

Foundation Director Al Evon says the campaign ended November 30, and the numbers indicate the drive far exceeded its goal.

“This year, Trinity Health Foundation received \$8,210, which is the highest amount of donations in our history of conducting the Turkey Drive for the Horn of



Cody McManigal, donor relations coordinator with the Trinity Health Foundation, far left, and Al Evon, director of the Trinity Health Foundation, second from right, stand with Horn of Plenty organizers Don Leavitt, second from left, and Roy Leavitt, far right.



Volunteers helped to put together the food and gift baskets for the Horn of Plenty on December 6.

Plenty,” Evon said. “We are truly blessed by the many people who donated generously and, in many cases, sacrificially to support families in our area.”

Evon says donations came from employees within Trinity’s system as well as from nursing students and others in the community. “The outpouring of compassion and support was amazing,” Evon added. “Many families will be blessed when they receive the gift boxes.”

The turkeys and food items were distributed along with gift boxes to families in the community just before Christmas.

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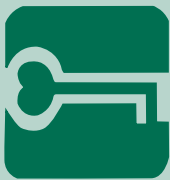
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# January is Glaucoma Awareness Month

Glaucoma is a disorder leading to progressive damage to the optic nerve. The optic nerve is the part of the eye that carries the image we see to the brain, so an important part of the vision. When damage to the optic nerve occurs, blind spots develop. These blind spots usually go undetected until the optic nerve is significantly damaged. The damage is nonreversible.

“Early detection and treatment by your optical provider are the keys to preventing optic nerve damage and blindness from glaucoma,” said Evelyne Kindy, MD, an ophthalmologist with Trinity Regional Eyecare – Minot Center.



Evelyne Kindy, MD

open glaucoma. The risk of developing chronic open angle glaucoma increases with age. Treatment is necessary to prevent further loss of vision. This is the type of glaucoma that has no symptoms in the early stage. Vision remains normal for many years. As the optic nerve becomes more damaged, blank spots began to appear in the field of vision. Typically, the patient is not aware the deficit in the day-to-day activity until the nerve is significantly damaged.

The second type of glaucoma is the closed angle glaucoma. “This is a true eye emergency,” Dr. Kindy said. “Some eyes are formed with the iris very close to the drainage angles. The iris can eventually be pushed forward, blocking the drainage channel completely leading to an acute increase of the intraocular pressure.” Symptoms are very dramatic for the patient with blurred vision, severe eye pain, headaches, halos around lights, and nausea and vomiting.

“Your ocular provider considers many kinds of information to evaluate your risk of developing glaucoma,” Dr. Kindy said. The most important risk factors includes:

- Age
- Elevated eye pressure
- Family history of glaucoma
- African or Hispanic ancestry
- Being significantly farsighted or near-sided
- Past eye injury
- Thinner central cornea thickness
- Systemic health problems including vascular disease, diabetes, or migraine headaches

- Pre-existing thinning of the optic nerve

The eye provider will look at all these factors before deciding whether you need treatment or should be closely monitored as a potential glaucoma patient. If the risk of developing glaucoma is higher than normal, you will most likely need to have regular examinations to detect early signs of damage on the optic nerve.

“We detect glaucoma, by doing regular eye examinations,” Dr. Kindy said. “Glaucoma screenings that just evaluate pressure is not sufficient to determine if glaucoma is present.”

During the glaucoma evaluation, your eye provider will measure the intraocular pressure. “We will look at the drainage angle of the eye by doing a gonioscopy and will evaluate if there is any optic nerve damage with ophthalmoscopy. Some ancillary tests in the office will be obtained as a field of vision and topic nerve ultrasound. Photography of the optic nerve can be obtained if needed.”

Early detection and treatment are the keys to prevent blindness, Dr. Kindy said. “As a rule, damage caused by glaucoma cannot be reversed. The modalities of treatment include eye drops, laser surgery, and surgery in the operating room to lower the eye pressure. Other modalities of treatment also include iStent associated with cataract surgery.”

With any type of glaucoma periodic examinations are very important to prevent visual loss. “For some reason, glaucoma can progress without warning. Therefore, adjustments to your treatment may be necessary from time to time,” Dr. Kindy said.

Most of the glaucoma usually is controlled with eye drops taken daily. The main purpose of the topical medication is to lower the eye pressure. It is important to be consistent with the treatment as the glaucoma medication can

preserve vision. All medications can have side effects or can interact with other medications. Therefore it is important that you make a list of your medications that you take regularly and share this list with each doctor you see.

Laser surgery treatment may be also recommended for different types of glaucoma. In open angle glaucoma, trabeculoplasty is performed by the ophthalmologist to help control the eye pressure. In the closed angle glaucoma, iridotomy treatment is performed to improve the flow of aqueous fluid to the drain.

Surgical procedure done in the operating room is usually an outpatient procedure when other modalities of treatment have failed. iStents can also be considered at the time of cataract surgery.

Treatment for glaucoma requires a close teamwork between the patient and the doctor. “As the medication is prescribed by your eye provider, the patient is still responsible to follow the instructions and use the eye drops,” Dr. Kindy said. “When the medication is taken regularly, typically you can expect a visit with your eye provider every six months.”

People at any age with symptoms of or risk for glaucoma should be scheduling an eye exam. “An adult with no symptoms with risk factor for eye disease should have a complete screening at age 40,” Dr. Kindy said. “Adults at age 65 years or older should have a complete eye exam every one to two years based on their medical condition.”

To schedule an exam, call Trinity Regional Eyecare – Minot Center, at 852-3937. Trinity Regional Eyecare – Minot Center is located at Health Center – Plaza 16, 2815-16th Street Southwest, Minot. In addition to the Minot Center, exams can also be made at our regional centers in Devils Lake (662-4085) and Williston (572-7641).

# Fixed Wing Service Launched in Williston

A new air ambulance has got off the ground in Williston. Trinity Health has launched a regional fixed wing emergency transport service out of Williston that will be an extension of its Minot-based NorthStar Criticair helicopter and airplane services. The Williston service was up and running December 13.

Lorrie Antos, Director of Critical Care Services, said the new transport is called NorthStar Criticair Fixed Wing Williston and is available 24-hours-a-day, seven-days-a-week, to provide medical transport for patients from Williston and surrounding communities.

“We’re excited to provide this extension of our NorthStar Criticair service,” she said. “There’s been a need for reliable air transport out of Williston. We feel very fortunate and privileged to be part of Williston’s medical community, and we’re committed to doing all we can to give the very best care to patients.”

Each NorthStar Fixed Wing Williston mission will be staffed by a dedicated flight crew consisting of a pilot, paramedic

and critical care nurse, who will be on call 24/7. “We’ll fly to any receiving facility,” said Antos. “Typically, it would be a specialized facility outside of the region.”

The aircraft is equipped to fly pediatric and adult missions, including high-risk labor/delivery patients. “Our critical care helicopter out of Minot will continue to provide transport for neonatal missions, and the helicopter will serve the region as it has since 1992 with critical care transport and rescue,” Antos added.

As is the case with its Minot-based rotor and fixed wing services, Trinity Health is collaborating with Executive Air Taxi Corp. to provide aircraft, pilots, and maintenance expertise. The aircraft, a King Air 90, is equipped with state-of-the-art instrumentation to ensure that clinical teams can provide exceptional care for patients. In addition, the cabin is



An extension of the Minot-based NorthStar Criticair helicopter and airplane service has launched in Williston. The NorthStar Criticair Fixed Wing Williston will join the NorthStar Criticair airplane service, pictured here.

large enough to accommodate a patient’s family member, if appropriate for the situation.

The Williston service is the first geographic expansion of NorthStar Criticair, which was established by Trinity Health in 1992 as a critical care helicopter and was expanded in 2015 to include fixed wing capability. Mark Chilson, NorthStar’s lead paramedic, will oversee the Williston service, which will be dispatched by Trinity’s Direct and Dispatch communication center in Minot.



Tickets to the event are \$75 each and can be purchased online at [www.trinityhealth.org/auxiliarygala](http://www.trinityhealth.org/auxiliarygala) or at the Trinity Hospital Gift Shop. For \$500, you can reserve a table of eight (a \$100 savings!). Call Sherry Maragos at 857-5221 to reserve your table or for more information about the event.



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# Accutane Can Help You Say Goodbye to Acne

Sixty million people in the United States have acne.

Now, those who suffer from acne now have an easier way to be treated, without stepping foot in a dermatologist's office. Ryan Siewert, MD, a family medicine physician at Trinity Community Clinic – Western Dakota, can prescribe Isotretinoin, also known as Accutane, to help with acne.

Accutane is a daily pill which is normally taken for four to six months.

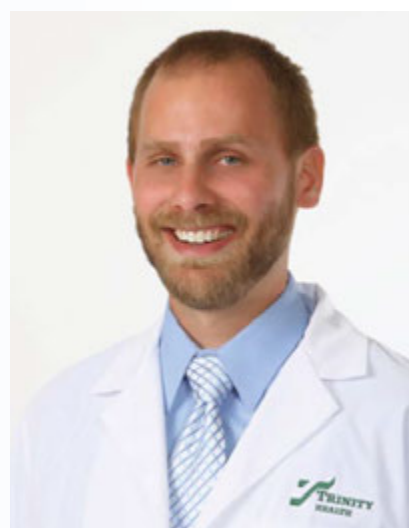
“When you’re done with the treatment course, your acne improves to the point where you don’t need to be on anything any longer,” he said, noting that by the course’s end, your “acne will ideally be where you want it to be.”

Acne vulgaris, or more commonly known (and feared by teenagers everywhere) as acne, is caused when hair follicles are clogged with dead skin cells and oil from the skin. Genes, hormones, infections, diet, smoking, and stress have all been said to be contributing factors for acne.

Siewert said that through this prescription, patients would not need to travel far to see a dermatologist, thus allowing patients with acne issues to be treated sooner.

“Accutane is one of the most effective, if not the most effective, for acne treatment,” Siewert added.

To make an appointment with Dr. Siewert, please call the Trinity Community Clinic – Western Dakota, at 572-7711. Trinity Community Clinic – Western Dakota is located at 1321 West Dakota Parkway, in Williston.



Ryan Siewert, MD

# COMMUNITY CALENDAR

**For the latest updates, check online at [trinityhealth.org](http://trinityhealth.org)**

## Mobile Mammogram Schedule

January 3 .....Premier HealthCare, Devils Lake, 662-8662

January 8 .....St. Luke's Hospital, Crosby, 965-6349

January 10 .....Cognizant, 420-3598 (Joan Bailey)

January 22 .....Trinity Community Clinic – New Town, 628-2990

January 23.....Tioga Clinic, 664-3368

January 24 ...Kenmare Community Hospital, 385-4296 (Sherry/Kris)

January 29 ....Northland Community Health Center, Rolla, 477-3111

January 30 .....Trinity Community Clinic – Mohall, 756-6841

January 31 Northland Community Health Center, Rolette, 246-3391

## Calendar of Events

**January 24-26** — Trinity Health will be among the exhibitors at the KMOT Ag Expo, which will be held January 24-26 at the North Dakota State Fair Center, in Minot. There, we will offer low-cost health screenings, which include cholesterol screenings, and free blood pressure checks.

**January 30** — Keys to Diabetes Success, Budget Tips with Diabetes, 5:30 pm, Trinity Health Community Conference Center, Town & Country Center.

## Prepared Childbirth Classes

Learn about exercise and breathing techniques, labor/delivery, newborn care, newborn feedings, etc. Enrollment is limited.

## SATURDAYS

January 6, February 3, March 10, April 7, and May 5  
9 a.m.-4 p.m., in the Prepared Childbirth Classroom, Health  
Center – Riverside Education Center, 1900 8th Ave. SE.

# Breastfeeding Basics

**January 10, February 14, March 14 and April 11**  
Offered by Laureen Klein, RN, BSN. Meets from 7-9 p.m.,  
Health Center – Riverside Education Center, 1900 8th Ave. SE.

These classes are offered free of charge as part of Trinity's community benefit mission, but registration is typically required. To sign up for classes go online at [http://trinityhealth.org/familybirth\\_registration](http://trinityhealth.org/familybirth_registration) or call 857-5640.

## Family Birth Center Tours

Expectant mothers are invited to attend a formal group tour/education/Q&A session at Trinity Hospital's Family Birth Center. This opportunity allows every expectant mother to hear and see valuable information in a relaxed environment. We will also provide information on self-care, infant safety, and what to expect during your delivery. See [trinityhealth.org/familybirth\\_SVS](http://trinityhealth.org/familybirth_SVS) or call 857-5380 for a detailed schedule.