

HARRISON

SUMMER 2009

HEALTH

A photograph of a swimmer in a red cap and trunks, swimming underwater. The swimmer is viewed from above, with their arms raised and hands clasped together above their head. The water is a deep blue, and the swimmer's skin is wet and glistening. The overall scene is dynamic and energetic.

CALLING ALL MEN

A guy's (easy!) guide to good health.

PAIN, PAIN, GO AWAY

Why things hurt and what we can do about it.

POWER OF PATHOLOGY

A vital tool for diagnosing cancer.



When bees refuse to mind their own beeswax,
we're here to take the sting out.



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HARRISON
MEDICAL CENTER

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FUN IN THE SUN: When you immerse yourself in all things summer, keep safety in mind. Find tips at harrisonmedical.org/summersafety.

HARRISON HEALTH

Health magazine is published by the Marketing & Communications Department as a community service for the friends and patrons of Harrison Medical Center. Material is intended to supplement—not replace—information received from your physician or other healthcare provider.

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Cover photo © Veer
Incorporated

HARRISON MEDICAL CENTER is a not-for-profit hospital and the region's largest medical center, with five campuses—Bremerton, Silverdale, Port Orchard, Belfair, and Poulsbo—serving the Kitsap and Olympic peninsulas. With 400 physicians representing 40 specialties, we offer medical and surgical services, and 24-hour emergency care at two campuses. Harrison also serves as a regional center, providing specialized treatment in cardiovascular services, oncology, orthopedics, obstetrics and gynecology, and pediatrics. Harrison is a Level III Trauma Center.

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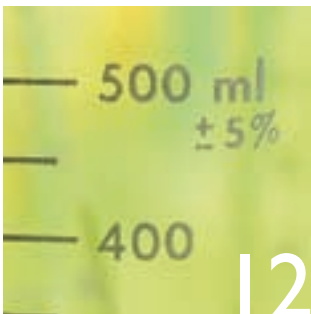
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COMMUNITY PRIDE: More than 60 Harrison Medical Center employees and family members walked with red, white, and blue 16-foot star-shaped balloons during Bremerton's Armed Forces Day Parade on May 16. This display won the parade's Sweepstakes Award for best float.

PRESIDENT'S MESSAGE

Investing in our community's health

IT WAS MY honor to be part of our nation's largest and longest-running Armed Forces Day Parade in downtown Bremerton this year. The event highlighted our great community pride and was charged with positive emotion. The day also reinforced for me how integral

Harrison Medical Center is to our community.

Our health-care providers and caregivers are your family, friends, and neighbors. We're a part of events. We support businesses,

education, and sports opportunities. And we're delighted to do so.

Being a positive component of your life is important to us. In our *Harrison Health* magazine, we focus on ways to keep your health a priority and offer useful resources in ways that meet your needs, typically online. In this issue, you'll learn about pre-diabetes, children's and men's health, and why it's important to understand your pathology report. Each topic features the expertise of our clinical staff—yet another way we're invested in your healthcare.

I'd also like to draw your attention

to the quality and safety article on page 14. For every member of the organization, quality truly *is* at the heart of everything we do.

We've made a promise to build systems that ensure that our patients are treated with evidence-based medical care and kept safe from errors. Our electronic medical record implementation is helping us to do just that. We currently have quality initiatives in place to identify and improve our processes and care. And finally, we inform our community about our progress through a national reporting organization that is available online at harrisonmedical.org/quality.

It's our privilege to offer you advanced specialties, clinical excellence, and exceptional care. We provide healthcare services on campuses in Bremerton, Silverdale, Port Orchard, and Belfair. In July, we'll also open an outpatient cancer center in Poulsbo.

We're right here when you need us—close to home.

Scott W. Bosch
President and CEO

Welcome, new providers

Anesthesiology

Mark Gunion, MD
Lauren McKinley, MD
Michael Scarbrough, MD
Patrick Sinopole, MD

Anesthesia/Pain Management

Aysel Atli, MD

Cardiology

Eva Nicholas, MD

Family Practice

Laurie O'Neill, MD

Internal Medicine

Timothy Thompson, MD

Obstetrics/Gynecology

Maria Gutierrez-Yach, MD

Primary Care

Raul Dominguiano, MD

Radiology

Raveen Kaur, MD

Telemedicine

Madhusudhan Reddy, MD

Urgent Care

Scott Rennie, DO
Keith Tang, MD
Steve Wilson, MD
James Zacovic, MD



GO: If you need help connecting with one of our nearly 500 physicians and providers, our 24/7 Physician Referral and Information Center is here for you. Call toll-free 866-844-WELL (9355). Or, visit harrisonmedical.org and click "Find a Doctor."

Tea **good** for bones?

Milk isn't the only drink that's good for your bones—so is tea. According to a study of 275 older women ages 70 to 85, drinking tea on a daily basis lessened bone loss.

American Journal of Clinical Nutrition, Vol. 86, No. 4



Considering sunless tanning?



GO: harrisonmedical.org/sunlesstan

A suntan once was thought of as a healthy glow. But we now know that isn't true.

In fact, exposure to ultraviolet (UV) rays—whether from the sun or from indoor tanning devices—can prematurely age the skin, causing wrinkles, age spots, and discoloration. According to the American Cancer Society, exposure to UV rays also can lead to skin cancer, the most common form of cancer in the U.S.

But you can fake a golden glow with products called sunless tanners. These gels, lotions, creams, and sprays give the look of a tan without exposure to UV radiation.

Most sunless tanners work by using a colorless sugar called dihydroxyacetone (DHA). DHA interacts with the outer layer of skin to produce a bronzed hue that can last for several days.

The U.S. Food and Drug Administration offers the following tips for safe use of sunless tanners:

- For at-home sunless tanning, follow the directions on the product label and avoid getting the tanner in your eyes, nose, or mouth.
- For professional spray tans, check that the tanning salon offers protection for your eyes, ears, nose, and mouth. Avoid inhaling or swallowing the tanning mist.



Ways to **stay safe** around water

Swimming and boating can be pleasant activities in hot weather. But these fun times also can have a dark side.

Every year, drowning claims the lives of nearly 3,000 people in the U.S., most of them children. To help keep your family safe, follow these tips:

- Don't drink alcohol.
- Enroll children older than 3 years in swimming lessons taught by qualified instructors. Keep in mind that knowing how to swim doesn't guarantee that someone can't drown.
- Always assign one adult to watch children in or around water. Don't count on a lifeguard to watch your child.
- Read and obey posted rules.
- If you have a home pool, install a 4-foot-high fence on all sides. Gate latches should be out of a child's reach.
- Put life jackets on all children—not water wings or inner tubes.
- Always swim with a buddy—someone who can call for help if needed.
- Don't dive into unfamiliar water.
- If you plan to swim in the ocean, a river, or a lake, ask about rip currents, undertows, and other hazards.
- Check weather conditions before swimming or boating. Strong winds and lightning strikes are dangerous.
- Use U.S. Coast Guard-approved life jackets when boating, regardless of the size of the boat, the swimming ability of boaters, or the distance to be traveled.

National Safety Council; Centers for Disease Control and Prevention



GO: harrisonmedical.org/childwatersafety



SUMMER STOCKPILE: To eat healthy, fill your crisper drawer with produce in season, limit fat, and reduce serving sizes of meats.

Getting tested

Your doctor will use one of two blood tests to determine if you have pre-diabetes:

- The fasting plasma glucose test, or FPG. A normal result is under 100 mg/dL. Pre-diabetes is 100-125 mg/dL. Diabetes is 126 mg/dL or higher on two separate occasions.
- The two-hour oral glucose tolerance test, or OGTT. A normal result is under 140 mg/dL; pre-diabetes is 140-199 mg/dL; diabetes is 200 mg/dL or higher.

National Diabetes Information Clearinghouse

PRE-DIABETES

Take control

Modest lifestyle changes, like eating smaller portions and moving more during the day, can really guide you toward significant health improvements.

—Kristen Fahnoe, CDE, clinical dietitian, Harrison Medical Center

PRE-DIABETES ISN'T just a word. It's a neon warning sign flashing "Danger ahead. Take corrective action now."

Pre-diabetes means you have a higher-than-normal blood glucose level. It isn't high enough to be classified as diabetes, but research shows that pre-diabetes often leads to full-blown diabetes within 10 years.

Yet, you can change course. For some people, intervening early actually can turn back the clock, returning blood glucose levels to the normal range.

Who's at risk?

According to the National Diabetes Information Clearinghouse, you're more likely to develop pre-diabetes or type 2 diabetes if you:

- Are overweight.
- Are 45 or older.
- Have a parent, brother, or sister with diabetes.
- Are African American, Alaska Native, American Indian, Asian American, Pacific Islander, or Hispanic.
- Had gestational diabetes or gave birth to a baby weighing more than 9 pounds.
- Have blood pressure that is 140/90 mm Hg or higher, or have been told you have high blood pressure.
- Have an HDL blood cholesterol level of

35 mg/dL or lower or have a triglyceride level that is 250 mg/dL or higher.

- Are fairly inactive or exercise fewer than three times a week.

One of two blood tests—oral glucose tolerance or fasting plasma glucose—can help determine whether you have pre-diabetes.

Re-chart your course

If you are diagnosed with pre-diabetes, ask your doctor to help you get on a healthier track. Your goals might include:

- Exercising at least 30 minutes on most days of the week. Brisk walking is a good choice.
- Setting a reasonable weight-loss goal. Aim to lose 5 to 7 percent of your total body weight—just 10 to 14 pounds for a 200-pound person.
- Making wise food choices. Eat more fruits and veggies, limit fat, and reduce serving sizes of meats and desserts.

As you reach your goals, flash yourself a new message:

"Congratulations. You did it."



LEARN MORE: Call Harrison's Outpatient Nutrition and Diabetes Center at 360-744-6910 or visit harrisonmedical.org/diabetes.



Help **prevent** diabetes in kids

BEING OVERWEIGHT or inactive increases the likelihood of developing type 2 diabetes—and that goes for kids too.

Today, kids weigh more and exercise less than they did in previous generations, which means they may face type 2 diabetes, a disease that once affected mostly adults.

The dangers of diabetes are well-known. Over the years, it can damage nerves and blood vessels, and it can lead to heart disease, stroke, blindness, nerve problems, kidney disease, gum infections, and amputation.

How can you help your kids lower their risk of developing type 2 diabetes? Here are some ideas for families that are realistic for even the most hectic lifestyles:

- Encourage regular meal times, and serve high-nutrient foods. If time gets tight, have healthy foods and snacks on hand. Examples include low-fat milk, baby carrots, low-fat cottage cheese, and whole-grain breakfast cereals.
- If possible, don't let kids skip meals. Regular meal and snack intervals keep their energy levels even.

- Serve portions that meet your child's nutritional needs. Look to your child's pediatrician or a registered dietitian for appropriate recommendations.
- Take your child's food preferences into consideration when planning meals.
- Limit soft drinks, candy, and other empty-calorie foods.
- If your family enjoys dessert, fruit often is a good choice.
- Make healthful choices when eating out or at home. Match the portion size to your child's age.
- Limit TV and computer time; instead, encourage active movement.
- Set a good example by eating well and being physically active yourself.

American Diabetes Association; National Diabetes Education Program; Harrison Medical Center Outpatient Nutrition and Diabetes Center



LEARN MORE: Call Harrison's Outpatient Nutrition and Diabetes Center at 360-744-6910 or visit diabetes.org/family-link or bam.gov, a website for kids.

Eating **breakfast** may help teens control weight

Teens who pass on breakfast weigh an average of 5 pounds more than teens who eat it every day.

TEENS WHO EAT breakfast regularly may weigh less, exercise more, and follow a healthier diet than their breakfast-skipping peers.

Researchers tracked the eating patterns and other lifestyle habits of 2,216 American teens for five years.

According to study results, teens who regularly ate breakfast tended to have a lower body mass index (BMI)—a measure of body weight relative to height and an indicator of obesity risk. Teens who usually passed on breakfast weighed an average of 5 pounds more than teens who ate breakfast every day.

What's more, daily breakfast eaters tended to be more physically active and ate a healthier diet—including less saturated fat and more fiber—than breakfast skippers.



Researchers concluded that while more studies are needed to learn the connection between breakfast and body weight, these findings support the importance of regular breakfast in relation to overall health.

Pediatrics, Vol. 121, No. 3



GO: harrisonmedical.org/teenhealth



What
we
know
about

PAIN

Understanding how the body
and brain respond to pain
has helped scientists develop
better pain relievers.

WHEN YOU STUB your toe on the coffee table, the pain seems immediate.

But during that brief instant between injury and hurt, an incredibly complex messaging system kicks into action.

Complex chemistry

When your toe hit the table, pain receptors on your skin triggered an impulse that traveled an electrical pathway to your spine and, ultimately, your brain. A message was sent with the help of neurotransmitters—chemicals that communicate impulses between cells in the pathway.

Different neurotransmitters send different kinds of information. For instance, glutamate seems to help move pain signals, while serotonin helps block pain. Other body chemicals, such as endorphins, also play a role in pain responses.

The National Institutes of Health (NIH) says that compared to men, women tend to:

- Recover more quickly from pain.
- Be more willing to seek help for pain.
- Be less likely to allow pain to control their lives.

These differences may be due in part to hormones such as estrogen and testosterone. For example, research shows that the male hormone testosterone may be linked to higher pain tolerance.

They also may be related to cultural and psychological differences between men and women, says the NIH.

Pain that doesn't go away

Stubbing your toe is the kind of pain that usually goes away in a short span of time. Pain that is limited in time and severity is known as acute pain.

Injury and illness often cause acute pain. It's your body's way of alerting you to the possibility of damage to itself. Mostly, you can figure out the cause of acute pain, and treatment usually is effective.

Chronic pain, on the other hand, can be difficult to treat. Chronic pain persists over time and is generally considered a disease itself. Headaches, low-back problems, cancer, and arthritis are some common causes of chronic pain. Rarely does acute pain become chronic.

Common treatments help ease pain

The cause of your pain and how severe it is will help your doctor decide how the pain is treated.

Your doctor may recommend any of these:

<p>Nerve blocks. Shots of these drugs help numb groups of nerves that are causing pain in an area of the body.</p>	<p>Anti-inflammatories. Aspirin, ibuprofen, or naproxen, for example, help reduce pain and fever.</p>	<p>Antidepressants. These drugs help ease certain kinds of pain, treat depression, and improve sleep.</p>
<p>Physical and aquatic therapy. Exercises and other treatments, such as massage and whirlpool, can relieve pain.</p>	<p>Nonaspirin pain relievers, such as acetaminophen. They ease pain but do not reduce inflammation.</p>	<p>Anti-seizure drugs. They help relieve shooting pain from damaged nerves.</p>
<p>Acupuncture. Thin needles inserted into particular points on the skin can treat disease and pain.</p>	<p>Opioids (morphine-like drugs). They can relieve acute pain, cancer pain and sometimes chronic pain.</p>	<p>Local anesthetics. Shots of these drugs can reduce swelling, irritation, and muscle spasms.</p>
<p>Acupuncture. Thin needles inserted into particular points on the skin can treat disease and pain.</p>	<p>Surgery. This may be used when pain is not helped by other treatment.</p>	<p>Emotional support. A mental health counselor or support group, for example, can be helpful.</p>

American Society of Anesthesiologists

The future of pain management

Understanding how the body and brain respond to pain has helped scientists develop better pain relievers. For example, serotonin and other natural painkillers can be synthesized in labs to make pain medications, reports the NIH.

Other advances in understanding and managing pain include:

Brain imaging. Technologies such as MRI and PET scans allow doctors to see which areas of the brain are involved in pain. Images have revealed that pain affects both the emotional and sensory parts of the brain. For example, researchers have found that fear may lower pain tolerance and make pain more intense, while attentive care may raise the pain threshold and ease pain.

Channels. Researchers are working to develop drugs that would allow doctors to affect nervous system cells' gate-keepers, called

channels, which let electrical signals into the cells. The ability to manipulate individual channels may lead to drugs that can target only the pain messages in cells. These drugs wouldn't hinder other cell functions and wouldn't cause numbness or paralysis.

Molecular genetics. Doctors are learning the relationship between certain genetic mutations and how people experience and react to pain.

Plasticity. When you're hurt, your body's messaging system becomes rewired, making new contacts and changing how your nervous system cells communicate. Scientists are beginning to understand how the body adapts to pain, which may provide new therapies for chronic pain.



GO: Find out more about pain and the options to relieve it at harrisonmedical.org/pain.

Causes of pain

Pain is a range of sensations—from dull to sharp, from momentary to lasting, from harmless to dangerous.

Some common causes of pain are:

- **Headaches.** These include migraines, cluster headaches, and tension headaches.

- **Arthritis.** This disorder causes inflammation of joints and soft tissues.

- **Surgery.** After some procedures, pain-control medicine may be needed.

- **Disk problems or other back conditions.**

- **Sciatica,** a condition that causes pain in the leg along the sciatic nerve.

- **Sports injuries,** including sprains, strains, and bone breaks.

- **Paralysis, repetitive stress injuries, spasms, and strains.** These can cause muscle pain ranging from severe to mild.

- **Tumor growth and cancer treatment,** such as radiation.

- **Neuropathy from nerve injuries** caused, for example, by trauma, amputation, chemotherapy, or diabetes.

- **Shingles,** an infection that can cause severe skin pain.

- **Burns.**

- **Damage to muscles or joints** used for chewing and talking, causing jaw pain.

National Institute of Neurological Disorders and Stroke



A guy's guide to good health



Featured expert
Raul Dominguiano,
MD

Need help finding a doctor?

It's important to have a doctor who knows you and your medical history. Harrison can help you search for one by specialty, location, language(s), or other criteria. Call our Physician Referral and Information Center at **866-844-WELL** or visit harrisonmedical.org and click "Find a Doctor."

WHAT'S THE BIGGEST obstacle to men staying healthy? Men.

It's a stereotype that's sadly true: Guys tend to be lousy about getting the checkups and health screenings they need. And that can put them at risk for problems that might otherwise be prevented or detected early, when treatment may be most effective.

"Men don't make their health a priority," says Raul Dominguiano, MD, who practices family medicine at Harrison Medical Center's urgent and primary care facility in Belfair. "Many times, they wait too long to get help for health ailments or conditions—often when symptoms are more severe and require more care."

Head-to-toe health

"If a man can't remember the last time he saw his doctor—or he doesn't have one—it's definitely time for him to make an appointment," Dr. Dominguiano says. "Prevention is essential to good health."

Here are some common men's health risks and what you can do about them.

Stroke occurs when blood flow to the brain is blocked or, less commonly, when a blood vessel bursts in the brain. High blood pressure, diabetes, and smoking can boost your risk for stroke.

Here's what to do:

■ Get your blood pressure checked at least

once every two years. If you have diabetes, keep it under control. And if you smoke, make a commitment to stop.

■ Call 911 right away if you notice the sudden onset of possible stroke signs in yourself or anyone else. These include numbness of the face, arms, or legs—especially on one side of the body; confusion or trouble speaking; trouble seeing in one or both eyes; dizziness or loss of coordination; or severe headache with no known cause.

Lung cancer is the chief cause of cancer deaths among men in the U.S., reports the Centers for Disease Control and Prevention (CDC).

Smoking is the biggest risk factor for the disease, accounting for about 90 percent of lung cancer deaths in men. Lung cancer also may be caused by exposure to pollutants, such as asbestos and radon gas. Having a close relative who had lung cancer also may increase your risk.

Here's what to do:

■ Don't smoke. Your doctor can recommend programs or prescribe medicine to help you quit.

■ Tell your doctor if you notice possible signs of lung cancer, such as a cough that won't go away and gets worse, coughing up blood, shortness of breath, or wheezing.

Heart disease is the No. 1 killer of men

in the U.S., the CDC reports. Key risk factors include having diabetes or high blood pressure; having high amounts of LDL (bad) cholesterol; being overweight; or smoking.

Here's what to do:

- Have your blood pressure checked at least once every two years.
- Get your cholesterol tested starting at age 35—earlier if your doctor advises.
- Ask your doctor about aspirin therapy to help protect your heart.

Colorectal cancer is the second-leading cause of cancer deaths in the U.S. However, a third of those deaths could be eliminated if everybody had the recommended screenings for the disease, reports the CDC.

You may be at higher risk for colorectal cancer if you have a family history of the disease, are 50 or older, or have growths called polyps on the inner wall of the colon or rectum.

Here's what to do:

- Talk to your doctor about screening starting at age 50. There are several types of tests available, including stool tests, sigmoidoscopy, and colonoscopy.

Prostate cancer is rare in men younger than 45 but becomes more common after age 65. Along with age, risk factors include family history and race. The disease is more common in black men than in white, Asian American, or American Indian men.

Here's what to do:

- Discuss screening tests for prostate cancer with your doctor.
- Tell your doctor if you notice possible signs of prostate cancer, including blood in your urine; a frequent need to urinate at night; or a constant pain in your lower back, pelvis, or upper thighs.

Diabetes affects the body's ability to use sugar and puts you at risk for complications that can affect the entire body.

The disease can damage nerves and blood vessels, increasing your risk for stroke, vision loss, kidney damage, and serious infections—especially in the feet and toes—that can lead to amputation. Risk factors include being overweight or having a family history of diabetes.

Here's what to do:

- Get a diabetes test if you have high blood pressure or high cholesterol, advises the U.S. Agency for Healthcare Research and Quality.
- If you're 45 or older, you should consider getting tested for diabetes, advises the

National Institute of Diabetes and Digestive and Kidney Diseases. You may need to be tested at a younger age if you're at increased risk for diabetes because of other factors.

- If you have diabetes, follow your doctor's advice for keeping it under control. This includes using any medications as prescribed, testing your blood sugar at home, eating a healthy diet, and exercising as instructed.

Simply taking good care

Many problems can be prevented simply by taking good care of yourself.

Risk factors for many health problems—such as obesity, high blood pressure, and high levels of bad cholesterol—can all be offset by diet and exercise. Specifically:

- Eat a diet low in salt and fat but high in whole grains, fruits, and vegetables.
- Exercise for at least 2½ hours a week—more is even better.

And remember, don't wait to contact your doctor any time you have concerns about your health.



GO: harrisonmedical.org/menshealth

Health starts at home

For the following in-home health resources (and many others), visit harrisonmedical.org/freebies.

- An in-home colorectal cancer screening kit—EZ Detect—includes instructions, a test results card, and a return postcard, as well as a "Colorectal Cancer Facts" card and *Preventing Cancer* booklet.
- A shower card that details how to perform a testicular self-exam.



And the survey says...

Consider these findings from an American Academy of Family Physicians survey on men's health:

55%

of men haven't seen their primary care physician within the past year.

29%

of men wait as long as possible before seeking medical help when they feel sick, are in pain, or have other health concerns.

18%

of men 55 and older haven't received recommended screenings for colon cancer.



79%

of men describe themselves as being in "excellent," "very good," or "good" health.

The background of the page is a composite image. The top half shows a microscopic view of various cells, some with prominent nuclei. The bottom half shows laboratory glassware, including a large Erlenmeyer flask in the foreground containing a yellow liquid, and several test tubes in the background. The overall color palette is warm, with yellows and greens.

PATHOLOGY

REPORT

Understanding your diagnosis

IF YOU HAVE had a biopsy or surgery, a pathology report may hold the key to your diagnosis and treatment.

This report is prepared by a doctor (pathologist) after he or she studies cells and tissues collected during your procedure. The report can help your doctor decide whether you have cancer and, if you do, how far along the cancer is.

How it's done

A sample of cells or tissues is collected for study. It can be gathered with a needle or with a long, thin, lighted tube called an endoscope. The sample can also be taken when all or part of a tumor is removed during surgery.

The sample is then sent to a pathology lab, where it is prepared for examination under a microscope. Depending on the method, preparation may take several days or, when results are needed to guide a doctor during surgery, only a few minutes.

At Harrison Medical Center's Laboratory, the formal pathology report generally is available within 48 hours after a biopsy or surgery.

"There are patients on the other end of this wringing their hands," says Gregory S. Henderson, MD, PhD, a pathologist on Harrison's medical staff and medical director of Harrison Medical Laboratory. "We want these reports finished accurately and delivered quickly to the patients. We've designed our entire operational structure around that."

Getting answers

The pathology report can be explained to you by your doctor or the pathologist, both of whom are part of your care team.

Be sure to ask questions about anything you don't understand. The more you know about the details in your report, the better able you'll be to make informed decisions about your care.

American Cancer Society; National Cancer Institute

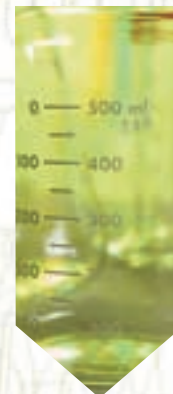
Reading the report

A pathology report is written in technical medical language and may contain a number of details to help your doctor make decisions about your care.

For example, the report often describes the overall color, weight, and size of the tissue as it appears to the naked eye. It also describes the appearance of the sample under the microscope and how it compares to normal cells. The most important part of the report, of course, is the diagnosis. If the pathologist has found cancer, he or she will identify the type of cancer and will present information that can help establish how fast the cancer is likely to grow and spread.

“At Harrison, we’ve entered the era of personalized medicine in cancer care,” says Gregory S. Henderson, MD, PhD, a pathologist on Harrison’s medical staff and medical director of Harrison Medical Laboratory. “We also can add information about what particular medications and treatments the patient’s cancer may respond to based on that patient’s own genetic analysis.”

American Cancer Society; National Cancer Institute



‘ The pathologist is the patient’s doctor, too. When you get a pathology report and there’s a name at the bottom, you’re welcome to call him or her and discuss the report. ’

Biopsy: Has the cancer spread?

When someone is diagnosed with cancer, knowing whether the disease has spread to nearby lymph nodes is often key to deciding the right treatment.

However, removing lymph nodes to check for cancer has risks, especially lymphedema—swelling from the buildup of fluid normally drained by lymphatic tissues.

To help lower the risk of lymphedema and other side effects, doctors may check for the spread of cancer with a sentinel lymph node (SLN) biopsy. This biopsy can be used for several types of cancers, including breast cancer and the skin cancer melanoma.

Instead of removing many lymph nodes near the tumor, the surgeon takes out only one or a few, called the sentinel node or nodes. Any cancer cells that leave the tumor are likely to go to sentinel nodes first. By removing only one or

a few sentinel nodes, it may be possible to spare most of the lymph nodes and reduce side effects.

Mapping technique

To find the sentinel node, a blue dye or radioactive liquid—or both—are injected near the tumor.

Next, a scanner is used to find the node that the radioactive liquid drains into, or the surgeon looks for the node or nodes that are stained from the dye.

The lymph node is then removed through a small incision and sent to a pathology lab to be checked under a microscope.

If no cancer cells are found, other lymph nodes don’t need to be taken out. If cancer is found, the remaining lymph nodes may be removed. This may be done during the biopsy or a later surgery.

Temporary side effects from an SLN biopsy may include pain or bruising or stained skin from the dye.

American Cancer Society; National Cancer Institute



Featured expert
Gregory S. Henderson,
MD, PhD



Oncology: Don't go it alone

Meet our patient navigators

Patient navigators are an integral part of Harrison Medical Center's comprehensive oncology services. These trained and culturally sensitive healthcare workers guide patients and caregivers through the complexities of cancer care. They help families navigate the maze of doctors' offices, the hospital, outpatient treatment, patient support organizations, and other components of the healthcare system.

Meet our oncology clinical professionals who assist patients, families, physicians, and caregivers throughout cancer diagnosis, treatment, recovery, and survivorship.



Barb Otto, MSN, RN, CNRN, OCN

"People often describe the journey of living with, through, and beyond cancer as a rollercoaster ride. I have the privilege of offering education, resources, and support throughout that ride, hopefully easing the ups and downs along the way."



Jessica Wagner, MS, ACSM

"We provide patients with an abundance of educational and community resources, as well as personalized support. The most rewarding parts of my job are the individuals I meet and the people's lives I'm able to touch."

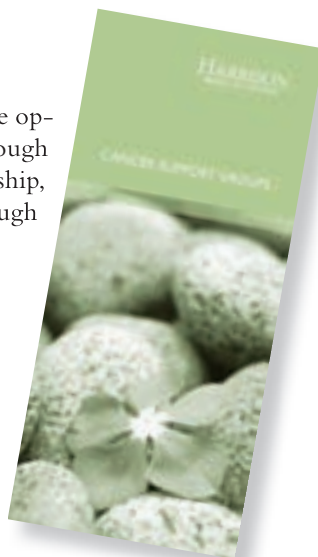
Join our support groups

Harrison's cancer support groups give you the opportunity to meet others who are living through a similar experience. You'll find companionship, laughter, and hope. We'll also guide you through practical resources for self and family care.

- Breast Cancer
- Cancer Education
- Cancer Caregiver
- Ovarian/Gynecological Cancer
- Kids' Care



GO: For details about our patient navigators and support groups, call 866-844-WELL or e-mail cancersupport@harrisonmedical.org.



Quality and safety: Our highest priority

Harrison's commitment to provide patients with exceptional care and service begins with quality. For our caregivers at the bedside, our leaders, and our board of directors, quality is at the heart of everything we do.

We participate in the Hospital Quality Alliance. Managed by the Centers for Medicare & Medicaid Services, this program makes information about hospitals' performance and clinical processes easy to understand and readily available to consumers.

We also participate in the Hospital Consumer Assessment of Healthcare Providers and Systems, which is a national, standardized survey of hospital patients. This survey, completed by our patients, provides feedback about hospital stays.

Visit harrisonmedical.org quality to learn more about Harrison's quality measures for acute myocardial infarction, congestive heart failure, pneumonia, and surgical care; infection prevention; and patient experience.

mark your calendar

HARRISON MEDICAL CENTER

Here's a glimpse at Harrison's support groups, classes, and events. Find a complete listing at harrisonmedical.org. Classes are free unless otherwise noted.

EVENTS

Blood Drive

■ Friday, Sept. 18,
11 am to 1 pm and
1:45 to 5 pm
Auditorium, Harrison
Bremerton
360-744-6920

Kick Up Your Heels Luncheon for Women

■ Friday, Oct. 2,
11:30 am to 2 pm
Kitsap Conference
Center, Bremerton
Harborside
\$50, guest; \$75, diva
360-744-6760
*Featuring a motivational
speaker, education, and a
silent auction, this event
benefits women's health
services at Harrison.*

SUPPORT GROUPS

Alzheimer's Caregivers

■ First Monday of each
month, 1 to 2:30 pm
Harrison Annex,
750 Lebo Blvd.,
Bremerton
360-744-6920
*For those caring for some-
one with memory loss.*

Amputee Support Group

■ Third Tuesday of each
month, 7 to 8 pm
Aspen Room, Harrison
Bremerton
360-830-4432

AWAKE

■ Thursday, Sept. 17,
7 to 9 pm
Harrison Annex,
750 Lebo Blvd.,
Bremerton
360-475-6737
*For people living with sleep
disorders and their families.*

Better Breathers

■ Meets quarterly; call
360-744-6686 for dates.
Rose Room, Harrison
Silverdale
*For those with chronic
respiratory disease.*

Hearing Support

■ Third Saturday of
each month, 1 to 4 pm
Iris Room, Harrison
Silverdale
360-871-0997
*Led by the Hearing Loss As-
sociation of Kitsap County.*

Lupus Support

■ First Saturday of each
month, 1 to 3 pm
Auditorium, Harrison
Bremerton
360-443-2086 or
360-698-0186

Parkinson's Disease

■ First Tuesday of each
month, 1:30 pm
Canterbury Manor,
703 Callahan Drive,
Bremerton
360-895-6220

Stroke

■ Wednesday, Sept. 16,
1 to 2 pm
Garden Room, Harrison
Silverdale
360-744-8980
*Open to those who have
sustained a stroke, their
caregivers and family, and
the public.*

CLASSES

Becoming Grandparents

■ Wednesday, Aug. 12,
6:30 to 8:30 pm
Orchid Room, Harrison
Silverdale
\$30 for two
360-744-6765
*Grandparents-to-be learn
the latest newborn care
and how to build special
relationships.*

Diabetes Self- Management Program

■ Meets twice a month,
8:30 am to 3:30 pm
Call **360-744-6910** for
information and fees.

Gestational Diabetes

■ Meets weekly; call
360-744-6910 for
dates, times, and fees.
*For expecting moms with
gestational diabetes.*

Insulin Pump Instruction

Call **360-744-6910** for
an appointment.

Infant Massage

■ Saturday, Sept. 12,
10 am to noon
Iris Room, Harrison
Silverdale
\$20 per family
Registration is required.
360-744-6765

*Learn the benefits of
touch. Led by a certified
infant massage therapist,
this course is designed for
infants not yet crawling.*

Lap-Band®

■ Mondays, Aug. 10
and 24, Sept. 14 and 28,
Oct. 12 and 26, 5:30 pm
Orchid Room, Harrison
Silverdale
Registration is required.
866-722-6363
*Lap-Band® is an FDA-
approved minimally
invasive surgery. Attend
this free seminar to learn
more.*

Orthopedic Surgery

Total joint surgery

■ Tuesdays or Thursdays,
noon to 2 pm
3 West, Harrison
Bremerton
Registration is required.
360-744-6695

*For those considering hip or
knee replacement surgery.*

Spine Surgery

■ Wednesdays,
11 am to noon
3 West, Harrison
Bremerton
Registration is required.
360-744-6695
*For those considering spine
surgery.*

Preparing for Baby

For a listing, call **360-
792-6765** or visit
harrisonmedical.org.
An array of classes are of-
fered whether you're first-time
parents or seasoned pros.

Safe Sitter

■ Saturday, Aug. 1*,
9 am to 4 pm
■ Saturdays, Oct. 3
and 10, 9 am to 3:30 pm
Iris Room, Harrison
Silverdale
\$65 (*\$50), includes a
backpack and safety kit
Registration is required.
360-792-6765
*Only two-day classes
include CPR.*



HARRISON MEDICAL CENTER
2520 Cherry Ave.
Bremerton, WA 98310
**Physician Referral and
Information Center: 866-844-WELL**

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NURSING

Great care matters most

‘ The nurses were like family—they took the utmost care. ’

—E.C., Port Orchard

As a generation of baby boomers nears 65, demand for skilled nurse providers, mentors, and educators rises. Conversely, Harrison Medical Center—like many hospitals across the country—is experiencing a nursing shortage.

Twenty percent of our nurses are eligible for retirement within five years. We’re becoming ever more reliant on new nurse graduates to fill these vacant positions. To ensure that our patients have continued safe, quality care, our *Great Nurses for a Great Community* campaign seeks to raise \$8 million to support education efforts that will boost the recruitment and retention of nurses at every level.

Nurse residency

We’re implementing a comprehensive training program for newly licensed registered nurses. Our Versant RN Residency program pairs new nurses with experienced nurses for 18 weeks of additional clinical and classroom training.

During this time, the seasoned nurse takes the lead in care as the new nurse gains confidence and valuable skills. The new nurse also must demonstrate competency in what has been taught at the bedside and in the classroom.

Ongoing training

We’re supporting caregivers through ongoing training for ever-changing technologies and treatments, while also providing opportunities for career nurses to obtain specialty care certifications and advanced degrees.



GO: If you’d like to help our local nurses, call the Harrison Foundation at 360-744-6760 or visit harrisonfoundation.org.



SUPPORTING OUR NURSES: Our staff of exceptional nurses includes **Michael Heaman, RN.**

GREAT NURSES

for a GREAT COMMUNITY



Community partnerships

We’re promoting continued collaboration between the institutions that educate and the clinical agencies that employ nurses. These partnerships enhance local training opportunities and help us hire the most promising new nurses, in addition to helping us keep the excellent nurses we already have.

“Great care begins with great caregivers—it’s that simple,” says Scott Bosch, Harrison’s president and CEO.