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Living Healthy, Living Well

WINTER 2009
Dear Friends,

Welcome to winter—and cold and flu season. We are pleased so many of you took time to join us for our annual flu shot campaign. If you were unable to make it this year, but would still like a 2009 Valley Medical Center calendar, please call the office and we will mail one to you (sorry; one per household only, while they last).

Good news: the Valley Medical Center North Benson Urgent Care Clinic will open this winter! The clinic will offer quick, convenient, quality care when you need it—seven days a week. Hours are 8am to 8pm, Monday through Friday; 8am to 4pm on Saturday and Sunday. The clinic is located east of Valley Medical Center at 10555 SE Carr Road, Bldg M, off Petrovitsky Road in the Fred Meyer shopping complex. Able to care for 50 patients a day, the clinic can save you an unnecessary trip to the Emergency department for urgent, non life-threatening needs when your doctor’s office is closed.

Valley Medical Center celebrated the “topping off” of the Emergency Services Tower in late November. A topping-off ceremony is a construction industry tradition marking the moment when the crew puts the highest structural point of a building in place. The Emergency Services Tower is on schedule for a June 2010 completion, with some services slated to open before then, including the new Emergency department that will open its doors by early 2010.

For free cancer information, please stop by and visit the new American Cancer Society informational kiosks in the main hospital lobby, nearest the glass-door Surgery entrance. These are permanent displays for the community to access information and support resources.

Inside this issue you’ll find information on the new shingles vaccine, low back pain and glaucoma. Our goal is to keep you up to date so you can recognize health issues before they become bigger problems, and when you are faced with health issues—as we all inevitably are at some point—you can be confident in working with your healthcare team to make informed treatment decisions.

We also offer a host of classes to help you eat right, and stay healthy and fit this winter. Enjoy!

Grace Dalrymple, GoldenCare Manager
Strength Training in the Water
The water is an excellent environment to safely develop muscular strength, endurance and balance. Learn how to target the major muscles through various exercises using wavewebs, paddles, noodles or no equipment at all. This class is held in the pool so please wear your swim suit or a t-shirt and shorts that can get wet. February 26, 6-7pm.

Abs and Back Clinic
Strong abdominal and back muscles help prevent injuries and pain, and improve physical performance. Learn how to safely and effectively train these core muscles. This is a hands-on class, so wear comfortable clothing. March 16, 1-2pm.

Thirty-Minute Circuit at Home
No time to exercise? Now there’s no excuse! Learn to do a fun and exhilarating 30-minute workout in the comfort of your own home. The circuit will be a combination of resistance and cardiovascular exercises. Wear comfortable clothing. March 30, 1-2pm.

Weightlifting at Home for Beginners
Learn how to increase your muscle strength, bone density and metabolism by using dumbbells and resistance bands—all in the comfort of your home. Wear comfortable clothing. January 12, 1-2pm.

Balls and Bands Class
Learn simple exercises you can do at home using the body ball and exercise bands. We will explain the correct ball size for you, proper exercise form, and how to use exercise bands. February 6, 1-2pm.

Yoga for Beginners
After this workshop you will have the basic tools to practice yoga at home or attend any class with confidence! Wear comfortable clothing for easy movement. March 5, 1-2pm.

Golf Conditioning Class
Improve your game by learning how your flexibility and muscle strength affect your swing. You will also learn specific exercises designed to help you develop a better, more efficient golf swing. March 12, 1-2pm.

Call 425.656.4006 to register. All classes are $5 each and held in Valley Fitness Center unless otherwise stated.
MRSA Update

Methicillin-resistant Staphylococcus aureus, or MRSA, is a treatment-resistant staph infection, on the rise largely due to increased use of broad-spectrum antibiotics. MRSA numbers have also increased as awareness increases and more cases are reported.

There are two strains of MRSA: one found in hospitals and nursing homes, and a more recent one found in the community. These are identified as healthcare-associated MRSA (HA-MRSA) and community-associated MRSA (CA-MRSA). Valley Medical Center takes MRSA infection control very seriously and employs rigorous infection control procedures to address MRSA and other bacteria. Due to these efforts, Valley Medical Center’s MRSA healthcare-associated infection rate is low—only 0.4 per 1,000 inpatient days. Valley Medical Center gladly accommodates all patient requests for MRSA testing.

You can do your part to help prevent the spread of MRSA and other bacterial infections:

1. Wash your hands frequently and thoroughly.
2. Keep wounds covered.
3. If you develop a skin infection, ask your doctor about MRSA testing.
4. Wash towels and sheets in hot water.
5. Don’t share your personal items, especially razors and towels.
6. Take antibiotics as prescribed and finish your prescription, even if you feel better. Don’t share or save antibiotics.

Valley Dividend Increased to $3,000

To recognize taxpayer support, this unique program credits homeowners in the district a portion of their property taxes. VMC increased the amount from a $2,000 lifetime maximum to $3,000 on January 1, 2008. The credit you receive will depend on the length of time you have owned your home and the actual tax amount you have paid to Public Hospital District No. 1 of King County (a.k.a. Valley Medical Center). Credit amounts vary but cannot exceed the $3,000 accumulated total. This credit is applicable to out-of-pocket expenses after all third-party and insurance payments have been made. The dividend program is available for necessary inpatient hospitalization and for surgical services provided by The Eye Center at VMC.

Our district residents support VMC with tax dollars, and this is Valley Medical Center’s way of saying thanks. District homeowners who have a qualifying out-of-pocket expense should call our Valley Dividend specialists at 425.656.4058 to apply.

Golden Living is published by Valley Medical Center (Public Hospital District No. 1 of King County). Material contained in Golden Living is intended to supplement—not replace—information received from your physician or other healthcare provider. To be added or removed from the mailing list, please contact erin_lohse@valleymed.org or call 425.226.4653.

About GoldenCare The GoldenCare program at Valley Medical Center was started in 1986 as a way to help seniors receive personalized assistance with their medical paperwork. Today, GoldenCare is over 19,000 members strong and serves to promote senior health and wellness through health education and programs such as the annual Flu Shot Campaign. Personal help with medical paperwork is still available today.

About Valley Medical Center Public Hospital District No. 1 of King County—Valley Medical Center—is the oldest PHD in Washington state. Our publicly elected Board of Commissioners consists of Don Jacobson, president; Mike Miller, vice president; Carolyn Parnell, secretary; Sue Bowman, and Anthony Hemstad. To learn more about VMC, or to express your views, please write to Kris Tiernan, PO Box 50010, Renton, WA 98055.
Cancer Lifeline provides emotional support, resources, classes and exercise programs in the Puget Sound area. We are in our 35th year serving all people living with cancer—patients, survivors, family members, friends and co-workers. All of our programs and services are free of charge. To register for classes call 206.967.2500 or 800.255.5505, or visit www.cancerlifeline.org. All classes are open to cancer patients and their families. Advance registration is required.

**NUTRITION CLASSES**

**Small Steps To Improving Your Nutrition**
Thursday, January 22; 11am-1pm
Breast Center Conference Room
Medical Arts Center, 4th floor

**One Pot Meals**
Saturday, January 31; 2-4pm
Green Fresh Market
575 Rainier Ave N, Renton

**Life Is Sweet: Using Healthier Sweeteners**
Saturday, February 7; 2-4pm
Green Fresh Market
575 Rainier Ave N, Renton

**Increasing Immunity Through Diet**
Thursday, February 26; 11am-1pm
Breast Center Conference Room
Medical Arts Center, 4th floor

**What Good Is Health Food If You Don’t Want To Eat It?**
Saturday, March 28; 2-4pm
Green Fresh Market
575 Rainier Ave N, Renton

**OTHER CLASSES**

**Small Steps To Using Naturopathic Approaches To Cancer Care**
Thursday, January 29; 6-8pm
Medical Arts Center, Rm MAC-B

**Stress Management & Relaxation Series**
Fridays, February 13-March 6
10am-12pm; Breast Center Conference Room, Medical Arts Center, 4th floor

**Exercise & Energize With The Lebed Method**
**Session I:** Tuesdays, January 20-February 17; 6-7pm
**Session II:** Tuesdays, March 3-April 14; 6-7pm
Medical Arts Center, Rm MAC-B

**Meditation**
**Session I:** Tuesday, January 20; 1-3pm
**Session II:** Tuesday, April 21; 1-3pm
Medical Arts Center, Rm MAC-D

**Card-Making Made Easy**
**Session I:** Tuesday, February 3; 10am-1pm
Medical Arts Center, Rm MAC-D
**Session II:** Saturday, February 21; 10am-1pm
Medical Arts Center, Rm MAC-C
**Session III:** Tuesday, April 7; 10am-1pm
Medical Arts Center, Rm MAC-E&F

**EVENTS**

**4th Annual Lymphedema Extravaganza**
Saturday, March 7; 9:30am-4pm
Medical Arts Center, 1st floor

**SUPPORT GROUPS**

**Special Women Breast Cancer Support Group**
1st & 3rd Thursdays; 7-8:30pm
January 15, February 5 & 19, March 5 & 19, April 2 & 16
Breast Center Conference Room
Medical Arts Center, 4th floor

**Living With Cancer Support Group**
4th Mondays; 7-8:30pm; January 26, February 23, March 23, April 27
Breast Center Conference Room
Medical Arts Center, 4th floor
“People often dismiss low back pain as just part of growing older,” said David Lundin, MD, neurosurgery director of the Spine Center at Valley Medical Center. “However, any back pain that lessens mobility or impacts quality of life should be brought to the attention of your doctor.”

Lumbar Spinal Stenosis

When osteoarthritis shows up in the spine, it is known as spondylosis. As the smooth cartilage that cushions the joints wears down, it can cause disc degeneration and bone spurs. Severe spondylosis in the lower back causes narrowing, or stenosis, of the spinal canal. This is known as lumbar spinal stenosis.

“Stenosis is most often a result of several conditions coming together,” Dr. Lundin explained. “Usually, we aren’t treating a single source—joints, discs, muscles and ligaments can all play a part in pain. Arthritis causes the facet joints to enlarge, our ligaments thicken over time, and discs compress and harden as we age and can bulge and herniate.”

A herniated disc occurs when tiny tears in the outer covering allow the inner, jelly-like material to seep out and protrude into the spinal canal, impinging on the nerve roots.

One of the telltale symptoms of severe spinal stenosis is pain with standing or walking that lessens when you sit or lie down. “The muscles are working harder, which means there is less oxygen available to the nerves, and that causes pain,” Dr. Lundin explained. “We unconsciously use biomechanics to open the spaces. We release the stenosis—and relieve pain—by leaning forward.”

Other symptoms can include a radiating pain, weakness or numbing from the hip or buttocks down the back of either or both legs. In very rare cases, lumbar spinal stenosis can cause bladder or bowel incontinence and requires immediate surgery.

Treatment Options

To determine the reasons for your back pain, your doctor will likely order a magnetic resonance imaging study, or MRI. Once your diagnosis is confirmed, unless you have severely progressive pain, your doctor will begin with the most conservative treatments. These may include:

- Physical therapy to build strength and increase stability of your spine
- Nonsteroidal anti-inflammatory drugs (NSAIDs)

If your pain is still not resolved, the next course of action may be epidural (spinal) injections. Corticosteroids delivered directly into the spine can bring significant and almost immediate relief, but due to the strong possibility of side effects, these injections are limited to no more than three per year.

About 90 percent of patients find their back pain resolved. If after six months these measures still do not result in an acceptable level of improvement, surgery may be considered, depending on your overall health and personal goals.
There are many kinds of surgeries today to treat lumbar spinal stenosis. The most common is decompressive laminectomy, which removes the top of the vertebrae to create more space for nerves and relieve pressure. Surgeries may include fusing vertebrae, or removing or replacing a degenerative disc. Rods may be used to help stabilize the spine. These surgeries are elective procedures, and your surgeon will discuss all benefits and risks of surgery with you to help you make an informed decision.

“It is all about quality of life,” said Dr. Lundin. “I ask my patients what level of improvement they are looking for. We want to help you reach the level of comfort and mobility that allows you to do the things you enjoy.”

*For a free information packet about lumbar spinal stenosis, call the WNI at 425-656-5566 or 1.888.686.4964; or email waneuro@valleymed.org.*

David A. Lundin, MD, is a fellowship-trained neurosurgeon and neurosurgery medical director of the Spine Center at Valley Medical Center. He specializes in all types of complex and minimally invasive spinal surgeries, including non-fusion techniques such as artificial disc replacement. Dr. Lundin is available for consultation through the Washington Neuroscience Institute, 425-656-5566 or 1.888.686.4964.

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**Steps to Help Prevent Low Back Pain**

1. Strengthen your core (tummy) and leg muscles through low-impact aerobic exercise such as swimming, walking or riding a stationary bike.
2. Maintain a reasonable, healthy weight.
3. Perform gentle stretching exercises daily.
Keeping an Eye Out for **Glaucoma**
January is National Glaucoma Awareness Month—don’t forget to schedule your annual comprehensive eye exam! Call The Eye Center today at 425.656.5345.

Glaucoma, a leading cause of blindness, is actually a group of conditions that damage the optic nerve. Most forms are closely connected to increased intraocular pressure (pressure inside the eye). Glaucoma may occur in one or both eyes and generally advances slowly, without warning. This has earned it the nickname, “the silent thief of sight.” Early detection is vital to preserving vision.

Who Is At Risk For Glaucoma?
Although some forms affect the young, age is the most significant risk factor. Anyone over age 60 is at risk for glaucoma, as are:
- African-Americans (six times greater risk than Caucasians)
- Those with diabetes
- Those with a family history of glaucoma

What Happens With Glaucoma?
Think of the eye as a drainage field, with waters steadily flowing into and out of the eye. With the most common type, open-angle glaucoma, the plumbing goes awry; the drain gets clogged and fluid builds up. This results in a slow increase in eye pressure which, over time, damages the optic nerve. Peripheral (side) vision is affected first. Vision loss is gradual—by the time it is noticed, the damage to the eye is severe. In its advanced stages, glaucoma results in tunnel vision and even total blindness. Unfortunately, glaucoma is not preventable or reversible, but it is treatable if caught early.

How Is Glaucoma Treated?
If glaucoma is detected, your ophthalmologist may prescribe eyedrops to either slow the flow of fluid into the eye or to improve drainage out of the eye. If additional treatment is needed, your ophthalmologist may recommend surgery. There are a number of in-office laser surgeries now available; the most common is trabeculoplasty to improve drainage. If this still doesn’t achieve the desired result, your ophthalmologist may choose to do a trabeculectomy, a filtering procedure performed in the hospital setting, again with no overnight stay and few complications.

Help Detect Glaucoma As Early As Possible!
The Glaucoma Research Foundation recommends everyone have a comprehensive eye exam every one to two years from age 55 to 64; and every six months to one year from age 65 on.

For more health information visit:
Valley Medical Center, www.vmcvision.org
The Glaucoma Foundation, www.glaucomafoundation.org

NEW: Eyedrops for Prevention
The Ocular Hypertension Treatment Study, funded by the National Eye Institute, a branch of the National Institutes of Health, determined that eyedrops to lower intraocular eye pressure reduced the development of glaucoma by more than 50 percent. If you have been diagnosed as ocular hypertensive and are also at high risk for developing glaucoma, talk to your doctor about eyedrops for prevention.

Warning Signs of Rare, Sudden Glaucoma Attack
If you experience two of more of these symptoms, see your ophthalmologist immediately or have someone drive you to your hospital’s Emergency Department:
- Severe eye pain, eyebrow pain or headache
- Nausea and vomiting
- Blurred vision
- Halos around lights
- Reddening of one or both eyes
The shingles vaccine came on the market in 2006. Our goal is to provide information to help you make an informed decision about vaccination.

Shingles, or Herpes Zoster (zoster for short), is caused by the Varicella-Zoster Virus (VZV)—the same virus that causes chickenpox. Once you’ve had chickenpox, the virus remains behind, quietly asleep in your healthy nervous system.

However, if awakened by a weakened immune system, the reactivated virus comes back as shingles. It usually causes a painful rash, often with blistering, lasting a week to 10 days. It may be accompanied by headache, fever, chills and stomach upset.

About 10-15 percent of people with shingles—one in five—will also get post-herpetic neuralgia, a painful inflammation of nerves, skin and other tissues that can last for months or even years. In rare cases, shingles can lead to serious complications including pneumonia, blindness, brain inflammation (encephalitis) and even death.

Who Should Be Vaccinated?

The Centers for Disease Control’s Advisory Committee of Immunization Practices (ACIP) announced its official recommendation in 2008: all Americans age 60 and older should get vaccinated—even if they’ve already had shingles.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>WHEN</th>
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<tbody>
<tr>
<td>Influenza</td>
<td>Annually</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>One to two doses before age 65; one dose after age 65</td>
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<tr>
<td>Tetanus</td>
<td>Booster every 10 years</td>
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<tr>
<td>Zoster</td>
<td>One dose after age 60</td>
</tr>
<tr>
<td>Chickenpox; measles, mumps, rubella (MMR)</td>
<td>Now, if you’ve never had the disease and were not vaccinated as a child</td>
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*Check with your doctor if you have any health problems. Vaccination recommendations may vary based on medical history.
Some people should not be vaccinated. Do NOT receive the shingles vaccine if:

- You have had a severe allergic reaction to gelatin, the antibiotic neomycin, or any other component of shingles vaccine
- You have active, untreated tuberculosis
- You have a weakened immune system due to:
  - Human immunodeficiency virus (HIV)
  - Drugs or treatments that affect the immune system such as steroids, organ transplant, radiation or chemotherapy
  - A history of cancer affecting the bone marrow or lymph system, such as leukemia or lymphoma

If you are sick with a fever or have shingles, wait until you are better before being vaccinated.

Source: Centers for Disease Control and Prevention, www.cdc.gov

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Shingles Q & A

**Q: How common is shingles?**

About a million Americans get shingles each year; half of them are over the age of 60. You can only get shingles if you’ve had chickenpox (and that’s nearly everyone over age 40). Less than 1.5 percent of those with shingles will get shingles again. The older you get, the more likely it is that you will come down with shingles. According to a Mayo Clinic study last year, post-herpetic neuralgia increases with the age of onset of shingles. Only five percent of those in their 50s experienced pain lasting three months or longer, compared with 20 percent of those who were 80 or older when they got shingles.

**Q: Is shingles contagious?**

Shingles can’t be passed along like a cold. The virus can be spread in the blister phase, but only to someone who has not had chickenpox. That person might come down with chickenpox, but not shingles. Keeping the rash covered can reduce the risk of spreading the virus.

A small number of people develop a chickenpox-like rash near the shingles vaccination site; this rash, too, should be covered until it goes away, just as a precaution.

**Q: Are there side effects from the vaccine?**

About one in three people experience redness, swelling or itching at the injection site; about one in 70 will get a headache. No serious problems have been associated with the shingles vaccine.

**Q: Can I get shingles from the shot?**

The vaccine, Zostavax, is made with the same strain as the chickenpox vaccine given to children (only much stronger). While it is a live, weakened virus, studies to date indicate only 0.02 percent of those vaccinated got shingles, and it was unknown whether these cases were related to the vaccine, as it is only partially effective.

**Q: How effective is the vaccine?**

The vaccine has shown to be 51 percent effective in preventing shingles and 67 percent effective in preventing post-herpetic neuralgia.

**Q: Is it covered by insurance?**

The shingles vaccine is still new and quite expensive. All Medicare Part D plans cover the shingles vaccine. Co-pays vary by plan. Medicare Part B does not cover the shingles vaccine, but will cover the administrative fee. For private insurance coverage, check with your individual plan.

**Q: Where can I get shingles vaccine?**

Talk to your doctor about availability. If it is not on hand, it can be ordered for you.
Mark Your Calendar:

GoldenCare
Cholesterol and Blood Sugar Screens
February 19, 8:30am-noon

Screenings for total cholesterol (high-density lipoprotein, or HDL, and low-density lipoprotein, LDL), triglycerides, and blood sugar will be available to GoldenCare members Thursday, February 19. Appointments are available from 8:30am-noon. Cholesterol and blood sugar screens are recommended if:

- You’ve ever had low HDL cholesterol
- You’ve ever had borderline-high or high total cholesterol
- You’re a smoker
- You have a family history of premature heart disease, blood pressure, or diabetes.

Cost of the screening is $20 for all members. For proper results, fast after midnight the night before, and refrain from drinking alcohol for 48 hours before your test. Screenings take place in Room D of the Medical Arts Center. You will receive your results immediately. To schedule an appointment, call 425.656.5320.