

Fall 2012

Health Matters

at Aspen Valley Hospital

"Thank you for a level of care which exceeds that offered in many large hospitals in major cities."

AVH patient

Inside

- Meet RIO, restore your lifestyle
- New 3D mammography
- Hope for heartburn sufferers

Photo by Cheryl Natale, lab assistant

Reduce your pain, restore your lifestyle

State-of-the-art procedures bring relief of osteoarthritis

If you're like most Aspen-area residents, you live a life full of skiing, hiking, bicycling, and other outdoor activities. Over time, however, exercise-related stress may contribute to the development of osteoarthritis, a degenerative disease in which the cartilage that cushions a joint gradually wears down.

When good knees go bad

Osteoarthritis of the knee is particularly prevalent among people who are physically active. For many people who have early- or mid-stage osteoarthritis of the knee, Aspen Valley Hospital (AVH) now offers an innovative procedure called MAKOplasty® partial knee resurfacing that provides distinct advantages over other types of treatment.



This image demonstrates that only a portion of the knee is resurfaced and replaced with prostheses during the MAKOplasty procedure.

Meet RIO! Robotic precision, surgical expertise

MAKOplasty partial knee resurfacing is performed using a highly advanced, surgeon-controlled Robotic Arm Interactive Orthopaedic System called RIO®. The system allows the AVH surgeon to complete a fully customized pre-surgical plan based on images of the individual patient's knee.

During the procedure, RIO creates a 3D view of the bone and correlates the images to the pre-programmed surgical plan. While the surgeon manipulates the robotic arm, the system is limited to only the diseased areas of the joint, leaving healthy bone and tissue alone. In addition, RIO gives our surgeons freedom to make adjustments for the best possible implant positioning and placement for the individual patient.

In most cases, osteoarthritis of the knee is treated first with lifestyle changes to reduce stress on the joint. Physical therapy, medications, and other treatments available can also offer effective first-line relief of osteoarthritis symptoms.

When surgery is required, MAKOplasty partial knee resurfacing is less invasive than traditional procedures and typically requires only one night in the hospital. That usually means a smaller incision with less scarring, a faster recovery, lower risk of complications, and more effective symptom relief — as well as a quicker return to daily activities. MAKOplasty also results in a knee that feels more natural after surgery.

"MAKOplasty offers us a revolutionary new option for the treatment of knee arthritis," says orthopaedic surgeon Eleanor von Stade, MD. "It allows us to do precise, minimally invasive, robot-guided knee resurfacing with significantly less downtime than traditional knee replacements. We finally have a solution for patients who are 'in the middle' and have exhausted all other options, but are not yet ready for a total knee replacement."

In addition to Dr. von Stade, orthopaedic surgeons Mark Purnell, MD, and Tom Pevny, MD, are credentialed for knee replacements using RIO.

Symptoms of osteoarthritis

Knees:

- Pain while walking, climbing, or standing up
- Swelling of the joint
- Stiffness after standing up, getting out of bed, or starting other activities
- Grating or crunching sensations when using the knee

Hips:

- Pain with weight-bearing
- Stiffness
- Limping
- Pain that radiates to the groin, lower back, or down the thigh to the knee



This image demonstrates the use of the robotic arm for proper alignment of the hip socket.

When the hip isn't hip anymore

MAKOplasty is also used for total hip replacements and is supported by RIO. It enables surgeons to achieve a new level of precision with the newest techniques in hip replacement surgery.

Like MAKOplasty for the knee, if you are a good candidate for a MAKOplasty procedure, your orthopaedic surgeon will schedule a CT scan prior to your surgery. Then, a patient-specific 3D model of your pelvis and thigh bone is created pre-operatively to plan optimal implant placement.

During surgery, RIO guides the surgeon in preparing the hip anatomy and positioning the implants. Real-time data and images allow surgeons to know and control accurate implant placement, which can be difficult to achieve using traditional manual techniques. The more accurate the alignment and positioning of the hip implants, the better the surgical outcome and lifespan of the implants.

Lindsay Harris, MD, who performs the hip procedure with RIO, notes that as an orthopaedist in a small community he strives to offer personalized care in conjunction with procedures that one would expect only in a large city. "Total hip arthroplasty allows me to perform the procedure with added confidence, accuracy, and precision, utilizing 3D modeling and robotic guidance during implantation of the prosthetic components," he said.

AVH is proud to bring these state-of-the-art procedures — offered in only one other hospital in Colorado — to the Roaring Fork Valley. For more information about MAKOplasty partial knee resurfacing or total hip replacement, ask your doctor or call Aspen Orthopaedic Associates for a consultation at **925.4141**.

Training for RIO (Robotic Arm Interactive Orthopaedic System)

The experienced orthopaedic surgeons at Aspen Valley Hospital (AVH) received multi-day training to become certified in the use of RIO, including hands-on application of the equipment. Using replicas of bones and cadavers, they were able to mimic the procedure in a lab and under the guidance of surgeons with extensive experience with RIO. They have now performed a number of procedures at AVH. The "operator" of the robotic arm is also highly trained in the use of this specialized equipment.



Mammography saves lives

New 3D technology better than ever

Consider these facts from the American Cancer Society:

- Five-year survival rate for stage 0 or very early, non-invasive breast cancer is 98 percent.
- Ten-year survival rate is 81 percent for cancers detected when less than one centimeter in size.
- Over 2.5 million breast cancer survivors are alive in the United States today.
- A woman's chance of developing breast cancer in her lifetime is one in eight.
- Breast cancer is the most common cancer in women, aside from skin cancer.
- Only lung cancer causes more cancer deaths in women.
- About 2,000 male breast cancer cases are diagnosed each year, and almost 440 men will die from the disease.
- Each year about 200,000 new cases of breast cancer are diagnosed (one every 2.5 minutes).
- Mammography screening is the best way to detect breast cancer in its earlier stages, and it saves lives.
- Four out of 10 women don't get annual mammograms.

At Aspen Valley Hospital (AVH), we are committed to the early detection of breast cancer. We use state-of-the-art techniques and technology. Our sensitive staff receives repeated accolades for their expertise and approach. Don't be one of the four out of 10 women who neglect to get an annual mammogram!

Introducing 3D breast imaging technology

As part of our ongoing commitment to you, we are proud to offer the latest in breast cancer screening — 3D mammography — the most exciting advancement in breast cancer detection in more than 30 years.

A 3D mammogram consists of multiple breast images taken in just seconds to produce a 3D image. The radiologist looks through the tissue one millimeter at a time seeing detail inside the breast in a way never before possible.

Benefits of the new system, called digital breast tomosynthesis, include:

- Improved diagnostic and screening accuracy
- Fewer recalls
- 3D lesion localization

"I have more confidence in this system than traditional mammography equipment," says AVH breast radiologist Lora Barke, DO. "It really has revolutionized how breast cancer is detected today."

Talk to your doctor. Schedule your annual mammogram. Do it for yourself. Do it for those who love you.



Debbie Demeulenaere, RT, performs hundreds of mammograms each year at AVH and participates in a variety of community events to promote early detection of breast cancer.

"Mammography staff is knowledgeable, helpful, compassionate. Always a positive experience!"

AVH patient

Turning 40?

A free mammogram is our gift to you

The American College of Obstetricians and Gynecologists, the American Cancer Society, and many other reputable national organizations recommend annual mammograms for women starting at age 40. To help you start this annual routine, Aspen Valley Hospital has a 40th birthday gift for you — a screening mammogram with our new 3D technology.

This free offer is good only for 40th birthdays and only during the month of your birth. A physician's order is required, so please speak with your doctor first.

Your free mammogram does not apply to additional tests or procedures that may be associated with your mammogram. Finally, plan to bring a valid photo ID indicating your age and date of birth to your appointment.

Happy Birthday!

Is it time for your mammogram?

The American Cancer Society recommends these screenings for early detection of breast cancer:

- Women age 40 and older should have a mammogram and clinical breast exam each year.
- Women at high risk* should have a mammogram and screening MRI annually.
- Women at moderately increased risk should talk with their doctors about having an MRI screening in addition to a mammogram each year.
- Women in their 20s and 30s should have a clinical breast exam every three years as part of a regular health exam.
- Women with a close relative diagnosed with breast cancer before age 50 should start screening 10 years prior to the age of diagnosis.

*Among factors that may put a woman at high risk for breast cancer are: having the BRCA1 or BRCA2 gene mutations or a close relative who has these mutations; having a family history of breast cancer; and exposure to radiation therapy to the chest between ages 10 and 30 years.

Calendar of Events

Senior Health Fair

(for those 60 and older)

Friday, November 2

8:30 - 10:30 a.m.

Aspen Valley Hospital

Community Blood Drive

Tuesday, November 6

11 a.m. - 3 p.m.

Aspen Valley Hospital

Grand Opening

Hospital Expansion

Saturday, November 10

Ribbon cutting at 10 a.m.

Open house to follow

Open House

Hospital Expansion

Tuesday, November 13

Thursday, November 15

5:30 - 7 p.m.

Heartsaver CPR

Monday, November 26

4:30 - 7:30 p.m.

\$30 per person

Aspen Valley Hospital

Call **544.1296** for more information.



Beth Barnes, RN, draws blood at a community health fair.

Hospital construction update

As construction of Phase II(A) comes to a close and we prepare for our grand opening and subsequent open houses (see the Calendar of Events on the previous page), we'd like to take this opportunity to remind the community of why Aspen Valley Hospital (AVH) is expanding, how the project is being funded, and what happens next.

The need

AVH has a history of caring for the Aspen community dating back to 1891. The existing facility was completed in 1977 and, with minor expansions and updates, it has served our community well. However, healthcare delivery and technology have changed dramatically in the past 35 years, and physical improvements were essential for us to meet today's standards for efficiency, privacy, comfort, and a quality patient/family experience.

Notable improvements

With the completion of Phase II(A), we have made significant improvements with contemporary standards and sufficient space for patient care.

- All inpatient rooms will be single occupancy, thus offering the utmost in privacy and comfort for patients and their families.
- With the relocation of the cafeteria and limited access to patient care areas, inpatients, outpatients, and the general public will be appropriately segregated.
- Physical therapy will have the space needed to provide optimum treatment and will be adjacent to orthopaedic services, thus enhancing communication between therapist, patient, and physician.
- Oncology services will have new and improved spaces for chemotherapy and consultation with our oncologist.

- Eighteen new affordable housing units are being constructed on the campus.
- Improvements to Castle Creek Road/Doolittle Drive intersection will make pedestrian, bicycle, and vehicle traffic safer.
- Finally, the new parking structure will ensure sufficient parking for patients and visitors.

The next aspect of Phase II will offer additional medical office space for surgeons and other specialty physicians, an expansion of cardiopulmonary rehabilitation, and an all new intensive care unit. It is currently underway and will take approximately one more year to complete.

Funding

The vast majority of funding for Phase II is from general obligation (tax supported) bonds and cash from hospital reserves that were set aside for the purpose of funding a portion of the expansion. In addition, philanthropic gifts have made a sizeable contribution.

Still to come

Phases III and IV — which address the emergency department, surgery, lab and imaging services, all remaining outpatient services, registration, and additional medical office space — will be presented to the Aspen City Council for final approval in early 2013. A capital campaign, conducted by the hospital's new philanthropic division, is currently underway, and when necessary funding is secured, the final phases of the hospital expansion will begin.

For more information about the hospital's Master Facilities Plan, please contact Frank Goldsmith at FGoldsmith@aspenhospital.org.



The finishing touches are in progress as the hospital prepares for its ribbon cutting/grand opening event in November.



The parking lot is still in progress in September. What a view!

AVH forms new in-house fundraising office

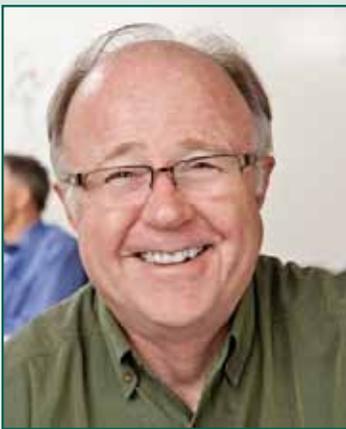
Aspen Valley Hospital (AVH) is pleased to announce the formation of a fundraising entity solely focused on hospital needs. The new supporting organization, the Aspen Valley Hospital Foundation, will oversee all charitable giving to the hospital for its expansion and renovation as well as other needs such as technologies and programs.

With the impending launch of a capital campaign in support of its long-term Master Facilities Plan (MFP), the time is right to establish a wholly dedicated development office, focusing 100 percent on the fundraising needs of the hospital. Most nonprofit hospitals have dedicated fundraising arms that serve this very purpose.

While much of the new construction has been funded with proceeds from general obligation bonds and hospital cash reserves, \$60 million in philanthropy is needed to complete the project. Several generous donors have already stepped forward with sizeable donations. Announcements about these gifts will be forthcoming as the campaign progresses.



AVH CEO Dave Ressler and Aspen Community Foundation (ACF) Executive Director Tamara Tormohlen after a meeting to discuss the hospital's capital campaign with the ACF board.



Steve Marshall, Aspen Valley Hospital Foundation's Interim Executive Director.

Phase II of the MFP is near completion and scheduled to open in November. Construction of Phases III and IV will not begin until the necessary financing has been secured. The two remaining phases will address important needs in the emergency department, diagnostic imaging, surgery, laboratory, registration, and additional medical office space (see related article on the previous page).

A national search is underway for a seasoned executive director to head the new Aspen Valley Hospital Foundation. Steve Marshall, a healthcare fundraiser with over 30 years of experience, is serving as the foundation's Interim Executive Director. Another priority is the formation of a foundation board to be comprised of community members and supporters of the hospital. The new foundation board will work closely with AVH's elected board.

While the technical details for the new foundation are being finalized, a designated fund has been set up at the Aspen Community Foundation to accept donations on behalf of the hospital. Those contributions will later be transferred to the new hospital foundation.

The board and staff of AVH are grateful for the community's longstanding philanthropic support that enables the delivery of extraordinary care. For more information about hospital capital needs or to explore options for making a donation, contact Steve Marshall at **544.1302**, **SMarshall@aspenhospital.org**, or stop by the foundation's office located across the hall from the administrative offices at AVH.



The nurses' station is complete and ready for the arrival of staff and patients.



The hospital's new cafeteria will improve flow and provide space for more food options for staff, visitors, and community members.

This publication in no way seeks to diagnose or treat illness or serve as a substitute for professional medical care. Please see your physician if you have a health problem.

Got heartburn?

New procedure offers hope for acid reflux sufferers

You probably know the feeling: that painful, burning sensation in your throat and chest that is popularly known as heartburn. Less well known is the fact that those episodes, which affect an estimated 60 million people in the United States, can be a symptom of gastroesophageal reflux disease (GERD). GERD occurs when the muscle at the end of your esophagus does not close tightly, allowing acid in your stomach to flow back into your esophagus.

In addition to the immediate discomfort, repeated episodes of acid reflux can damage the lining of your esophagus — resulting in a condition called Barrett’s syndrome — and significantly raise your risk of esophageal cancer. Recently, researchers reported that people who have Barrett’s syndrome could be up to 40 times more likely to develop esophageal cancer than those who are not affected.

Stretta fills the gap between medications and surgery. This is how the procedure works:



Concentrated energy is delivered to tissue.

Thermal treatment remodels tissue.

Function and symptoms are significantly improved.

Stretta may be the answer

Aspen Valley Hospital (AVH) now offers the innovative Stretta procedure, a minimally invasive endoscopic treatment for GERD. It takes a total of less than 40 minutes and is performed on an outpatient basis under mild sedation. Most people are able to significantly reduce or eliminate GERD-related medications within a short time after the procedure.

“This innovative new procedure is relatively simple and extremely effective,” says John Schultz, MD, general surgeon at AVH. “It is truly a game changer for patients suffering from GERD.”

If you experience heartburn more often than once a week, tell your doctor. The Stretta procedure at AVH may be able to help in cases where GERD is an ongoing problem.

For more information about the Stretta procedure or for a referral, call **544.1296**.

Ways to minimize incidents of acid reflux

- Eat small meals.
- Avoid foods likely to cause acid reflux, such as fatty foods, alcohol, and caffeine.
- Sit up during and after eating.
- To promote digestion, perform light exercise after eating.
- Lose excess weight. Overweight and obesity can worsen acid reflux.
- Do not use tobacco.