Take Charge
Learn to manage diabetes well

Check yourself
Head to toes

Aneurysms
Are you at risk?
Are you at risk for an aneurysm?

What causes an aneurysm to form isn’t yet known. But factors that may put you at increased risk include:

- Smoking.
- Alcohol and drug use.
- High blood pressure.
- Use of oral contraceptives.
- Traumatic head injury.
- Complications from some types of blood infections.
- Family history of brain aneurysms.
- Certain inherited disorders—such as polycystic kidney disease, Marfan syndrome and Ehlers-Danlos syndrome—are also believed to raise your risk, according to the Brain Aneurysm Foundation.

If you have any of these risk factors, talk to your doctor about a screening test.

When an aneurysm is found before it ruptures, it can often be treated successfully.

Screening can find aneurysms

Although people are not generally screened for aneurysms, there are tests that can spot them—and some people should consider getting them.

To find an aneurysm, doctors can use:

**Computed tomographic angiography.** This involves a CT (computed tomography) scan and a special dye that is injected into a vein. The dye makes blood vessels visible.

**Magnetic resonance angiography.** This is a special type of MRI (magnetic resonance imaging) scan that produces detailed images of blood vessels.

**Cerebral angiography.** This also uses dye and x-rays but is somewhat more invasive than the other tests, according to the American Stroke Association.

Your doctor will decide which test is best for you.
It’s a guy thing

For those with erectile dysfunction, surgery may be the answer

BY MARK CABELIN, MD

IT’S ESTIMATED that more than 100 million men worldwide are affected by erectile dysfunction (ED). While there are a number of drugs on the market used to treat ED, they do not work for everyone. An alternative treatment for men with ED that does not respond to drugs is penile implant surgery. Penis implants can help a man achieve and maintain an erection. Penis implants do not improve sexual desire or sensation or increase penis length. However, men who have penile implant surgery express an increased satisfaction with their sex lives. And their partners tend to agree.

The surgery, which has a better than 90 percent success rate, takes up to 90 minutes and can be performed on an outpatient basis, although some men may need to stay overnight at the hospital. Surgery can cost up to $20,000, but it is usually covered by insurance.

Who is a candidate?
Penile implant surgery is not for everyone. Typically, surgery is a viable option for men who have difficulty getting an erection and who fail to respond to ED drugs, such as Viagra. Men who have Peyronie’s disease, a disorder marked by pain and bending of the penis during erection, are also candidates for the surgery, particularly if their disorder is accompanied by significant ED.

If you think you may be a candidate, it’s important to consult with your surgeon. He or she will look at your personal history and perform a physical examination to determine if you are a candidate for surgery. Your surgeon will attempt to determine the cause of your ED as well as whether you are affected by other sexual dysfunctions. Additionally, your surgeon will assess the length, stretchability and overall condition of your penis.

If you are deemed an appropriate candidate for penile implant surgery and choose to go forward with the procedure, you will receive an extensive list of preoperative instructions that includes a list of medications you can and cannot take before the surgery. The surgeon might also suggest that you bathe with antibiotic soap before surgery to reduce the risk of infection.

Types of implants
The two main types of penile implants are inflatable implants and semirigid rods. Inflatable implants are the most common form of penile implant in the...
Possible complications of diabetes
Diabetes can affect the whole body

- Stroke
- Eye disease, blurred vision
- Gum disease
- Heart disease, high blood pressure, increased fatigue
- Kidney disease
- Weight loss
- Increased urination
- Impaired blood flow to the lower extremities
- Nerve damage

ASHTABULA COUNTY MEDICAL CENTER (ACMC) is proud to introduce our new outpatient diabetes education consultations, a comprehensive program available to assist patients in the development of diabetes self-management skills. Education services are conducted by certified diabetes educators (CDEs) who are available to teach all phases of instruction, including medications, blood glucose monitoring, meal planning and problem solving.

There were 129 diabetes-related deaths in Ashtabula County in 2007, which is significantly higher than the U.S. and state average. This demonstrates a gap in preventive care in our community. ACMC is taking steps to fill that gap with the diabetes education program.

Lori Gilhousen, RN, CDE, and dietitian Barbara Vennetti, RD, LD, CDE, will share valuable self-management information during four group sessions over a six-month period. The sessions focus on need-to-know skills to guide patients on their day-to-day diabetes care management. Family members and significant others are welcome to attend. Individual care visits are also available.

"Over 90 percent of diabetes care is in the day-to-day activities of the person with diabetes," Gilhousen says. "Through self-management training, education and working with your healthcare team, you are empowered to gain control of your diabetes. This control will help delay the devastating complications of uncontrolled diabetes."

Diabetes self-management training and medical nutrition therapy are offered simultaneously to improve diabetes care. Medicare, Medicaid and many insurances pay for formal diabetes education. Check with your insurance provider for covered benefits and any restrictions. For Medicare beneficiaries, both services can be ordered in the same year.

The diabetes education program at ACMC uses the evidence-based Diabetes Basics Curriculum developed by the International Diabetes Center of Park Nicollet in Minneapolis. Our program is recognized by the Diabetes Education Accreditation Program of the American Association of Diabetes Educators as meeting the national standards for diabetes self-management education.

A physician referral is required for diabetes education. Please call the diabetes education office at 440-994-7598 for details.

Endocrine specialist available at ACMC

An endocrinology clinic is offered at Ashtabula County Medical Center (ACMC) to provide our patients with comprehensive diabetes care. Laurence Kennedy, MD, offers his endocrinology services to patients at ACMC on the first and third Wednesday of every month. Dr. Kennedy currently serves as chairman for the Cleveland Clinic department of endocrinology, diabetes and metabolism. He received his medical degree from Queen’s University in Belfast, Northern Ireland, and is accredited in endocrinology and diabetes mellitus, as well as in general medicine.

To schedule an appointment with Dr. Kennedy, call 440-997-6940.
If you have diabetes, you need to pay extra attention to your teeth and feet. They’re more susceptible to problems caused by the disease.

TO CARE FOR YOUR TEETH:
✓ Brush them at least twice a day, and floss between them daily.
✓ See your dentist every six months—or more often if you notice signs of gum disease, such as bleeding or sore gums, bad breath, a bad taste in your mouth, or loose teeth.

TO CARE FOR YOUR FEET:
✓ Wash them daily, and dry them carefully—especially between your toes.
✓ Don’t ignore sores, scratches, blisters, cuts or cracks. They can lead to serious complications, including infection or amputation.
✓ Trim toenails along the natural curve of the toes, but don’t cut into the corners.
✓ Avoid using lotion between toes. It encourages moisture and germs.
✓ Don’t use razor blades or chemicals on corns and calluses. Gently use a pumice stone every day to help keep corns and calluses under control.
✓ Never go barefoot.
✓ Have your feet inspected by your doctor at least four times a year.

Centers for Disease Control and Prevention

Wound Healing Center reduces amputation risk

SOMETIMES WOUNDS and injuries do not heal as quickly as they should. This is especially true for people with conditions like diabetes or reduced blood flow to the injured area.

Patients with nonhealing or chronic wounds that haven’t healed significantly in four weeks or completely healed in eight weeks have an option for advanced wound care and treatment on the Ashtabula County Medical Center (ACMC) campus at the Wound Healing Center.

“At ACMC, our goal is to see our patients fully healed and enjoying their lives,” says ACMC President and CEO Kevin Miller. “The Wound Healing Center at ACMC significantly improves the healing time for patient wounds to avoid possible amputation and greatly improve their quality of life.”

Putting patients first
From an initial assessment through creating a personalized treatment plan, the center’s staff uses sophisticated equipment and techniques to deliver high-quality care. Patients with nonhealing wounds have access to specially trained physicians and nurses in the ACMC Wound Healing Center.

The center also offers a comprehensive hyperbaric oxygen therapy (HBOT) program. HBOT is a relaxing, pain-free treatment that has been proven to heal wounds that have been resistant to standard therapy. National studies indicate that, when used in addition to traditional medicine, HBOT is four times more effective than conventional treatments alone. Patients simply lie in a chamber and breathe 100 percent oxygen. In these conditions, the blood plasma becomes hypersaturated, absorbing 10 to 20 times the normal amount of oxygen. In turn, this allows for greater oxygenation of the tissues and corrects tissue hypoxia, a major contributing factor to nonhealing wounds.

For more information
Contact the ACMC Wound Healing Center.
Call 440-994-7540.
EVENTS
ACMC Physician Forum
Fourth Thursday of each month,
6 p.m.
ACMC Solarium

FOR YOUR HEALTH
Free Blood Pressure
Checks for Seniors
First Thursday of each month,
9:30 to 11:30 a.m.

SUPPORT GROUPS
Autism Support Group
First Thursday of each month,
6:30 to 8:30 p.m.
ACMC Education Center
COPD Support Group
First Wednesday of each month,
2 to 3 p.m.
ACMC Education Center

Diabetes Support Group
First Thursday of each month,
7 p.m.
The Ashtabula Clinic basement
conference room
To sign up, call 440-997-6555.

Mended Hearts
Saturday, March 20, 3 p.m.
ACMC fifth-floor solarium
A support group for all people
and their families who have
experienced a heart condition or
undergone heart surgery.
For more information, call Frank
Starkey at 440-998-7954.

Stroke Support Group
Fourth Thursday of each month,
3 p.m.
ACMC third-floor skilled nursing
unit dining room
Call Denise McNabb at
440-997-6298 to sign up.

It’s a guy thing
—Continued from page 3
United States. They are typically
made up of two or three pieces.
Benefits of inflatable penile
implants include the user’s ability
to inflate and deflate them when
needed and the reduced risk of
damage to the inside of the penis
that could come with constant
internal pressure.

Semirigid rod penis implants
are malleable rods placed inside
the erection chambers of the penis.
They can be bent into an erect or
nonerect position. Because these
implants are always firm, there is
constant pressure on the inside of
the penis. However, these implants
are cheaper, require a simpler
surgery and consist of fewer parts
than inflatable penile implants.

Surgery risks and aftercare
Like any surgery, there are some
risks with penile implant surgery,
such as infection and mechanical
failure. Other risks include implant
migration, sizing problems, auto-
inflation, anesthesia problems, and
the need for future surgeries because
of erosion of the device or infection.

After the surgery, you will
likely receive a list of instructions
to follow that includes taking
antibiotics to prevent infection and
wearing loose-fitting underwear
and clothing. Typically, men
can resume strenuous physical
activity one month after surgery
and can resume sexual activity
approximately four to six weeks
after surgery.
thank you donors!

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Even so, most people in the midst of a heart attack delay getting emergency help. Some let precious minutes slip by because they falsely blame their symptoms on something else. Still others are afraid of feeling foolish if they go to the hospital and learn they’re not having a heart attack.

Don’t make either one of those mistakes.

1. The first hour after symptoms start is the most dangerous time of a heart attack. This is when your heart might suddenly stop beating. Your very survival may depend on the availability of medical help.

2. Doctors today have clot-busting drugs and artery-opening procedures that can stop or reverse a heart attack. These treatments can limit damage to the heart. But to be most effective, they must be given shortly after symptoms appear.

Even so, most people in the midst of a heart attack delay getting emergency help. Some let precious minutes slip by because they falsely blame their symptoms on something else. Still others are afraid of feeling foolish if they go to the hospital and learn they’re not having a heart attack.

Know these heart attack warning signs, and respond to them immediately by calling 911:

- Chest discomfort. This signature heart attack symptom affects the center of the chest and lasts for more than a few minutes—or goes away and comes back. Discomfort can feel like uncomfortable pressure, squeezing, fullness or actual pain.
- Discomfort elsewhere in the body. The back, neck, jaw, or one or both arms may be involved.
- Shortness of breath. This may accompany chest discomfort or come before it.
- Sweating, nausea or light-headedness. Women in particular are prone to these sensations.