New Frontiers in Stroke Treatment

Margie Kirkland is the first to admit that she ignored the "streaks of lightening" through her body as she prepared for her vacation cruise. During the trip, Kirkland's legs became weak during a walking tour, and she was unable to stand. After returning to Houston, she sought medical help at The Methodist Hospital and learned she had suffered several "mini" strokes and one major stroke, all due to a major blockage in her carotid artery.

Kirkland joined the CREST study at the Methodist Neurological Institute's (NI's) Eddy Scurlock Stroke Center. She is now one of 58 patients at Methodist enrolled in this study, making Methodist a top 10 site for the trial in 2006.

"For someone who ignored the signs and symptoms of stroke, I was extremely fortunate to receive the right treatment," said Kirkland, 74. "Not all stroke patients have access to clinical studies like this one. I'm thankful that Methodist was able to help me."

CREST stands for Carotid Revascularization Endarterectomy vs. Stenting Trial. Sponsored by the National Institutes of Health, CREST is a randomized clinical study to compare carotid endarterectomy, a common operation to treat a blockage, or narrowing, of the carotid artery, with the study procedure, called carotid artery stenting.

"Our goal with this study ultimately is to give patients a choice in treatments," said Dr. David Chiu, medical director of the Eddy Scurlock Stroke Center and principal investigator of the CREST trial at Methodist. "Over the course of several years, we document the incidence of stroke to determine the effectiveness of carotid stenting versus surgery."

The stent is inserted into the blocked carotid artery via a catheter to open the artery, said Dr. Richard Klucznik, director of interventional neuroradiology at the Methodist NI and co-investigator in the CREST trial. Once deployed, the stent forces the artery to re-open, reestablishing blood flow.

The trial compares the effectiveness of the two procedures in preventing stroke in non high-risk patients during the 30-day period immediately following either procedure. Carotid stenting has already been FDA-approved in high risk cases.

Kirkland was randomized to receive the stent, and now says she feels great and enjoys spending time with her grandchildren.

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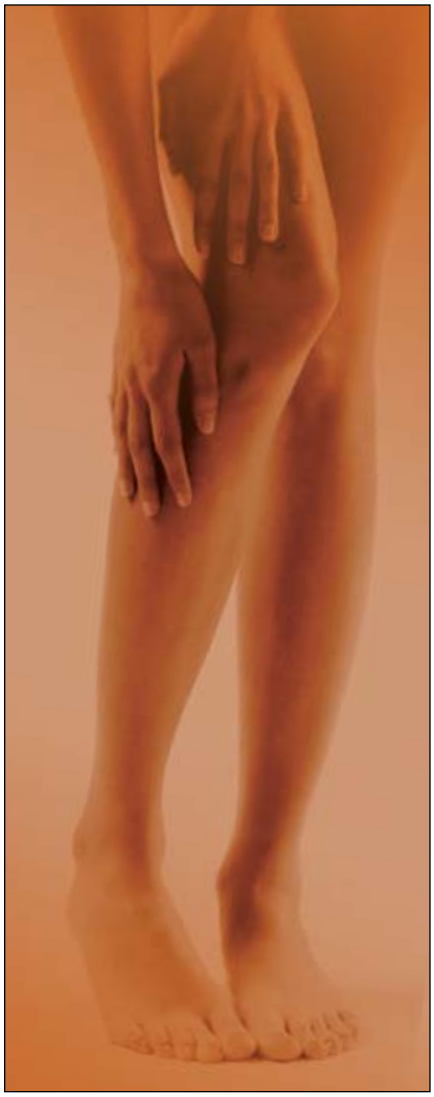

Peripheral Vascular Disease: More Than a Pain in the Leg

The Methodist Hospital regularly provides screenings for peripheral vascular disease This potentially serious condition puts people at increased risk for heart attack, stroke and limb amputation.

Leg pain that occurs with walking and stops at rest, leg and ankle sores that won't heal and constant severe leg pain could be symptoms of PVD and should not be dismissed as normal signs of aging, according to Dr. Ulises Baltazar, vascular surgeon at The Methodist Hospital.

"PVD occurs when arteries become narrowed or blocked due to plaque deposits. Aging, diabetes, high cholesterol, hypertension and smoking are all risk factors for PVD," Baltazar said. "When someone has clogged vessels in the legs, it increases the likelihood of blockages in arteries to the heart and brain, which can cause heart attacks and strokes."

To diagnose PVD, doctors may perform an ankle-brachial index test, which compares blood pressure in the upper and lower extremities. A reading that is lower in the ankle than in the arm may be a sign of PVD. Other noninvasive diagnostic tests include ultrasound and special imaging scans.

Specialists in vascular surgery and interventional radiology at The Methodist Hospital apply the most advanced technology to treat PVD safely and effectively.

> The most common surgical treatment is angioplasty, a minimally invasive procedure that opens arterial blockages and restores blood flow.

"To treat PVD, doctors often recommend positive lifestyle changes — diet, exercise and smoking cessation — and medications that lower blood pressure and cholesterol," Baltazar said. "However, some patients may require surgery."

The most common surgical treatment is angioplasty, a minimally invasive procedure that opens arterial blockages and restores blood flow.

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Traveling overseas can turn ugly if you're not careful

Your overseas dream vacation can quickly turn into a nightmare if you don't take certain precautions during your trip.

Traveler's diarrhea is a common problem for international travelers going to developing countries in Latin America, Asia, Africa, and parts of the Middle East. This condition occurs when the normal balance of the gastrointestinal tract is invaded by bacteria, viruses or parasites found in contaminated food and water. Each year nearly 10 million people develop traveler's diarrhea.

"If you have a minimum of three watery stools within a 24-hour period during your vacation, you have traveler's diarrhea," said Debra Amos, a travel health nurse with The Methodist Hospital Wellness Services in Houston. "The condition might be accompanied by bloating, abdominal cramps, nausea, headache, fatigue, a low grade fever (100 or below) and an urgency to use the restroom."

People at highest risk of contracting this condition include young adults, immunosuppressed persons, persons with inflammatory bowel disease or diabetes, and those taking H-2 beta blockers.

One way to avoid traveler's diarrhea is to wash your hands thoroughly with non-contaminated water before every snack and meal. There are also other ways to stay away from this illness as listed in the chart.

"My motto when traveling overseas is always 'boil it, cook it, peel it, or forget it," Amos said. "In other words, make sure you know how your food was prepared before eating it. Taking a little time to know what you are eating and drinking might just save you a lot of pain and suffering on your vacation"

Avoid traveler's diarrhea:

- Drink only purified or bottled carbonated water. Use the same water when brushing teeth or taking medications.
- Eat foods that are thoroughly cooked and piping hot. Avoid buffets, quiches, and casseroles.
- Avoid salads made with raw vegetables.
- Do not use ice cubes in beverages.
- Eat and drink dairy products made from pasteurized milk.
- Avoid shellfish or raw, undercooked seafood.
- Do not eat food sold by street vendors.

Sun Protection During Heat and Humidity

Houston is famous for its heat and humidity, and it takes a careful strategy to continue workouts as temperatures climb. With at least five months of temperatures that can soar into the 90s, Gulf Coast athletes must be wellversed in the dangers of heat.

Injuries from the sun and heat include:

Sunburn – Inflammation of the skin that is a result of overexposure to the sun.

Sun Poisoning – A reaction to overexposure to the sun when ultraviolet light is strongest. It is triggered by sun exposure, usually in conjunction with a sunburn and can be a problem with any summer sport such as sailing, tennis, water skiing, surfing or swimming.

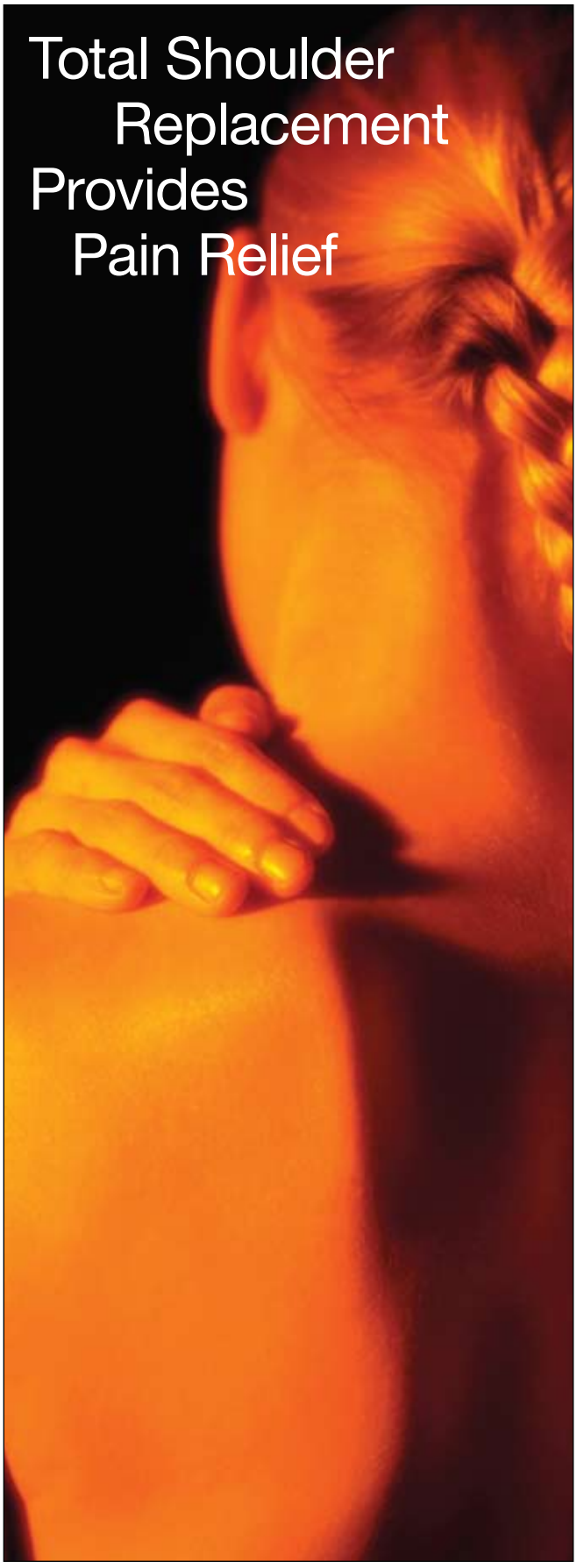
Heat Exhaustion – An overexposure to intense heat and humidity. Signs of heat exhaustion include: nausea, dizziness, weakness, headaches, weak pulse, dilated pupils, disorientation or fainting spells.

Heat Stroke – Also an overexposure to intense heat and humidity with similar warning signs of heat exhaustion. But heatstroke can also include confusion and hot dry skin that can lead to vascular collapse, coma and/or death.

Sun injuries are preventable! To avoid injuries from the sun and heat:

- Avoid sun exposure during the hottest parts of the day, typically noon to 3 p.m.
- Use sunscreen with an SPF of at least 15 and wear a hat. Sunscreen should be reapplied after swimming or prolonged exposure to the sun.
- Schedule regular drink breaks during practice and games.
- Drink plenty of water and sports drinks.
- Wear muted color clothes—tan is good—to protect your skin. Avoid brilliant colors and whites, which may reflect the sun into your face.
- Make sure your clothes are lightweight and "breathable." Some materials actually help wick away sweat and keep your body cooler.
- Use misting water sprays.
- Work out during cooler parts of the day or exercise inside.

Total Shoulder Replacement Provides Pain Relief



Loss of the cushioning of the shoulder joint cartilage is often a slow and progressive process. Because we don't walk on our shoulders, we can generally tolerate levels of shoulder osteo and rheumatoid arthritis that might be unbearable in the weight-bearing hip or knee joints. Nevertheless, a time comes when simple tasks are difficult in the face of shoulder joint arthritis.

Treatment options should always start with non-surgical measures. If appropriate, physicians can provide a long-acting corticosteroid injection – an agent which decreases pain by quelling arthritis-associated inflammation.

Dr. William Jay Bryan, Orthopedic Surgeon at the Methodist Hospital, has been injecting arthritic knee joints with hyaluronate with great success; now, clinical trials of shoulder hyaluronate injections have begun. "In fact, we are participating in a study which will test the effectiveness of OrthoVisc (hyaluronate) injections versus standard corticosteroid injections," said Doctor Bryan.

Surgery for shoulder arthritis involves resurfacing the joint with metal and plastic. As cartilage wears away, nerve endings within the bones become exposed. A shoulder replacement decreases pain by eliminating contact between the exposed nerve endings. Simply resurfacing the head of the humerus (the ball part of the joint) can produce acceptable results. Dr. Bryan says "but outcomes are much better when care is taken to provide both a plastic socket (the glenoid component) at the same time of humeral head replacement, rather than just resurfacing. In this fashion, both surfaces are protected."

Total shoulder replacement surgery takes close to two hours of general anesthesia and 1-2 nights of hospital stay for pain control, observation, and standard post-surgical antibiotics. A shoulder immobilizer (sling) is provided for pain control and to take the tension off of the surgically reconstructed shoulder soft tissues for the first month. Physical therapy commences two weeks after surgery; it is imperative to follow the appropriate do's and don'ts.

Universally, patients enjoy pain relief after total shoulder replacement. Basic activities of daily living become easily tolerated. Moderately aggressive activities such as golf, light object lifting, or gardening are often improved. Overhead activity such as tennis or lifting objects above the head is achieved in some but not all patients. Although the final results depend on many factors, outcomes can be directly related to the patient's effort during the 4-6 months following surgery.