Like many patients, Mary Vander Ecken gets anxious when she has to undergo certain medical procedures. “I’m the type of person that panics really easy,” she says with a laugh.

Fortunately, she found some calming friends in the Medical Imaging department at Cass Regional Medical Center during a recent visit. Mary was diagnosed with cancer earlier this year, which required several diagnostic imaging tests, including a computed tomography (CT) exam and an ultrasound-guided biopsy.

“Mary was terrified to have the CT,” says Julie German, RT(R), Medical Imaging manager. “She actually walked out originally.”

After speaking with the radiologist and William Stephenson, MD, her oncologist, as well as nurse Wendi Dooley, Mary agreed to do the CT.

“They were very patient with me and got me relaxed,” Mary says. “I was short of breath and in pain, but they were just terrific. One of the ladies held my hand during the procedure, and I’m pretty sure I squeezed her hand so hard it turned blue.”

Amy Haling, ARRT, RT(R), was the radiologic technologist who held Mary’s hand.

“She was extremely claustrophobic,” Haling recalls. “But to her credit, she psyched herself up and was like, ‘I can do this,’ and she got through it just fine.”

Mary is not alone in her anxiety when it comes to tests like CT and magnetic resonance imaging (MRI).

“If they hadn’t helped me get through it, I’m not sure I would have,” Mary says. “I’m glad I chose to come to Cass Regional.”

Cass Regional’s Medical Imaging department is growing! A 7,000-square-foot expansion is currently underway and slated for completion in late 2016. The new area will house a new MRI machine and the hospital’s 64-slice CT scanner.

For more information on diagnostic imaging services at Cass Regional, visit www.cassregional.org/services/medical-imaging.
Come see our new addition!

The public is cordially invited to attend an open house, celebrating the expansion and renovation of Cass Regional’s Medical Imaging department, from 3 to 6 p.m. Wednesday, Jan. 25.

The $2.3 million, 7,000-square-foot expansion houses a new magnetic resonance imaging (MRI) machine and the hospital’s 64-slice computed tomography (CT) scanner. It includes shell space to accommodate future Emergency Department growth.

Renovations have been made to the department’s reception area, and the bone density testing room has been moved to the Women’s Center. Ultrasound services have also been relocated to a larger room in order to provide more space for ultrasound-assisted procedures.

At the open house, guests can visit with the diagnostic imaging staff and enjoy refreshments and giveaways. For more information, call Julie German, RT(R), at 816-380-5888, ext. 3530, or email jgerman@cassregional.org.
Wellness Matters

Fall 2016

What you need to know about opioids

It’s tough to live with chronic pain, but millions of Americans do. That’s one reason why prescription opioids are so popular. These powerful medications are good at relieving pain in the short term. They also help people with active cancer and people receiving hospice or palliative care cope with pain.

But opioids come with some serious risks, including the risk of addiction and unintentional overdose and death.

As many as one-fourth of people who take opioids for a long time become addicted to the drugs (a condition known as opioid use disorder). Between 1999 and 2014, more than 165,000 people in the U.S. died from opioid overdose.

Names to know

Well-known brand-name painkillers, like Vicodin (hydrocodone) and OxyContin (oxycodone), are opioids. So are generic drugs, such as:

- Buprenorphine.
- Codeine.
- Fentanyl.
- Hydromorphone.
- Methadone.
- Morphine.
- Oxymorphone.

Finding solutions

To help curb opioid addiction and overdose deaths, the Centers for Disease Control and Prevention has issued new guidelines for prescribing drugs to treat chronic pain. The guidelines encourage doctors to start low and go slow when prescribing opioids in order to reduce the risks linked to long-term use. (The guidelines don’t apply to cancer patients or those receiving hospice or palliative care.)

If you’re living with chronic pain, talk with your doctor about the risks and benefits of taking opioids. Be honest about any personal history of drug or alcohol addiction. Also discuss other ways to help manage your pain, such as with physical therapy, exercise and nonopioid medications.

Then if your doctor does prescribe an opioid, be sure to:

- Never mix the drug with alcohol.
- And don’t take it with other substances or medications without your doctor’s OK.
- Never take more of the medication than prescribed.
- Never share the medication with friends or family. And keep it locked away and well out of reach of curious children and teens.
- Alert your doctor if you experience side effects from an opioid—such as constipation, nausea, vomiting, dry mouth, sleepiness, confusion or decreased sex drive—or if you need to take more of the medication to get the same pain relief.

Additional source: Substance Abuse and Mental Health Services Administration

Pain medication and emergency care: What you should know

Cass Regional Medical Center has a controlled substance policy, which was put in place in 2013 to ensure appropriate, safe and effective treatment for Emergency Department (ED) patients. Controlled substances are drugs or chemicals whose manufacture, possession or use is regulated by the government.

Acting out of concern for potential abuse of controlled substances, including opioid medications, the ED physicians at Cass Regional follow the guidelines listed below. These apply to patients who, after undergoing a medical screening exam, are determined not to have an acute, emergent medical condition.

Prescriptions for controlled substances that have been lost, stolen or expired will not be refilled. In these situations, non-controlled substances will be prescribed, and the patient will be instructed to contact their primary care or pain management physician for a refill of the controlled substance.

Patients who have frequent or multiple visits to the ED seeking pain relief for the same condition will be considered chronic pain patients. In these situations, every effort will be made to prescribe a medically acceptable substitute, and controlled substances will not be prescribed. The ED will provide a resource list of appropriate follow-up care for chronic pain patients.

Patients who are given a controlled substance for an acute problem during their ED visit are required to have a responsible driver present with them before the medication is given and they are discharged. No refills are given for controlled substances prescribed by an ED physician.

FOR QUESTIONS OR MORE INFORMATION, call Vi Warren, RN, BSN, Emergency Department nurse manager, at 816-380-5888, ext. 3840.

Wellness Matters | Fall 2016 3
Have diabetes?

Stock your kitchen with these 10 superfoods

There’s no such thing as a perfect food. But if you have diabetes, there are 10 foods that come close.

The American Diabetes Association (ADA) dubs them diabetes superfoods, and they’re a delicious and easy way to meet your dietary needs.

These foods have plenty of vitamins and nutrients, such as calcium, potassium and fiber. Plus, each has a low glycemic index (GI).

GI is the measure of how much a food with carbohydrates raises blood glucose (sugar).

For most people with diabetes, counting carbohydrates is key to managing blood glucose, according to the ADA.

In addition, paying attention to a food’s GI may help fine-tune your control.

Even better: A healthy diet, including these superfoods in reasonable portions, may help prevent diabetes complications, such as heart disease and stroke.

Here’s a close look at these don’t-miss foods.

FAT-FREE MILK AND YOGURT. These dairy products are excellent sources of calcium and potassium and may also be fortified with vitamin D. The nonfat versions of milk and yogurt have the same nutritional value as the full-fat ones—without the saturated fat. Most adults should get 3 cups of milk products a day.

BEANS. Think pinto, kidney, navy and black beans, just to name a few. Beans come in an amazing variety, and they’re very versatile. Nutritionally, they’re great as a vegetable and as a source of protein. A half-cup of beans gives you a third of your recommended daily value of fiber and as much protein as 1 ounce of meat. Beans are also a good source of magnesium, potassium, folate, iron and zinc.

SWEET POTATOES. Sometimes miscalled yams, sweet potatoes aren’t true yams, which are less nutritious tubers that aren’t often found in the grocery store. Sweet potatoes are packed with fiber and vitamins A and C. They also have small amounts of calcium and iron. Try them in place of regular potatoes.

CITRUS FRUITS. Oranges, grapefruits, lemons, limes—citrus fruits deliver a sweet-tart kick along with a healthy punch. Known for their vitamin C, these fruits have even more to offer. Oranges, for example, contain folate, calcium, potassium, thiamine, niacin, magnesium and fiber.

Diabetes Support Group
Join us on Thursday, Dec. 15, for our holiday party and cooking contest.
arrays to choose from. And all of them are low in calories and carbohydrates. But that doesn’t mean they’re wimpy. These veggies contain generous amounts of vitamins A and C, calcium, and iron.

FISH HIGH IN OMEGA-3 FATTY ACIDS. Fish such as salmon and albacore tuna, with large amounts of omega-3s, are also a great source of protein and vitamin D and are low in saturated fat. Omega-3s are good for your heart and help lower triglycerides (a type of blood fat). Aim to eat 6 to 9 ounces of fish per week. Avoid breaded and deep-fat-fried fish. Bake or grill fish, and season it with herbs and lemon juice—not salt.

WHOLE GRAINS. Rolled oats, pearled barley, whole wheat and rye are all examples of whole grains—they still have the germ and bran intact. By comparison, processed grains, such as enriched wheat flour, don’t have these essential parts—which means they don’t contain the nutrients you need. Whole grains are a good source of fiber, magnesium, chromium, omega-3 fatty acids and folate.

NUTS. Walnuts, peanuts, almonds and pecans—pick your favorites and enjoy. They are packed with protein and are also high in folate, niacin, fiber, magnesium, selenium, zinc and unsaturated fats (the healthy kind). A handful of nuts makes a healthful snack that may reduce your risk of heart disease and some forms of cancer. But don’t overdo it—nuts are also high in calories.

TOMATOES. Is it a fruit? Is it a vegetable? Brimming with vitamins C, E and A, as well as iron, a tomato is good for you no matter how you slice it. If fresh tomatoes aren’t for you, cooked tomatoes also offer plenty of nutrients. And officially, tomatoes are a fruit, although they are treated like vegetables in most Americans’ kitchens.

DARK-GREEN, LEAFY VEGETABLES. According to the ADA, you can’t eat too many dark-green, leafy foods, such as spinach, bok choy, broccoli, kale, chard and greens (including mustard, collard, turnip and dandelion greens). In general, the darker the green, the better it is for you. Greens

FOR MORE DIABETES NUTRITION ADVICE, or for information on making an appointment with one of our registered dietitians, contact Maria Bueno, RDN, LD, at 816-380-5888, ext. 3090, or email mbueno@cassregional.org.
**SLEEP APNEA**

**The big snore**

If you snore like a freight train, you might be the butt of a few friendly jokes. But there’s nothing funny about the snoring that’s associated with sleep apnea, a common sleep disorder that can cause serious health problems.

Not every loud snorer has sleep apnea. But it’s a frequent sign. People with sleep apnea stop breathing at night—briefly and repeatedly.

When these pauses happen, people may snore, make choking noises as they struggle to breathe and partially wake up since they’re temporarily deprived of oxygen. Often, that interrupted breathing is caused by collapsed tissue in the back of the throat that blocks the passage of air into the lungs.

**Seek better slumber**

Left untreated, sleep apnea can cause high blood pressure, heart disease, stroke and diabetes. So it’s important to pay attention to possible symptoms of the sleep disorder. Along with snoring and interrupted breathing or choking sounds during sleep, red flags include having:

- Morning headaches.
- Excessive daytime drowsiness—for example, falling asleep at work or while driving.
- Difficulty staying asleep.
- A dry mouth or sore throat upon awakening.
- Trouble concentrating.
- Forgetfulness.
- Moodiness, irritability or depression.

If there’s any chance you have sleep apnea, tell your doctor. An overnight sleep study can help diagnose this sleep disorder, which is treatable.

Often that treatment includes continuous positive airway pressure (CPAP). You’ll sleep with a face mask hooked up to a machine that will keep your airways open with a steady stream of air.

Sources: American Academy of Family Physicians; American Academy of Sleep Medicine; National Institutes of Health

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**Holiday shopping?**

Don’t forget the Gift Shop!

The Gift Shop at Cass Regional Medical Center is brimming with holiday décor and gifts—such as purses, jewelry, scarves, collectibles, and items that celebrate your favorite college and professional sports teams.

The Cass Regional Medical Center Auxiliary operates the Gift Shop, and all proceeds benefit the hospital and its patients. Over the last five years, the Auxiliary has given more than $65,500 in support of equipment purchases, facility improvements and the Patient Assistance Fund at Cass Regional.

The Gift Shop is open 9 a.m. to 3 p.m. Monday through Friday. Weekend hours vary, depending on volunteer availability.

Our friendly Auxiliary members, including Virginia Paul, are happy to help you find the perfect holiday gift.
10 ways to add more joy to your life

Henry Wadsworth Longfellow once wrote, “Into each life some rain must fall.” If you sometimes feel like your life is one downpour after another, it’s time to find some joy. And it’s easier than you might think.

Being joyful has the power to help you bounce back from stressful events, solve problems, think flexibly and even fend off diseases.

So without further ado, here are 10 simple ways to make your days brighter:

1 Do something you loved as a kid.
   Sing silly songs, splash in puddles or see how high you can swing.

2 Laugh at life’s hassles. No day is perfect. But there’s often something at least a bit amusing in challenging situations if you look for it.

3 Collect sayings or photos that make you smile. Then stick them where they’re visible—on your refrigerator or at your desk, for instance—to look at when you need a pick-me-up.

4 Play a song you love. Imaging tests of brains show that music can release feel-good hormones.

5 Go for it. Stop putting experiences you want to try on hold. Bake a pie from scratch, learn to crochet or sign up for an indoor climbing class—explore what intrigues you.

6 Take a nature break. Look up at the sky, and see how blue it really is. Go on an early-morning walk, and delight in the dew on the grass. Let nature’s beauty soothe you.

7 Take a mental break. Close your eyes and imagine a place you love. Use all your senses. Are you drawn to the beach? Smell the salt water, feel the sun on your back and hear the crashing waves.

8 Spread happiness. When you get good news, don’t keep it to yourself—tell a friend. You’ll relive the moment and have the extra pleasure of your friend’s reaction.

9 Seek out happy people. Good moods are contagious.

10 Develop your playful side. Joke with strangers in line, arrange nights out with friends or have a regular game night with your family.

Sources: HelpGuide; Mental Health America

Remembering a beloved surgeon

Marvin C. Cohen, MD, retired general surgeon, died Aug. 11 at the age of 68.

Dr. Cohen was born in Jacksonville, Fla., and moved to the Kansas City area when he was 10. He graduated from Shawnee Mission East High School and received his undergraduate and medical degrees from the University of Kansas. He completed residencies in surgery at Menorah Medical Center and Truman Medical Center and was a fellow of the American Board of Surgery.

After many years in private practice, Dr. Cohen joined the medical staff of Cass Regional Medical Center in the mid-1990s and was beloved by patients and staff alike. He performed countless surgeries, both at the former facility on Mechanic Street and at Cass Regional’s present facility.

He was a mentor and friend to general surgeons Walter Costner, MD, FACS; Jack Hudkins, MD, FACS; and Michael Kohlman, MD. In 2010, Dr. Cohen was selected by the nursing staff to receive Cass Regional’s first annual Physician Excellence Award. He retired from practice in December 2011.

CASS REGIONAL MEDICAL CENTER Foundation is accepting donations for a wind sculpture to be placed on the Cass Regional campus in memory of Dr. Cohen. For more information, call the Foundation at 816-380-5888, ext. 4810, or email mlattin@cassregional.org.
Recipe courtesy of Maria Bueno, RDN, LD, Cass Regional Medical Center dietitian

Makes 9 servings.

**Ingredients**

- Cooking spray
- 3 medium ripe bananas (the riper the better), sliced into ½-inch pieces
- ¼ teaspoon cinnamon
- 1 tablespoon honey
- 1 cup quick oats, uncooked
- ¼ cup chopped pecans
- ½ teaspoon baking powder
- 1½ teaspoons pumpkin pie spice
- ¼ teaspoon nutmeg
- Pinch of salt
- 1 cup canned pumpkin
- 3 tablespoons brown sugar, or ½ ripe banana
- 1 cup fat-free milk (any kind)
- 1 egg
- 1 teaspoon vanilla extract
- Powdered sugar (optional)

**Directions**

- Preheat oven to 375 degrees. Lightly spray an 8-by-8-inch or 9-by-9-inch ceramic baking dish with cooking spray.
- Arrange the banana slices in a single layer on the bottom of the ceramic dish. Sprinkle ¼ teaspoon of the cinnamon and drizzle the honey over the top of the banana slices, and cover with foil. Bake 15 minutes, until the bananas get soft.
- Meanwhile, in a medium bowl, combine the oats, half of the chopped pecans, baking powder, remaining cinnamon, pumpkin pie spice, nutmeg and salt; stir together. In a separate bowl, whisk together the pumpkin, brown sugar (or ½ ripe banana), milk, egg and vanilla extract.
- Remove the bananas from the oven, then pour the oat mixture over the bananas.
- Pour the pumpkin mixture over the oat mixture, making sure to distribute it as evenly as possible. Sprinkle the remaining chopped pecans over the top.
- Bake for about 30 to 35 minutes, or until the top is golden brown and the oatmeal has set. Serve warm from the oven.

“I am very conscious about the amount of sugar I add to my food; therefore, instead of using 3 tablespoons of brown sugar, I recommend using half of a ripe banana. I would also recommend letting it sit overnight and having it the next day. I have these during fall time for breakfast or dessert. Also, I decided to sprinkle powdered sugar and cinnamon on top, and it turned out great!”

—Maria Bueno, RDN, LD

**Nutrition information**

Serving size: ⅙ of recipe. Amount per serving: 151 calories, 4g fat, 27g carbohydrates, 3g fiber, 4g protein, 15g sugar, 77mg sodium (without salt).