

# Health Connection

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medical staff  
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# Mind your medicine

## Smart strategies to stay well



**A**dults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

- **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



Dear neighbors,

**S**outh Texas Regional Medical Center (STRMC) has started this year with a strong focus and commitment to our mission of caring for you and your family's healthcare needs.

We've recently expanded our physician base to enhance the selection of healthcare providers within our community. Know that delivering closer, quality-driven healthcare is our continued goal throughout 2009.

At STRMC, we also believe the key to our success is maintaining focus—focus while delivering premium services and comprehensive care to our patients, focus as we build better patient and community relations and focus while implementing initiatives to expand our service offerings.

#### CENTRALIZED SCHEDULING

One such initiative is the upcoming implementation of our new Centralized Scheduling Department. This department

provides our patients with a more convenient method for scheduling all outpatient and surgical services, while simultaneously improving the patient precertification process. This results in an expedited patient experience through the admissions area and between procedures.

Improvements such as these reflect our hospital's strides toward change, progress and continued growth in our industry. Our daily work is always dedicated to standards of care and services for you, our cherished patients and neighbors!

Warmest wishes,

**MICHAEL L. PIERCE, CHE**  
Chief Executive Officer  
South Texas Regional Medical Center



Michael L. Pierce, CHE  
Chief Executive Officer

## One call does it all!

### STRMC introduces Centralized Scheduling

**S**outh Texas Regional Medical Center (STRMC) is proud to announce the upcoming implementation of a Centralized Scheduling Department for all outpatient and surgical services. Very soon, patients, physicians, departments and other medical staff will have convenient access to patient services scheduling—with just one telephone call.

#### EASY AND CONVENIENT

Using a software program connected to the registration system, a patient's demographic and insurance information will be collected through Central Scheduling to coordinate preregistration, preauthorization, precertification and preop testing.

Upon arrival for a procedure, each patient's signature will be obtained so he or she may instantly be routed to the appropriate department(s) for procedure(s), thus reducing wait times and delays.

Centralized Scheduling is ideal for patients and physicians looking to schedule appointments for services such as computed axial tomography, magnetic resonance imaging, ultrasound, bone density testing, mammography, nuclear medicine services, cardiology testing, electrocardiograms, electroencephalography and pulmonary function testing.

#### ! Do you have questions?

**W**e're enthusiastic about this new department and its ability to deliver enhanced services to our patients. Call **(830) 769-5380** for more information.



# Snap, crackle, pop!

## What are your joints telling you?

**Y**our body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

### JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

### A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

### Knuckle cracking: Bad to the bone?

**S**ome people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



## HEALTHWISE QUIZ

### How much do you know about **exercise**?

Take this quiz to find out.

**1** To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

**2** A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

**3** Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

**4** The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

**5** Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

# The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

## WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

## KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



# A heart-stopping emergency becomes a lifesaving lesson

**F**ever, chills, fatigue, weakness and nausea weren't just a summer virus for William (Bill) Rodis. For the Pleasanton local, the symptoms were the onset of a major heart attack that nearly ended his life on May 30, 2008.

Fortunately, when Rodis' heart stopped, he was in the hands of trained medical professionals at South Texas Regional Medical Center's (STRMC) Emergency Department (ED). The emergency team attending to Rodis was led by Patricio (Pat) Villarreal, M.D., emergency department medical director, whose responsiveness ultimately saved Rodis' life.

## EARLY SYMPTOMS

Rodis' list of symptoms had been growing in the week leading up to his heart attack. He attributed these symptoms as postoperative side effects from his surgery the week before at STRMC.

The week of May 26, Rodis resumed his normal work schedule, although he was nauseous and weak. That Wednesday, Rodis had a kidney stent removed from his first surgical procedure. After the stent removal, he felt increasingly worse—so much so that he took medical leave from his employer on Thursday and Friday.

## FRIDAY, MAY 30

Rodis made it through a tiresome Friday. At 10:30 p.m., he and his wife Becky, a local school teacher with the Pleasanton Independent School District, went to bed. Rodis couldn't get comfortable; his nausea increased, as did a feeling of heavy chest pressure. He began to sweat profusely, which was followed by cold chills.

By 11 p.m., Rodis had a tingling sensation in his fingertips, which he described as "having sparkler fireworks at the ends of each finger." He ate a slice of bread to help curb his nausea, but it didn't help.

Becky began to question the origin of her husband's symptoms. She searched the Internet, typing "nausea,



▲ William (Bill) Rodis (left), heart attack survivor, stands with Patricio (Pat) Villarreal, M.D., STRMC emergency department medical director, only 16 days after Bill's lifesaving encounter at STRMC's ED.

fever, chills, tingling limbs, chest pressure, fatigue and weakness," and arrived at a potential answer: signs of a heart attack! Rodis' No. 1 symptom was nausea, not chest pain. In fact, nausea ranks at the top of *women's symptoms* of a heart attack, not men's.

## THINK FAST AND ACT EVEN FASTER

As her husband's life hung in the balance, Becky recalled a conversation from years ago with a STRMC nurse who had said, "If you ever experience a cardiac emergency, come first to STRMC's ED to get stabilized. STRMC's ED admission time is fast, and time is critical."

At a quarter of midnight, the Rodises headed to the hospital, a five-minute drive away. STRMC staff had a wheelchair ready to quickly transport Rodis into

**"If you ever experience a cardiac emergency, come first to STRMC's ED to get stabilized. STRMC's ED admission time is fast and time is critical."**



▲ The ED proudly displays its recent re-certification as a Level IV Trauma Designation: (from left) Michael L. Pierce, CHE, chief executive officer; Diane Pratkan, R.N.; Shawna Rose, R.N.; Miguel Reyes, volunteer; Ruth Riojas, R.N., ED director; Gloria Martinez, L.V.N.; Patricio Villarreal, M.D., emergency department medical director; and Gerardo Flores, ACEO, C.N.O.

the department. Within seconds, he was hooked up to an electrocardiogram machine to record his heart's electrical activity. Dr. Villarreal had begun his consultation when Rodis' heart stopped—no more than 10 minutes after his arrival.

Amazingly, Rodis was in the right place at the right time. Dr. Villarreal immediately used a defibrillator to restart Rodis' heart. The medical technology and professionals surrounding Rodis at the time of his "death" became his saviors resurrecting him back to life.

"My impression of STRMC is that the people are so good at what they do, it's a reflexive and amazing quality of care they provide to each patient," says Rodis. "This is the second time I've come to the ED, and each time has been a positive experience."

### THE DAWN OF A NEW DAY AND LIFE

By 12:10 a.m. on May 31, Rodis had been revived, stabilized and sent on his way via AirLife Support to another hospital in San Antonio. STRMC's nursing staff coordinated the hospital transfer to provide Rodis a seamless continuum of care upon arrival in San Antonio.

"The unit clerks at STRMC even provided me with driving directions so that I could quickly get en route to meet my husband in San Antonio," says Becky. "This meant so much to me. STRMC has the nicest, most

dedicated people that I've ever met working at any healthcare facility."

"One week after my life was saved by STRMC, my wife and I celebrated our 33rd wedding anniversary. Shortly after, I was also able to celebrate Father's Day—neither of which would have been possible without STRMC's ED," says Rodis.

Rodis has returned to STRMC for care as a patient at STRMC's Cardiac Rehabilitation, where he receives therapy three times a week from April Smith, R.N., STRMC's 2008 Patient Choice Award winner.

### LIFE LESSONS SHARED

The Rodis family learned that heart attacks and their symptoms can disguise themselves in many forms. They urge others to learn the multiple warning signs of heart attacks. Most importantly, minutes count: Time can either save or take a life.

## ! Seek help in an emergency!

If faced with a medical emergency, get to STRMC's ED immediately. Diagnosis of symptoms, stabilization and emergency response are readily available at STRMC. Call (830) 769-3515 to learn more about our services.

# 'Brake' for breakfast



**Y**ou wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts



## Ready, aim, vaccinate!

**V**accines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

## PROSTATE CANCER SCREENING

# Should you or shouldn't you?

It seems not all medical experts can quite agree on how necessary the prostate-specific antigen, or PSA, test really is. Some organizations recommend that physicians offer the prostate cancer screening test to men older than 50, while others aren't convinced that the test is truly beneficial. So where does that leave you?

### WHAT IS A PSA TEST?

PSA is a protein made in the prostate gland. A simple blood test can detect elevated PSA levels, which could be a sign of cancer. Sometimes used in conjunction with a PSA test, the digital rectal examination, or DRE, also looks for prostate cancer. Your physician inserts a gloved finger into the rectum to feel for growths that may be cancerous.

### IS IT RIGHT FOR YOU?

Ultimately, you and your physician need to discuss whether a PSA test is in your best interest. It can be a lifesaver for some men, but for others it may be unnecessary. Consider these points:

- **Age and other risk factors.** Experts who recommend the PSA screening encourage it in men between ages 50 and 75 who expect to live at least another 10 years. Men who have a high risk of prostate cancer, such as African-Americans and those with a father, brother or son who was younger than 65 when diagnosed with prostate cancer should begin at 45. For those with several close family members diagnosed with the cancer at a younger age, screening may be started at 40. Screening is generally not recommended for those over 75.
- **False positives/false negatives.** No screening test is perfect, but false positives (the test indicates you may have

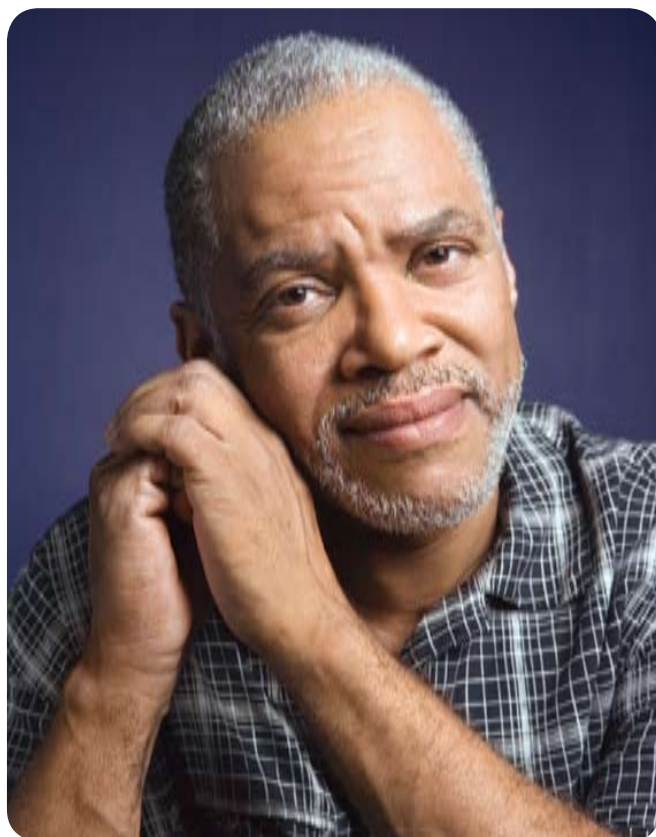
prostate cancer, but you don't) are fairly common with a PSA test. That's because other conditions or circumstances can cause higher PSA levels. These include prostate enlargement (benign prostatic hyperplasia, or BPH), aging, prostate infection or recent ejaculation. False negatives (the test says you don't have cancer, but you do) can also occur. BPH medications, herbal mixtures used for prostate health and obesity are all possible causes. A fast-growing cancer may also produce a false-negative result.

- **Treatment.** Because prostate cancers tend to be slow growing, not every case threatens your health or even requires treatment—especially if you're older. That means you may have never known about the cancer if you weren't diagnosed. However, because a physician can't know for sure how aggressive the cancer is, he or she may recommend radiation and surgery anyway. These treatments can have serious side effects, such as urinary and bowel incontinence and erectile dysfunction. It's up to you and your physician to determine the best treatment option given your age and the stage of your cancer.

### Look for the signs

Most prostate cancers are now caught before symptoms arise, but if you experience any of the following signs, see your physician:

- urination problems such as pain, bloody urine, difficulties starting or stopping the stream or dribbling
- constant pain in the lower back, pelvis or thighs
- painful ejaculation



## THE RIGHT PHYSICIANS FOR YOU

The experienced, dedicated physicians of South Texas Regional Medical Center (STRMC) can help your family stay healthy. We'd like to introduce four of them to you.



**CHUN WANG TAN, M.D.**  
Cardiology and Internal Medicine

South Texas Heart Clinic  
Steinle Medical Building  
1901 Highway 97 E., Suite 210  
Jourdanton  
(830) 769-3271

Chun Wang Tan, M.D., STRMC's cardiac services medical director, graduated from the Far Eastern University, Nicor Reyes Medical Foundation, in Manila, Philippines. Dr. Tan obtained his internal medicine residency at Texas Tech University Health Science Center and his cardiovascular disease residency at Louisiana State University Medical Center. Certified by the American Board of Internal Medicine—Cardiovascular Disease and the American Board of Internal Medicine, Dr. Tan became an active STRMC medical staff member in 2000.



**PATRICIO VILLARREAL, M.D.**  
Emergency Medicine

South Texas Regional Medical  
Center  
1905 Highway 97 E.  
Jourdanton  
(830) 769-3515

Patricio Villarreal, M.D., joined the hospital's medical staff in 1993. Dr. Villarreal serves as the hospital's chief of staff, emergency department medical director and trauma committee chairman. He graduated from St. Mary's University and received his medical degree from Cornell University Medical College. Certified in advanced cardiac life support and advanced trauma life support, Dr. Villarreal is skilled in providing emergency care and other healthcare needs.



**DONALD L. KRAMPETZ, D.O.**  
Physical Medicine and  
Rehabilitation

Atascosa Rehab Associates  
1240 W. Oaklawn, Suite 108  
Pleasanton  
(830) 569-2168

A graduate of the UMDNJ School of Osteopathic Medicine, Donald L. Krampetz, D.O., completed his physical medicine and rehabilitation internship at the University of Texas at San Antonio. Dr. Krampetz is a certified wound specialist and is the medical director of the STRMC Wound Care and Hyperbaric Center. His practice concentrates on the conservative treatment of musculoskeletal conditions, including back, neck and joint pain. Dr. Krampetz was honored as the 2007 Physician of the Year and has practiced in the area since 1992.



**WILLIAM McQUEEN, M.D.,  
M.S., COLONEL, USAF, M.C.,  
RETIRED**  
Otolaryngology

1240 W. Oaklawn, Suite 120  
Pleasanton  
(830) 281-5181

William McQueen, M.D., M.S., received his medical degree from the Ohio State University College of Medicine. Dr. McQueen performed his general surgery internship and otolaryngology residency at Wilford Hall Medical Center at Lackland Air Force Base in San Antonio. He's board certified by the American Board of Otolaryngology, a Fellow of the American Academy of Otolaryngology—Head and Neck Surgery and a member of the American Academy of Otolaryngic Allergy. Dr. McQueen diagnoses and treats patients who have ear, nose and throat diseases. Patients can also be referred to the STRMC Sleep Center for sleep diagnostic exams.

For a list of physicians by specialty, visit [www.strmc.com](http://www.strmc.com).

# Safeguarding against kidney stones and gallstones

**Y**ou've no doubt heard how painful kidney stones and gallstones can be. What's more, they can lead to frequent bladder infections, inflammation of the pancreas and kidney damage. While there's no surefire way to prevent stones, you can take steps to try to reduce your risk.

## KIDNEY STONES

### » What they are

Kidney stones are small, hard deposits of minerals and acid salts that form in the kidneys. Some medications and conditions such as gout can cause the stones. You're at greater risk if you don't drink enough fluids; have a family or personal history of stones; have high blood pressure; are male; eat a high-protein, high-sodium, low-calcium diet; are sedentary or obese; have had gastric bypass surgery; or suffer from inflammatory bowel disease or chronic diarrhea. Kidney stones are usually thought of as an adult condition, but more and more children are developing the painful problem.

### » Symptoms

When stones move into the ureter—the pathway connecting the kidney and the bladder—you may experience severe pain, cloudy or bloody urine, nausea and vomiting.

### » Prevention

• **Drink up.** If you have a history of kidney stones, your physician may recommend drinking at least 14 cups of water a day—more if you're in a hot, dry climate. You can also try drinking lemonade made from real lemons or from frozen concentrate. It can increase citrate levels in your urine, which can help prevent stones.

• **Change your diet.** Some kidney stones contain oxalate, a chemical that's also found in rhubarb, beets, collards, okra, spinach, swiss chard, sweet potatoes, soy and other foods. Your physician can tell you whether your previous stones contained oxalate. If they did, he or she may suggest that you eat fewer oxalate-containing foods. You may also need to cut back on salt.

• **Consider calcium.** Higher intakes of calcium from food (milk, cheese and other dairy products) may inhibit stone growth, but check with your physician first. Some people absorb too much calcium. For them, cutting back on calcium may help.



• **Ask your physician about reducing your intake of animal proteins** such as chicken, beef, pork, fish and eggs. In some people, a protein-rich diet can cause problems.

Most kidney stones pass out of the body without medical intervention. However, some people may need medications to prevent stones, while others may require surgery to remove them.

## GALLSTONES

### » What they are

Gallstones are clusters of cholesterol or calcium salts that form in the gallbladder. You may have one large stone, many pebble-sized ones or a combination of both.

### » Symptoms

About 75 percent of gallstones cause no symptoms. Some people may experience pain, nausea, vomiting or indigestion—usually after high-fat meals.

### » Prevention

- **Lose weight** gradually, no more than a pound or two a week. Gallstones are more common in people who lose more than three pounds a week, those who undergo bariatric surgery and yo-yo dieters.
- **Cut the fat.** High-fat fare can trigger a gallbladder attack. Instead, eat a diet rich in fruits, vegetables and whole grains.
- **Exercise regularly**, which can help you maintain a healthy weight. Obesity is a strong risk factor for gallstones.

Once you have one gallbladder attack, having another is likely, so most physicians recommend surgically removing the gallbladder to prevent future problems.

# A traveler's perspective

## Senior Circle members tell all

Special contribution by:  
Bill and Katie Schuchman, Senior Circle members

The prospect of global travel opportunities through the Senior Circle program always sounded enticing! We decided to try our hand at Eastern travel when the Beijing journey surfaced. We'd like to share our experience for those still skeptical about such travel opportunities.

The Beijing trip offered an opportunity for major group travel with fellow community members. The trip was affordable and had no hidden expenses. The initial promotion was professional and thorough. The cultural experience sounded promising and the destinations interesting!

### TRAVEL MADE EASY

A key part of our decision to book the Beijing trip was due to our past experience with Jacque Stacy, Senior Circle

### ! Join the circle today!

Membership is \$15 a year, but the benefits last a lifetime. If you're 50 or better, do it not only to receive discounts and experience travel opportunities, but so Senior Circle can become part of your family. Call (830) 569-8000 or visit [www.strmc.com](http://www.strmc.com) to join today!



Above: The Schuchmans are captured at the Summer Palace, once a luxurious royal garden providing royal families with a rest and entertainment area. Left: They're in Beijing at the 2008 Olympic countdown clock at Tiananmen Square.

director at South Texas Regional Medical Center. Her ability to deliver well-planned travel packages and successfully manage the most detail-oriented pieces of our travel plans is amazing! She carries a wonderful energy. Stacy creates a positive pulse for all travel excursions while adding comfort and familiarity to unfamiliar environments.

The trip was well organized and safe. Airport flights and land connections were timely, resulting in minimal stress. The hotel accommodations were high quality and centralized, so we avoided the hassle of repacking every few days when changing locations. In addition, each member's special needs were promptly taken care of throughout the trip.

Land travel and foot tours were at a comfortable pace. The lecturer and tour guides were also friendly and knowledgeable, which gave us a sense of safety and belonging, even in a foreign environment.

We encourage our neighbors to get a Senior Circle membership and discover the benefits!

[www.strmc.com](http://www.strmc.com)

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# Health Connection

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