Lasers make varicose veins vanish

COSMETIC SURGERY AFTER SIGNIFICANT WEIGHT LOSS

Waking up to a dangerous sleep disorder

Over 40 & Fabulous

SANDRA BULLOCK shows us how to embrace our age and savor health, happiness and success
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Beating Heart Disease
For American Heart Month—and every month—we’re committed to healthy living

February is American Heart Month, and that’s a big deal at Gwinnett Medical Center.

Not just because of our new Heart & Vascular Center, a $33 million, 40,000-square-foot, state-of-the-art facility currently being built at GMC–Lawrenceville. But because we know that heart disease is the leading cause of death in the U.S., and we take that seriously.

To combat this epidemic locally, we provide an array of services to our community, ensuring that you have the absolute best resources available, should you ever need them.

Our cardiac services include:
• An accredited Chest Pain Center for chest pain evaluation in emergencies.
• Our certified Cardiac Wellness Center for rehabilitation after heart attacks.
• A Cardiac Catheterization Lab for minimally invasive surgery procedures related to heart attacks and other heart problems.

Treating the heart after severe damage isn’t all we do, though. We’re also committed to helping our community proactively prevent heart disease.

That’s why we have programs committed to fitness and healthy living, such as:
• Metabolic testing and personalized nutrition plans from our accredited Diabetes & Nutrition Education Center.
• Personal fitness training with Gwinnett SportsRehab’s certified strength and conditioning specialists.
• Quality education resources and fitness services—including yoga, tai chi and Pilates classes—from our Health Education & Wellness Services.

This February, in celebration of American Heart Month, I ask that you join us in our mission to transform healthcare by taking a personal step toward healthier living. You can take a nightly walk around your neighborhood with your spouse or begin a workout routine with a friend. Or, if you’d like, come visit us and partner with us by participating in any of the services listed above.

Philip R. Wolfe, FACHE
President and CEO
When it comes to women’s health, Gwinnett Medical Center offers the breast care.

Gwinnett Medical Center is pleased to introduce the Gwinnett Breast Center, a program that provides individualized care with a patient-centered approach. The foundation of our program is a dynamic interdisciplinary team of dedicated breast imagers, pathologists, referring providers, surgeons, specialty-trained technologists, nurses and navigators. This team comes together to provide women with timely, modern and compassionate care for breast health. Services are available in Duluth, Lawrenceville and Hamilton Mill.

Program Overview
• Optimal coordination of care
• Same-day surgical consults
• On-site scheduling of follow-up appointments
• Follow-up imaging from an abnormal screening mammogram within three to five business days
• Diagnostic imaging appointments for new findings—same- or next-day appointments

For more information about our care navigation program, call 678-312-2197 (Lawrenceville and Hamilton Mill) or 678-312-7621 (Duluth).

gwinnettmedicalcenter.org
More than 200 years ago, before the Industrial Revolution, people went to sleep and woke up in rhythm with the sun. Today, sleep often gets shoved aside in favor of longer working hours, the allure of the Internet and television programming that entices us to stay up for just one more late-night show. We believe we can catch up on the weekend, or we persuade ourselves that age and stress account for our national sleepiness. But, often, more is happening to disturb our sleep than we realize.

“Many people think they just need more sleep. But the quality of sleep matters, too,” says Gregory L. Mauldin, M.D., medical director of Gwinnett Medical Center’s Center for Sleep Disorders. “Having a disorder like sleep apnea or restless legs can’t be overcome with more hours in bed.”

Adds Beth Greeson, RRT, RPSGT, sleep technician at the center, “Snoring is not normal at any age. People think we snore as we get older, but that’s not true.”

A DANGEROUS SLEEP DISORDER
One of the sneakiest, yet most dangerous, disorders is obstructive sleep apnea. This can occur when breathing is briefly interrupted during sleep, usually when the muscles at the back of the throat allow the esophagus to flatten. A person with sleep apnea wakes repeatedly throughout the night, although the person may not remember it. Symptoms of sleep apnea often include daytime sleepiness, morning headaches and snoring. The National Sleep Foundation estimates that 18 million Americans have this disorder.

What to Expect During a Sleep Study

• On the evening of your study, you’ll check in to Gwinnett Medical Center’s Center for Sleep Disorders at 7:30 p.m. Items to bring include comfortable clothing to sleep in, medications, toiletries and any other items you normally have at night, such as a favorite pillow or a book to read.
• A thorough sleep analysis requires at least six hours of study time, so patients go to bed before 10:30 p.m. The private room looks like a hotel room, with all equipment out of sight, Tempur-Pedic mattresses, flat-screen televisions and private bathrooms with showers.
• The sleep technician will monitor brain waves, eye movements, muscle tone, respiration, snoring, oxygenation and limb movement.
• Sleep studies are monitored.
• In the morning, you’ll be awakened at 6 a.m.
“Increasingly, studies are showing a link between sleep disorders and diseases such as diabetes, hypertension and heart disease,” Dr. Mauldin says.

Gwinnett Medical Center has long recognized the seriousness of sleep disorders. Although Georgia does not require accreditation for sleep labs, GMC’s Center for Sleep Disorders at GMC-Lawrenceville is accredited by the prestigious American Academy of Sleep Medicine. The center also has a location at GMC-Duluth.

“A thorough, quality sleep study with physicians who are board-certified in sleep medicine can uncover health issues in addition to sleep apnea,” Dr. Mauldin says. “Unlike many of the nonaccredited sleep labs, we monitor brain activity, respiration, oxygenation, rapid eye movement and limb movement and capture an EKG on the heart during our sleep studies.”

EASY AS POSSIBLE
Any doctor can refer a patient for a sleep study. The staff at GMC, however, works to make the process as efficient and easy as possible. Pre-study consultations as well as sleep studies are scheduled at times convenient for the patient and can be at the Lawrenceville or Duluth campus. During the pre-study consultation, a sleep lab technician asks a few questions, plays a short video showing the study process, and is available to answer questions. If health or physical issues require special accommodations, the technician can make the necessary arrangements.

A sleep study typically takes one night, with results available in about a week. Options for treatment of disorders such as obstructive sleep apnea include oral and dental devices, surgery, and medical devices such as continuous positive airway pressure, or CPAP, machines.

During a sleep study, a sleep technician monitors the patient’s brain waves, eye movements, muscle tone, respiration, snoring, oxygenation and limb movement.

• Then sleep lab technicians will spend many hours “scoring” the 800 pages of data gathered during your sleep study.

All of GMC’s sleep lab technicians are dual-certified in respiratory therapy and polysomnography.

• After scoring, the results are interpreted by a GMC physician who is board-certified in sleep medicine.

• Within five business days, your test results will be faxed to your doctor. A copy will also be mailed to you, if desired.

8 Reasons to Trust the Center for Sleep Disorders
You can expect quality and a high level of care at Gwinnett Medical Center’s Center for Sleep Disorders.

1. The American Academy of Sleep Medicine has accredited the center.

2. A physician who is board-certified in sleep medicine interprets all sleep studies.

3. It is a National Sleep Foundation community awareness partner.

4. Sleep lab technicians also are respiratory therapists and certified by the Board of Registered Polysomnographic Technologists.

5. Daytime and nighttime studies are offered to fit your schedule.

6. A free consultation and tour are available prior to the sleep study.

7. Immediate access to GMC emergency services is available if needed.

8. Free consultations and education related to sleep disorders and treatment are offered.
Lisa Brown went to David M. Whiteman, M.D., FRCS(c), to have plastic surgery to look her “absolute best” after losing 90 pounds.

ARM LIFT

Before

After

TUMMY TUCK

Before

After
The decision to have plastic surgery is closely linked to how individuals perceive themselves, but also to how they believe others perceive them. For many, the decision to have cosmetic surgery takes a great deal of research, as well as emotional and financial considerations. For others, the road to surgery is paved first by a physical transformation that is not marked by a scalpel, but rather a commitment to living a healthier lifestyle through diet and exercise. One triumphant patient, whom we’ll call Lisa Brown, tells her story about losing 90 pounds and her decision to have plastic surgery.

**Vim & Vigor: How did you lose 90 pounds?**

Lisa Brown: After losing my father to lung cancer because of years of smoking and an unhealthy lifestyle, I found myself examining my own lifestyle, primarily related to my weight. I was having issues with blood pressure and high cholesterol. I decided to begin making some changes, which was something I had accomplished to a small degree in the past but was never able to fully succeed in. I gradually began to lose weight by participating in a weight-loss program, implementing strict portion control and drinking lots of water.

After a while, I started incorporating exercise into my daily routine, first by walking four to six miles every day, then eventually joining a gym. I kept telling myself not to give up and regain the weight like I had in the past. I eventually reached my goal weight in June 2006. I have continued to maintain my weight loss four years later.

**V&V: What has your life been like since losing weight?**

LB: Life since my weight loss has been wonderful. I have met people who have never known me as anything but thin, and they are amazed to hear I was ever obese. They are even more amazed when I show them my “before” pictures. I completely enjoy shopping for clothes and accessories, and I am ecstatic when I go shopping and try on clothes. I rarely encounter something that doesn’t fit perfectly. My closet is my favorite room in the house now!
Meet the Doctor

David M. Whiteman, M.D., FRCS(c), is a double board-certified plastic and reconstructive surgeon (U.S. and Canada). He has been practicing plastic and reconstructive surgery in Atlanta since 1993 and maintains privileges at many nationally accredited hospitals and surgical centers throughout the metro area.

Dr. Whiteman received his medical degree with gold medal honors from the University of Western Ontario in London, Ontario. He completed his residency at St. Michael’s Hospital in Toronto and the University of British Columbia in Vancouver, British Columbia. Dr. Whiteman went on to complete his fellowship training at Georgetown University in Washington, D.C., in advanced techniques of cosmetic surgery and breast reconstruction.

Dr. Whiteman is dedicated to breast cancer research, education and prevention. He devotes his time to regularly counseling breast cancer patients and speaking to hospitals and associations.

“It’s always invigorating to see patients rejuvenated by hard-earned weight loss,” Dr. Whiteman says. “Cosmetic surgery is not the answer for weight loss, but it can certainly help patients further embrace their new bodies and reveal their health-focused efforts.”

Vim & Vigor: What made you consider plastic surgery?

Lisa Brown: I wanted to improve my looks as much as I possibly could. I continued my exercise routine after my weight loss, but no matter how much I did in the gym, there were some areas that just didn’t respond to my efforts.

V&V: What types of plastic surgery procedures did you have?

LB: Tummy tuck, breast lift, thigh lift, arm lift, liposuction and breast augmentation.

V&V: How would you describe your recovery process?

LB: Not bad at all. I had no pain with the breast surgery, but the tummy tuck was probably the most difficult to bounce back from. It was several weeks before I could stand completely straight again. I don’t regret having any of my procedures.

V&V: How do you feel about the results?

LB: Very good. There are still a few scars on my arms that I know will take some time to fade. My scars tend to be a little darker, but they have improved tremendously, and I know they will continue to improve over time.

V&V: How has having plastic surgery changed your life?

LB: I love the fact that I can shop for small sizes of clothes and actually have them fit me. Old habits die hard, so I often find myself gravitating back into the plus-size sections. I quickly remind myself that I no longer need to shop in that section!

V&V: What advice would you give someone considering plastic surgery?

LB: I think that everyone deserves to look their absolute best. If having plastic surgery makes you feel better about yourself, then do it! Also, you really should do it for yourself, and not because someone else thinks you should. The bottom line with weight loss is, it really is all about you and the way you feel about yourself. If you can do something to make yourself look and feel your best, then definitely go for it! V&V

Consider the Procedure

For more information about cosmetic surgery procedures offered at Gwinnett Medical Center–Duluth, call 678-312-5000.
The term “kidney stone” can bring back excruciating memories for the thousands of people who have experienced one. These painful pebbles are one of the most common urinary tract disorders and cause more than half a million visits to emergency rooms each year.

A kidney stone is a hard mass that develops from crystals that separate from the urine. They occur in people of all ages, but are more common in men than women. Increasingly, kidney stones are being seen in children, too. Once a person has a kidney stone, the likelihood of experiencing another one increases dramatically. The biggest risk factor for developing the stones is dehydration. Certain foods may contribute to stone formation, and family history may also play an important role.

Gwinnett Medical Center understands that kidney stones can bring life to a screeching halt. That’s why GMC physicians and staff offer three minimally invasive treatment options (see sidebar) with shorter recovery times to get kidney stone sufferers back to their normal routines quickly.

“We have everything available to treat kidney stones,” says Howard Goldberg, M.D., a board-certified urologist at Gwinnett Medical Center. “We have state-of-the-art equipment, and there really is nothing we can’t do to treat a kidney stone.”

This Too Shall Pass

Three minimally invasive treatments help eliminate painful kidney stones

3 TREATMENTS TO ELIMINATE KIDNEY STONES

1. **Shock wave lithotripsy** is indicated for patients who have kidney stones that are slightly smaller than half an inch and are near the kidney. The procedure involves using ultrasonic waves to break up the stone into small particles that will pass in the urine.

2. **Endoscopic stone retrieval** is used for a stone that is in the middle or lower urinary tract. During this procedure, a small fiber optic instrument goes through the urethra and bladder and into the ureter. Then a surgeon either shatters the stone with a laser or removes it with a basket-type device.

3. **Percutaneous nephrolithotomy** is used when a stone is large and in the kidney or upper ureter. During this procedure, a tiny incision is made in the back and a tunnel is created directly to the kidney, where the surgeon locates and removes the stone from the body.

Kidney stones used to stop people in their tracks, but with the help of Gwinnett Medical Center’s board-certified urologists and their treatment options, they no longer have to.
SHOW SOME VIM & VIGOR

Varicose veins are unsightly—and they can signal larger problems. Here’s how you can make them disappear.

If you have varicose veins, you are not alone; more than 25 million Americans suffer from uncomfortable and unsightly veins. Varicose veins develop from venous insufficiency, which is when a vein wall weakens or a valve begins to work incorrectly. Recirculating blood that should be moving toward the heart instead moves away. This causes blood to pool and pressure to build. Veins become twisted, enlarged and, sometimes, painful.

One in five adults has some degree of venous insufficiency. Nearly 25 percent of women and 15 percent of men are affected. Varicose veins are also common in people older than 60.

Veins that are unsightly, cause pain or show other symptoms are prime candidates for treatment.

“Venous insufficiency or varicose veins are not just cosmetic issues. If not properly treated, symptoms can progress,” says Brandon Kang, M.D., a pioneer in vein treatment at Gwinnett Medical Center–Duluth. “I have seen leg ulcerations from chronic venous stasis caused by varicose veins. Ulcerations can become infected and cause more serious medical problems.”
THEN AND NOW

In years past, surgery may have been the only option for varicose vein therapy. Surgical ligation and vein stripping were commonly performed. During ligation, a surgeon makes a small incision and ties off the vein near the groin. During vein stripping, several incisions are made, a metal rod is inserted into the affected vein, and the vein is pulled or stripped out. Both of these procedures typically require general anesthesia and require longer recovery periods.

Today, however, surgery is generally not required. GMC–Duluth offers both conservative and nonsurgical methods to treat varicose veins. Conservative treatments include compression stockings and leg elevation. Nonsurgical corrective methods include sclerotherapy and laser treatment. No two veins are the same and treatment options are individually based on the level of reflux, or backward flow of blood, in the affected veins.

Sclerotherapy can relieve the symptoms that are caused by spider veins and small varicose veins. During the procedure, a tiny needle is used to inject the affected vein with medication that irritates the lining of the vein. In response, the vein collapses and is reabsorbed into the body. Treated spider or small varicose veins then are no longer visible.

REVOLUTIONARY VEIN TREATMENT

One of the most effective and newest methods to treat varicose veins is a nonsurgical laser treatment using the VenaCure EVLT endovenous laser system. VenaCure EVLT uses laser energy that pulses through the vein, causing the vein to collapse and seal shut. The procedure is minimally invasive, lasts less than 45 minutes and can be performed in the physician’s office. The results are more than 95 percent effective.

“Laser treatment of varicose veins has revolutionized vein treatment and is quickly becoming the standard of care,” Dr. Kang says. “This procedure is safe, quick, very effective, virtually painless and requires minimal recovery time. There is no large incision, so there is no scarring.”

Before performing the procedure, Dr. Kang personally performs a careful and accurate ultrasound evaluation to make sure that a patient is a candidate for the procedure. This is not common—in most practices the procedure is done using vein mapping performed by technologists.

The Gwinnett Medical Center–Duluth staff want to make sure that patients receive the most up-to-date information about varicose veins. With treatments such as sclerotherapy and VenaCure EVLT, easing the discomfort and unsightliness of varicose veins is easier, quicker and better than ever.
Meet some of the people who donate dollars to help transform healthcare

With the help of its dedicated volunteers, board members and community, the Gwinnett Medical Center Foundation is transforming healthcare. The Foundation marks its 21st anniversary this year, thankful for the generosity of the GMC associates and community. In its first two decades, the Foundation enabled more than 10,000 donors to contribute a total of more than $20 million to make Gwinnett Medical Center the healthcare provider of choice in the region.

The influential, gracious donors and organizations that have recently donated to the Foundation include John D. and Beverly Stephens, The Sport of Giving, the GMC Auxiliary and the GMC Foundation’s Physician Partners.

JOHN D. AND BEVERLY STEPHENS ARE NEWEST KEYSTONE LEADERSHIP DONORS

Gwinnett businessman John D. Stephens and his wife, Beverly, are the newest members of the GMC Foundation’s Keystone Leadership, which is a giving society that recognizes donors of $100,000 or more.

The Stephenses have been generous donors, giving more than $75,000 to the Open Heart Gwinnett campaign. In addition, they supported the capital expansion of GMC–Duluth when it was under construction. Their impact on healthcare in Gwinnett is significant, and the Foundation appreciates their continued leadership and financial support of the transformation.

“I have lived in Gwinnett all my life,” John says. “Beverly and I have seen how important it is to have quality medical care close to home. Supporting Gwinnett Medical Center through donations to the Foundation is our way of helping the community continue to thrive.”

AUXILIARY DONATES $150,000 TO OPEN HEART GWINNETT

The Gwinnett Medical Center Auxiliary continues to play a vital role in transforming healthcare through donations of time, talent and funds. Recently, the GMC Auxiliary presented the GMC Foundation with $150,000 to support the capital expansion for the new Heart & Vascular Center. This gift brings the Auxiliary’s cumulative contribution to $300,000 for the Open Heart Gwinnett campaign.

“We, the Auxiliary, are pleased to make this donation to the Open Heart campaign,” says Ruth Ann Chapin, outgoing president of the Auxiliary. “Each and every dollar helps to reach the final goal. So, as you consider your charitable contributions for 2010, follow the lead of the Auxiliary and think open heart!”
SUPPORTING BREAST CANCER CARE THROUGH SPORT
The Sport of Giving has donated more than $1 million over the past 10 years to the Gwinnett Medical Center Foundation to help fund equipment and services that diagnose and treat breast cancer.

“The support we receive from The Sport of Giving is essential in our ability to provide the level of service deserved by our breast cancer survivors,” says Cindy Snyder, R.N., MSN, FNP-C, CBCN, manager of oncology services at Gwinnett Medical Center. “I am thankful to be a recipient of their mission to support women’s cancer care.”

The Sport of Giving is a grass-roots effort to support women’s cancer care and prevention through special events, both sporting and nonsporting. For more information on The Sport of Giving, visit thesportofgiving.org.

PHYSICIAN PARTNERS PLEDGES $750,000
The GMC Foundation’s Physician Partners has pledged $750,000 to cardiovascular services. Physician Partners was founded in 2007 by Manfred Sandler, M.D., to encourage physicians to serve as donors and advocates for Gwinnett Medical Center and to promote awareness of fundraising initiatives in both the GMC family and the community. The Physician Partners group has quickly grown to include 140 participating physicians.

The success of Physician Partners grew from the realization of physicians that their personal support and demonstrated belief in Gwinnett Medical Center through their personal contributions is a powerful example to others in the community. Their willingness to support the GMC Foundation speaks volumes and inspires many more to give.

Recently, The Sport of Giving group toured the new Gwinnett Breast Center at GMC–Lawrenceville.
In 1988, Sunil Bhole, M.D., was completing his residency at the Emory University School of Medicine when he saw there was a need for comprehensive inpatient rehabilitation services in Gwinnett. He approached Gwinnett Medical Center about developing a program. As a result of his passionate proposal, Glancy Rehabilitation Center opened in 1988 with Dr. Bhole serving as medical director. Under his clinical leadership, the program has grown to being ranked in the top 3 percent in the nation and has earned accreditation by the Commission on Accreditation of Rehabilitation Facilities and the designation as a stroke specialty program.

Dr. Bhole, part of the GMC Foundation’s Physician Partners, is dedicated to helping survivors of illness and injury return to their daily lives, and he’s a pretty remarkable guy outside of the white coat, too.

He recently climbed to the summit of Mount Kilimanjaro, the highest peak on the African continent; he trained by climbing Kennesaw Mountain while wearing a 25-pound pack. He lives in Johns Creek with his wife, Adriana, and they have five children: Ashleigh, Neena, Derrick, Isabella and Claire.

Meet Sunil Bhole, M.D.
Practice: Medical Director, Glancy Rehabilitation Center
Specialty: Physical medicine and rehabilitation (physiatry)
Medical school: Osmania Medical College, Hyderabad, India
Years practiced in Gwinnett: 22
Birthplace: Hyderabad, India

The Bhole family, clockwise from bottom center: Sunil Bhole, M.D., wife Adriana, and children Claire, Isabella and Derrick

Sunil Bhole, M.D., and hiking partner atop Mount Kilimanjaro
Sunil Bhole, M.D.

1. **When I was a child** I dreamed of becoming a professional soccer player.

2. **My first job** was mowing lawns. My motivation was purchasing a pair of Levi's jeans. I was living in England at the time, and Levi's were only sold in the U.S., so they were very expensive.

3. I realized I wanted to be a doctor when I was 7 years old. When I observed my father, who was a surgeon, working at the hospital, I knew I wanted to follow in his footsteps.

4. If I weren't a doctor I would be an electronics or software engineer.

5. To unwind after a long day I go for a walk with my wife and three dogs.

6. Right now on my iPod I'm listening to soft rock, classical music, and—if my son has his way—hip-hop and rap.

7. My inspiration is my family and patients.

8. My favorite restaurant is any Indian restaurant.

9. My favorite television show is Saturday Night Live.

10. If a movie were made about me, I would be played by Joaquin de Almeida, who starred in the movie Clear and Present Danger. Shortly after the movie was released, my wife and I were at a convention and someone asked her if I was the actor. Of course she said "yes."
If you’re 50 or older, getting a screening test for colorectal cancer could save your life. Colorectal cancer—cancer of the colon and rectum—is one of the most detectable and, if found early enough, most treatable forms of cancer. More than 80 percent of all colorectal cancer cases can be prevented with recommended screenings.

Q How do screenings save lives?
Screening for colorectal cancer works by finding polyps, or growths, inside the colon and removing them before they become cancerous. And when cancers are found early, treatment is most effective.

Q If screening works, why aren’t more people doing it?
People come up with lots of reasons to put off being screened for colorectal cancer.
• They haven’t heard the benefits of regular screenings and the high cure rate if the cancer is caught early.
• Medical care providers sometimes give inconsistent information about how often to be screened and screening procedures.
• Consumers and insurance providers may not be certain about insurance benefits and coverage limits.

Q Is removing benign (noncancerous) colon polyps necessary?
Although not every colon polyp turns into cancer, doctors and researchers believe that almost every colorectal cancer begins as a small, noncancerous polyp. Fortunately, during colonoscopy these polyps can be identified and removed or destroyed, thus preventing a possible colorectal cancer. If a polyp is large enough, tissue can be retrieved and sent for biopsy to determine the exact type of polyp.

Q What are my options for screening?
Several different screening tests can be used to find polyps or colorectal cancer. They can be used alone or in combination. The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women ages 50 to 75 using high-sensitivity fecal occult blood testing, sigmoidoscopy or colonoscopy. Leaders in the field have estimated that as many as 30,000 lives could be saved each year with widespread adoption of these screening practices. The decision to be screened after age 75 should be made on an individual basis. If you’re older than 75, ask your doctor if you should be screened. If you’re between the ages of 50 and 75, talk to your doctor about which test or tests are right for you.
The Heart & Vascular Center

Gwinnett Medical Center is proud to present the Heart & Vascular Center, Gwinnett’s own comprehensive open heart facility. The Heart & Vascular Center will be a 40,000-square-foot facility with state-of-the-art operating rooms and cardiac catheterization labs. In addition to providing open heart services, this facility will allow us to expand our chest pain center and cardiac wellness programs.

This vision couldn’t have been made possible without the help of the Gwinnett community. So from the bottom of our hearts, thank you for your support.

Open Heart is in Our hands!

For more information on open heart, visit openheartgwinnett.org.