

Healthy Lifestyles

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Maximum Output Retired Dentist Finds Relief with Laser

For two decades, Dr. Bruce Hilborn was a man of efficiency.

A retired dentist, Dr. Hilborn's clinical research to increase the productivity of dental offices by expanding the duties of dental assistants led to revolutionary designs in dental facilities and in dental equipment and procedures that helped usher in the age of four- and six-handed dentistry.

"We classified every motion: fingers, wrists, arms, elbows and shoulders," the 84-year-old Sevierville resident said of his work with the Expanded Duty Dental Auxiliary at the U.S. Public Health Service facility in Louisville, Kentucky. "We tried to eliminate body twisting and reaching. We measured the amount of light in the room and how going from a well-lighted area to a darker area fatigued the eyes. We tried to get rid of procedures where the dentist had to look up so that they could keep their eyes in the field of operation."

Still, Dr. Hilborn couldn't tame time, and the years have taken a toll. "I'm full of repairs," said Dr. Hilborn. "I've seen every white coat there is, and they all know me by name."

For Dr. Hilborn, the toll includes five surgeries on his shoulders, two hand surgeries for Dupuytren's contracture, treatment for neuropathy, an uncommon blood cancer called essential thrombocytosis and Parkinson's disease.

But the ailment that literally kept him up at night was a bladder outlet obstruction (BOO) caused by an enlarged prostate. "I was getting up eight to 10 times a night to go to the bathroom to urinate," said Dr. Hilborn, adding that sometimes the trips were

only 20 minutes apart. "I couldn't get it started, and I couldn't get much of a volume. I had to do something about it because I wasn't able to function that way."

When medicines no longer worked, he pressed his urologist, Christian Traynelis, MD, of East Tennessee Urology at LeConte Medical Center, for a surgical solution.

But there was a catch – the "gold standard" for his benign prostatic hyperplasia was transurethral resection of the prostate (TURP), a procedure that could pose serious risks because of Dr. Hilborn's other health issues. His spinal stenosis could worsen his symptoms of frequency, urgency and volume; his Parkinsonism could result in incontinence; and the easy bleeding caused by his essential thrombocytosis could be life-threatening.

"It wasn't something that we rushed into," said Dr. Traynelis. "We try to be conservative. I really tried to drag my feet on doing any procedure on him because he had so many other things going on. But after several years on the medicines, his bladder outlet obstruction symptoms were progressing, and he convinced me that he really wanted to try surgery."

But which surgery to choose? While the transurethral resection of the prostate is an option for 150,000 patients a year, the bleeding that accompanies it ruled it out for Dr. Hilborn.

Dr. Traynelis looked at the host of other options in his arsenal. "For me, the choice of the technology is what is going to do the job and not cause a problem for the person. So all the options are always on the table for cases, depend-

ing on what I think when I look in there. There are a number of minimally invasive techniques and laser technologies out there that can be used to remove prostate tissue."

The best option for Dr. Hilborn, however, was GreenLight Laser Therapy, a decade-old procedure which uses light energy to vaporize extraneous prostatic tissue and quickly seal it to minimize bleeding.

While relief of symptoms may take as long as several months, the GreenLight advantage, said Dr. Traynelis, are fewer risks and the ability to perform the procedure in an outpatient setting.

"That's not going to be the case with transurethral prostatectomy cases, especially with very large glands," said Dr. Traynelis.

"The absorption of irrigating fluids is another risk

Three years have passed since Dr. Hilborn had his surgery, and the patient and doctor recently met for their annual follow-up, a meeting in which the retired dentist got a good report.

"He was a patient who really struggled with his urinary pattern, and he really pushed me to do the surgery," said Dr. Traynelis. "I think the procedure in his case worked out well. He convinced me to do it, to take the risk, we got the tissue removed and he seemed very satisfied once he recovered."

"Everything that I had there [at LeConte Medical Center] has been good. The procedure was fairly effective," said Dr. Hilborn. "I still have nights when I have to get up often, but I don't have it like I did before. I am able to control it better. I am on a regular schedule and I can produce



Three years post-surgery, retired dentist Bruce Hilborn is still experiencing the benefits of his procedure.

that can lead to immediate stroke or heart attack, or a low sodium level which can also be life-threatening immediately around the time of the operation. With GreenLight, those things are eliminated. The trade-off is you have a longer period of urinary symptoms but the patients, once they are through that, seem to do OK."

the volume that I should. I couldn't do that before. I am pleased with the way he has gone about it. He's not aggressive at it. He seemed to go about it in a 'let's find out how this does, and how that does' way. He wasn't ready to jump into any of them. I was very pleased with him. I'm sure glad he was there."

ROBOTIC SURGERY the Choice for Prostate Cancer

Originally developed by the military for use in tele-surgery, robotic surgery has become the technology used most frequently for prostate removal surgery today.

Fort Sanders Regional Medical Center acquired the first da Vinci® Surgical Robotics System in the Knoxville area in 2004. It has become very popular among physicians, with 90 to 95 percent of all prostate surgeries, and many other abdominal procedures as well, being performed with the robot.

"The robotic system allows us to offer a less invasive procedure – with only a few small incisions compared to traditional open surgery," explained Dr. Wayne Hatfield, a board-certified urologist at Fort Sanders. "The robot has replaced open surgery in most cases, although in some patients, open surgery is still the best option."

How does it work? According to Dr. Hatfield, the robotics system works by copying hand movements. "The robot can't be programmed, the physician

tells it what to do by moving his or her hands, wrists and fingers" said Dr. Hatfield. "The monitor shows a three dimensional view of the prostate, allowing me to move any one of four different instrument arms a full 90 degrees. I can get to the prostate without disrupting surrounding tissue," he added.

While not every patient is a candidate for surgery, those who are experience shorter hospital times and fewer complications with robotic surgery than traditional open surgery.

"This means that over 90 percent of patients go home the very next day," Dr. Hatfield said. "It's important when choosing robotic surgery to go somewhere that has experience. Fort Sanders was the first hospital in the Knoxville area to get the da Vinci System, so we are well experienced with it, and we believe our care reflects that."

For more information on robotically assisted surgery at Fort Sanders, please call (865) 673-FORT or visit www.fsregional.com.



Wayne Hatfield, MD

TURP is the 'Gold Standard,' but Options are Many



Christian Traynelis, MD

It's the gold standard for treating benign prostatic hyperplasia (BPH), but transurethral resection of the prostate (TURP) is not the only tool available.

In addition to a host of medicines such as alpha blockers like Tamsulosin and 5-alpha-reductase inhibitors like finasteride and dutasteride (which can actually shrink the prostate), there is more than one way to clear an obstructed bladder outlet.

"There is a wide spectrum of types of procedures we can do and mul-

iple technologies in each of those categories," said Dr. Christian Traynelis of East Tennessee Urology at LeConte Medical Center.

A TURP requires no external incision as the surgeon removes portions of the prostate gland through the penis. The surgeon reaches the prostate by inserting an instrument through the urethra (the narrow channel through which urine passes from the bladder out of the body). This instrument contains a light, valves that control irrigat-

ing fluid and an electrical loop that cuts tissue and seals blood vessels. Once inserted, the wire loop is guided by the surgeon so it can remove the obstructing tissue one piece at a time. The pieces of tissue are carried by fluid into the bladder and flushed out at the end of the procedure.

"It is, however, the most risky procedure," said Dr. Traynelis. "It can have a significant amount of bleeding and there is absorption of irrigating fluid that can put a stress on

the cardiovascular system and lead to cardiovascular complications and electrolyte abnormalities which can even be life-threatening. So the old standard surgery is not trivial, and patients are often in the hospital for a couple of days after that.

"Then there are less invasive treatments where you are putting catheters in the urethra and heating the tissue up with microwave or thermo therapy, and that leads to death of tissue," he said. "The hope is that with reab-

sorption that compression of tissue comes off the urinary channel. The problem is that they don't really address the problem and remove tissues as adequately as procedures that actually cut out or vaporize the tissue. So patients tend to get relief for a period of time, but then symptoms reoccur."

If you want to schedule an appointment with a urologist, call (865) 453-WELL (9355).

June 21 is Father's Day!

BEST WISHES FOR A HEALTHY AND HAPPY FATHER'S DAY!

Getting Back to Life After Minimally Invasive Spine Surgery

Pain can change you. It can drain you of your energy, and rob you of your quality of life.

Cindy Tullar became a person she hardly knew when pain from a pinched nerve gripped her body. Always energetic and always living life with a positive attitude, she found herself becoming more and more withdrawn as that pain took over more and more of who she was.

"I was in so much pain, I was so sick to my stomach, I was aching all the time," Tullar says, "I wouldn't go out." She says depression began to close in around her because the pain was always in control, never under control.

The pain began to affect her work at Druid Hill Golf Course in Fairfield Glade. She had loved taking care of golf carts, and meeting new friends on the course.

"I had to quit working because I was in so much pain," Tullar says. "That broke my heart." It had been a perfect retirement pastime, until last fall.

"I don't know how I did it," Tullar says of her pinched nerve. "But I had a stiff neck in September." Tullar says the pain went away, but then returned with a vengeance in October.

While Tullar was trying to entertain guests in her home, she couldn't turn her neck to the left or the right. The pain began to worsen. It shot down into her shoulder, then it moved to her fingers, and they began to go numb.

Tullar made an appointment with her physician, and he prescribed over-the-counter pain medication. That didn't seem to help much, so she also saw a doctor at Fairfield Glade who administered medication in a shot. Still, there was no significant relief. He recommended an MRI and X-rays.

Tullar returned to her physician feeling worse than ever, suffering in pain and also suffering from frailty. The pain had made her so sick that she couldn't even eat regularly.

Tullar remembers exactly what she said that day when she was sitting in the doctor's office at the end of her rope.

"We have to do something," she remembers say-

ing. "I just can't live like this anymore."

After the MRI and X-rays, Tullar's doctor told her she needed to see a neurosurgeon. It was up to her to choose who would handle her case.

A friend of a friend had recently suffered a pinched nerve, and very highly recommended a neurosurgeon at the Fort Sanders Center for Minimally Invasive Spine Surgery.

"So I called my doctor and said, 'how about Dr. Joel Norman at Fort Sanders?'" Tullar recalls. "They made an appointment, and I went."

Tullar's expectations were met and exceeded. Dr. Norman made her feel com-

pletely comfortable, and she was impressed with the way he seemed to genuinely care about his patients. He also let her choose her course of treatment to relieve the pinched nerve. He gave her the option of physical therapy, or minimally invasive surgery.



"I woke up, my pain was gone. My life is so much better now!"

— Cindy Tullar

ing. "I just can't live like this anymore." "I couldn't sleep because I was in so much pain. It was getting worse and worse. I had to quit playing golf, I had to quit working. It was consistent pain all the time; I had no relief at all, I had lost 15 pounds – I couldn't eat, I was getting sicker," Tullar says.

Taking all this into account, Tullar knew surgery was the right choice. She also knew Dr. Norman was the right surgeon.

"He's great," Tullar says. "I was comfortable when I went into surgery, and after I came out."

Tullar prepared herself for the surgery by researching minimally invasive spine surgery on the inter-

net, and watching online videos of the procedure performed by surgeons in other parts of the country. She knew exactly what Norman was going to do, and she was encouraged when she saw video testimonials from patients who said their pain had been relieved.

"I was excited," Tullar says. "It wasn't scary for me, at all."

Dr. Norman made a relatively small incision on the right side of Tullar's neck, removed a disc, inserted a plate and screws, and then replaced the disc with a cadaver bone.

While Tullar was expecting the surgery to work, she wasn't prepared for the incredible level of success she experienced at Fort Sanders Regional Medical Center.

"As soon as I woke up, my pain was gone," Tullar says. "And then the surgical nurse told me I could start moving my neck." Tullar had assumed she would need some sort of neck brace, and that her neck would be immobile for awhile.

"Nope," she laughs. "I was moving my neck that night, right away." The recovery was seamless. Tullar was off her medication after two days, and she was outside going for a walk by the end of the week. After two weeks, Tullar was walking nine holes, and at the end of two months, she was back to the game she loves.

"I'm playing golf," Tullar says enthusiastically. "I'm doing great, I'm working out, and I am so happy!" Tullar is already recommending the surgery to others, because it made such a dramatic change in her level of pain and her quality of life.

"When you're in as much pain as I was, it affects your whole life," Tullar says. "Dr. Norman is a great surgeon, and he really cares about patients." When she thinks about how far she's come, and how much pain she used to be in, it still amazes her. "I woke up, my pain was gone," Tullar says, still excited about what minimally invasive surgery did for her. "My life is so much better now!"

For more information about the Fort Sanders Center for Minimally Invasive Spine Surgery, visit fsregional.com/minimally-invasive, or call (865) 541-2835. Appointments are available at Dr. Norman's Sevierville office in the Dr. Robert F. Thomas Foundation, adjacent to LeConte Medical Center.

Dr. Norman says there's a reason for that.

Turning Heads

Minimally Invasive Surgical Fusion

A compressed nerve can be a lot more than just a pain in the neck. It can be debilitating, especially when over-the-counter medication and even prescriptions don't seem to help.

If the pain shoots down your shoulder and arm, severely limits your mobility, and begins to affect your everyday life on an ongoing basis, it may be time to consider other options. It's becoming more and more common for patients in this predicament to opt for cervical fusion at Fort Sanders Center for Minimally Invasive Spine Surgery.

"A cervical fusion involves placing screws and rods into the bones in the neck, in order to stabilize them," explains neurosurgeon Joel Norman, MD. "This procedure is often performed along with a decompressive surgery to remove overgrown bone, or a bulging or herniated disc."

Norman says the most common approach is an "anterior cervical discectomy and fusion." This involves making a small incision in a skin fold in the front of the patient's neck, with minimal disruption to the underlying muscles, accessing the front of the spine.

"The abnormal intervertebral disc is removed with decompression of the pinched nerves and a bone graft spacer is inserted," Dr. Norman says. "A special metal plate is then placed across the front of the spine and secured with screws into the surrounding bone."

It may seem a little backward for a surgeon to enter the front of the neck when the pain feels like it's coming from the back side. Dr. Norman says there's a reason for that.

"Performing a decompression and fusion of the cervical spine from an incision in the back of the neck is possible, and sometimes necessary," Dr. Norman

says, "but that approach often results in more muscle spasm and neck pain in the postoperative period."

The entire operation takes just about an hour from start to finish. Some of Dr. Norman's patients are able to go home the day of surgery. Best of all, pain relief from the pinched nerve is almost immediate.

Dr. Norman says this type of operation isn't likely to help someone who is suffering from general neck pain. This particular procedure is ideal for patients who suffer pain that radiates down into the arm or hand. That type of pain usually comes from a pinched nerve, and the relief of the pain comes when this procedure decompresses the nerve.

Norman says Fort Sanders Regional is the right place for this procedure.

"Covenant Health has a commitment to excellent patient care, and a demonstrated excellence in neurosciences and neurosurgical expertise," Norman says. "We have a specialized team of surgical technicians and nurses involved in the care of our patients from the time they enter the hospital until the time they walk out."

Dr. Norman says the members of this team are committed to providing the best patient care, and applying their expertise to each individual treated under his care.

Learn more by visiting fsregional.com/minimally-invasive, or call (865) 541-2835. Appointments are available at Dr. Norman's Sevierville office in the Dr. Robert F. Thomas Foundation, adjacent to LeConte Medical Center.



Joel Norman, MD



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Men and Depression: What You Need to Know

For men experiencing depression, admitting that one needs help may be difficult because of a reluctance to recognize the issue, or social expectations of masculinity at home or at work. However, more than six million men in the United States have depression. Middle-aged white men are more likely than any other demographic group in the nation to die by suicide. How do you know if you or a loved one is dealing with depression? What should you do?

2) Know the causes.

Genetic predisposition for depression may increase a man's likelihood of experiencing it. Difficulties in major areas of life, such as work or relationships, may also contribute to prolonged sadness. Additionally, brain chemistry and hormones, which control emotions and mood, are different in men with depression. It is likely a man's depression is caused by a combination of these factors.

3) Learn about the different kinds of depression.

The most common types of depression are major depression and dysthymia. Major depression is severe, and may interfere with a man's ability to work, sleep, eat and enjoy other parts of life. A man can have multiple instances of major depression over his lifetime. Symptoms of dysthymia are the same as those of major depression, but are less severe and largely last two years or longer. No matter what type of depression is affecting you or a loved one, it is important to seek help and guidance from a physician.

4) Find individualized treatment.

To seek help for depression, schedule an exam with your physician. Certain medications and medical conditions can cause

symptoms similar to those of depression, so your physician should rule out those possibilities first. If no cause is found, contact Peninsula at (865) 970-9800. Peninsula's team of physicians, nurse practitioners and counselors can create a plan for your specific situation, which may include outpatient therapy, medications or support groups.

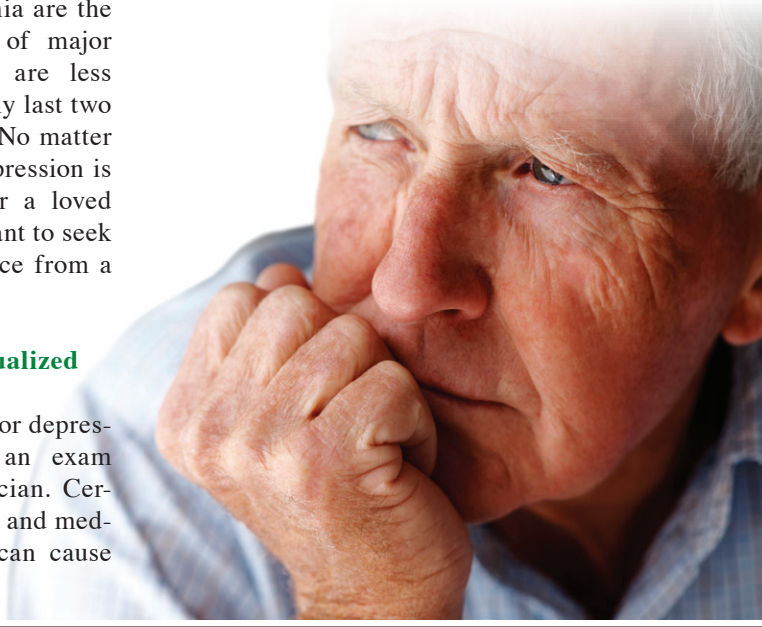
5) For those who have a loved one with depression, provide support.

After helping him find resources for his depression, continue to communicate with him and listen to his fears and feelings. Never ignore comments about suicide, and have an open dialogue with his physician or therapist if he mentions it. In your free time, invite your loved one to do activities with

you. While dealing with a depression is an ongoing journey, remind him time and treatment will help treat his sadness and his situation will improve.

6) Be prepared in crisis.

While not all individuals with depression attempt suicide, ending one's life is a risk of the illness. Men are more likely to successfully commit suicide, as they tend to use more lethal methods and act more quickly on suicidal thoughts. Additionally, men are less likely to show warning signs of suicide, such as talking about it to others. If you or someone you know is in crisis, call 911 immediately or go to the nearest emergency room. The National Suicide Prevention Lifeline is available toll-free 24/7 at 1-800-273-TALK.



Peninsula Outpatient Centers

For people experiencing mild to severe depression, Peninsula Outpatient Centers provide a wide range of services including individual and group therapy, support groups and medication management. With outpatient centers in Knoxville, Loudon, Sevier and Blount counties, Peninsula serves individuals of all ages across East Tennessee. Each patient meets with members of the clinical staff at his or her first appointment to determine the best course of treatment. A patient's plan may include daily medication, psychotherapy, case management or a combination of these.

The physicians at Peninsula Outpatient Centers may recommend an Intensive Outpatient Program (IOP) to provide more concentrated care

than traditional outpatient sessions. For six to eight weeks, participants in the Adult or Adolescent IOP come to the outpatient center in Knoxville four to five times a week to address issues that need intense treatment but do not require continuous care. These conditions include depression, anxiety disorders, anger management, ADHD, relationship problems, grief and loss and self-injurious behavior.

Alcohol and drug treatment is available through the Adult IOP at the Peninsula Lighthouse campus. If you or a loved one is experiencing any symptoms of mental health issues, call Peninsula Outpatient Centers at (865) 970-9800 or visit www.PeninsulaBehavioralHealth.com.



Dads and Postpartum Depression

Postpartum depression can take hold after the birth of a child, and is much more common in women. Yet it may well strike upward of one-quarter of dads. A recent review looked at the latest research on the mood disorder to better explain how it affects men.

For their review, researchers examined 63 past studies on postpartum depression in men. They revealed some notable findings. Namely, the condition may not be as rare in men as once thought. Rather, it may simply go unnoticed.

Why might the condition be missed? Doctors may not be screening dads for the disorder. Such screening may be reserved only for moms. What's more, men may avoid talking about their feelings due to embarrassment or shame. The researchers also

noticed that certain men are more likely to develop postpartum depression. These are often dads whose partners already have the mood disorder. Men with a history of depression or anxiety are also prone to it. Other triggers may include a lack of social support, financial worries, older age and marital discord.

Untreated postpartum depression may last months after the birth of a child. It can cause marital and family problems. It can even affect the child, stunting emotional and behavioral growth.

Experts don't know exactly what causes postpartum depression. In women, it may partly be linked to hormonal changes. The hormones estrogen and progesterone plunge after childbirth. This drop can alter chemicals in the brain,

leading to mood swings. In men, other triggers, such as a lack of sleep and mounting stress, may play a part.

Postpartum depression is often treated like other types of depression. The standard approach may include medicine, such as an antidepressant. Counseling, behavioral therapy and support groups may help, too.

Treatment may also focus on addressing the cause

of a man's depression. For example, some men may feel overwhelmed by parenthood. They may question their ability to be good fathers. Teaching parenting skills to these men may help ease their depression and help create a bond between father and child.



Depression Not a Normal Sign of Aging

Because men from 50 to 60 are more likely to be depressed, some people may connect this to the natural effects of growing older. However, no correlation between age and depression has been confirmed. Instead, the connection to this age group may have to do with the social stigma surrounding discussing suicide and the workplace, health and lifestyle changes which

may occur during this period. For older men, symptoms of depression may be masked by complaints about physical health. The condition often occurs at the same time as another serious illness, such as heart disease, stroke, diabetes and cancer. A person who is physically ill and not getting better often has an underlying depression.

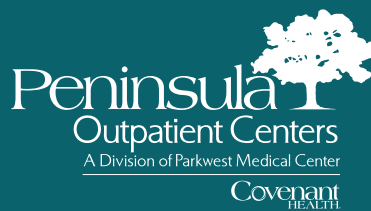


He believes depression is a sign of weakness.

One in 10 men will develop clinically significant depression during his lifetime. Many experience depression that is triggered by life changes such as retirement, the death of a spouse or a changed health status.

Depression is **NOT** a normal part of aging, but it **IS** one of the most treatable behavioral disorders.

Call (865) 970-9800 for caring, confidential help.





We Built LeConte

The staff and physicians at LeConte Medical Center's Dolly Parton Birthing Unit welcome Sevier County's newest residents to the world on a daily basis. Last year LeConte's women's health team delivered 1,078 babies, which means that eight out of ten babies in Sevier County were born at LeConte. Our team was recognized by the state for reducing the number of early deliveries scheduled between 37-39 weeks, increasing babies' chances for better lifelong health.

We built an outstanding birthing center, and we're still growing ... one baby at a time.

We Built LeConte.



"I love being able to offer a premier birthing experience to the women in Sevier County right here at LeConte. It's wonderful that we can provide our patients with a beautiful birthing unit, and the expertise of skilled labor and delivery nurses and physicians so close to their homes and loved ones."

— Jennifer Maddron, MD
OB/GYN



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