The development of safer, less invasive procedures has led to a surge in the number of weight-loss surgeries in recent years. With bariatric surgeries on the rise, a relatively new field of post-bariatric plastic surgery has emerged in order to address the special needs of patients who have accomplished massive weight loss in a relatively short period of time.

**The Finishing Touch** Rapid weight loss leaves large amounts of excess skin without the elasticity to fit the patient’s new body size. While exercise may help tone some areas of the body, cosmetic surgery can provide the “finishing touch” to bariatric weight-loss procedures, explains Shim Ching, MD, a board-certified plastic surgeon who has a special interest and advanced training in post-bariatric cosmetic surgery.

Dr. Ching recently became affiliated with Castle Medical Center’s Surgical Weight Loss Institute, whose team of obesity and weight-loss experts uses a multidisciplinary approach to assess each patient’s health issues and develop a personalized weight management plan.

“About 10 percent of our post-bariatric patients elect to have cosmetic surgery, which usually is performed after they have lost 60 to 70 percent of their excess weight and their weight has stabilized,” says Steven Fowler, MD, a bariatric surgeon and medical director for Castle’s program. “For those who do opt for this additional surgery, we’re pleased to have someone with Dr. Ching’s qualifications and training associated with our program.”

**It’s Not Just About Looks** “There are medical as well as cosmetic reasons for post-bariatric surgery,” Dr. Ching says. “The extra folds of skin resulting from the weight loss, especially in the trunk area, not only can be awkward and embarrassing for the patient, but the excess skin also can lead to rashes and hygiene issues.”

**Amazing Results** New surgical techniques have been developed to contour that extra skin, using a combination of circumferential body lifts; thigh, arm and breast lifts; and liposuction to help complete the new image that patients have worked so hard to achieve.

Depending on the scope of the procedures, recovery time can be as short as one week, or up to four weeks or more. The result is a much flatter abdomen, removal of waist “rolls,” and lifting of the outer thighs and buttocks.

“It’s a difficult surgery and is not practiced by most plastic surgeons in Hawaii,” Dr. Ching says, “but I find it very rewarding. Weight-loss surgery is a life-changing process, both physically and psychologically. Restoring a patient’s body image through post-bariatric cosmetic surgery completes that process, and also does wonders for the patient’s self-image.”
FOOD LABELS

WHAT TO LOOK FOR IF YOU HAVE DIABETES

IF FREE HELP was available to assist you in managing your diabetes, would you turn it down?

That’s exactly what you’re doing if you shop for food without reading food labels. You’re missing out on the opportunity to become better informed about the ingredients and calories in the food you buy—information that can help you make the best possible choices.

“Making wise food choices, no matter what type of diabetes you have, is key to keeping your blood sugar in a healthy range and preventing serious complications of the disease,” emphasizes Roberta Anding, RD, a certified diabetes educator and a spokeswoman for the American Diabetes Association.

Of course, to choose well, you have to know how to interpret the information on labels.

Because it’s all too easy to misread food labels—and make wrong assumptions about the food you eat—these tips from Anding and the American Dietetic Association are worth remembering:

● Check out ingredients. Ingredients are listed in order by weight. The first ingredient makes up the largest percentage of the food, the last the smallest.

● Concentrate on total carbohydrates. Rather than just on grams of sugar. (Total carbohydrates include sugar, complex carbohydrates and sodium.)

● Size up servings. The serving sizes on food labels may be different from those in your food plan or from what you normally eat. If you eat twice the serving size on the label, be sure to double the calories, fat, carbohydrates and sodium.

● Don’t be fooled. If you’re counting carbohydrates, remember that sugar-free doesn’t equal carbohydrate-free. In fact, a food sporting a sugar-free label may actually have more carbs than the standard version. Likewise, fat-free foods may have more carbs than their traditional counterparts. So comparison shop.

● Concentrate on total carbohydrates. Focus on the grams of total carbohydrates rather than just on grams of sugar. (Total carbohydrates include sugar, complex carbohydrates and fiber.)

If you look only at sugar content, you might bypass foods, such as fruits, that are naturally high in sugar but still good for you. Or you might eat too much of a low-sugar, high-carb food.

Similarly, you can use food labels to avoid ingredients that can harm your heart, such as hydrogenated oils, which are high in trans fat.

“Making wise food choices, no matter what type of diabetes you have, is key to keeping your blood sugar in a healthy range.”

No-sugar foods can still have calories

Sorry, but this may burst your bubble.

Some oh-so-enticing words on food labels may not mean what you think. Those words are sugar-free.

Sugar-free does not necessarily mean calorie-free.

Take, for instance, yogurt or hot cocoa mix that has been sweetened with a low-calorie sugar substitute. These foods still have ingredients, such as fruit or milk, that supply significant calories.

This same caveat applies to any food that’s marketed as having no sugar added. Yes, it’s true that no actual sugar has been added during processing. Even so, this food may be high in calories.

The bottom line: If you need to control your weight because of diabetes, always read the label carefully to find out how many calories are in a food or drink.

Source: American Diabetes Association; International Food Information Council Foundation

Cooking classes, nutrition counseling and weight-loss options—see page 8.

TAKING ACTION

HOW TO FIND US

Castle Medical Center
Harry & Jeanette Weinberg
Medical Plaza & Wellness Center
Kailua, HI 96734-4498

To KAILUA

To PALI TUNNELS

To KANEHOE

To KAILUA RD

KALANIANAOLE HWY

KALIANALOE HWY

KAILUA RD

PAIL HWY

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S P R I N G  2 0 0 8  W I N D W A R D  H E A L T H
SAY SO LONG TO CIGARETTEs
Quitting smoking is a must when you have heart disease

EVERY SMOKER HAS plenty of good reasons to quit. But if you have heart disease, you have an especially good incentive to toss tobacco, because smoking is hard on your heart.

Of course, you may have questions about giving up cigarettes, including whether nicotine replacement therapy (NRT) may be right for you. Talk with your doctor, and read on for some information to get you started.

Q: Why is quitting smoking so important for people with heart disease?
A: Smoking is a major cause of heart and blood vessel disease, and it can make the disease you already have worse in several ways:
- Chemicals in tobacco smoke, including nicotine and carbon monoxide, stress the heart and reduce the amount of oxygen the blood can carry. Smoking also contributes to clotting, which can trigger heart attacks.
- Smoking makes atherosclerosis—the narrowing of arteries, which also can lead to a heart attack—worse, says Russell Luepker, MD, spokesman for the American Heart Association (AHA).
- Smoking can make angina (chest pain) occur with less exertion and more frequently, and it increases the risk for recurrent artery disease after bypass surgery, reports the AHA.

However, quitting can help you live longer and better. “The health benefits are clear and unarguable,” says Dr. Luepker.

For instance, if you’ve had a heart attack, you can greatly cut your risk for another one or for sudden cardiac death if you stop smoking.

“The data are incontrovertible,” Dr. Luepker says. “Those who’ve had a heart attack and quit smoking have half the rate of death and half the likelihood of winding up back in the hospital with a second heart attack as those who haven’t quit.”

Q: OK, so how can I quit?
A: Set a quit date, and talk to your doctor. There’s no one right way to quit. But it helps to have a plan.

Many people benefit from support, such as a telephone quit line or a stop-smoking program. You also need to

Keep trying to quit!

Eight sessions: May 20 and 27, June 2, 3, 4, 5, 10 and 24, 7 to 8:30 p.m.
This dynamic program takes a total lifestyle approach to quitting smoking, and it can help you quit without gaining weight. The cost is $120 for eight sessions, including all materials and ongoing group support sessions. This fee is covered by HMSA’s Ready, Set, Quit! stop-smoking program.

To schedule your individual appointment with a tobacco treatment specialist, call 263-5050.

rally your family and friends around you.

Medicines such as NRT, which include gums and patches, can also help boost your chances of quitting for good.

Q: Is NRT safe for people with heart disease?
A: In general, NRT is safe for most people with heart disease, according to the AHA. But if you’ve recently had heart problems, such as an irregular or rapid heartbeat or chest pain, see your doctor before trying NRT.

Q: Can I smoke while using NRT?
A: “Generally, we think it’s not a good idea,” Dr. Luepker says. “Nicotine is a drug you can overdose on.” That said, if you do slip up and have a cigarette or two, it’s best to keep using NRT and stop smoking, advises the AHA.

Q: Is it too late to quit?
A: Never. Dr. Luepker has seen people who have smoked for 40 years quit successfully. “Whether it’s because they see the health-writing on the wall, their family is bugging them or a combination of things, they do it—and we have ways to help them,” he says.

ACT QUICKLY: KNOW THE SIGNS OF A HEART ATTACK

IN THE CASE of a heart attack, acting quickly may save your life.

However, as many as half of all people who have a heart attack fail to call 911, according to the American Heart Association (AHA).

And a recent study of women who had heart attacks showed that only half of them went to an emergency room within the first hour of the start of their symptoms.

DON’T WAIT: The first hour after a heart attack begins is crucial. Half of all deaths from heart attacks occur within that time frame, according to the AHA.

Getting treatment right away can increase your chances of survival. Many artery-opening and clot-busting drugs work best when given during the first hour of a heart attack.

Castle Medical Center’s 24-hour Emergency Department is here for you in the event of a heart attack.

So why do people wait? There are many reasons, reports the National Heart, Lung, and Blood Institute (NHLBI). People having a heart attack may:
- Fail to recognize heart attack symptoms.
- Feel afraid.
- Worry about “causing a scene” or a false alarm.
- Not understand the importance of immediate treatment.

Most people actually wait two hours or longer after heart attack symptoms start before seeking medical help. This delay can mean permanent heart damage or even death.

RECOGNIZE SYMPTOMS According to the NHLBI, these symptoms may indicate a heart attack:
- Uncomfortable pressure, squeezing, fullness or pain in the center of the chest.
- Discomfort in other upper body, such as arms, back, neck, jaw or stomach.
- Shortness of breath, often before or with chest pain.
- Breaking out in a cold sweat.
- Nausea or light-headedness.

If you or someone else has these symptoms, wait no more than five minutes to call 911, advises the NHLBI.

People often don’t call emergency personnel when they have a heart attack. Instead, they drive themselves to the hospital or have someone drive them. But calling 911 is almost always the fastest way to get lifesaving treatment, reports the AHA.
Many concerned and caring individuals, corporations and foundations generously contributed to Castle Medical Center (CMC) in 2007. These gifts enable us to maintain high-quality health care and education and to expand our care and wellness programs as we continue to build a healthy future for our community. Each contribution is tangible evidence of your belief in the mission of CMC and your personal commitment to the community we serve.

On behalf of the CMC administration, governing board, medical staff, associates and patients, we thank you for giving, for caring and for helping us to help others.

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DOMESTIC VIOLENCE: KNOW THE FACTS

IT’S EASY TO go through life thinking that the people we’re closest to will love, support and protect us. But sadly, that isn’t always the case. Each year, millions of Americans are victims of domestic violence—abuse by a spouse or partner.

Domestic violence affects people of every social group. It’s not limited to those of a certain age, income or education level.

If you’re in an abusive relationship, it’s important to know that you have not caused the abuse. Nor can you stop the abuse of another person. But you don’t have to take the abuse, either. Help and support are available.

MORE THAN PHYSICAL Things like hitting, shoving or hair-pulling might be the first things that come to mind when you think of domestic violence. Each of these qualifies. But domestic violence isn’t limited to physical abuse.

It also includes:
- **Psychological abuse.** Things like intimidating someone to cause fear or keeping a person from family, friends or work fall under this category.
- **Emotional abuse.** This involves trying to damage a person’s self-worth or self-esteem. Examples include name-calling or constant criticism or put-downs.
- **Sexual abuse.** This might involve forcing someone to engage in sexual contact or behavior against the person’s will.
- **Economic abuse.** Examples include keeping money from someone or forbidding someone from working or going to school.

These types of abuse can have serious consequences. For instance, according to the U.S. Centers for Disease Control and Prevention, research suggests that about one in nine homicides involves intimate partner violence. Domestic violence may also lead to suicide attempts and can contribute to depression, anxiety and panic attacks.

If children are involved, domestic violence can affect them too. The American Psychiatric Association reports that kids exposed to domestic violence may be at risk for developmental problems. They may also have trouble at school or engage in aggressive behavior themselves.

Thinking that violence is normal, they may grow up to become abusers or victims of abuse.

GET HELP If you believe that you’re living with domestic violence and you could be in danger, leave your home. Go somewhere safe, such as an emergency shelter or the home of a friend or relative.

Take your children with you. And try to take any important papers, keys or money that you can access. If you don’t think you can get out safely, call the police.

You can also talk with someone you trust. This might be a friend, your doctor or a religious adviser.

Men can be victims too

Domestic violence knows no bounds when it comes to race, culture, age, income—or even sex.

Most of those affected are women. But many men are victims too. Research suggests that about 16 percent of the physical assaults on men every year are committed by a current or former spouse, intimate partner, or date. What’s more, nearly 6 percent of all men who are murdered are killed by a spouse, ex-spouse or significant other.

Men may be embarrassed about their situation or concerned that no one will believe them. They might also fear being ridiculed. As a result, they are often reluctant to report these incidents.

But if you’re a male victim of domestic violence, it’s important to realize that you’re not alone—and that there’s nothing to be ashamed of.

Source: National Coalition Against Domestic Violence

ALZHEIMER’S DISEASE

MAKE YOUR HOME SAFER

WHEN MENTAL FACULTIES begin to fail, people with Alzheimer’s disease can make mistakes that are dangerous to their well-being. However, you can find ways to increase safety in your own home, say experts at the National Institutes of Health.

Accident prevention begins with a safety check of every room. If you need help, call on an experienced Alzheimer’s caregiver, an occupational therapist or the Alzheimer’s Association (800-272-3900, or www.alz.org).

Here are a few suggestions to get you started:

**Around the house**

- Display emergency numbers and your home address near all telephones. (You may need them in a hurry.)
- Make sure that all outside doors and windows have secure locks. Hide a spare house key outside in case the person with Alzheimer’s locks you out of the house.
- Cover unused electrical outlets with childproof plugs.
- Remove portable space heaters. If you use portable fans, be sure that objects can’t be placed into the blades.
- Use textured strips or nontoxic wax on hardwood floors, and nontoxic strips or mats in the tub or shower to prevent slipping. Remove scatter rugs and foam pads.
- Install night-lights in hallways, bedrooms, bathrooms and the kitchen.
- Place decals at eye level on sliding glass doors, picture windows and furniture with large glass panels.
- Kitchen and laundry
- Install flat knobs or switch levers on kitchen cabinets.
- Get rid of artificial fruits and vegetables or food-shaped kitchen magnets that might appear to be edible.
- Insert a drain trap in sinks to catch things that may clog plumbing.
- Consider disconnecting the garbage disposal.
- Lock the door to the laundry room, if possible. Otherwise, lock laundry products in a cabinet.
- Bathrooms and bedrooms
- Remove the bathroom door lock to prevent locking from the inside.
- Install grab bars. A color that contrasts with the shower, tub or walls is easier to see.
- Move the bed next to the wall or place the mattress on the floor to help avoid falls.
- Lock up the following items or keep them out of reach:
  - All prescription and over-the-counter medicines. They should also have child-resistant caps.
  - Breakable or dangerous items, such as cleaning products, knives, guns and ammunition, scissors, blades, small appliances, and china.
  - Because Alzheimer’s progresses at a different pace in each person, you may need to review your safety measures to keep up with changes in behavior and function.

**Make the call**

If you are in a crisis situation and require immediate assistance, call 911 or the 24-hour shelter hotline on your island:

- Oahu (Windward) ................................. 526-2200
- Oahu (Town/Leeward) ......................... 841-0822
- Hilo .................................................. 959-8864
- Kauai .................................................. 245-6362
- Kona .................................................. 322-SAFE (322-7233)
- Maui/Lanai .......................................... 579-9581
- Molokai .............................................. 567-6888
IS IT TIME FOR A MAMMOGRAM? DON’T WAIT

If you’re a woman who can easily list a bunch of things that you think are more important than getting a mammogram, here’s something worth remembering: Mammograms take minutes; breast cancer takes lives.

About one in eight American women will get breast cancer. That’s a startling statistic. But there’s much more positive news to focus on.

According to the U.S. Department of Health and Human Services, mammograms—combined with breast exams by a medical professional—are the most effective way to find breast cancer early. That’s when treatment is most likely to be successful—and precisely why mammograms are so important.

What to Expect Mammograms use low-dose x-rays to examine the breasts. Those x-rays are either exposed on film—a traditional mammogram—or stored on a computer—a digital mammogram.

Most mammograms are screening mammograms. They can show suspicious areas when you have no symptoms of breast cancer.

A diagnostic mammogram may be performed if you do have symptoms or if your screening mammogram shows something unusual.

For a mammogram, a technologist positions your breasts, one at a time, in a machine that gradually compresses your breast tissue. This compression may be somewhat uncomfortable, but it’s brief. It makes it possible to get the best image with the least amount of radiation.

Usually two images of each breast are created for a screening mammogram; a diagnostic mammogram requires more images. Once the technologist makes sure that the images are of high enough quality for a radiologist to read, you can leave.

For information about mammography services at Castle Medical Center, call Imaging at 808-263-5166.

According to the American Cancer Society (ACS), a screening mammogram should take about 20 minutes—a diagnostic mammogram will take longer—and you should receive results of your screening mammogram within 30 days.

When to Begin Generally, the ACS recommends starting yearly screening mammograms at age 40. However, your doctor may suggest earlier screenings if you have a higher-than-average risk for breast cancer.

Keep in mind that if a mammogram finds something suspicious, further tests may be needed to determine if you have cancer. Usually these tests show no cancer is present.

It’s also important to realize that not all breast cancers show up on a mammogram.

Still, mammography is the best screening tool for breast cancer available today, according to the Radiological Society of North America. It’s to your advantage to make use of it.

Look Good...Feel Better

Monday, May 19, 3 p.m.

This non-medical, product-neutral program teaches beauty techniques to female cancer patients during treatment to help address appearance-related side effects. FREE. Registration is required; call the American Cancer Society’s Windward office at 262-6124.

Ho’ola Cancer Exercise Program

Come participate in this free, 10-week exercise program to improve and enhance the recoveries of people with cancer and those one to two years in remission. Registration is required. Call 284-5150 or visit www.cancerexercise wellness.org.

Chemotherapy is very good at killing cancer cells. But it also cannot distinguish a diseased cell from a cell that is cancer-free. As a result, normal cells can be damaged during treatment. Cells most likely to be affected are those that divide quickly, such as cells of hair follicles, blood cells, and cells lining your digestive and reproductive tracts. This is why side effects including hair loss, nausea, diarrhea and low blood counts are possible.

Specific side effects vary from drug to drug and may be influenced by dosage. But doctors can take steps to prevent or lessen the severity of many side effects.

What’s more, while some chemotherapy-related problems may be long-term, many are only temporary. Once treatment ends, normal cells that were damaged will often repair themselves.

Looking Ahead Promising research into chemotherapy continues.

In the meantime, if your doctor recommends this treatment for you, he or she will take care to find effective medicines with the fewest possible side effects.
Rebecca Woodland teaches how to eat right for cancer prevention and survival.

**EVENTS**

**16th Annual “I Love Kailua” Town Party**
Sunday, April 27
11 a.m. to 4 p.m.
Kailua Road
“A Taste of Kailua,” plus live entertainment, hand-
made crafts, live plants and orchids for sale, keiki
activities, community information booths, and health
screenings from Castle Medical Center.

**Cardiovascular-Neuro**
**Medical Symposium**
Monday, April 28
9 to 11:00 a.m.
Mid-Pacific Country Club
266 Kaelepulu Drive,
Kailua
A free educational event
presented by the American
Heart Association. Continen-
tal breakfast is included.
Please join Castle Medi-
cal Center and the AHA as
experts present information
on new advances in cardio-
vascular medicine and learn
how you can control your risks for heart
disease and stroke. Call
Danielle Tuta, 457-4970,
for reservations.

**Infant CPR and Safety**
April 8, May 13, June 5
6 to 9 p.m.
$25 per couple.
Does not provide certification.

**18TH ANNUAL ‘CHIP IN FOR CASTLE’**

**JOINT CARE**
**Joint Care Seminars**
Day seminars: Thurs-
days, April 3, May 8,
June 19
10 to 11 a.m.
Evening seminars:
Wednesdays, April 23,
June 4, or Thursday,
June 19
7 to 8 p.m.
Hospital Auditorium
Learn about the causes of
hip and knee pain and how
you can reduce pain
using diet, exercise, medi-
cation or joint replacement
surgery. Get information
on available treatment
options, such as medica-
tion and joint replacement
surgery.

**NUTRITION**
**Nutrition Counseling**
On-going, by appointment
Our certified fitness trainer
tailors a plan for improved
flexibility, strength and
weight loss. Call 263-5050
for more information.

**SCREENINGS**
**HMSA HealthPass**
Thursdays, April 3,
May 1, June 5
An in-depth assessment of
your current lifestyle and
health risks. Free to HMSA
members. Call 948-6456
for an appointment.

**EXERCISE CLASSES**
Registration required (may
include a medical clear-
ance and physical therapy
screening).
- Core Strength
- Freedom of Movement
- Interval Training
- Longer Life
- Morning Stretch
- Osteo-cise
- Pilates
- Steady on Your Feet
- Qigong

**COOKING CLASSES**
Classes meet at 6:30 p.m.
Registration is required.
Fee: $20, due two days
prior to class.

**Super Foods, Super Bodies!**
Wednesday, April 9
Guest chef and author
Jennifer Flynn will help
you discover simple-to-
prepare, nutrient-dense
“fast foods.”

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**SUPPORT GROUPS**
Free and open to anyone
needing support.
- Cancer
- Parkinson’s
- Bereavement

**WEIGHT LOSS**
Individualized Weight
Management Program
Ongoing, by appointment
Comprehensive weight-
loss program with one-on-
one nutrition counseling
sessions and personal
training sessions, menu
planning, fitness classes,
and body composition
analysis. Call 263-5050
for more information.

**Take Shape For Life**
Thursday, April 10, 7 p.m.
Learn about proven weight-
control strategies and
tools. Hear local success
stories. FREE MediFast®
samples. MediFast®
details at www.castlewelness.
tsf.com/tp.