

# to your health

## Key Risk Factors for Heart Disease

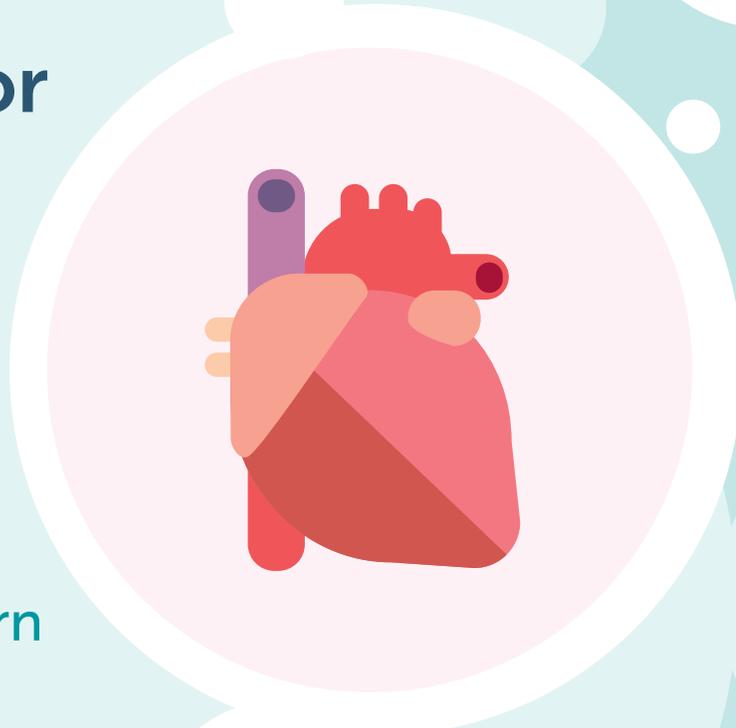
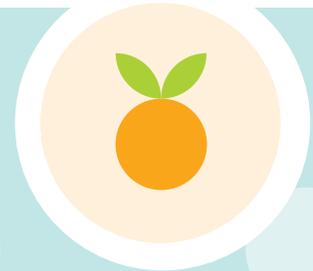


Surgical & Burn Specialists

Breast Cancer Reconstruction

Prostate Cancer: Don's Story

How to Choose an Imaging Center



The Oregon Clinic believes in educating patients and empowering the Portland area community to make informed decisions about their health care.

**TO YOUR HEALTH  
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**Surgical Mission Work:  
The Oregon Clinic  
Doctor's Perspective**



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Dr. Hetal Fichadia, a plastic and reconstructive surgeon at The Oregon Clinic Plastic Surgery, recently traveled to Veraval, India for a surgical mission trip. Over the course of about four days, Dr. Fichadia and three local plastic surgeons treated nearly 70 patients with significant medical issues who could not otherwise afford surgery or treatment.

**WHAT INSPIRED YOU TO PARTICIPATE IN THESE MISSION TRIPS?**

My dad is a general surgeon in India and is really passionate about service. He has organized these trips in conjunction with Rotary International for 38 years, so I grew up in this environment. It's a yearly event – patients know when it's happening and will plan for it.

When he started these trips, he would request surgeons from abroad or from big cities like Mumbai to come. Today, there are more plastic surgeons nearby who can travel there more easily and volunteer their time. I try to go whenever I can, although it's harder now that I have two young daughters.

**WHAT KINDS OF PROCEDURES DID YOU PERFORM?**

We treated burn contractures around the neck, hands, and elbows, open wounds, patients with cleft lip and palate and other congenital facial differences.

Veraval is a small coastal town with no access to plastic surgeons for few hundred miles. Because these conditions are not life-threatening, patients will put off treatment when they don't have access to a local doctor or the money to travel to a plastic surgeon. But waiting affects their quality of life, because they can't straighten their arm or they have a cleft lip.

We don't see that degree of severe burn contractures here in Portland because of early, adequate care for burn victims.

**WHAT IS THE EXPERIENCE LIKE FOR PATIENTS?**

The patients don't pay for anything. A local government hospital opens up their operating rooms for us, and local donors provide food for patients and their families. Most patients end up staying for one or two nights as they have traveled from far away. The youngest was about 10-months-old and the oldest was in her sixties, and they were all incredibly brave.

**WHAT WAS THE MOST MEANINGFUL PART OF THE TRIP FOR YOU?**

I loved collaborating with other surgeons and I learned a lot from both them and the patients. I was really impressed by everyone's resilience and hope in the face of adversity.

I always encourage other doctors to look into similar opportunities, but it's important to go with an organization that has experience and is able to provide follow-up care to these patients. It's not helpful if it's a onetime thing where you go in, operate, and leave. Patients need to have follow-up options available if they need revision or if they need a second planned surgery.



**CHANGING LIVES AT THE OREGON CLINIC  
Surgical & Burn Specialists**

**B**urn injuries are a significant problem in the United States. In 2016, there was an estimated incidence of 486,000 burn injuries receiving medical treatment and 3,275 people dying from fire or smoke inhalation. One civilian fire death occurs every 2 hours and 41 minutes and the odds of a US resident dying from exposure to fire, flames, or smoke is 1 in 1,442.

Thankfully, the vast majority of burn injuries can be treated as an outpatient, but many injuries do require hospitalization. In 2016, there were 40,000 hospitalizations related to burn injury, with a survival rate of 97 percent.

The Oregon Clinic (TOC) Surgical and Burn Specialists has been verified by the American Burn Association and the American College of Surgeons and serves as the only burn center in Oregon. We provide quality care for patients suffering from burn injuries, necrotizing soft tissue infections, and complex skin conditions such as Stevens Johnson Syndrome and Toxic Epidermal Necrolysis.

TOC Surgical and Burn Specialists treats approximately 250 burn admissions and 100 other complex admissions per year, along with 2,100 clinic visits and nearly 900 consults from other hospitals. Flame burns are the most common type

of burn injury seen in all ages other than children less than 5 years old, who are most commonly treated for scald burns.

Besides treatment, TOC Surgical and Burn Specialists also has an active outreach program where staff visit and engage hospitals throughout Western, Eastern, and Central Oregon. Educational efforts have included classes in Advanced Burn Life Support and review of cases treated and referred to the clinic from the referring hospitals. These efforts were recently recognized nationally by the American Burn Association as a key strength of TOC Surgical and Burn Specialists.

TOC Surgical and Burn Specialists also has an active burn survivor program that helps survivors return to their normal lives through work and school reentry programs. Recently, the team traveled to Eastern Oregon to help a six-year-old girl return to school following recovery from a months-long hospitalization to treat her extensive burn injuries. Her classmates and teachers were educated on burns and ways that a child may be different following a burn injury – and both the child's family and

school were grateful for the visit. The staff is also working on creative ways to reduce patients' pain after burn injury, particularly the pain that occurs with necessary care to help burn wounds heal without infection or complications. One treatment uses virtual reality, which has been shown to help reduce the amount of pain medication required.

Their success with this treatment was recently featured by Oregon Public Broadcasting, as well as the *Journal of Burn Care and Research*.

Like many medical conditions, especially traumatic injuries, prevention efforts are critical. The first week of February

is annually designated as Burn Awareness Week and the American Burn Association has many burn safety tips on the Prevention tab of the website ([ameriburn.org](http://ameriburn.org)).

**Recently, the team traveled to eastern Oregon to help a six-year-old girl return to school following recovery from a months-long hospitalization to treat her extensive burn injuries.**



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# Prostate Cancer: DON'S STORY

**Like many men his age, when Don turned 50, his primary care physician began testing the prostate-specific antigen (PSA) levels in his blood, a common screening method for prostate cancer.**

While he has practiced family law as an attorney for the past 22 years, Don previously served in the Navy and Navy Reserve. "I spent a long time in the Navy, so I approach my healthcare in the same way – following orders. I place a lot of trust in my doctor. So I didn't really give much thought to the PSA testing."

Although his PSA levels had never been high before, Don's doctor noticed that the levels had started trending upwards, which could indicate a potential problem. Out of an abundance of caution, his physician sent him to see an urologist who performed a biopsy. As it turned out, the biopsy revealed that Don, at age 52, had stage II, intermediate risk prostate cancer. "I really owe her for being on top of it," Don says.

When Don first received the diagnosis of prostate cancer, it was shocking and "a little bit life-altering." With a young family and demanding job, Don had a lot on his plate without the added stress of thinking about cancer treatment and worrying about what might happen. Don was fortunate that his prostate cancer was detected and diagnosed early and quickly.

Prostate cancer is the second leading cause of cancer death in American men, after lung cancer. About one man in nine will be diagnosed with prostate cancer during his lifetime. The good news is that prostate cancer is very treatable. In fact, more than 2.9 million men in the U.S. who have been diagnosed with prostate cancer at some point are still alive today.

After discussing with his urologist, Don's doctor referred him to Dr. Stephen Bader at The Oregon Clinic Radiation Oncology. Because Don's cancer was caught fairly early, a variety of options were available. Dr. Bader presented Don with two courses of action that have roughly the same survival rates: surgery or radiation. After careful consideration, Don decided to go with the less invasive route that would have the least impact on his day-to-day life – radiation. With radiation, he would only be a little less productive at work but could still go into the office, instead of needing to recover from surgery for weeks. Plus, the side effects from radiation seemed more manageable to him as surgery could require the use of a catheter or pads afterwards. For Don, radiation was the clear choice: "Why would I want to get cut open and have a piece of my body removed? The outcomes were nearly identical, except radiation is less dramatic, less 'slash and burn'."



**"Why would I want to get cut open and have a piece of my body removed? The outcomes were nearly identical, except radiation is less dramatic, less 'slash & burn'."**

**Throughout treatment, Don was able to maintain his day-to-day routine and experienced minimal side effects and discomfort.**

Together, Don and Dr. Bader determined the first step in his treatment would be high-dose rate (or HDR) brachytherapy, a new state-of-the-art technique that delivers radiation from a temporary implant placed inside the prostate. "HDR brachytherapy is a new, high-quality technique that provides shorter, stronger, and more precise radiation treatment," says Dr. Bader. "We're excited to offer our patients the most effective treatment available to preserve men's quality of life and reduce the risk of side effects."

HDR temporary brachytherapy offers several advantages compared to a traditional low-dose rate (LDR) permanent seed implant. No radiation safety precautions are required for family at home with a temporary HDR implant, especially important for men around grandchildren and pregnant women. Also, with LDR, the permanent radioactive seeds may shift position after the implant procedure so the actual dose delivered may be different from what was planned. This can result in an unintended higher dose to the urethra, bladder, or rectum. With HDR the radiation is delivered quickly over several minutes but there are no permanent seeds left behind so there is no risk of seed migration.

As part of his treatment, two weeks after his high dose rate brachytherapy, Don received lower doses of external beam radiation therapy (EBRT), a common type of radiation therapy, to improve odds of success for his particular prostate cancer. EBRT is a lot like getting a regular x-ray, and is painless and takes only a few minutes. EBRT uses high-energy beams to kill cancer cells while sparing as much of the surrounding tissue as possible.

After several weeks, Don's radiation treatment course was concluded. Thanks to early detection and radiation treatment, Don faced his cancer and received a clean bill of health in September. Throughout treatment, Don was able to maintain his day-to-day routine and experienced minimal side effects and discomfort. He is back at work full time and looking forward to continuing to spending time with his wife and two daughters, ages 10 and 15. "I know it could have been a lot worse, so I'm grateful to Dr. Bader for helping me decide on the best course of treatment," says Don.

## Cholesterol Q&A: Key Risk Factors for Heart Disease

### WHAT ARE COMMON RISK FACTORS FOR HEART DISEASE?

Heart disease is the number one cause of death and suffering in the U.S. Traditionally accepted risk factors are age, family history of heart disease, smoking, diabetes, high blood pressure and high cholesterol. Some factors, like age and family history, are out of one's control. But other risk factors can be managed through lifestyle choices, especially changes in diet and increased physical activity. "Although medications are proven to help address common risk factors, commitment to daily healthy living until it becomes a habit is a prerequisite for heart disease prevention and management," says Dr. Sandeep Garg, The Oregon Clinic Cardiology.

### WHAT IS THE CONNECTION BETWEEN HIGH CHOLESTEROL AND HEART DISEASE?

Cholesterol buildup and heart disease start with repeated insults to the endothelium (inner lining of the vessels) over several years. Daily lifestyle choices such as smoking and poor diet lead to repeated damage to the endothelium. This causes local inflammation and cholesterol deposition, which then causes narrowing of the blood vessels, heart attacks and premature death.

### HOW CAN HIGH CHOLESTEROL LEVELS BE TREATED?

The most popular pharmaceutical treatment is statins, a class of drugs that lowers the level of cholesterol in the blood. These medications work very well and have decades of clinical data to support their use in decreasing the risk for heart attack. However, relying only on statins partially protects you from heart attack. "In my opinion, eating exceptionally healthy is even more important than statins if someone wants to significantly lower their heart disease risk," says Dr. Garg.

### WHAT ARE THE PRIMARY SOURCES OF HIGH CHOLESTEROL IN A TYPICAL DIET?

Almost all animal products contain saturated fats and raise cholesterol. A major misconception is that only red meats cause heart disease. The fact is that all animal products, such as butter, cheese, milk, eggs and several lean meats do the same damage. Processed "junk foods" containing hidden hydrogenated oils also contribute to high cholesterol, weight gain, obesity and diabetes. Even most of the common oils used for cooking can raise cholesterol levels.

### HOW CAN PATIENTS AVOID THESE RISK FACTORS?

Along with pharmaceutical methods to treat cardiovascular risk factors, many studies have shown that developing healthy diets low in saturated fat and high in fiber can help reduce the risk of heart disease in adults. When you eat an unprocessed plant-based diet, you automatically reduce your calorie consumption, salt consumption, fat consumption and at the same time increase consumption of several macro and micronutrients and fiber. "I believe the best way to prevent heart disease and several other chronic health conditions is to eat a whole food, plant-based diet," says Dr. Garg. "If you want to lower your risk of heart disease (and many other non-cardiac chronic conditions, including diabetes) you should invest time and effort in long-term strategies like diet, exercise, and commitment to a healthy lifestyle."



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## BREAST CANCER RECONSTRUCTION: Surgeons Collaborate To Help Patients

**F**or patients undergoing treatment for breast cancer, deciding on a surgical option can be a distressing experience. Fortunately, when surgeons work together to collaborate on a course of treatment, patients have a smoother experience with better outcomes and feel more supported throughout the process. With all the recent advancements in breast cancer reconstruction, collaboration between surgeons has become an important part of patient care. At The Oregon Clinic, our general surgeons work in tandem with our plastic surgeons to ensure patients receive the best treatment possible and help them feel less victimized by cancer.

**"Having a team approach is very reassuring for patients. And for surgeons, collaboration is beneficial because you can see the problem from a different lens and find a new perspective for treating the patient."**

When patients undergo breast reconstruction surgery, the general surgeons and plastic surgeons at The Oregon Clinic will collaborate to ensure the best possible results from diagnosis, to completion of reconstruction, and long-term follow-up. Because of the range of specialties we treat at The Oregon Clinic, collaboration between surgeons comes naturally here. "Having a team approach is very reassuring for patients. And for surgeons, collaboration is beneficial because you can see the problem from a different lens and find a new perspective for treating the patient," says Dr. Bruce Webber, Plastic Surgeon at The Oregon Clinic.

The collaboration process typically begins once the general surgeon has met with the patient and discussed their surgery options, depending on the stage and condition of their cancer. They will then refer the patient to the plastic surgeon, who will discuss their options for reconstruction. The collaborative role of both surgeons is to help patients fully understand their illness and treatment options while applying the latest evidence-based recommendations and surgical techniques to their reconstruction. "Communication with the patient is the first step in treating their malignancy," says Dr. Webber.



After deciding on the best course of treatment, the surgeons will work side-by-side in the operating room – literally across the table from each other – working to reduce time in surgery and collaborate on incision placement. "It can be challenging in the beginning, but once surgeons are comfortable working together and anticipating each other's techniques, we can achieve a better outcome for the patient. It's a true partnership," says Dr. Chelsea Hardin, General Surgeon at The Oregon Clinic.

A typical breast reconstruction collaboration involves combining a breast lift or mastopexy with a lumpectomy (a partial mastectomy). A patient with large, heavy breasts can have difficulty with radiation treatment, so a lumpectomy can make radiation easier and more effective. After radiation, the breast will shrink and the patient is left with smaller, lifted breasts that are more even and less prone to back pain or discomfort.

Some breast cancers may require a mastectomy, which is the removal of the entire breast. In these situations, The Oregon Clinic general and plastic surgeons collaborate to optimize both the oncological (cancer care) and reconstructive results. Skin sparing and, when appropriate, nipple sparing procedures help preserve the breast skin, nipple and areola for better cosmetic results and less scarring. The plastic surgeons can then offer options for reconstruction that fit the patient's needs. "Women with breast cancer are facing a particularly challenging time in their lives," says Dr. Shaghayegh Aliabadi-Wahle, General Surgeon at The Oregon Clinic. "Our goal as a team is to provide not only optimal cancer care, but to preserve our patients' body image which can positively impact their quality of life."

**To learn more about our breast surgery options, visit our [OregonClinic.com](https://www.oregonclinic.com) or call 503-488-2344.**



## THREE TIPS TO REDUCE CHOLESTEROL

**1** Reduce the amount of processed foods, fats and oils you consume.

**2** Find a regular exercise routine that fits your lifestyle.

**3** Try doing a "meatless Monday" each week to bring variety to your diet.





# Choosing an Imaging Center

If you or your family member need an MRI, CT scan, Ultrasound or X-Ray, you have options when it comes to choosing where you have imaging performed. Cost, quality, availability, ease and comfort are all important factors in helping you to choose where to get your imaging.

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## THE OREGON CLINIC UPDATES:

### OB/GYN Clinics Are Changing Their Names

As of July 1, Everywoman's Health is now **The Oregon Clinic Obstetrics & Gynecology North**, and Women's Health Today is now **The Oregon Clinic Obstetrics, Gynecology & Midwifery East**. They will continue delivering the same quality service while remaining at their current locations.

### The Oregon Clinic Gastrointestinal & Minimally Invasive Surgery—West, Urogynecology, & Westside Surgical Specialists Moving Suites

To increase our efficiency, these clinics moved to a larger suite that better accommodates patient needs. On October 8, the clinics relocated to Suite #735 in their current building.

**9155 SW BARNES ROAD, SUITE 735  
PORTLAND, OR 97225**

### Release of Information (ROI) Department Moving Suites

Our administrative offices are also expanding. Beginning October 22, you can find the ROI department at Suite #300 at our Central Administration office.

**847 NE 19TH AVE, SUITE 300  
PORTLAND, OR 97232**

### The Oregon Clinic Gastroenterology South Newberg Clinic Opened September 24

It's our privilege to expand our GI South services to better serve our community. Our new medical office and endoscopy center in Newberg opens September 24, offering colonoscopies, general GI care, and more.

**879 PROVIDENCE DR.  
NEWBERG, OR 97132**

**THE OREGON CLINIC**