Hopeful to Hear Again

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Colon Cancer FAQ

No one looks forward to colon cancer screening, but it is an important tool to help you stay healthy. Find out the answer to some commonly asked questions below.

**Q:** Is there a diet I can eat to prevent colon cancer?

**A:** A diet that is high in fiber may offer some degree of protection from developing colorectal cancer. The degree to which dietary fiber intake reduces the development of adenomas or CRC is uncertain since the results of studies have been conflicting.

Reducing consumption of red meat, animal fats, and foods that have been processed, salted, smoked, or cured may have beneficial effects. If you choose to consume red meat, choosing lean cuts, and limiting intake to two four-ounce portions per week may be a reasonable compromise.

**Q:** Can young people get colon cancer?

**A:** Technically, anyone of any age can get colon cancer, and one in twenty people will be diagnosed in their lifetime. However, 90 percent of people diagnosed are over age 50.

Colon cancer in younger individuals has been on the rise in the past few years.

Knowing your family history is one step towards preventing colon cancer. If you have a family history, you should begin screening younger than 50 with more frequency. Talk to your primary care provider about screening guidelines.

**Q:** I found blood in my stool. Could I have colon cancer?

**A:** Bleeding may be a sign of colon cancer. If you see blood in your stool, don’t panic. Certain conditions may cause rectal bleeding, not just colon cancer.

You should see a doctor as soon as possible, and they can help get a correct diagnosis and properly treat you.

Colon cancer often times has no symptoms, but might include:
- Change in bowel habits (diarrhea or constipation)
- Stomach or gas pains
- Narrow stools
- Unexplained weight loss
- Fatigue

**Q:** Does having a digestive disease put me at higher risk for colon cancer?

**A:** Certain conditions may increase your risk of colon cancer. If you have an inflammatory bowel disease (IBD) such as ulcerative colitis, collagenous colitis, or Crohn’s disease, you have a higher risk and should talk to a doctor about screening recommendations.

Those with irritable bowel syndrome (IBS), Celiac disease, and diverticular disease are not at higher risk of getting colon cancer.

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Those with irritable bowel syndrome (IBS), Celiac disease, and diverticular disease are not at higher risk of getting colon cancer.
Irritable Bowel Syndrome (IBS) is extremely common. Many studies indicate that up to 20% of American adult individuals may suffer from IBS, although this condition does not discriminate against age or race, it does tend to be more common in women than in men.

What causes IBS?

Unfortunately, the causes of IBS are not yet well understood. Currently, much research about this disease is ongoing. Several theories exist based on research and understanding of the gastrointestinal tract:

• One theory relates to food sensitivity (not to be confused with food allergies). It is theorized that IBS may be related to poor digestion or absorption of some carbohydrates (sugars) in affected individuals. Some diets to counteract IBS have been successful.

• Another theory suggests that individuals suffering with IBS may have a disruption in the nervous signals between the brain and GI tract or intestinal nerves.

• IBS is often found in association with mental health disorders, such as anxiety, depression, or stress. These disorders heighten the neurochemicals in the body that increase IBS symptoms.

• Lastly, researchers have shown that IBS may be linked to bacterial overgrowth in the small intestine or disruption in the normal bacterial flora of the GI tract which may occur after a gastrointestinal infection (such as bacterial gastroenteritis, food poisoning, infectious colitis, etc).

How is IBS diagnosed & treated?

IBS is often a diagnosis of exclusion. This means that other important conditions and diseases that may be contributing to IBS-like symptoms must be ruled out to ensure that a correct and accurate diagnosis is given.

Once a diagnosis is established, a route of treatment that will work best for the patient’s comfort level and lifestyle can be established. Tracking and monitoring patient symptoms is an important part of making sure the treatment is successful.

UP TO 20% of Americans may suffer from IBS

How do I know if I need to see a gastroenterologist?

Symptoms of special concern and alarm include unexpected weight loss, vomiting, severe abdominal pain, dramatic change in bowel habits, and bleeding. Also, if your gastroenterology problems are unmanageable or you cannot function with your symptoms, it is recommended you see a doctor.

How does a nutritionist play a role in IBS management?

As mentioned previously, those with IBS may have a sensitivity to certain short-chain carbohydrates called Fermentable Oligo-Di-Mono-saccharides and Polysaccharides, or FODMAPs for short. These poorly absorbed carbohydrates are favorite foods for the bacteria that normally live in the digestive tract. When bacteria eat the FODMAPs, they produce gas in a process called fermentation. The production of gas by these bacteria is a major contributor to IBS symptoms including abdominal pain, intestinal gas, bloating, and change in bowel habit.

A team of researchers in Australia at The Monash University developed a dietary approach to help minimize IBS symptoms. It is called the low FODMAP diet.

The low FODMAP diet is a “learning diet” and should be undertaken with guidance from a registered dietitian who has been trained in the area.

The diet eliminates high sources of FODMAPs for a period of 2 to 6 weeks. During the elimination phase, you eat foods that are least likely to provoke gastrointestinal symptoms. Because FODMAPs have a cumulative effect, we reduce the total FODMAP load consumed at each meal or across the day.

After this, your dietitian will guide you through re-introduction of FODMAP categories in a systematic manner in order to identify your personal triggers.

The ultimate goal is to be able to gradually increase to levels well-tolerated by the individual and achieve and maintain the most healthy, well-balanced diet tolerated.

Tina Patnode is a Registered Dietitian Nutritionist.

oregonclinic.com/nutrition
In early spring of 2012, Jacob was taking care of some yard work when he suddenly noticed his right ear felt clogged. As a lifelong guitar player and music enthusiast, the sensation was annoying, but he did not think much of it at the time. For the following three weeks, he assumed he simply had a sinus issue and he tried to take care of it at home. When the feeling did not subside, Jacob decided to seek treatment at The Oregon Clinic Ear, Nose & Throat - Plaza with Dr. Justin Rufener. When an initial strong dose of steroids from Dr. Rufener failed to relieve Jacob’s discomfort, Jacob underwent a series of tests and evaluations with audiologist Wayne Brown.

It was then discovered that Jacob had completely lost the hearing in his right ear. The cause of Jacob’s hearing loss was ultimately determined to be idiopathic, which means unknown.

Hearing loss is common in adults. According to the National Center for Health Statistics, about 20% of American adults report some form of hearing loss. At age 65, the number of those experiencing hearing loss increases to 30%.

**Solution One: Hearing Aid**

Since the hearing that remained in Jacob’s left ear was unable to fully compensate for the sudden loss of hearing in his right ear, he would need to get a hearing aid in order to hear. For the next six months, he tried hard to utilize a hearing aid. However, he still found it was difficult to hear in many situations.

“My hearing loss affected everything about my social and work life,” Jacob said. “I could not hear other people when driving and I could not hear in social settings.”

**Solution Two: Bone Anchored Implant**

Jacob and Dr. Rufener next determined Jacob could benefit from a hearing device called a bone anchored implant (BAI).

“In Jacob’s case, the BAI was initially a good choice because he had lost all functional hearing in the
right ear, but still had hearing in the left ear,” Dr. Rufener said. “This allowed us to implant the bone-anchored device next to his right ear and attach a vibratory processor which would use the sound conducting properties of the bone of his skull to route sound to his good ear.”

For the next two and a half years, the BAI drastically improved Jacob’s hearing, allowing him to function normally at work and at home. Then, during the winter of 2015, Jacob suffered a severe upper respiratory virus. The illness deteriorated the remaining hearing in his left ear, which meant that the BAI could no longer benefit Jacob.

The Solution: Cochlear Implant

Upon Dr. Rufener’s recommendation, Jacob next met with Dr. Warren at The Oregon Clinic Westside Ear, Nose & Throat to explore possible next steps. After further testing with audiologist Lindsey Hill, AuD, the three of them determined that Jacob would be an excellent candidate for a cochlear implant.

“A cochlear implant is an implanted device that uses electricity to stimulate the hearing nerve,” Dr. Warren said. “There are two components to the implant: one that is internal and placed during surgery and one worn on the outside to power and stimulate the interior portion.”

A cochlear implant differs from a hearing aid, which merely amplifies sounds, in that it replaces improper or non-functioning components of the inner ear. Unlike hearing aids, cochlear implants are often covered by insurance plans, including Medicare.

UP TO 20% of Americans report some form of hearing loss

“I was impressed with how Dr. Warren explained and simplified the cochlear implant process,” Jacob said. “He was very personable, listened patiently, had a sense of humor, and gave me confidence and hope. I decided I had way more to gain than lose.”

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A common misconception is that cochlear implants are only for people who are completely deaf. According to Dr. Warren, this is not true—many people on the hearing spectrum can benefit from a cochlear implant. The only way to know for certain is to have a formal evaluation with an audiologist.

“The cochlear implant brought volume and clarity I had not had in many years,” Jacob said. “I left their office feeling like the world of hearing had been awakened.”

Over the next eight months, Dr. Hill worked with Jacob to adjust his implant settings. Jacob continued to experience changes and improvements in his ability to hear in most any situation, including his favorite hobby, music.

“The cochlear implant is not supposed to help music a great deal, but it has allowed me to continue to play, record, and appreciate all types of music,” Jacob said. “It is not perfect, but with time and experimentation, I can enjoy listening and playing.”

Jacob’s surgery with Dr. Warren was scheduled soon after he received approval from his insurance company. Before and after his surgery, Jacob had several meetings with Dr. Hill, who helped Jacob understand the ongoing in-office adjustments and at-home practice that would be required alongside his surgery.

“There is a lot of commitment that is required with a cochlear implant,” Dr. Hill said. “Above all is having patience while your brain adjusts to hearing in a brand new way.”

Can I treat my hearing loss?

Nearly all types of hearing loss are treatable. Below are some of the main types of hearing aids and devices available. An audiologist can identify and assess your hearing-related concerns and work with you to find the most appropriate solution.

Behind the Ear (BTE)

BTE hearing aids sit above the ear and deliver sound to the ear via an ear mold.

Receiver in the Canal (RIC)

RIC hearing aids place the receiver in the ear canal. These are the most common style.

In the Ear (ITE)

ITE hearing aids range from tiny aids that fit into the ear canal to custom products that fill the ear.

Bone Anchored Implant (BAI)

A BAI is implanted directly into the skull to act as a hearing aid in people who have one-sided hearing loss.

Cochlear Implant

A cochlear implant is a surgically implanted device that uses electricity to stimulate the hearing nerve.

The descriptions above are only an overview of the options available to treat your hearing loss. Our Ear, Nose & Throat Physicians and audiologists located throughout Portland can help you determine the best option for you.

The Oregon Clinic has over 20 board-certified Ear, Nose & Throat physicians and audiologists at six locations in the Portland area.

oregonclinic.com/earnosethroat

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Varicose Veins
Are they more than a cosmetic concern?

Yes. Varicose veins are a unique vascular condition that, if left untreated, can also have serious health consequences, such as permanent skin damage and weeping sores around the foot and ankle. Fortunately, minimally invasive techniques have improved vein treatment options dramatically in recent years.

What are varicose veins?
Varicose veins are swollen veins in which contents are stagnant or refluxing. When the valves in veins fail, blood can accumulate under pressure, engorging and distorting the veins. This can result in aching, tired, and swollen legs. These veins can also cause muscle cramps and a general restlessness in the legs.

How common are varicose veins?
Approximately half of the U.S. suffers from varicose veins—50 to 55 percent of women and 40 to 45 percent of men.

What are the risk factors for varicose veins?
- Genetics
- Long Periods of Standing
- Pregnancy
- Long Periods of Sitting
- Age
- Obesity

What are my treatment options?
The surgeons at The Oregon Clinic are board-certified specialists in correcting and diminishing varicose and spider veins. Utilizing the best in minimally invasive practices, they perform corrective procedures in a comfortable office environment.

Some of the minimally invasive treatment options at The Oregon Clinic include:
- Endovenous Laser Treatment
- Endovenous Radiofrequency Ablation (EVRFA)
- Ligation
- Phlebectomy
- Sclerotherapy
- Stripping

Learn more about our vein treatment options at oregonclinic.com/vein

Top 5 Reasons

You Should See a Vein Specialist

1 Resolve Your Pain
Varicose veins may cause leg swelling, cramping, restless legs, heavy legs, throbbing legs, and general discomfort. Without treatment, these symptoms may limit an active lifestyle.

2 Renew Your Confidence
Feel comfortable in your swimsuit this summer. Varicose vein treatment may improve swelling in the legs and may reduce or eliminate bulging varicose veins and spider veins.

3 Avoid Discomfort Later
Using compression stockings can be hot and uncomfortable and doesn't fix the underlying problem. Vein closure or ablation fixes the underlying problem.

4 It’s Been Proven to Help
Many patients reveal that their legs feel great after treatment. They often state that they never knew how much their legs were bothering them until they fixed the problem.

5 You’ll Regret Delaying
Waiting too long can lead to larger, more extensive varicose veins, irreversible skin changes and skin ulcerations. Delaying treatment can require complex procedures and longer recovery.
More than five million people in the U.S. are living with a hernia and about 30% of adults will develop a hernia during their lifetime. It is estimated that thousands of people avoid seeking help for a hernia because they fear a painful, long recovery. However, hernia specialists trained in minimally invasive techniques can make hernia treatment relatively quick and painless.

What is a hernia?
A hernia is a small sac of tissue that protrudes through an opening in various parts of the body. There are many types of hernias:

- **An inguinal hernia** occurs in the stomach wall near the groin. These are the most common type of hernia.

- **A ventral hernia** occurs in a weakened area of the abdominal wall.

- **A femoral hernia** occurs in the area between the abdomen and the thigh. These often result from pregnancy and childbirth.

- **An incisional hernia** occurs in a weakness created by a previous surgery. These can develop right after or years after a surgery.

- **An umbilical hernia** can occur in the naturally weakened area of the navel where the umbilical cord was attached.

How can I avoid a hernia?
Anything that puts pressure on the muscles—obesity, heavy lifting, strenuous sports, straining during bowel movements, even prolonged bouts of coughing or sneezing—can result in a hernia. A healthy diet and core strength training can help you avoid a hernia.

Why should I treat my hernia?
Many people overlook their hernia, figuring it will eventually go away. But this is a myth. Once you have a hernia, it’s there forever, until you have it repaired. If left untreated, hernias will increase in size and become more painful. Hernias should be evaluated and not ignored.

What are the risks of a hernia?
Untreated hernias can lead to bowel obstruction, which causes severe pain, vomiting, and the inability to pass a bowel movement. They can also lead to more lethal complications, such as intestinal strangulation, which requires emergency bowel resection and if not done quickly enough, can lead to sepsis and ultimately, death.

How can I treat my hernia?
Using new treatment options, some hernias can be repaired in less than an hour on an outpatient basis. Current techniques require only a small incision and local anesthesia. These techniques use reinforcing mesh to provide strength and durability and have replaced traditional methods of suturing hernias, which have a high failure rate and result in more pain.

Not all surgeons are experienced in repairing hernias. Hernia specialists, like those at The Oregon Clinic, perform hundreds of hernia repairs each year and are trained in the most modern surgical techniques.

Who is at risk for a hernia?

- Age, smoking, and obesity are three of the primary risk factors for developing a hernia. However, hernias can happen to anyone. Babies can be born with hernias and many young men get inguinal hernias as well.

- **Heavy lifting, strenuous sports, straining during urination or bowel movements, and even prolonged bouts of coughing or sneezing can result in a hernia.**

- Hernias can also result from a weakened spot in the abdominal wall of a woman who has had a Cesarean section.
Say Hello to Our New Pulmonary Group!

We are excited to welcome the Oregon Pulmonary Associates (OPA) on April 1. The group will be changing their name to The Oregon Clinic Pulmonary, Critical Care and Sleep Medicine - West, and will continue serving patients at their three locations at St. Vincent’s Hospital, Newberg, and Tualatin.

OPA’s practice, established 37 years ago, includes experts who treat a range of lung conditions including acute respiratory failure, asthma, sleep apnea, pulmonary arterial hypertension, and insomnia.

Request an appointment at oregonclinic.com/pccsm-west

Taking Steps with the CCFA

For the past eight years, the Oregon Clinic’s Gastroenterology specialty has partnered with the Crohn’s and Colitis Foundation of America (CCFA) to help support their mission of curing Crohn’s disease and ulcerative colitis.

Take Steps is CCFA’s annual walk in Portland, which raises money for research, creates awareness and community, and empowers patients so they don’t feel alone in their journey. This year the walk will be held at Oaks Park on May 15. Patients and allies can come together for a day full of music, food, local entertainment, and support.

The CCFA is a non-profit, volunteer-driven organization that was founded over 40 years ago. They provide resources for more than 300,000 people annually and more than 80 cents of every dollar spent goes towards research, education, and support services.

Want to get involved? More information and walk registration available at ccfa.org

Top 5 Reasons

To Get Your Imaging at The Oregon Clinic Diagnostic Imaging Center

1. Easy access & fast results
   Often have same-day availability and 24-hour turnaround for reporting.

2. Patient-friendly
   99% patient satisfaction ratings. Easily accessible with free parking & public transportation access.

3. Low Radiation
   State-of-the-art equipment means 50-70% less radiation for CT Scans.

4. Highest-quality
   Digital, low-radiation CT & MRIs read by sub-specialized radiologists.

5. Cost-effective
   Our services are, on average, at least 25% lower than at area hospitals.

(503) 963-2990
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