NEW YEAR, NEW YOU

NEW IN THE U.S.
THE WEIGHT LOSS BALLOON

THREE MYTHS ABOUT
URINARY INCONTINENCE

FODMAP FRIENDLY LIVING

COLITIS:
PAMELA’S SOTRY

CONGRATULATIONS TO OUR
2016 TOP DOCTORS & NURSES

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MAKE 2016 THE YEAR YOU QUIT

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NEW IN THE US: THE WEIGHT LOSS BALLOON

A pproximately one in three adults in the United States is obese, according to the Center for Disease Control and Prevention. The health consequences of obesity are staggering: it dramatically increases the risk of heart attack, stroke, colon cancer, breast cancer, diabetes, and coronary heart disease. The last of these, coronary heart disease, is also the number one killer of men and women in the United States.

The health benefits of losing weight are clear. Yet trying to lose weight through diet and exercise alone can be frustrating as an adult. Modern lifestyles have become increasingly sedentary and as adults grow older, their metabolisms decline and their natural energy levels decrease. Being overweight exacerbates both of these problems, which may slow results from diet and exercise alone.

Surgical weight loss options have advanced significantly in recent years. Traditional weight loss surgeries, such as gastric bypass and sleeve gastrectomy, can now be performed laparoscopically, which means a small incision and as adults grow older, their metabolisms decline and their natural energy levels decrease. Being overweight exacerbates both of these problems, which may slow results from diet and exercise alone.

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FODMAP Friendly Living
Collagenous Colitis: Pamela’s Story

Most people only think about the bathroom when they have to go. But for Pamela G., a 69-year-old Portland native, bathrooms were all she could think about.

Four years ago, at age 65, she started having bouts of unexpected diarrhea. “My whole life I had never had any problems, but now I was having accidents unexpectedly and frequently,” Pamela said. “I started planning my days around places I knew had bathrooms and began turning down social events with friends because I was so embarrassed that I would have an accident in front of them.” She coped with her unexplained symptoms by carrying Poise pads and gloves everywhere she went in case an accident happened.

But enough was enough. Pamela decided to see a gastroenterologist and find out what was wrong. She made an appointment with Dr. Doug Shumaker, who scheduled her for a colonoscopy based on her symptoms.

One exam, biopsy, and round of tests later, she had her answer: Collagenous Colitis, an inflammatory bowel disease. Symptoms of this disease include frequent bowel movements of diarrhea and abdominal cramping.

“After we had Pamela’s diagnosis, I prescribed her a medication that usually reduces symptoms,” Dr. Shumaker said. But after a few months on it, it wasn’t helping. So another drug was prescribed, and Pamela started seeing improvements, but not a lot. “I was still extremely concerned about going anywhere that I knew didn’t have bathrooms. Being active just wasn’t a possibility anymore,” Pamela expressed.

Out of drug treatment options, but committed to helping Pamela feel better, Dr. Shumaker referred her to Tina Patnode, a registered dietitian nutritionist (RDN) who specializes in digestive health. After reviewing Pamela’s symptoms, Tina suggested she try a low FODMAP diet.

“What is collagenous colitis?”

Collagenous colitis is less common than other forms of inflammatory bowel disease, such as Ulcerative Colitis or Crohn’s Disease. Symptoms of this disease include frequent bowel movements of diarrhea and abdominal cramping.

“The low FODMAP diet

FODMAP stands for Fermentable Oligo-Di-Monosaccharides and Polyols. These are certain carbohydrates that are osmotic, meaning they pull water into the intestinal tract. They may not be well absorbed when eaten in excess, causing diarrhea. The low FODMAP diet was developed in Australia in 1999 and is backed by research from Stanford University Medical Center. Originally, the diet was intended to help treat irritable bowel syndrome (IBS), but has now grown to help alleviate the symptoms of other digestive diseases. “A recent trial found that 7 out of 10 people with severe IBS had symptom improvement while on the low FODMAP diet,” Tina said.

One exam, biopsy, and round of tests later, she had her answer: Collagenous Colitis, an inflammatory bowel disease that typically affects women ages 50 and over.

“Getting that diagnosis was terrifying. My mother suffered from many different GIs, issues, had lots of surgeries, and eventually passed away at an early age from Collagen’s Disease…I didn’t know if my condition was related or not,” Pamela said.

But Pamela’s return to normalcy

In less than a week, I was symptom free. I absolutely could not believe it,” Pamela shared. But the journey didn’t end there. After 2-6 weeks of eliminating all high FODMAP foods, the Challenge Phase begins, which involves reintroducing each food group slowly into the diet over the course of a few weeks. “Most people don’t need to eliminate all foods with FODMAPs in them, just the ones that are triggers for their gastrointestinal issues,” Tina said. “That’s why we start incorporating foods back in, so that we can see which ones are causing the problems.”

 Armed with flyers, pamphlets, and books about the diet, Pamela started with the first stage of the diet, the Elimination Phase, where she eliminated all high FODMAP foods from her diet. “I knew implementing this diet wasn’t going to be easy, but it had gotten to a point where I was going to try anything to get better,” Pamela said.

Pamela’s return to normalcy

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What is a low FODMAP diet?

FODMAPs. A low FODMAP diet aims to reduce foods that are high in fructose, lactose, fructans, galactans, and polyols.

Examples of FODMAPs include:

- Fructose: certain fruits, honey, and high fructose corn syrup (HFCS)
- Lactose: milk and milk products
- Fructans: wheat, rye, onions, garlic, and inulin
- Galactans: beans, lentils, legumes such as chickpeas
- Polyols: sorbitol and mannitol (found in some fruits and vegetables and often added as artificial sweeteners)

It is highly recommended you seek the advice of a Registered Dietitian Nutritionist who is experienced in the delivery of a low FODMAP dietary approach. The dietitian will guide you through the various phases of the diet while ensuring that your diet remains well-balanced and nutritionally adequate.

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**MIDWIVES DO MORE THAN DELIVER BABIES**

**REPRODUCTIVE HEALTH**

Did you know that Certified Nurse-Midwives (CNMs) are trained in many areas of women's health care? Our midwives provide sensitive and holistic healthcare starting at puberty and spanning to menopause. Learn more about the full spectrum of care we offer.

**Additional Information**

- **Pelvic Exams** every three years for women over 21 years of age.
- **HPV Vaccine** between ages 11 and 13 for preteen boys and girls.
- **Breast Exams** every three years for women over 20 years of age.

**PREGNANCY & CONTRACEPTION**

Should I get help with conceiving?

If you are planning on conceiving, we offer preconception care and family planning. If not, we offer empowering contraception counseling and options including prescription birth control pills or shots, IUDs, Nexplanon, diaphragm fitting, NuvaRing, and more.

**Am I at risk for an STD or STI?**

**Did you know** one in five Americans have an STI! That's over 65 million people. There is a lot of misinformation about sexually transmitted infections. We offer both information about ways to prevent contraction as well as testing and treatment options.

**LIFE STAGES & CHANGES**

How can I help my daughter through puberty?

Many girls start noticing changes in their body between ages 8 and 13, with their first menstrual period typically starting between ages 12 and 13. Puberty can be a confusing stage of life for both daughters and their parents. We offer sexual maturation education that encourages knowledge and empowerment from an early age.

**Are there options for managing my menopause?**

The average age of menopause onset in the United States is 51 years old. We offer nutrition and exercise counseling as well as natural remedies to help you manage your menopause. If needed, hormone replacement therapy is also an option.

**URINARY INCONTINENCE TREATMENTS**

**Percutaneous Nerve Stimulation**

Percutaneous Nerve Stimulation (PINS) involves placing a needle into a nerve, the runs from the foot, up the spine, and back down. The nerve is stimulated painlessly to help control the urge to pee.

**Pessary Ring**

A pessary is a plastic device that is inserted into the vagina to help support the pelvic floor.

**Pelvic Floor Strengthening**

Commonly known as Kegel exercises, this treatment involves tightening and relaxing the pelvic floor muscles to build strength over time.

**Sling Surgery**

This surgery helps support the urethra by inserting a material (often a mesh) through a small vaginal incision.

**Midwifery at The Oregon Clinic**

- **Urogynecologist with The Oregon Clinic.** While some issues with urinary incontinence—maybe you might know an older woman who has had it—are昌ad by pregnancy and childbirth, many women blame the leaking on their age. “Leaking is for women who have had kids,” said Dr. Sarah Boyles, Urogynecologist with The Oregon Clinic. While it’s true that leaking is more common in older women, it is not exclusive to the elderly. Urinary incontinence is common in athletes and women who are active, especially runners and those who do CrossFit or other high impact sports like aerobics.

“Leaking is for women who have had kids”

Some women may blame their leaking on having given birth. “Support for the urethra can be weakened by pregnancy and childbirth, which is one reason why women are four to five times more likely to have incontinence issues compared to men,” said Dr. Boyles. However, nerve damage from surgery, obesity, chronic coughing due to smoking and lung disease (visit page 2 for how to quit), genetics, and repeated heavy lifting are all risk factors for urinary incontinence.

**“Leaking is something only I have”**

“This is probably the most common theme in my incontinent patients—they think they are the only one who leaks,” said Dr. Boyles. In reality, over 25 million Americans live with some type of incontinence. But only 1 in 12 seeks help. “So many women have this problem but are too embarrassed to talk about it even with their friends, let alone a doctor,” said Dr. Boyles. It can be isolating, as women may choose to stop doing the activities they love out of fear they will leak. Running and playing sports are great ways to lead a healthy life. With many simple and non-invasive treatment options available, urinary incontinence should not be something that holds you back from getting outside or exercising. The important thing to talk to your primary care provider about treatment options or see a specialist who can help find a solution that works for you.

Dr. Sarah Boyles is a board-certified Urogynecologist at The Oregon Clinic. Dr. Boyles and her team specialize in treating women with pelvic floor disorders.

**For more information, please visit**

- **oregonclinic.com/midwifery**
- **oregonclinic.com/midwifery**
- **oregonclinic.com/ui-treatment**
- **oregonclinic.com/ui-treatment**

**TO YOUR HEALTH**

FALL 2015
Winter can be a difficult time for children when it comes to their health. Illnesses, staying active and adjusting back to school schedules after winter break can make staying well tough. These tips can help keep your family healthy through winter.

Get good sleep

One of the best things kids can do as a preventative measure or to recover quickly is to practice good sleep hygiene. This means establishing habits that promote a good night’s sleep.

One of the biggest culprits that interferes with good sleep is technology. TVs, computers, tablets and phones all emit a blue light that stimulates the brain’s internal clock with the signal that it is time to be awake.

“A good rule of thumb is to turn off the screens at least 30 minutes before bedtime and remove electronics from the bedroom,” said Dr. William Bowerfind, a Pulmonary, Critical Care & Sleep Medicine physician at The Oregon Clinic. “Avoiding caffeine (including chocolate) within six hours of bedtime and avoiding large meals two hours before bed can also help you get a better night’s sleep.”

Prevent ear infections

Kids under five-years-old are generally more susceptible to ear infections than adults. The ear drainage system that runs from the ear to the back of the nose (the eustachian tube) is shorter and more horizontal in children, making it easier for the tube to collapse, causing a vacuum to develop in the middle ear. That vacuum draws in fluid from surrounding tissue, which can then become infected.

“Pain, fever, disrupted sleep and temporary hearing loss from fluid behind the ear drum can make children miserable,” said Dr. Bobak Ghaheri, Ear Nose & Throat physician at The Oregon Clinic. “While ear infections often go away without intervention, you should monitor your child for 48 hours from the onset of the symptoms and provide pain relief if needed. If symptoms are not improving after that time frame, you should see a doctor.”

While it may seem obvious, appropriate hygiene can keep kids healthier throughout the winter. Frequent handwashing, covering up sneezes and coughs and maintaining appropriate nutrition can help keep families healthier once one child gets ill. Keeping the nose clean using a sinus rinse or nasal saline spray can also alleviate congestion, which can often impede normal eustachian tube function.

Stay active

There’s a lot to gain from getting physical activity. When kids are active, they build strong muscles and bones, decrease the risk of disease and can even benefit from increased self-esteem and academic motivation.

Choosing the right activities for your child’s age can encourage them to stay active. Indoor winter activities like ice skating or team sports like soccer or volleyball can help motivate kids to focus on the fun rather than on the exercise.