

HEALTH NEWS from

fort duncan

REGIONAL MEDICAL CENTER

FALL 2019



State of the **HEART**

**Albert Banda shares
his extraordinary
cardiac story**

ASK THE DOCTOR

Is it time to schedule
a mammogram?

SCREENING FOR COLON CANCER

Early detection can
make all the difference



Compliments of

FORT DUNCAN
REGIONAL MEDICAL CENTER

FROM THE CEO

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Of all the things that matter to us in life, nothing matters more than our health and the health of those we love.

Everything we do at Fort Duncan Regional Medical Center is inspired by this belief – knowing that when the residents of Eagle Pass turn to us, they are counting on us to treat them with an unparalleled combination of clinical excellence and compassionate care. That is the very definition of service excellence.

As CEO of Fort Duncan, it is my job to make sure that service excellence is the driving force behind everything we do. I understand that while the medical treatment you receive is of the utmost importance, the way you are *treated* during your stay is also a meaningful part of your experience.

The Fort Duncan team approaches these dual responsibilities with drive and determination. From a treatment perspective, we are committed to ensuring that the vital services you need are available to you right here in Eagle Pass. From a customer service perspective, our compassionate staff brings the combined forces of their expertise, education and experience to their roles every day. They are not only valued members of the community, they are the heart of this organization and outstanding examples of service excellence in action.

Eladio Montalvo


Chief Executive Officer/Managing Director



Demonstrating the connection between HOT CARS AND HEATSTROKE

Even in somewhat moderate temperatures, car interiors can become dangerously hot. That's bad news for children and pets left unattended inside. To help educate the public about this potentially deadly combination, Fort Duncan held a two-day event demonstrating just how quickly cars can heat up. ER Director Elizabeth Gonzalez, RN, says, "It was a successful event that helped educate our community on the dangerous connection between hot cars and heatstroke, especially for children and pets."

COO Alan Gonzalez and CEO Eladio Montalvo help drive home the dangers of hot cars.



Five major signs and symptoms of a possible *heart attack*

During a cardiac event, every second is critical. The sooner you recognize the signs and symptoms, the faster you can seek out lifesaving medical help to minimize the risk of complications and damage to the heart muscle.

Below are the five major signs and symptoms of a possible heart attack in men and women*:

- Pain or discomfort in the jaw, neck or back
- Feeling weak, light-headed or faint
- Chest pain or discomfort
- Pain or discomfort in arms or shoulder
- Shortness of breath

Other symptoms of a possible heart attack could include unusual or unexplained tiredness or nausea or vomiting. Women are more likely to have these symptoms.

Not all heart attacks are sudden and severe. Don't wait to get help if you experience any of these heart attack warning signs. Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort**. Signs can occur hours or even weeks before an actual heart attack occurs. ■

Call 9-1-1 immediately if you or someone around you experiences any of these symptoms. Early intervention increases your chances for a positive outcome.

ARE A HEART ATTACK AND CARDIAC ARREST THE SAME THING?

According to the American Heart Association, cardiac arrest is the abrupt loss of heart function in a person who may or may not have been diagnosed with heart disease. It can come on suddenly or in the wake of other symptoms. Cardiac arrest is often fatal, if appropriate steps aren't taken immediately.

While heart attacks are caused by a blockage that stops the flow of the blood to the heart, cardiac arrest is caused when the heart's electrical system malfunctions and the heart stops beating properly. While heart attacks may cause cardiac arrest, the two terms don't mean the same thing.


*Centers for Disease Control and Prevention

**American Heart Association

HIS HEART *was in the right place*



Family man Albert Banda enjoys spending time with wife, Dalia, and daughters, Natasha and Natalie.



DESPITE THE FACT THAT HE WAS VACATIONING IN LAS VEGAS, ALBERT BANDA WASN'T FEELING VERY LUCKY.

The 40-something father of two had been struggling with what he thought was indigestion for much of the trip. Banda, who is a registered nurse, didn't think his "heartburn" was anything a little antacid couldn't fix. But as he waited for his flight back to Texas, the symptoms got worse. "The feeling just wasn't going away," he says. "I felt pressure in my chest and knew I was having a heart attack." Recognizing that he was in trouble, Banda asked his wife to get help – fast.

Like nearly 800,000 Americans each year*, Banda was, in fact, having a heart attack. A vessel that supplies blood to his heart was blocked and with each minute that ticked by, his heart was at greater risk for irreversible damage or worse. The sooner that vessel could be reopened, the more heart muscle could be saved. On that December day in 2018, help arrived quickly and Banda was rushed to a hospital in Las Vegas where a team was waiting to treat him. But his story didn't end there.

Another heart attack quickly followed on the very day that Banda returned to Texas. "I was in the Emergency Room the night I got home," he says. "That was before Fort Duncan had a cardiac catheterization lab, so I was transferred to a hospital in San Antonio where they put in another stent."

The 46-year-old now had two stents and had suffered two heart attacks in a very short span of time. "After that, I was fine for several months, but in June 2019 something just didn't feel right," he says. "I didn't want to take any chances so I headed to Fort Duncan." Once again, tests indicated a heart attack. This time, thanks to the recently expanded cardiology program, the critical cardiac care Banda needed was right here in Eagle Pass.

Cardiologist Lon Walder, DO, provided treatment. "Dr. Walder decided to do a heart cath," says Banda. "He discovered that one of the stents had developed extensive scar tissue." This uncommon occurrence required Dr. Walder to perform a highly technical procedure to reopen the blockage. "He started with the smallest balloon and used increasingly larger sizes," explains Banda. The treatment resolved the blockage and the recovered patient couldn't be happier with the care he received at Fort Duncan.

"For me, it's all about being able to stay close to home," Banda says. "Having this procedure right here made a world of difference. It helped ease the situation for me, my wife and the rest of my family."

He adds, "It's very important to have access to these types of treatments locally and to have doctors who can perform them. It could mean saving your life." ■

**To learn more about comprehensive
heart care at Fort Duncan go to
fortduncanmedicalcenter.com/cardiology.**

Breast cancer awareness and detection



According to the National Cancer Institute, breast cancer is the second most common cancer

in women after skin cancer. In fact, just over 12% of women are expected to be diagnosed with breast cancer at some point during their lifetime. While the statistics are daunting, there is some good news. Female breast cancer death rates are decreasing in the United States. Surgeon **Judith Birungi, MD**, says it is important to know that the best defense against breast cancer is early detection. Here, she shares some helpful insights about mammograms and breast exams.

Q: At what age should I get my first mammogram?

The American Cancer Society recommends that women at *average risk* for breast cancer should have the option to start annual breast cancer screening with mammograms between the ages of 40 – 44. At ages 45 – 54, their recommendation is that women should have a mammogram each year. After that (age 55 and over) women can switch to mammograms every two years, or can continue with annual screenings. If a woman is considered high risk, her doctor may recommend a screening mammogram or other imaging at a younger age.

Q: Are there any other methods of early detection?

I highly recommend monthly breast self-exams, starting at age 20. By doing these exams, you will learn more about your own body and what is normal for you. Periodic clinical breast exams are also a good idea, and can be done by a family physician or gynecologist who is familiar with different breast abnormalities.

Q: What happens if my mammogram result is abnormal?

Mammograms at the Breast Imaging Center at Fort Duncan use a low-powered X-ray to produce images of breast tissue that can detect abnormalities before they can be felt. If the result is abnormal, your doctor can order additional views that are magnified, which gives a more detailed view of the area in question. Fortunately, many lumps are not cancerous. But if your doctor has any doubt, he or she may order further testing. If they still have questions, a biopsy may be recommended to test the cells in the suspicious area.

Q: What if I need a biopsy?

A biopsy involves removing a sample of tissue from the breast. The biopsy is performed under local anesthesia with a thin biopsy needle. The biopsy is performed with image guidance (ultrasound, mammogram) or needle localized biopsy in the operating room. The sample is looked at under a microscope to determine if the cells are cancerous. ■

To schedule a mammogram at the Breast Imaging Center at Fort Duncan Regional Medical Center, visit fortduncanmedicalcenter.com/breastcenter.



A COLONOSCOPY COULD SAVE YOUR LIFE

WHEN IT COMES TO COLON CANCER, WHAT YOU DON'T KNOW CAN HURT YOU.

Many colorectal cancers start as noncancerous growths called polyps. Screening for polyps and removing them is key to catching colon cancer early and can even play a role in preventing it altogether. Take action to help prevent the third most common cause of cancer in the United States* and get the details on how early detection can make all the difference.

WHEN TO GET SCREENED

Regular screening for colorectal cancer should begin at age 50**. Some people are at higher risk because they have a family history of colorectal polyps or health conditions such as inflammatory bowel disease. If you believe you are at increased risk, check with your doctor about beginning earlier or being screened more frequently.

WHICH SCREENING OPTION IS BEST FOR YOU? YOUR DOCTOR WILL KNOW!

National guidelines*** for colorectal cancer screening include several options:

Colonoscopy: Your doctor uses a long, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. A colonoscopy is also used as a follow-up test if something unusual is found during one of the other screening tests.

Flexible Sigmoidoscopy: In this test, the doctor checks for polyps or cancer inside the rectum and lower third of the colon using a thin, flexible, lighted tube.

Stool Tests: At home, you obtain a small amount of stool or an entire bowel movement (depending on the type of stool test being conducted). You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood or altered DNA.

CT Colonography (Virtual Colonoscopy): This screening uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze. ■

NEED A DOCTOR?

Visit fortduncanmedicalcenter.com/doc or call 866-341-3362.

*U.S. Department of Health and Human Services

**U.S. Preventive Services Task Force

***Centers for Disease Control and Prevention

SIGNS AND SYMPTOMS

If you have any of the following, see your doctor:

- Blood in your stool
- Stomach pain, aches or cramps that don't go away
- Unexplained weight loss



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Our employees recognized for reaching *career milestones*

Fort Duncan Regional Medical Center recently recognized employees who have reached milestones in their years of employment – ranging from five years to 30 years. The honorees received an award commemorating their years of service as well as a token of appreciation for their efforts.

5 YEARS: Blanca Peña, Diego Zurutuza, Norma A. Villarreal, Ashley Sifuentes, Cesar Menchaca-Garza, Brenda Alvarado, Evelyn Martinez, Evelyn Castillo, Elizabeth Rodriguez, Leselhi Gonzalez, Judith Haak, Miguel A. Valencia-Duarte, Lizzeth A. Rodriguez, Sara R. Garcia, Ely Cabais, Rosario Carranco, Veronica Diaz, Nelson Dungo; **10 YEARS:** Armando Perez, Claudia Cardenas, Heriberto Garcia, Miguel Navarro, Lizzette Sanchez, Alejandra Barreto, Ramona Hurtado, Teresa Pope, Katherine McDuffie, Sabrina Morrison; **15 YEARS:** Ricardo Riojas, Susan Ulep, Jaime Cervantes, Jose Torres, Romana Besa, Julia Barrera, Bernardo Barboza; **20 YEARS:** Esmeralda Martinez, Asenath Olivas, Fidelia Lozano, Maricela Gloria, Jesus Acuña, Ana Oyervides, Josue Estrada, Melina Flores; **25 YEARS:** Manuel Rodriguez, Maria Bass; **30 YEARS:** Beatrice P. Cruz, Norma Manzano



Left: Human Resources Department employees Daisy Rodriguez and Juanita Maldonado, who help to organize the service award event. Bottom: The award recipients were recognized for reaching career milestones, ranging from five to 30 years of service to our patients and the community.



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