



# HEALTH NEWS

  
Bozeman Deaconess  
HOSPITAL

THE MARVELS OF MODERN MEDICINE

OCTOBER ISSUE—2009

## OCTOBER IS NATIONAL BREAST CANCER AWARENESS MONTH



THE FOLLOWING BREAST CANCER screening guidelines are recommended for those people at average risk for cancer (unless otherwise specified) and without any specific symptoms.

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- A clinical breast exam should be part of a periodic health exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breasts nor-

mally feel and report any breast change promptly to their health care providers. Breast self-exam is an option for women starting in their 20s.

- Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.

Source: American Cancer Society



## INFLAMMATORY BREAST CANCER



by Connie Hahn, DO

BREAST CANCER is the most common female cancer in the United States; however, early detection and treatment can often lead to a cure. While many women are familiar with

self-exams looking for lumps, there is another specific type of breast cancer, which produces a unique set of symptoms, called inflammatory breast cancer.

Instead of a distinct mass, inflammatory breast cancer causes a thickening and swelling of the skin of the breast, which may be reddened and warm to the touch.

Inflammatory breast cancer tends to be diagnosed in

younger women, starting at puberty.

I encourage you to have a complete annual physical, which includes instructions on a self-breast exam.

*Ask your doctor about digital mammography at Advanced Medical Imaging—we make it easy to get the most advanced, personalized care. For more information, call 406-556-5201 or visit [amibozeman.com](http://amibozeman.com).*

## HIGH DOSE RATE BRACHYTHERAPY OFFERED AT BOZEMAN DEACONESS CANCER CENTER



*We're taking the fight against cancer*  
TO THE NEXT LEVEL



**Bozeman Deaconess**  
CANCER CENTER

It's no secret to our patients and their families that we offer excellent and compassionate care. Now we're adding a new high tech tool to our arsenal in the fight against cancer. It's called High Dose Rate Brachytherapy or HDR.

The procedure saves time and healthy tissue by directly targeting tumors. Strong, potent radioactive material is inserted directly into cancerous tissue for a brief, intense, high dose.

Compared to conventional radiation therapy,

not only is each HDR treatment shorter, but the series of treatments is completed in less time. Plus,

because the treatment is so precise, less healthy tissue is harmed.

We'll be using HDR Brachytherapy to treat certain breast and uterine cancers, and we'll be applying this advanced technology to other kinds of cancer in the near future.

It's yet another marvel of modern medicine brought to you by Bozeman Deaconess Hospital.

BOZEMAN DEACONESS CANCER CENTER recently added a Nucletron® high dose rate (HDR) brachytherapy unit to its radiation oncology treatment program. HDR brachytherapy is being used to treat certain breast and gynecologic cancers. According to David Koeplin, MD, Cancer Center radiation oncologist, brachytherapy is radiation delivered from the inside out. Potent, radioactive material, in the form of a rice-sized bead at the tip of a retractable wire, is inserted directly into cancerous tissue for a brief, intense, high dose.

"Treating breast cancer with conventional external beam radiation with our linear accelerator can take six and a half weeks of daily treatments," Koeplin says. "With HDR, we can complete radiation treatment in one week. And, because the treatment is so precise, less healthy tissue is harmed." Patients can expect little discomfort and fewer side effects with HDR.

In some cases, the new HDR treatment replaces external beam therapy while in others it's given in addition to conventional external beam and, if needed, chemotherapy.

Unlike traditional prostate brachytherapy where low-dose radioactive seeds are permanently placed near the cancer, HDR brachytherapy is not an implant. Rather, HDR is delivered via a single radioactive bead. The tiny treatment bead, which is replaced every four months when it's no longer as potent, is housed in a small robot-like machine, the Nucletron. A portal in the Nucletron delivers the treatment source wire through a hollow catheter tube to specialized plastic applicators that are attached to a surgically placed temporary balloon catheter in the tumor site cavity. Following each preplanned and image guided treatment, the source wire retracts to the Nucletron for safe storage.

"Because the irradiated target volume is smaller, we can give larger doses per day," Koeplin explains. He says breast cancers treated with external beam therapy expose the entire breast to radiation. Not all breast cancer patients are candidates for HDR partial breast brachytherapy; those who do receive the same dose of radiation but it's delivered only to the section of the breast cavity where cancer was found.

## DIAGNOSING RESTRICTIVE AND OBSTRUCTIVE AIRWAY DISEASE

PULMONARY DIAGNOSTIC TESTING, including spirometry, cardio-pulmonary stress testing, and methacholine bronchial challenge are recommended by the American Thoracic Society and the American Association for Respiratory Care to accurately diagnose restrictive and obstructive airway disease.

Pulmonary disease comes in a variety of different forms including asthma and emphysema. Administration, analysis and the interpretation of data provided by these tests will assist the physician in the diagnosis and subsequent treatment of lung related illness. The testing and analysis offered at the Bozeman Deaconess Hospital Pulmonary Function Laboratory is performed using state-of-the-art equipment with interpretation by Pulmonary Disease and Critical Care specialists who can accurately diagnose a wide variety of pulmonary conditions.

The need for basic spirometry testing is recommended by a number of physician organizations.

Early diagnosis of asthma and chronic obstructive pulmonary disease (COPD) leads to efficient and effective intervention and monitoring. According to an American Thoracic Society statement, COPD



is the fourth leading cause of death in the United States. Early diagnosis of pulmonary conditions may improve patient quality of life and lead to a more positive outcome.

According to the 2007 Guidelines for the Diagnosis and Management of Asthma, one of the primary action steps in the diagnosis of childhood asthma is the use of spirometry to identify airway obstruction that is at least partially reversible. Spirometry with this goal should decrease the use of unnecessary bronchodilator and steroid therapy. The guidelines note that spirometry should be performed on all symptomatic children over the age of 5 years and monitored every 1–2 years or more frequently for patients with poor control. Reduction of asthma symptoms may decrease lost school days, reduce hospitalizations and greatly improve a child's quality of life.

For more information please contact Bozeman Deaconess Pulmonary Function Laboratory at 585-5058.

## MEDICARE 101

**Learn the A, B, C & Ds of Medicare on October 20, 10:00 am, in the Bitterroot Room.**

Seniors please join us for a seminar for those nearing the age of 65, which will include free and objective information about traditional Medicare, Prescription Drug plans, Medicare Advantage

plans and Medicare supplemental insurance. This seminar will be presented by Peggy Tombre, SHIP Counselor for Area IV Agency on Aging, and Bob Seltzer, volunteer counselor for Agency on Aging. You'll receive important information to help you navigate your way to the best options for you and get answers to many of the questions you may have.

## HEALTH & WELLNESS FORUM

**NUTRITIONAL CHALLENGES WOMEN FACE: OCTOBER 15, 5:30 PM, BITTERROOT ROOM.**

WOMEN FACE UNIQUE challenges and have special nutrition needs during each stage of life. Eating well is the best way you can take of yourself. Registered dietitian Jacqueline Sikoski, MS, RD, LN, manager of Bozeman Deaconess Nutrition Services and Diabetes Center, will discuss strategies for achieving optimal nutrition.

## NOVEMBER IS PROSTATE CANCER AWARENESS MONTH

*It's important for men to be aware of the symptoms of prostate cancer.*

### SYMPTOMS

Prostate cancer usually doesn't produce any noticeable symptoms in its early stages, so many cases of prostate cancer aren't detected until the cancer has spread beyond the prostate. For most men, prostate cancer is first detected during a routine screening such as a prostate-specific antigen (PSA) test or a digital rectal exam.

When signs and symptoms do occur, they depend on how advanced the cancer is and how far the cancer has spread. Early signs and symptoms of prostate cancer can include urinary problems, caused when the prostate tumor presses on the bladder or on the tube that carries urine from the bladder (urethra). However, urinary symptoms are much more commonly caused by benign prostate problems, such

as an enlarged prostate (benign prostatic hyperplasia) or prostate infections. Less than 5 percent of cases of prostate cancer have urinary problems as the initial symptom. When urinary signs and symptoms do occur, they can include:

- Trouble urinating
- Starting and stopping while urinating
- Decreased force in the stream of urine

Cancer in your prostate or the area around the prostate can cause:

- Blood in your urine
- Blood in your semen

Prostate cancer that has spread to the lymph nodes in your pelvis may cause:

- Swelling in your legs
- Discomfort in the pelvic area

Advanced prostate cancer that has spread to your bones can cause:

- Bone pain that doesn't go away
- Bone fractures
- Compression of the spine

Source: Mayo Clinic



## BOZEMAN DEACONESS HOSPICE OPEN HOUSE NOVEMBER 12

PLEASE JOIN US for a 25th anniversary celebration and tour of the new Bozeman Deaconess Hospice offices on Thursday, November 12. Everyone is invited to attend this event—featuring refreshments and music—from 4:00–6:30 pm at 1600 Ellis Street, 3rd floor.

## CARDIOVASCULAR TRAINING CENTER EARNS RENEWAL

The American Heart Association has renewed the Bozeman Deaconess Cardiovascular Training Center as a Training Center for another two years. The Training Center, housed in the Bozeman Deaconess Education department, successfully completed various Training Center reviews.

Since Bozeman Deaconess became one of 200 American Heart Association Cardiovascular Training Centers in 2008, more than 1,500 people have taken cardiopulmonary resuscitation (CPR).

For more information about the CPR courses, visit [bozemandeaconess.org/communityprograms](http://bozemandeaconess.org/communityprograms). To enroll in a CPR course, call the Health Information Center at 522-1644.

## BOZEMAN DEACONESS AWARDED 5-STAR AWARD FOR COMMUNITY VALUE

For the third year in a row, Bozeman Deaconess has earned a Five-Star Award for Community Value for scoring in the top 20% of over 1500 similar hospitals in an evaluation by the national health-care organization Cleverley + Associates.

Hospitals scoring in the top 20% are designated as "Five-Star"

facilities.

The measurements used to determine community value are: quality of care, low cost, low charges, and reinvestment into the provision of care at the facility.

Bozeman Deaconess was one of two Montana hospitals recognized for the award.



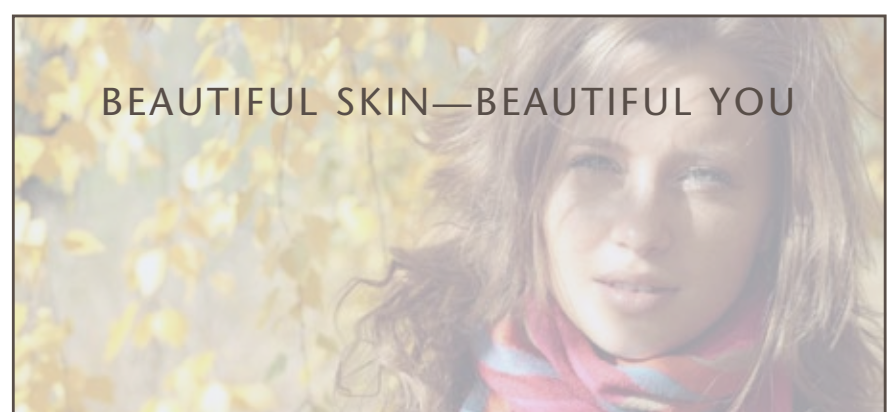
## SUPPORT SUICIDE PREVENTION

By Sam Miller, RN, CEN, CCRN, Bozeman Deaconess Trauma Coordinator

In the United States, one person completes suicide every 16 minutes. It's estimated that more than 5 million people in the United States have been directly affected by a suicide. Montana, unfortunately, has the highest suicide rate in the country.

Experts believe that most suicidal individuals do not want to die. They just want to end the pain they are experiencing. Experts also know that suicidal crises tend to be brief. When suicidal behaviors are detected early, lives can be saved.

Please join Bozeman Deaconess Emergency Services in supporting suicide prevention. Together we can reduce the number of lives shaken by a needless and tragic death. For more information on suicide prevention, contact the Bozeman Deaconess Health Information Center at 406-522-1644.



BEAUTIFUL SKIN—BEAUTIFUL YOU

This fall, look fresh and save.



406.556.5140 | 905 Highland Blvd., Ste 4420 | [synergymedicalspabozeman.com](http://synergymedicalspabozeman.com)

Bozeman Deaconess Synergy Medical Spa is introducing two new lines, Cosmion's micro-current facial system and M2 skincare. We've also added new Colorescience mineral makeup products to complete our collection. Work with one of our licensed

aestheticians to get the right skincare products and cosmetics for your skin. During September and October, all skincare consultations and Colorescience makeovers are free. Book a Cosmion Facial or a SilkPeel with this complimentary service and get a free gift valued up to \$45!



**Bozeman Deaconess**  
HEALTH GROUP

Financing is available for all services. Please inquire for more information.

## H1N1 AND SEASONAL FLU VACCINES



Mark Winton, MD

Each year in the United States, an average of 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalizations occur in people older than 65.

As flu season approaches, interest surrounding the vaccines for H1N1 (formerly referred to as "Swine Flu") and seasonal flu grows. According to Dr. Mark Winton, an infectious

disease specialist at Bozeman Deaconess Internal Medicine Associates, "The H1N1 vaccine should be available in Bozeman by mid-October. The target group for H1N1 vaccine is very different than the seasonal flu."

When the novel H1N1 outbreak was first detected, the Centers for Disease Control (CDC) began working to collect, compile and analyze information regarding the novel H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that H1N1 flu has a greater affect on people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which

is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high-risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this novel H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy. Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at "high risk" of serious complications. This includes people 65 years

and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. Winton says, "Seasonal influenza vaccine is given as soon as it is available this year." According to Winton, "Immunity to the seasonal influenza vaccine does not fade—early vaccinations will not affect the level of protection against the virus."

About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more medical conditions previously recognized as placing people at "high risk" of serious seasonal flu related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

## PREVENTING TEENAGE PRESCRIPTION DRUG ABUSE, OVERDOSES



by Mike Bertagnolli, RPh, MBA

Prescription drug abuse has become a significant problem in the United States. Montana is no exception. After years of battling methamphetamine use, the Montana Department of Justice has made combating prescription drug abuse its number one priority.

Teenagers are abusing prescription medications now more than any other substance, likely because they are more readily available than illicit drugs. Most of the medications are narcotics, such as oxycodone, fentanyl, methadone, morphine, and hydrocodone.

Much of prescription drug abuse is associated with unused and expired drugs in the home that are not properly disposed of. These unused medications often can lead to diversion, burglary, and theft, as often they are left unsecured in medicine cabinets and on counters in the home.

### Educate, Communicate and Safeguard

- Parents can be key figures in preventing their children from misusing prescription medications. Parents need to educate themselves about the medications that kids are abusing, and share this information with teachers, coaches and counselors.
- Communication is important. Discussing the subject with your kids can give you insight to what they already know about the issue, as well as make them aware of the

health risks—including death—that exist when abusing prescription medications.

- Finally, it is crucial that people safeguard their medications. Keep them secured safely and out of reach of children, as well as visitors. Keep an inventory of prescription and OTC (over the counter) medications in the home and check quantities on hand often. If your children know you're keeping close track that alone will be a significant deterrent.

*"Drug abuse remains a serious concern for Montana. To add to the problems we have with drugs like meth and cocaine, we are seeing a disturbing increase in prescription drug abuse. In the past five years, Montana saw 834 deaths from overdoses of four commonly prescribed prescription drugs."*

—Attorney General Steve Bullock, State of Montana

- Montana ranks 3rd in the nation for teen abuse of prescription pain relievers with 9.6 percent reporting abuse in the past year.
- Nationally, over 4 million people used prescription drugs for nonmedical purposes for the first time in 2008.
- Nearly 60 percent of abusers get prescriptions free from a friend or relative, while over 14 percent buy or steal them from a friend or relative.
- Only 24 percent of parents have talked with their kids about the dangers of prescription drugs.
- More Montanans die of overdoses of prescription drugs than in traffic crashes.

## SELF-MANAGEMENT DIABETES EDUCATION PROGRAM REDUCES COMPLICATIONS



Michael Vlases, MD



Sebastian White, NP

LEARNING YOU HAVE DIABETES can be overwhelming. However, diabetes educators at Bozeman Deaconess Diabetes Center, led by Arlene Eliason, RD, CDE, LN, are highly trained to give you the knowledge and skills needed to manage your disease. Patients—typically 15 a day—come to the Bozeman Deaconess Diabetes Center. After a nurse takes vitals, patients see Dr. Michael Vlases, an internist whose area of practice includes diabetes or Sebastian White, NP, who is board certified in advanced diabetes management. After they've seen the medical team, patients are introduced—and their medical plan communicated—to the diabetes educator.

With referral from primary care physicians, Eliason and Flower Aston, RD, LN, are available for individual education appointments. Ongoing group education classes are also available through the Diabetes Center.

The education component of diabetes management is, at heart, therapeutic. Eliason, a certified diabetes educator who leads the Center's education team, is straightforward. "I

relate diabetes and blood glucose to the Titanic," she explains. "And heart disease, given that people with diabetes are two to three times more at risk, is the iceberg." After hearing about complications of diabetes, patients are motivated to listen carefully and learn self-management strategies.

Individual diabetes education covers the disease process and treatment, how to incorporate nutrition management and exercise into lifestyle, medications, how to monitor blood glucose for treatment decision-making, acute complications and setting strategies and goals to promote health and behavior change. "We also work with our patients on psychosocial issues and concerns and create a plan to encourage compliance and support," Eliason explains.

There are two main types of diabetes. In both cases the body cannot process sugar (glucose). Type 1 is a genetic, viral or autoimmune disease that prevents the pancreas from creating insulin, the hormone that converts glucose into energy. Type 2 diabetes happens, most often to overweight people over age 45,

when insulin produced by the pancreas doesn't carry glucose to body cells as it should. "What's happening in Type 2 diabetes," explains Eliason, "is an increase in blood glucose caused by insulin resistance." People with Type 2 diabetes, in the short term, become thirsty, hungry, drowsy and may have blurry vision. Over time, high blood glucose levels can cause heart disease, stroke, kidney failure, nerve damage leading to pain, infection, amputation and eye complications. Moving around—exercising—helps to decrease insulin resistance and helps the body cells absorb glucose.

Treatment options for Type 2 diabetes lie mainly in the realm of lifestyle changes and decisions based on daily blood glucose monitoring, followed by medications when necessary. Those with Type 1 diabetes require insulin on a daily basis.

Eliason says most people are aware that carbohydrates contribute to high blood sugar levels. But dietary fats need to be limited, too. She recommends those with Type 2 diabetes lose 7% of their body weight if overweight at the time of diagnosis. Sometimes oral medications, like Metformin, are given to decrease sugar output from the liver. "New recommendations from the American Diabetes Association are to give short term basal insulin (one shot daily) to let the pancreas rest if blood glucose is not improved with Metformin alone. Other oral medica-

tions may be used to control blood glucose levels," Eliason notes.

"Our goal is to empower people with diabetes to monitor their diabetes and use the information to manage their disease," Eliason says. Today's meters are computerized and store useful glucose histories. Hemoglobin A1C blood tests, taken at three-month intervals, also indicate whether patients have good control of their diabetes.

Bozeman Deaconess Diabetes Center recently relocated to the hospital campus, facilitating integration of outpatient and inpatient diabetes care. Last year 450 patients were referred to the Diabetes Center and treated for Type 1, Type 2 or gestational diabetes.

For more information call the Bozeman Deaconess Diabetes Center at 556-5331.

- The Bozeman Deaconess Diabetes Center self-management education program was recently awarded continued recognition from the American Diabetes Association. In meeting national standards for Diabetes Self-Management Education Programs, the Bozeman Deaconess Diabetes Center assures high-quality education for patient self-care that helps reduce unnecessary hospital admissions and some of the acute and chronic complications of diabetes.
- The Montana State Dietetic Association named Flower Aston, RD, LN, Emerging Dietitian of the Year. Aston provides inpatient clinical nutrition care and outpatient nutrition counseling as well as diabetes education.

## NEW HEALTHCARE PROFESSIONALS



**Katherine Hines Dobie, MD**, joined Gallatin Valley Anesthesia and the medical staff of Bozeman Deaconess Hospital. A graduate of East Tennessee State University College of Medicine, Johnson City, TN, Dobie completed residency training in general surgery at University of North Carolina Hospitals, Chapel Hill, NC and anesthesiology at Vanderbilt University Medical Center in Nashville, TN. During her training at Vanderbilt she earned a Department of Anesthesiology Outstanding Achievement Award in the area of pain management. Dobie, who is board eligible in anesthesiology, was assistant professor of anesthesiology at Vanderbilt University Medical Center before moving to the Gallatin Valley.

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**Lisa L. Gushwa, MD**, joined Bozeman Deaconess Medical Associates and the medical staff at Bozeman Deaconess Hospital. She is a 2003 graduate of the University of Washington School of Medicine and completed a family and community medicine residency (chief resident) with dual fellowship training in integrative medicine and faculty development at the University of Arizona. Gushwa was previously a clinical assistant professor of family and community medicine at the University of Arizona and also worked as a hospitalist at University Physicians Hospital-Kino doing inpatient and critical care medicine. She is board certified in family practice.

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**Kathryn L. Schabel, MD**, joined the total joint team at Bridger Orthopedic and Sports Medicine and the medical staff at Bozeman Deaconess Hospital. An honors graduate of the Medical College of Wisconsin in Milwaukee, she completed residency in orthopedic surgery at the University of Utah in Salt Lake City. Her fellowship at the University of Utah was in adult reconstruction joint replacement and she sub-specialized in the diagnosis and treatment of hip pain in young adults. Schabel is board eligible in orthopedic surgery.

Deaconess Hospital. An honors graduate of the Medical College of Wisconsin in Milwaukee, she completed residency in orthopedic surgery at the University of Utah in Salt Lake City. Her fellowship at the University of Utah was in adult reconstruction joint replacement and she sub-specialized in the diagnosis and treatment of hip pain in young adults. Schabel is board eligible in orthopedic surgery.



**Michael Blake, MD, PhD**, board certified pediatrician, joined Bozeman Deaconess Medical Associates and the medical staff at Bozeman Deaconess Hospital. He is a graduate of the University of North Dakota School of Medicine and completed residency in pediatrics and a pediatric clinical pharmacology fellowship at Children's Mercy Hospitals & Clinics in Kansas City, MO. Blake also earned a PhD in neuropharmacology from Marquette University in Milwaukee, WI, before entering medical school. Upon completing fellowship training, Blake was a pediatrician/clinical pharmacologist with the Children's Mercy Hospital Division of Pediatric Pharmacology and Medical Toxicology. He practiced as a general pediatrician with Ottumwa Pediatrics in Ottumwa, IA, since 2006.

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**Derrick Rowe, PA-C**, joined Bozeman Deaconess Urological Associates. He completed the physician assistant master's program at Philadelphia College of Osteopathic Medicine and is certified by the National Commission on Certification of Physician Assistants.

## STUDIES SHOW VOLUNTEERING IS GOOD FOR YOU

You are invited to join Bozeman Deaconess Hospital's dynamic volunteer program. Opportunities are available during daytime and evening hours, seven days a week and volunteers are asked to make a minimum of a 4-hour commitment each week. Benefits include a free meal for each shift and participation in hospital and Volunteer Services department events. To download an application online, visit [bozemandeaconess.org/volunteer](http://bozemandeaconess.org/volunteer) or contact Volunteer Services at 556-5173 for more information.

**Emergency Department Guest Relations:** Provide comfort and non-medical services for patients and their visitors.  
**Escort:** Transport patients, paperwork and equipment between departments within the hospital and deliver mail and flowers to patient rooms.  
**The Gift Shop/Care Boutique:** Assist customers as they shop for gifts, cards, flowers, candy and products for cancer patients.  
**Information Desk:** Greet, provide directions and orient visitors to

Bozeman Deaconess Hospital and Highland Health Park.  
**Perioperative Services:** Support families and serve as a liaison between families, surgical staff and physicians.  
**Clerical Assistant:** Many of our departments need help with clerical duties such as filing, stuffing information packets or distributing flyers.  
**Cancer Center Guest Relations:** Offer comfort to cancer patients and their families in the waiting room and infusion area.

**Special Projects:** Help with special projects, various activities and events as the need arises.

Volunteering doesn't just help others—it may also benefit your health. A review of 30 studies by the Corporation for National and Community Service showed that volunteers have less depression, report greater satisfaction with life and live longer than those who don't volunteer.

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**Bozeman Deaconess**  
 HOSPITAL

### SCREENING DAY: SATURDAY, OCTOBER 24 7:00 AM-1:00 PM

- Healthcare providers will offer the following screenings, at no cost, to the community:
    - Blood pressure
    - Bone density
    - Heart Rate Monitoring
    - Skin Check
    - Body Mass Index
    - Glucose Testing
  - Laboratory procedures at a reduced cost:
    - Comprehensive chemistry screening measuring thyroid, cholesterol, triglycerides, HDL and LDL (\$30)
    - Colon cancer (\$15)
    - Hemoglobin A1C (\$19)
    - Prostate specific antigen (\$19) (males only)
  - C-reactive protein screens (\$16)
  - Homocysteine (\$19)
- Don't forget to fast for 12 hours before blood draw.
- Synergy Medical Spa will demonstrate ear acupuncture and provide chair massages and free Colorsience Minerals sunscreen application. Bring in a list of your medications and have our pharmacist review them for interactions. Register to win great prizes and giveaways. Please visit our website at [bozemandeaconess.org/events](http://bozemandeaconess.org/events) for more information or call the Health Information Center at 522-1644.

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**Bozeman Deaconess**  
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