

Health Matters

at Aspen Valley Hospital



Inside

- General surgeons
- Colon cancer
- Varicose veins
- Speech and language therapy

General surgeons offer wide range of services

We all hope we never need the services of a general surgeon. But if you ever do, highly trained, experienced surgeons and a state-of-the-art surgery facility are available for you at Aspen Valley Hospital (AVH).

The general surgeons at AVH bring a wide range of services to the valley, including procedures performed through a scope (such as colonoscopy, hernia repair, or removal of an appendix or gall bladder), breast biopsies and mastectomies, thyroid procedures, skin cancer excisions, burn and frostbite care, rectal procedures, and life-saving operations following traumatic injuries.

While some surgeries are routine and scheduled, others are emergencies requiring immediate attention. Therefore, the hours of a general surgeon are irregular and require night, weekend, and holiday work. One of AVH's general surgeons is always on call and within a short distance of the hospital.

The general surgeon must be able to deal with any surgical emergency and manage a broad spectrum of conditions affecting almost any area of the body. Decisions about surgical treatment are often complex and must be made quickly. Therefore, extensive training is required of general surgeons including a five-year residency following completion of medical school. Both AVH general surgeons, William Rodman and John Schultz, are board certified.

Needless to say, the general/trauma surgeon performs an essential function at a full-service medical facility. At Aspen Valley Hospital, we are fortunate to have two physicians in this highly demanding specialty.

William Rodman, MD, FACS




Dr. Rodman is a graduate of the George Washington University School of Medicine in Washington, DC. In addition to his residency, he completed a fellowship in burn surgery at the Washington Hospital Center. He is a Fellow of the American and International Colleges of Surgeons.

John Schultz, MD, FACS



Dr. Schultz graduated from the University of Texas Southwestern Medical School in Dallas, Texas. His residency was completed at Baylor University Medical Center, also in Dallas. He is a Fellow of the American College of Surgeons.

Both Dr. Rodman and Dr. Schultz are located at 225 North Mill Street in Aspen and can be reached by calling **544-3991**.



If you do need surgery, *highly trained*, experienced surgeons and a *state-of-the-art* surgery facility are available at Aspen Valley Hospital.

Screening and early detection of colon cancer saves lives

Most people know that the sooner any cancer is found, the better the outcome. That's true of colon cancer as well. What you may not know is that screening for colon cancer not only makes early detection possible, but also can help prevent the disease.

Colorectal cancer — cancer of the large intestine and rectum — is the third most commonly diagnosed cancer in the United States and is second only to lung cancer in the number of cancer deaths it causes. The American Cancer Society estimates that 150,000 Americans are diagnosed with colorectal cancer each year.

However, when colon cancer is detected early, it is highly curable with a survival rate of nearly 90 percent. In addition, an early screening allows doctors to remove precancerous polyps from the colon and prevent cancer from developing.

Ninety percent of cases occur in patients over age 50; therefore, those with average risk should have regular screenings for colon cancer beginning at that age. Those with certain risk factors, such as a family history of the disease or a personal history of bowel disease, may need to be screened earlier and more often. Screening is vital because colon cancer usually has no noticeable symptoms in its earliest and most curable stages.



John Schultz, MD, general surgeon, performs a colonoscopy.

Currently the most effective screening test for colon cancer is colonoscopy. During a colonoscopy, the physician examines the entire length of the large intestine making it less likely that a tumor will be missed. Unlike other screening methods, colonoscopy also allows the removal of polyps that could become cancerous, which reduces the likelihood of colon cancer by 40 percent. Other screening tools may also require a follow-up colonoscopy if any abnormality is detected. Your doctor can help determine which screening method is right for you.

If you are age 50 or older, don't let embarrassment or fear of discomfort keep you from getting screened. Most patients today are sedated during colonoscopy and experience little or no discomfort.

Screenings save lives and prevent colon cancer. Talk to your doctor about scheduling yours.



Meet our newest physician

David W. Miller, MD, Neurosurgeon

Dr. Miller is a graduate of Temple University School of Medicine and is certified by the American Board of Neurological Surgeons. He is available to Aspen Valley Hospital patients for a variety of spine surgeries as well as initial evaluation and stabilization of head injuries.

Dr. Miller can be reached at his office in Glenwood Springs at **384-6770**.

Get a leg up on varicose veins

Aspen Valley Hospital offers state-of-the-art treatment options



William Rodman, MD, general surgeon, prepares for surgery.

Varicose veins are unattractive, but they can also be a medical problem that's more than skin deep. Veins carry blood from the body to the lungs and heart. Poor circulation in the legs can cause veins to bulge with pools of blood leading to enlarged blue or purplish veins typically appearing on the back or inside of the leg. Varicose veins affect about 15 percent of men and 25 percent of women. They can also be caused by conditions that put excess pressure on the legs, such as pregnancy, being overweight, or standing for prolonged periods.

Don't ignore the need for treatment

Varicose veins may ache and itch, and the legs can become tired, heavy, and painful. The feet and ankles may swell because of poor blood flow, especially at the end of the day. Unless your problem is severe, your doctor may recommend losing weight, exercising, elevating the legs frequently, or wearing compression stockings, strategies that help prevent or slow the progress of the condition.

If the problem becomes severe, varicose veins can rupture or cause ulcers on the skin, conditions that require immediate medical attention. You should also see a doctor immediately for any sudden swelling of the leg because this may indicate a blood clot in a vein deep within the leg called Deep Vein Thrombosis (DVT).

Aspen Valley Hospital general surgeon William Rodman, MD, offers a variety of treatment options including the use of a radiofrequency catheter that is designed to heat, shrink, and close diseased saphenous leg veins. The catheter is threaded into the diseased vein through a small puncture, and radiofrequency energy is transmitted to the device to heat and seal the diseased vein walls, forcing the body to re-route blood flow through healthier leg veins.

"My patients are amazed at how quickly the procedure is completed and how little discomfort they feel," says Dr. Rodman. "And, they're pleased to be able to walk out after the procedure and resume normal activities within three days. We're gratified to be able to offer this as an alternative to traditional surgery."

Varicose veins can be an ugly, painful, or even dangerous condition. For a consultation with Dr. Rodman, call **544-3991**.



"My patients are amazed at how quickly the procedure is completed and how little discomfort they feel."

Helping children and adults communicate

Speech and language therapy from Aspen Valley Hospital

As human beings, we primarily use speech to express our thoughts, ideas, and emotions. But for approximately 6 to 8 million Americans with communication disorders, expressing themselves can be a frustrating experience. Aspen Valley Hospital's (AVH) speech and language therapy services provide help for people in our area who suffer from a wide variety of communication disorders.

"Communication disorders can be related to problems with voice, speech articulation, or language difficulties," says AVH speech-language pathologist Jill Rathbun, who holds a Master of Arts degree in communication disorders. Jill and Angie Simpson, who holds a Master of Science degree in communication disorders, provide therapeutic services for all types of speech and language problems.

"We have a wide variety of clients from babies to older adults," Jill says. "We treat young children with delayed speech development due to hearing problems or other developmental difficulties. Our clients also include older adults who have suffered strokes as well as younger adults who have had traumatic brain injury from accidents."

According to Jill, children with autism or other developmental syndromes often need some form of therapy because they learn language later and differently than most people. Other children may be developing normally in most ways, but have delayed speech development. "Early intervention can help

children with communication disorders catch up with their peers," Jill says. "If your child isn't talking by age 2, it's a good idea to have the child evaluated and start therapy if necessary."

In working with children, Jill and Angie primarily use play therapy that combines speech exercises with toys and games. The AVH speech and language therapy office has rooms with two-way mirrors so that parents can watch the activities and practice with their child at home. The therapists also work with the child's teacher to coordinate and reinforce the therapeutic activities.

For adults, the types of therapy offered depend on the cause of the communication disorder. "We use oral motor exercises to improve control of the muscles used in speaking as well as mental exercises such as word finding to help with language problems that those with brain injuries may suffer," Jill says. "In addition, we always give 'homework,' or exercises for the patient to practice at home with a spouse or family member. And, because clients with brain injury usually also receive physical and occupational therapy, we take a team approach and coordinate our services with the patient's doctor and other therapists."

Speech and language therapy also helps those who have stuttering problems or difficulty pronouncing certain sounds. "And we provide less typical therapeutic services, such as accent reduction for people whose first language is not English as well as exercises and therapy for those who have difficulty swallowing," Jill adds.

For more information about AVH's speech and language services and an appointment, call **544-1177** or **963-7192**.



In working with children, AVH speech-language pathologist Angie Simpson uses play therapy that combines speech exercise with toys and games.

Do you know your flu facts?

You probably know that getting the flu means up to two or three weeks of misery. But too many people don't know that influenza, or "flu," can be a very serious respiratory illness — even life threatening. According to the Centers for Disease Control and Prevention, as many as 36,000 people in the United States die each year of complications from influenza, and more than 200,000 are hospitalized. The following Q&A provides the answers you need to protect yourself and your family from the flu:

Q. What is the best way to prevent the flu?

A. Get a flu vaccination every year. The vaccine changes every year because the flu strains change every year.

Q. Who should get a flu vaccination?

A. Anyone who wants to prevent the flu. Studies show that the average worker misses four to five days of work when suffering from the flu. Also anyone at high risk for flu complications and people who have regular contact with high risk persons need to be vaccinated yearly.

Q. Why do I need to get a flu shot every year?

A. Flu viruses change every year. When you get a flu shot, your body develops a natural protection called antibodies to protect you against the specific flu strains for that year. Your body only develops antibodies for the strains to which it is exposed. So every year when the flu strains change, the vaccine in the flu shot is changed to reflect the current strains of flu.

Q. I hate needles. Can I take the new nasal spray?

A. Generally anyone who is healthy, not pregnant, and 5 to 49 years old can take the nasal spray flu vaccine.

Q. How do I know whether I have the flu or a cold?

A. Flu symptoms usually come on suddenly and make you feel much worse than common cold symptoms. With flu, you'll likely have a high fever, severe headache, and severe cough in addition to symptoms commonly associated with a cold.

Q. Are vomiting and diarrhea associated with the flu?

A. No. These symptoms are often from a virus or bacteria unrelated to the flu.

Q. Is it too late to get a flu shot this year?

A. Though most experts recommend getting vaccinated in November, it's never too late during flu season. Getting your flu shot now can protect you from late season outbreaks. The flu shot becomes effective after two weeks and is at its peak for about three months.

Q. What else can I do to prevent the flu?

A. Wash your hands frequently and thoroughly with soap and water or use an alcohol-based hand gel to kill germs. Cough and sneeze "in your sleeve." Because flu spreads easily where people congregate, avoid crowds whenever possible during the peak of flu season.

Para solicitar "Health Matters" en español, llame al 544-1543.



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