


# hometown health

WINTER 2012



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FROM THE COVER:

Chad Apel benefitted from the less invasive FAST elbow procedure. Apel can testify to its effectiveness. Now, three months after his FAST procedure, his elbow is “good as new” and he has full use of it with no restrictions.



## FAST: device revolutionizes treatment of tendon scars

Nagging, chronic elbow pain can be one of the most difficult tendon ailments to treat. In most people, the problem resolves with time and minor treatment, but for about 10 percent of people with the condition, the pain associated with tennis elbow (or golfer’s elbow) just won’t go away.

Just ask Chad Apel.

The 36-year-old carpenter from Blooming Prairie started having nagging right elbow pain in the fall of 2010. He wore a brace on his elbow and tried to rest the joint as much as possible, which helped a little. But then, in the spring of 2011, the pain returned worse than ever.

“It was horrible,” says Apel. A few months of physical therapy didn’t improve the pain.

For patients like Apel, an invasive surgery on the elbow used to be the only answer. That is, until Darryl Barnes, M.D., a sports medicine physician at Mayo Clinic Health System in Austin, and his colleague Jay Smith, M.D., a sports medicine physician at Mayo Clinic in Rochester, developed a new minimally invasive device. Doctors are now starting to use the device to perform what’s called the FAST procedure, and it’s reinventing how doctors treat tennis elbow and other tendon problems.

### The anatomy of the problem

While doctors used to think inflammation caused tennis elbow pain, more recently they’ve discovered that the problem is actually scar tissue deep within the tendon, according to Dr. Barnes.

“The tendon has tried to heal, but got stuck,” he says. “Instead of healing, it gets weaker and develops scar tissue, causing pain. We’ve found that if you don’t remove the bad tissue, the patient doesn’t heal.”

If physical therapy, medication and cortisone shots failed to remedy the condition, the next option has been surgery.

“Surgery for tennis elbow is invasive, with a 2-inch incision at the elbow and cutting



To perform minimally invasive “tennis elbow” procedure, Darryl Barnes, M.D., a sports medicine physician at Mayo Clinic Health System in Austin, locates the scar tissue on ultrasound, and then he inserts the TX-1 micro tip (shown above) – which is the size of a toothpick – into the skin, which has been numbed with a local anesthetic.

“We only have to make a small nick in the skin – less than 5 millimeters,” says Dr. Barnes.



through a lot of healthy tissue to get to a very small, diseased tendon," says Dr. Barnes. He and Dr. Smith imagined a better way.

### See the tissue, destroy the tissue

Their idea started with the capabilities of ultrasound to clearly visualize where the bad tissue was located in the tendon. Eventually, Drs. Barnes and Smith developed their patented TX-1 machine and the FAST procedure, which stands for Focused Aspiration of Scar Tissue.

To perform the procedure, Dr. Barnes locates the scar tissue on ultrasound, and then he inserts the TX-1 micro tip—which is the size of a toothpick—into the skin, which has been numbed with a local anesthetic.

"We only have to make a small nick in the skin—less than 5 millimeters," says Dr. Barnes.

When the tip has reached the scar tissue, a computer console delivers precise ultrasonic energy through the micro tip, breaking up the scar tissue. The micro tip also houses a saline delivery system, which injects sterile fluid into the area of broken-up tissue, as well as a hollow needle to extract the fluid and broken-up scar tissue out of the area.

After the 20-minute procedure is done, all that's needed is an adhesive bandage and some over-the-counter pain medication. Many patients have relief within a few days.

### Promising results

The FAST procedure promises less surgery time, a shorter recovery, less pain, and lower risk than the open, more invasive surgery option for removing scar tissue.

"It was the promise of a faster recovery time that made me want to try the FAST procedure," says Apel, who was one of Dr. Barnes' first clinical patients after the device was manufactured. "I felt confident in Dr. Barnes, since he was the inventor." Apel says the total time he was in the clinic for his procedure—from walking in the door to walking out—was about 50 minutes.

On top of shorter recovery time, a few studies have already shown that the results may be even better than the open procedure.

"The treatment is just like the open surgery, which has been researched for years," says

Dr. Barnes. "The traditional surgery is highly effective, and typically the tendon problem doesn't come back. But early data are showing that our results with FAST may actually be better than the open surgical option."

Dr. Barnes points out that though the device is new, the idea isn't. "It's well-known and well-studied that you need to take out the scar tissue for tennis elbow to heal," he says. "That's why FAST is so successful. It's just a better way to do what we already know works."

Apel can testify to its effectiveness. Now, three months after his FAST procedure, his elbow is "good as new" and he has full use of it with no restrictions.

The procedure was first developed for tennis elbow, but has applications all over the body—basically, wherever tendon scar tissue is found. Dr. Barnes says that the procedure also has the potential to be used for other types of tendon problems such as certain types of rotator cuff problems, runner's knee, plantar fasciitis and Achilles tendinosis (referring to scar tissue).

Already, the device is in use in more than 20 medical centers throughout the country, from New York to Florida to Colorado.

"It really is a dream," says Dr. Barnes. "It's very satisfying to offer something to a patient that is effective, low risk and offers a short recovery time, but then to know that you've played a part in bringing it into being... that's beyond words. It's exciting, to say the least."

*Editor's note: The innovative FAST procedure—Focused Aspiration of Scar Tissue—is based on advanced technology developed in collaboration with and licensed from Mayo Clinic.*

*"It's very satisfying to offer something to a patient that is effective, low risk and offers a short recovery time, but then to know that you've played a part in bringing it into being... that's beyond words. It's exciting, to say the least."*

Darryl Barnes, M.D



# What's new at Mayo Clinic Health System

## Mayo Clinic Health System launches new Facebook page



Mayo Clinic Health System has launched a new page on the social networking website Facebook. The new page combines photos, videos, events and information from more than 70 Mayo Clinic Health System sites in Iowa, Minnesota and Wisconsin. It will replace older Facebook pages from individual sites.

“While we are reorganizing and condensing our Facebook presence from 12 pages to one, we are not changing our philosophy in how we use Facebook,” says Jeremy Jensen, social media lead for Mayo Clinic Health System. “Engaging with patients, employees and members of our communities is still our top priority. To be effective, we must continue to supply our Facebook fans with good, relevant content and listen to them when they need an ear, so to speak. It’s all about conversation.”

The system page went live at the end of 2011.



To learn more about Mayo Clinic Health System’s page on Facebook, go to [www.facebook.com/mayoclinichealthsystem](http://www.facebook.com/mayoclinichealthsystem).

## Patient Education Center offers health care information and more

If you are looking for free health information or want your blood pressure checked, the Patient Education Center is open to anyone free of charge. Located in the main lobby areas at Mayo Clinic Health System locations in Albert Lea and Austin, the Patient Education Center has a variety of brochures and information on healthy living and staff are available to assist you with other questions or concerns.



**Hours**  
Monday through Friday  
8 a.m. to 5 p.m.

## Building a healthier community project in Austin on track

As 2013 nears, excitement is literally building about the new expansion project at Mayo Clinic Health System in Austin, which includes expanding and remodeling space to better meet patient needs. The new space includes a new musculoskeletal center, a Mayo Clinic Store, expanded cardiology services, eye services and specialty care.

The goal of the medical center is to partner with the community to raise \$2.5 million out of the \$28 million needed to better deliver the Mayo Clinic Model of community care in Austin.



To make a contribution or for more information on the building a healthier community campaign, contact the Austin Foundation at 507-434-1441.

Generous support from the community ensures future success.

## Receive text alerts from Mayo Clinic Health System in Albert Lea

Interested in finding about our holiday hours, flu shot schedule, free sports physicals, health education classes, special events or more? Now you can sign up for special text alerts by texting the word **mayoal** to 88588. Just follow these simple steps:

1. Type **mayoal** in the message area of your texting screen.
2. Key in the numbers **88588** where you would typically type in a telephone number.
3. Press “Send”.
4. You will receive a response letting you know you have successfully subscribed to our text alerts.



# 10 symptoms not to ignore

While not every ache and pain warrants a clinic visit, these symptoms should never be ignored



## 1. Trouble seeing, speaking or moving

Numbness or paralysis on one side of the body, difficulty speaking, and blurred or decreased vision are classic signs of a stroke and require emergency medical care. Quick treatment can reduce the risk of brain damage or other complications.

## 2. A sudden excruciating headache

A headache that comes on like a thunderclap, with severe, excruciating pain, could be caused by an aneurysm, bleeding in the brain, stroke or brain tumor. Immediate medical attention is necessary. A headache that follows a head injury or is accompanied by fever, stiff neck, rash, confusion, seizure, double vision, weakness, numbness or speaking difficulties also is a reason to seek care.



## 3. Unexplained weight loss

Losing weight without trying can be cause for concern. If you have lost 5 percent of your body weight in one month, or more than 10 percent in 12 months, see your health care provider. Medical conditions, including an overactive thyroid gland, liver disease and some cancers, could be involved.

## 4. Any breast change

Consult a health care provider if you have a lump, nipple discharge or distortion, itching or skin changes, persistent breast pain, or a change in size or shape.

## 5. Vaginal bleeding after menopause

Postmenopausal bleeding can be caused by changes in vaginal tissue, which can become thinner and more fragile as estrogen levels decrease. In some cases, however, it can be a symptom of gynecological cancer. A medical evaluation is important.

## 6. Change in bowel habits

Consult a health care provider for mild diarrhea that lasts more than a week, constipation that lasts more

than two weeks, or unexplained, sudden urges to have a bowel movement. Other symptoms to discuss with a provider include bloody diarrhea or stools that are black or tar-colored. These symptoms could result from infection, medication side effects, a digestive disorder or colon cancer.



## 7. Feeling full after eating less

Feeling fuller than normal after eating less than usual could signal gastrointestinal problems, ranging from indigestion caused by acid reflux to some cancers. If the feeling lasts for days or weeks, consult a health care provider, especially if other symptoms are present, such as nausea and vomiting, abdominal pain or bloating, fever and chills, or weight changes.

## 8. Persistent cough

A cough that lingers more than month, affects sleep or brings up blood or sputum is cause for a checkup. A chronic cough could be caused by asthma, gastroesophageal reflux disease, a respiratory tract infection, chronic bronchitis or even lung cancer.



## 9. Sad or depressed mood

Feeling sad for weeks or months is a symptom of depression, a treatable medical illness.

## 10. Persistent or high fever

Consult a health care provider when a low-grade fever (100.4 to 103 degrees Fahrenheit) persists for more than a week. Fever can indicate an infection or more serious illness, such as immune disorders and cancer. A sudden high fever, greater than 103 degrees Fahrenheit, requires immediate evaluation.

*Excerpted with permission from Mayo Clinic Women's HealthSource*



## *Inspiring action:*

### Women with rare heart condition become catalysts for new Mayo Clinic research

In one of the first research projects initiated by patients, Laura Haywood-Cory, left, and Katherine Leon, right, inspired Mayo Clinic cardiologist Sharonne Hayes, M.D., to study their rare heart condition.

*“I think there’s tremendous potential for social media as a tool in medical research. I’d love for the momentum to keep going.”*

Katherine Leon

About six weeks after giving birth to her second son in the spring of 2003, Katherine Leon started feeling tired.

“It wasn’t just the ‘I need to take a nap’ tired; it was more of a ‘I need to drop to the floor and not move’ tired,” says Leon, of Alexandria, Va. “I was waving lots of red flags and asked for help from my OB, internist and pediatrician, but they just said, ‘You have two kids under 2. Of course you’re tired.’”

Then one day, Leon had crushing chest pain that radiated to her back and arms. A trip to her local emergency department yielded few answers. “They said it couldn’t be my heart,” says Leon. “I was under 40 years old, I had super-low blood pressure and cholesterol, and no risk factors.”

Leon endured more symptoms for the next few days until a return trip to the ED triggered some heart tests and a trip to the cardiac catheterization lab, which finally revealed the cause. Leon had spontaneous coronary artery dissection (SCAD), a serious and rare condition that occurs when

a layer of the heart’s main arteries tears for unknown reasons. Often, as in Leon’s case, the condition causes a heart attack. She had double bypass surgery that day.

Sharonne Hayes, M.D., founder of Mayo Clinic’s Women’s Heart Clinic, says Leon’s experience isn’t uncommon.

“People who have SCAD have symptoms that are very similar to other heart attack patients, but they don’t look like a typical heart attack patient,” says Dr. Hayes. “About 70 percent are women, and the average age is 42. We have people in their 20s who have had it.”

Although Leon was relieved to finally have an answer for her symptoms and a surgery that saved her life, what she heard next wasn’t comforting.

“My doctors told me that the condition is rare, there isn’t much research on it and there’s really nothing more to do,” she says. “That was very difficult for me. I couldn’t believe that there was so little research on this.”

## From support to action

At first, Leon just wanted to find a support network — other people who had survived SCAD.

Several months after her surgery, she started looking online for messages, support groups and anything that would connect her to other SCAD patients. She found just a few at first, but as the years went on and online support groups grew, more SCAD survivors found their way to a message board moderated by WomenHeart, ([www.womenheart.org](http://www.womenheart.org)), the national coalition for women with heart disease.

Then, Leon's focus changed from wanting support to wanting action.

"We were all telling the same stories and lamenting that no one was doing anything about it," she says. "Then I realized that, at some point, one of us had to do something."

When she had the opportunity to attend the WomenHeart Science and Leadership Symposium for Women With Heart Disease held at Mayo Clinic in 2009, Leon saw her chance. Dr. Hayes is the medical director of the annual educational program and a WomenHeart board member. Leon also met up with another message board friend, Laura Haywood-Cory of Durham, N.C., at the conference and together they planned how they might speak with Dr. Hayes about their idea.

"I approached Dr. Hayes and told her that I knew more than 70 women on an online message board who

have had SCAD," says Leon. "That seemed to pique her interest."

As most researchers know, a ready, willing group of patients with a rare condition doesn't normally materialize out of thin air.

"Katherine and Laura shared with me the existence of this group, which was almost twice the number that had ever been reported in research," says Dr. Hayes. "They also showed me the quite sophisticated research agenda of questions about SCAD that members of the group wanted answered. I was inspired, to be honest."

## A new frontier

Dr. Hayes says the challenge was figuring out how to most effectively utilize the online group to research SCAD. Eventually she got approval to do a pilot study of 12 patients to see if recruiting via social network was a viable strategy.

They got 18 volunteers in less than a week.

"We found that this is a very eager group," says Dr. Hayes. "They'd been wanting answers and were willing to step up and work to make the research effort a success."

And though it took some work, Leon and Haywood-Cory helped ensure that all 12 patients' complete medical records were compiled and sent to Dr. Hayes and her colleague, study co-author Marysia Tweet, M.D.

"What this represents is truly patient-initiated research, which is a kind of new frontier," says Dr. Hayes.

"We're excited to have participated in it."

The successful pilot study paved the way for funding of two new SCAD research projects, which are under way. One project continues the pilot study's work, collecting complete medical records from up to 200 people who have had SCAD, as well as compiling a virtual registry of SCAD patients from all over the world. The other project is collecting blood samples from SCAD patients and family members for a SCAD biobank, which researchers will use to search for genetic markers and causes.

## Hope restored

Even though Leon didn't believe those who told her there was nothing she could do about SCAD, she didn't imagine she could do this much.

"I just can't believe it's all come to pass," she says. "The reality of the research going on now is so much bigger than my goal."

Her goal? She and Haywood-Cory just wanted people who'd had SCAD to have hope. "Now, when women join the message boards and are just as scared and lost as we were after our SCADs, we can tell them there's something they can do," she says.

"We've developed some amazing friendships online with SCAD ladies in all corners of the globe," says Haywood-Cory. "We truly are a worldwide support group." •

## SCAD research



To find out more about Mayo Clinic research on spontaneous coronary artery dissection, go to [clinicaltrials.mayo.edu](http://clinicaltrials.mayo.edu) and enter "SCAD" in the search box, or email [MayoSCAD@mayo.edu](mailto:MayoSCAD@mayo.edu).



For more information about SCAD, visit [mayoclinic.org/spontaneous-coronary-artery-dissection/about.html](http://mayoclinic.org/spontaneous-coronary-artery-dissection/about.html).



To read more about current Mayo Clinic SCAD studies, use your mobile phone to scan this QR code.



## Mayo Clinic to test breast, ovarian cancer vaccines



*“Our hope is that the vaccines will boost the cancer-fighting capabilities of the immune system and will be a leg up on this aggressive cancer after conventional treatment is complete.”*

Keith Knutson, Ph.D.

Women who have survived breast or ovarian cancer know they’re at higher risk than other women for getting cancer again. And if the cancer does return, it can be more difficult to beat the second time around.

That’s why there’s such anticipation about two new, investigational cancer vaccines soon to be tested at Mayo Clinic. Phase I clinical trials for women who have been treated for ovarian or breast cancer will begin soon.

While most cancer vaccines to date have targeted tumors, these aim to actually prevent relapse. The Mayo Clinic team will vaccinate women three months after completing cancer treatment, when they’re healthy.

“The hope is that we’ll be able to craft these vaccines to boost individuals’ immune systems and create those memory cells that can reside in the body for a long period of time,” says Keith Knutson, Ph.D., a Mayo Clinic immunologist who developed the vaccines with colleagues at Mayo Clinic. “And, if needed, those cells can be awakened and stimulated to destroy a tumor.”

Both vaccines target protein molecules. One vaccine targets a protein abundant in almost all breast and ovarian cancer cells. Doctors think the common

nature of this protein may mean the vaccine could be effective in many women with those cancers. The other vaccine targets a highly aggressive protein molecule that promotes the growth of cancer cells.

“For some diseases, such as smallpox, we’ve been able to develop vaccines that have completely eradicated the organism from causing any problems in humans,” says Dr. Knutson. “I don’t know if we’ll be able to achieve that with cancer vaccines, but the hope is that we will significantly reduce the risks of developing the disease in the first place, and reduce the number of deaths each year that occur due to these diseases.”

Dr. Knutson cautions that these medications are still in the investigational, preliminary phase, and plenty of work remains before a cancer vaccine is widely available. But he also recognizes the hope that many women and their families share.

“One of the greatest fears for women who’ve been treated for breast cancer is that the cancer will return,” Dr. Knutson says. “Our hope is that the vaccines will boost the cancer-fighting capabilities of the immune system and will be a leg up on this aggressive cancer after conventional treatment is complete.”



These cancer vaccines are being tested only for certain types of breast and ovarian cancer, but researchers hope this study will lead to the development of more cancer vaccines. For more information on Mayo Clinic cancer clinical trials, please call 507-538-7623.



# Positive outlook

## helps Chicago woman through awake brain surgery

One of Mary Meixner's first clues that she had a brain tumor was waking up in a car that she'd driven into a snow-filled ditch. She'd had a seizure when driving alone in January 2009.

"If the snowdrift hadn't been there, it might have been game over for me," says Meixner, a witty and vibrant 28-year-old Chicago lawyer.

Instead, she ended up in an ER, where a CT scan showed an avocado-sized mass in her brain. She decided to come to Mayo Clinic for treatment, where her dad had heart surgery the year before.

Meixner's mass was a cancerous tumor in her brain. Mayo Clinic neurosurgeon Ian Parney, M.D., Ph.D., laid out her options, which ranged from a wait-and-watch approach to the most aggressive treatment: removing the tumor completely, and then treating any remaining cancer cells with chemotherapy and radiation.

"In Mary's case, I really felt the best thing was to do the surgery and take the tumor out," says Dr. Parney.

Meixner decided on the most aggressive option, but it meant a unique brain surgery.

"The best way to protect those speech areas is to map the brain during surgery," says Dr. Parney. "But to do that, people have to be able to talk, which means they have to be awake."

During awake brain surgery, the surgeons apply electrical stimulation to different areas of the brain, then ask the patient to count, say the alphabet or name objects that come up on a computer screen. If the patient cannot continue verbalizing normally when a certain area is stimulated, surgeons know to avoid it when they remove the tumor.



Though most awake brain surgery patients don't remember much from the procedure, Meixner seems to recall most of it. "I remember them cutting my head open, and I remember them poking around while they were mapping my brain," she says. "But all I could do was joke about it. There was no other way to get through it."

Meixner approached the entire ordeal with plenty of humor and a positive attitude.

"In the days before the surgery, I thought there could be no tomorrow, so why should I be depressed and anxious?" she says. "If this is my last day, I should have a good attitude."

Ultimately, Meixner emerged from the surgery very much alive and filled with gratitude. "I was so excited," says Meixner, "I was like, 'Yes! I'm not dead! And I can talk, and think!'" Dr. Parney says the surgery was successful, and the following radiation and chemotherapy were necessary only to treat any remaining microscopic cancer cells. Now, Meixner continues to work as an attorney and enjoys her life in Chicago with her husband and new puppy.

"Mary is such a vibrant person, and that came through even in the operating room," says Dr. Parney with a smile.

Mary Meixner, on her Chicago balcony, recalls how confident she was in Mayo Clinic neurosurgeon Ian Parney, M.D., Ph.D., during her awake brain surgery. She says she used humor to get through being diagnosed and treated for brain cancer, including during the surgery itself.



Ian Parney, M.D., Ph.D.



## The benefits of being connected

One of the benefits of being a Mayo Clinic Health System patient is access to a huge network of health care providers. Close to 3,000 physicians and scientists work at Mayo Clinic and Mayo Clinic Health System organizations. That's a lot of expertise.

But how do we leverage that expertise for you, our patients? Let me share one example. Gilbert Picken, an 80-year-old Fairmont, Minn., resident, had started experiencing chest pain when he exerted himself. He went to see his family physician, DuWayne Hansen, M.D., at Mayo Clinic Health System in Fairmont. After examining Mr. Picken, Dr. Hansen recommended that he see Arashk Motiei, M.D., a Mayo Clinic cardiologist based in Mankato. Dr. Motiei also sees patients in Fairmont, so Mr. Picken was able to schedule his appointment there.

After running a few tests in Fairmont, Dr. Motiei recommended an angiogram. Mr. Picken traveled to nearby Mankato for the exam, which revealed significant blockage in his blood vessels. He had bypass surgery at Mayo Clinic in Rochester to correct the problem, then followed up with cardiac rehabilitation back home in Fairmont.

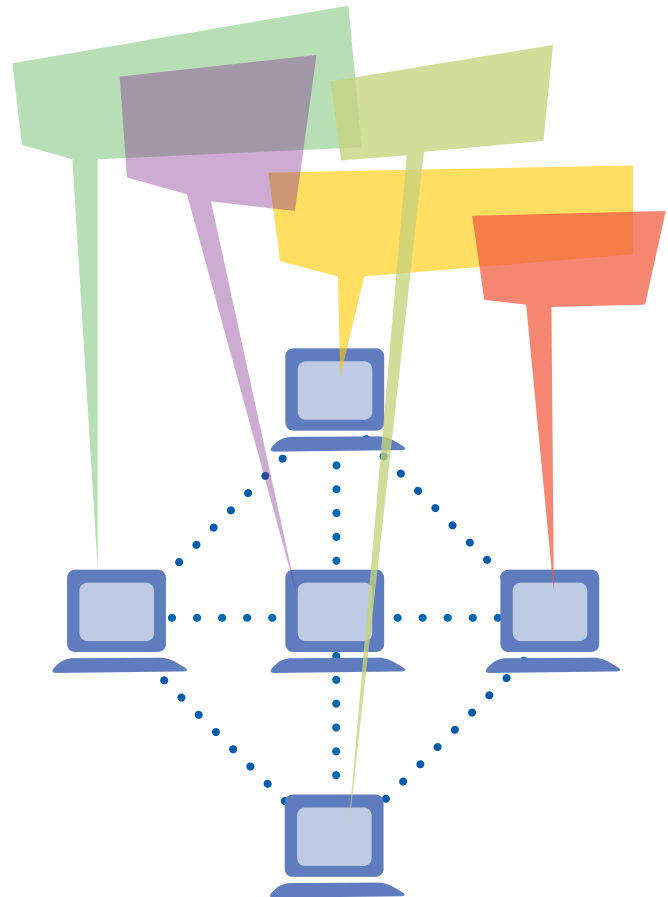
When patients have tests or treatment in multiple locations, their medical records are accessible to all providers thanks to a shared electronic medical record system. This helps ensure providers have the most up-to-date information on their patients' medical conditions. It also can cut down on unnecessary duplication of medical tests, since providers can quickly and easily view test results and images from anywhere within the system. Most importantly, this record-sharing improves patient safety because providers have all of the information they need before making treatment decisions.

In addition, many of our locations share the services of specialty physicians. This means we're able to divide the physician's time between two or more locations, making it possible to offer patients

like Gilbert Picken local access to specialty care that they might otherwise have had to travel for.

Later this year we'll launch an online patient portal that will give you access to your own medical records, including test results. You'll also be able to contact your provider and care team via e-mail with simple questions and requests for things like prescription refills or immunization records.

As we move forward together, we'll continue to look for new ways to connect. We're excited about the future of health care in our region, and we look forward to creating that future with you. •



## Primary care providers may hold key to suicide prevention



Each year, millions of Americans consider taking their own lives. Tens of thousands act on those thoughts, making suicide the 11th leading cause of death in the United States.

While suicide often shocks the family and friends left behind, warning signs exist. Primary care providers are well positioned to recognize and act on those signs, according to a review article published in the August 2011 edition of Mayo Clinic Proceedings.

“We reviewed existing studies and found that about 45 percent of people who died by suicide saw their primary care provider in the month before their death, while only 20 percent saw a mental health professional,” says Timothy Lineberry, M.D., a psychiatrist at Mayo Clinic and an author of the review. “We also found that primary care providers write most of the antidepressant prescriptions in the United States. These two facts show that primary care providers provide more antidepressant treatment than mental health professionals, and are more likely to see patients at risk of suicide in the weeks before their death.”

Based on their findings, Dr. Lineberry and his co-authors suggest that primary care providers seize the

opportunity to improve the screening and treatment of patients at risk of suicide.

Raymond Rivas, M.D., a family medicine physician in Albert Lea, says he and his colleagues try to be in tune to all of their patients’ health care needs, whether physical or psychological.

“As primary care providers, we look at all aspects of our patients’ lives,” says Dr. Rivas.

“We want our patients to feel comfortable sharing any difficulties they are having. Depression is not uncommon, especially when people are facing challenges like an illness or unemployment. The good news is that depression can be treated. We want our patients to know that they can talk to us, and we will work to find them the help they need, whether that’s medication or referral to a mental health provider.”



## Call!

If you are considering suicide, call 911 or the toll free National Suicide Prevention Lifeline 1-800-273-TALK [8255].

## Support groups & resources

Mayo Clinic Health System offers the following resources for patients with depression:

**Behavioral Health Services**  
— Albert Lea  
507-377-6406

**Psychiatry and Psychology Department — Austin**  
507-433-8758



Annual wellness visit helps lower costs, prevent illness and save lives —

*You may be eligible*



Sandra Pieper, left, says she was happy with the thoroughness of her recent annual wellness visit with registered nurse Becky Arneson. “It was nice because I had more time to talk about how I was feeling and discuss all health concerns,” she says. The annual wellness visit is fully covered by Medicare Part B.

Since the passage of Affordable Care Act in 2010, more than 150,000 seniors and others with Medicare Part B insurance in the United States have already had an annual wellness visit. This is a preventive benefit now covered by Medicare free of charge.

“The annual wellness visit is not like your regular annual physical exam,” says Carol Holtz, M.D., family medicine physician at Mayo Clinic Health System in Austin. “The purpose of the annual wellness visit is to review your health, provide you with education and counseling on preventive services you should receive, such as immunizations and screenings, and offer referral sources for other care if needed. There is more talking one-on-one and no real physical examination, but it’s truly worth your while to take advantage of this free visit if you have Medicare Part B coverage.”

Dr. Holtz says the annual wellness visit is performed by a registered nurse. “A specially trained registered nurse will meet

with you for your annual wellness visit to ensure your medical records are all up-to-date and to help you develop or update a personalized health care plan based on your current health and risk factors,” says Dr. Holtz. “Seniors and others with Medicare really need to take advantage of this because it helps lower health care costs, prevent illness and save lives.”

Sandra Pieper of Twin Lakes recently met with Becky Arneson, a registered nurse at Mayo Clinic Health System in Albert Lea, for her first annual wellness visit. “The wellness exam is a good idea,” says Pieper. “The registered nurse [Arneson] spent almost an hour with me asking questions and answering questions I had. She was thorough and checked everything including preventive care screening that I had due, such as an eye exam. It was nice because I had more time to talk about how I was feeling and discuss all health concerns I’ve had over the past year since my last annual physical exam.”

## What is the annual wellness visit?

A one-time, free and easy benefit that helps you and your care provider plan for your health.

The annual wellness visit helps you and your care provider develop a personalized plan to prevent disease, improve your health, and help you stay well. A few things you should know:

- It's free. There's no copayment or deductible for the visit.
- It's easy to use this benefit. Just call your doctor when you sign up for Medicare. If you don't have a regular health care provider, visit [mayoclinichealthsystem.org](http://mayoclinichealthsystem.org), click on Minnesota, Albert Lea or Austin, and Medical Staff.
- You can schedule the visit during the first 12 months you have Medicare. After the first year, you can get a yearly annual wellness visit for free.
- It's comprehensive. The visit includes a review of your medical history, review of preventive tests and screenings you may need soon to help plan for a healthy future.
- The visit is covered by Medicare Part B or a Medicare Advantage Plan.

## What to expect during the visit

During the visit, the registered nurse will:

- Record and evaluate your medical and family history, current health conditions and prescriptions.
- Check your blood pressure, vision, weight and height to get a baseline for your care.
- Make sure you're up to date with preventive screenings and services, such as cancer screenings and shots.
- Depending on your general health and medical history, further tests may be ordered upon consultation with a physician.

Following the visit, you will receive education and a care plan that may include recommendations for more screenings and preventive services. Check with your Medicare coverage as additional screenings may not be covered.

### How to schedule an annual wellness visit

Call the appointment desk at Mayo Clinic Health System and ask to schedule your annual wellness visit.

Austin 507-433-8758

Albert Lea 507-379-2041





## Coronary artery disease: *Your questions answered*

Mayo Clinic cardiologist Sandy Birchem, D.O., answers some frequently asked questions about coronary artery disease, the most common heart disease in the U.S.

### Q. What is coronary artery disease?

A. Coronary artery disease happens when the coronary arteries, which supply blood to the heart, become narrowed or blocked with the buildup of plaque. Plaque is a combination of cholesterol and other fatty substances that can build up in the arteries over time. The narrowed passageways decrease the heart's oxygen supply and can cause a heart attack.

### Q. What are the risk factors?

A. Family history of heart disease, high blood pressure, high cholesterol, cigarette smoking, diabetes and obesity can all put you at increased risk for developing coronary artery disease.

### Q. Can I do anything to reduce my risk?

A. There are some very effective ways to lower your risk for coronary artery disease and heart attack, including preventing or treating high blood pressure and cholesterol, maintaining a healthy weight, exercising regularly, preventing or controlling diabetes, and not smoking.

### Q. What are the symptoms of a heart attack?

A. Symptoms vary from person to person, but the most common symptoms include chest discomfort or pain, discomfort in the arms, back, neck, jaw or stomach, shortness

of breath, and nausea or light-headedness. Women are more likely to experience nausea and vomiting, often without any obvious chest pain or pressure.

### Q. How is coronary artery disease diagnosed?

A. Several tests can help get a picture of your heart health, including blood pressure, chest X-ray and electrocardiogram, as well as different blood tests to check blood cholesterol and blood sugar levels.

### Q. If I have coronary artery disease, what treatments are available?

A. There are several effective medications for controlling blood pressure and cholesterol, and others for overall heart health. Your doctor also may have specific recommendations for diet and exercise.

If initial treatments aren't alleviating symptoms, you may need surgery to expand narrowed arteries. Surgical options include balloon angioplasty, where a catheter with a small, inflatable balloon on the end is inserted into the affected artery and inflated until the artery expands. More severe cases may require bypass surgery, in which a heart surgeon bypasses a blocked or narrowed artery by attaching a healthy blood vessel to either end of the area and rerouting the blood around it. •

### Cardiology services in Albert Lea

Sandy Birchem, D.O.



Monday, Tuesday, Thursday  
and Friday  
8 a.m. to 5 p.m.  
507-379-2041

### Cardiology services in Austin

Lawrence Keenan, M.D.  
Andrew Moore, M.D.  
Colleen Nelson, certified nurse  
practitioner  
Marcia Rosendahl, certified  
nurse practitioner



Monday through Friday  
8 a.m. to 5 p.m.  
507-433-8758

# Classes, programs, events and support groups

## Albert Lea & Austin



For information about classes, programs and support groups in Albert Lea, call the numbers listed or contact the Patient Education Center, first floor, 507-379-2046.

### Prenatal/parenting classes

#### Baby Place tours

Mayo Clinic Health System in Albert Lea. No fee.  
507-377-6366

#### Women's Special Care Unit tours

Mayo Clinic Health System in Austin. No fee.  
507-434-1380

#### Childbirth Education

Mayo Clinic Health System in Albert Lea. No fee.  
507-377-6366

#### Infant Care

Mayo Clinic Health System in Albert Lea. For parents of infants ages newborn to 3 months. First and third Wednesday of month, noon to 1 p.m. No fee.  
507-379-2110

#### OB/GYM

Medically approved and supervised conditioning program for prenatal and postpartum women. Health Reach 1705 S.E. Broadway, Albert Lea. 507-377-5900

#### Prenatal breast-feeding

Single session taught by a public health nurse. Public Health, Freeborn County Government Center, 411 S. Broadway, Albert Lea. No fee.  
507-377-5100

#### Infant/child safety and CPR

Single session Health Reach 1705 S.E. Broadway, Albert Lea  
507-373-2384

#### Young Parents Childbirth and Parenting class

Mayo Clinic Health System in Albert Lea. No fee.  
507-377-5100

#### Infant Passenger Safety class

Mayo Clinic Health System in Austin 6 to 8 p.m. (call to check monthly schedule)  
507-434-1380

### Support groups

#### Alzheimer's Support Group

Second Monday of month, 6:30 p.m. Oak Park Place, 1615 Bridge St., Albert Lea  
Contact Cindy, 507-373-5600

#### Addiction Recovery Services Support Group

Mayo Clinic Health System in Austin. Contact Addiction Recovery Services for next session.  
507-434-1890

#### Autism Support Group

First Tuesday of month, 6 to 7 p.m. Mayo Clinic Health System in Albert Lea, lower level.  
Contact Jayne, 507-377-3029

#### Cancer Support Group

Last Monday of month, 6 p.m. Mayo Clinic Health System in Albert Lea, lower level.  
Contact Bonnie, 507-379-2050

#### Cancer Support Group

Free, no registration necessary. Second Tuesday of month, 6:30 p.m. Westminster Presbyterian Church, 801 6th St. S.W., Austin  
507-433-2961

#### Chemical Dependency Relapse Support Group

Sundays, 6:30 p.m. Fountain Centers Lecture Hall, Mayo Clinic Health System in Albert Lea.  
507-377-6411

#### Diabetes Groups

Third Thursday of month, 6:30 p.m. Mayo Clinic Health System in Albert Lea, Room 20. Contact Taryn Israel Nechanicky, 507-552-1266  
tkisrael@yahoo.com

First Monday of each month 6:30 to 7:30 p.m.

Our Savior's Lutheran Church, 1600 West Oakland Ave, Austin

#### Down Syndrome Support Group

Brookside Educational Center Room 130  
Contact Kara Paulson, 507-402-0618 or Rachel Schei, 507-391-3700

#### Epilepsy Support Group -

**Freeborn and Mower County**  
Third Wednesday of month, 7 p.m. ARC/Our Place Building 709 N. Main St., Austin  
Free, no registration necessary.  
507-437-6748

#### Freeborn County Parkinson's Support Group

Fourth Tuesday of month, 9:30 a.m. Senior Center, 1701 W. Main St., Albert Lea  
Contact Maureen, 507-373-1801 or Anne, 507-874-3367

#### Grief Support

Mayo Clinic Health System in Albert Lea - Hospice  
New sessions held several times yearly. Call 507-377-6393.  
Mayo Clinic Health System in Austin - Hospice  
New sessions held several times yearly.  
507-434-1415

#### Lupus Support Group

Contact Maxine, 507-826-3469 or Judy, 507-373-4735

#### Mentors for Hope

Mentors are breast cancer survivors. Contact Kathy, 507-373-7421 or Sandy, 507-256-7639

#### Mothers of Children with Handicaps

Free, no registration necessary.  
507-325-4742

#### Ostomy Support Group

Second Thursday of month  
Contact Stacy Palmer, 507-377-6790

#### RTS Bereavement Services

Support system for parents experiencing neonatal loss  
507-377-6279  
Private counseling also available, 507-377-6346

#### Senior Resources Family Caregiver's Network

Third Thursday of month  
Thorne Crest Apartments Board Room, 1201 Garfield Ave., Albert Lea  
507-377-7433

#### Southern Minnesota Mothers of Multiples

Contact Jodi, 507-433-7146

#### Stroke/TIA Support Sessions

Fourth Thursday of month  
507-379-2046

#### Tobacco Cessation Group

Mayo Clinic Health System in Austin  
Wednesday's, 5 to 6 p.m.  
Free and informal.  
Patient Education and Resource Center

### Other classes/ programs

#### CPAP Services

Mayo Clinic Health System in Austin  
Monday through Friday, 8 a.m. to 4:30 p.m.  
507-433-8758

#### It's Quittin' Time

Mayo Clinic Health System in Albert Lea  
FREE one-on-one assistance with a certified tobacco treatment specialist  
507-377-6393

#### Tobacco Cessation Program

Mayo Clinic Health System in Austin  
507-434-1429

#### Take Hold Program

Mayo Clinic Health System in Austin  
12-week program for those with a history of hypertension, obesity, hyperlipidemia and/or diabetes  
507-434-1674

#### Special Education Advisory Council (SEAC)

Parents and professionals working together for improved special education in District 241  
Brookside Education Center (Room 234), Albert Lea  
Mondays, 6:30 to 8 p.m.  
January 23, March 26, May 21

## Mayo Clinic Health System

*Welcomes  
new providers*



**Tammy Olson, D.O.**  
**Hospitalist**  
**Austin**

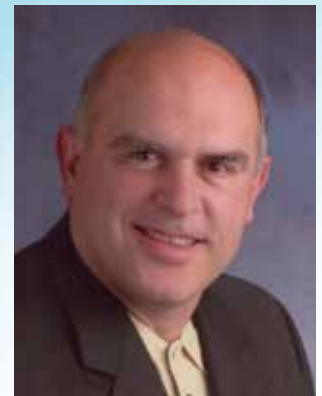
**Medical School:** Doctor of Osteopathic Medicine from Des Moines University, Iowa

**Residency:** University of Minnesota Mankato Family Medicine Residency



**Amie Otto, Nurse Practitioner**  
**Behavioral Health**  
**Albert Lea**

**Education:** Master's degree in nursing from the University of Iowa, Iowa City. Otto is a certified nurse practitioner in family psychiatric and mental health with a special emphasis on children and young adults.



**Donald Smith, M.D.**  
**General Surgery**  
**Austin**

**Medical School:** University of South Dakota, Vermillion

**Residency:** Hennepin County Medical Center, Minneapolis.

## hometown health

*Hometown Health*<sup>™</sup> is published as a community service for the friends and patients of Mayo Clinic Health System. If you have comments or suggestions for *Hometown Health*, contact Jennifer Levisen, Community Relations, 507-377-6417.

### For more information, visit our website, [mayoclinichealthsystem.org](http://mayoclinichealthsystem.org)

Information for *Hometown Health* stories is provided by Mayo Clinic Health System medical professionals. If you have medical questions about these stories and how they affect your health, please contact your physician.

Mayo Clinic Health System in Albert Lea also has clinics in Alden, Kiester, New Richland, and Wells, Minn., and Lake Mills, Iowa. Mayo Clinic Health System in Austin also has clinics in Adams, Blooming Prairie, Grand Meadow and LeRoy, Minn.

**MAYO CLINIC HEALTH SYSTEM**  
[mayoclinichealthsystem.org](http://mayoclinichealthsystem.org)

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