

Advanced care
for **peripheral
artery disease**

Olevia's pain became so unbearable, her friend took her to the Emergency department at Touro.

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Advanced care for **peripheral**

Olevia Sanders, 74, loves New Orleans and spent most of her life here up until she retired two years ago and moved to Mississippi to be with her sister. In January 2021, while Olevia was visiting New Orleans with a friend, she began experiencing pain in her legs and feet. The pain became so unbearable that her friend brought her to the Emergency department at Touro.

After evaluation in the Emergency department, Olevia was admitted for observation and diagnostic testing.

The results showed that she had significant calcification in her legs, which is most commonly caused by a buildup of plaque on the inside of arteries. This is known as peripheral artery disease (PAD). Over time, plaque builds up in the walls of the arteries, including those that supply blood to your legs. Olevia was not receiving adequate blood supply to her feet, causing extreme pain.

"It didn't make any sense. I have never had any serious health problems. I didn't even have a primary care doctor," explained Olevia.

A frightening diagnosis

Olevia was diagnosed with critical limb ischemia. Critical limb ischemia is a condition that can occur over time when your leg arteries are damaged. It's a severe form of peripheral arterial disease. If blood flow to the toe, foot, or leg is completely blocked, the tissue starts to die (gangrene). If this happens, you need medical care right away to restore blood flow and possibly save the leg. But even with the best medical care, it might not be possible to save a severely affected limb.

After 10 days of inpatient treatment for critical limb ischemia, Olevia started to feel relief and was able to go home. Unfortunately, her symptoms returned a week later, this time with severe swelling in her right leg and foot. Olevia was told the damage to her right foot was critical, and amputation may be the only



treatment option. She was referred to Interventional Cardiologist Leonard Glade, MD, and Vascular Surgeon Michael Adinolfi, MD.

Dr. Adinolfi and Dr. Glade worked together to perform a hybrid open vascular and endovascular procedure

to restore blood flow to Olevia's right leg and foot. The partnership between vascular surgery and cardiology for critical limb salvage is the first of its kind in Southeast Louisiana. This treatment cannot only be limb-saving for patients, but lifesaving as well.

artery disease



Now pain-free, Olevia enjoys a stroll with Dr. Glade.

Specialized treatment in New Orleans

A diagnosis of critical limb ischemia is not uncommon for the people of Southeast Louisiana. Touro recently started a Peripheral Artery Disease Clinic to support the growing number of patients in need of critical limb salvage. Peripheral artery disease is often diagnosed in individuals with diabetes, high cholesterol, and high blood pressure. For most patients with critical limb ischemia, leg or foot amputation is the only treatment option available. Dr. Glade specializes in PAD and works to diagnose and treat patients before critical limb ischemia occurs, making limb salvage a reality for these patients.

The loss of blood flow to Olevia's foot was so significant that below the knee or full foot amputation was a possibility due to the damage. However, because of this advanced

Olevia was told the damage to her right foot was critical, and amputation may be the only treatment option.

procedure performed by Dr. Adinolfi and Dr. Glade, blood flow was restored and only her toes needed to be amputated.

Care and kindness

Throughout her stay at the hospital, Olevia met so many different nurses and doctors. As she teared up, she said "I have never met more courteous people in my life. Every single person that took care of me was just the

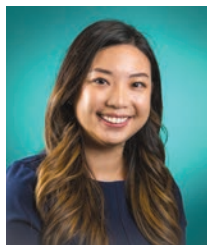
kindest people. I couldn't believe how good God was to me. He truly blessed me."

After Olevia recovered from her surgeries and completed Home Health Care, she went back to Mississippi to be with her sister. Olevia returned to New Orleans for her doctor's appointment, but after her last appointment on November 15, 2021, she was completely released. "I feel great, and I have no more pain. I came down here for my last appointment, but I think I may just stay here a while," she said.

Be in the know

To learn more about peripheral artery disease, visit touro.com/heart.

5 ways to thrive as you age



By Cecilia Tran, MD
Family Medicine
Touro

Today's older generation is more content with their lives than ever. In a national survey, most people ages 50 to 80 reported that they had a strong sense of purpose, are more comfortable being themselves, and feel their lives surpass their expectations.

This upbeat attitude coincides with the positive aging movement. Positive aging takes its cues from research indicating that an optimistic outlook and emphasis on well-being can increase the number of people thriving at an older age.

You can join the movement no matter your age. Follow these five practices to help keep yourself active and living with purpose:

1 Keep tabs on your health. Talk with your primary care provider about preventive care and screenings you may need. Let them know if you have questions or concerns, including symptoms of depression.

2 Create a workout routine. Physical activity is crucial, regardless of your health status or age. There are countless activities to choose from, such as practicing yoga, walking with friends, and swimming. Every little bit of movement helps.

3 Nourish your body. Load up on foods rich in nutrients that give you energy. Fill your meals

with lean meats, low-fat dairy, veggies, fruit, whole grains, and unsalted nuts.

4 Control stress. Try managing stress with techniques such as guided breathing and practicing mindfulness. Don't be afraid to reach out for help from your family, friends, or your healthcare provider.

5 Do what you love. By finding activities you enjoy, like playing musical instruments, walking your dog, gardening, or reading, you are also improving your mind and body. Another benefit: These activities often can connect you to a supportive community.

Exceptional care for extraordinary seniors at Touro

We all change when we age, and so do our healthcare needs. Our Senior Care program combines practices from experts in every specialty to provide individualized, comprehensive care. Learn more at touro.com/seniorcare.

Spinach and goat cheese omelet

Ingredients

- 1 10-oz. package of frozen spinach, thawed
- 2 tsp. minced garlic (about 2 cloves)
- 1 tbsp. fresh minced basil
- 1 cup egg whites
- Olive oil spray
- 1 oz. goat cheese

Directions

- 1. Puree spinach, garlic, and basil together in a food processor fitted with a standard blade.
- 2. Heat a nonstick pan over medium-high heat for one minute. Add spinach mixture and stir frequently for five minutes, until most of the water has evaporated. Turn off heat.
- 3. Rinse out food processor, pour in the egg whites, and process until fluffy—about two to three minutes.
- 4. Spray spinach mixture with olive oil spray, pour fluffy egg whites into pan, and turn heat back on to medium-high. Stir about five minutes, letting egg whites form a solid bottom to the omelet.
- 5. Turn broiler on to high. Crumble goat cheese onto the top of the omelet, then broil for five minutes or until the top of the omelet is cooked.

Per serving

Serves four; serving size is $\frac{1}{4}$ of the omelet. Each serving provides 80 calories, 2.5 g total fat (1.5 g saturated fat, 0 g trans fat), 5 mg cholesterol, 180 mg sodium, 4 g carbohydrates, 11 g protein, and 2 g fiber.



When should you start **colon cancer** screenings?



Years ago, doctors may not have mentioned colorectal cancer prevention until a patient's 50th birthday. But now, both the U.S. Preventive Services Task Force (USPSTF) and American Cancer Society (ACS) advise people with an average risk for colorectal cancer to begin regular screening at age 45. If you're wondering why, here's what you need to know.

The latest guidelines

News reports often focus on individual studies. Yet no single study tells the whole story. That's why experts base health guidelines on a careful review of all the relevant research.

Based on the overall evidence, here's what both the USPSTF and ACS say:

- If you're age 45 to 75 and have an average risk of developing colon cancer, get screened regularly.
- If you're age 76 to 85, talk with your provider about whether to continue screenings.
- If you're 86 or older, screening is not recommended.

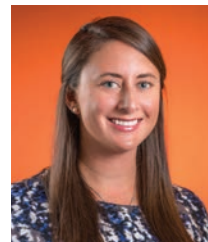
If you're at an increased risk for colon cancer and younger than age 45, ask your healthcare provider when to begin screenings. Risk factors include having inflammatory bowel disease or a personal or family history of colon cancer or polyps. Polyps are abnormal growths that might turn into cancer later.

The best test for you

Screening can help catch colon cancer early, when treatment works best. Even better, when polyps are found and removed, cancer can be prevented from starting in the first place. Providers may use various tests to check for colon cancer or polyps:

- **Stool tests** look for blood or altered DNA in a stool sample.
- **Flexible sigmoidoscopy** is a procedure in which the provider uses a short lighted tube to look at your rectum and lower colon.
- **Colonoscopy** is a procedure similar to flexible sigmoidoscopy in which the provider uses a longer lighted tube to look at your rectum and entire colon.
- **CT colonography** uses X-rays and computers to create images of your entire colon.

Each test has its pros and cons. Talk with your provider about which test is right for you and how often to have it done.



By Elyse Bevier-Rawls, MD
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Digestive care in New Orleans

For more information about stomach and digestive care or to make an appointment with our gastroenterology team, please visit touro.com/gastro.

Listen to a Touro gastroenterologist discuss colorectal cancer and screening options at touro.com/coloncancer.

Ch-ch-changes: **Women's health visits** through the years



By Elaine Kao, MD
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Every relationship evolves over time. The one you have with your gynecological care provider is no exception. As your body changes, your yearly well-woman visits adjust to your needs. Here's what to expect, decade by decade.

Your 20s

If you haven't had the human papillomavirus (HPV) vaccine, now's the time. HPV is a common sexually transmitted infection (STI) that can cause cervical and other cancers.

Also, your provider will screen you for cervical cancer using a Pap test. At this age, most women need one every three years.

You should discuss family planning with your provider—anything from birth control to prepregnancy care.

Your 30s

Beginning in this decade, experts advise adding an HPV test to the Pap test and having both every five years.

Your birth control needs may evolve, too. You might consider more permanent methods if your family is complete.

Your 40s

In your 40s, you're likely to notice a shift in your periods. Your flow may change in heaviness and frequency.

You may be experiencing perimenopause, the lead-in to menopause. Other symptoms include hot flashes and trouble sleeping. Talk with your provider about management options.

Your 50s and beyond

During menopause, your periods stop and spontaneous pregnancy is no longer possible. This often occurs in your early 50s. Besides causing uncomfortable symptoms, menopause can contribute to low bone density. Your provider can recommend ways to prevent complications like fractures.

After age 65, if you've never had an abnormal result, you may be able to stop cervical cancer screening tests altogether.

We're here for women at every stage

Keeping you healthy at every stage is our priority, and Touro is proud to be your partner in women's wellness. From primary care to obstetrics and gynecology, we offer an array of specialists and lab and imaging services to address all your health needs. Learn more at touro.com/womenshealth.

Signs of a pelvic floor disorder

Most of us don't spend much time thinking about the muscles in our pelvis until the bottom drops out, so to speak. But when something is amiss in our pelvic floors, life-disrupting and unpleasant symptoms can result, including:

- Leaking or difficulty urinating
- Below-the-belt pain or discomfort
- Trouble controlling or moving your bowels
- Frequent urinary tract infections
- Discomfort with sex
- Prolapse

If you have symptoms of a pelvic floor disorder, talk with your healthcare provider. The problem won't go away on its own and, if left untreated, may get worse.



7 simple habits that could save your life

The American Heart Association (AHA) has pinpointed seven habits that contribute to a healthy heart. Follow one or two, and you're doing your heart some good. Do all seven, and you're doing your heart even better.

1



1. Manage blood pressure. High blood pressure is a significant risk factor for heart disease and stroke. A healthy blood pressure level is lower than 120/80 mmHg.

2. Get active. Do at least 150 minutes of moderate exercise a week. It's OK to break your activity into smaller amounts throughout the day and slowly work up to this weekly goal.



2

3



3. Control cholesterol. Get your cholesterol checked. If your provider says your cholesterol is too high, follow their advice for lowering it.

4. Eat better. Enjoy a variety of vegetables, fruits, and whole-grain products. Include more of these foods and reduce your intake of highly processed foods high in fat, sugar, and sodium. Buy fat-free or low-fat dairy products to help reduce the amount of saturated and trans fats in your diet.



4

5



5. Keep weight in check. One way to assess your weight is body mass index (BMI). To find out your BMI, visit touro.com/bmicalculator. If it's 25 or higher, talk with your provider about your weight and health risks.

6. Reduce blood sugar. Adults with high blood sugar (diabetes) are more likely to have heart disease than those without it. Get your blood sugar levels checked regularly. Aim to stay in your target range.



6

7



7. Stop smoking. Smoking increases the risk for heart disease, especially if you have other risk factors.

How do you stack up?

To assess and track your progress with AHA's Life's Simple 7®, visit mylifecheck.heart.org and click on "My Heart Score."

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