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From the dull, nagging ache of tendonitis to the sharp, stabbing jolts from shoulder and back injuries, pain can be devastating and rob you of your quality of life. It can go on for months – even years, while you try to ignore it, take pain medications or have treatments that don’t work. In the meanwhile, you’re losing sleep and missing out on your favourite activities. You just want the pain to go away!

“To get rid of the pain, you need to get rid of the injury itself,” said Diana Mason, RMT, of LaserHealth® Solutions. “But often, our cells don’t have enough energy to complete the healing process. They get stuck in an inflammation cycle. When that’s the case, you need a therapy that gets to the root of the injury and treats it right at the cellular level.” While most medications just mask the pain and inflammation temporarily, there is now a treatment available which can stimulate and finish the healing process, resolve inflammation and help the body develop healthy new tissue rather than troublesome scar tissue.

“This treatment is done with a cold laser,” explains Mason. “Not the type of laser that cuts or burns, but one that is gently absorbed by soft tissue. During the absorption process, cells are stimulated to produce more adenosine triphosphate – or ATP. This is the simple fuel that cells use to do what they’re supposed to do – regenerate and repair. Think of it like photosynthesis, plants absorb sunlight and convert it to energy that’s used to grow and repair.”

Cold lasers have been studied for decades in scientific and clinical studies. Studies prove how highly effective it is in repairing damage to soft tissue. From shoulder injuries to sciatica, tendonitis, plantar fasciitis, and sports injuries, cold lasers are now used to help heal these injuries completely. Even arthritis and degenerative disc disease sufferers can see long term benefits from this treatment – without the negative side effects many experience with long term use of pharmaceuticals.

The cost of treatment is very reasonable and may be claimed on insurance plans which cover Massage Therapy or Physiotherapy. As an experienced Massage Therapist, Mason often uses manual techniques and stretching / strengthening programs along with the cold laser to help patients improve even faster. “This combination is a perfect way to get rid of scar tissue and inflammation - and help keep it away! So instead of just temporary relief from pain, you are receiving a treatment that acts in a curative way.”

If you’re ready to get rid of your injury – and the pain – for good, call Diana Mason, RMT, at LaserHealth® Solutions for your assessment — 255-7779. Conveniently located at #1 - 1031 Autumnwood Drive. For more information, you can also visit the comprehensive website at www.laserhealth.ca. View videos of treatments being performed, clinical studies, and over 450 testimonials from people who thought they would never get rid of their pain – until they went to LaserHealth® Solutions!

I had pain in my heel since mid-March ’08. I had tried everything, exercise, icing, heat, and nothing seemed to work. I went to see Diana at LaserHealth® Solutions. In a few treatments I was feeling less pain. I had a total of 8 treatments and my heel is great. Thanks Diana! No more pain. I can walk again!

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When Pain Won’t go Away

By LaserHealth® Solutions
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Medical staff also worry that the number of people with cardiac health issues will grow as demographic and lifestyle changes take root.

Meanwhile, our cardiac sciences team continues working to enhance care and deliver better patient outcomes. One area of success involves the treatment of heart attack patients. Each year, about 1,500 patients are treated for heart attack. That works out to about 30 patients every week.

Years ago, a heart attack often ended in death. Not so much anymore. As you will read in our special report, the heart attack survival rate has dramatically improved over time. Only a few years ago, the survival rate for patients suffering STEMI heart attacks in our community hovered around 85 per cent. Today, that number is closer to 96 per cent.

While these and other patient outcome numbers have been positively influenced by advances in medicine, there are other reasons for the improvements. One that often gets overlooked is the Winnipeg Health Region’s decision in 2004 to create a consolidated Cardiac Sciences Program.

Consolidation changed the way cardiac care was delivered in our community. Rather than having separate hospitals develop individual hubs, with costly medical equipment and heart specialists, consolidation allowed the Region to pool staff and equipment, providing focus and synergy. Not only did the creation of the Cardiac Sciences Program enhance the delivery of care for heart patients, it also established a template for other clinical care programs throughout the Region, such as the Eye Care Centre of Excellence at Misericordia Health Centre, the Concordia Hip and Knee Surgery Centre, and the Neurosurgical program at Health Sciences Centre.

The effort to consolidate cardiac care put us in a position to focus resources and help build a better program. And that is what we have done. Manitoba Health is spending $40.3 million to make St. Boniface Hospital a Centre of Excellence for Heart Surgery and Cardiac Care. Part of the project includes the development of space in the Asper Centre, which is located on the St. Boniface Hospital campus.

The added space is needed, as we have expanded our cardiac program significantly, adding 25 physician specialists over the last four years, in addition to a number of critical care nurses, to serve the needs of our Region, now and in the future.

We will continue to improve how we deliver cardiac care. That’s our job. But there are things you can do to reduce your risk of developing heart disease and improve your chances of surviving a heart attack.

You can, for example, learn to recognize the warning signs of a heart attack. As Drs. James Tam and Roger Philipp note in our special report, the quicker you recognize the signs and call 911 for an ambulance, the better your odds of surviving a heart attack.

Of course, even the best treatment is no substitute for prevention.

While some heart conditions are hereditary, lifestyle choices, such as inactivity, smoking and poor eating habits, can increase our odds of developing heart disease.

Here at the Region, we have launched a number of initiatives that help promote overall wellness. As part of the Tobacco Reduction initiative, for example, the Region works with community partners to help people kick the habit and keep kids from lighting up in the first place. Winnipeg in Motion, meanwhile, is designed to encourage all of us to incorporate more physical activity into our daily lives. The Region is also involved in programs centred on food and nutrition, such as the effort to create a nutritional tool kit for newcomers to Canada. All of these efforts are designed to help individuals make choices that will support heart health.

At the end of the day, though, we will need more than well-conceived programs to win the war on heart disease. We will need you, the public, to pay closer attention to your heart health. Because as amazing as it is, your heart still requires a lot of tender loving care to keep on ticking. Have a safe and happy summer.

Consider the evidence: It is, after all, only slightly larger than your fist, weighing somewhere between 200 g and 425 g. Yet every day, this magnificent little machine will beat about 100,000 times and pump roughly 7,200 litres of blood throughout your body – almost enough to fill a backyard swimming pool. In doing so, it feeds your cells with oxygen and nutrients, while removing carbon dioxide. It is, quite simply, the thing that keeps you alive.

And yet, we tend to take this marvel of nature for granted – at least until something goes wrong. And that does happen more often than it should.

The good news is that heart disease rates and deaths have steadily declined over the last two decades, according to various studies. The experts believe these changes can be attributed to a number of factors, including advances in medical care, and the fact that fewer of us smoke.

Nonetheless, as our special report in this issue of Wave points out, heart disease remains a serious problem. According to a 2009 Public Health Agency of Canada report, heart disease afflicts about 1.3 million Canadians and claims more than 60,000 lives a year.

Moreover, researchers worry that we could see a surge in the number of heart disease cases in the years ahead, mostly because our population is aging and becoming more prone to diabetes and other chronic ailments.

Our community is not immune to these trends. Every year, the Winnipeg Health Region’s Cardiac Sciences Program receives about 50,754 patient visits a year, and our medical staff also worry that the number of people with cardiac health issues will grow as demographic and lifestyle changes take root.

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The heart is a truly amazing piece of engineering.

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Haiti was both a lot more fun than I expected and a lot more heartbreaking at the same time.

Imagine Ottawa without the Peace Tower, with the rest of the Parliament buildings lying in rubble, with the Supreme Court gone, with the Chateau Laurier destroyed, with all large downtown cathedrals demolished, with 90 per cent of the downtown buildings lying in a heap, with a UN peace-keeping force in charge of your infrastructure (what little there is of it), and with 40 to 60 per cent of the homes in all of Ottawa’s suburbs gone. Imagine all of this and you will only begin to imagine how devastating the earthquake that struck in January has been to the Haitian psyche.

Nevertheless, my friends in the Bon Repos district of Port-au-Prince (whom I prefer to call my family, for they treat me like one of their own – calling me half Haitian and half Canadian) have done an amazing job of rebuilding since Jan. 12 when the earthquake struck, killing over 200,000.

I have been volunteering in Haiti since I first went there in 1982 as a medical student. In 2005, I became involved in efforts to build a new church, clinic, school and community health centre through EMAS Canada, a Christian, interdenominational, charitable, non-governmental organization (NGO). The project was intended to replace existing facilities, but stalled a little over a year ago due to lack of funds. Since the earthquake, the existing school and church are a pile of rubble, so the project has become a necessity.

The relief and building effort that started in the aftermath of the quake has been remarkable. With support from EMAS Canada, my friends in Bon Repos, with no assistance other than the funds we were able to send, delivered four orderly and efficient mass food distributions between late-January and mid-March. In addition, they built a 400-metre-long, 2.5-metre-high wall in April, securing the new construction site for the school, clinic, church and community health centre, and also erected a temporary school, which has been one of the better functioning schools in the city. Further, they drilled two boreholes, securing safe drinking water for the school and for our clinic in May. Finally, they cleared out the rubble of the old church and reconstructed it within a four-week timeframe in early May, completing the building in time for our health-care team’s arrival on May 15. Therefore, we were able to hold our clinic within a very secure building instead of under tents and tarpas, and they are now left with a building that can also serve as a hurricane shelter in the coming weeks.

This new building was inspected by a structural engineer from California (who was on our team), and his report was that he had not seen a better constructed building in Bon Repos, assuring us that it would withstand an 8.0 to 9.0 earthquake. In fact, the team of architects and engineers that accompanied me to Haiti told me that they had rarely seen such high-quality construction workmanship in the developing world as what my friends in Bon Repos had accomplished without heavy equipment.

The health-care team of which I was a part treated 568 patients in four days, and left behind not only lots of skills, supplies, and pharmaceuticals, but tremendous hope in the community.

Not that hope wasn’t already there. I think what struck the team members the most on this trip was that, despite the misery and destruction we witnessed, there was not only a resiliency observed in this Haitian community, but a hope that is impossible for us to fully comprehend. Maybe it takes this kind of extreme hardship to truly fully know what hope is.

I was there for two weeks. The first week, I was team leader for a health-care team
consisting of three physicians (including myself), one dentist, two nurses, two high school students (including my son Daniel), a university graduate student, and a primary school vice-principal.

The physicians, dentist, nurses and high school students worked in a clinic alongside a Haitian physician and dentist as well as several Haitian nurses and nursing students. The clinic was run as a teaching clinic and saw around 100 to 150 patients a day. Our pharmacy filled about 200 to 300 prescriptions per day.

The most common medical diagnoses seen were gastroesophageal reflux disease, intestinal worms, upper respiratory tract infections, vaginal candidiasis, hypertension, sexually transmitted infections, musculoskeletal pains and headaches, urinary tract infections, ringworm (fungal skin infections), scabies, malaria, and typhoid fever.

The school vice-principal and graduate student worked at the El Shaddai primary school in Bon Repos helping to enhance the curriculum (focusing on hygiene and health topics) with a dozen Haitian teachers working with almost 80 students. The two high school students also helped out in the school, setting up a very lively, well-received soccer program with the new soccer gear they had brought down from Winnipeg. I can safely say that the soccer program was one of the major highlights of my first week in Haiti.

During the second week of my trip, I said “good bye” to the health-care team and welcomed a team of three architects and five engineers who spent a week working intensively with the El Shaddai elders, planning how to develop a large piece of land into a future community centre consisting of a large gathering space (for church and for a hurricane shelter), a new primary school and feeding centre for children, and a primary care/public health clinic.

By the end of the second week, this team had put together preliminary concept drawings and had built a small scale model of what the future development of this community centre will look like. The looks of astonishment and joy in the faces of the Haitians when they first saw the model of their future community centre were priceless.

It will now take a fundraising effort of around $500,000 over the next two to three years to realize the completion of this project, which is a big challenge for me, but also a pretty good bargain considering the skills that the community of El Shaddai are able to put into this project (they are incredibly competent builders) and the outcomes that are expected in terms of benefits to this local community on the outskirts of Port-au-Prince.
It’s a deceptively complex question, one capable of eliciting many answers. So, to get a better understanding of what the public does expect from its health-care system, the Winnipeg Health Region turned to its Community Health Advisory Councils (CHAC) for help.

About 85 members of six community councils located throughout the city were asked to ponder the question last fall. The results of their discussions are contained in a new report, entitled *Public Expectations of the Health-Care System*.

As part of its report, the volunteer health advisory council members developed a list of what they consider “reasonable” and “unreasonable” expectations. They also offered suggestions on how the Region can better communicate with the public on health-care issues.

Reasonable expectations of the health-care system, according to the health advisory councils, included timely access to care; that health-care providers be respectful and compassionate; and that information about disease prevention and health promotion be made available.

At the same time, the health advisory councils said it is unreasonable to expect that funding for health care is infinite, that people should be able to access health care for any issue at any time, and that the health-care system could “fix everyone.”

Suggestions to manage expectations included better communication around wait times at hospital emergency departments and specific ideas on how to educate and inform people about when it’s appropriate to access various health services, such as the emergency departments, urgent care, primary care clinics or their family doctor.

The health advisory councils, established in 2002, provide the Region with an opportunity to have a two-way conversation with members of the community about the delivery of health-care services.

Over the years, health advisory council members have provided innovative suggestions on topics ranging from patient safety to compassionate care, and their input has helped shape the direction of many programs and initiatives. Their report on public expectations will be used by the Region’s Board, as well as its funded agencies and community programs.

“The work done by CHAC is a valuable resource for us,” says Arlene Wilgosh, President & CEO of the Winnipeg Health Region. “As a health region, a patient-first focus is a priority for us, and the partnership we have with CHAC provides an important community voice and perspective that will help improve the health and well-being of the people we serve.”

Johnanne Drabchuk just finished her first year of a three-year term as a health advisory council member for the River East/Transcona health advisory council. Her motivation for volunteering is straightforward. “I want something better for my kids, and eventually I’m going to be getting older too and will probably need more health-care services.”
Report highlights

Here are some of the highlights from the Community Health Advisory Councils’ report:

**Reasonable expectations include:**

- The right to primary care.
- Fair and equitable access to health care for all.
- Timely access to primary care, specialists, diagnostics and treatment.
- Respectful and compassionate care.
- Electronic medical records.
- More resources for disease prevention and health promotion.
- The use of most current technology.
- Provide health care in the community when possible.

**Unreasonable expectations include:**

- That the health-care system can fix everyone and that people do not have any responsibility for their own well-being.
- That funding for health care is infinite.
- That people should be able to access health care for any issue at any time.
- That people with non-urgent medical issues receive immediate care at emergency departments.

The health advisory councils agreed that it was important for the Winnipeg Health Region to tell the public what to expect when they use the health-care system. In order to do this, the Region should:

- Ensure the first contact at a health-care site spends a few minutes with the patient or client outlining what they can expect during their appointment, diagnostic test, etc., including the time that they can expect to be waiting.
- Use TVs at emergency departments and other health-care sites to provide relevant information to the public, patients and families. Many pointed to the Winnipeg Health Region’s pilot project at Seven Oaks General Hospital’s emergency department as a good example of how well this works as a communication strategy and tool. Wait times could be posted and updated.
- Use media campaigns to inform the public about what to expect when using health services and educate them about using them appropriately.
- Use the Region’s website, social networking sites and other vehicles of mass communication to communicate with the public about health care issues.

To read a copy of the report, please visit www.wrha.mb.ca/wave and click on the web extras icon.
Healthy Reading

These titles have been recommended from thousands of health books. For more recommendations, please visit the online community at www.mcnallyrobinson.com, or visit the McNally Robinson bookstore at the Grant Park Shopping Centre.

Living with Heart Failure, Edward K. Kasper & Maty Knudson

Heart failure – the expression alone is scary. The idea that the blood-pumping organ in our chest can struggle, stutter, or suddenly stop is deeply disconcerting. But for those diagnosed with the disease, the future is not necessarily bleak. With the right treatments, exercise, good nutrition, and a healthy lifestyle, people with heart failure can improve their condition and live well. This book provides a thorough and honest account of this misunderstood disease.

The Cleveland Clinic Guide to Speaking with Your Cardiologist, Curtis Rimmerman

Millions of people have been diagnosed with a heart condition, including heart disease, heart failure, a heart attack, or a stroke. Curtis Rimmerman, part of the award-winning Cardiovascular Medicine Department at Cleveland Clinic, presents newly diagnosed patients with a guide to maintaining a trustworthy relationship with your cardiologist that enables you to make smart choices, reduce stress, and stay focused on improving your condition.

The New Heart Disease Handbook, Christopher P. Cannon & Elizabeth Vierck

In clear and simple language, the authors describe the most common heart diseases and exactly what steps you need to take to prevent or treat them. Drawing on the latest clinical studies, they set out the risk factors, while suggesting easy ways to reduce those risks, from choosing heart-friendly foods and adopting relaxation techniques to lowering cholesterol and blood pressure. The New Heart Disease Handbook will help you maintain good heart health.

The 10 Best Questions for Recovering from a Heart Attack, Dede Bonner

Asking the right questions is never more important than after surviving a heart attack or being diagnosed with heart disease. Drawing on a wealth of resources, this book shows how you and your family can move beyond your fears to become your best advocate for your physical and emotional health.

Bike & helmet contest a hit

A family that recently immigrated to Winnipeg from Nigeria is the big winner in the Winnipeg Health Region’s Ride-to-Win contest.

The grand prize winner, Fathi Oladesi, won a new mountain bike, helmet and lock combo for himself and one for his father, Kabir.

The contest was part of a larger effort to help promote the use of bike helmets to young riders, their parents and teachers. In conjunction with the contest, the Region launched a new interactive website – www.ride2win.ca – which offers information about safe cycling, including how to correctly wear a bike helmet.

Fathi won the contest by going online to answer three questions about the 2-V-1 rule which helps people to correctly fit their bike helmets. (A properly fitted helmet should have 2 fingers width between the eyebrows and the helmet, the straps should form a V around the ears and there should be room for one finger between the chin strap and the chin.)

“This year we offered a contest and a website with loads of activities to promote safe cycling in a fun way,” says Shawn Feely, who headed up the website project for IMPACT, the Region’s injury prevention program.

A recent observational study conducted by IMPACT underscores the need to raise awareness about bike helmets. The study concluded that nearly 60 per cent of Winnipeg cyclists do not wear a helmet and estimated that only 15 per cent of kids between the ages of 16 and 19 wear a helmet when cycling. The rate was slightly higher – 25 per cent – for children between the ages of 12 and 15. About two children are treated for bicycle-related injuries every day during summer months. On average, about one child dies each year as a result of a bike-related injury.

The provincial government has also been working to encourage young riders to use bike helmets. Since 2006, its low-cost helmet program has provided more than 62,000 helmets to families at a cost of $10 to $13 each. The program, in partnership with Kidsport, a national charity administered locally by Sport Manitoba, has also provided 5,000 free helmets to children of low-income families.
Community Calendar

The Winnipeg Health Region is fortunate to have a number of charitable foundations working within the community to raise money in support of health care and research. The following is a partial list of events sponsored by these various foundations.

Play with a pro!
The annual Cardiac Classic Pro-Am Golf Tournament will take place Wednesday, Aug. 25 at Pine Ridge Golf Course. The event supports cardiac research and patient-care programs at St-Boniface Hospital. The tournament begins with a shot-gun start at 12 p.m. Registration fee is $300 per individual. Teams consist of three players and each team is accompanied by a CGPA professional golfer. For more information, please contact Pine Ridge Golf Course at 222-6477 or e-mail info@cardiacclassic.com. Visit the website www.cardiacclassic.com.

Don’t forget the sunscreen
Golfing is a great way to enjoy the summer weather, but it can also increase your exposure to the harmful rays of the sun. To protect yourself against increased risk of skin cancer, always remember to generously apply sunscreen with a sun protective factor (SPF) of at least 15 to your skin about 30 minutes before going outside. Re-apply sunscreen every hour for proper protection.

For more information on how to reduce your risk of skin cancer, please turn to page 44.

Grace moves to Glendale
The 2010 Grace Golf Classic is moving to the Glendale Golf and Country Club and will be held on Tuesday, Aug. 17. This year, your contribution to the Grace Golf Classic will help raise the $700,000 needed to build a clinical teaching centre in the Grace Hospital Emergency Department. This facility will play an essential role in training medical professionals in the most up-to-date techniques and skills in this field. For more information, call 837-0375.

Riverview tourney
The Frank Wade and Vince Boschman Charity Golf Classic will take place Thursday, Aug. 26 at the St. Boniface Golf Club. Funds from this event enhance the quality of life for patients and residents at Riverview Health Centre. This year, proceeds from the tournament will support Riverview Health Centre’s $500,000 bathtub renewal project. For golf tournament information, contact Christa Charlrand at 982-4069 or Renee Billauer at 478-6271.

Two tourneys for HSC
There are two golf tournaments in support of Health Sciences Centre in August. The Mondetta Golf Classic will take place on Tuesday, Aug. 9 at the Glendale Golf and Country Club. You can register for $399 per golfer or $1596 per team. The United Food and Commercial Workers Golf Tournament will take place on Wednesday, Aug. 18 at The Links at Quarry Oaks. Prices are $150 per golfer or $600 per team. For information on these tournaments, please call Vernelle Mirosh at 787-8581.

FyI

For more information about these and other events, or to learn how to create a community event to support health care, please contact the foundation of your choice.

Health Sciences Centre Foundation: www.hscfoundation.mb.ca
Children’s Hospital Foundation: www.goodbear.mb.ca
Grace Hospital Foundation: www.gracehospital.ca/foundation
St-Boniface General Hospital Foundation: www.saintboniface.ca
Seven Oaks General Hospital Foundation: www.soghfoundation.org
Pan Am Clinic Foundation: www.panamclinic.org/foundation.asp
Victoria Hospital Foundation: www.thevicfoundation.ca
Misericordia Health Centre Foundation: mhcfoundation@misericordia.mb.ca
Deer Lodge Foundation: www.deerlodge.mb.ca
Riverview Health Centre Foundation: www.rhcf.mb.ca
Concordia Hospital Foundation: www.concordiahospital.mb.ca/foundation/

August

Community Calendar

The Winnipeg Health Region is fortunate to have a number of charitable foundations working within the community to raise money in support of health care and research. The following is a partial list of events sponsored by these various foundations.
Heart disease is one of the leading causes of illness in Canada, affecting an estimated 1.3 million people. In Manitoba, more than 50,000 people visited the Winnipeg Health Region’s Cardiac Sciences Program at St. Boniface Hospital for heart-related issues last year.

Although there are numerous types of heart disease, most conditions generally arise from the same basic cause: a restriction in the flow of blood to the heart due to a narrowing of the arteries because of infection or a build-up of plaque in the artery walls. Heart conditions are often attributed to lifestyle choices, including poor diet and a lack of activity. But they can also be caused by hereditary factors, or even a virus.

Some heart conditions, such as congestive heart failure, develop slowly over time as plaque builds up in the coronary arteries, restricting the flow of blood and leaving the patient fatigued. Other conditions, such as heart attack, can occur suddenly and dramatically when a piece of plaque in an artery breaks off, causing a blockage.

Although the rate of cardiac illness has been declining in recent years, heart disease still accounts for more than 60,000 deaths a year. It also costs more than $10 billion annually in physician services, hospital costs, lost wages and decreased productivity, according to some estimates. Moreover, some experts say heart disease rates could be on the rise again soon as the population ages and more people develop diabetes and other chronic conditions associated with cardiac illness.

In this special report, writer Joel Schlesinger explores the nature of heart disease and shows how individuals can take steps to keep their heart healthy. He also talks to three Manitobans who are battling the effects of heart disease, and explains how changes in diagnosis and treatment have helped give them a new lease on life.
Sitting up in bed and rubbing his chest, the 85-year-old man did a quick self-diagnosis: indigestion, he thought. An antacid should do the trick.

Then he looked at his bedside clock and noticed it was 3 a.m. It was, he thought, an odd time to have heartburn.

"Then I started to perspire," Wolfson says, recounting the events of that morning. "I knew that was it."

At that point, Wolfson realized he was having a heart attack. Now, he had only one thing on his mind – dialling 911 for an ambulance.

With that single phone call, the retired furniture salesman triggered a series of events that would eventually save his life.

Wolfson's story is not unusual. A heart attack is one of the most common – and certainly the most dramatic – manifestations of heart disease. It is estimated that about 1,500 people living within the Winnipeg Health Region suffer a heart attack each year. That works out to about 30 a week. And, like Wolfson, a growing number of these patients are surviving, in large measure because of changes in the way heart attack patients are diagnosed and treated through the Winnipeg Health Region's Cardiac Sciences Program.

Consider this: An ST segment myocardial infarction (more commonly known as a STEMI heart attack) is the most common type of major heart attack. In a STEMI, the coronary heart artery is completely blocked by a blood clot, and as a result, virtually all heart muscle being supplied by the artery starts to die. Five years ago, roughly 15 per cent of people who suffered a STEMI heart attack in the Winnipeg area died. Today, the mortality rate is only four per cent.

A large part of the reason for this improvement can be traced back to the Region's decision in 2004 to consolidate cardiac health under one program at St. Boniface Hospital. In doing so, the Region created a larger, more efficient program, one that has resulted in enhanced care and improved outcomes for patients.

Wolfson's story illustrates the point. His odds of surviving that morning were enhanced by two things: his ability to recognize the warning signs of a heart attack and his decision to immediately call an ambulance, thereby tapping into the STEMI Management Protocol – a relatively new rapid response system designed to let

Time is muscle

Heart attack survival rates are on the rise, but cardiac specialists say they could be even higher if more people understood the importance of quickly recognizing the warning signs and immediately calling an ambulance.
paramedics begin diagnosis and treatment of heart attack patients on the scene.

“In this case, we were very fortunate because Mike identified the symptoms relatively early,” says Dr. James Tam, Chief of Cardiology with the Region's Cardiac Sciences Program. “If he had gone to any other hospital initially, he might not be here today. If it wasn’t for this program (the STEMI Protocol), his life-saving treatment would not have been available when he needed it.”

Of course, recognizing the warning signs can be tricky. Not all people experience heart attacks in the same way, and many don’t know they are having one until it’s too late.

The problem begins with the build-up of cholesterol-laden plaque in the coronary artery system. A heart attack occurs when an artery is blocked by a clot. This happens when a tear occurs in the artery’s lining due to the build-up of fatty plaque in the vessel wall. Plaque spills out into the bloodstream, prompting the body to respond to the tear as it would if you cut your finger. Tiny platelets in the blood start patching up what the body has mistakenly identified as a wound. The result is that the artery becomes clotted with platelets, restricting the flow of oxygen-rich blood to the heart muscle. As blood flow stops, the muscle’s cells start to die. And once the muscle is dead, that heart muscle function is lost because the heart can’t grow new cells, unlike other parts of the body, such as the skin.

In many cases, a heart attack can be identified by a pressing, heavy pain or discomfort in the chest that is caused when the blockage occurs. But the warning signs can also be more subtle, and include symptoms such as a dull ache, squeezing discomfort or tightness in the chest area, pain shooting up into the jaw or down the left arm, back pain, shortness of breath, indigestion, unexplained perspiration and/or dizziness.

The longer the blockage remains in place, the more damage is caused to the heart muscle. Because the heart can’t grow new cells, the damage can’t be undone. And if enough cells die during the heart attack, the organ’s ability to pump blood can diminish dramatically, leading to heart failure — or worse — acute cardiogenic shock. This was the case with Wolfson. In some instances, if the blockage is significant, or someone doesn’t seek medical attention promptly, the heart’s electrical system responsible for creating the heartbeat can short circuit, causing cardiac arrest, or sudden cardiac death. In other words, the heart attack sufferer dies unless the heartbeat can be restored.

That’s why doctors stress the importance of seeking immediate medical attention. Time is muscle. The sooner you seek help, the better off you’ll likely be. Getting the right care at the right time is a matter of life and death.

Wolfson understood what was happening to him on that April morning because he had been diagnosed with heart problems 15 years earlier. Once he recognized the signs, he knew he had to call an ambulance. Many people with chest pains try to make it to the nearest hospital on their own, or with the help of a loved one or friend. That’s a big mistake.

Years ago, the primary job of an ambulance crew was to convey a patient to hospital. But today’s ambulances are mobile medical units, staffed by specially trained paramedics who can begin the diagnosis and treatment of a heart attack as soon as they arrive at your door. In Wolfson’s case, paramedics immediately did an electrocardiogram (EKG) to check for the electrical pattern of his heart attack upon arriving at the scene. The EKG was sent via BlackBerry to a cardiologist on call at St. Boniface Hospital who talked to the paramedics and directed further care, starting in the ambulance.

Dr. Roger Philipp, Director of the Cardiac Sciences Program’s Heart Catheterization Laboratory, says transmitting an EKG from the field to a cardiologist is a major improvement in the treatment of heart attack patients because the cardiologist can confirm the heart attack. Then, while the patient is en route to hospital, a heart attack team is mobilized to provide the best care as soon as possible.

“This speeds up the process because the patient is then taken to St. Boniface’s cardiac cath lab (a room specially equipped for performing complex procedures, such as angioplasty) for immediate treatment rather than a patient going to possibly a different hospital without a cath lab, then getting an EKG and then having to be transferred to the St. Boniface’s cath lab,” Philipp says. “Time is muscle. The heart attack can be stopped in less than 90 minutes, often in an hour, from the time the ambulance first
arrives. This saves up to hours, which means less heart damage and a greater chance of survival.”

“The gold standard from first medical contact to artery open is under 90 minutes,” Tam says. “With the STEMI Protocol, we’re achieving that target most of the time. In the old days of going to hospital first, that time target would be achieved only a quarter of the time.”

And don’t worry about false alarms, adds Philipp. “Let the paramedic and the cardiologist make that call,” he says. “To do otherwise is to risk your life.”

When Wolfson arrived at St. Boniface Hospital he was immediately taken up to the catheterization lab in the Bergen Cardiac Care Centre for an angiogram. Although he was diagnosed in the field, the angiogram — an X-ray picture of the heart artery — was required to give doctors the precise location and number of blockages causing the heart attack.

To do this, an X-ray dye is injected into the coronary arteries through a catheter. The catheter is guided by a soft-tip wire that is usually inserted through the femoral artery in the patient’s right leg, and gently makes its way up to the heart. “It’s like a railway track on which we can lead in the catheter,” says Carol-Anne Schulz, a nurse at the lab.

The dye shows where the blood is flowing and, more importantly, where it’s not. Where there’s a blockage, the flow of dye stops or becomes faint. Once the angiogram is complete, the cardiologist may discuss treatment options with a cardiac surgeon. If the blockages are extensive, bypass surgery is scheduled, sometimes within a couple of hours of the angiogram. In other cases, the blockages can be relieved through a procedure known as angioplasty.

“If it’s a complete blockage from an ongoing heart attack, they’ll usually go in and fix that right away with angioplasty,” Schulz says.

In these cases, a deflated balloon is inserted up to the blockage along the wire in the artery using the catheter tube. The balloon is then inflated, opening up the artery and restoring blood flow. Mounted on the outside of the balloon is a stent, an expandable metallic mesh tube that is expanded by the balloon and keeps the artery open after the balloon is deflated and removed.

Wolfson had been through the procedure before when he had two stents implanted 15 years ago. On this day, he would undergo the procedure again.

In retrospect, Wolfson says he could have recognized sooner that he was heading for a heart attack. He had difficulty walking for any distance at all in the weeks prior to his heart attack. He was out of breath, and his symptoms got worse.

Tam says Wolfson was exhibiting all the signs of a crescendo angina, a condition in which pain becomes more frequent and intense or occurs with lesser degrees of exertion.

Angina is an episodic reduction in blood flow that often happens with physical exertion, which can, in some cases, be a warning of an imminent heart attack. Today, Wolfson, still recovering from his heart attack, remains as vibrant and energetic as ever. At the photo shoot for this story, for example, he was full of stories and jokes: “Wish I had the account for all this camera equipment,” the former salesman quipped while waiting for the photographer to snap his picture. He is grateful for the care he received, under the coronary care cardiology team, but singles out one nurse for making sure he didn’t develop pneumonia. As part of her routine, she would regularly get Wolfson out of bed so he could stretch and prevent a build-up of fluid in his lungs. Tam says seriously ill heart attack patients are often at risk of secondary complications, including infection, while in intensive care. They are at higher risk of pneumonia if they require mechanical ventilation.

“The professionalism, the knowledge and the empathy were fantastic,” Wolfson says.

Heart attack warning signs

Many Canadians die from heart attacks every year because they don’t get medical treatment quickly enough. Learning to know when you are suffering a heart attack can save your life. Here is a list of some warning signs:

Pain
• Sudden discomfort or pain that does not go away with rest
• Pain that may be in the chest, neck, jaw, shoulder, arms or back
• Pain that may feel like burning, squeezing, heaviness, tightness or pressure
• In women, pain may be more vague
• Chest pain or discomfort that is brought on with exertion and goes away with rest

Shortness of breath
• Difficulty breathing

Nausea
• Indigestion
• Vomiting

Sweating
• Cool, clammy skin

Fear
• Anxiety
• Denial

If you are experiencing any of these signals, you should:
• CALL 911 or your local emergency number immediately, or have someone call for you.
• Stop all activity and sit or lie down, in whatever position is most comfortable.
• If you take nitroglycerin, take your normal dosage.
• If you are experiencing chest pain, chew and swallow one adult 325 mg ASA tablet (acetylsalicylic acid, commonly referred to as Aspirin) or two 80 mg tablets. Pain medicines such as acetaminophen (such as Tylenol) or ibuprofen (such as Advil) do not work the same way as ASA (Aspirin) and therefore will not help in the emergency situation described above.
• Rest comfortably and wait for an ambulance with emergency medical personnel to arrive.

Source: Heart and Stroke Foundation
For more heart-health information, please visit www.heartandstroke.mb.ca
How the heart works

1. Aorta
2. Pulmonary veins
3. Pulmonary arteries
4. Precava
5. Right atrium
6. Left atrium
7. Postcava
8. Descending aorta
9. Left ventricle
10. Right ventricle

By the numbers

200g to 425g
Weight range of the human heart. That’s between 7 oz and 15 oz, and is a little larger than the size of your fist.

2.5 billion
Number of times a heart will beat during an average lifetime.

100,000
Number of times the average heart beats in a day.

7,200 litres
Volume of blood pumped on an average day. That works out to about 1,900 gallons.
About the heart

The heart is the key to the body’s cardiovascular system. It is responsible for pumping blood throughout the body, delivering oxygen and nutrients to every cell and removing carbon dioxide and waste products made by those cells.

Oxygen-rich blood moves through the body via a network of arteries. Oxygen-poor blood returns to the heart through veins.

Four chambers

The heart has four chambers. The upper chambers are called the left and right atria, and the lower ones are the left and right ventricles. They are separated by a wall of muscle called the septum.

With each beat, the heart achieves two goals simultaneously: it pushes blood to the lungs, where cells pick up oxygen; and it pumps already-oxygenated blood to the rest of the body.

Blood destined for the lungs passes through the right atrium and ventricle and then through the pulmonary arteries on the right side of the heart.

The oxygenated blood then travels from the lungs to the left side of the heart via the pulmonary veins. It enters the left atrium and then the left ventricle before being pushed out to the rest of the body.

When the heart beats

The heartbeat begins with an electrical impulse in a collection of cells in the right atrium, called the sinus node (SA node).

The impulse spreads through the heart, causing the right and left atria to contract, forcing the blood in these chambers into the ventricles. The signal then reaches an electrical connection between the atria and the ventricles, called the AV (atrio-ventricular) node.

When the ventricles fill with blood, the AV node sends the signal to the lower ventricles, causing them to contract, pumping blood through the rest of the body.

Source:
Adapted from the Heart and Stroke Foundation of Canada

Types of heart conditions

Coronary artery disease An inflammation of the lining of the arteries that feed oxygen-rich blood to the heart. Over time, plaque – consisting mainly of cholesterol – builds up in the lining of the arteries, narrowing the arterial passageway. This increases blood pressure and strains the artery walls. Eventually, the inner walls become rough, frayed and weakened. While heart disease can be hereditary or caused by an infection, it is most often attributed to lifestyle factors, such as diet and lack of activity. This type of inflammation of the arteries – often referred to as atherosclerosis – is not limited to the heart, and is often widespread throughout the body.

Angina An episodic mismatch between the supply and demand of oxygen that often happens with physical exertion. In some cases, this warning can be a sign of an imminent heart attack. People with narrowing coronary arteries can experience angina because not enough blood can reach the heart muscle to meet the increased demand on the heart.

Heart attack A heart attack occurs when a tear occurs in the inner walls of the artery, releasing plaque into the bloodstream. When the breakage occurs, the body’s natural defence system kicks into action, mistakenly recognizing the tear in the artery as a cut that needs to be repaired. As tiny biological patches in the blood, known as platelets, bond together to close the wound, they, in effect, block the artery. This results in a stoppage of blood flow to the heart muscle, which is called a myocardial infarction, commonly referred to as a heart attack.

Congestive heart failure Patients are diagnosed with this condition when their heart’s pumping capacity drops below normal. The normal heart has an ejection fraction (the fraction of blood pumped from a ventricle during a heart beat) of 60 per cent or more. In heart failure, the ejection fraction is often less than 40 per cent. There are a number of causes for this condition, including heart defects and high blood pressure. But in many cases, congestive heart failure follows a heart attack, in which a significant portion of the heart muscle dies off, reducing its capacity to pump oxygen-rich blood to the rest of the body and remove waste.

Cardiac arrest Cardiologists often refer to this as an “electrical storm of the heart.” When the heart comes under stress, often as a result of a heart attack, the electrical system controlling the contractions of the heart muscle fails and the heart stops beating. It shorts out just like an overloaded electrical breaker with too many electronics drawing power. A person suffering a cardiac arrest is effectively dead unless the heart’s electrical system can be restarted with a defibrillator.
Congestive heart failure remains one of the single largest causes of cardiac illness today. But thanks to new technology and innovative approaches to care, CHF patients like Elaine Madison are getting a new lease on life.

By Joel Schlesinger

It’s easy to mistake Elaine Madison for the athletic type.

The 61-year-old Winnipeg woman has the lean look of a marathon runner. She even dresses like a jock, carrying a small, sporty-looking black canvas purse over her shoulder wherever she goes – be it a casual lunch or an elegant affair.

But the purse is not a fashion statement, and Madison’s days of athleticism are long gone.

The reality is Madison suffers from a severe case of congestive heart failure, a condition that has left her heart muscle unable to pump oxygenated blood throughout her body on its own. And that little bag she carries around with her everywhere isn’t for her wallet and makeup. It holds the controller for the HeartMate II – a cardiac pump that is keeping Madison alive until she can receive a heart transplant from a suitable donor.

Simply put, without the HeartMate II, Madison’s heart would stop beating – a fact Madison understands only too well. Just one year ago, the mother of a daughter and son, and grandmother to a 15-year-old grandson, was flat on her back, her heart unable to keep pace with the demands of her body. “I couldn’t even take a shower standing up,” she says. “When I finished drying myself off with a towel, I had to lie down. I was that exhausted by the little things – I felt really awful.”

Today, thanks to the HeartMate II, she has her life back. “It’s just incredible,” she says. “I haven’t felt this well in 20 years – since I was first diagnosed with this condition.”

The HeartMate II is just one example of how the Winnipeg Health Region’s Cardiac Sciences Program is using new technology and innovative approaches to help patients in their battle with heart disease. Madison, for example, is the third patient in Winnipeg to be outfitted with the device since it was approved for use in Canada in 2006 and became available through the program last May.

A few years ago, the program did not have the technology or the medical expertise to offer the life-saving device to patients. Now it has two heart-failure specialists in place – Dr. Darren Freed, a cardiac surgeon, and Dr. Shelley Zieroth, a cardiologist – who, along with their multidisciplinary team, are able to implant these devices in patients, effectively giving them a new lease on life.

Although the number of patients who require a HeartMate II to stay alive is relatively small, the number of
people who have congestive heart failure is large. Studies suggest that more than 250,000 Canadians report having some form of congestive heart failure, including about 7,000 in Manitoba.

As the Head of the Region’s Medical Heart Failure Program, Zieroth is well versed in the size and scope of the problem.

She explains that symptoms of heart failure can occur when the heart’s ability to pump blood is reduced to below its normal capacity. This is often caused when heart muscle, responsible for pumping blood, has died off and blood flow to the rest of the body has diminished. Over time, vital organs – the brain, lungs and liver – are slowly starved of oxygen, putting them at risk of failure as well as the heart.

Common symptoms include shortness of breath and perpetual exhaustion. Patients can also appear bloated because the failing heart – the engine of the body’s circulatory system – can no longer remove fluids. “Fluids back up into the lungs and that’s why patients with this condition are often short of breath,” says Zieroth. In severe cases, fluid build-up often leaves patients barely able to sleep because lying down makes it almost impossible to breathe. This only adds to their fatigue to the point where they do not even have the energy to perform simple tasks, like walking up a flight of stairs.

When the heart’s pumping ability is reduced, other organ systems can begin to fail because they are not receiving enough oxygen-rich blood and because fluid is backing up in the organs, impairing their ability to function normally.

Many people diagnosed with congestive heart failure can lead normal lives by adopting lifestyle changes and following rehabilitation programs. But some patients – about 10 per cent – suffer from “advanced” congestive heart failure, which can be life-threatening. Interestingly, the increase in heart attack survival rates has actually contributed to the rise in the number of congestive heart failure cases.

A heart attack occurs when there is a sudden blockage in the coronary arteries that feed the heart muscle oxygen-rich blood. If the heart muscle is deprived of oxygenated blood long enough, it begins to die, reducing the heart’s capacity to pump blood throughout the body.

But Zieroth says the primary cause of congestive heart failure is coronary heart disease. A diet high in saturated fat and salt, and low in fruits and vegetables increases risk of heart disease. Other risk factors include smoking, a sedentary lifestyle, obesity, stress and hereditary factors.

These risk factors can lead to a build-up of plaque in the artery walls that narrow the blood vessels and reduce blood flow. In medical terms, the condition is called atherosclerosis, an inflammation of the artery walls that thicken with fatty, bad cholesterol – sometimes referred to as low-density lipoproteins. When the build-up occurs in the coronary artery – the vessel that feeds the heart muscle blood – it’s called coronary heart disease.

“Fifty per cent of heart failure patients have failure related to coronary artery disease with a symptomatic heart attack or silent heart attack,” Zieroth says. “But there is probably a list of 100 things that can cause heart failure, including hereditary conditions, diabetes, alcohol, thyroid abnormalities, and inflammation of the heart (myocarditis).”

Some patients may be told they suffer from heart failure due to cardiomyopathy – or heart muscle disease – in which the heart muscle has deteriorated for any number of reasons, including toxin exposure during chemotherapy. In other cases, the cause is less clear. “There is a portion of patients for whom we never find out the cause of the heart failure,” Zieroth says. “We use the term idiopathic, meaning ‘we don’t know why this has happened to you.’”

Elaine Madison is one of those mystery cases. An avid swimmer, walker and cross-country skier into her late 30s, Madison suddenly found herself short of breath while doing day-to-day tasks such as climbing the stairs.

Although she was in good health, Madison did have a family history of heart trouble. Her mother died in her 20s, as did her uncle. When her cousin died at age 30, the rest of the family decided to get checked for undiagnosed heart conditions. “I thought, ‘It’s probably nothing, but because of my family history, I just want to be sure.’”

It was a good thing she did. In 1988, Madison was diagnosed with cardiomyopathy. Her condition deteriorated in 2000, when she suffered a cardiac arrest. Her husband, Bruce Madison, recalls it happened after they had finished a family dinner with friends visiting from Red Deer.

“We had adjourned to the living room where we were sitting talking, and it was our black lab that noticed something was wrong first,” says Bruce. The dog jumped up on Elaine...
and started to lick her face. “Normally, I wouldn’t let him do that,” says Elaine. “My daughter then noticed right away that something was wrong.”

Madison was slumped back unconscious on the sofa. Her heart had stopped beating. Fortunately, her daughter remembered her CPR lessons and was able to provide care until paramedics arrived.

Since then, she has suffered cardiac arrest four times. Despite receiving almost every type of treatment, from blood-thinning and clot-busting drugs to medical devices such as an implantable pacemaker, Madison’s heart continued to deteriorate.

Eventually, Madison received a device called a biventricular pacemaker. The small electronic box was implanted under her collarbone. Wires from the device were connected to her heart in order to keep it beating in a strong, synchronized fashion.

For patients like Madison who have severe heart failure, a biventricular pacemaker is often a temporary solution to a long-term problem. “About 70 per cent of patients who are referred for a biventricular pacemaker have a good response, and Elaine did have a good response for a couple of years,” Zieroth says.

But by July of last year, Madison’s condition had deteriorated to the point where she was placed on a priority list for a heart transplant. Winnipeg’s heart transplant program is currently in development, so Madison was placed on program lists in Edmonton and Ottawa. “Patients are worked up here locally and discussed by teleconference and then listed for transplant,” Zieroth says. Those who are most critically ill are moved to the top of the list.

But even being on a priority list can mean a long wait, as only a handful of donor hearts become available in any given year. And then, the patients must be healthy enough to undergo major surgery and sick enough to require a new heart.

“When you are considering somebody for a heart transplant, they are very carefully screened,” Zieroth says, adding that only about 170 transplants are done a year in Canada. “There is no age cut-off, but if you’re over the age of 60, we’re more likely to find a reason why you may not be eligible for a heart transplant.”

While waiting for a donor heart to become available, Madison became gravely ill last July, and was in and out of hospital for the next few months. Then, in October, Freed, who is the Head of the Region’s Surgical Heart Failure Program, provided her with a ventricular assist heart pump, called an Impella. The device largely takes over the role of the heart, pumping blood to the rest of the body, unlike a biventricular pacemaker that assists the heart in its role. But it is also more cumbersome because most of the device’s mechanism is external, leaving the patient virtually bed-ridden.

Then, after receiving the Impella, doctors sent Madison to Edmonton, hoping a heart would become available for a transplant. She waited for about ten days, but a suitable heart for transplant did not become available. Rather than let her leave Edmonton empty-handed, doctors chose to replace the

Impella device with the HeartMate II on October 18. Originally, Madison was scheduled to receive the HeartMate II in Winnipeg, but the operation was cancelled when she was rushed to Edmonton.

The HeartMate II was in the news earlier this month when it was reported that former U.S. Vice-President Dick Cheney was outfitted with one. The U-shaped device is implanted underneath the muscle, below the diaphragm and just above the abdomen. The right side of the U is attached to the left ventricle, which receives oxygenated blood from the lungs. The left side of the U pumps that blood into the aorta, sending blood to the rest of the body. In between the two branches of the U is a small pump that connects to an external controller – via a cord leading out of the abdomen – that can adjust pumping speed. The controller is located on a belt around the recipient’s waist and is connected to two lithium batteries, which power the system. The batteries are often carried in holsters under each arm. But Madison prefers the little black purse to carry the batteries because she says it’s much more comfortable.

Once implanted and operating, the pump effectively takes over the duties of the heart’s left ventricle. Just like a healthy ventricular chamber, it is able to pump about four to six litres of blood per minute.

As Zieroth explains, the left ventricle of Madison’s heart is not pumping at all, so without the pump, “she wouldn’t have any way to stay alive.”

Following the implant of the HeartMate II, Madison was in Edmonton again last March with the hope of receiving a heart transplant. Unfortunately, the heart was deemed unsuitable, and she continues to await a transplant.

Today, Madison remains undaunted. It’s not just the HeartMate II that has given her new-found strength and resolve to face the future. Madison says she owes her life to the doctors, nurses and other health-care professionals who have helped her and her family through their darkest days.

“For every obstacle we’ve come up against, there were wonderful people that helped us,” she says. “Everybody complains about the system, but I’ll tell you I’ve had nothing but positive experiences.”
Heart disease is caused by narrowing of the arteries in the heart (atherosclerosis). This narrowing is the leading cause of heart attacks, which in turn are the No. 1 cause of heart failure. To reduce your risk of atherosclerosis:

**Do not smoke.** If you smoke, quit. Smoking greatly increases your risk for heart disease. Avoid second-hand smoke too.

**Lower your cholesterol.** If you have high cholesterol, follow your doctor’s advice for lowering it. Eating a heart-healthy diet, exercising, and quitting smoking will help keep your cholesterol low.

**Control your blood pressure.** If you have high blood pressure, your risk of developing heart disease increases. Studies have shown that lowering blood pressure to normal levels in people who have high blood pressure could reduce the cases of heart failure by half. Exercising, limiting salt and alcohol intake, and controlling stress will help keep your blood pressure in a healthy range. Often called the “silent killer,” high blood pressure can cause another common arterial disorder, arteriosclerosis, which is sometimes referred to as hardening of the arteries.

**Get regular exercise.** Exercise will help control your weight, blood pressure, and stress levels, all of which will help keep your heart healthy. Try to do activities that raise your heart rate. Exercise for at least 30 minutes on most, preferably all, days of the week.

**Control diabetes.** Taking your medicines as directed and working with your doctor to manage your diet will help control diabetes.

**Limit alcohol intake.** If you drink alcohol, drink moderately. That means no more than 2 drinks a day for men and 1 drink a day for women.

Source: Web MD
Don’t worry. I’ll be back,” she remembers calling out as her friends, her mother Isabel, son Mitchell and daughter Shannon looked on with worry.

It was a Friday afternoon in the fall of 2008, and Sumka was about to undergo emergency double heart bypass surgery at the Winnipeg Health Region’s Cardiac Sciences Program at St. Boniface Hospital.

Just a few hours earlier, the 47-year-old businesswoman had arrived at the Bergen Cardiac Care Centre for an angiogram. She had been having some heart trouble, and doctors wanted to use the angiogram – a kind of X-ray of the heart – to take a closer look.

It’s a good thing they did.

The angiogram revealed that Sumka’s left coronary artery, the main blood vessel that feeds her left ventricular muscle, was 98 per cent blocked. The left ventricular muscle is the largest in the heart and is responsible for causing the left ventricle – the largest of the four chambers of the heart – to pump oxygenated blood throughout the body.

A blockage of this type is often referred to as the “widow-maker” because most people who suffer a heart attack as a result of it die instantly. In other words, Sumka was lucky to be alive.

There are essentially two ways to address blockages in arteries. One way is through a procedure known as angioplasty. This involves inserting a balloon through a catheter tube up through the femoral artery to the blockage in the artery. The balloon is then inflated with a special solution, opening up the artery and restoring blood flow. Around the outside of the balloon is a stent, a stainless steel piece of mesh that expands with the balloon and keeps open the artery after the balloon is deflated and removed.

The other way is open-heart surgery.

Heart patients receive leading-edge treatment before, during and after surgery, providing them with a second chance for a more heart-healthy life.

By Joel Schlesinger

Angie Sumka flashed a quick thumbs-up to her family as she was being wheeled on a gurney into the operating room.

“Don’t worry. I’ll be back,” she remembers calling out as her friends, her mother Isabel, son Mitchell and daughter Shannon looked on with worry.

It was a Friday afternoon in the fall of 2008, and Sumka was about to undergo emergency double heart bypass surgery at the Winnipeg Health Region’s Cardiac Sciences Program at St. Boniface Hospital.

Just a few hours earlier, the 47-year-old businesswoman had arrived at the Bergen Cardiac Care Centre for an angiogram. She had been having some heart trouble, and doctors wanted to use the angiogram – a kind of X-ray of the heart – to take a closer look.

It’s a good thing they did.

The angiogram revealed that Sumka’s left coronary artery, the main blood vessel that feeds her left ventricular muscle, was 98 per cent blocked. The left ventricular muscle is the largest in the heart and is responsible for causing the left ventricle – the largest of the four chambers of the heart – to pump oxygenated blood throughout the body.

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The other way is open-heart surgery.
Because of the size of the blockage and its location, angioplasty was deemed too risky for Sumka. Doctors opted instead to schedule her for bypass surgery, and by noon that day she was being wheeled into the operating room for a double-bypass.

Despite the sudden turn of events, the Winnipeg woman remained optimistic. “There was no point in being scared,” she says. “What has to be done, has to be done,” I thought to myself at the time. It’s not like I can change my mind and get up off the table.”

That’s not to say Sumka wasn’t nervous at the prospect of having a surgeon cut a six-inch incision in her chest and pull apart her breastbone to gain access to her heart. It’s just that she knew she was in good hands with the staff working in the Winnipeg Health Region’s Cardiac Sciences Program.

Dr. Alan Menkis is the Medical Director of the program. He says the improved outcomes for patients who undergo surgery can be attributed to advances in surgical technique and medical technology. But patient care has also changed dramatically. The Cardiac Sciences Program employs a model of care that emphasizes the need to give patients the treatment they need – from clot-busting drugs to open-heart surgery – as quickly as possible. Suitable patients are also selected into a “fast-track” model of post-operative recovery and return to normal activity.

“It’s a process that started probably over 10 years ago,” says Menkis. “It was an evolution of how we look after heart patients.”

The “fast-track” model challenges long-held beliefs in certain protocols for surgery.

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**Mending a broken heart**

There are essentially two ways to address blockages in arteries: angioplasty or open heart surgery.

**Bypass surgery:** This procedure involves rerouting oxygenated blood around a blockage in a coronary artery so it can flow to the heart muscle.

**Step 1:** A vein from a patient’s leg or artery from the forearm is taken to be used to create a “bypass” around the blockage.

**Step 2:** In the example at the far right, one end of the artery is attached to the aorta, above the blockage. The other end is attached to the ventricle below the blockage. Once the operation is complete, the blockage is bypassed and blood flow to the heart muscle is restored.

**Angioplasty**

This procedure is designed to break up the blockage in the artery.

**How a stent works**

**Step 1:** A balloon is inserted through a catheter tube up through a femoral artery to the blockage in the artery.

**Step 2:** The balloon is then inflated with a special solution, opening up the artery and restoring blood flow. Around the outside of the balloon is a stent, a stainless steel piece of mesh that expands with the balloon and keeps the artery open after it is deflated.

**Step 3:** Once the procedure is completed, the balloon is deflated and the catheter is removed. Blood is allowed to flow through the artery to the heart.
and aftercare that are not necessarily in the patients’ best interests.

At one time, for example, patients spent days on a ventilator in the ICU following surgery. They were deliberately kept asleep on a breathing machine when they did not need to be. Instead, doctors found most patients could be woken up soon after surgery and start their rehabilitation immediately.

Over the last decade, Winnipeg has become a world leader in the fast-track model because health-care providers at the centre are constantly looking for ways to improve outcomes for patients as quickly and efficiently as possible.

“We’ve looked at patients who, for instance, will have surgery in the morning and who could go to the ward by the evening rather that stay in the intensive care unit overnight,” says Menkis. “So if they could go to the ward in the evening, they could then be in a more normal environment and start their rehabilitation even sooner so they could be up standing beside the bed the same day as having surgery.”

The “fast-track” model also features a comprehensive 24-hours-a-day, seven-days-a-week approach to cardiac care. The result is that about 1,300 surgical procedures are performed through the Cardiac Sciences Program annually and, despite the fact that patients are often very ill, the mortality rate is low, and getting lower each year.

“Twenty years ago, heart surgery was anything but routine,” says Menkis, also a Professor of Surgery and Chair of Cardiac Surgery at the University of Manitoba. “Today, coronary bypass is amongst the most common operations done in the western world.”

Sumka was a beneficiary of this new approach, along with other advances in surgical technique and expertise.

As the name suggests, bypass surgery involves rerouting oxygenated blood around a blockage in a coronary artery so it can flow to the heart muscle.

The first step in the procedure is to take a vein from the patient’s leg or artery from the forearm to be used as the alternate conduit. In Sumka’s case, one end of an artery was attached to the left anterior coronary artery, below the blockage, while the other end was attached to the subclavian artery.

The process of attaching the new vessel to the artery is called grafting. While this procedure is underway, the heart’s role of pumping blood to the lungs to be oxygenated, back to the heart and then to the rest of the body is taken over by a pump oxygenator, also called a heart and lung machine.

Once the graft is complete, the blockage is bypassed and blood flow to the heart muscle is restored. With a fresh supply of oxygen-rich blood, the heart muscle can continue functioning as it should.

Bypass surgery has a very high survival rate. But 40 years ago, heart surgery was such a dangerous procedure that it was offered as a last resort.

“You would apply the surgery to people who were at imminent risk of dying because you could really only do benefit and not do more harm, and we were always concerned about the balance between risk and benefit,” Menkis says.

But as techniques and technology
Members of the cardiac surgery team:

• Smoking
• Not enough exercise
• Diets high in saturated fats and salt
• Diabetes

Risk factors for heart conditions

A treatment is prone to fail. Out recovery or all the initial efforts and patients need well-rounded care through-
road to recovery. They even meet with psychopharmacists and physiotherapists on the
to work-related issues.

1.18, why isn’t it 0.5, and how can we get
else, but we look upon it as though if it’s
non-emergency procedure, Menkis says.

“They’re very good relative to everyone
but we look upon it as though if it’s
1.18, why isn’t it 0.5, and how can we get
it to there?”

Following surgery, Sumka embarked on a
rehabilitation program that is really more of
a life-long regimen to promote heart health
than a six-month to one-year lifestyle
overhaul.

Under the “fast-track” model, patients
are often moved quickly from intensive
care to the cardiac ward for recovery. This
reduces the likelihood of infection, such
as pneumonia, and increases the speed of
recovery.

Patients often work with their surgeon,
family practitioner, cardiologist, nurses,
pharmacists and physiotherapists on the
road to recovery. They even meet with psy-
chologists and social workers, if required.
Patients need well-rounded care through-
out recovery or all the initial efforts and
treatment are prone to fail.

For Sumka, the first stop on her path
back to health involved working with a
cardiac intensivist, a doctor who helped
manage her condition in the hours after
her surgery. An anesthetist also helped to
reduce her pain in the hours and days fol-
lowing the procedure.

Her chest really hurt badly at first.
“When they asked me how I felt, I said,
‘Like a truck ran over me.’ It hurt,” she
recalls. “Immediately after surgery, with
any coughing or movement, I could feel
a clicking in my chest.” Someone brought
her a teddy bear to hold up against her
chest when she coughed. “Anytime I had to
laugh, I could put pressure on my chest so
it didn’t hurt so much.”

Her recovery was speedy, a little less
than the average stay of eight days for most
patients at St. Boniface Hospital. By the
following Thursday, she was released from
hospital and sent home to recover. And
three months later, she was back at work.

While her life went on very much as
it did before the surgery, some aspects
changed dramatically – for the better. “It
changes the way you look at life,” she says.

Sumka went for rehabilitation at the
Wellness Institute at Seven Oaks Hospital,
one of the city’s two cardiac rehabilitation
centres – the other being the Reh-Fit Centre
on Taylor Avenue near Waverley Street.

At the institute, a cardiac rehabilitation
therapist works with patients to find the
right level of exercise appropriate for their
recovering cardiovascular system. While
the exercise must not be too strenuous to
cause further problems, therapists also help
patients overcome a fear that exercise will
cause a heart attack.

As part of her recovery, Sumka has made
adjustments to her lifestyle, but it hasn’t
always been easy, especially when it comes
to work-related issues.

“When you have a heart attack and you
go to all the rehab classes afterward, and
you learn about what stress does…. You
don’t realize when you’re getting upset and
frustrated over things that really shouldn’t
even be a second thought – and I’m still
guilty of it – that it all adds up.”

Sumka also worked with a dietitian, who
provided her with a new way of looking at
how she eats. She now reads labels on the
food she buys. She studies the fat and salt
content. She eats more fresh fruits and veg-
teables and less fatty foods – like cheese-
burgers, french fries or fried chicken.

“I try to eat more vegetables and fruits
than I used to. I don’t use salt at all,” she
says. “My biggest thing is shrimp. I love it
but it’s so high in cholesterol.”

Some patients have difficulty making
long-term changes because the temptation
to return to old habits is always there. “It’s
a bit of an uphill battle,” says Menkis. “Our
society is not geared for healthy living,
and that makes it difficult.” Fast food is every-
where. The reasons not to exercise after a
stressful day at work often seem plentiful
as opposed to the reason to get some
exercise.

Freed says lifestyle changes are often
the most difficult part of the entire treat-
ment process. “The prognosis after surgery
is very good, with the vast majority of
patients returning to a normal lifestyle,” he
says.

Diet, exercise and stress reduction are
large parts of the rehabilitation and educa-
tional process, and if patients can make the
changes and sustain them, the likelihood of
returning for further surgery or treatment is
greatly reduced.

“I always stress to my patients that they
have a chronic disease that they must never
forget about,” says Freed. “In general, those
who dedicate themselves to a healthy life-
style enjoy a longer-term result.”

Risk factors for heart conditions

Here is a list of some of the major risk factors
for heart disease:

• Diabetes
• Diets high in saturated fats and salt
• Not enough exercise
• Stress at work or at home
• Smoking
• Too much alcohol
• Too little sleep
Established in 2004, the Winnipeg Health Region’s Cardiac Sciences Program integrates cardiac surgery, cardiology, cardiac anesthesia, cardiac intensive care and cardiac rehabilitation resources under one umbrella to improve the co-ordination and delivery of cardiac services to the people of Manitoba. Most services are carried out on the St. Boniface Hospital campus. Select cardiology services continue to be available at Health Sciences Centre and other Winnipeg-based community hospitals. Heart trauma cases are also handled at Health Sciences Centre. In addition, the Cardiac Sciences Program supports the development of research into the prevention, care and treatment of heart problems.

Manitoba Health is spending $40.3 million to make St. Boniface Hospital a Centre of Excellence for Heart Surgery and Cardiac Care. When complete, the centre will occupy nearly 41,000 square feet of new and renovated space, with a focus on more private rooms for patients, natural light, private bathing facilities, more room for visitors and other patient comforts. The expansion, which includes the development of new space in the Asper Centre to be completed next year, will increase the number of cardiac beds by 15 and include an expanded 32-bed cardiac in-patient unit (a net increase of four beds). A dedicated 15-bed cardiac intensive-care unit (a net increase of five beds), a new chest-pain evaluation unit and the development of a satellite pharmacy department are also part of the project.

**A year in the Cardiac Sciences Program**

Here is a statistical overview of some of the activities within the Cardiac Sciences Program for 2009/10

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac surgery operating room visits</td>
<td>1,276</td>
</tr>
<tr>
<td>Cardiology/coronary care unit and cardiac surgery admissions</td>
<td>2,136</td>
</tr>
<tr>
<td>Cardiac catheterization exams</td>
<td>6,988</td>
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<tr>
<td>Echocardiography exams</td>
<td>15,828</td>
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<tr>
<td>Defibrillator implants</td>
<td>218</td>
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<td>Pacemaker implants</td>
<td>806</td>
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<tr>
<td>Electrophysiology cases</td>
<td>257</td>
</tr>
<tr>
<td>Cardiac outpatient clinic visits</td>
<td>23,245</td>
</tr>
<tr>
<td>Total patient visits</td>
<td>50,754</td>
</tr>
</tbody>
</table>

**About the Cardiac Sciences Program**

**Facts & Figures:**

- **Recruitment:** The Cardiac Sciences Program has added 25 physician specialists in four years, in addition to a number of cardiac critical care nurses. These human resources are needed to meet increasing cardiac patient volumes. About 50,754 patient contacts are made through the program annually, and that number could rise by 10 per cent. Projected patient volumes can fluctuate depending on the area. For example, an additional 3,477 patients were assisted last year for cardiac in-patient activity and procedures, a 14.8 per cent increase.

- **The adoption of new approaches to care, such as the “fast-track model,” has improved access to services and enhanced patient outcomes. Specifically, the program has:**
  - Distinguished itself as a national leader in inpatient length of stay. Program benchmarks are below national rates. Average acute length of stay for typical post-operative cardiac surgery inpatients has decreased by about one full day since 2007. This performance is 11.5 per cent better than the Canadian average and has exceeded national standards for three years in a row. For cardiology inpatients, typical length of stay performance is 22 per cent better than the Canadian average and has exceeded national standards for four consecutive years.
  - Reduced mortality rates for patients experiencing acute ST elevation myocardial infarction (heart attack) to four per cent in 2009 from 20 per cent in 2005.
  - Improved wait times for cardiac surgery patients. Over the last two years, the median wait time has never exceeded the established benchmark range in any given month. In those infrequent instances where the waitlist benchmark is exceeded, patients are given immediate priority and undergo cardiac surgery within one week.
Kidney Disease may happen before you feel sick. Blood and urine tests help to show if your kidneys are healthy.

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A message from the Winnipeg Regional Health Authority, Manitoba Renal Program
Isn’t it time you covered yourself in **BLUE**?

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Clients are walking – or limping – through the doors these days in increasing numbers, all complaining of similar aches and pains, usually the result of a sport-related injury.

In most cases, they are people who have come out of winter hibernation, eager to hit the courts or links, swing a bat, hop on a bike or jog around a park, without taking the time to properly warm up before engaging in their favourite activity. The result: muscle pulls and tears, knee pain and stress fractures.

Mike Arbez, an athletic therapist at Pan Am’s Minor Injury Clinic has an explanation for the summer rush. “I think a lot of them feel fine before the activity,” says Arbez. “It’s a time thing, especially for golfers. I find that everyone gets very, very rushed. The summers are so short that they try to fit in as many things as they can and they may run from the car to the first tee box and grab a club out of the bag and just give it a good rip. Next thing you know, your back’s sore, you hurt your shoulder.”

Arbez, who is also an orthopedic technologist, says warm-ups needn’t be arduous and generally take about 10 to 15 minutes before an activity. Usually, it involves “dynamic stretches” that are sport-specific to warm up the muscles and joints.

“It’s not your typical static stretching, where you try to stretch out your quadricep muscles by pulling your heel toward your bum or stretching your calf against a wall for 15 or 20 seconds,” Arbez says. “Those are still great stretches to do to increase your flexibility at the end of your activities as your cool down.”

The best way to warm up, says Arbez, is to think about what motions your body will be using in your activity. If you will be running forward and backwards, shuffling side to side, turning out your hips and opening up, you need to warm up these muscles and joints, get the blood flowing, and boost the heart rate.

Arbez says people generally have a tough time knowing how to warm up the hips. “They come out of winter activities and they have pretty weak hips, and all of a sudden they’re out there on these uneven surfaces running and they’re getting knee pains and hip pains,” he says.

It’s also critical to be aware of the haz-
Hydrating yourself and having some nourishment before physical activities and sports doesn't mean a beer and a burger. Athletic therapist Michael Arbez offers these hydration and food tips for athletes and active people.

**Hydration**

Signs of dehydration include being thirsty, skin that’s flushed, a dry mouth and feelings of fatigue, Arbez says. More serious dehydration can include increased heart rate, muscle cramps, headaches and decreased sweating and not urinating.

If you’re wondering how much to drink, check the colour of your urine, he says. If it’s clear, you’re probably pretty hydrated. If it’s dark, you may be dehydrated.

Weigh yourself before your activity. If you’re 170 pounds before a baseball game and 168 after the game, the loss is from losing water, not losing fat. To rehydrate, have about 20 to 24 ounces of water for every one pound of weight loss.

**Food**

Yogurt, bananas and chocolate milk after an activity will give you a bit of fat, potassium, calcium and protein, which will help you when your body’s supplies diminish during exercise, Arbez says.

Sports drinks can replenish electrolytes and sugars in your body.

Judy Owen is a Winnipeg writer.
Warm-up tips

Here are some exercises designed to help keep you injury-free:

**Warm-ups for activities that involve running (touch football, soccer, frisbee, cycling, running):**

- **Forward jogging, back peddling and side shuffles:** These exercises target the lower body and hips. That’s important because the hips are easy to injure after a winter of inactivity. Try doing the exercises for 20 or 30 metres.

- **Knee pulls:** Another good exercise for your hips. As you take steps forward, pull your knee up toward your shoulder, alternating with each step. Try doing this exercise for 30 seconds.

- **Walking lunges:** Good for the hips and legs. If you’re playing baseball or golf, when you do these lunges, try to open up your body. For example, when you step down with your left leg in a lunge position, turn your upper body to the right, and vice versa when you lunge with your right leg. Try this exercise for 20 or 30 metres.

- **Straight-leg kickouts with toe touches:** Good for stretching out hamstrings. While going forward in a line, with your leg as straight as possible, try and kick up your leg and touch your toes with your opposite hand. (Think ‘goose-step military marching.’) Try this for about 30 seconds.

- **Butt kicks:** Good for warming up your legs. As you’re jogging, try to pull/kick your heels up toward your tush. Try for about 20 to 30 metres.

**Warm-ups for sports that use upper body muscles (golf, baseball, tennis):**

- **Side bends:** This exercise targets the back and abdominal muscles. Standing with your legs shoulder width apart, move your upper body side to side. Place the bat, club or tennis racquet behind your shoulders as you do this. Try eight to 10 repetitions.

- **Trunk rotations:** A good exercise for warming up your back, hips and abdominal muscles. Place hands on your hips, turn back and forth. You can also hold the bat or club behind your shoulders during this one. Try eight to 10 repetitions.

- **Shoulder swings:** This exercise helps loosen shoulder muscles. Take a bat and start off with some slow swings, increasing the speed. Grab a small golf club (perhaps a wedge) and begin with some short shots and work up to longer ones. Try eight to 10 times for each shoulder.

- **Shoulder stretch:** Tennis players can use a shoulder stretch to limber up before a game. Hold a racquet by the handle and place behind your back. Use your other hand to pull the head of the racquet down, bringing your elbow to your ear. Repeat using opposite arms. Hold the position for 15 to 20 seconds. Repeat three times for each side.*

- **Arm circles:** Good for warming up deltoid and rotator cuff muscles. Hold your arms out to your sides at shoulder height with palms down and rotate them in small forward circles. Perform 10 forward and 10 backward circles. Then do 10 forward and 10 backward large arm circles, using the shoulders’ full range of motion. You should feel a slight stretch in the shoulders as you perform the exercise.*

- **Wrist circles:** Helps prevent sore wrists. Hold both arms out in front of your body at shoulder length with the palms facing down. Rotate your wrists in clockwise circles, using the full range of motion to feel a slight stretch in the forearm muscles. Perform 10 clockwise and 10 counterclockwise circles.*

- **Wrist flexion and extension:** This helps with forearm muscles and wrists. Hold both arms out in front of your body at shoulder length with the palms facing up. Flex your wrists by bending the hands toward the body; then extend them away from the body. Use the complete range of motion in the wrist. Do 10 repetitions, alternating one flexion and one extension.*

Sources: Pan Am Clinic  * Cleveland Clinic
Each year, on average, 20 Manitobans die due to drowning.

Statistically, three times that number will have sustained morbidity, meaning they have survived the submersion/immersion episode but have long-lasting cerebral performance issues. While this decade has seen a reduction in the frequency of such incidents – there was an average of 30 drowning deaths a year throughout the 1990s – each one remains tragic and likely preventable.

After two decades of various water-safety strategies and initiatives across this province, the Manitoba Coalition for Safer Waters was formed in 1999 with the aim of reducing the number of drownings. Its aim is to ensure that all Manitobans have the attitude, knowledge and skill required to make informed decisions about their own safety and the safety of others when participating in water-related activities and, for that matter (based on our climate), on ice too.

At present, the Coalition has over 30 member agencies with various levels of involvement; the Lifesaving Society acts as its Secretariat. While each member agency meets its own mandate, the Coalition works to prevent drowning in Manitoba by:

- Building on the range of resources that are available in the province to identify and meet gaps in public and professional education and services.
- Maximizing resources by avoiding redundancies in service.
- Co-ordinating the efforts of the partners.
- Maintaining ongoing networking, including consultation on projects and issues that incorporate members’ mandates.

Since its inception the province and the Coalition have supported its various member agencies in fulfilling their mandates around all things involving water safety. Most recently, three programs received $125,000 in funding from the Province of Manitoba (Department of Healthy Living, Youth and Seniors), which will allow them to be suitably sustained for another year.

They are:

**Manitoba Personal Flotation Device (PFD) Loaner Program**

Since 2006 the province has invested $150,000 in this program. Working with the Coalition and its member agencies, 3,100 Personal Flotation Devices (PFDs) have been made available to over 60 northern and remote Manitoba communities. These PFDs are offered to communities who agree to establish a Loaner Program to their residents, similar to library lending. The lifejackets are made available for swimming lessons, boat or canoe trips, or any other community water activity. Their use has become much more prevalent in the north as the local residents have come to appreciate their value in saving lives in these cold-water regions.

**Manitoba Water Safety Community Grants Program**

In 2008, the Coalition, then in partnership with Manitoba Health & Healthy Living, made grants of up to $2,500 each available to 20 community organizations who were seeking to improve water safety. From fencing and hazard signage to skills training, there was a wide array of community needs. Now entering its third year, $50,000 in new funds have been secured to continue this initiative. We’re certain that demand will outstrip the supply of...
Water-safety tips

More than 90 per cent of drownings could be prevented by following five basic water rules. They are:

1. **Choose it and use it!** Only 5 per cent of Canadian drowning victims were wearing a life jacket or personal flotation device (PFD). One in four drowned boaters had no life jacket in the boat.

2. **Boat sober.** Alcohol contributes to more than one-third of all preventable water-related deaths. Alcohol is involved in half or more of fatal snowmobiling, recreational power-boating, boat travel and automobile travel incidents. Alcohol adversely affects your balance, judgment and reaction time.

3. **Know before you go.** Be aware of changing weather conditions to avoid capsizing or falling overboard. Falling overboard, capsizing and rough water are each involved in one third of fatal boating incidents. Strong winds are involved in one quarter of fatal boating incidents.

4. **Always supervise young children.** If you’re not within arm’s reach, you’re not close enough! Young children 2 to 4 years of age have the highest preventable water-related death rate. For 2 to 4 year olds, backyard pools are the highest risk location. For infants and young children under 2 years old, the highest risk location is the bathtub, followed by backyard pools. These young victims have often been left alone. Drowning is a silent killer. You cannot expect to hear a cry for help, so you must always be able to see your child.

5. **Get the card.** Anyone driving a boat is now required to have a Pleasure Craft Operator’s Card.

Source: Lifesaving Society, Manitoba Branch

For more information on lifesaving tips, please visit www.lifesaving.mb.ca/topten.asp.

For more information about the Manitoba Coalition for Safer Waters, call (204) 956-2124, or write:

This message is sponsored by the Manitoba Coalition for Safer Waters
PO Box 2552 Station Main
Winnipeg, MB, R3C 4B3

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funds available, but the communities that are fortunate enough to receive grants will be eager to implement their particular water safety project. A news release will publicize the 2010 grant availability.

**Water-Safety Information, Education and Awareness**

Always a mainstay of any effort to enlighten the public is the need to “get the message out.” This very article in **Wave** magazine might be seen as one of the many ways people are informed about the issues and resources available to them. The Coalition has funded the publication of several water-safety brochures, billboards, bus advertisements, publications, infomercials, radio and television PSAs. We have also supported training that is specific to meet the needs of local communities and many newcomers to Canada.

All this work is done with one goal in mind: injury prevention. We’ll continue our efforts to enlighten the public about the simplicity of most water-safety practices. Living in this wonderful province surrounded by countless rivers, streams and 100,000 lakes, safety around water should be well understood by every man, woman and child.

In this day and age, we would like to believe that any caregiver knows that children must be watched closely and constantly, young males will learn of and minimize the risks of their chosen water-related activities, and any boater should know to wear a PFD, not have it along for the ride.

Finally, the penalty for intoxication while operating a boat is the same as a motor vehicle. Now, if everyone would always make informed and enlightened decisions around any water activity, we’d witness a substantial decrease in drowning and injury occurrences. But until then, the Coalition and its member organizations will continue their efforts to educate Manitobans to better understand the many risks they face whenever they are in, on or around water.
How did you feel when you woke up this morning? Were you feeling ready to face another day? Or did you want to hide your head under the pillow?

If you were feeling a bit down, don’t worry: You’re not alone. Thousands of Canadians wake up every day feeling the same way. Life can be complicated: there are tough decisions to make, relationship issues, parenting demands, and work deadlines. Then there are the everyday hassles like traffic tie ups, piles of laundry and noisy neighbours that can eventually wear us down.

Fortunately, there are things we can do to put ourselves in a more positive frame of mind, ready to meet the challenges of the day with enthusiasm.

The fact is good mental health involves much more than not having mental-health problems. Being mentally healthy every day helps us to enjoy life more, and involves three main areas of our lives: emotional, psychological and social well-being. When we feel emotionally well, we feel cheerful, calm and interested in life. We are generally satisfied with life and we look forward to the activities in our day like finishing a project at work or going to a movie. We also feel hopeful about the future and have goals such as finishing school or buying a car.

Psychological wellness includes having a positive attitude toward ourselves and life. This aspect of mental health means that we can usually find ways to solve problems and we have a sense of meaning and purpose in our lives. This could be feeling rewarded in your role as a parent, finding meaning in being a volunteer at your local community centre, or caring for your pet.

Social well-being is another very important aspect of good mental health. Being able to give and receive comfort and support from the people around us can be a strong buffer against mental-health problems. A genuine sense of belonging within our families and communities gives us meaning and helps us through the tough times. Families, workplaces, clubs, social groups, sports teams, community organizations and spiritual groups are all examples of meaningful social connections.

It may strike you that the ingredients of good mental health are not that complicated.

While they aren’t complicated, it’s important to remember that many other factors affect our mental health. Heredity, personality and life circumstances such as living with a disability, living in unsafe housing or in poverty, physical illness or chronic health conditions also play a role.

The ability to “bounce back” in the face of life’s challenges, often called resilience, is developed by accepting the things in life that we cannot change while working toward wellness every day. For example, people living with diabetes or other chronic health conditions can learn to effectively manage their nutrition and physical activity to maximize their overall wellness.

So what can we do to promote and strengthen good mental health? We all have a role to play in helping to foster supportive and healthy schools, workplaces and communities. This could mean doing things like contributing to a community garden, reaching out to people who are
isolated in your neighbourhood, speaking with your government representative about matters that are important to you, or sharing your talents such as through coaching, mentoring or volunteering.

As individuals, we can take care of the basics like getting enough sleep, eating well and being physically active every day. We all have different energy levels, so everyone needs to find a balance between work and play that works for them. Make sure you find time for the activities you enjoy like reading, music, creative hobbies and other interests.

Practice good self-care strategies by maintaining a sense of humour, taking the time to be with people you enjoy, and finding a sense of purpose in your life.

By accepting who you are and focusing on the positives in your life, you will be better able to solve problems and meet life’s challenges. If you start to feel overwhelmed, practise strategies to reduce your stress, such as relaxation breathing, yoga or meditation. Talk to someone you trust and don’t be afraid to ask for help when you need it.

There are rewards and challenges at every stage of life. Positive mental health can help you to enjoy life more; it’s worth striving for every day!

*Laurie McPherson is a mental health promotion co-ordinator with the Winnipeg Health Region.*

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**Five ways to increase well-being**

**Connect** – With families, friends, colleagues and neighbours.

**Be active** – Discover a physical activity you enjoy and do it often.

**Take notice** – Be mindful of the moment and all that it offers you.

**Keep learning** – Try something new, learn a new skill.

**Give** – Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group.

*Source: Five Ways to Well-being: The Evidence, 2008, UK*
When you need it most

Critical illness insurance can help pay the bills when you can’t

The news caught Terry Aldred by surprise.

“I never expected that I would hear the words ‘You have cancer’ at 40 years of age,” he says. “It always happens to someone else, right?”

But the diagnosis was not a mistake. Aldred did have cancer of the thyroid and lymph nodes.

Fortunately, he also had something else: critical illness insurance, a relatively new form of financial protection offered by several of the large insurance companies in Canada.

And so, as Aldred prepared for surgery in the fall of 2009, he was able to focus on healing rather than worrying about financial issues.

“What has really surprised me about this whole process was there are so many things to consider when dealing with a diagnosis of cancer,” Aldred says.

After taking time off for surgery, Aldred underwent a radioactive iodine treatment and was off work for another short period of time. Nearly one year after his diagnosis, Aldred is recovering and the prognosis is good.

Looking back, Aldred says he had two things working in his favour as he prepared for treatment.

“Firstly, the cancer is in my thyroid and lymph nodes and the prognosis for full recovery is very good. Secondly, I had the foresight to purchase a critical illness insurance policy in 2001 and that policy provided me with a real sense of mental ease as I prepared for surgery, went through the recovery period and rebuilt my strength for a full return to work. Without it, the added mental stress of wondering how I would pay for the extra expenses would not have allowed me to focus on healing.”

Thankful to have the support of his wife, Aldred recognizes that without his critical illness insurance policy it may have been difficult for his wife to be there to accompany him to doctor appointments.

“I’m fortunate that she’s in a position where her time is fairly flexible,” he says. “However, a few questions in my mind popped up such as: What would we have to do if she was in a regular 9 to 5 job? Who pays for the spousal time off and emotional time off? Would she take an unpaid leave of absence to comfort and help me while our finances suffer or would she stay at work and worry, perhaps putting her job at jeopardy? Vacation time only covers so much and what if we had already used up our vacation time for this year?”

Having a critical illness insurance policy can help take the uncertainty out of the equation.

Today, Aldred, a marketing executive with Great-West Life, believes more than ever in the benefits of critical illness insurance coverage.

“My hope for clients is that they will consider how a critical illness insurance policy is a strong and essential component...
Do you know anyone who has had cancer, a heart attack or a stroke? Did they see it coming?

What kind of stress did it place on their family or business? Would a lump sum of money have helped?

That is what critical illness insurance is all about. If you were to become critically ill, you would receive a lump sum of money to do with as you please.

Critical illness insurance provides you with benefits that give you increased options and choices when your life is spinning out of control with the diagnosis of a serious illness. The cash benefit amount ranges from $10,000 to $2,000,000. If you became critically ill, your insurance policy could help you:

- Travel to another city for an earlier MRI or a second opinion
- Have a PET scan to determine if the cancer treatment had truly been successful
- Take time off work to be with your seriously ill husband or wife
- Have your sister take time off work to care for your children
- Pay off your mortgage and debts and not worry about getting back to work full-time right away
- Go on that trip to Disneyworld you always said you would
- Pay for those drugs not covered by the provincial drug plan or your group benefit plan
- Hire someone to keep the household together while you are having treatments or are too sick to make meals for your family

Studies show that over 400,000 Canadians will suffer from a critical illness this year. Mortgage experts tell us that more than 40 per cent of home foreclosures are due to a critical illness.

The good news is that with the tremendous strides in medical technology, you are far less likely to die from a critical illness and may even make a full recovery. The problem is that most people don’t have the money to keep going until they can once again earn a living – and that’s where critical illness insurance comes in.

A financial safety net when you need it

Critical illness does not replace your basic medical coverage or disability insurance. Rather, it pays a lump sum of money if you contract a specified illness and the survival period (usually 30 days) has been satisfied. There are no strings attached – once you qualify for the payout, you get a cheque to use any way you wish and it doesn’t matter if you are able to return to work or not. You can seek private or out-of-country treatment, keep a business running, or pay debts including your mortgage – it’s your call.

You can also purchase insurance for your child. Consider what you might need to do if your child became sick:

- Take time off work to be with your child
- Have access to a second medical opinion regarding your child’s diagnosis and treatment plan
- Focus on your child’s recovery instead of financial concerns

Help ensure that a life-altering critical illness won’t cause a critical blow to your financial life. Secure the coverage you need for yourself and your family.

This message is sponsored by:
Jill Chambers, BN
Consultant,
Investors Group Financial Services
For more information about critical care insurance, please call Jill at:
Cellular ph: (204) 291-5998
Office ph: (204) 943-6828

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of their financial security plan,” he says. “Since my start in this career, I have always been passionate about life insurance and critical illness insurance and what they can do for you and your family. Now I know for sure.”

Jill Chambers is a consultant with Investors Group who advises clients on financial security. She says Aldred’s story illustrates how quickly someone’s life can be turned upside down – and how important it is to be prepared.

“Terry was fortunate that he had critical care insurance to fall back on. Too often we hear about people who were not prepared. I just wish that someone had talked to them about critical illness insurance. It would have made such a huge difference in their life going forward,” she says.

“I remember a young mom, an elementary school teacher, with two children of her own and a diagnosis of MS. She was in remission and terrified of returning to work full time and having a relapse. With critical illness insurance, she could have offset some of the family expenses and only worked part time, if at all.”
Going the distance
Greg Rubell’s journey to a healthy lifestyle started with a 20-second run

By Bob Armstrong

The evening sun is glistening on the water of Muir Lake at Fort Whyte Alive as Greg Rubell is doing what he loves best: helping people get active in the fresh Manitoba air.

It’s a “test paddle” night for people thinking of buying a canoe or kayak from Mountain Equipment Co-Op. Rubell, a paddling and cross-country skiing expert at the Portage Avenue store, is explaining to a half-dozen Manitobans the pros and cons of the boats he’s brought with him.

A certified kayaking instructor, Rubell is also giving out valuable tips on getting in and out safely, paddling technique and balance.

It’s that commitment to helping others get the most out of healthy, active lives that earned the 57-year-old runner, hiker, paddler and skier a Healthy Living Award from the Reh-Fit Centre this spring.

“I just like the look on people’s faces – being able to do something that they didn’t think was possible. It’s nice to see other people change their lifestyle.”

As a healthy living mentor, Rubell enjoys helping people find the activity that’s right for them and watching them attain their fitness goals.

Some of the people he has taught have started with a 20-second run. “I wasn’t happy with not being able to walk up a set of stairs comfortably,” he says, adding that his wife, Linda, also played a big role in motivating him to get fit.

He joined a running class that had as its goal preparing participants to do a 30-minute run by the end of six weeks. It’s hard to imagine, given that Rubell has since run the rugged 63-kilometre Mantario Hiking Trail in 13.5 hours, but that 30-minute run was a daunting goal at the time.

“I thought that people who could run for a half an hour were gods,” he recalls. “I started out by running for 20 seconds, then walking for 40 seconds.”

He was a fast enough learner that he went on to teach the Running Room’s Learn to Run classes and lead weight-training sessions for runners at the YMCA. He’s also a member of the Reh-Fit Running Club, meeting every Thursday night to train.

Depending on whether or not he’s training for a long-distance run, Rubell’s weekly exercise schedule includes three weight-training sessions and three runs – fast, short-distance runs on Tuesdays and Thursdays, and a long, slow distance run on the weekend. In the winter, cross-country skiing may take the place of a run.

Some of his personal exercise highlights include the 50-km Canadian and American Birkebeiner cross-country ski races and a 50-km ultramarathon on the Superior Trail south of Thunder Bay. At 57, he doesn’t do quite as many distance runs now, but he plans to run the Manitoba Marathon again on his 60th birthday.

He also became a Canadian Association of Nordic Ski Instructors (CANSI) certified cross-country ski instructor – in large part so he could help to introduce friends to the sport.

Surprisingly, for a man who loves being on the water, swimming is just about the only exercise Rubell doesn’t do.

Rubell has found ways to fit activity into all aspects of life.

He often commutes the 15 km from his Charleswood home to his work by bike, and he and Linda have made activity a big part of their lives together – the couple recently celebrated their 25th anniversary by biking around the Napa Valley in California.

In a bid to promote healthy lifestyles, the Reh-Fit Centre has established the Healthy Living Awards. Given out each year, the awards celebrate organizations and individuals who have made a contribution to promoting healthy living in the community, says Sue Boreskie, Chief Executive Officer of the Reh-Fit Centre. Since 1999, 173 Manitobans or Manitoba organizations have been recognized for promoting community health by encouraging active living. In this issue of Wave, the Winnipeg Health Region joins with the Reh-Fit Centre in saluting the two individual winners of the Healthy Living Award selected earlier this year. For more information on how to nominate a person or an organization for an award, please visit www.reh-fit.com and click on the reh-fit events icon.
Linda is also dedicated to fitness. She will participate this year for the seventh time in the 1,000-mile Cycle of Hope bike ride for Habitat for Humanity.

A part-time passion for healthy living became a full-time thing when MEC opened its Winnipeg location in 2002. Rubell, at the time working as a purchasing manager for another business, was ripe for a career change, even if it did mean a drop in income.

“I asked my wife and she said she’d rather take the pay cut and have me around for another 20 years.”

Since then, he has been “the token old guy” among the largely young staff at MEC, helping customers select outdoor gear in order to enjoy healthy activity in the fresh air.

A long-time paddler, Rubell also got his kayak instructor certification through his work with MEC. As well, two years ago he participated in a special program in which staff members from across the country are selected to go on a wilderness adventure. Rubell took part in a 24-day hiking and canoeing course in the Yukon with the world-renowned National Outdoor Leadership School.

“At my age, 55 at the time, I was twice the age of everybody else on the course,” he says, recalling the feeling of hiking mountain trails with a 65-pound pack and spotting caribou and grizzly bears in the wild.

“I love the quietness, the good feeling you get away from noise, the good feeling of seeing nature,” he says. “You’re watching a high definition screen, but it’s strapped to your nose and it’s all around you.”
Physiotherapist Emily Hunter hands her patient a broomstick and asks her to pretend it’s her vacuum cleaner.

“The patient, Sheila Hirt, demonstrates her vacuuming technique, under the watchful eye of the long-time health professional.

“Step forward and use your legs, not your arms,” Hunter advises, taking a turn to demonstrate.

The discussion of vacuuming technique is just part of a long, practical session in which physiotherapist and patient go through a wide range of daily activities and exercises in order to help Hirt, who has recently been diagnosed with osteoporosis, stay fit and healthy.

Hunter specializes in working with patients who have osteoporosis, a condition of low bone mass and deterioration of bone tissue that can lead to fractures. She advises them on exercises to build and protect bones, and shows how to adapt the way they work, sit and move in order to prevent injury.

Her long-term commitment to helping Manitobans take control of their health recently won her a Healthy Living Award from the Reh-Fit Centre.

She combines practical advice with encouragement.

“Your movement’s good,” she tells Hirt, who demonstrates her daily routine of exercise and stretching. “Your alignment’s great.”

Hunter also points out no-nos – such as sitting up in bed to read, which can cause damaging bending of the spine. Instead, she advises her book-loving patient to sit in an armchair with the book resting on pillows on her lap.

“We don’t want to scare you to death, but we want you to start changing things,” Hunter tells her.

Helping people make changes to manage or prevent osteoporosis has been a big part of her practice ever since she became a founding member of Osteoporosis Canada’s Manitoba Chapter about 15 years ago. Today, she is a member of the chapter’s executive committee and the education chair.

In that capacity she does as many as 15 presentations per year to community groups – from school children to seniors – through the organization’s Speaking of Bones program. In a “train the trainer” program called Bone Up, Hunter, along with a nutritionist, a pharmacist, and a kinesiologist train health-care providers to safely treat people with osteoporosis.

Hunter also works with breast cancer survivors, who are particularly at risk for osteoporosis as a side-effect of their treatment. Every two months she participates in osteoporosis workshops organized by CancerCare Manitoba.

All that involvement with Osteoporosis Canada is in addition to her business, Hunter Physiotherapy, which employs five other physiotherapists. Hunter, who entered the profession in 1968 after studying at the University of Manitoba, opened her first clinic in 1989 and moved to her current Provencher Boulevard location in 1993.

She’s an orthopedic physiotherapist, working with patients of all ages with injuries to their knees, shoulders, back or neck.

Because of her involvement with osteoporosis, she has many patients referred to her by physicians or other physiotherapists.

That’s what brought Hirt to Hunter’s clinic. After a bone density test revealed that her osteopenia (the precursor to osteoporosis) had progressed to osteoporosis, she called Osteoporosis Canada to find a physio and the organization referred her to Hunter.

“Sheila has been smart enough to be...
Emily Hunter is committed to helping people battle osteoporosis "proactive," says Hunter, who is full of praise for her patient's commitment to her exercise program, which she began 15 years ago when she was first diagnosed with osteopenia.

Working with osteoporosis patients has influenced the way Hunter looks at just about everybody who comes through her doors. "In the last 15 years, it has changed the way I look at somebody," she says. "If somebody comes in and they are 50 or more, or even if they are younger, I will ask 'Do you drink milk or soy? 'Do you take calcium or vitamin D?'"

She has seen just how widespread osteoporosis is. It affects one woman in four, and for Aboriginal women, the rate can be as high as one in two.

And while osteoporosis is usually thought of as a condition affecting women, it also affects as many as one in eight men, and one in four in the Aboriginal community. "The more men they test, the more they find," she says.

Looking at the sedentary, indoor lifestyle of today's young people, Hunter worries that the future may see even higher rates of osteoporosis, both because they aren't getting enough weight-bearing exercise and they don't get outside enough to absorb vitamin D from sunlight. Vitamin D helps the body absorb calcium in order to build strong bones.

"With our kids spending time in front of the computer or television, there's going to be an even bigger epidemic," she says. "The groundwork is laid for our good bones as children. That's why we sometimes think of osteoporosis as a pediatric problem that manifests itself later in life."

That's why the Manitoba chapter of Osteoporosis Canada developed a program called Sip and Skip, in which elementary school children are encouraged to keep track of their calcium intake and exercise. The program won the Manitoba/Saskatchewan Speaking of Food and Healthy Living Award from Dietitians of Canada this spring.

Factors contributing to osteoporosis include genetics, diet (not getting enough calcium and vitamin D), lack of weight-bearing exercise, and taking medications, such as those for rheumatoid arthritis, that block the absorption of calcium. While vitamin D can be absorbed from sunlight, the combination of winter clothing, short days and low-angle sunlight means that for much of the year Canadians can't count on the sun to help them, so supplements and vitamin D-enriched dairy products are important.

Consequences of osteoporosis, in addition to the immediate pain of a broken bone, can be a loss of mobility, something Hunter understands first-hand.

She's just getting back in action after knee replacement surgery in March to correct an old curling injury.

As her new knee gradually improves, she will go back to walking, biking, golf and curling. She also leads an exercise class involving floor exercises, weights and Pilates. "I have an ulterior motive," she jokes. "It's to make me exercise."

Staying active, keeping her body strong, enjoying her work, and spending time with family and "a fabulous network of friends" are all part of her vision of a healthy life.

Her recent experience recovering from surgery reinforced her belief that community is an important part of healthy living.

"The month after my surgery, there wasn't a day that somebody didn't drop in. People brought food, they visited. Now I've promised that I'm going to do the same when somebody I know is sick."

"We don't want to scare you to death, but we want you to start changing things."

Bob Armstrong is a Winnipeg writer.

Emily Hunter (right) works with client Sheila Hirt at her studio on Provencher Boulevard.
Don’t get BURNED

**Why is skin care and protection important?**

Your skin changes as you age. It becomes thinner and begins to sag, causing wrinkles. It injures more easily and heals more slowly. The older you get, the more important it is to take care of your skin. Common complaints as people get older include dry and itchy skin, wrinkles, sagging skin, color changes, and “age spots.” Even more worrisome, however, is the possibility that some of those age spots may turn out to be skin cancer.

**Should I limit my exposure to sunlight?**

While some exposure to sunshine is necessary for the body to make vitamin D, too much exposure can be damaging to your skin. Most of the skin changes associated with age are due to ultraviolet radiation (UVR) exposure. The closer you are to the sun (for example, living near the equator or at high altitudes), the more exposure to UVR you experience. Damaged skin can repair itself to some extent if further UVR exposure is avoided, so it is worth protecting your skin from too much sun at any age. Recent studies have shown that exposing yourself to the rays of a sun tanning machine are as harmful as direct exposure to the sunlight.

**What are the symptoms of sun damage?**

Symptoms include:
- Freckles, “age spots,” or moles that suddenly appear, grow, or change color.
- Dry, rough skin or wrinkling.
- Small blood vessels showing as red lines on the cheeks, nose, and ears.

**Am I at risk for sun damage to my skin?**

You are most at risk of sun damage to your skin if you:
- Have fair skin that freckles and burns easily.
- Live near the equator or at high altitudes.
- Work outdoors.
- Enjoy outdoor hobbies and recreation.
- Sunbathe.

**What is skin cancer and how does it occur?**

Too much UVR exposure sometimes leads to skin cancer. Skin cancer is related to how much you are out in the sun without protecting your skin. Exposure to UV rays from sunlight or tanning beds is the most common and easily preventable cause.

**Who is at risk?**

Everyone is at risk of skin cancer. But the risk of skin cancer is greatest for people who have fair skin that freckles easily. Frequently, these are people with red or blond hair and blue or light-coloured eyes. High-risk professions for skin cancer include farmers, construction workers, other sun-exposed outdoor workers, and vehicle drivers (on their sun-exposed arm). Where you live can also be a risk. People who live in areas where there are high levels on UV radiation from the sun are at greater risk of getting skin cancer.
How can skin cancer be prevented?

- Avoid direct prolonged exposure to the sun, especially between 11 a.m. and 4 p.m. when the sun’s intensity is greatest. Seek out shade whenever possible.
- From early spring to the start of fall, wear a wide-brimmed hat, loose fitting shirts with long sleeves and long pants instead of shorts. Clothing made from closely woven material will shield the skin best.
- Use sunscreen with a “Sun Protective Factor” (SPF) of at least 15 with both UVA and UVB protection. Apply 15 to 30 minutes before you go outside to allow the active ingredients to soak into the skin. Sunscreen should be reapplied every two hours, or more often if swimming or exercising. The lower lip is a common spot for skin cancer to occur, so protect your lips by applying an SPF broad-spectrum lip balm. Do not apply sunscreen to children less than six months old. Babies should be kept in a shady area, out of direct and reflected sunlight.
- Be careful of medication. Certain prescriptions can make your skin more sensitive to UV rays. Consult your doctor or pharmacist if you have any questions about your medications.
- Protect your eyes as well as your skin from ultraviolet damage. Wear sunglasses that filter out UV rays.
- Watch for reflected light, as the sun’s harmful ultraviolet rays can bounce back at you from sand, snow, concrete and water.
- Remember that children can get sun burned on cloudy days, as 80 per cent of the sun’s rays penetrate through light clouds, mist and fog.
- Avoid the use of sunlamps.

Linda Coote is a registered nurse and manager with Health Links - Info Santé, the Winnipeg Health Region’s telephone health information service.
Back problems can be solved by staying active

By Susie Strachan

The days of taking two Tylenol and resting in bed after a back injury are over, thanks to a revolution in how to treat back pain problems.

New research suggests that the old treatment for back injuries – resting in bed for days or weeks – may actually prolong back pain. That’s because resting in bed causes your body to become stiff and your muscles weak, resulting in a loss of physical fitness, says Dr. Chris Adam, a sports medicine specialist at Legacy Sports Medicine in Winnipeg.

The new thinking is that the back is made for movement. And that means the sooner you get moving again, the sooner you will feel better.

“You may need to take more pain medication if you rest in bed for days or weeks, as the pain will feel worse. When you lie down, your body becomes de-conditioned as you stop your daily physical routine. Lying in bed may make you feel depressed, and it will be harder to get going again,” says Adam.

Back problems are not unusual among health-care professionals. Some of the most common causes occur when health-care staff perform a lift or patient transfer awkwardly. Repetitive motions put constant strain on backs, as does sitting incorrectly and using poor ergonomics when working on a computer.

Backache sufferers may experience severe pain at first, and worry that they’ve done serious or permanent damage. But the spine is a strong part of your body, as it’s reinforced by strong ligaments and large, powerful muscles. While a back strain may hurt, it’s not easy to do serious injury to your back or spine.

Your doctor may not be able to diagnose the source of your pain, as X-rays and MRI scans rarely detect serious spinal injuries, and do not help in the case of ordinary back problems. The pain may come from the muscles, the ligaments or the small joints. The good news is that you probably haven’t torn a ligament or a muscle.

Do not confuse a backache with arthritis or a slipped disc, which is when a disc of the spine traps a nerve. Very few back injuries require surgery.

“Typically, a back problem resolves
Back facts

• Most back problems are not due to serious injury or disease.
• The acute pain usually improves within days or a few weeks. The long-term outlook is good.
• Aches and pains can last for a long time, but that doesn’t mean it’s a serious problem.
• About half the people who get a backache will get it again within a couple of years. Between attacks, most people return to normal activities, with little, if any, pain.
• What you do in the early stages is very important. Resting for more than a day or two does not help. It may actually prolong the pain and disability.
• People who cope best are those who stay active and get on with life, despite the pain.

How to stay active

The sooner you are active again, the better. While the pain is severe, you can rest. But you will need to find a balance between being as active as you can and not irritating your back pain. The rules are simple:

• Keep moving.
• Do not stay in one position for long.
• Move about before you stiffen up.
• Move a little further and faster each day.
• Don’t stop doing things. Just change the way you are doing them.

Here are some examples:

**Sitting** ~ Choose a chair and position that is comfortable. Support the small of your back. Get up regularly.

**Desk work** ~ Adjust the height of your chair to suit your desk. Arrange your keyboard and monitor so you are comfortable. Get up and move around regularly.

**Driving** ~ Adjust your seat from time to time, and support the small of your back. Take regular breaks.

**Lifting** ~ Think before you lift. Do not lift more than you need to. Keep the load close to your body and bend at your knees and hips instead of your back.

**Sleeping** ~ Some people find a firmer mattress helps. Support your spine in a neutral posture by using a pillow under your knees when lying on your back or a pillow between your legs when lying on your side. Try acetaminophen or ibuprofen an hour before you go to bed.

The risk of chronic pain

Recent research shows that people at risk of developing chronic pain are affected by how they think and feel, and how active they are. Some of the signs of being at risk for developing long-term pain include:

• Believing you have a serious injury or damage. Being unable to accept reassurance.
• Believing that hurt means harm, and that you will become disabled.
• Avoiding movement or activity, in fear of doing damage.
• Continued rest and inactivity instead of getting on with life.

• Waiting for someone to fix it, rather than helping yourself to recover.
• Becoming withdrawn and depressed.

These warning signs may develop gradually, which is why it’s important to be proactive and prevent the development of chronic pain. Part of this prevention plan is getting back to work and feeling productive as soon as possible. Statistics show that if you don’t return to work after one month, there is a 10 per cent risk you will still be off work in a year’s time.
There is nothing like a long, cool drink of something cold on a hot summer day.

That’s only natural. As the temperatures rise in summer, so does our need to be cooled and hydrated. Chances are, if you are feeling sluggish on a hot summer day, it’s because your body is low on fluid, which is needed to carry nutrients, digest food, and act as a cushion for organs and joints.

There is, of course, no shortage of sweet, tangy or tart drink choices to help shake your thirst. Specialty iced coffees, slushy ice drinks, pop, lemonades, juices and fancy cocktails are just a few of the options on the market today.

The problem is that these drinks are not always the best choice. Indeed, many of them are so laden with sugar, they are really nothing more than liquid candy. Moreover, these sweetened drinks are being marketed in ever-increasing portion sizes to kids and adults alike. The result: We’re all drinking way too much sugar.

For example, did you know that a cup of iced slush coffee has over 70 times more calories, 30 grams (seven to eight teaspoons) more sugar, and seven grams more fat than a cup of regular brewed coffee? And don’t forget, these drinks are often sold in larger sizes, providing even more of a difference.

The calories in these drinks are known as “empty calories” because they contain no nutritional punch. Even worse, the empty calories you consume can often fill you up to the point where you don’t feel like consuming healthy foods and drinks. Each time you reach for the liquid candy, you miss the opportunity to eat fruits, vegetables and other foods that keep you healthy and reduce the risk of chronic diseases, such as obesity, heart disease, and diabetes.

According to Statistics Canada, the average Canadian eats about 23 teaspoons (92 grams) of added sugar each day, with soft drinks as the leading source. That’s a lot of sugar, considering the American Heart Association recently recommended that women consume no more than 100 calories (about 6 teaspoons) of added, processed sugar a day, while men should aim for less than 150 calories (about 9 teaspoons) of added sugar a day.

In addition to containing heaping teaspoons of sugar, these drinks also contain acids, which can cause tooth decay. Drinks that contain natural or added acids are: pop (regular and diet), flavoured waters, sports drinks, energy drinks, all fruit drinks and fruit juices. If you have too many of these drinks, your teeth will be exposed to acid over and over again, which can result in an attack on your teeth’s enamel.

Even fruit juices can be a challenge. Although 100 per cent unsweetened fruit juice contains naturally occurring sugars, the total sugar content is similar to pop and other fruit drinks. It is best to try to limit fruit juice and instead try to eat more whole fruits and vegetables, as they contain fibre and are more satisfying.

Now, none of this is meant to suggest that you can’t enjoy a nice cool drink this summer. It just means that the next time you need to quench your thirst, you might want to try a healthier refreshment.

Water is a great choice any time, but especially in summer. In addition to cooling your body and replenishing your fluid losses from sweat, water is calorie-free, inexpensive, and readily available.

Milk and soy beverages are also good choices. They’re refreshing drinks that are packed with nutrients, such as calcium and vitamin D. Enjoy milk or soy beverages as a thirst quencher and consider the flavoured options on ice for a cool treat.

As for specialty iced coffees, energy drinks, sports drinks, ice slushes, and pop – try drinking them less often.

Michelle Arpin Molinski is a registered dietitian with the Winnipeg Health Region.
Super summertime thirst quenchers:

Keep a pitcher of cold water in your fridge at all times. Fill your water bottle with water and ice cubes – carry it with you when going out in the heat.

Consider adding lemon, lime or orange slices to your water – or, be creative and try adding melon balls, cucumber slices, frozen berries or any other summer fruit you love.

Sip on a refreshing, cold glass of milk or soy beverage – plain or flavoured.

Try an iced latte made with low-fat milk vs. an iced slushy coffee.

Mix club soda with higher-sugar drinks to reduce the total sugar and calories.

Enjoy a slice of juicy watermelon.

Eat a handful of fresh berries.

Crunch on crisp cucumber slices and celery sticks.

Pop a few fresh cherry tomatoes in your mouth.

Snack on a bunch of fresh or frozen grapes.

Enjoy some tangy citrus fruit.

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How much **sugar** is in your drink?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Serving Size</th>
<th>Tsp of sugar (approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>250 mL</td>
<td>0</td>
</tr>
<tr>
<td>Milk (plain)</td>
<td>250 mL</td>
<td>2 to 3</td>
</tr>
<tr>
<td>Flavoured milk</td>
<td>250 mL</td>
<td>5 to 7</td>
</tr>
<tr>
<td>Unsweetened (plain) soy beverage</td>
<td>250 mL</td>
<td>0</td>
</tr>
<tr>
<td>Flavoured soy beverage</td>
<td>250 mL</td>
<td>4</td>
</tr>
<tr>
<td>100% unsweetened fruit juice</td>
<td>355 mL (1 can)</td>
<td>8 to 9</td>
</tr>
<tr>
<td>Fruit-flavoured beverage (punch, cocktail, drink crystals)</td>
<td>355 mL (1 can)</td>
<td>11 to 12</td>
</tr>
<tr>
<td>Diet pop</td>
<td>355 mL (1 can)</td>
<td>0</td>
</tr>
<tr>
<td>Regular pop</td>
<td>355 mL (1 can)</td>
<td>8 to 10</td>
</tr>
<tr>
<td>Iced tea (sweetened) or Lemonade</td>
<td>355 mL (1 can)</td>
<td>8</td>
</tr>
<tr>
<td>Iced coffee (slush-type)</td>
<td>312 mL (small)</td>
<td>8</td>
</tr>
<tr>
<td>Ice slush</td>
<td>650 mL (med)</td>
<td>12</td>
</tr>
<tr>
<td>Sports drink</td>
<td>591 mL</td>
<td>8</td>
</tr>
<tr>
<td>Energy drink</td>
<td>250 mL</td>
<td>6</td>
</tr>
</tbody>
</table>

NOTE: 4 grams total sugar = 1 tsp of sugar (or one sugar cube)
Energize with eggs!

Crab devilled eggs are a delicious way to power up your day!

Eggs are a great fit for a healthy, active lifestyle.

Two large eggs deliver an impressive 12 grams of the highest quality protein, keeping you feeling fuller longer and giving you the lasting energy you need to complete the day’s activities. They also provide 14 vitamins and minerals, including vitamin B12, riboflavin, vitamin D, folate and iron.

Eating Well with Canada’s Food Guide identifies two eggs as a single serving and part of a healthy eating pattern.

Try out this great Crab Devilled Eggs recipe, a delicious appetizer or a quick meal for someone on-the-go!

To find out more about the nutritional value of eggs, please visit www.eggs.mb.ca.

Crab Devilled Eggs

6 hard-cooked eggs, peeled
2 tbsp (25 mL) soft butter
2 tbsp (25 mL) light mayonnaise
¼ tsp (1 mL) dry mustard
¼ tsp (2 mL) lemon juice
Few drops of hot pepper sauce
Dash of salt
1/3 cup (75 mL) crabmeat
2 tbsp (25 mL) finely chopped celery
Paprika

Cut eggs in half lengthwise. Remove yolks and mash in small bowl. Mix in remaining ingredients. Fill egg white halves; piling high. Cover and refrigerate. Sprinkle with paprika just before serving.

Makes 12 appetizers.
Kidney Disease may happen before you feel sick. Blood and urine tests help to show if your kidneys are healthy.

Are you at risk? Know the signs.

kidneyhealth.ca

A message from the Winnipeg Regional Health Authority, Manitoba Renal Program
Eggs
Energy that lasts.

Before heading out for some quality family time, consider fueling up with the nutritious Grade ‘A’ goodness of Manitoba eggs. Loaded with 14 vitamins and minerals and all nine essential amino acids, eggs are a rich source of high quality protein that provide your family with the lasting energy they need to keep active.