

LIVING WELL *from*

SUMMER 2019

# northern nevada

## MEDICAL CENTER

### ***SURVIVING*** a coronary arterial blockage

*“This hospital is exceptional!”*

– Richard McNaughton

#### ***INSIDE:***

#### **Hitting the slopes again**

Don Roberts' physical  
therapy journey after a  
serious ski accident

#### **Chronic obstructive pulmonary disease (COPD)**

Get the facts



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**Quality counts.** NNMC is the first hospital in the nation to receive a certification from The Joint Commission for Back Pain! We are also certified for Spine Surgery, and have received Advanced Certification as a Primary Stroke Center, and for Total Hip and Total Knee Replacement. NNMC's Chest Pain Center is accredited by the American College of Cardiology (ACC). In addition, NNMC received the AHA/ASA's Get With The Guidelines®- Stroke Gold Plus Quality Achievement Award and the Mission: Lifeline® Silver Receiving Quality Achievement Award.



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M E D I C A L C E N T E R

## FROM THE CEO



We have built a culture focusing on excellence, quality care and patient safety, and it all goes hand in hand with making sure every patient, every day, has a great experience here at Northern Nevada Medical Center. It's all part of our commitment in "Honoring Life's Journey."

As the community continues to grow, we are keeping up by adding new space to our facility. We recently opened a new third floor nursing unit and an additional operating room featuring new technology to better serve patients who require surgery. In addition, we broke ground on a new freestanding emergency department. This will be yet another resource for the community to access emergency care 24/7.

With our expansion, we can welcome new physicians to the community and enhance the patient experience, no matter what kind of care is needed. From the emergency room, to intensive care, to preventive health, our dedicated, compassionate staff is here to provide support and transform the lives of the people we serve. We are always looking to add more team members who support our mission of keeping patients safe, providing quality care and enhancing patient satisfaction, both here at the hospital and within the medical group. A variety of positions are available, and more information can be found on our website. We would love for you to join us.

As always, thank you for the opportunity to provide 24/7 care for you and your family. Know that we are always here for you.

**Alan Olive**

Chief Executive Officer

### IN THIS ISSUE

#### 4 A LIFE-SAVING CARDIAC PROCEDURE

No more chest pain for  
Richard McNaughton

#### 6 ASK THE DOCTOR

Awareness and prevention  
of stroke

#### 7 COULD YOU HAVE COPD?

Proper testing to get to  
the correct diagnosis

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# HE THOUGHT HIS *skiing days were over*

**But after physical therapy, the powder beckons once again**

Don Roberts, 65, an avid skier, was enjoying the slopes with friends at a ski resort when he sustained serious injuries to both legs in a fall. Following emergency care and several surgeries, he returned home to begin outpatient physical rehabilitation.



Heidi Streeter, PT, DPT, ASTM, sets Don Roberts up on a treadmill program.

When Roberts was ready for outpatient rehab, he wanted to stay close to home. “I heard great things about the Rehabilitation & Sports Medicine Center in Reno, so I went there,” he says. He met with Heidi Streeter, PT, DPT, ASTM, and was impressed from the start. “My assessment with Heidi was incredibly thorough.

She asked a lot of questions to get an overall picture of my injuries, my personality and my goals,” says Roberts. “Each session, she checked where I was psychologically and physically before we even started. She took the time to explain everything to me and even used pictures to show me what to do.”

## **Getting back to 100 percent**

Streeter explains the physical therapist works one-on-one with each patient. “Mr. Roberts and I had three one-hour sessions per week, and he was determined to get back to 100 percent,” says Streeter. “He had a long road ahead of him when he first started, but he has made great progress.”

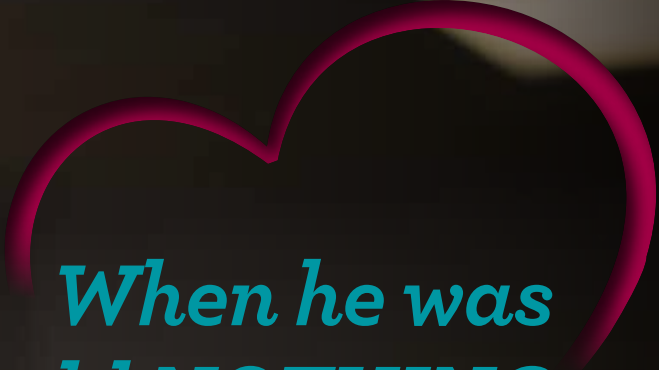
Roberts says he is ready for next ski season and can’t wait to get back on his skis. “Heidi was just incredible at keeping me in check so I could achieve my goals. I kept seeing improvements, and when I struggled, she was right there to motivate me. She is a real rock star, and I am so grateful for her guidance in my recovery! I highly recommend her and this facility for anyone who needs physical therapy.” ■

**Learn more: [nnmc.com/therapy](https://nnmc.com/therapy)**



The Rehabilitation & Sports Medicine Center is located at 1091 Steamboat Parkway, Suite 240, Reno, NV 89521  
To make an appointment, call 775-386-2244.

You can also visit us at our other location at 2385 E. Prater Way, Suite 301, Sparks, NV 89434. Call 775-356-4960 for an appointment.



*When he was  
told **NOTHING**  
could be done,  
**NNMC** was there*

*Richard McNaughton  
finally gets the help he  
needed for his coronary  
disease in Reno.*



*Richard McNaughton checks in for one of his  
follow-up doctor appointments.*



**McNaughton, 81, was living in Phoenix, Arizona, when doctors discovered a significant blockage in a coronary artery and deemed it too difficult and risky to place a stent. They told him there was nothing more they could do.**



Amr Mohsen, MD

His daughter stepped in and decided to bring her parents to Reno and made an appointment with a cardiologist. They ordered tests to determine

McNaughton's overall cardiac health, found that he was stable, and scheduled him to come in for periodic checkups.

But months later, McNaughton began experiencing crushing pain in his chest and went to the ER at NNMC. Doctors took McNaughton to the catheterization lab to check for blockages and consulted with Interventional Cardiologist Amr Mohsen, MD.

Dr. Mohsen explains that a blood vessel that was part of McNaughton's previous bypass graft was blocked. "In most cases, coronary artery blockages are made of soft cholesterol plaque that can be ballooned and stented without difficulty," says Dr. Mohsen. "But in this case, the patient had calcified plaque, which is like a boney structure blocking the artery. Therefore, while opening the artery, you risk rupturing the vessel. It takes specialized equipment and training to know how to remove the plaque and place a stent safely." Fortunately for McNaughton, Dr. Mohsen had

received that training and frequently performs these techniques.

The procedure took about 45 minutes, and after a one-night hospital stay, he was discharged home. Dr. Mohsen states that repairing arteries with calcium requires a meticulous technique with specialized devices that break up the blockage.

"I have seen several patients like Mr. McNaughton who end up in palliative care because many of these procedures are deemed impossible," says Dr. Mohsen. "But we can do them here."

McNaughton can't say enough about his doctors, the surgical team, nurses and the entire staff at NNMC. "It's very important to have this hospital here. I wouldn't want to be anywhere else," says McNaughton, a retired EMT. "I've worked in many hospitals and have been a patient several times, and this hospital is exceptional in all ways. The courtesy and awareness of the staff was incredible, and my doctors took great care of me. Dr. Mohsen saved my life!"

McNaughton has recommended his doctors to many people, saying they are in touch with how to treat their patients. "Patient care should be number one, and it is here. They make this hospital perfect and they treat you like family," he says. ■



## Blockages *don't only happen in your heart*

As an interventional cardiologist with specialized vascular training, Dr. Mohsen is also experienced with blockages in blood vessels that occur in the lower extremities that may cause arterial ulcers in diabetic patients.

He explains that diabetes and smoking lead to accumulation of cholesterol plaque in the arteries that can restrict blood flow in the lower extremities, which can lead to arterial ulcers and blockages. "Antibiotics can't reach the infection because of lack of circulation, so it never heals. As a result, the patient may be advised to have an amputation," says Dr. Mohsen. "But we can check for blockages in the smaller arteries and restore blood flow, which allows the wounds and ulcers to heal, and avoid possible amputation."

If you or a loved one have been told an amputation is needed due to a non-healing wound, check with your doctor or wound care specialist to inquire about possible blockages that may be preventing wound closure.

**Find an interventional cardiologist:**  
[nnmc.com/intervention](http://nnmc.com/intervention)

**Learn more about cardiac care: [nnmc.com/blockage](http://nnmc.com/blockage)**

# Awareness and prevention of **STROKE**



According to the American Stroke Association, stroke is the leading cause

of serious long-term disability. One out of every 20 deaths is from stroke, and it's the fifth leading cause of death in the U.S., killing nearly 130,000 people a year. In addition, someone in the U.S. has a stroke every 40 seconds, and every four minutes, someone dies of a stroke. Neurologist **Usha Nuthi, MD**, shares her insight about awareness, risk factors and prevention.

## **Q: What causes stroke and what are the risk factors?**

A stroke occurs when there is bleeding in the brain, or when blood supply to specific parts of the brain is reduced or blocked by a clot. This causes brain cells to die in just minutes. Some risk factors for stroke can include high blood pressure, high cholesterol, diabetes, atrial fibrillation, history of tobacco use, physical inactivity, obesity and overall cardiovascular health. However, some risk factors are beyond a person's control, such as age, family history, gender (women are at higher risk than men), and a prior history of transient ischemic attacks (TIA), stroke, or heart attack.

## **Q: What are the different types of strokes?**

There are two types of stroke. An ischemic stroke is caused by a blocked artery, and a hemorrhagic stroke is when there is a leak in a cerebral blood vessel. However, some people may experience a transient ischemic attack (TIA), also known as a "mini-stroke." A TIA usually results from a clot blocking blood flow to the brain, but the clot causing the TIA dissolves on its own, so the symptoms may only last a few minutes and permanent damage to the brain usually doesn't occur.

## **Q: What are symptoms of a possible stroke?**

The American Stroke Association's acronym **F.A.S.T.** is for warning signs and symptoms of stroke. **Face:** Does one side of the face droop? **Arms:** Does one arm drift downward when both arms are raised? **Speech:** Is it slurred or strange? **Time:** Is it critical! However, other signs can include sudden onset of paralysis or weakness; numbness and tingling anywhere in the body; poor coordination; blurred or loss of vision; dizziness and confusion. **If you see any of these signs, call 9-1-1 immediately.**

## **Q: Can strokes be prevented?**

The National Stroke Association estimates that 80 percent of strokes are preventable if risk factors are identified and modified. By lowering blood pressure and high cholesterol, controlling diabetes, maintaining an active lifestyle with healthy weight and diet, you can help prevent stroke. In addition, reducing or stopping smoking, actively managing stress and keeping cardiovascular conditions under control are important to stroke prevention. ■



**Learn more about our stroke services: [nmmc.com/stroke](https://nmmc.com/stroke)**



# Get the facts on chronic obstructive pulmonary disease (COPD)



*You may have heard about COPD, but what is it exactly? Learn the symptoms, the causes and treatment.*



Aleem Surani, MD



Aaron Viray, MD

If you smoke and have emphysema or chronic bronchitis, you may have also heard your condition referred to as COPD. Pulmonologists Aleem Surani, MD, and Aaron Viray, MD, who diagnose and treat lung disease at Northern Nevada Medical Center, say it is technically not a disease, but a limitation of air flow that can occur from several different diseases, such as chronic bronchitis or emphysema. "A vast majority of patients with COPD have a history of smoking," says Dr. Surani. "But younger patients who exhibit the signs may have an inherited condition due to a deficiency of a certain protein."

## Symptoms and testing

Common symptoms of possible COPD include shortness of breath, a chronic cough, mucus production, lung infections, low oxygen levels, wheezing and blue fingernails. Dr. Surani says there are a lot of the same symptoms between asthma, COPD and heart conditions, so it's important to see the right specialist. "Sometimes a patient will tell me they have it, when really they have asthma or heart failure," he says. "If you have any of these symptoms, you should see a pulmonologist." Dr. Viray says that varied tests can be done depending on the patient, but the pulmonary

function test is used to diagnose the condition because it gives more details on how the lungs are functioning as well as how much airflow is available.

## Treating COPD

While there is no cure, there are several treatment options depending on the symptoms and airflow limitations. "Different levels of inhalers can be used to help relieve shortness of breath symptoms, in addition to oxygen treatment," says Dr. Surani. "We also make sure patients are current with their flu and pneumonia shots to help prevent complications should they get either illness."

Both doctors say higher altitudes, such as living here in Reno, are a big concern because each breath delivers a lower amount of oxygen to the body compared to being at sea level. "You can notice the difference because you feel more short of breath at higher elevations," says Dr. Viray. "So for people with lung issues, it makes it that much worse because their oxygen levels are already compromised."

"The biggest issue is that if you are a smoker, it is strongly suggested that you stop smoking. The loss of lung function from smoking does not come back because the lungs do not regenerate themselves, but you can prevent further damage," says Dr. Surani. Dr. Viray adds that lung function starts to decline around age 30 on its own, but smoking just accelerates it. ■

**For more information: [nnmc.com/copd](http://nnmc.com/copd)**

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