Michael E. DeBakey Veterans Affairs Medical Center

VA Star

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Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Conroe VA Outpatient Clinic
Galveston VA Outpatient Clinic • Texas City VA Outpatient Clinic

DeBakey VA's Rapid Response Team Aims to Save Lives

HOUSTON - Following a successfu pilot program, a Rapid Response Team was put into action for inpatients at the Michael E. DeBakey VA Medical Center (MEDVAMC). The team includes a Medical/Neuro Step-Down nurse practitioner, a respiratory therapist, and a physician, usually the pulmonary fellow or the in-house resident after regular business hours.

Any health care provider who is worried about his or her patient has the ability to call the Rapid Response Team at the first sign of a patient decline. Within minutes, a team of professionals rush to the patient's bedside in an attempt to reverse the patient's instability.

The Rapid Response Team is called to respond to acute change in a patient's status such as altered mental changes, new onset seizures, suspected stroke, acute change in heart rate or respiratory rate, uncontrolled bleeding, acute change in urinary output or temperature; in general, staff or family concern that the patient does not look good.

"The Rapid Response Team is different from calling a 'Code Blue,' because the patient is just beginning to show signs of distress," said Charlie Lan, D.O., Pulmonary Section staff physicia and Rapid Response Team Leader. "Simply put, the purpose of the Rapid Response Team is to quickly bring critical care expertise to the patient's bedside or wherever it is needed."

When the Rapid Response Team is called, the team members assemble at the patient's bedside in less than five minutes. Since the criteria used are very specific, an underlying problem usually can be identified quickly. The team discusses and carries out a treatment plan and monitors the disposition of the patient. The goal is for an overall improvement in the patient's health.

The MEDVAMC's Rapid Respons Team concept also supports one of the Joint Commission's National Patient Safety Goals. Goal 16 calls for improvin "recognition and response to changes in a patient's condition" and Requirement 16a states organizations should select "a suitable method that enables health care staff members to directly request additional assistance from specially trained individual(s) when the patient's condition appears to be worsening."

Furthermore, one of the implementation requirements for Goal 16 indicates an organization should empower "staff, patients, and/or

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Photo by Bobby D. Gomez, MEDVAMC Public Affairs Officer

Any health care provider who is worried about his or her patient has the ability to call the Rapi Response Team at the first sign of a patient's decline. Within minutes, a team of professionals rush to the patient's bedside in an attempt to reverse the patient's instability. Members of the Rapi Response Team (from left): Hyginus Osondu, M.P.A., R.R.T., Respiratory Care night shift supervisor; Veronica Magee, M.A., N.E.-B.C., R.N.-B.C., nurse executive; Barbara Marshall, M.Ed., R.R.T., Respiratory Care chief; Antonia Jodinskas, R.R.T., R.C.P., Respiratory Care day shift supervisor; Charlie Lan, D.O., Pulmonary Section staff physician; Louisa Ikpeama R.N., A.C.N.P., Acute Care nurse practitioner; and Uselyn Deary, R.N., A.C.N.P., Acute Care nurse practitioner.

VA Outpatient Clinic on Galveston Island Opens with Ribbon Cutting Ceremony

Photo by MEDVAMC Media Section

From left: Nathan Cook, Deputy Regional Director, Office of U.S. Senator John Cornyn; Linda Sullivan, Veterans/Military Caseworker, Office of U.S. Representative Ron Paul; Francisco Vazquez, B.S.C.S., M.B.A., Michael E. DeBakey VA Medical Center Assistant Director; James Richman, Director of Claims, Representation, and Counseling, Texas Veterans Commission; Albert Cheng, Deputy Director, Office of U.S. Senator Kay Bailey Hutchison; and Jack Molho, District Director, Office of U.S. Representative Pete Olson.

GALVESTON, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) held a special Ribbon Cutting Ceremony officially re-opening its VA Outpatient Clinic on Galveston Island on March 4, 2009 at its new location.

The new clinic is centrally located at 3828 Avenue N near 39th Street and close to many restaurants and businesses. The building is newly renovated and staffed by highly qualified and experienced VA physicians, nurses, technicians, and administrative staff.

The old clinic, located at 6115 Avenue L, has been closed since September 13, 2008 when Hurricane Ike slammed ashore causing more than $24 billion in damages in the U.S. coastal and inland areas.

"The American Medical Association would probably be the first to assert that interaction with family and friends and a good atmosphere promotes the best chance for healing. The Houston VA health care system provides all that," sai Jim Rose, president, Galveston County Chapter 685, Vietnam Veterans o America, "The Veterans here in South

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VA Dermatologists Battle Skin Cancer

HOUSTON – Dermatologists at the Michael E. DeBakey VA Medical Center (MEDVAMC) have a wide variety of treatments, valuable information, and technology at their fingertips to keep Veterans from developing skin cancer and treat those who are suffering from the disease.

Skin cancer is the most common form of cancer in the United States. The two most common types are basal cell cancer and squamous cell cancer. They usually form on the head, face, neck, hands, and arms. Another type of skin cancer, melanoma, is more dangerous but less common.

Anyone can get skin cancer, but it is more common in people who spend a lot of time in the sun or have been sunburned, have light-colored skin, hair, and eyes, have a family member with skin cancer, or are over age 50.

Whether your scalp is covered with a full head of hair or not, MEDVAMC dermatologists say play it safe when it comes to skin cancer on the scalp. "While most cases of skin cancer on the scalp are found in balding men, a full head of hair does not mean you are fully protected," said Ida Orengo, M.D., Dermatology assistant chief.

Dark thick hair gives more protection compared to blond wispy locks, but some type of extra protection should be used at all times. Drug stores now carry shampoo or leave-in conditioners that include sunscreen. For tips on sunscreen, turn to page 8.

However, the best prevention method is to wear a hat with at least a three-inch brim around the entire head. If not a hat, which can be uncomfortable in the heat, then carry an umbrella for shade.

The most common forms of skin cancer found on the scalp are basal, squamous and melanoma, which can be deadly.

"Early detection is important, so if you have a regular hair dresser you might want to ask him or her to keep an eye out for any new moles or bumps," Orengo said. "Most patients say their hair dresser finds the skin cancer first."

Those at risk for skin cancer should also have an annual full-body skin check, which includes the scalp, the skin alon the hairline, and the ears.

Orengo has worked with dermatologists at Baylor College of Medicine (BCM) to test a topical treatment for certain types of skin cancer. While a topical treatment for precancerous cells has been around for more than 30 years, it was only in the last five to 10 years a topical cream was developed for cancerous lesions.

"The cream, called Aldara™, only works for certain types of skin cancer," said Orengo, who is also a professor o dermatology at BCM and director of the Mohs Surgery Center at the Baylor Clinic. "You simply rub it on the area, usually at night, and after about four to six weeks, the cancer is gone in about 80 percent of the cases."

It is FDA-approved for superficial basal cell and actinic keratosis, but has shown good results for squamous cell carcinoma in situ.

"It works by turning on the body's immune system," said Orengo. "Your body starts to recognize those cancer cells are not normal and kills them off."

Photo by Fran Burke, Public Affairs Specialist

Listed as one of the best doctors in the nation in the field of dermatology, Ida F. Orengo, M.D., Dermatology assistant chief at the Michael E. DeBakey VA Medical Center, examines U.S. Army Veteran Merlon D. Turner during a recent appointment. Orengo is also the director of the Mohs Surgery Center, a professor in the Department of Dermatology, and an assistant professor in the Department of Otorhinolaryngology at Baylor College of Medicine. She is board certified by the American Board of Dermatology.

Skin cancer is typically removed by scraping and burning or cutting the area. This can leave a scar or even multiple scars since superficial basal cell carcinomas can appear in several spots close together, but not connected. The cream allows for a larger area of coverage and usually heals without leaving behind scars.

"While the cream works, the area can look raw and begin to scab," she said. "But when treatment is over it heals beautifully."

A small area of redness or discoloration can be left behind initially but that will eventually fade. Some side affects include a risk of bacterial infection. Daily cleansing is important to counter that risk. Since the cream affects the immune system, those who have autoimmune disorders might see those symptoms increase in severity.

"This might not work for everyone," Orengo said. "But for those who have superficial basal cell carinoma on visible areas like the face or chest where you don't want scars, it is a good treatment option to talk to your doctor about."♦ *Graciela Gutierrez, Office of Public Affairs, Baylor College of Medicine*

A Word from the Director . . .

We're Here to Kee You in Good Health...

But No One Lives Forever.

Let's Speak Frankly.

HOUSTON - It's a simple fact of life. Yet as a practicing physician, it continually saddens me to see over and over again that our Veterans have not made their wishes clear about what to do when tragedy strikes. How heartbreaking it is to see the decisions about what to do in this most critical last step in life's journey left to chance or to a distant relative.

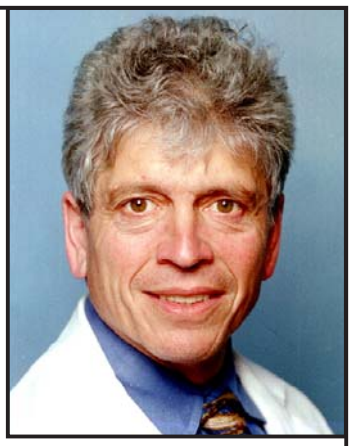
Unfamiliar with the patient's wishes, relatives are often faced with this heavy decision and advise us to proceed with heroic measures even when such therapy is likely to be painful for the patient, unlikely to succeed, and possibly unwanted by the patient.

Both provider and patient have a responsibility here. The time to make crucial end of life decisions is during routine office visits when neither patient nor provider is under duress.

When I attend on our general medicine wards, not a month goes by when I am not faced with having to address these issues with the patient for the first time in his life. This is especially poignant when the patient has been already diagnosed with a serious condition that may be life-threatening and the medical consequences should already have been discussed and decisions made.

At the Michael E. DeBakey VA Medical Center, we are making every effort to ensure end-of-life situations are cared for in a compassionate and peaceful manner.

When some hear the words hospice or palliative care, they automatically believe they will receive less care. This could not be further from the truth. Patients actually receive very special care designed specifically for their needs in helpful and soothing surroundings and a compassionate fashion.



Blase A. Carabello, M.D., F.A.C.C.
Acting Medical Center Director

This issue is everyone's responsibility. Patients, families, and providers should make these decisions on these issues a priority now - today.

Unless you have a crystal ball, no one knows when tragedy will strike. Let us know your wishes so that we can carry them out, whatever they are. We pledge to help you in your darkest hour and we can serve you much better if we know what you want us to do.♦

Infection:
Don't Pass It On!

Wash your hands before eating, after using the restroom, after coughing or sneezing, after blowing your nose, before and after handling food, after being near somone sick, or after touching trash.

Rapid Respons Team is Ready

(continued from page 1)

families to request additional assistance when they have a concern about the patient's condition," which relates directly to Goal 13: "Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy."

To activate the Rapid Respons Team for any of the early warning signs, dial '911' from any MEDVAMC telephone. ♦ *Input from Joe Murphy, Public Affairs Officer, VA National Center for Patient Safety*

New Technology Allows VA and DoD to Share Patient Records

WASHINGTON, D.C. - Software platforms that bridge the medical databases of the Department of Veterans Affairs (VA) and the Department of Defense (DoD) are improving military health care.

One piece of this architecture, the Bidirectional Health Information Exchange, is a data exchange initiative that permits DoD and VA clinicians to view in real time the electronic health care information stored on each other's computer systems.

"VA and DoD are now sharing almost all essential health information that is available electronically in a viewable format," Gerald Cross, M.D., Veterans Health Administration principal deputy under secretary for health, said at a Pentagon news conference recently. "That means a VA doctor can look at Veteran's DoD medical records to see if the patient has any known conditions like allergies, and the doctor can look up the vital signs and review the results of all the lab tests taken at a DoD medical facility."

The system, now operable at all VA and DoD medical facilities, is one highlight of an electronic information sharing effort between the two departments that dates back to 2001. Cross and DoD officials provided an update on the overall interagency health information sharing efforts. He emphasized the initiatives were about much more than technology.

"These joint efforts are a testament to the power of collaboration and proof of the great things VA and DoD can accomplish when we work together on behalf of America's heroes," he said, adding, "This is about continuity of care."

Stephen Jones, Ph.D., principal deputy assistant secretary of defense for health affairs, said the interagency effort represents a breakthrough in medical information sharing. "In fact, current health information-sharing capabilities between DoD and VA are well ahead of those in the private sector in both scope and scale," he said.♦

Photo by CPT Randy Villinger, Texas Army National Guard, 36th Combat Aviation Brigade

"VA and DoD are now sharing almost all essential health information that is available electronicall in a viewable format," Gerald Cross, M.D., Veterans Health Administration principal deput under secretary for health, said at a Pentagon news conference recently. Above, a soldier fires his M-240 machine gun from a UH-60 Blackhawk helicopter during a mission near Balad, Iraq. Returning troops can be assured a VA doctor can look up his or her DoD medical record and review the results of all the lab tests taken at a DoD medical facility.

Baby Changing Tables at Houston VA

Baby changing tables are available at the Michael E DeBakey VA Medical Center in Houston in the men's and women's restrooms in the Admissions area, the women's restroom near the main elevator; and the women's restrooms between Clinics 1 and 2 and between Clinics 2 and 3.

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(1-800-273-8255)

Galveston Clinic Reopens with Ribbon Cutting

(continued from page 1)

Texas are truly blessed [with the opening of this new clinic]."

Open Monday through Friday, 8 a.m. – 4:30 p.m., the clinic provides primary care, tele-medicine, mental health care, electronic patient records, and women's health services, in addition to local radiology services, to Veterans in the area.

"I am looking forward to seeing a significant improvement in Veterans' health care in Galveston County now that the Department of Veterans Affairs has reopened the VA's Community Based Outpatient Clinic under their own management," said Galveston Count Veterans Service Officer F.W. (Frank) Furleigh. "I am pleased with this turn of events not only as the Galveston County Veteran Service Officer, but also as a Veteran receiving care here."

"This 8,400-square-foot clinic is large enough to accommodate the more than 6,800 area Veterans who need health care," Francisco Vazquez, B.S.C.S., M.B.A., MEDVAMC assistant director said. "It has 12 examination rooms, a nursing triage room, three group rooms, a telemedicine room, and a special area for women Veterans.

New Galveston VA Outpatient Clinic Telephone Number: (409) 761-3200

The telephone number for the new Galveston VA Outpatient Clinic is (409) 761-3200. However, Veterans, who need medical advice or other information, may call the VA Network Telecare Center Hotline at (713) 794-8985 or toll-free 1-800-639-5137. Registered nurses, pharmacists, and administrative clerks are ready to answer Veteran health care questions 24 hours a day, seven days a week. Veterans with life-threatening emergencies should immediately call 911.♦

Facility Receives Root Cause Analysis Bronze Cornerstone Recognition Award

DeBake VA Works to Build a Culture of Safety

HOUSTON – The VA National Center for Patient Safety (NCPS) recently awarded the Root Cause Analysis (RCA) Bronze Cornerstone Recognition Award to the Michael E. DeBakey VA Medical Center for completion of all root cause analyses within 45 days during fiscal year 2008.

A root cause analysis is a process aimed at identifying the fundamental causes of problems or events. The practice of RCA is predicated on the belief that problems are best solved by attempting to correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms.

The process identifies the basic or contributing causal factors that underlie variations in performance associated with adverse events or close calls. Root Cause Analysis (RCA), an important element of the Patient Safety Program, contributes to building a culture of safety.

Award recipients are required to meet specific criteria focused on quality, timeliness, and quantity of root cause analyses. The award is given annually to facility Patient Safety Programs who meet these requirements.

"Our Patient Safety Coordinator Lekisa Ancalade, and Patient Safety Program Specialist Lisa Johnson are commended for ensuring the Michael E. DeBakey VA Medical Center met the requirement to complete all root cause analyses within the established timeline," said Acting Medical Center Director Blase A. Carabello, M.D., F.A.C.C.

"Last year, the facility completed 22 individual and six aggregate root cause analyses. Not only were the RCAs completed in a timely fashion, but they also were of the highest of quality, helping us learn to be an even better medical center for our Veterans," said Marcella Louis, R.N., M.P.H., C.P.H.Q., Quality Management director.

The NCPS was established in 1999 to develop and nurture a culture of safety throughout the Department of Veterans Affairs. The goal is the nationwide reduction and prevention of inadvertent harm to patients as a result of their care. Patient safety managers at 153 VA hospitals and patient safety officers at 21 VA regional headquarters participate in the program.♦

Kalavar Selected as DeBakey VA Chief of Staff

HOUSTON – Jagadeesh S. Kalavar, M.D. was recently selected as the new chief of staff of the Michael E. DeBakey VA Medical Center (MEDVAMC). In his new post, Kalavar, who has been with the Department of Veterans Affairs since 1991, will serve as the MEDVAMC's senior medical officer responsible for all clinical care and programs at the main facility in Houston and outpatient clinics.

Board Certified in Internal Medicine, Kalavar received his medical degree from Madras University in Madras, India in 1979. He completed his internship and post graduate training in India and completed his residency at Christ Hospital and Medical Center in Oak Lawn, Illinois. Kalavar is also an associate professor of Medicine at Baylor College of Medicine, member of the American College of Physicians, and recipient of Houston Federal Executive Board 2006 Excellence in Government Award.

Kalavar started his VA career as a staff physician in 1991 at Colmery O'Neil VA Medical Center, Topeka, Kansas. He was appointed as director of Primary Care Service Line in 1998 and selected as director of Primary Care Service Line for Eastern Kansas Health Care System in 2000. He joined MEDVAMC in 2001 as the Primary Care director and was appointed as chief of General Medicine Section from 2006 to 2009. In this capacity, he was responsible for one of the largest primary care programs within the VA health care system

"Dr. Kalavar has clinical and analytical leadership skills that make a very effective and productive bridge between the administration of the hospital and the medical staff," said Acting Medical Center Director Blase A. Carabello, M.D., F.A.C.C. "He is the perfect candidate to offer leadership that will help improve the way we serve our patients and their families."

Medical Center Chief Nurse Executive Thelma Gray-Becknell, R.N., M.S.N. agrees. "Not only does Jay have an intimate grasp of the workings of the Michael E. DeBakey VA Medical Center, but he understands the importance of collaboration across service lines, and between physicians, nurses, technicians, and support staff," said Gray-Becknell.

Primary Care clinics at the MEDVAMC are organized into five Primary Care teams based on the concept of "Clinical Microsystems" with emphasis on a system-based approach to patient care. Primary Care has more than 70,000 patients with 650 patient visits per day and more than 170,000 visits a year. Primary care also includes outpatient clinics in Conroe and Galveston, a Women's Veteran clinic, and Subspecialty clinics. Over the past two years, Primary Care/General Medicine has evolved into a major ambulatory care teaching site for the Baylor College of Medicine Internal Medicine Program, teaching "System Based Practice." Primary Care physicians have responsibility for inpatients, resident teaching and continuity clinics, and research.

As the director of the MEDVAMC Patient Reception Team, Kalavar coordinated the movement of supplies, equipment, and personnel to Ellington Field in 2005 to respond to Hurricane Katrina. With the first C-130 Air National Guard military transport aircraft arriving at 9 p.m. on August 31, 2005, the MEDVAMC PRT medically triaged almost 800 patients from 21 flights in the next five days. The patients, ranging from a 4-month-old to the very elderly, suffered from dehydration and fatigue. The team saw a variety of medical conditions including ventilator-dependent patients, obstetric emergencies, heart attacks, emergency dialysis, infections, and strokes. In the next two weeks, the MEDVAMC admitted more than 100 patients from the hurricane-affected areas.♦

Photo by Bobbi Gurney, MEDVAMC Public Affairs Officer

Jay Kalavar, M.D. (left) confers with an Air National Guard nurse and former DeBakey VA Medical Center Director Edgar L. Tucker about the manifest of a C-130 Air National Guard military transport aircraft carrying patients from Hurricane Katrina in 2005. Board Certified in Internal Medicine, Kalavar completed his internship and post graduate training in India and completed his residency at Christ Hospital and Medical Center in Oak Lawn, Illinois. He is also an associate professor of Medicine at Baylor College of Medicine, member of the American College of Physicians, and recipient of Houston Federal Executive Board 2006 Excellence in Government Award.

Did You Know?

- Each year, approximately 9,000 - 11,000 Veterans are hospitalized for a new stroke.
- It is estimated 80 percent of stroke survivors, discharged to home, rely on informal caregivers such as friends and family members.
- Family members of stroke survivors are at higher risk for feelings of uncertainty, anxiety, depression, poor health because of the sudden undertaking of caregiver role.
- In addition to taking on the activities of daily living for the person they are providing care, 37 percent of caregivers are also involved in giving injections, medication, and other medical treatments.
- Caregiving can result in new financial burdens, with 40 percent of caregivers incurring new financial expenses for care related products, services, and activities.
- It is estimated that 26 percent of caregivers spend up to 10 percent of their monthly income on caregiving activities.

Stroke is a medical emergency.
Know these warning signs of stroke and teach them to others. Every second counts.

- Sudden numbness or weakness of the face, arm. or leg, especially on one side of the body.
- Sudden confusion, trouble speaking, or understanding.
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination.
- Sudden, severe headache with no known cause.

Dial 911 Immediately!

SOURCE: American Medical Association and the American Stroke Association

Location Change for Psychiatric Emergency Services in Houston

HOUSTON - Effective March 16, 2009, the functions of the Psychiatric Evaluation and Admission Clinic (PEAC) will be relocated to make triage and assessment of Veterans with mental health issues more efficient and secure. This change will particularly assist us to help Veterans who pose a risk to themselves or others.

✔ **Emergency Situation:**
Veterans with psychiatric emergencies *will first* be evaluated in the Emergency Room. Veterans with *emergent concerns* or a condition requiring urgent attention and action will remain in the Emergency Room until the appropriate level of care can be administered.

✔ **Non-Emergency Situation during Business Hours:**
Veterans with *non-emergent concerns* presenting during regular business hours should be referred as follows: 1) If the Veteran is new to the Michael E. DeBakey VA Medical Center (MEDVAMC) or new to Mental Healt Care Line, the Veteran should be referred to the Prime Care Mental Health Clinic (previously called Behavioral Medicine/PEAC) located on the east side of the building in Room 1B-394 just past the Consumer Affairs Department and before the Spinal Cord Injury Entrance; or 2) If the Veteran is already enrolled in a Mental Health Program, the Veteran should be referred to their Principal Mental Health Provider. Patients should be advised to go to their Mental Health Clinic as a "walk-in."

✔ **Non-Emergency Situation after Normal Hours:**
Veterans with *non-emergent concerns* presenting after normal hours will be evaluated in the Emergency Room and seen by the appropriate Mental Health Provider.

For more information, contact the Mental Health Care Line at (713) 794-8907.♦

One of the First VA Hospitals to Use New Microwave Technology

DeBakey VA Sets the Standard in Delivering More Treatment Options for Liver Cancer

HOUSTON – Physicians at Michael E. DeBakey VA Medical Center (MEDVAMC) now have a powerful new tool with industry-leading microwave technology to ablate soft tissue and effectively treat liver cancer and tumors.

Surgical resection is the standard of care for the treatment of liver cancer, but the disease can also be treated with liver transplant, arterial embolization, radiation therapy, immunotherapy, chemotherapy, hormone therapy, and thermal ablation therapy.

Liver cancer is the fourth most-common cause of cancer mortality worldwide. Median survival of a patient with liver cancer without surgery is nine months. Only 20 percent of patients with colorectal metastases confined to the liver are surgical candidates for tumor removal.

The Evident™ microwave ablation system is intended for coagulation of soft tissue during percutaneous, laparoscopic, and open surgical procedures. Microwave energy emanates from the feed point of the radiating section of the antenna, causing coagulation of the tissue. The system then creates heat by generating friction through the vibration of water molecules. With microwave ablation, there is no current flow through the patient, eliminating the need for grounding pads.

A study comparing Radiofrequency Catheter Ablation (RFA), RFA plus resection, and chemotherapy alone concluded that survival following RFA as sole therapy was significantly greater than just chemotherapy. Hepatocellular Carcinoma patients treated with RFA had comparable survival rates as those treated with surgical resection.

"Microwave ablation represents a great advance in our ability to treat patients with liver tumors. It is a very effective ablation technique that seems to be superior to other ablation techniques in some patients with liver cancer," said Daniel Albo, M.D., Ph.D., Chief of General Surgery and Surgical Oncology who is among the first surgeons in the VA health care system to employ this new treatment modality. "It is also much faster, allowing for shorter operative times and faster recovery. We use a minimally invasive approach for this technique, minimizing patient discomfort and greatly expediting full recovery for our patients."

"I am very appreciative of the work of the team led by Dr. Albo on my liver tumors. I received this treatment through two tiny incisions and was able to go home the same day. I returned to my normal activities very quickly and I am currently free of cancer," said Marine Veteran Charles Clay.

This major technological advance allows surgical oncologists, interventional radiologists, hepatobiliary surgeons, and other medical specialists to perform percutaneous, laparoscopic, or open surgical soft tissue ablation, and in less time than other forms of ablation. This new technology can take 10 minutes or less. The speed and efficiency of this microwave ablation system may mean less time in the operating or radiology suite and less time that patients will spend under anesthesia.

"There are a great many advanced treatment options for liver cancer and tumors on the horizon. The Michael E. DeBakey VA Medical Center constantly strives to open new doors and make these alternatives available for our Veterans," said David H. Berger, M.D., Operative Care Line executive.♦

Photo by Evan Banks, Public Affairs Specialist

"This technology is applicable for a wide variety of liver tumors, but is particularly effective on patients with liver tumors in the context of liver cirrhosis. Our VA hospital is among the first centers to offer this technique and we believe it is going to greatly enhance our capacity to treat more effectively a wider veteran patient population." said Daniel Albo, M.D., chief of General Surgery and Surgical Oncology, above, examining Marine Veteran Charles Clay.

Facts about the Liver and Liver Disease

The Liver

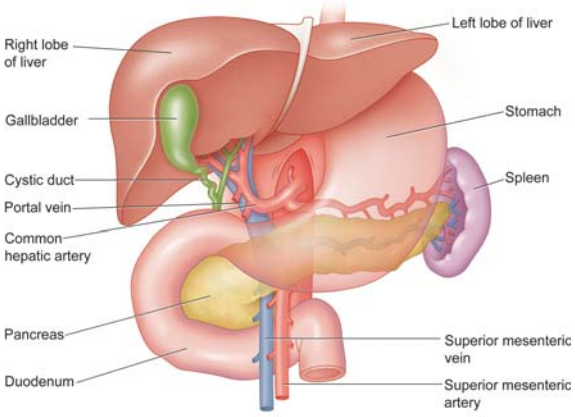
- The liver is the largest abdominal organ in the body.
- The liver produces and secretes bile, the end product of metabolized products from the liver; detoxifies the blood by metabolizing fats, drugs, alcohol, and environmental toxins; synthesizes proteins, glucose, and clotting factors; stores vitamins and minerals; and eliminates biochemicals produced by the body such as bilirubin and ammonia.
- A healthy liver produces 500 mL to 1000 mL of bile per day.
- The liver can regenerate liver tissue.
- A person can live with as much as 70% of his or her liver removed.
- The liver is susceptible to metastatic cancers because it filters the body's blood.

Primary Liver Cancer Facts

- Liver cancer is the 5th most-common cancer worldwide in men (8th in women).
- 700,000 to 750,000 new patients are diagnosed annually with liver cancer in the world.
- Liver cancer is the 4th most-common cause of cancer mortality worldwide.
- Hepatocellular carcinoma accounts for 70-85% of liver cancer cases
- One in 145 men and women in the U.S. will be diagnosed with cancer of the liver or intrahepatic bile duct during their lifetime.
- Approximately 18,500 people die each year from the disease and often there are no symptoms of liver cancer until the later stages.

Risk Factors of Liver

- Hepatitis B and C, and cirrhosis of the liver as a result of heavy alcohol consumption are the two most-common risk factors for liver cancer.
- Growing evidence suggests obesity, which increases the risk of diabetes mellitus and nonalcoholic steatohepatitis, is also a risk factor.
- Majority of liver cancer patients are diagnosed at age 55 or older.



Survival Rates of Liver Cancer

- Deaths from liver cancer in the U.S. increased by 10% from 2006 to 2007.
- Liver cancer is one of the most fatal cancers; five-year survival rates are 11.7% in the U.S.

Local Disabled Veterans Ski the Rocky Mountains

HOUSTON — Four disabled Veterans who receive treatment at the Michael E. DeBakey VA Medical Center (MEDVAMC) were among 400 othe disabled Veterans from across the country to ski the Rocky Mountains at the 23nd National Disabled Veterans Winter Sports Clinic in Snowmass Village, March 29 – April 3, 2009.

The local Veterans who attended this year included David Fowler, 48, an Army Veteran from Katy; Evo Marini, 64, an Air Force Veteran from Baile Prairie; Al Perdew, 51, a Marine Veteran from Pasadena; and Steven Schulz, 24, a Marine Veteran from Friendswood.

The clinic, hosted by the U.S. Department of Veterans Affairs (VA) and co-sponsored by the Disabled American Veterans (DAV), instructs Veterans with disabilities in adaptive Alpine and Nordic skiing and introduces them to a number of other adaptive recreational activities and sports. This year's clinic will feature a record number of participants, including many who served in the current conflicts in Iraq an Afghanistan.

"This is a really great thing to do," said Schulz. "It's lots of fun and it makes you feel good. I enjoy the speed of going down the mountain the most."

The Clinic is an annual rehabilitation program open to U.S. military Veterans with traumatic brain injuries, spinal cord injuries, orthopedic amputations, visual impairments, certain neurological problems, and other disabilities who receive care at a VA medical facility o military treatment center. It is the largest adaptive event of its kind in the world.

At the six-day event, Veterans also learn rock climbing, scuba diving, snowmobiling, curling, and sled hockey. They can participate in additional events and workshops such as a course on self-defense offered by the U.S. Secret Service.

Secretary of Veterans Affairs Eric K. Shinseki said he will attend this year's event and is "looking forward to celebrating the triumph of the human spirit over both physical adversity and fear of failure."

He believes the event and the volunteers who work with Veterans during the clinic, "give so many young Veterans a glimpse of what is possible if they keep hope alive. I know of few greater gifts one can bestow on others."

"Now, more than ever, we need events like the Winter Sports Clinic to challenge and inspire our wounded Veterans," said DAV National Commander Raymond E. Dempsey. "The complexity of the injuries suffered by some of our newest disabled Veterans and the health issues facing our aging Veterans make necessary the most creative and engaging recreational rehabilitation."

VA is a recognized leader in rehabilitative and recreational therapies, and operates more than 1,400 sites of care, including 153 medical centers. DAV is a non-profit, congressionally chartered Veterans Service Organization with a membership of more than one million wartime disabled Veterans. ♦

Fran Burke, Public Affairs Officer

Photo provided by 23rd National Disabled Veterans Winter Sports Clinic

Evo Marini, a combat Veteran of Vietnam, (above) challenges himself at the 23rd National Disabled Veterans Winter Sports Clinic, which took place March 29 - April 3. Co-sponsored by the VA and the Disabled American Veterans, the Clinic creates 'Miracles on the Mountainside' by being the world leader in teaching adaptive Alpine and Nordic skiing to Veterans with disabilities, while also introducing them to a variety of other adaptive sports.

SUPPORT GROUP LISTING

Support groups can be extremely helpful when coping with an injury or illness. Talk with a social worker on your nursing unit or in your Primary Care Clinic about available support groups, meeting times, and locations.

Vet to Vet Support Grou
Meets every Wednesday, 6 p.m. Room 6B-117; every Thursday, 9 a.m., 6B-117; and every Thursday, 11 a.m., Room 6C-166. Veteran facilitator. POC for more information: Sara Allison, (713) 791-1414, ext. 3402

Parkinson's Disease Education/ Support Group
Contact facilitators for information: Naomi Nelson, (713) 794-8938 & Lisa Whipple, (713) 794-7951

Cancer Support Group
Meets 2nd Tuesday every month, 2-3 p.m., Cancer Center Family Room, Room 4C-365. Facilitators: Maria Lozano-Vasquez, (713) 791-1414, ext. 5273 & Douglas Ensminger, (713) 794-7200

Better Breather's Club
Meets last Wednesday every month, 1:30 p.m., Room 3C-371, Home Oxygen Clinic. Facilitator: Paula Denman, (713) 794-8979

Amputee Support Group
Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Betty Baer, (713) 794-7793 & Stacy Flynn, (713) 791-1414, ext. 4441

Stroke Support Group
Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitator: Lisa Whipple, (713) 794-7951

Hepatitis C Support Group
Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5. Facilitators: Garfield Norris, (713) 791-1414, ext. 6189 & Jodi M. Francis, (713) 791-1414, ext. 3394

Mended Hearts (Heart Disease) Support Group
Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitators: Patricia Suarez, (713) 791-1414, ext. 6101 & Rosa Lane-Smith, ext. 4034

Pain Support Group
Meets every Wednesday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Education Group
Meets every Wednesday, 2 p.m., Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Pain Coping Skills Training Group
Meets every Tuesday, 1 p.m. , Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Alcoholics Anonymous (AA
Meets every Wednesday, 7 p.m., Room 6C-105. Facilitator: Bo Cook, (713) 791-1414, ext. 6987

Depression and Bipolar Disorder Support Group
Meets every Monday, 8:30 a.m., Room 6B-111. (713) 600-1131

HIV Support/Educational Group
Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Cindy Grant, (713) 791-1414, ext. 6867 & Belinda Rainer, ext. 5292

Breast Cancer Survivors Support Group
Meets last Tuesday every month, 12 noon, Education Conference Room, 4th Floor, Room 4A-380H. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287

Prostate Cancer Support Group
Meets 3rd Wednesday every month, 10 a.m., Cancer Center Conference Room, 4C-345. Facilitators: Tonjala Seals, (713) 791-1414, ext. 6227

Fibromylgia Education & Support Group
Contact facilitator for information: Gabriel Tan, (713) 794-8794

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New, Revamped VA Web Site:
www.houston.va.gov

VA and National Institutes of Health Study Says Deep-Brain Stimulation Has Benefits

Study Offers Hope for Parkinson's Patients

HOUSTON - Electrical stimulation of the brain — a treatment in which a pacemaker-like device sends pulses to electrodes implanted in the brain — is riskier than drug therapy but may hold significant benefits for those with Parkinson's disease who no longer respond well to medication alone.

That is the conclusion of researchers from the VA and National Institutes of Health (NIH) who conducted a six-year study comparing deep-brain stimulation (DBS) to medication, along with speech, physical or occupational therapy, given as needed. The results of the trial, the largest of its kind, appeared in the *Journal of the American Medical Association (JAMA).*

"Deep-brain stimulation offers hope for a large number of patients with advanced Parkinson's disease who suffer from complications of long-standing medication therapy," said Eugene Lai, M.D., Ph.D., Houston Parkinson's Disease Research, Education and Clinical Center's director. "This finding could mean improved quality of life for some of our patients."

The study included 255 Parkinson's patients at seven VA medical centers and six university hospitals. The VA sites were Houston, Portland, Ore., Seattle, San Francisco, Los Angeles, Richmond, Va., and Philadelphia, all members of VA's network of Parkinson's Disease Research, Education and Clinical Centers.

The *JAMA* article also noted VA's nationwide system of hospitals and specialized centers of excellence make the VA uniquely capable of conducting such large, multi-site trials of new therapies and medical devices. VA's patient population is especially suited for trials of treatments for chronic disease in the elderly.

Photo by Fran Burke, Public Affairs Specialist

Eugene Lai, M.D., Houston Parkinson's Disease Research, Education and Clinical Center director examines Army Veteran Peter C. Haskell. "Deep-brain stimulation offers hope for a large number of patients with advanced Parkinson's disease who suffer from complications of long-standing medication therapy," said Lai. "This finding could mean improved quality of life for some of our patients."

Patients who took part in the study were on medication, but no longer able to obtain meaningful improvements in symptoms such as tremors or stiffness. Many were also developing fluctuating responses to medications, such as involuntary movements.

Researchers followed the patients for six months and found the patients who received DBS gained an average of 4.6 hours per day of good motor control and few or no involuntary movements, compared with no gain for those on medical therapy alone; 71 percent of DBS patients showed significant gains in motor function, compared with only 32 percent of drug therapy patients; and serious adverse side effects were nearly four times more common in the DBS group, but almost all of these effects in both groups were resolved during the six-month study. The most common side effects from DBS were infections, falls, depression, gait and balance problems, and pain.

The lead authors of the study emphasize that besides the higher likelihood of serious side effects with DBS compared with drug therapy, another drawback of the procedure is, although it generally improves movement, it does little to help other Parkinson's symptoms such as depression, decline in mental ability, gait and balance problems, and trouble with gastro-intestinal, urinary, or sexual function.

"The results of the study should not be over- or under-stated," said Lai. "Still, there are many good candidates for DBS among patients with Parkinson's disease whom we treat at the Michael E. DeBakey VA Medical Center."

The trial was sponsored by VA's Cooperative Studies Program and the National Institute of Neurological Disorders and Stroke, part of the NIH. Additional support came from Medtronic, which makes the DBS system used in the study.

Parkinson's disease, a progressive neurological disorder, affects some 1.5 million Americans, with 50,000 new cases diagnosed annually. VA treats at least 40,000 Veterans with the disorder each year. Most patients are over age 50, but some forms of the disease can strike younger adults.♦

Each One! Reach One! Teach One!

Vet to Vet

Vet to Vet is a new Peer Education & Support Group comprised of Veterans teaching and learning from each other about mental illness as a means of achieving recovery. This group is open to all Veterans. There are no therapists at the meetings, only peers helping peers

The groups are held at the
Michael E. DeBakey VA Medical Center:
Wednesdays, 6 p.m., Room 6B-117
Thursdays, 9 a.m., Room 6B-117
Thursdays, 11 a.m., Room 6C-166

For more information, call 713.791.1414, ext. 3402.

Older Men with Smoking History needed for Bladder Cancer Screening Study

HOUSTON – Men over the age of 60 who have smoked for at least 20 years are being asked to participate in a bladder cancer screening study at Baylor College of Medicine and supported by the Michael E. DeBakey VA Medical Center.

Currently, there is no established screening method for bladder cancer.

"We want to find a way to detect the cancer early enough to cure it," said Seth P. Lerner, M.D., professor in the Scott Department of Urology at BCM and the lead investigator of the BCM site. "There are good data to suggest that the longer a man smokes, the greater his risk for bladder cancer. This is the high-risk group we want to encourage to enroll in this important study."

Cancer-causing chemicals in cigarette smoke pass into the urine where they can affect the bladder lining and, over time, cause cellular changes that lead to cancer. Blood in the urine is one of the first signs a tumor may be growing.

BCM will be one of four institutions involved in the trial, which will recruit 375 participants and 1,500 patients in the United States and Canada. Other trial sites include The University of Texas M. D. Anderson Cancer Center, The University of Rochester Medical Center in Rochester, NY, and Laval University in Quebec, Canada.

Men who take part will be given at-home test kits that can detect blood in the urine. They will be asked to test their urine for blood for 10 consecutive days.

If the tests are positive for blood, the researchers in this study will look for cancer cells in the urine, using three urine biomarker tests approved by the U.S. Food and Drug Administration.

They may recommend a cystoscopy (examination of the bladder with an instrument called a cystoscope) and/or imaging study of the kidneys as well as follow-up with a urologist to complete the diagnostic evaluation for blood in the urine.

Participants may also be asked to take part in a study designed to identify genetic risk factors for bladder cancer.

Those who take part in the study will be asked about their medical history, other medications, and health conditions.

Bladder cancer is the fourth most common cancer in men.

The study is being sponsored by the National Institutes of Health. For more information on enrollment, call (713) 798-2179. ♦ *Glenna Picton, Office of Public Affairs, Baylor College of Medicine*

Veterans' Questions

Answers provided by Consumer Affairs Room 1B-270 (713) 794-7884 or email vhahougeneralquestions@va.gov

Question: What is an advance directive and do I need one?
Answer: Advance directives are written instructions in the form of a living will and/or durable power of attorney for health care. Advance directives do not go into effect until the signer loses decision-making capacity.

Question: Does the MEDVAMC have a special department to assist returning Veterans obtain VA benefits?
Answer: Yes. The MEDVAMC has an Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Support Team that proactively meets with local Reserve and National Guard Units before and after they deploy in order to brief them about available VA benefits, placing special emphasis on mental health screening and counseling. Staff members regularly attend meetings of various community and Veterans group in an attempt to contact eligible Veterans who have not yet enrolled for VA care. To contact the OEF/OIF Suppor Team, call (713) 794-7034/8825 or email vhahouOEFOIF@va.gov.

Question: What rights do I have as a patient at the VA?
Answer: VA employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient representative if you have any questions or would like more information about your rights.

Question: How do I get more VA news and information?
Answer: Send an e-mail to *bobbi.gruner@va.gov* to sign up to receive news releases and information. You can also visit *www.houston.va.gov* and click on the "News Center" symbol.

Question: Should I be concerned about patient safety when my father is in the VA hospital?
Answer: Patient safety is of utmost importance. As a means of promoting patient safety, your father is encouraged to be active participant in the care he receives. He should not hesitate to ask questions about his care or any safety concerns. He should involve a family member or friend in his care. Learn as much as he can about his disease process, diagnosis, medical treatments and plan of care. Know what medications he is taking and why they have been prescribed. Help prevent the spread of infections by washing his hands after using the bathroom, before meals and before and after participating in other activities. Report any concerns regarding his care to your health care provider or unit management.

Question: I heard there were changes to the Priority Group 8 Enrollment? Is this true?
Answer: In 2003, VA made the difficult decision to stop enrolling new Priority Group 8 (high income) Veterans in order to assure all Veterans were provided timely and quality medical care. New regulations have been proposed to allow certain Priority Group 8 Veterans to be enrolled in the VA health care system if their household income does not exceed the current VA income thresholds (means test threshold and/or geographical means test threshold) by more than 10 percent. We anticipate the new regulations to take effect in June 2009.

If you have applied for enrollment on or after January 1, 2009 and you were denied enrollment because your income exceeded the VA income threshold, VA will determine if you are eligible under this new rule, once the new regulations take effect. You will not need to submit another application for enrollment. If you are eligible under this new rule, we will notify you by mail. You will receive a letter from the VA Health Eligibility Center notifying you of your eligibility for enrollment and welcoming you to the VA health care system. Included with the letter will be instructions to obtain care and how to obtain a Veterans Identification Card.

If you applied for enrollment before January 1, 2009, and were denied enrollment because your income was too high, VA encourages you to visit *www.va.gov/healtheligibility/apps/enrollmentcalculator* to determine if you may be eligible for enrollment under the new rule.

VA encourages all Veterans to apply for enrollment as this will help us in our future planning and budget efforts as well as allow us to be in a better position to identify necessary funding levels to Congress.

The proposed changes (defined in Public Law 110-329) provide VA additional funding to allow expanded enrollment opportunity for certain Priority 8 Veterans who may have been previously denied enrollment in VA's health care system because their income exceeded VA's means tests thresholds.

On the effective date of the regulation, a Veteran who applies for enrollment, who does not qualify for a higher priority group and whose income exceeds VA's means test thresholds by 10 percent or less will be placed in a priority group that allows the Veteran to be enrolled in VA's health care system.

Question: Where can I smoke on hospital grounds?
Answer: The Michael E. DeBakey VA Medical Center is a smoke free facility. The designated smoking area is the ground floor terrace facing Old Spanish Trail. If you wish to stop smoking, talk with your Prime Care Provider.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center ..... (713) 791-1414
or toll-free 1-800-553-2278
VA Network Telecare Center ..... (713) 794-8985
or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic ..... (409) 981-8550
or toll-free 1-800-833-7734
Charles Wilson VA Outpatient Clinic (Lufkin) ..... (936) 637-1342
or toll-free 1-800-209-3120
Conroe VA Outpatient Clinic ..... (936) 522-4000
or toll-free 1-800-553-2278, ext. 1979
Galveston VA Outpatient Clinic ..... (409) 761-3200
Texas City VA Outpatient Clinic ..... Call Galveston VA Outpatient Clinic for assistance.
Pharmacy Refills ..... (713) 794-7648
or toll-free 1-800-454-1062
or www.myhealth.va.gov
Pharmacy Helpline ..... (713) 794-7653
Suicide Prevention Hotline ..... toll-free 1-800-273-TALK (8255)
Appointment Center ..... toll-free 1-800-639-5137
Automated Appointment Information ..... (713) 794-7648
or toll-free 1-800-454-1062
VA Eligibility & Enrollment ..... (713) 794-7288
Health Care for Homeless Veterans Program ..... (713) 794-7848
Homeless Veterans Drop-In Center (1418 Preston St.) .. (713) 794-7533

Operations Enduring Freedom & Iraqi Freedom Support Team
Team Members ..... (713) 794-7034/8825/7928

Vet Center (701 N. Post Oak Road) ..... (713) 682-2288
Vet Center (2990 Richmond Ave.) ..... (713) 523-0884

Patient Advocates
Houston/Texas City ..... (713) 794-7884
Beaumont ..... 1-800-833-7734, ext. 113
Conroe ..... (936) 522-4010, ext. 1952
Lufkin ..... (936) 633-2753

Houston VA National Cemetery ..... (281) 447-8686

VA Regional Office ..... (713) 383-1999
or toll-free 1-800-827-1000

Sunscreen: How To Select, Apply, and Use Correctly

When To Apply Sunscreen
- ✓ Apply sunscreen about 30 minutes before being in the sun so it can be absorbed and less likely to wash off if you perspire.
- ✓ Remember to reapply sunscreen after swimming or exercise.
- ✓ Apply sunscreen often if you work outdoors.

How To Apply Sunscreen
- ✓ Shake well before use to mix particles.
- ✓ Be sure to apply enough. Use a handful to cover your entire body.
- ✓ Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of your knees and legs.
- ✓ Apply thickly and thoroughly, but be careful around your eyes.

What To Look for When You Buy Sunscreen

- ✓ Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓ Look for a waterproof brand for sweating or swimming.
- ✓ If you do not like a flowery or feminine smell, look for unscented brands. They are just as effective.
- ✓ Try a sunscreen with different chemicals if your skin reacts badly to the one you are using. Not all sunscreens have the same ingredients.
- ✓ Be aware that more expensive does not mean better or more effective and look at the expiration date because some sunscreen ingredients degrade over time.

From the Centers for Disease Control and Jeff Triebel, MEDVAMC Safety Manager