

Team of Houston VA Doctors Refuse to Give Up on Veteran with High-Risk, Complicated Cardiac Case

HOUSTON – Health care providers from the Cardiology, Cardiothoracic Surgery, Radiology, and Anesthesiology departments at the Michael E. DeBakey VA Medical Center (MEDVAMC) used a multidisciplinary approach to successfully treat a 61-year-old Army Veteran from Florida suffering multiple symptoms of heart failure.

Veteran Charles Roulhac had an extensive history of coronary artery disease, a severely weakened heart muscle, and a left ventricular aneurysm, and had suffered an heart attack in the early 1990s.

Roulhac had already endured extensive cardiac evaluations at two premiere cardiovascular, non-VA institutes in the United States. One facility suggested a heart transplant. The other performed a cardiac catheterization that confirmed multiple blockages in his heart and a chemical stress test that revealed multiple scars on his heart muscle. Although offered open-heart surgery, he was advised it was high risk and offered marginal benefits.

"I couldn't walk more than 10 steps without gasping and sharp chest pains,"

said Roulhac. "The doctors there told me I only had a 10 percent chance of making it off the operating table alive."

"Mr. Roulhac was referred to me for a second opinion in July 2009 after experiencing increased chest pain, which had markedly limited his daily life activities," said Hani Jneid, M.D., Interventional Cardiology assistant director at the MEDVAMC and assistant professor at Baylor College of Medicine. "It was clear his medical problem needed to be identified, diagnosed, and treated expeditiously; otherwise, death was imminent."

Roulhac's heart function was assessed with a cardiac ultrasound performed in the Echocardiography Laboratory. After confirming the extremely poor condition of the Veteran's heart, Jneid ordered a two-day thallium redistribution study, a highly specialized nuclear cardiology study, to determine if any portion of the heart muscle was still viable.

"The nuclear study, which was quickly arranged, revealed large parts of

(See VA Docs Determined on page 2)



Army Veteran Charles Roulhac runs through tests during a follow-up appointment with his physicians at the Michael E. DeBakey VA Medical Center. From left, Peeyush Bhargava, M.D., Nuclear Medicine Section chief, Roulhac, Danny Chu, M.D., cardiothoracic surgeon, and Hani Jneid, M.D., Interventional Cardiology assistant director.

Pivotal VA Study Could Establish New Nationwide Standard of Care for Preventing Surgical-site Infections



"The overall rate of surgical-site infection using chlorhexidine-alcohol was 9.5 percent, compared to 16.1 percent with povidone-iodine," said Rabih O. Darouiche, M.D., principal author of the paper, staff physician at the Michael E. DeBakey VA Medical Center. "The bottomline is if you or a loved one are having surgery, ask for the blue-green stuff and not the red stuff."

HOUSTON – Patients, whose surgeons use chlorhexidine-alcohol rather than povidone-iodine to cleanse their skin before surgery, are approximately 40 percent less likely to experience surgical-site infections.

In a study published in January 7, 2010 issue of *The New England Journal of Medicine*, researchers from four Department of Veterans Affairs medical centers and two non-VA hospitals found preoperative cleansing of patients' skin with chlorhexidine-alcohol is superior to cleansing with povidone-iodine for preventing surgical-site infection.

"The overall rate of surgical-site infection using chlorhexidine-alcohol was 9.5 percent, compared to 16.1 percent with povidone-iodine. These findings indicate only 17 patients need to receive an optimal skin antiseptic preparation in order to prevent one infection," said Rabih O. Darouiche, M.D., principal author of the paper, staff physician at the Michael E. DeBakey VA Medical Center, and VA Distinguished Service Professor of Medicine and Physical Medicine & Rehabilitation at Baylor College of

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Telephone Update

If you call the main telephone number (713.791.1414) for the Michael E. DeBakey VA Medical Center to reach a particular office or clinic, you must now dial 1 + extension number + pound sign (#). The # sign is necessary to complete your call.

New Versatile Treatment Technology for Cancer Patients

HOUSTON - The Michael E. DeBakey VA Medical Center is home to a new Varian Trilogy linear accelerator, considered one of the most versatile cancer treatment devices available in the field of radiation therapy.

One of the first VA medical centers in the country to offer this advanced technology, the Trilogy accelerator is capable of providing image-guided radiation therapy, which allows for improved tumor localization and treatment precision through the use of an integrated computed tomography (CT) scanner.

"Certain types of tumors shift in location from day-to-day. With this cutting-edge piece of equipment, a built-in CT scanner first takes an image of the tumor for localization. Once the exact position has been verified, the accelerator then rotates around the patient delivering radiation from nearly any angle so the treatment is directed at the precise location of the tumor," said P. G. Shankar Giri M.D., F.A.C.R., F.A.S.T.R.O., Radiotherapy Section chief. "This enhances the accuracy of the

radiation treatment and minimizes radiation exposure to nearby healthy tissue."

The new accelerator offers the capability to treat patients with stereotactic radiosurgery (SRS). SRS delivers higher doses of radiation to smaller areas with extraordinary precision and is particularly useful in treating lesions of the spine, liver, prostate, lung, and brain.

In addition, this accelerator is capable of delivering three-dimensional, conformal radiotherapy, and intensity-modulated radiation, techniques that provide more customized delivery of radiation; and respiratory gating, a feature that makes it possible to track the position of a tumor as a patient breathes during treatment delivery.

"Radiation therapy is used today in more than half of all cancer patients," said Giri. "With this system, we have the potential to significantly improve cancer treatment outcomes by doing a better job of protecting healthy tissue while delivering higher doses of radiation to the tumor, all more quickly."



One of the first VA medical centers in the country to offer this advanced technology, the Trilogy accelerator is capable of providing image-guided radiation therapy, which allows for improved tumor localization and treatment precision through the use of an integrated CT scanner. P. G. Shankar Giri M.D., F.A.C.R., F.A.S.T.R.O., chief of Radiotherapy Section, assists Veteran Everett Wehling during a procedure using the new device.

The new linear accelerator also helps to allay physicians' concerns for patients who are advanced in years, fragile, or in pain. It delivers its radiation doses at least 60 percent faster than conventional accelerators; thereby, shortening the length of time patients spend undergoing treatment, in some cases by nearly 75 percent.

"The Michael E. DeBakey VA Medical Center is proud to be known for providing our Veterans with the latest and most advanced medical technology," said Meena Vij, M.D., Diagnostic and Therapeutic Care Line executive. "The Trilogy linear accelerator is an exciting innovation which has the power to save lives." ♦

A Word from the Director . . .

Become Indispensable

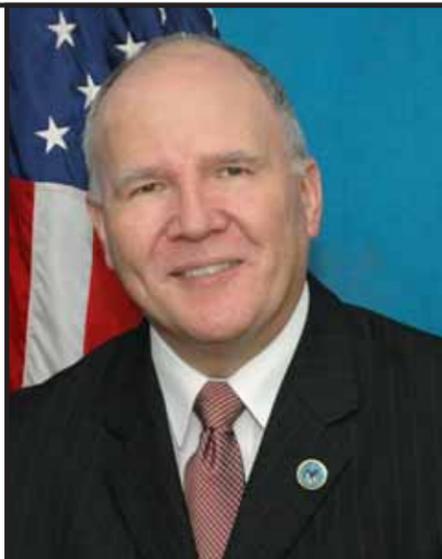
"The Indispensable Man"
by Saxon White Kessinger

Sometime when you're feeling important;
Sometime when your ego's in bloom;
Sometime when you take it for granted,
You're the best qualified in the room:
Sometime when you feel that your going,
Would leave an unfillable hole,
Just follow these simple instructions,
And see how they humble your soul.

Take a bucket and fill it with water,
Put your hand in it up to the wrist,
Pull it out and the hole that's remaining,
Is a measure of how you'll be missed.
You can splash all you wish when you enter,
You may stir up the water galore,
But stop, and you'll find that in no time,
It looks quite the same as before.

The moral of this quaint example,
Is to do just the best that you can,
Be proud of yourself but remember,
There is no indispensable man.

No historian doubts George Washington was seen as the "Indispensable Man" of his time. He was commander-in-chief of the Continental Army, the president of the Constitutional Convention, as well as the first president of the United States! He was a true American hero



Adam C. Walmus, MA, MHA, FACHE
Medical Center Director

because of his unexcelled visionary leadership and his ability to maintain coherence between his far-reaching ideas and his immediate words and actions. Furthermore, he did not abuse his power; he voluntarily surrendered it when the job was accomplished.

Today, we often read about some sports figure, entertainer, or chief executive officer who is absolutely crucial for the organization to be successful. Usually, these people are talking about themselves, pumping up their own self-worth, or taking credit for the work of others or the team. The next thing we know, we read in the newspaper they are mixed up in some controversy or misdeed.

At the Michael E. DeBakey VA Medical Center, our mission is to provide the highest quality health care possible for our Nation's Veterans.

As employees, we should view ourselves as servants to America's heroes, our patients. As individuals, I challenge you to become indispensable to our Veterans, your co-workers, and the Michael E. DeBakey VA Medical Center - take on the jobs other people do not want to do and do them the best you can. ♦

VA Docs Determined

(continued from page 1)

the heart muscle were indeed viable, especially the anterior and lateral walls of the heart," said Peeyush Bhargava, M.D., Nuclear Medicine Section chief. "Consulting with Dr. Jneid, we determined a large portion of the heart was dormant, but could potentially recover if blood flow could be restored to those segments."

Jneid and Bhargava met with Danny Chu, M.D., cardiothoracic surgeon. After examining the patient's previous angiography film, Roulhac underwent a cardiac catheterization procedure at the MEDVAMC to obtain updated information about the condition of his heart. With these results in hand, the physicians offered Roulhac the option of high-risk, quadruple coronary artery bypass surgery.

Coronary artery disease is where blocked arteries stop the blood and oxygen from getting to the heart. With coronary bypass surgery, surgeons use healthy blood vessels taken from the patient's arm, leg, chest, or abdomen and

connect it to other arteries in the heart so blood can go around the diseased or blocked area.

"I am glad I chose the VA in Houston. I trusted my doctors and nurses; it made the decision to go ahead with the operation easier," said Roulhac, three months after the surgery. "Today, my chest pain is gone and I'm walking two miles a day. I'm waiting for the go-ahead to start lifting weights again."

"It is the multifaceted approach to cardiovascular care at the Michael E. DeBakey VA Medical Center that allowed us to provide the best possible health care to this Veteran," said Chu.

"It is really the integration of clinical data with advanced cardiac procedures such as echocardiography, nuclear viability testing, cardiac catheterization that we execute routinely at the DeBakey VA Division of Cardiology, and our ability to work with some of the most skilled radiologists and cardiac surgeons in the country," said Jneid. "This unique environment enables us to provide world-class cardiovascular care." ♦

9 Years Straight, Houston VA Achieves Low Surgical Mortality Rates

HOUSTON – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) again has been recognized for demonstrating consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery.

“Our observed mortality was one half of expected. We are the only VA medical center to have a statistically low mortality for the past nine years,” said David H. Berger, M.D., MEDVAMC Operative Care Line executive. “The entire surgical team, including surgeons, anesthesiologists, nurses, and our support staff, should be proud of their hard work in providing consistent, outstanding care to our Veterans.”

During the mid-to-late 1980s, the VA came under a great deal of public scrutiny over the quality of surgical care. At issue were the operative mortality rates in the VA hospitals and the perception in Congress that these rates were significantly above the private sector norm. To address the gap, Congress passed a law which mandated the VA report its surgical outcomes annually. This included on a risk-adjusted basis to factor in a patient’s severity of illness and compare them to national averages. The only problem was that these “national averages” did not exist.

VA surgeons knew there were no national averages or risk-adjustment models for the various surgical specialties. Looking at their own infrastructure; however, with its advanced information systems and centralized authority and organization of hospitals, they realized they were in a unique position to create these data models.

The success of the initial study

encouraged the VA to establish an ongoing program for monitoring and improving the quality of surgical care across all VA medical centers and the National Surgical Quality Improvement Program (NSQIP) was established.

In 1999, the private sector became interested in the NSQIP. Specifically, they wanted to know if the methodology used in the VA hospitals was applicable outside the VA.

In 2001, the American College of Surgeons (ACS) began to take an active interest in the NSQIP and its results in reducing surgical mortality and morbidity rates. The NSQIP functioned very well in the eighteen private sector hospitals and in October of 2002, the Institute of Medicine named the NSQIP the “best in the nation” for measuring and reporting surgical quality and outcomes.

In October 2004 with six years of private sector experience, the effectiveness of the NSQIP was acknowledged as a quality improvement tool and as a source of new clinical knowledge for hospitals outside the VA system. ACS began enrolling new private sector hospitals into the ACS NSQIP. Hospitals can benefit from participating in the ACS NSQIP for many reasons; most importantly, the program can contribute to the reduction of surgical mortality and morbidity. The VA program continues its parallel system and compares its results against the ACS NSQIP private sector data.

“I am very proud the Michael E. DeBakey VA Medical Center has achieved such an important milestone,” said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., MEDVAMC director. “Our surgical service staff and its practices are



The Michael E. DeBakey Veterans Affairs Medical Center again has been recognized for demonstrating consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery. The MEDVAMC is the only VA to have a statistically low mortality for the last nine years. Above, David H. Berger, M.D., Operative Care Line executive (right) performs surgery with (from left) Ronnie Blake, health technician, David Chafey, M.D., resident, and Kostas Votanopoulos, M.D., chief resident.

top-notch. I also want to recognize the contributions our Anesthesiology Service has made toward the care and well-being of our Veterans. Their role in our Operative Care Line is critical in reducing mortality rates in our medical

center. This acknowledgement for continuous surgical excellence is earned and deserved. I am pleased we serve as such a positive example for hospitals both inside and outside the VA health care system.”◆

New Richmond VA Outpatient Clinic Opens May 14, 2010

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) will open a new VA outpatient clinic in Richmond, Texas on Friday, May 14, 2010. It will be located at 22001 Southwest Freeway in the professional building near OakBend Medical Center, close to U.S. Route 59. A Ribbon Cutting Ceremony will take place at 10 a.m. that day.

The nearly 10,000 square-foot facility will provide primary health care, mental health care, laboratory, and X-ray services to Veterans in the Richmond/Rosenberg area. Emergency medication needs will be met on a local contract basis.

Veterans interested in transferring their care to the new Richmond VA Outpatient Clinic should speak with their current VA primary health care provider during their next appointment or call the VA Network Telecare Center at 713-794-8985 or toll-free 1-800-639-5137.

The MEDVAMC also plans to open a new VA outpatient clinic in Lake Jackson this fall. Physical location information cannot be released until lease negotiations are finalized. It will be similar in size to the Richmond clinic and

offer similar health care services.

The MEDVAMC also plans to reopen a VA outpatient clinic in the Galveston County mainland area in 2010. Several properties are currently being considered for lease.

New VA outpatient clinics are also planned for Katy and Tomball. They will be much larger in size than the ones in Richmond and Lake Jackson; approximately 30,000 square feet each. Because this exceeds local contracting authority, the VA Real Property Office in Washington, D.C. is handling the contracting process. These clinics are expected to open in 36 to 48 months.

All of the planned VA outpatient clinics will be staffed by VA personnel.

Veterans, who need medical advice, appointments, or other information, are asked to 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 health care questions from 24 hours a day, seven days a week. Veterans with life-threatening emergencies should immediately call 911.◆

Increased Energy
Euphoric Feelings
Extreme Irritability
Racing Thoughts
Lack of Concentration
Inability to Sleep
Poor Judgment
Constant Stimulation
Aggressive Behavior



Bipolar Disorder Research Study

If you are 60 or older and regularly have some of these feelings, you may qualify to participate in a research study on **Bipolar Disorder with Mania**, which is sometimes called **Manic-Depression**.

The Michael E. DeBakey VA Medical Center and Baylor College of Medicine are enrolling in a nine-week research study for the treatment of late-life Bipolar Disorder or Manic-Depression.

You will be compensated for your time.

Please call to see if you qualify.
▶▶▶ 713-791-1414, ext. 6750



Don't Be A No-Show.

A Veteran who does not arrive for his or her VA appointment is a “No Show.” Please call the Appointment Center at 713-794-8985 or toll-free 1-800-639-5137 at least 24 hours before to cancel or reschedule your appointment so it may be used by another Veteran.



Parking capacity on the VA complex will increase by more than 500 parking spaces before summer begins.

Parking Lot Opens at Houston VA; 4 More on Horizon

HOUSTON – A new 160-space parking lot opened in February at the Michael E. DeBakey VA Medical Center (MEDVAMC).

“We know parking at the DeBakey VA is a serious concern for Veterans seeking health care,” said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., MEDVAMC director. “The current situation is unacceptable and we are taking immediate action to alleviate the problem.”

Parking lot “T,” located on the west side of the VA campus between Cambridge Street and parking lots F, G, and H, added 160 new parking spaces to the VA complex.

By mid-April, the MEDVAMC will add three more parking lots. Parking lot “U” on the corner of Ringness Avenue and Mixon Avenue, lot “V” on the corner of Cate Terrace and Ringness Avenue, and lot “W” on East Lee near the Almeda entrance will, all together, add another 285 spaces to the VA complex.

Parking lot “S” with 70 spaces, on the corner of Mixon Avenue and parking lot F, will open in mid-June.

In total, parking capacity on the VA complex will increase by more than 500 parking spaces before summer begins.

“We are also moving VA health care closer to where Veterans live so they do not have to drive into Houston,” said Walmus. “New VA outpatient clinics in Richmond and Lake Jackson will open this summer and fall, and the VA outpatient clinic in the Galveston County mainland area will also reopen soon.”

Looking into the future, the MEDVAMC has requested funding to build a parking structure over the top of parking lot N near the Fisher House and Lee Avenue. It will be constructed in three phases with a final capacity of approximately 1,200 additional parking spaces. Projected date for completion is 2016.

While these projects are being worked, the MEDVAMC Parking Committee is evaluating a recommendation to install gates on all parking lots on the VA complex. This idea requires further detailed study to review the impact and implementation of a token or validation system while ensuring Veterans, employees, volunteers, visitors, and medical residents are not charged for parking. Vendors and other external parties choosing to use the VA complex for parking will be charged just like the other health care facilities in the Texas Medical Center. ♦



Parking lot “U” on the corner of Ringness Avenue and Mixon Avenue and lot “V” on the corner of Cate Terrace and Ringness Avenue will open in mid-April and add another 185 parking spaces to the VA campus.

Over the years, food portions have grown larger along with our waistlines. Studies have shown the more food served to us, the more food we eat.

Fight Portion Distortion When Eating Out and At Home

HOUSTON - When your eyes are bigger than your stomach and restaurants serve baked potatoes the size of footballs and chicken fried steaks larger than the plates, portion distortion can rule the meal; consequently, ruining your waistline.

Today, fast food and sit-down places serve portion sizes much larger than in the past and more food than necessary to meet daily nutrition

requirements. Although, we may feel like victims when served plates piled high with rice, beans, and meat, it is our responsibility to realize where serving sizes end and portion distortion begins.

However, this is not the case! A *serving* is a measured amount of food; for example, ½ cup of rice. A *portion* is the amount of food served on your plate. Studies have shown the more food served to us, the more food we eat.

This is bad news for people eating out while attempting to lose or maintain weight. Large portions have become “normal.” You were probably asked just

exercising.

Over the years, food portions have grown larger along with our waistlines. For instance, twenty years ago, a bagel measured three inches across and contained 140 calories. Today, most bagels are double that size and average 350 calories. A chicken Caesar salad was one and a half cups and 390 calories. Today, it lands on your plate at three and a half cups and almost 800 calories. Pasta with meatballs used to be a well-rounded choice at 500 calories, but most portions have doubled over time. An average pasta dish with meatballs and sauce now adds up to 1,000 calories - half of the daily requirement!

To test your knowledge about how portions have changed over the years, take the Portion Distortion Quiz at <http://hp2010.nhlbihin.net/portion/>. You will be surprised at what you discover.

So, should we stop eating out just because we might eat too much?

No, that is not necessary. Just remember some tips and take a second look at the portions on your plate: a serving of rice, pasta, or potato should be about the size of your fist; one serving of meat, eggs, shrimp, or fish, about the size of the palm of your hand; a pancake, about the size of a compact disc; and a piece of bread, about the size of a cassette tape. After eating that, push the excess food to the side and ask for a to-go box.

A serving of fresh fruit like an apple, orange, or pear is about the size of a tennis ball. If you choose the extra large fruits seen in some grocery stores today, you might be eating more than one serving of fruit.

At home, use the same guidelines

and remember that it is okay to leave food on your plate. It is also helpful to use smaller serving dishes.

Build your plate for good portion control. First, fill half of the plate with vegetables and/or fruit. Next, fill one quarter of your plate with starchy foods such as rice, pasta, peas, or corn. The final quarter of your plate is for lean meats such as fish, chicken, pork, or lean beef.

In conclusion, acknowledging when portions are too large can be difficult. Most restaurants serve us too much food; however, we can take a second look at portion sizes and avoid eating too much.

For more information, talk to your primary care provider or a registered dietitian at the Michael E. DeBakey VA Medical Center Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166. ♦

Coffee: Yesterday and Today



20 Years Ago

Coffee with whole milk and sugar

8 Ounces
Calories: 45



Today

Mocha Coffee with steamed whole milk and mocha syrup

16 Ounces
Calories: 350

Calorie Difference: 305 Calories

recently if you wanted to “super-size” your order. This increase in portion size has also spilled over into the amount of food we serve ourselves at home.

Maintaining a healthy weight is basically a balancing act. The calories you take in by eating should equal the calories you expend through daily activity and

requirements. Although, we may feel like victims when served plates piled high with rice, beans, and meat, it is our responsibility to realize where serving sizes end and portion distortion begins.

Portion distortion is the idea that the food served is what we are supposed to eat regardless of the serving size.

SUICIDE

PREVENTION

LIFELINE™

1-800-273-TALK
(1-800-273-8255)

WEB SITE:
www.suicidepreventionlifeline.org

Houston VA Develops Guide to Help Amputees Across the Country

HOUSTON – The Prosthetics Section at the Michael E. DeBakey VA Medical Center (MEDVAMC) has developed the first amputee guide for nationwide use by the Department of Veterans Affairs. It will be available soon on the VA Web site for use by all clinicians.

Recent combat in Iraq and Afghanistan has demonstrated that the nature of modern warfare has changed. There are new causes of injury, improvements in body armor, and surgical stabilization at the front-line of combat. As of January 31, 2010, the Department of Defense reported approximately 960 individuals had suffered major limb amputations while serving in Iraq or Afghanistan.

“Working every day with Veterans anticipating an amputation, new amputees, and family members, we saw a need for a resource and reference manual,” said Mark Benveniste, R.N., B.S., C.P., MEDVAMC certified prosthetist. “We wanted to help them meet the challenges ahead, let them know what to expect, and how to find the support they will need.”

In addition to recently returned combat Veterans, there are approximately 45,000 Veterans with amputations caused by medical conditions such as peripheral arterial disease, diabetic neuropathy, cancer, or infection.

The guide covers a wide range of issues related to amputation surgery; managing pain; instructions for taking care of the residual limb; living with an amputation, with and without an artificial limb; getting a prosthesis (artificial limb); and sports and recreation resources. The information could be useful to all amputees; however, this version was written specifically for Veterans receiving care through the VA health care system. Health care professionals working with



U.S. Marine Veteran Al Perdue checks in with Mark Benveniste, R.N., B.S., C.P., MEDVAMC certified prosthetist. Perdue was the first patient in the VA health care system to be fitted with the Proprio “Bionic” Foot™, a technologically advanced prosthesis that thinks for itself, responding automatically to changing terrain, stairs, and level-ground walking as needed.

amputees may also gain additional understanding from this guide.

“I went through self-pity, anger, and bitterness. I thought my whole world had come to an end, but I learned you can do everything you did before if you put

your mind to it,” said Vietnam Veteran Leonard Scott, wounded in combat on July 10, 1968 with his right leg amputated above the knee. “I believe this guide will be helpful for new amputees to learn to never say ‘I can’t.’” ♦

Houston VA Study Shows Way to Prevent Surgical-site Infections

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Medicine. “The results of this study are extremely significant since two-thirds of surgical-site infections are confined to the incision.”

A clinical trial involving 847 evaluable patients was conducted between April 2004 and May 2008 at the Michael E. DeBakey VA Medical Center, Houston; the VA Boston Healthcare System; the Milwaukee VA Medical Center; the Atlanta VA Medical Center; the Medical College of Wisconsin, Milwaukee; and Ben Taub General Hospital, Houston.

Approximately 27 million operations are performed each year in the United States. Despite the implementation of preoperative preventive measures, which include skin cleansing with povidone-iodine (the current standard of care practice for surgical-site antisepsis), surgical-site infection occurs in 300,000 to 500,000 surgery patients each year in the United States.

The Centers for Disease Control and Prevention has recommended the use of chlorhexidine-based preparations, but it has not made a recommendation as to the type of antiseptics that should be used for pre-operative prevention of surgical-site infection.

The two antiseptics studied are manufactured by CareFusion, a company formed by Cardinal Health, which funded the research. One author is from Cardinal Health and substantially contributed to the design and conception of the study and critically revised the manuscript. However, this author played no role in data collection or analysis.

For more than 30 years, VA has been a leader in conducting comparative effectiveness research (CER) — head-to-head studies that help clarify which among two or more health interventions works better for a given health condition in certain patients. Some of these trials compare one drug to another, while others compare different approaches such as surgery versus an accepted drug therapy, or different ways to deliver care to patients. By comparing drugs and/or other medical approaches, VA’s CER is providing evidence-based information that can be used in shared decision-making by health professionals and their patients.

As the largest research program embedded in an integrated health care system in the United States, and possibly the world, VA conducts cooperative research studies across a continuum – from biomedical and rehabilitation research to clinical trials, health services research, and quality improvement and implementation research. ♦

Reduce Your Stress Level, Increase Heart Health

HOUSTON – There is more to heart health than just exercising and eating right. Doctors at the Michael E. DeBakey VA Medical Center say reducing stress could also keep your ticker in tip-top shape.

“There is evidence stress is associated with cardiovascular events. It has been shown that people living a high-stress life are more likely to suffer from heart ailments,” said Biykem Bozkurt, M.D., chief of Cardiology. “Also, during times of high stress, like natural disasters, the number of heart attack cases rise for that affected area.”

Bozkurt, who is also a professor of medicine at Baylor College of Medicine (BCM), director of the Winters Center for Heart Failure Research at BCM and a physician with the Baylor Heart Clinic and Women’s Center for Comprehensive Care at BCM, said one of the reasons for an increase in heart ailments during life-threatening situations and stress is the sudden rise of adrenaline and other hormones in the body. Though the initial effect of these hormones is to allow the body to cope with stress, long term effects of these hormones and mediators can be detrimental for the heart.

“When the body goes into what is called the ‘flight-or-fight’ response, the heart squeezes more rapidly to meet the increased demand,” she said.

Other functions of the body are also affected. For example, blood pressure rises and the artery walls become tense. Furthermore, these and other downstream hormones and mediators can result in blood to clot more readily, accelerate blockages and increase inflammation, other mechanisms by which heart attacks can happen.

For a healthy heart, this reaction in the short run might not cause a problem. In fact, Bozkurt says this response is a survival mechanism.

However, for hearts that are already suffering from a pre-existing heart problem such as heart disease or clogged arteries, this type of response could lead to arrhythmias. Prolonged and recurrent stress exposure can result in mal-adaptive response even in formerly healthy individuals and may accelerate the development of hypertension and other cardiac diseases in individuals with other risk factors.

“The release of hormones such as adrenaline or noradrenalin have also been linked to a condition that balloons a portion of the heart muscles,” Bozkurt added. “This reaction feels and behaves like a heart attack; however, the problem is not the clogging of the arteries but rather of the transient weakening of the heart muscle due to markedly increased levels of these neurohormones.”



Biykem Bozkurt, M.D., chief of Cardiology at the Michael E. DeBakey VA Medical Center checks up on Navy Veteran Deborah White. “There is evidence stress is associated with cardiovascular events. It has been shown that people living a high-stress life are more likely to suffer from heart ailments,” said Bozkurt.

While stress does affect heart health, Bozkurt warns that there are many other factors directly linked to heart attacks, such as age, diabetes, hypertension, smoking, family history, and cholesterol levels. She suggests talking to your VA health care provider to discuss all risk factors and how to effectively treat them. ♦ *Graciela Gutierrez, Office of Public Affairs, Baylor College of Medicine*

SUPPORT GROUP LISTING

Talk with a social worker on your nursing unit or in your Primary Care Clinic about available support groups, meeting times, and locations.

Alcoholics Anonymous (AA) “Big Book Study”

Meets every Tuesday, 5:30 p.m., Room 6B-352 on 6F. Facilitator: Bo Cook, 713-791-1414, ext. 6987

Alcoholics Anonymous (AA) “Starting from Scratch”

Meets every Tuesday and Thursday, 7 p.m., Room 6C-117; and every Wednesday, 7 p.m., Room 6C-105. Facilitator: Bo Cook, 713-791-1414, ext. 6987

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

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

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. 5289

Cancer Support Group

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

Fibromyalgia Education & Support Group

Contact facilitator for information: Gabriel Tan, 713-794-8794

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, ext. 3394

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Magdalena Ramirez, 713-791-1414, ext. 5289

Liver Transplant Support Group

Meets every Tuesday 3 p.m., Room 5B-166, Facilitator: Juleena Masters, 713-791-1414, ext. 6286

Mended Hearts (Heart Disease) Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitator: Rosa Lane-Smith, 713-791-1414, ext. 4034

Pain Coping Skills Training Group

Meets every Tuesday, 1 p.m., Room 5C-215. 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 Support Group

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

Parkinson’s Disease Education & Support Group

Contact facilitators for information: Naomi Nelson, 713-794-8938 & Lisa Whipple, 713-794-7951

Stroke Support Group

Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitators: Kathryn Kertz, 713-791-1414, ext. 4192, Laura Lawhon, 713-794-7816 & Lisa Whipple, 713-794-7951

Vet-to-Vet Support & Education Group

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: Cristy Gamez-Galka, 713-791-1414, ext. 4378

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 someone sick, or after touching trash.



Michael E. DeBakey Veterans Affairs Medical Center
2002 Holcombe Blvd.
Houston, Texas 77030
713-791-1414
www.houston.va.gov

Adam C. Walmus, MHA, MA, FACHE, Director
Carlos R. Escobar, BED-Arch, MHA, Associate Director
J. Kalavar, MD, Chief of Staff
Thelma Gray-Becknell, RN, MSN, Associate Director for Patient Care Services
James W. Scheurich, MD, Deputy Chief of Staff
Francisco Vazquez, BSCS, MBA, Assistant Director
Bobbi D. Gruner, BS, MSBA, Public Affairs Officer/Editor
Frances M. Burke, Public Affairs Specialist/Writer

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Learn Diabetes Facts For a Better Quality of Life

HOUSTON - Diabetes is an illness that affects a large number of people. According to the National Institutes of Health, an estimated 20.8 million people in the United States (seven percent of the population) have this serious, lifelong condition. Of those, 14.6 million have been diagnosed, and 6.2 million have not yet been diagnosed.

It occurs when you have too much glucose, or sugar, in your blood. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy. With Type 1 diabetes, your body does not make insulin. With Type 2 diabetes, the more common type, your body does not make or use insulin well. Without enough insulin, the glucose stays in your blood.

Signs of early diabetes include increased thirst and urination, unexplained weight loss, blurred vision, numbness or tingling in the hands or feet, and/or poor wound healing. Diabetes is not contagious. People cannot "catch" it from each other.

Uncontrolled, diabetes over time can cause poor circulation, infections that can be hard to treat, nerve damage, blindness, kidney damage, and heart disease that can lead to death.

If you have diabetes in your family or suspect you might have symptoms of diabetes, please talk with your health care provider at the Michael E. DeBakey VA Medical Center (MEDVAMC) about a Blood Glucose Test.

The Blood Glucose Test is a laboratory test that tells exactly how much glucose, or sugar, you have in your blood when it is drawn.

Normal Blood Glucose levels should be between 70 and 110. Another

test used to measure the glucose level in the blood is a Glycosylated Hemoglobin Test (HgbA1C). This test is used to check how much glucose has been in your bloodstream over the past two months, and is useful to check how well your diabetes has been controlled with treatment.

Diabetic patients are advised to use very good foot care. Although it can hurt, diabetic nerve damage can also lessen your ability to feel pain, heat, and cold. Loss of feeling often means you may not feel a foot injury. You could have a tack or stone in your shoe and walk on it all day without knowing. You could get a blister and not feel it. You might not notice a foot injury until the skin breaks down and becomes infected.

People with diabetes are far more likely to have a foot or leg amputated than other people.

As a diabetic, you, or someone you know, should check your feet every day for any sores or redness. You should report foot problems immediately to your doctor, wear properly fitting shoes, and never go barefoot. Once a year, diabetic patients should also have their MEDVAMC health care provider check their feet.

Diabetic eye exams should be done by an eye doctor every year and any time you notice your vision getting worse.

Medication such as pills and/or insulin may be needed to lower your blood glucose level, but the most important treatment for diabetes is a proper diet, adjusted to your body needs and activity level. Talk with your MEDVAMC health care provider for advice. You may also ask to speak with a registered dietitian for additional advice. ♦

Two of the Heroes We Serve



Medal of Honor Recipient Clarence Sasser (left) visits fellow Medal of Honor Recipient David McNerney at the Michael E. DeBakey VA Medical Center. The Medal of Honor is the highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States. Both Veterans were recognized for conspicuous gallantry and intrepidity in action at the risk of their lives above and beyond the call of duty during the Vietnam War. Currently, there are only 91 living recipients. For more information, visit www.history.army.mil/moh.html.

Expert's Corner

Mark Kunik, M.D., M.P.H., Houston VA Health Services Research Center of Excellence associate director and Menniger Department of Psychiatry & Behavioral Sciences professor at Baylor College of Medicine, offers ten tips for Veterans and others coping with a diagnosis of Alzheimer's disease. Alzheimer's disease (AD) is the most common form of dementia among older people. Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. AD begins slowly. It first involves the parts of the brain that control thought, memory, and language. People with AD may have trouble remembering things that happened recently.



- 1** Let your health care provider know if you begin to notice memory problems that interfere with your daily activities. Memory loss is not normal, even in older people.
- 2** If you are diagnosed with an early stage of dementia, ask your physician about medications that can slow down the effects of the disease.
- 3** Keep your blood pressure and cholesterol down, control your diabetes, and avoid obesity, which appear to help prevent or slow down the disease.
- 4** Be as active as you can, both physically and mentally. This may also help prevent and slow down the progress of dementia.
- 5** Take care of important documents such as wills, advance directives, and powers of attorney while you are still healthy or immediately after your diagnosis. This will ensure your wishes are carried out if you become unable to make decisions.
- 6** If you or someone you love with dementia is depressed, ask his or her medical team to address it. Dementia and depression do not go hand in hand.
- 7** Ask a doctor or other professional to suggest solutions if someone with dementia is sometimes paranoid or aggressive.
- 8** Although caring for a loved one with Alzheimer's disease can bring joy and fulfillment, it also can be exhausting and stressful. If you are a caretaker, remember to take care of your own medical, psychological, social, and spiritual health.
- 9** It is best to avoid driving once dementia is apparent. Make arrangements for others to drive you or your loved ones.
- 10** Call or visit the Alzheimer's Association for support and educational materials. This organization has partnered with the Michael E. DeBakey VA Medical Center for several years to improve care for Veterans with dementia and their caregivers. Call 713-314-1313, or visit its Web site at www.alz.org. The Alzheimer's Association is located just down the street from the Michael DeBakey VA Medical Center at 2242 West Holcombe in Houston.

Veterans' Questions

Answers provided by Patient Advocates in Consumer Affairs Room BA-200 (Basement)

(713) 794-7884

or e-mail

vhahougeneralquestions@va.gov

Question: Hearing aids and eyeglasses are listed as "limited" benefits. Do I qualify?

Answer: To qualify for hearing aids and eyeglasses, you must have a VA service-connected disability rating of 10 percent or more. You may also qualify if you are a former prisoner of war, Purple Heart recipient, require this benefit for treatment of a zero percent service-connected condition, or are receiving increased pension based on your need for regular aid and attendance or being permanently housebound.

Question: What is the difference between VA disability compensation and VA pension?

Answer: VA compensation and a VA pension are not the same thing. The simplest explanation is that VA compensation is a benefit paid on the

basis of the kind and severity of a disability that happened as a result of your active duty in military service. VA pension is a benefit paid on the basis of a disability that was not a result of active service in the military, or because of age. Pension is also based on income. There are other criteria that may apply to deciding eligibility for VA pension. That is why it is a good idea to contact a representative at the Houston VA Regional Office, 713-383-1999 or toll-free 1-800-827-1000.

Question: What do I do if I am running out of my medication?

Answer: Your provider will make sure you have enough refills to last until your next appointment. If you find you are running out of medication and have no refills left, please contact your Prime Care Team immediately or the VA Network Telecare Center at 713-794-8985 or toll-free 1-800-639-5137.

Question: I heard the Houston VA opened a new Post Deployment Clinic for returning combat Veterans. Where is it located and what services are provided there?

Answer: Yes, the Michael E. DeBakey VA Medical Center opened a Post-Deployment Clinic last year. It is located on the first floor, east side of the hospital in Suite 1B-373, down the hall from the Release of Information Office.

The Post-Deployment Clinic is a "one-stop" center performing multidisciplinary evaluations tailored to the individual's physical, mental, and social needs. Assistance and information regarding non-medical VA benefits and

community resources are also available. If the Veteran cannot stay for the 90-minute comprehensive screening, the staff will schedule more convenient appointments for the Veteran.

To contact the Post Deployment Clinic call 713-794-7034/8825, FAX 713-794-7767/7478, or e-mail vhahouOEFOIF@va.gov.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and Veterans' health care?

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: Who do I see about correcting my VA medical record?

Answer: The Release of Information Office can assist you with requests such as accessing your medical records, obtaining copies of your medical records, amending or correcting your medical records, getting an accounting or list of disclosures of your health information, and obtaining authentication for the MyHealthVet Web site at www.myhealth.va.gov. The Release of Information Office is located at the Michael E. DeBakey VA Medical Center, Room 1B-304A near the Agent Cashier and is open Monday through Friday, 8 a.m. - 4:30 p.m.

Question: How does the Texas Veterans Commission help Veterans at the VA?

Answer: The Texas Veterans Commission (TVC) works along side the Michael E. DeBakey VA Medical Center assisting Veterans and their

survivors in obtaining entitled benefits from the VA and the State of Texas.

The TVC has counselors located on the 2nd Floor of the MEDVAMC, ensuring Veterans have easy access to experts about available benefits. The counselors at the MEDVAMC serve an average of 40 walk-in Veterans per day providing assistance with both health and benefits eligibility and claims processing.

Counselors educate Veterans, both on an inpatient and outpatient basis, and widows of Veterans on their entitlements, assist them with completing necessary forms, and on many occasions, aid in obtaining the necessary documents for processing. For more information, contact the TVC at 713-794-7199.

Question: When should I reorder my prescription refills?

Answer: To receive your medications on time, you must order your refills at least 14 days before your medicine runs out. To assure timely delivery of your medications, it is recommended you order your refills as soon as you receive your medication in the mail so the next refill will be shipped to you before you are scheduled to run out of your medication.

Question: How do I get a job at the VA?

Answer: The Web site to check is www.usajobs.gov. This is a one-stop source of information for Federal jobs and employment throughout the federal government. This site provides the ability to do job searches by geographic location, job type, or agency, and obtain comprehensive information about jobs and employment for Veterans, obtain application forms, etc. Another Web site to visit is www.vacareers.va.gov.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center	713-791-1414
	toll-free 1-800-553-2278
VA Network Telecare Center	713-794-8985
	toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	409-981-8550
	toll-free 1-800-833-7734
Conroe VA Outpatient Clinic	936-522-4000
	toll-free 1-800-553-2278, ext. 1949
Galveston VA Outpatient Clinic	409-761-3200
	toll-free 1-800-553-2278, ext. 12600
Lufkin - Charles Wilson VA Outpatient Clinic.....	936-671-4300
	toll-free 1-800-209-3120
Pharmacy Refills	713-794-7648
	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
	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

Vet Center (701 N. Post Oak Road)	713-682-2288
Vet Center (2990 Richmond Ave.)	713-523-0884
Vet Center (14300 Cornerstone Village Dr.)	713-578-4002

Patient Advocates

Houston	713-794-7884
Beaumont	1-800-833-7734, ext. 113
Conroe	936-522-4010, ext. 1952
Galveston	713-791-1414, ext. 6586
Lufkin	936-671-4362

Houston VA National Cemetery	281-447-8686
Houston VA Regional Office	713-383-1999
	toll-free 1-800-827-1000

Did You Know?

-  Smoking kills more than 440,000 people per year in the U.S. alone. That's more than alcohol, cocaine, heroin, homicide, suicide, car accidents, and AIDS combined.
-  About 90% of lung cancer cases are linked to smoking.
-  More than 90% of all deaths from chronic obstructive pulmonary diseases are attributable to smoking.
-  Dropped cigarettes are the leading cause of residential fire fatalities (about 1,000 per year).
-  It is estimated about 50,000 people die each year from second-hand smoke.
-  The number of smoking related deaths in one year is about equal to the number of U.S. military deaths in World War II and about 7 times more than the military death toll in Vietnam.
-  At \$3 per pack and one pack per day, a smoker spends about \$1,100 per year.

SOURCE: NIDA Research Report Series: Tobacco Addiction. NIH Publication #06-6342. Revised, 2006 and VA Office of Public Health and Environmental Hazards

Talk to your primary care provider about programs to help you stop smoking during your next appointment or call 1-800-Quit-Now.

