DCH PHYSICAL REHABILITATION
IN GOOD HANDS

When patients walk through the doors of DCH Physical Rehabilitation at DCH Medical Plaza on Ruby Tyler Parkway, the staff wants them to say, “I’m in the right place.”

DCH Physical Rehabilitation is located in a new area built on the south end of the DCH Medical Plaza. The SpineCare Center and DCH Imaging are also located in DCH Medical Plaza. "DCH Physical Rehabilitation will be one of the premier rehabilitation sites in West Alabama," said Tim Holbrook, Physical Therapist and Director of DCH Physical Rehabilitation. "We are excited about being able to offer physicians and their patients this state-of-the-art rehabilitation facility."

Therapy programs include:
- Physical therapy.
- Hand therapy.
- Aquatic therapy.
- Lymphedema therapy.

Special attention to convenience and privacy went into the design of the new therapy areas. “From convenient parking in front of DCH Physical Rehabilitation, patients will enter the admissions area, which includes a spacious waiting room,” Mr. Holbrook said.

The therapy area includes:
- Five private therapy rooms.
- Cardio theater with equipment that interacts with TVs through headphones.
- Large heated pool.

The aquatic area will have a separate exterior entrance and separate dressing rooms, and a privacy wall will separate the pool from therapy areas.

DCH Physical Rehabilitation therapists will work with SpineCare Center physicians as well as all other local physicians to help their patients in many ways, including reducing pain, promoting increased physical activity, and restoring function for work and activities of daily living.

DCH Physical Rehabilitation specialty programs and services include:
- Industrial therapy.
- Spinal decompression therapy.
- Functional capacity evaluation.
- Pre-hire testing.
- Slender U nutritional classes.
- Back to Life.

“Back to Life will be a big component of DCH Physical Rehabilitation therapy services," Mr. Holbrook said. "Patients may go through weeks of therapy, and when they’re through, they may ask, ‘Now what?’ Back to Life gives patients the option to continue exercising at DCH Physical Rehabilitation once they have completed a therapy program.”

“We’re really excited about our new wellness-based programs that will be available after hours," Mr. Holbrook said. "These will include exercise programs such as yoga, Pilates and tai chi.”

Watch for news about the opening of DCH Physical Rehabilitation at DCH Medical Plaza.
**CERTIFIED UROLOGY NURSE PRACTITIONER**

Susan Windham, a nurse practitioner with West Alabama Urology Associates, is now a Certified Urology Nurse Practitioner.

Ms. Windham is one of only 147 nurse practitioners in the nation currently certified by the Certification Board for Urologic Nurses and Associates, and she is the only CUNP in Alabama.

“We’re proud that Susan is part of an emerging group of urologic nurse practitioners,” said Dr. Kenneth Aldridge, a urologist and founding partner of West Alabama Urology Associates. “Certification encourages continued education and the learning of new skills, which means excellence in a clinical setting and better care for the patient population we serve.”

Certification demonstrates the practitioner is proficient in assessing health history and physical findings, identifying common adult and pediatric genitourinary problems, and selecting appropriate treatment modalities.

To qualify for the exam, the practitioner must have two years experience as a urology nurse practitioner with a minimum of 800 clinical practice hours of patient care.

Ms. Windham has been with West Alabama Urology Associates for 13 years. She received a bachelor’s degree in nursing from the University of South Alabama, a master’s degree in nursing from Emory University and a nurse practitioner certificate from the University of Alabama at Birmingham.

**ROBOTIC SURGERY A MINIMALIST APPROACH**

IF YOU HAVE a condition that requires surgery, you want every possible advantage, including the most effective, least invasive surgical treatments available. The da Vinci Surgical System, which is available at DCH Regional Medical Center, is a minimally invasive approach that uses the latest in surgical and robotic techniques.

Minimally invasive surgery allows a physician to perform an operation through a series of tiny openings instead of one larger cut. Smaller cuts come with many potential benefits for the patient, including less discomfort and a quicker recovery.

Dr. M. D. Reed and Dr. Dwight Hooper, Tuscaloosa gynecologists and obstetricians, use the da Vinci surgical system and think the robotic surgical procedures they can do for their patients serve them well.

“I want to do the best I can for my patients,” Dr. Reed said. “I like all of the advantages of robotic surgery—greater precision and visibility, minimally invasive, less pain and blood loss, quicker recovery. The quality of robotic surgery is unmatched.”

**GYNECOLOGIC CONDITIONS AND ROBOTIC SURGERY**

A wide variety of benign (noncancerous) conditions may affect a woman’s reproductive system, which consists of the vagina, uterus, ovaries and fallopian tubes. Most of these conditions affect the uterus. Common types of gynecologic conditions—such as fibroids (noncancerous growths in the uterine wall), endometriosis (noncancerous growths of the uterine lining) or prolapse (falling or slipping of the uterus)—can cause chronic significant pain, trauma, a long recovery process and a risk to the patient, including less discomfort and a quicker recovery.

By contrast, robotic-assisted surgery with the da Vinci surgical system is the least invasive treatment option. Through tiny incisions, gynecologists can operate with greater precision and control, minimizing the pain and risk associated with large incisions while increasing the likelihood of a fast recovery and good clinical outcomes.

**UROLOGIC CONDITIONS AND ROBOTIC SURGERY**

Physicians routinely use da Vinci to treat several urologic conditions, including bladder and kidney cancer, but the primary use of the da Vinci surgical system in urology is for treating prostate cancer.

Dr. Howard Winfield, Urologist, is the Director of Robotic Surgery at the Regional Medical Center. He is among other urologists and some gynecologists in Tuscaloosa who perform robotic surgery at the Regional Medical Center.

**DR. REED ON ROBOTIC SURGERY**

“Since I started my career, it was around the time of laparoscopic surgery, and one of its advantages include smaller incisions,” he said. “Even though smaller incisions are made with laparoscopic surgery, robotic surgery makes even smaller ones.”

“The smaller open incisions can lead to several benefits to the patient, including: significantly less pain, less blood loss, less scarring, shorter recovery time, a faster return to normal daily activities and in many cases, better clinical outcomes.”

**ADVANCED CARE**
The program should teach you how to change permanently those eating habits and lifestyle factors, such as lack of physical activity, that have contributed to weight gain.

● Does the staff include qualified counselors and health professionals, such as registered dietitians, physicians, nurses, psychologists and exercise physiologists? Each of these medical professionals plays an important role in the success of weight loss and lifestyle change.

● Is training available on how to deal with times when you may feel stressed and slip back to old habits? The program should provide long-term strategies to deal with weight problems you might have in the future. These strategies might include things like setting up a support system and establishing a physical activity routine.

● Is attention paid to keeping weight off? How long is this phase? Choose a program that teaches skills and techniques to make permanent changes in eating habits and levels of physical activity to prevent weight gain.

● Are food choices flexible and suitable? Are weight goals set by the client and the health professional? The program should consider your food likes and dislikes and your lifestyle when your weight-loss goals are planned.

NEWS FLASH: We’re not all alike in any way, including how we lose weight and what might have triggered our weight gain in the first place.

“As a practicing dietitian, I often receive phone calls from patients and community members asking me to just mail them a diet,” said Cherie Simpson, MS, RD, LD, Clinical Dietitian Coordinator at DCH Regional Medical Center.

“My response is always the same,” she said. “Individuals are unique in their needs for calories and nutrients, and their daily diet should reflect their personal needs. For example, I would not feed a 65-year-old female with diabetes the same as I would a 23-year-old male athlete. We are all unique creatures with the same foundation, but with variations in our structure and contents.”

FIRST STEP IN THE WEIGHT-LOSS JOURNEY

Ms. Simpson asks people who are interested in dieting where their journey began or what has caused them to want to lose weight.

“It typically starts with a major event, such as a wedding, a reunion or a major health scare to convince them that it is time to make a change,” she explained.

It is always important to involve your physician in your decision to pursue a weight-loss program. Physicians often want to evaluate factors that could contribute to weight gain or chronic diseases. It is also common to measure any changes in your weight, blood pressure and other lab work that could result from changes in diet and lifestyle.

THINGS TO THINK ABOUT

There are many important things to consider when you’re choosing a weight-loss or wellness program.

What is my lifestyle? For individuals who have a very busy lifestyle, it may not be practical to choose a program that involves a great deal of shopping or food preparation.

Take a look at what will best work for you.

● Do you have time for shopping and preparing meals?

● Would prepackaged meals better meet your busy schedule?

● Do you need the flexibility to eat out and dine with family and friends?

● Are you self-disciplined, or do you need the support of others?

What has caused me to gain weight—or to develop unhealthy eating habits? Food is more than just nourishment, Ms. Simpson said. “We often eat if we are stressed, depressed or bored—and also often are persuaded by others around us to eat as part of socialization or celebration,” she said.

PICK WHAT’S RIGHT FOR YOU

There are a variety of weight-loss programs available, and finding the one that is medically sound and meets your needs is a real challenge. Here are a few guidelines.

● Does the program include counseling to help you change your eating activity and personal habits?

The program should teach you how to change permanently those eating habits and lifestyle factors, such as lack of physical activity, that have contributed to weight gain.

● Does the staff include qualified counselors and health professionals, such as registered dietitians, physicians, nurses, psychologists and exercise physiologists? Each of these medical professionals plays an important role in the success of weight loss and lifestyle change.

● Is training available on how to deal with times when you may feel stressed and slip back to old habits? The program should provide long-term strategies to deal with weight problems you might have in the future. These strategies might include things like setting up a support system and establishing a physical activity routine.

Talk to your primary care provider and a registered dietitian to find a weight-loss program that’s tailored to you.

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● Are food choices flexible and suitable? Are weight goals set by the client and the health professional? The program should consider your food likes and dislikes and your lifestyle when your weight-loss goals are planned.

By talking with your primary physician and a registered dietitian, you will have help guiding you to the plan or program that works best for you.

For more information, go to www.dchsystem.com and turn to the list of departments at the DCH hospitals to locate nutritional services.
Throughout the year, the DCH Health System recognizes employees from its hospitals in Tuscaloosa, Northport, Fayette and Pickens County for excellence on the job.

The employees were nominated by their peers to receive awards based on criteria including outstanding job performance, attitude, dependability and dedication to the mission of the Health System and to its patients and employees.

JAMES SHIRLEY, Guest Services Manager at DCH Regional Medical Center, has received several honors for his volunteer efforts on behalf of veterans.

A WORTHY CITIZEN On Nov. 8, Mr. Shirley received the Rotary Rose, the highest honor given to an Unsung Hero by the Rotary Club of Tuscaloosa. Mr. Shirley has assisted the Rotary Club’s three Honor Flights to transport World War II veterans to Washington, D.C., to view the war memorials in honor of their service. He raised funds to help make the trips possible and arranged to have wheelchairs, supplied by DCH, on hand for the veterans. He also has accompanied the veterans and their family members on all three flights.

Taylorville Baptist Church, where he serves as music minister, gave Mr. Shirley the honorary title of Distinguished Veteran of the United States of America for his work on behalf of veterans of the U.S. armed forces.

CONTINUING SERVICE Mr. Shirley volunteers with the Employer Support of the Guard and Reserve, talking to businesses and organizations about becoming an ESGR member.

Recently, he arranged to have the names of Regional Medical Center employees, volunteers, physicians and security personnel who served in the armed forces displayed at the hospital on Veterans Day.

Mr. Shirley joined DCH in 1968 as the Support Services Supervisor. He came to DCH from Alabama Power Company, where he was the first recipient of the company’s Presidential Citation Award, given in recognition of extraordinary service to the company and its customers and communities.

DCH Regional Medical Center named ASNA Outstanding Health Care Organization for 2011

DCH Regional Medical Center was named the recipient of the Alabama State Nurses Association’s Outstanding Health Care Organization Award for 2011.

The award was presented in recognition of the outstanding response of the Regional Medical Center in the aftermath of the April 27, 2011, tornados and in particular of how the staff managed the number of injured despite the personal losses many staff members suffered.

The Outstanding Health Care Organization Award is given to an organization that provides extraordinary direct health care to its patients.

Susan Dashner, Patient Education Coordinator, nominated the Regional Medical Center for the award. In her letter of nomination, Ms. Dashner wrote: “We all know of the devastation that occurred across our state on April 27. Over the days of April 27 and into April 28, the DCH facilities in Tuscaloosa saw around 1,000 patients. Patients were being seen everywhere—in the ED, the cath lab holding area, the auditorium, the endoscopy holding area and even in the back of the cafeteria. In addition to patients and family members, people who did not know where else to go poured into the hospital. “The staff responded well to the emergency, some in spite of the fact that they had lost their home or had damage to their property. They were able to start clearing out the ED around 4 a.m. April 28. In spite of the catastrophe, the hospital was ready and able to meet the challenge.”

Angela W. Bridges, Manager of Nursing Education and Development, and Ms. Dashner were on hand at the recent ASNA annual conference to receive the award on behalf of the Regional Medical Center.

DCH website wins award

The DCH Health System website received the Outstanding Achievement in Website Development Award for 2011 from the Web Marketing Association. DCH won the award in the Healthcare Provider Standard of Excellence category in the association’s 15th annual WebAward program.

The WebAward Competition is the premier annual website award competition. It names the best websites in 96 industries while setting the standard of excellence for all website development.

Staffed by volunteers, this organization is made up of top Internet marketing, online advertising, PR and website design professionals who share an interest in improving the quality of online advertising, Internet marketing and website promotion.
DCH HOME HEALTH CARE AGENCY RANKS IN THE TOP 5 PERCENT

DCH HOME HEALTH Care Agency has been ranked in the top 5 percent of the home health agencies in the United States by a national health care information company.

The 2011 HomeCare Elite is a compilation of the top-performing home health agencies in the U.S. This annual review identifies the top 25 percent of agencies and highlights the top 100 and top 500 agencies overall.

The report ranked DCH Home Health Care Agency in the Top 500 of the nation’s almost 10,000 Medicare-certified home health agencies, thereby placing it in the top 5 percent. Winners are ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance.

RISING TO THE CHALLENGE “It’s increasingly challenging to manage the cost-quality equation,” said Amanda Twiss, CEO of OCS and My InnerView. “The 2011 HomeCare Elite winners demonstrate a commitment to providing patients with the best possible care while managing their business efficiently and effectively. This year, we updated our methodology to reflect industry focus and, based on this rigorous analysis, we congratulate DCH Home Health Care Agency on being one of the top home care agencies in the country.”

“DCH Home Health Care Agency on being one of the top home care agencies in the country.”

“We’ve ranked in the top 25 percent in the nation since the study began in 2006, and this is the fourth time we’ve been named in the top 100 or 500 home health agencies in the nation,” said Marcia Bailey, Director of DCH Home Health Care Agency. “Our patient satisfaction scores have also been among the highest in the country for several years.”

Ms. Bailey said the performance of DCH Home Health Care Agency is due to its affiliation with the DCH Health System. “Because we’re part of DCH, we can attract some of the best nurses in the area,” Ms. Bailey said. “And because we’re connected to DCH’s electronic health records, we can offer much better care for patients who are discharged from the hospital.”

Dr. George Miller, Medical Director of DCH Home Health Care Agency, said he was proud of the agency’s showing in HomeCare Elite and in patient satisfaction surveys.

“The recognition as a Top 500 Home Health Agency in the country is especially gratifying because it demonstrates that the patients and families who depend on DCH Home Health Agency are receiving excellent clinical care and customer service,” Dr. Miller said. “That has always been the focus of the staff here at DCH Home Health.”

HALLMARK OF COMPETENCE “The HomeCare Elite designation continues to gain significance given the regulatory changes and challenges that agencies face. Agencies that have earned recognition among the HomeCare Elite demonstrated that they not only can adapt to an evolving marketplace but continue to excel in both clinical and financial outcomes,” said Marci Haydt, Product Manager for the post-acute care business group, DecisionHealth. The 2011 HomeCare Elite is the only performance recognition of its kind in the home health industry.

The 2011 HomeCare Elite is brought to the industry by OCS HomeCare, the leading provider of homecare information, and DecisionHealth, publisher of the industry’s most respected independent newsletter, Home Health Line, and the Complete Home Health ICD-9-CM Diagnosis Coding Manual. The data used for this analysis were compiled from publicly available information. The entire list of the 2011 HomeCare Elite agencies can be viewed by visiting the OCS HomeCare website at www.ocshomecare.com.

ABOUT DCH HOME HEALTH CARE AGENCY DCH Home Health Care Agency is accredited by The Joint Commission, licensed by the state of Alabama and certified as a Medicare provider. DCH Home Health offers skilled nursing care, physical therapy, occupational therapy, speech therapy, nutritional services, medical social services and personal care. The licensed, professional staff at DCH Home Health Care can provide many services in the home, including cardiac monitoring and teaching, diabetes education and management, pain management, medication education and administration, and IV therapy.

In addition, DCH Home Health provides several programs such as Safe at Home, disease management and telemonitoring. To learn more about DCH Home Health Care Agency, go to www.dchsystem.com/homecare.

Hospital Heroes!

Six area hospital employees and three area physicians were honored for their dedication to health care at a luncheon hosted in November by the West Council of the Alabama Hospital Association. Among them were three DCH Regional Medical Center employees and one Pickens County Medical Center physician.

Angie Shaw, RRT, Respiratory Care Department Adult Clinical Care Coordinator; Kandle Brewer, RN, Cardiac Surgical Unit Charge Nurse; and Libby Junkin, RT, (R) (CT) (ARRT), Radiology Department Advanced Registry Technician, were recognized as Hospital Heroes from the Regional Medical Center for 2012.

Dr. William R. “Bob” Brooke II, PCMC Emergency Department Medical Director, was named a Hospital Physician Hero for 2012.

Awards and recognitions The luncheon was one of seven regional awards presentations held in November and December as part of AlahA’s ninth annual statewide Hospital Hero award contest. The contest highlights health care careers while recognizing the accomplishments and compassion of hospital employees.

Up to 10 state Hospital Heroes will be selected from the local winners and honored at a banquet in February. One statewide Hospital Physician Hero will also be recognized in February.

“This contest is one of our association’s most meaningful events because it recognizes some amazing people,” said J. Michael Horsley, FACHE, AlahA President. “It’s often said that working in a hospital is more than a job, that it’s a calling—and when you hear the stories of what these heroes do each day, you realize how true that is. They really are a special breed.”

Meet the Heroes Ms. Shaw has 28 years of experience in adult critical care and has special training in hyperbaric therapy. She has been with the Regional Medical Center since 1983. She is the respiratory clinical coordinator for respiratory students from four different schools of respiratory therapy and a recipient of the DCH Regional Medical Center Excellence Award.

Ms. Brewer, a recipient of the DCH Regional Medical Center Excellence Award, has been employed at the Regional Medical Center since 1994. She is a charge nurse and preceptor on the Cardiac Surgical Unit. She is a member of the American Association of Critical-Care Nurses.

Ms. Junkin has worked in the Radiology Department at the Regional Medical Center since 1983. She currently works as a 3D technician in the CT imaging area at the hospital. Ms. Junkin is also a recipient of the DCH Regional Medical Center Excellence Award.

Dr. Brooke joined the PCMC active medical staff in 1982. He was named Emergency Department medical director in 1994. In 2006, Dr. Brooke was named an Employee of Excellence. In 2008, the PCMC Emergency Department was renovated and expanded and dedicated and named in Dr. Brooke’s honor.

AlahA, based in Montgomery, is a statewide trade organization that represents more than 100 hospitals and numerous other health care providers in their efforts to provide quality health care.
FAYETTE MEDICAL CENTER

New outpatient registration area

Fayette Medical Center opened a new outpatient registration area in December. It has its own entrance next to the hospital’s main entrance. The area accommodates patients registering for outpatient lab testing, X-ray, respiratory therapy and outpatient surgery.

Outpatient registration is open Monday through Friday from 6 a.m. to 5:30 p.m.

“We’ve seen a lot of growth in outpatient services,” said Barry Cochran, Fayette Medical Center Administrator. “The new registration area meets the growing need and offers our patients additional convenience and privacy.”

To read more about imaging services at Fayette Medical Center, go to www.dchsystem.com.

Digital mammograms available now at Fayette and Pickens County Medical Center

Women in West Alabama now can have a digital mammogram to help detect breast cancer at any one of the DCH Health System hospitals. Advanced imaging equipment for digital mammography recently was added at Fayette Medical Center and Pickens County Medical Center (PCMC). Digital mammography is also available in the Breast Care Centers in the Phelps Outpatient Center at DCH Regional Medical Center and at Northport Medical Center (PCMC). Digital mammography is also available in the Breast Care Centers in the Phelps Outpatient Center at DCH Regional Medical Center and at Northport Medical Center (PCMC).

Digital mammography is a newer imaging method that processes mammograms in a different way than traditional mammograms do. Digital mammography captures an image on a computer rather than on X-ray film. Digital mammograms can be done in about half the time.

Digital mammograms available now at Fayette and Pickens County Medical Center

Digital mammography produces clear, highly detailed images that can detect smaller masses and diagnose breast cancer earlier.

In addition, physicians use computer-aided technology to serve as a second set of eyes as they read mammograms. Digital mammography uses less radiation, and mammograms can be done in about half the time.

“Fayette Medical Center now has a new and powerful tool in the detection of and fight against breast cancer,” said Barry Cochran, Fayette Medical Center Administrator. “This new, all-digital system provides our patients with state-of-the-art mammograms that are faster, easier and more accurate, while providing our physicians with highly detailed images to use in the diagnosis.”

“Pickens County Medical Center is committed to the fight against breast cancer,” PCMC Administrator Wayne McElroy said. “By offering women digital mammograms, we hope to increase the number of area women who follow recommendations for regular screenings, and to remind all women that Pickens County Medical Center provides the latest in imaging quality right here at home.”

What is digital mammography? All mammograms start the same way—with an X-ray of the breast. Digital mammography is a newer imaging method that processes images differently. It records and stores images on a computer rather than on X-ray film. Digital mammograms still require compressing the breasts to get good images, but there are some advantages over film mammograms, according to the American Cancer Society.

Viewing and sharing After a woman has had a mammogram, the images are analyzed by a specialist called a radiologist. With digital mammograms, a radiologist can adjust the images on the computer screen to get a better look. The size, brightness or contrast can be changed to show certain areas more clearly. Some studies show that this reduces the number of women who need to return for extra tests.

If the radiologist wants to send the images to the patient’s primary care physician or show them to another specialist, this can easily be done electronically. Managing images this way is similar to how digital photos can be viewed and shared.

Both film and digital mammograms work well to find breast cancer. However, several studies show that digital images may be more accurate in women younger than 50 and in women with dense breast tissue, reports the ACS.

Home at last

Opening his practice of general surgery in Fayette in 2011 was “like coming home,” Dr. Jonathan K. Smith said.

Dr. Smith is now a native of Haleyville, a little more than 30 miles from Fayette. He is very familiar with Fayette and recalls playing against the local high school football team when he was in high school in Haleyville.

Dr. Smith is in full-time practice in Suites 1 and 2, Medical Office Building, in Fayette and performs surgical procedures at Fayette Medical Center, a DCH Health System hospital.

“I enjoy my practice in Fayette,” Dr. Smith said. “I feel I, along with patients’ primary care physicians here, can give them complete care close to home. When they’re already anxious about their health, not having to travel greater distances for their care gives them some peace of mind.”

He added that doing surgeries at Fayette Medical Center and working with the staff there is rewarding professionally.

“The size and atmosphere of the community hospital, I think, provide a special degree of personal care,” he said.

Fayette Medical Center is a 56-bed rural hospital that offers the residents of Fayette County inpatient care, along with sophisticated diagnostic equipment, surgical techniques and specialty clinics.

“We are very pleased that Dr. Smith returned to Fayette Medical Center and our community for a full-time practice,” said Barry Cochran, Fayette Medical Center Administrator. “I think it says a lot for the hospital and community that Dr. Smith realized from his earlier work with us that this was the place for him.”

Dr. Smith received his medical degree from The University of South Alabama College of Medicine in 1997. He completed his residency in general surgery and a transitional internship at the William Beaumont Army Medical Center in El Paso, Texas, in 2002. He is board-certified in general surgery by the American Board of Surgery and has a fellowship in the American College of Surgeons.

Dr. Smith served in the United States Army, where he was Chief of General Surgery at the Blanchfield Army Community Hospital in Fort Campbell, Ky. He was deployed to Operation Iraqi Freedom with the 772nd Forward Surgical Team in 2006 and received a Bronze Star Medal for his service during that time.

Dr. Smith and his wife, Molli, have two sons, Ben and Nick.
Early detection is key
You could have kidney disease for years before you feel any symptoms. By then, the damage may be severe—and kidney failure may be near.
However, when kidney damage is discovered early, treatments can help slow the disease. That’s why getting tested regularly for kidney disease is so important if you have risk factors such as diabetes.
Tests for kidney disease include:
- A test that measures the amount of creatinine (a waste product) in the blood. The result—along with your age, sex and other factors—is used to help calculate your glomerular filtration rate, or how much blood your kidneys filter per minute. Your GFR helps show whether you have kidney disease and how well your kidneys are working.
- A urine test that looks for a type of protein called albumin, which can leak into the urine from damaged kidneys. The amount may be compared with the creatinine level in your urine to help determine if you have kidney disease.

Source: National Institutes of Health

KIDNEY DISEASE
DIABETES RAISES YOUR RISK
Your kidneys need special care when you have diabetes

YOUR KIDNEYS WORK HARD every day doing the vital job of keeping your blood clean.

But having diabetes can overburden your kidneys, putting you at risk for chronic kidney disease—a condition that damages the kidneys and reduces their ability to filter blood.

Over time, the damage can worsen and lead to kidney failure and a need for dialysis.

Diabetes is the leading cause of kidney failure, accounting for nearly 44 percent of new cases a year, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

But diabetes isn’t the only cause of kidney problems. The other major cause is high blood pressure, which often goes hand in hand with diabetes.

WHAT CAN GO WRONG Your kidneys each contain millions of blood vessels that act as filters for your blood. The waste products these filters remove leave the body as urine, while protein and other needed substances are returned to the bloodstream.

After many years, high blood sugar or high blood pressure can damage the kidneys’ filters. When that happens, protein leaks into the urine and waste products collect in the blood.

Eventually the kidneys may stop working altogether (kidney failure), at which time the only treatments are dialysis—in which a machine is used to filter the blood—or a kidney transplant.

PROTECT YOUR KIDNEYS Fortunately, many of the same steps that can help prevent kidney disease can help slow its progress if the disease is found early, reports the NIDDK. So it’s important to be tested for the condition.

Many of the same steps that can help prevent kidney disease can help slow its progress if the disease is found early.

Here are some ways to help prevent or treat kidney disease:

- Control blood sugar and blood pressure. Keeping blood sugar levels near normal may help cut the risk of kidney disease by as much as one-third, the American Diabetes Association reports. Work with your physician to meet your target goals.
- You should also strive to keep your blood pressure below 130/80 mm Hg. Have it checked often. Exercising, reducing your intake of salt and controlling your weight are some lifestyle changes that can help reduce blood pressure.
- Take medicines as directed. Blood pressure drugs called ACE inhibitors and angiotensin receptor blockers (ARBs) can slow kidney disease. Your physician may recommend them to lower blood pressure and to help preserve your kidney function, according to the NIDDK.
- Seek dietary advice. To help treat kidney disease, your physician may suggest reducing how much protein you eat, which may take some of the workload off your kidneys.

Remember, having diabetes increases your risk of developing kidney disease. But there’s a lot you can do to help protect your kidneys.

To learn more about diabetes and kidney disease, go to www.niddk.nih.gov.

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After many years, high blood sugar or high blood pressure can damage the kidneys’ filters. When that happens, protein leaks into the urine and waste products collect in the blood.

Eventually the kidneys may stop working altogether (kidney failure), at which time the only treatments are dialysis—in which a machine is used to filter the blood—or a kidney transplant.

PROTECT YOUR KIDNEYS Fortunately, many of the same steps that can help prevent kidney disease can help slow its progress if the disease is found early, reports the NIDDK. So it’s important to be tested for the condition.

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Here are some ways to help prevent or treat kidney disease:

- Control blood sugar and blood pressure. Keeping blood sugar levels near normal may help cut the risk of kidney disease by as much as one-third, the American Diabetes Association reports. Work with your physician to meet your target goals.
- You should also strive to keep your blood pressure below 130/80 mm Hg. Have it checked often. Exercising, reducing your intake of salt and controlling your weight are some lifestyle changes that can help reduce blood pressure.
- Take medicines as directed. Blood pressure drugs called ACE inhibitors and angiotensin receptor blockers (ARBs) can slow kidney disease. Your physician may recommend them to lower blood pressure and to help preserve your kidney function, according to the NIDDK.
- Seek dietary advice. To help treat kidney disease, your physician may suggest reducing how much protein you eat, which may take some of the workload off your kidneys.

Remember, having diabetes increases your risk of developing kidney disease. But there’s a lot you can do to help protect your kidneys.

To learn more about diabetes and kidney disease, go to www.niddk.nih.gov.

KIDNEY DISEASE
DIABETES RAISES YOUR RISK
Your kidneys need special care when you have diabetes

YOUR KIDNEYS WORK HARD every day doing the vital job of keeping your blood clean.

But having diabetes can overburden your kidneys, putting you at risk for chronic kidney disease—a condition that damages the kidneys and reduces their ability to filter blood.

Over time, the damage can worsen and lead to kidney failure and a need for dialysis.

Diabetes is the leading cause of kidney failure, accounting for nearly 44 percent of new cases a year, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

But diabetes isn’t the only cause of kidney problems. The other major cause is high blood pressure, which often goes hand in hand with diabetes.

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Call 205-752-2501 bypass or Lap-Band surgery. People who are planning to have or have had gastric
are support group for people who Genesis is a support group for people who
cancer treatment deal with the physical
DCh Cancer Center Wellness Room Open to patients, family, caregivers and community members. STRETCH Tuesdays and Thursdays, 9 a.m. The University of Alabama Student Recreation Center STRETCH is an exercise class for women who have or have had breast cancer. Sponsored by the DCh Cancer Center and The University of Alabama Student Recreation Center. Free. Third Mondays, 10 a.m. to 11:30 a.m. Nutrition information table, DCh Cancer Center, first-floor waiting area Open to patients, family, caregivers and community members. Staying Strong—Nutrition Can Make a Difference Third Tuesdays, 10 a.m. to 1 p.m. DCh Cancer Center Wellness Room Open to prostate cancer patients and their families. Lunch will be served. Reservations are required. Free. Reach to Recovery Volunteer breast cancer survivors give support to women recently diagnosed with breast cancer. Call 205-759-6253.
Early Pregnancy Answers commonly asked questions and offers expectant parents information about having a healthy baby. 
Grandparents class This class covers helpful hints for first-time grandparents. Helping Siblings Adjust This one-hour class acquaints big brothers and sisters with their new roles. Preparing for Childbirth For expectant mothers and fathers. Refresher to Childbirth A review for expectant parents who have already experienced childbirth. DCh Diabetes Center At this education and resource facility for people with diabetes, prediabetes and gestational diabetes, nurses and dietitians teach classes Monday through Friday at different times during the day and evening. Call 205-750-5260.
Marvelous Multiples This class is for expectant parents of twins or more. Call 205-333-4296. Slender U Weight-Management Program DCh’s SpineCare Center This weight-loss and nutritional counseling program consists of meeting once a week for six weeks. Participants see a registered dietitian for an initial one-one visit before classes start. Call 205-759-7417 or email clinicalnutrition@dchsystem.com.
Northport Medical Center Childbirth Education Classes Classes are taught by registered nurses. You should sign up for classes when you’re 20 weeks pregnant. To learn more or to register, call 205-333-4296. All About Infant Care Teaches first-time parents how to prepare for the arrival of their newborn. You will also learn what to expect after delivery and when you get home. Beyond Your First Baby Learn about aspects of childbirth that might have changed since your most recent birth. Big Brother/Big Sister Class For children ages 3 to 8 years. The class discusses what life will be like with a new baby. Breastfeeding Class For expectant mothers planning to breastfeed.
Breathing and Relaxation For couples at least 34 weeks pregnant who want to learn natural labor and birth techniques. Comprehensive Childbirth Class First-time parents receive childbirth, delivery and postpartum care.
Healthy Pregnancy This class, specifically helpful for first-time parents, is taken during the second trimester, at 22 to 28 weeks, to go over what’s normal and what can happen during the third trimester.
Infant/Child CPR and Safety Learn how to perform CPR, rescue a choking infant or child, and prevent childhood injuries.
Fayette Medical Center CPR and First Aid Classes These classes are offered to community groups on request. Call 205-932-1279 or 205-932-1179.
Pickens County Medical Center Cancer Support Group Second Tuesdays, 6 p.m. PCMC cafeteria Open to cancer survivors and their families. Free. Call the American Cancer Society at 205-758-0700.
Bigger C Encouragers A community-wide support group for all cancer patients and their families and friends. Participation by 20 area churches and DCh Pastoral Care. Free. For information, call 205-345-8444 or go to www.TheBiggerCorg.
Breast Cancer Screening DCh Cancer Center For an appointment, call 205-343-8493. DCh Golden Years Program Fourth Mondays, January through April, June, September and October, 2 p.m. Open to people 50 and older. Call 205-759-7931.
DCh Open-Heart Surgery Club First Tuesdays Willard Auditorium, DCh Regional Medical Center Call 205-759-7660.
Genesis Third Thursdays, 6 p.m. Willard Auditorium, DCh Regional Medical Center Genesis is a support group for people who are planning to have or have had gastric bypass or Lap-Band surgery. Free. Call 205-782-2501.
DCh Cancer Center Programs To learn about classes or to register, call 205-759-7877.
Heart: Healing With the Arts Wednesdays, 1 p.m. to 4 p.m. DCh Cancer Center Art Room Patients, family and caregivers welcome! Cancer Wellness Fourth Thursdays, 10 a.m. to 11 a.m. DCh Cancer Center Wellness Room Reservations required. IMPACT Third Thursdays, 11 a.m. Parker Fireside Room, Tuscaloosa United Methodist Church Support group for women who have been diagnosed with breast cancer. Free. Look Good…Feel Better Fourth Mondays, 1 p.m. to 3 p.m. DCh Cancer Center Wellness Room This program helps women undergoing cancer treatment deal with the physical side effects of treatment. Free.
Prostate Cancer Support Group Second Wednesdays, bimonthly, noon to 1 p.m. DCh Cancer Center Wellness Room Open to prostate cancer patients and their families. Lunch will be served. Reservations are required. Free. Reach to Recovery Volunteer breast cancer survivors give support to women recently diagnosed with breast cancer. Call 205-342-2008.
Smile A While Second and fourth Thursdays, 3:30 p.m. to 4:30 p.m. DCh Cancer Center Art Room Support group for children and teenagers who have a loved one undergoing cancer treatment. For an appointment, call 205-759-6253.


Our focus at DCH Health System is on your family’s health. Check out the many opportunities to improve and preserve your health and the health of those you love.
DCH. Caring. For life.