

February 2018

BODY & MORE



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THE RIGHT PLACE FOR LIFESAVING CARE

Courtesy of Fremont Health

As happens for so many others, chest pain was the first sign that something was wrong with Vicki Nitz's heart. But the rest of her story is far from the norm. Pain radiating through her lower chest woke Vicki from her sleep the night of October 28, 2014. It felt, she recalls, "like a ton of bricks were being dropped" on her chest.

When the pain passed, Vicki went back to bed. She didn't even wake her husband, Jay.

"I felt fine when I got up the next morning," Vicki says. "I got ready for the day, took a shower, and put dinner in the Crock-Pot. I thought everything was alright."

When I told Jay, he asked if I had any pain and if I wanted him to stay home or call a doctor or get the ambulance. I told him no, that I felt good, and that he should go about his day."

Jay wasn't so sure when he heard about what happened. He left their Cedar Bluffs home to drive into Fremont. He called

back home on the way to suggest she take an aspirin “just in case it has something to do with your heart.” His intuition was right.

About 15 minutes after their conversation, Vicki called Jay to tell him something was seriously wrong. The pain was back, and she was throwing up. Jay called 911 and arrived back home just ahead of the emergency response team.

Together, they convinced Vicki she needed medical attention.

A Rush to Care

“She didn’t want to get in the ambulance or go to the hospital,” Jay says. “She thought it was nothing. I told her if nothing is wrong, then it’s no big deal—but we had to get her checked out.”

Paramedics gave Vicki more aspirin—a move the couple thinks helped save her life—and moved quickly to transport her to the Emergency Department (ED) at Fremont Health Medical Center.

On the way, they performed an electrocardiogram (EKG), the results of which were shared with the ED en route.

An EKG measures the electrical activity throughout the heart which may suggest an irregular rhythm or a heart attack. Vicki’s results came back normal, but she was still in pain.

At the Medical Center, she was seen by John Hogue, MD, Emergency Medicine Physician on the Medical Staff at Fremont Health, and his colleagues in the ED.

“When Vicki came in, we performed another EKG, administered medication, and gave her something for the pain,” Dr. Hogue says. “Her EKG looked fine and her pain was gone. It didn’t look like she was having a heart attack. We were giving her fluids and keeping her under observation. Then suddenly, her monitors alarmed.

A Serious Turn

In Vicki’s ED room, things had taken a serious turn. Vicki’s heartbeat had become erratic—the result of a condition called ventricular fibrillation (V-fib)—and she entered cardiac arrest. Dr. Hogue and his team quickly responded, performing cardiopulmonary resuscitation and using a defibrillator to shock her heart back into a normal rhythm.

“If Vicki hadn’t been in the hospital when this happened, if her heart had gone into V-fib anywhere else, she wouldn’t have survived,” Dr. Hogue says. “We were able to stabilize her heart rhythm, but it was clear that something was seriously wrong.”

Vicki was rushed to the cardiac catheterization lab, where a tiny tube was used to

inject contrast into the arteries, supplying blood to the heart. Interventional cardiologists on the Medical Staff at Fremont Health, such as Steven Diamantis, MD, use this process to see exactly what is happening inside a patient’s heart. The test revealed that all was not well in Vicki’s.

“Her left anterior descending [LAD] artery was nearly 100 percent blocked,” Dr. Diamantis says. “It was a complicated situation. She was having trouble breathing, fluid was building up in her lungs, and her heart rhythm was very bad. Every minute mattered at this point.”

Within 90 minutes of arriving at the hospital, Vicki had a metal stent placed in her blocked artery, opening up blood flow to the heart. Unfortunately, her heart muscle was still recovering from the lack of blood, and her heart stopped again.

“When a patient goes into cardiac arrest, it can stun the heart muscle,” Dr. Diamantis says. “It can recover, especially if blood flow is restored quickly. That’s why rapid intervention is so important in cases like Vicki’s.”

Dr. Diamantis and his team sprung into action again, inserting an intra-aorta balloon pump to assist the heart muscle as it recovered. This device inflated and deflated in time with Vicki’s heart, helping pump blood into the body while her heart recovered enough to take over on its own.

They placed her on a ventilator and once she was stable, transferred her to another area hospital where she completed her recovery.

“By the next morning, she was writing her needs and wishes on a clipboard and holding the clipboard by herself,” Jay says. “By 5 p.m., the day after her heart attack, she had the ventilator and both balloon pumps removed, and her heart and lungs were functioning on their own.

Everybody was amazed and called her ‘the miracle girl!’”

Miracle at Work

Vicki was able to return to work for her family’s company a few weeks after her heart attack, and is working to rebuild her strength with the help of the Cardiac Rehabilitation team at Fremont Health.

The Nitz family credits God and the quick thinking of the emergency response team and Fremont Health’s Emergency Department staff and cardiologists for her recovery.

“What I take away from this is to listen to your body,” Vicki says. “And talk to your family, especially if you think something is wrong.”



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3 simple ways to a healthier heart

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Heart disease is a formidable foe. According to the American Heart Association, heart disease is the leading cause of death in the United States, accounting for approximately 800,000 deaths every year. The Government of Canada notes that heart disease is the second leading cause of death in that country, annually accounting for tens of thousands of deaths. (Note: Canada's population is slightly more than one-tenth the population of the United States.)

While heart disease exacts a devastating toll on the United States and Canada, its reach extends far beyond North America, as the American College of Cardiology notes that cardiovascular disease accounts for 31 percent of all deaths across the globe.



In spite of the prevalence of heart disease, men and women are not helpless against it. In fact, there are many ways for men and women to reduce their risk for

heart disease.

1. Maintain a healthy weight. The American Heart Association reports that between 60 and 70 percent of Americans are overweight or obese. Carrying around extra weight takes a toll on the body, increasing a person's risk for heart disease and stroke. Overweight or obese men and women can work with their physicians to develop a plan for effective, long-term weight loss, a plan that will likely include a combination of diet and routine exercise.

2. Understand and manage blood pressure. The AHA notes that high blood pressure, a common condition affecting roughly one in three Americans, is often referred to as "the silent killer" because it does not necessarily produce symptoms. Blood pressure measures the force pushing

outward on the walls of blood vessels as they carry blood oxygen to the body's organs, and the force created as the heart rests between beats. Over time, the arterial walls of people with high blood pressure may become stressed and develop weak spots or scarring that makes them vulnerable to the buildup of plaque. Plaque buildup can increase the risk of blood clots and stroke. Blood pressure can rise as a person ages, so managing blood pressure involves routinely checking it and making certain changes, such as eating healthier foods and exercising more often, if it is high.

3. Control cholesterol levels. High levels of low-density lipoprotein, often referred to as "bad" cholesterol, can increase a person's risk for heart disease. The AHA notes that excessive amounts of cholesterol can be

deposited into the arteries as plaque. When that happens, it leads to a condition known as atherosclerosis, or a narrowing of the inside of the artery walls. That narrowing leads to an increased risk for heart attack and stroke. Men and women should get their cholesterol levels checked at least once every four to six years beginning at age 20. Men and women who have been diagnosed with high cholesterol should recognize that cholesterol is only found in animal products, so a diet that is rich in fruits, vegetables and whole grains and low in animal products can provide a simple way for men and women to lower their cholesterol. A more thorough and detailed plan to lower cholesterol levels should be discussed with a physician.

More information about heart disease and how to combat it can be found at www.heart.org.

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Early warning signs of heart disease

Newspaper Toolbox

Every year, the federal government declares the month of February to be American Heart Month, a campaign to draw awareness to the ever-increasing problem of heart disease in the United States. According to the Centers for Disease Control and Prevention (CDC), complications from heart disease account for 610,000 deaths annually in this country alone. That makes it the leading cause of death in America, where more than 710,000 people suffer a heart attack every year. Heart attacks aren't the only concern though; other forms of heart disease include:

- Stroke
- High blood pressure
- Heart failure



Am I at risk?

Knowing the common symptoms of these incidents might save your life, but it's even more important to recognize the early signs that could prevent them from ever taking place. Symptoms of major events like heart attacks are hard to miss, but a number of early indicators are easily overlooked as mild

annoyances:

- Difficulty catching your breath after moderate physical activity
- Fast, slow or irregular heartbeat
- Clutching or squeezing chest pains for short periods of time
- Periodic upper body discomfort
- Dizziness
- Changes in your extremities (pain, numbness, swelling)

What should I do?

If you notice any of these symptoms, make an appointment with your doctor to discuss ways to reduce your risk of a major cardiac event. A simple change to your diet and lifestyle could pave the way to a healthier and happier heart.

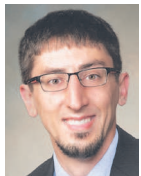
Women and HEART DISEASE

What you don't know may hurt you.

Courtesy of Fremont Health

Few women think heart disease is their greatest health threat. Many women believe it to be a man's disease. But the truth is, it's the nation's number one killer of women. Over one-third of the women who die in the U.S. each year die of heart disease.

Heart disease refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack. A heart attack happens when blood flow to the heart muscle is blocked, causing a lack of oxygen in one or more areas of the heart muscle.



**TODD
EBERLE**

This blockage is caused by a buildup of plaque in the arteries (atherosclerosis). Plaque is made up of deposits, cholesterol, and other substances. When a plaque breaks (ruptures), a blood clot quickly forms. The blood clot is the actual cause of the heart attack.

Risk Factors

There are two types of risk factors for heart attack – those you can't change and those you can change or control.

One risk factor that cannot be changed is a family history of early heart disease. Also, for women, age becomes a risk factor at 55.

"Post-menopausal women are at increased risk in part because there's a drop in the production of estrogen," says Dr. Todd Eberle, physician at Fremont Health Family Care. "But that's also the time when women tend to develop other risk factors for heart disease."

Risk factors you can't control:

- Age
- Gender
- Heredity (family health history)
- Race

■ Previous stroke or heart attack
■ Risk factors you can control or treat with lifestyle changes and your health-care provider's help:

- High blood pressure
- Smoking
- High blood cholesterol
- Lack of regular activity
- Obesity or overweight
- Diabetes

■ Dr. Eberle recommends the following lifestyle changes that may help women lower their risk for heart disease.

Maintain a healthy weight

Being overweight can raise your blood pressure and cholesterol levels. It also puts you at risk for type 2 diabetes which raises your risk for clogged arteries and heart attack.

Please see
Women,
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WOMEN

From Page 5

By losing weight, you'll lower your cholesterol and blood pressure. You'll also be less likely to develop diabetes. Even losing 5% to 10% of your body weight can make a significant difference. Talk with your healthcare provider about your weight.

Quit smoking

Smokers have more than twice the risk for heart attack than do nonsmokers. The chemicals in cigarette smoke can shrink coronary arteries, making it tough for blood to circulate. Smoking can also cause the lining of blood vessels to become stickier. As a result, blood clots are more likely, which can cause stroke.

Get active

Strive for at least 30 to 40 minutes of moderate-to-vigorous physical activity 4 to 5 days a week. Exercise can reduce your risk of heart disease. It can raise your good cholesterol and lower your bad cholesterol.

Change your fats

Change the fats in your diet. Avoid butter and other saturated fats. Instead use liquid margarine, tub margarine, olive oil, and canola oil. But use them sparingly because all fats are high in calories. Each type of fat contains roughly 100 calories per tablespoon. Too much dietary fat of any kind can lead to weight gain.

Also limit the following:

- Full-fat dairy products
- Fatty meats
- Palm oil
- Partially hydrogenated vegetable oils
- Convenience or other prepared foods high in fat
- Eat your fruits and veggies

Eat plenty of produce. A moderately active woman should eat at least 3 cups of vegetables and 2 cups of fruits daily. Studies link diets high in fruits and vegetables with lower blood pressure and a reduced risk for heart disease.

Fiber up

Soluble fiber helps reduce LDL cholesterol. Oatmeal, whole-grain bread, and other whole-grain foods are excellent sources of this nutrient. Adults

should have 6 to 9 ounces of grains per day. Half of this amount should be whole grains.

Drink alcohol only in moderation

Women should limit alcohol to no more than 1 drink per day. That's equivalent to 12 ounces of beer, 4 to 5 ounces of wine, or 1-1/2 ounces of 80-proof spirits.

Warning signs

"Heart attacks don't usually happen like they do in the movies... where people suddenly clench their chest from crushing pain. The symptoms are usually more subtle," says Dr. Eberle.

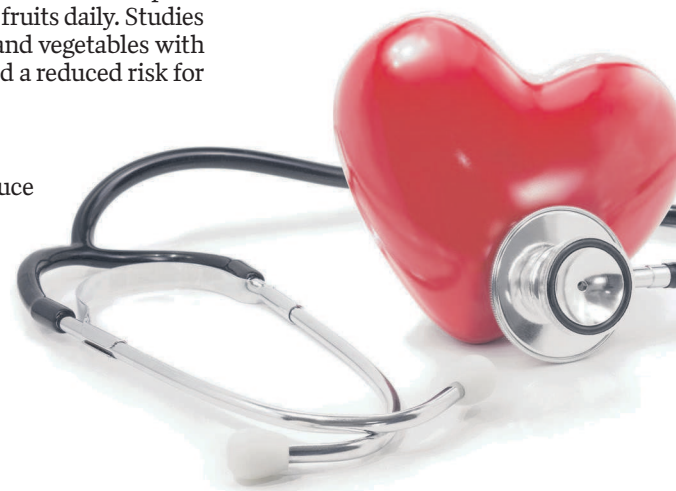
Symptoms of a heart attack (from the American Heart Association):

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest that lasts more than a few minutes, or goes away and comes back.
- Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath, with or without chest discomfort.
- Other signs such as breaking out in a cold sweat, nausea or lightheadedness.

"It's important to note that heart attack symptoms in women can be different than in men," says Dr. Eberle. "Sweating, troubles breathing, nausea and jaw pain are all symptoms of a heart attack in women, which is why many of them brush it off as another illness or stress. This could put their lives in jeopardy."

Your healthcare provider can tell if you have cardiovascular disease or its risk factors, and if so, help you with a practical treatment plan. "Even if you don't have any risk factors now," adds Dr. Eberle, "you can discuss ways to lessen your chances of developing them."

Todd Eberle, DO, is a family physician at Fremont Health Family Care, 680 East Fremont Medical Park Drive. He can be reached at 402-727-1091.



Signs of atrial fibrillation — and how to treat it

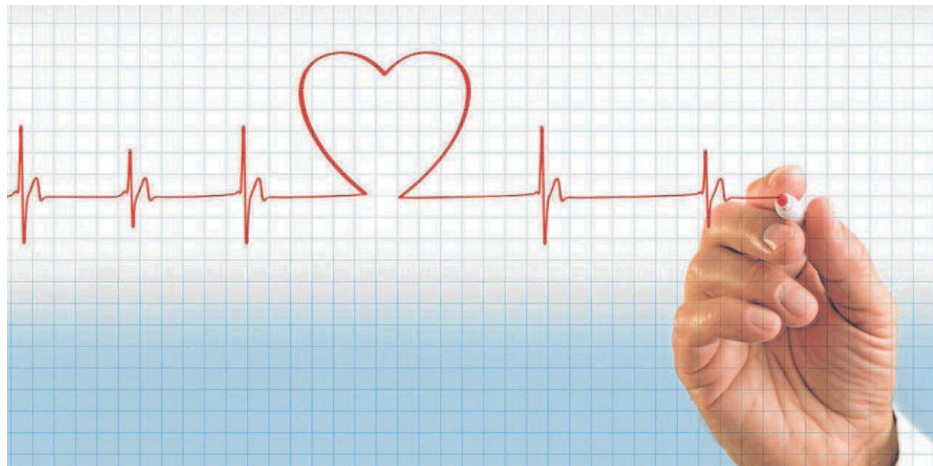
Metro Creative Services

Palpitations of the heart or uncomfortable sensations in the chest can be distressing. Thoughts of heart attack may come to mind, and that anxiety can only exacerbate the situation. While heart attack might be the first thing people think of when experiencing chest discomfort, atrial fibrillation may be to blame for such feelings.

Atrial fibrillation, also called AFib, is a quivering or irregular heartbeat that may lead to heart-related complications. The American Heart Association says that at least 2.7 million Americans are living with AFib. Although treatable, without proper diagnosis, AFib may lead to blood clots, stroke and even heart failure.

Many people with AFib experience no symptoms at all and are unaware they have it until it is discovered during a physical examination. For those who experience symptoms, The Mayo Clinic lists these as some of the more common:

■ Palpitations, which can be sensations of a flip-flopping in the chest or even a racing feeling.



- Fatigue
- Reduced ability to exercise
- Lightheadedness
- Chest pain or shortness of breath
- Dizziness and weakness

When the heart is working normally, it contracts and relaxes in a beat. When a person has AFib, the upper chambers of the heart, called the atria, beat irregularly. They quiver and do not move the blood into the ventricles in an effective manner. This irregularity can cause pooling or clotting of blood. Should a clot break off and enter the bloodstream, particularly

in an artery leading to the brain, stroke may occur.

A proper diagnosis from a physician is needed before treatment can begin. An examination may include an EKG or ECG, which will show the heart's electrical activity as line tracings on paper. The spikes and dips in the tracings are called waves. An EKG will determine if the heart is pumping correctly. AFib is more common among people with clogged arteries or diabetes and may develop following valve surgery. AFib also is more common in people with coronary heart disease. As a person ages, his or her risk for AFib increases. Stress also can be

a major factor in triggering AFib, according to StopAfib.org.

Once AFib is diagnosed, managing risk factors and restoring a heart to normal rhythm becomes the priority. Doctors use a variety of medications to control heart rate, which may include



beta blockers and calcium channel blockers. Medications to prevent stroke also may be prescribed. Surgical intervention may be necessary if medications aren't

working.

Atrial fibrillation is a serious condition that requires treatment. Episodes can be managed and treated to help people live healthier lives.

Air quality and heart health

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According to the U.S. Environmental Protection Agency, studies have shown that air pollution can trigger heart attacks and strokes. The threat posed by air pollution is greater among people who have or have had coronary artery disease, angina, heart attack, bypass surgery or an angioplasty, heart failure,

stroke or transient ischemic attack, or blockages in the arteries of the neck or legs. People who have internal cardiac defibrillators also may be at greater risk of heart attack or stroke due to air pollution. While it's common to assume that air pollution is only a problem for people who live in large cities, the American Heart Association warns against

making such assumptions, noting that air pollution can be traced to a host of sources, including wildfires and cooking with wood stoves, that can be found outside of major cities. The AHA also notes that researchers believe pollution has inflammatory effects on the heart that can cause cardiovascular problems.

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Do you know the signs of a heart attack?

Newspaper Toolbox

February is American Heart Month, an annual nation-wide observance aiming to increase awareness about heart disease and raise funds for life-saving research. Heart disease affects over 27.6 million Americans and is the leading cause of death in the United States. What's more, approximately 735,000 heart attacks and 424,000 cardiac arrests occur within the population each year. In the event of a heart attack or cardiac arrest, acting quickly can save a life.

Signs of a heart attack

Heart attack symptoms are not always severe, can occur gradually and may vary between individuals. However, the following are common warning signs:

- Chest discomfort
- Unusual sensations elsewhere in the upper body
- Shortness of breath
- Nausea

- Light-headedness
- Sweating

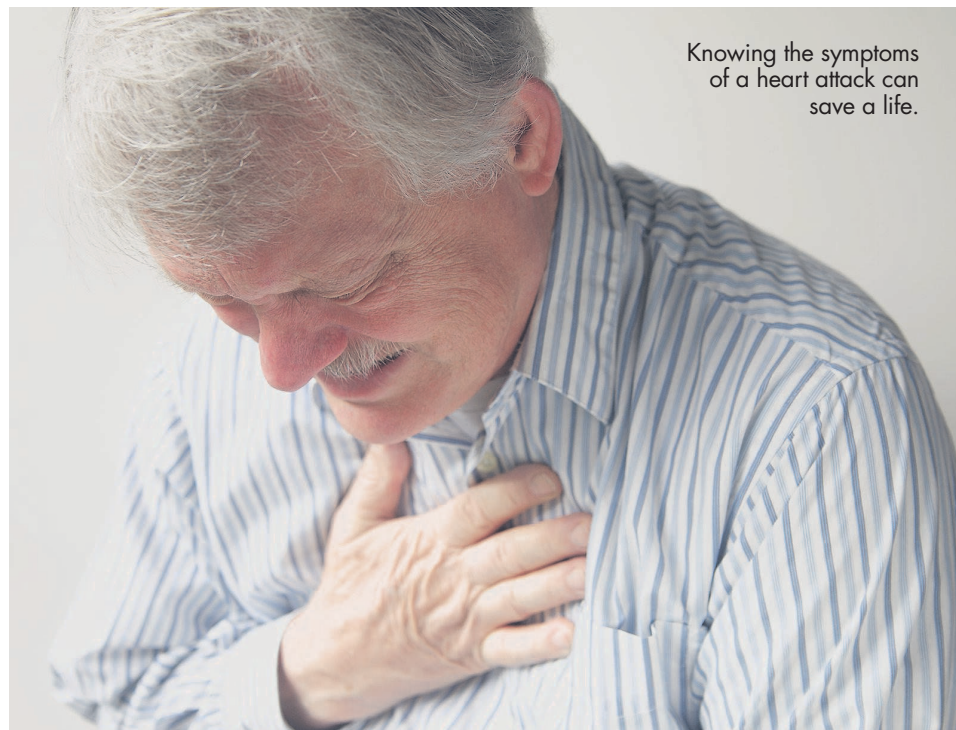
If you notice these symptoms in yourself or someone else, call 911 immediately. While you wait for emergency services to arrive, chew a tablet of adult Aspirin and sit or lie down. Those who take nitroglycerin should take their regular dosage.

Signs of cardiac arrest

Cardiac arrest can affect anyone, even someone who's young and in good health. It can occur suddenly and without warning. You can recognize a cardiac arrest by the following signs:

- Sudden collapse
- Unresponsiveness to touch or sound
- Abnormal or no breathing
- In the event of cardiac arrest, call 911 immediately. Do not hesitate to use an automated external defibrillator (AED) if one is available. Administer CPR by pressing hard and fast on the affected person's chest. Do not stop until the person moves or help arrives.

Knowing the symptoms of a heart attack can save a life.





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