

 Holland Hospital

# Healthy *Life*

Register for  
Summer Classes!  
See Class  
Schedule Inside.

*Michael A. Traver, M.D.*

Holland Hospital  
  
Michael Traver  
MD  
MEDICAL STAFF

STAY HEALTHY WITH  
**RECOMMENDED SCREENINGS** page 2

*Ask the Expert* page 4

Holland Hospital Medical Groups page 5

**Help for GERD** page 6

**FREE!**  
Please Take One.



CHECK IT OUT

*Stay Healthy with Recommended*

# SCREENINGS

Most of us are aware that we can improve our health by taking some simple measures: eat right, exercise regularly, get enough sleep and don't smoke.

But did you know that one of the best strategies for staying healthy is to get recommended health screenings? Screening tests can find diseases early, when they're easiest to treat, and alert you and your doctor to controllable health conditions like high blood pressure and high cholesterol.

Following are general screening guidelines for adults. Members of high-risk groups or those with a family history of a disease may need earlier screening. Your doctor can help you decide which tests are appropriate for you and when they may be needed.

## Tests for both

**Obesity check.** Your body mass index (BMI), a measure of body fat based on weight and height, is an easy-to-perform screening for obesity. A BMI of 18.5 to 24.9 is normal; above 30 signifies obesity. This assessment may be part of your regular checkup, or calculate your own BMI by visiting [hollandhospital.org/healthtools](http://hollandhospital.org/healthtools).

**Blood pressure test.** Have your blood pressure checked at least every two years. The test measures the pressure created by your heart as it beats (systolic) and as it relaxes between beats (diastolic). High blood pressure, also known as hypertension, occurs when blood pressure readings repeatedly rise above 140/90. Over time, uncontrolled hypertension can lead to stroke, heart disease, kidney damage and eye problems.

**Cholesterol check.** This blood test, which helps predict your risk for developing heart disease, should be performed every five years. A general goal for healthy adults is to boost your amount of HDL (good) cholesterol to 40 mg/dL or higher; lower your LDL (bad) cholesterol to less than 100; and lower triglycerides to less than 150.<sup>1</sup>

**Colorectal cancer screening.** Colorectal cancer is the second leading cause of cancer death for both men and women, due in large part to lack of screening for early detection. Experts<sup>2,3</sup> recommend that screening begin at age 50 and include a combination of the following: annual fecal blood test; sigmoidoscopy every five years; colonoscopy every 10 years. Talk to your doctor about what is right for you. Holland Hospital physicians perform colorectal exams in state-of-the-art facilities at the new Endoscopy Center. Don't postpone these life-saving tests.

**Diabetes check.** People who have risk factors for type 2 diabetes should receive either a fasting blood glucose test or a glucose tolerance test every three years after age 45.

Mark Your  
Calendar!



L'Athene cosmeceuticals cofounders

## The Secrets to Nonsurgical Anti-Aging

Wednesday, June 2, 6:30–8 p.m.  
Holland Hospital Conference Center

FREE Ageless Beauty Seminar! Learn about:

- The science of healthy, beautiful skin.
- L'Athene's pure, all-natural skin care line.
- Holland Hospital Women's Midlife Services.

Free samples, prize drawings and expert advice!  
See [hollandhospital.org/midlife](http://hollandhospital.org/midlife) for more  
information and to register.

**Depression screening.** Your emotional health is as important as your physical health. If you have felt sad, hopeless or lacking in interest for more than two weeks, you may be depressed. Holland Hospital Behavioral Health Services offers free walk-in screenings for depression, M-F 9 a.m.-6 p.m. at 854 S. Washington Ave, Suite 330. No appointment needed.

**Other tests.** Your doctor may suggest other screenings, such as tests for skin cancer, sexually transmitted diseases, and hearing or vision problems.

### For women

**Bone density test.** Testing for the bone-thinning disease osteoporosis is necessary for all women over age 65. Your doctor may recommend getting tested earlier if you're at risk. Holland Hospital's Breast and Bone Health Services offers free heel scans for patients 65 and older, and the quick and painless bone mineral density test for women *and* men. Call (616) 355-3865 to make an appointment.

**Mammogram.** The American Cancer Society recommends that all women 40 and older have annual mammograms and clinical breast exams. Other professional groups, including the American College of Physicians and US Preventive Services Task Force, recommend screenings beginning at age 50. Talk to your doctor to see what's right for you. Digital mammography, the standard in breast cancer detection, is available at Holland Hospital's Breast and Bone Health Services. Call (616) 355-3865 to make an appointment.

**Pap test and pelvic exam.** To screen for cervical cancer and to help find treatable precancerous changes, have a Pap test every one to three years beginning at age 21, or earlier for sexually active women. ■

<sup>1</sup> American Heart Association, [www.americanheart.org](http://www.americanheart.org).

<sup>2</sup> U.S. Preventive Services Task Force, [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

<sup>3</sup> American Cancer Society, [www.cancer.org](http://www.cancer.org).

## For men PROSTATE CANCER: SHOULD YOU GET TESTED?

The older a man is, the greater his risk for getting prostate cancer – one of the most common cancers and the second leading cause of cancer deaths in men. If caught early, however, survival rates are 90 percent to 100 percent.\*

Conflicting reports about the benefits of early screening have been in the news lately, but the fact remains that the PSA blood test (which tests for elevated levels of prostate-specific antigen) and DRE (digital rectal exam) can detect prostate cancer at its earliest stage when many options are available for treatment and cure. Both the American Cancer Society and the American Urological Association (AUA) recommend that you talk with your doctor about the pros and cons of screening depending on your age, health and risk factors. Men at higher risk include African Americans and those with a family history of prostate cancer.

If you decide to be tested, the AUA recommends that men of average risk get a baseline PSA and DRE at age 40.\*\* Your doctor can help you decide how often to be screened based on your test results and risk factors.

### TALK WITH YOUR DOCTOR TO SEE IF YOU WOULD BENEFIT FROM SCREENING.

If cancer is detected and confirmed with a biopsy, there are a variety of treatment options depending on the age of the patient and stage of cancer, says urologist Michael Traver, MD, of Western Michigan Urological Associates (WMUA). "Treatments are highly individualized for each patient and include surveillance (or watchful waiting) to monitor how active the disease is, radiation therapy, and surgical removal of the prostate gland, called a *prostatectomy*."

For patients undergoing surgery, Holland Hospital's da Vinci Surgical System® offers a minimally-invasive alternative to open surgery. The state-of-the-art robotic system scales the surgeon's hand movements down to micro-movements of tiny surgical instruments, requiring only small keyhole incisions.

"Benefits for the patient include less blood loss and a quicker recovery," notes Dr. Traver, who has performed more than 200 robotic prostatectomies. He is one of several WMUA physicians with advanced training and extensive experience on the da Vinci system.

About one in six men will be diagnosed with prostate cancer during his lifetime, which annually translates to more than 25,000 deaths from the disease.\* Talk with your doctor to see if you would benefit from screening.

\* Source: American Cancer Society, [www.cancer.org](http://www.cancer.org).

\*\* Source: American Urological Association, [auanet.org](http://auanet.org).



#### ABOUT THE DOCTOR

Also featured on the cover.

Michael Traver, MD

Western Michigan Urological Associates

577 Michigan Ave., Suite 201

Holland

(616) 392-1816

# ASK THE EXPERT



Several of my relatives have diabetes. Now that I'm expecting my first baby, what is gestational diabetes and how can I prevent it?



Gestational diabetes is diabetes that occurs during pregnancy. The condition occurs in about 5% of pregnancies in the United States,\* and is most often seen in women who have a family history of diabetes, are overweight, or are of African American, Hispanic, American Indian or Asian heritage.

Like other forms of diabetes, gestational diabetes impairs the way your body's insulin processes blood glucose, causing you to have high levels of sugar in your blood. Undetected and uncontrolled, it can affect the health of both mother and baby. In expectant mothers, it may cause frequent urinary tract infections, a larger baby (making a Cesarean section necessary), and increased risk of developing preeclampsia, a potentially life-threatening condition. Their babies may develop low blood sugar and other complications.

Fortunately, most of the conditions that may affect the baby are treatable and mothers usually see a return to normal blood sugar levels shortly after giving birth. However, women with gestational diabetes have a greater risk of developing type 2 diabetes later in life, and their children have a higher risk of diabetes and obesity.

## What you can do

Your best defense against gestational diabetes is a healthy diet, regular exercise and routine prenatal visits with your obstetrician. Because most women don't experience symptoms when they develop the condition, obstetricians routinely test for gestational diabetes around the 28<sup>th</sup> week of pregnancy. If your doctor determines that you have it, he or she will likely recommend frequent check-ups, regular monitoring of blood sugar levels, a healthy diet and exercise. With proper treatment, you can still enjoy a healthy pregnancy and give your baby a good start in life.

If you are concerned about gestational diabetes, talk to your obstetrician. To find a local obstetrician or primary care doctor, visit [hollandhospital.org](http://hollandhospital.org) and click on Find a Physician. ■

\* Source: National Institute of Child Health and Human Development, [www.nichd.nih.gov](http://www.nichd.nih.gov).



### ABOUT THE EXPERT

Mary Gootjes, MD  
OB-GYN Associates of Holland  
664 Michigan Ave.  
Holland  
(616) 392-5973

Holland Hospital salutes Dr. Mary Gootjes and 14 other Holland Hospital physicians who were named on the Best Doctors® in America 2009-10 list. Best Doctors, a national medical consulting service, compiles the annual list through a continuous peer-to-peer survey of the medical profession; only 5% of doctors make the list.



My husband's gambling has gotten out of control to the point that we're in danger of losing everything, including our marriage. How can I get him to stop?



Your husband is not alone. Gambling addiction has grown to alarming proportions, fueled in part by the popularity of online gambling and easy access to local gambling sites. In Michigan, studies report that 2% of residents have a gambling addiction and twice that many have struggled with it in the past. Nationwide, more than 5 million adults have this problem.\*

A problem gambler is a person who feels a compulsion to gamble even though the behavior causes serious disruptions in his or her life. As with other addictions, families are damaged by a lack of trust and respect, financial insecurity, and manipulation and lies. Here are some signs of a problem gambler:

- Preoccupation with gambling.
- Secretive or lying about his/her gambling habits, and defensive when confronted.
- Increasing bet amounts in order to achieve the desired "high."
- Trying unsuccessfully to control, cut back or stop gambling.
- "Chasing" losses with more gambling.
- Committing crimes to finance gambling.
- Jeopardizing relationships, career or education for gambling.
- Relying on others to bail him/her out to relieve a desperate financial situation caused by gambling.

If any of these statements sounds like your husband, be assured that help is available. Our Behavioral Health Services' mental-health professionals offer evidence-based treatment plans designed to suit your needs, including cognitive behavioral therapy, marital/family therapy, and medication if needed. ■



### ABOUT THE EXPERT

Mark Bombara, MA  
Licensed Psychologist and Social Worker  
Certified Addictions Counselor  
Holland Hospital Behavioral Health Services  
854 S. Washington Ave., Suite 330  
(616) 355-3926

## LINKS FOR MORE INFORMATION

[www.gamblersanonymous.org](http://www.gamblersanonymous.org)

[www.gam-anon.org](http://www.gam-anon.org), support group and information for family/friends of gamblers

\* [www.michapg.com](http://www.michapg.com), Michigan Association on Problem Gambling, (800) 270-7117

# HOLLAND HOSPITAL MEDICAL GROUPS

HOSPITAL-PHYSICIAN COLLABORATIONS INCREASE HEALTH CARE OPTIONS FOR AREA RESIDENTS

Holland Hospital's mission to improve the health of the communities we serve has led to proactive collaborations with many of the 320 physicians who make up our medical staff. Holland Hospital Medical Groups reflects close partnerships between the hospital and more than 30 primary-care and specialty physicians in 10 locations, as well as physician assistants and nurse practitioners.

Holland Hospital Medical Groups was developed to ensure that high-quality health care and the latest technology are readily accessible to Lakeshore-area residents. For more information, go to [hollandhospital.org](http://hollandhospital.org) or one of the Web sites listed below.



#### FAMILY MEDICINE

8436 Homestead Dr.,  
Suite 220, Zeeland  
**(616) 772-7314**  
Joshua Everhart, DO  
Jason Myers, DO

#### SOUTH WASHINGTON FAMILY MEDICINE

904 S. Washington Ave.,  
Suite 210, Holland  
**(616) 392-8035**  
Willam Bonzelaar, MD  
Jamie Broekhuizen, DO  
Russell Dykstra, MD  
Karen Foulds, MD  
Mark Stid, MD  
Peter Vance, MD

#### FOOT & ANKLE

Lakeshore Medical Campus  
3235 N. Wellness Dr.,  
Bldg. A, Suite 120B, Holland  
**(616) 399-1369**  
Ritu Mathur, DPM

#### HOME HEALTH

Appointments arranged  
through Home Health Services.  
G. Daniel McNeil, MD

#### HOSPITALIST CARE

Adult inpatient care at  
Holland Hospital,  
602 Michigan Ave.  
David Bozaan, MD  
Neeta Hillman, MD  
Bart D. Sak, MA, MD  
*Coming in summer 2010:*  
Andrew Jameson, MD

#### INTERNAL MEDICINE

Lakeshore Medical Campus  
3235 N. Wellness Dr., Suite 120B  
**(616) 399-9522**  
Timothy J. Conlon, DO  
Sanjeev Mathur, MD  
Tyler Murphy, MD, MS  
Shannon Walko, DO  
David Young, MD  
*Coming in fall 2010:*  
Christopher Howell, MD

#### NEUROLOGY

Michigan Medical Center  
577 Michigan Ave., Suite 104  
**(616) 396-7366**  
Paul Ariagno, MD  
Steven VanDoornik, MD

#### PEDIATRICS & INTERNAL MEDICINE/PEDIATRICS

Lakeshore Medical Campus  
3235 N. Wellness Dr., Suite 120A  
**(616) 399-0902**  
Daniel Golin, MD  
Karen Locke, MD  
Masuma MacField, MD  
Timothy Rutkoski, MD



Lakeshore Medical Campus  
3299 N. Wellness Dr., Bldg. C,  
Suite 240, Holland  
**(616) 738-4420**  
[hollandboneandjoint.com](http://hollandboneandjoint.com)  
Adam Cote, DO  
*Coming in fall 2010:*  
Derick Johnson, DO  
Carl Wierks, MD



Michigan Medical Center  
577 Michigan Ave., Suite 101,  
Holland  
**(616) 393-2190**  
[entlakeside.com](http://entlakeside.com)  
Joseph Vandermeer, MD  
Peter Vandermeer, MD, FACS



Michigan Medical Center  
577 Michigan Ave.,  
Suite 201, Holland  
**(616) 392-1816**  
[westernmichiganurology.com](http://westernmichiganurology.com)  
Robert Bates, MD, FACS  
John Ludlow, MD  
Michael Traver, MD  
Bradley Willoughby, MD, FACS



844 S. Washington Ave., Bldg. 3,  
Suite 2700, Holland  
**(616) 355-3866**  
[hollandhospital.org/midlif](http://hollandhospital.org/midlif)  
Barb DePree, MD



## LHP-FAMILY MEDICINE TO MOVE IN FALL

Patients in southeastern Ottawa and northeastern Allegan counties now have convenient access to LHP-Family Medicine physicians in Zeeland. Drs. Joshua Everhart and Jason Myers currently see patients at the Trillium Office Center, 8436 Homestead Dr. in Zeeland. This fall, they will move across the street to their permanent home at the corner of Bus. 196 and 84<sup>th</sup> Avenue (now under construction, above). An open house will be announced later this year. There's no need to wait, however – call now for an appointment: **772-7314**.

## SOUTH WASHINGTON FAMILY MEDICINE JOINS LHP

LHP-South Washington Family Medicine recently became the newest member of the Lakeshore Health Partners medical group. Although its name has changed, everything else at the southside Holland office remains the same, including its location, billing practices and excellent patient care.



LHP-South Washington welcomes family physician Jamie Broekhuizen, DO. Call **392-8035** to schedule an appointment.

# Help for GERD

ACID REFLUX IS COMMON, BUT SHOULDN'T BE IGNORED

Most people suffer from heartburn now and then. The uncomfortable burning sensation behind the breastbone or in the throat might result from overindulging at a meal, or eating spicy foods at night. Most times it can be alleviated with antacids, but for some, heartburn may be a sign of a serious underlying condition.

Chronic heartburn is the No. 1 symptom of gastroesophageal reflux disease, commonly known as GERD or acid reflux. More than 60 million Americans experience acid reflux at least once a month and it seems to be on the rise, mainly due to higher obesity rates, inactivity and Americans' love affair with high-fat foods.\* Dr. Stephen VanWynen, medical director of surgical services at Holland Hospital, explains why GERD should not be taken lightly, and the treatments available to relieve symptoms – or prevent them in the first place.

## What is GERD?

GERD is a common disease in which stomach acids reflux, or flow back, from the stomach into the esophagus. This occurs when the lower esophageal sphincter, a muscle which acts as a one-way valve to let food enter the stomach, has become weakened or relaxed, allowing stomach juices to splash back up.

Although symptoms are common and rarely serious, acid reflux shouldn't be ignored. In some cases, persistent exposure of the delicate tissue of the esophagus to stomach acids can cause inflammation and eventual scarring, leading to difficulty swallowing. A small percentage of GERD patients develop an esophageal ulcer or a potentially serious condition called Barrett's esophagus that can develop into cancer.

## How can I find out if I have GERD?

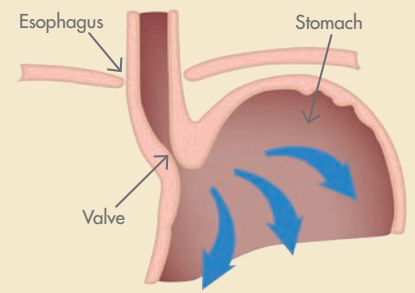
In addition to heartburn, symptoms of GERD include regurgitation (or the feeling of acid backing up into the throat or mouth), hoarseness, difficulty

swallowing and stomach discomfort. For occasional symptoms, many people find relief from over-the-counter antacids and modifications in lifestyle such as losing weight; sleeping with the head elevated; and avoiding caffeine, alcohol, and spicy or fatty foods. You should consult a doctor if those treatments don't provide lasting relief or if you have heartburn on two or more days a week.

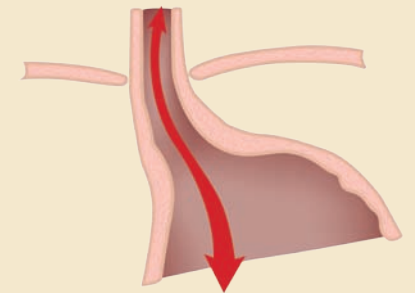
Doctors sometimes diagnose GERD based on symptoms, or by performing an endoscopy to visually examine the esophagus for inflammation or ulcers. However, the most accurate way to determine if you have acid reflux is to test the pH levels in your esophagus. For this, Holland Hospital physicians employ two techniques that measure pH levels as you go about your daily activities:

- Bravo pH monitoring system – a wireless capsule the size of a pill is attached to the esophageal wall to record acid reflux occurrences over a 48-hour period.
- Impedance pH study – a soft wire probe inserted through the nose collects data on reflux over a 24-hour period. Because it also measures non-acid content, the probe can detect reflux occurrences even while a patient is on GERD medication. Holland Hospital was the first hospital in West Michigan to use this state-of-the-art diagnostic tool in 2008.

If one of these tests confirms that a patient has GERD, treatment options include medication and surgery. About nine out of 10 GERD patients are very satisfied with medicines like proton pump inhibitors, which control symptoms by minimizing



**Normal anatomy:** The one-way valve (or sphincter) at the lower end of the esophagus lets food pass through but prevents stomach acids from splashing back up.



**Cause of GERD:** The valve remains open, allowing stomach acids to flow back into the esophagus.

acid.\*\* However, if medication is not effective or increased dosages are needed for continued relief, or if patients wish to avoid the cost and inconvenience of long-term dependency on medication, surgery to anatomically correct the problem may be preferred.

## What surgical options are available?

The aim of surgery is to eliminate acid reflux by tightening the sphincter muscle between the esophagus and the stomach. For 15 years, the gold standard has been *laparoscopic Nissen fundoplication*, in which the top of the stomach is wrapped around the bottom of the esophagus to reinforce the existing valve. This minimally invasive procedure has a long track record of success, with over 90 percent of patients free of acid reflux after one year and only a few reports of recurrence years later.

Now, a new incisionless surgery option is also available at Holland Hospital. In the EsophyX TIF procedure, the esophageal valve is reconstructed using a device that is inserted into the stomach through the patient's mouth. Benefits include a shorter recovery time (one week, although many patients feel well enough to return to work the next day) and the elimination of side effects such as bloating experienced by a small number of laparoscopic-surgery patients.



# HOLLAND SCORES HIGH FOR HEALTH AND HAPPINESS

Holland ranks second in the nation in regard to the health and happiness of its residents. That is the optimistic conclusion of the Gallup-Healthways Well-Being Index (WBI), a national survey that rates the well-being of U.S. cities based on interviews of residents. In the final report released in February, Holland scored 71 (out of a possible 100), topped only by Boulder, Colo., (72.5) and followed closely by Honolulu (70.8). The national average is 65.9.\*

Results are based on more than 354,000 telephone surveys made throughout 2009. Residents were asked to score their city in six categories: life evaluation, emotional health, work environment, physical health, healthy behaviors and access to basic necessities. Out of 162 cities listed, the Holland area (including Grand Haven) ranked No. 1 in physical health and basic access (to food, shelter and health care, for example), and third in emotional health.

The community's high scores are reflected in the workplace culture created by employees at Holland Hospital. Staff and caregivers come to work in a positive and progressive environment that was recently named one of "West Michigan's 101 Best & Brightest Companies to Work For" for the eighth consecutive year, and has been counted nationally among Modern Healthcare's "100 Best Places to Work in Healthcare." This translates into excellent care for our patients, as evidenced by benchmark patient-satisfaction scores and our designation as a Magnet hospital, signifying the highest level of patient care.

The WBI report revealed that there's room for improvement in terms of healthy behaviors, for which Holland-Grand Haven ranked 50. That's where Holland Hospital's Center for Good Health can help. The center offers hundreds of classes in everything from diet and nutrition to exercise and smoking cessation. Go to [hollandhospital.org/cfgh](http://hollandhospital.org/cfgh) for a list of classes, events and support groups. ■

\* See the complete report at [www.well-beingindex.com](http://www.well-beingindex.com).

TIF, short for *transoral incisionless fundoplication*, has been performed thousands of times worldwide and has a high satisfaction rating; however, it is not for everyone. Those with a significant hiatal hernia – not uncommon in GERD patients – and certain other conditions are not candidates.

Both procedures take about one hour under general anesthesia and usually require a one-night hospital stay.

## Don't ignore acid reflux

Whether through lifestyle changes, medication or surgery, it is essential for people with acid reflux to become symptom-free. If you have persistent symptoms, please take them seriously and talk to your doctor. ■

\* Source: [www.webmd.com/heartburn-gerd](http://www.webmd.com/heartburn-gerd).

\*\* Source: Medical therapy of GERD, 2007, Current Opinion in Gastroenterology.



### ABOUT THE DOCTOR

Stephen VanWylen, MD  
Lakeshore Surgical Associates  
577 Michigan Ave., Suite 202  
Holland  
(616) 394-0673



Holland Hospital nurses celebrate our Magnet designation at the Tulip Time Festival.

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Marketing and Communications, (616) 394-3366

Martha Slager, director

Nancy Willey, editor and writer, [nwilley@hollandhospital.org](mailto:nwilley@hollandhospital.org)

Mary Taber, photographer

[hollandhospital.org](http://hollandhospital.org)

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602 Michigan Ave.  
Holland, MI 49423

MAY IS AMERICAN STROKE MONTH

# T.I.A.s: UNDERSTANDING MINISTROKES

If a stroke can be described as a “brain attack,” then a transient ischemic attack (TIA) may be considered a brain skirmish – brief, but still significant. Both require immediate medical attention.

TIAs are minor strokes that occur suddenly, usually last only a few minutes and cause no lasting damage. That doesn’t mean they are harmless. According to the American Heart Association, TIAs are often warning signs: one-third of those who suffer TIAs eventually have a full-scale stroke.

## ACT F.A.S.T.

The National Stroke Foundation offers these guidelines for assessing symptoms of a stroke:

**Facial weakness.** Ask the person to smile.

Does one side of the face droop?

**Arm weakness.** Ask the person to raise both arms. Does one arm drift downward?

**Speech problems.** Ask the person to repeat a simple sentence. Are the words slurred? Is he or she unable to repeat the sentence correctly?

**Time.** If the person shows any of these symptoms, time is critical. Call 911 immediately.

## What are the symptoms?

TIAs typically occur when blood flow to the brain is briefly interrupted, usually from a blood clot. Symptoms are similar to those of stroke but are temporary, usually lasting less than 10 minutes but sometimes persisting for up to 24 hours.\* They include:

- Numbness or weakness of the face, arm or leg.
- Loss or distortion of vision in one or both eyes.
- Confusion or trouble speaking or understanding.
- Dizziness and loss of balance or coordination.
- Sudden, severe headache.

A prompt medical evaluation is necessary to determine whether it is a stroke or a TIA. If it is a TIA, your health care provider may recommend lifestyle changes, medication or even surgery to help lower the risk of stroke in the future.

Neurologist Paul Ariagno, MD, cautions that although symptoms of a TIA are the same as those of a stroke, don’t wait to see if they go away on their own. “Call 911 immediately,” he says. “If it is a stroke, any delay in treatment increases the likelihood that the person will suffer permanent disability. Every minute counts.” ■

\* Source: National Institute of Neurological Disorders and Stroke, [www.ninds.nih.gov](http://www.ninds.nih.gov).



## HOLLAND HOSPITAL A STROKE CHAMPION

For patients suffering the most common type of stroke, quick use of the clot-busting drug tPA is the best way to prevent long-term disability. In 2009, Holland Hospital was recognized as a “stroke champion” for outstanding achievement in emergency stroke care based on our fast tPA treatment time and high treatment rate.



### ABOUT THE DOCTOR

Paul Ariagno, MD  
Neurology/Internal Medicine  
Lakeshore Health Partners-Neurology  
577 Michigan Ave., Suite 104  
Holland  
(616) 396-7366