All your eye care needs are close to home

Prenatal vitamins: who needs them

New providers
Meet the diabetes team

Shanon Heimer
Registered nurse, certified diabetes educator

Denise Arnold
Registered dietitian, certified diabetes educator

Comprehensive diabetes care can mean a lifetime of better health

Consider it one-stop shopping for diabetes patients: a registered dietitian and certified diabetes educator rolled into one health care provider. That’s one way to think of her, Denise Arnold agrees.

A registered dietitian for eight years at Mayo Clinic Health System in Albert Lea, Arnold received her diabetes educator certification in May and now sees patients in Austin as well.

“The amount of people with diabetes is increasing and there was a need to fill,” says Arnold when asked why she decided to become a diabetes educator. “I’m able to see diabetes patients for both diabetes education and nutritional therapy. It helps meet the needs of the whole patient.”

Arnold works closely with the diabetes education team at both locations to provide services in both the clinic and hospital settings. “Our mission is to help individuals receive the knowledge, skills, attitude and behaviors needed for both self-management of diabetes and improved quality of life,” she says.

Diabetes management
Effective diabetes management can help avoid many problems associated with the disease. Below, Arnold answers questions about the role diet plays in diabetes management and discusses Mayo Clinic Health System’s approach to helping patients manage the disease.

Q: I have diabetes. Do I need to stop eating carbohydrates?
A: Absolutely not. Carbohydrates are fuel for your body just as gas fuels your car. You need enough carbs in your “tank” for your body to function, but too many can overload your tank and cause high blood sugar.

It’s important to remember that some carbs are better for our bodies than others. For example, the carbs contained in fruit, milk and whole grains are more beneficial than those in candy, sweets and fast foods. Choosing healthy carbs is important for anyone — with or without diabetes. So is limiting fat and cholesterol and controlling the number of calories you consume.

Q: I was just diagnosed with diabetes. Who should I see for care?
A: First, you should see your primary care provider, a dietitian and a certified diabetes educator to learn about the disease and how to manage it. Then, you’ll become part of your own “diabetes team.” The team will center on you and include your primary provider, a certified diabetes educator who specializes in diabetes management, a dietitian and other appropriate providers.

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Your eyes are one of the most important parts of your body. It’s crucial to keep them healthy. Specialists at Mayo Clinic Health System’s Eye Center in Austin can help you keep your eyes as healthy as possible by evaluating and treating many disorders. They have a commitment to the preservation of vision and prevention of blindness through patient care and education to patients of all ages.

Comprehensive eye care
The Eye Center offers complete eye care services to correct eye problems and provide follow-up care. A full-service optical shop features the newest eyewear and lens materials for glasses, and offers custom fittings and consultations to determine the right type of contact lens.

Steven Engman, M.D., ophthalmologist, and Monica Loppnow, O.D., optometrist, provide comprehensive eye services. They have specialized training in many areas such as cataracts, macular degeneration and glaucoma, and offer surgery options including cataract extraction and eyelid cosmetic surgery. See list of services (right).

Teamwork is essential to the practice of medicine at Mayo Clinic Health System in Austin, so Eye Center staff members work closely together to understand and address each patient’s needs. Some eye problems are related to other medical conditions, such as diabetes and autoimmune or thyroid disease. In such cases, Eye Center staff work with providers in other specialties to provide comprehensive care.

Latest technology
The Eye Center uses the latest testing and diagnostic equipment to examine your eyes and diagnose eye problems. The providers have specialized training and experience to manage patients with complicated eye conditions, such as intravitreal injections to treat wet macular degeneration, as well as specialty implants.

“We can provide many services right now that we couldn’t before, including advances in cataract surgery and treatment of wet macular degeneration,” says Dr. Engman. “With the latest technology in surgical equipment, we are able to offer the safest and most advanced options for cataract surgery intraocular lens implantation. Treatment of wet macular degeneration often requires frequent office visits. We are now able to offer these treatments right here in Austin. Our patients enjoy not having to travel out of town for procedures we now offer locally.”

Why choose Mayo Clinic Health System for eye care?

Eye Center services
- Primary eye care, including complete eye examinations for infants, children, adolescents and adults
- Diagnosis and treatment of diabetic conditions and glaucoma
- Cataract surgery including intraocular lens specialty implants
- Glaucoma surgery
- Macular degeneration treatment
- Evaluation, treatment and surgical procedures for retinal conditions
- Therapeutic treatment for eye infections and foreign body removal
- Laser surgery for diabetes, glaucoma and retina problems
- Brow and eyelid cosmetic surgery
- Contact lens fitting and services for all ages with follow-up contact lens care at no charge up to 90 days from exam date

Optical services
- Designer frames
- No-line bifocals
- Thin lenses
- Sunglasses
- Tints and coatings
- Repairs
- Free adjustments

Check with your insurance company to see what eye care services are covered under your insurance plan.

www.mayoclinichealthsystem.org
Because wellness is a priority, Mayo Clinic Health System in Austin is expanding.

The expansion means:
- 85,600 square feet of additional clinic space
- 32,400 square feet of major remodeling in the clinic
- 6,600 square feet of minor remodeling in the clinic
- 63 added full-time allied health staff positions
- 9 added full-time providers

Your contribution to the Building a Healthier Community campaign will help make the expansion a reality. The project is estimated to cost $28 million in total, and $2.5 million of that is the campaign goal.

Craig Johnson, executive director of Mayo Clinic Health System’s Austin Foundation, says public support is very important for this project. “We are making good progress toward our goal because of the generosity of our physicians and staff, support from local foundations and businesses, and from many of our friends and neighbors who have chosen to contribute to this essential community project,” says Johnson.

Would you consider making a gift for this worthwhile endeavor? Gifts in any amount can be made as a single gift or payable in installments over time.

For more information about the new building expansion project and to contribute to the Building a Healthier Community campaign, call the Austin Foundation office at 507-434-1441. To make a donation online go to www.mayoclinichealthsystem.org and click on Minnesota, Austin and Foundation & Giving. All dollars contributed stay local.
Over 50? Just do it!

Why people avoid colonoscopy and why you should ignore the excuses

Colon cancer is the second leading cause of cancer death in the United States. Testing for colon cancer and removing colon polyps — small, protruding clumps of cells on the inside wall of the colon — can prevent the development of colon cancer. Most screening tests for disease do not prevent cancer but, rather, can detect the disease. During colonoscopy — the gold standard in colorectal cancer screening — a physician can detect and remove polyps before they become cancerous.

Despite this medical capability, many adults age 50 (the age generally recommended to begin colorectal cancer screening) and older avoid having a colonoscopy.

Myths and truths

**Don’t need a colonoscopy**
If you’re 50 or older, you need it. If you have a personal or family history of colorectal disease, you may need screening even earlier. No single screening schedule applies to everyone. Factors to be considered include your age, sex, personal health history and family history. However, if you have no family or personal history of colon cancer or symptoms, it’s generally recommended you begin colorectal cancer screening at age 50.

**Don’t have time**
Most people need this screening only every 10 years. Preparation takes approximately one day and the actual screening lasts only about a half hour. Two days every 10 years is a minimal investment to help prevent cancer.

To prepare your colon 24 hours before the procedure, you’ll likely be asked to avoid the following during the 24 hours before the exam: avoid eating solid foods; drink nonalcoholic liquids such as black coffee, tea, water, or clear broth and juices; and drink a laxative preparation, which requires that you stay near a restroom. A colonoscopy procedure takes approximately 20 minutes to an hour. After the exam, about an hour is necessary to partially recover from the sedative. Someone will need to take you home, because it is not safe to drive after the procedure. The effects of the sedative can take as long as a day to wear off. You will need to rest and not drive for the remainder of the day.

**Fear of bad news**
Colon cancer is most treatable when detected early. The sooner a potential problem is identified, the better.

**Afraid of pain or embarrassment**
It’s not as bad as you might imagine. Mild, temporary discomfort is preferable to later needing colon surgery.

Medical staff members involved in colonoscopies are professionals who protect patients’ privacy and dignity. Parts of your body that do not need to be uncovered during the procedure remain covered. If fear is the reason you are delaying a colonoscopy, talk to your provider, who can help allay your concerns or prescribe a small dose of anti-anxiety medication to take immediately before the procedure.

Schedule your colonoscopy today

If you are over 50 and have not had a colonoscopy yet, call your regular health care provider to schedule a visit, or call the appointment desk today at 507-433-8758.

If you would like help remembering recommended screenings, such as a colonoscopy, sign up for e-minders (e-mail reminders) by going to www.mayoclinichealthsystem.org and click on Minnesota, then Austin, then Online Services.
Though a twister destroyed Ron Woodside’s home and took away the irreplaceable — his wife of 18 years, Kathy — it couldn’t crush his spirit.

The day that the violent EF4 tornado dropped from the sky on Woodside’s rural Minnesota acreage — June 17, 2010 — would set a new state record for the number of tornadoes recorded in a single day, at 48. Woodside (77) recalls seeing an approaching cloud and hearing the rain begin. Soon, the walls of his home were quivering. Suddenly, his home blew apart and he and Kathy were at the mercy of the twister, with wind speeds of 175 miles per hour.

“I remember bouncing along, like a giant was hammering me into the ground,” says Woodside.

Paramedics brought Woodside to the Emergency Department at Mayo Clinic Health System in Albert Lea, where doctors found he had 27 broken bones, including all 11 ribs on his left side, most of them in more than one place. A punctured lung, dislocated elbow and torn ligaments completed the picture: Woodside was in rough shape.

The emergency team focused on stabilizing Woodside’s breathing, managing pain and replenishing lost blood, but they knew he needed to get to Mayo Clinic. The fastest route — flying on a Mayo One helicopter — was unavailable because of continued unstable weather. The Albert Lea team prepped Woodside for the 60-mile drive via Gold Cross ambulance, but during the drive his condition continued to deteriorate.

At Mayo Clinic, trauma surgeons focused on his chest wall injuries first. A surgical team led by Brian Kim, M.D., trauma, critical care and general surgery, stabilized many of Woodside’s broken ribs with titanium plates and screws. The specialized surgery has been offered at Mayo Clinic for about two years.

“Without rib stabilization surgery, it’s difficult for ribs with multiple breaks to fuse back together in proper alignment,” says Dr. Kim. “The result would likely be a collapsed chest, chronic pain and lifelong breathing difficulties.”

After the surgery, Mayo Clinic’s team approach addressed all of his other injuries. Michael Torchia, M.D., the orthopedic surgeon who repaired Woodside’s torn ankle ligaments, says, “We had the specialists to cover all the bases for his care.”

Five weeks after the tornado, Woodside was discharged to a care center in Albert Lea to continue recovery. And slowly, he has begun to piece his life back together. He’s living in a new home on his farmstead, and enjoys attending his grandson’s high school football and basketball games.

“My story is unusual,” says Woodside. “Normally a person wouldn’t live after being out in a tornado.” He says it might not be so had he lived farther away from Mayo Clinic. He sums it up by saying, simply, “I’m grateful.”

A version of this story was published in Mayo Clinic’s 2010 Annual Report and is used here with permission.

Ron Woodside was out in a twister and lived to tell the tale, after life-saving Mayo Clinic care in Albert Lea and Rochester.
‘Create Your Mayo Clinic Health Experience’ now open at Mall of America

If you’ve visited Mall of America lately, you may have noticed a familiar name among the usual shops: Mayo Clinic.

As part of its plans to open a permanent space in the Mall of America’s Phase II expansion project, Mayo Clinic opened ‘Create Your Mayo Clinic Health Experience’ on the first level near the East Market Rotunda in July. The temporary space is designed to gather input about what the public would like Mayo Clinic to offer in conjunction with its permanent presence at the mall.

“We know that health care in the future will not be limited to hospitals and doctor’s offices,” says David Hayes, M.D., a cardiologist at Mayo Clinic who is leading the Mall of America project. “Mall of America provides an opportunity for Mayo Clinic to help transform health care delivery by enhancing convenience and enabling more people to access Mayo Clinic health resources on a day-to-day basis.”

Mayo Clinic coming to an e-reader near you

Where do you go for general health and wellness advice?

If you’re like millions of others across the world, you log on to MayoClinic.com for trusted health information from Mayo Clinic experts. If you want a reference piece for your library, you go to the bookstore to buy some of the most popular Mayo Clinic books.

But now, there’s a new option for your home library. You can now purchase a select number of Mayo Clinic books electronically. In most cases, the books are downloaded to your e-reader, tablet computer or smartphone in about a minute.

The first Mayo Clinic e-book, Mayo Clinic Guide to a Healthy Pregnancy, was released in May. The #1 New York Times best seller, The Mayo Clinic Diet, and The Mayo Clinic Diabetes Diet were published in e-book form this fall. Mayo Clinic is collaborating with RosettaBooks, a pioneer in digital publishing, to release the books.

“Mayo Clinic has long been a valued resource for America’s families,” says Sidna Tulledge-Scheitel, M.D., medical director, Mayo Clinic Global Products and Services. “We are excited to make our rich repository of books available to consumers in e-book form.”

By the end of this year, RosettaBooks will also make available several books in Mayo Clinic’s line of self-published titles, which were previously sold only through Mayo Clinic. Mayo Clinic e-books are available for purchase at all major e-book retailers.

You can now purchase electronic versions of select Mayo Clinic books.
Managing Type 1 diabetes can feel like a full-time job. Testing blood sugar multiple times a day and sometimes throughout the night, as well as having to constantly balance food intake, exercise and insulin, is difficult even for those who have had the disease for years.

In people with Type 1 diabetes, the pancreas does not produce the hormone insulin, which regulates blood sugar. The only treatment is to inject insulin into the bloodstream to keep blood sugar levels stable.

“There is a tremendous variability in blood sugar levels day to day in a person with Type I diabetes,” says Ananda Basu, M.B.B.S., M.D., a Mayo Clinic endocrinologist. “This is why Type I diabetes is notoriously difficult to manage.”

But now, a new Mayo-developed device is being tested in clinical trials that may help make managing Type I diabetes a whole lot easier.

A team of researchers at Mayo Clinic has created an “artificial pancreas” device. An abdominal patch continuously measures blood sugar and a pager-sized pump then delivers insulin beneath the skin as needed. While insulin pumps have been around for years, the sophisticated software algorithm that links the patch and the pump is a major innovation.

“It’s all automated,” says Dr. Basu, who also is one of the researchers behind the device. “The constant patient decision-making is minimized.”

Dr. Basu emphasizes that collaboration made this project a reality. In addition to the Italian mathematicians who developed the software algorithm, another key was Mayo researcher James Levine, M.D., Ph.D., and his work measuring physical activity.

“Insulin dosing must be adjusted based on the amount of physical activity a patient does,” explains Dr. Levine, a Mayo Clinic endocrinologist who leads a research team whose work gauges people’s total daily activity, including every fidget and sedentary shift. The artificial pancreas device incorporates Dr. Levine’s measurements of physical activity and the patient’s metabolic response into its calculations.

The artificial pancreas is part of Mayo Clinic’s decade-long research effort to end diabetes, an endeavor in partnership with the University of Minnesota. The collaborative research infrastructure at Mayo Clinic makes it possible to pursue that effort on a number of fronts. Yogish Kudva, M.B.B.S., who co-leads the artificial pancreas project with Dr. Basu, also is involved in Mayo’s efforts to use adult stem cells to regenerate insulin-producing cells in people with Type 1 diabetes.

Dr. Kudva is optimistic about the artificial pancreas device. “This would be a seismic change in diabetes treatment,” he says. “It is part of the quest for people with diabetes to lead a normal life.”

*Portions of this story were used with permission from Discovery’s Edge, Mayo Clinic’s research publication.
Though not often discussed in social circles, constipation affects nearly 30 million Americans and costs more than $1 billion annually to evaluate and treat. Many who are suffering in silence are focused on one outcome: relief.

Recently, Mayo Clinic researchers have had success in clinical trials treating constipation with a new medication. The drug, currently called A3309, enhances the natural digestive processes by using the body’s own bile acids to stimulate bowel movements.

Bile acids, which help the body break down and absorb fats in food, are created in the liver and released into the digestive system. These acids also serve as natural laxatives by softening the stool and moving it through the colon more quickly. Normally, bile acids are reabsorbed into the bloodstream before they enter the colon. The new drug prevents bile acid from being absorbed, so it can enter the colon and continue its laxative effect.

Researchers have completed Phase II clinical trials and will now move into Phase III studies that involve more people and longer treatment durations. If the drug proves its value and safety in clinical trials, it will be available as a prescription.

Anyone interested in participating in the next phase of clinical trials for A3309 can contact Mayo Clinic at 800-664-4542 (toll-free) or clinicaltrials@mayo.edu for more information, requirements and timeline.

### Now tweeting: Mayo Clinic Health System

Mayo Clinic Health System is always looking for ways to connect with patients. Recently, the health system launched its social media presence, including its own Facebook page, Twitter account and YouTube channel.

“Mayo Clinic Health System is using social media to connect with patients, families, employees and its communities,” says Jeremy Jensen, technology account coordinator at Mayo Clinic Health System in Eau Claire. “Through these platforms, we can promote health system news stories, events, seminars, advertisements and videos, as well as use them as tools to solicit feedback from our ‘fans’ and patients.”

Social media is a new way for the health system to provide health information and resources to you — and a way for you to be connected to Mayo Clinic Health System’s expert advice on a daily basis.

Mayo Clinic also uses social media in a similar way, but having a separate online presence allows Mayo Clinic Health System to highlight its unique offerings, events and issues important to health system patients. Many fans and followers of Mayo Clinic also follow the health system.

In its first month, Mayo Clinic Health System’s Facebook page had over 500 fans, with more adding themselves regularly. “It’s been a great place to share our news, recognize award-winning providers and link to the latest health information from our experts,” says Jensen. “We’ll continue looking for ways to use these social media tools to provide real service to our patients, wherever they are.”
Working toward a healthier you

You’ve been hearing a lot lately about the benefits of being part of the Mayo Clinic family. For example: having access to Mayo Clinic specialists, often without having to leave your own community.

Now more than ever, Mayo Clinic is working toward finding new ways to prevent and better manage common conditions like obesity, diabetes and heart disease. As community health care providers we all share a commitment to improving the health of our friends and neighbors by evaluating new ideas for improving primary care.

Imagine the difference an improved primary care system could make to a patient with heart disease.

Take a 60-year-old man experiencing chest pains. He calls 911 and within minutes is transported to the hospital by a team of paramedics. Testing reveals a heart attack in process and they arrive at the doors of the emergency department where a team from the cardiac catheterization lab whisks the patient away for further testing. An angiogram reveals two narrowed arteries, which the team opens with angioplasty and stents. The patient spends five days in the hospital and several weeks recovering. He also participates in a cardiac rehabilitation program. He receives excellent, evidence-based care, and is grateful to be alive.

Now envision what might have happened if the man had received the best in community-based primary care. Decades earlier, when his cholesterol and blood pressure began creeping up, his primary care provider talked with him about options for lowering it. The man chose to make some dietary changes and begin an exercise program. These lifestyle changes kept his cholesterol and blood pressure in check for many years. But eventually they crept up again, and his primary care provider prescribed medication to help lower them. The man takes the medications faithfully, and continues to eat well and exercise. And he never has a heart attack.

That may make prevention sound straightforward, but it’s not. It requires a willingness to give up unhealthy habits and adopt healthy ones. It requires a commitment from both patients and providers to work together, taking care of small problems before they become big ones. The challenge may be a great one, but I believe it’s one we can meet. Your Mayo Clinic Health System provider is committed to providing you the best care possible for life. Let us work with you to improve your health and well-being.

“As community health care providers we all share a commitment to improving the health of our friends and neighbors by evaluating new ideas for improving primary care.”

Robert E. Nesse, M.D., CEO
Mayo Clinic Health System
Keith Olson, D.O., was one of 80 Mayo Clinic and Mayo Clinic Health System staff members who traveled to Haiti as part of a volunteer mission to help recovery efforts following the country’s devastating earthquake. Photos (clockwise from top left): Dr. Olson, center, with Mayo Clinic nurses Maren Johnson and Lindsay Young; typical earthquake rubble in Port au Prince; a tent city for displaced Haitians; a cholera ward; members of the second team of Mayo Clinic and Mayo Clinic Health System staff who traveled to Haiti; and Dr. Olson outside of a field hospital.

Mayo Clinic Health System staff respond to Haiti disaster

The earthquake that shook Haiti in January 2010 inspired many people to open their checkbooks and donate to relief efforts. But for some Mayo Clinic Health System staff members, writing a check wasn’t enough.

“There was just something in my heart drawing me there,” says Keith Olson, D.O., an emergency medicine physician in Owatonna, Minn. “I had always wanted to do something to give back. This seemed like a good way to ‘pay it forward.’”

Dr. Olson was one of 80 Mayo Clinic employees — nine of them from Mayo Clinic Health System — who recently traveled to Haiti as part of a medical mission sponsored by Mayo Clinic. More than 300 employees applied for the volunteer positions. Those selected donated their time, using paid time off or leave without pay. Mayo covered travel expenses, food and lodging; sent supplies and equipment; and donated $500,000 to Haiti relief agencies.

Volunteers were divided into eight teams that traveled to Port au Prince between February and June. The teams provided emergency care at St. Damien’s Hospital, and also worked at a rehydration center for Haitians sickened by a cholera epidemic that followed the earthquake.

In Haiti, the teams found they’d traveled not only across the miles but also back in time, caring for patients without many of the medications and diagnostic tools that are standard in the United States today. They also confronted a difficult reality.

“You learn early on that you can’t fix everything or save everyone,” says Mary Fargen, a physician assistant in Adams, Minn., who was on her 13th mission to Haiti. “So you do what you can and try to build something that will last after you leave.” Fargen received the 2011 Humanitarian of the Year Award from the American Academy of Physician Assistants for her work in the country.

In addition to direct patient care, the groups provided education to the Haitian health care workers. In return, they were given the gifts of perspective and gratitude.

“We are so fortunate in the United States,” says Wayne Street, director of nursing trauma in Eau Claire, Wis., who has completed 14 mission trips to Haiti, Africa and Mexico. “We have great medical care, and we have food and clean water. When you see people dying in huts from lack of food and water, it changes you. Volunteering changes you, too. I always come back renewed, energized and deeply rewarded, and with a new appreciation for all that we have.”

Mayo Clinic Health System is committed to helping people during times of need, both in the community and beyond its borders, providing financial support and volunteer hours to many organizations, including the Mower County United Way, the Mower County Senior Center, the Blooming Prairie Cancer Group, Relay for Life, and local high schools and elementary schools.
Are prenatal vitamins really necessary during pregnancy?
Yes! Prenatal vitamins are an important part of pregnancy nutrition. Here’s why you need them, when to start taking them and more.

A healthy diet is the best way to get the vitamins and minerals you need — but even if you eat healthfully every day, you may fall short on key nutrients. If you’re pregnant or hoping to conceive, prenatal vitamins can help fill any gaps.

How are prenatal vitamins different from other vitamins?
Most prenatal vitamins contain more folic acid, calcium and iron than do standard adult multivitamins. It’s still important to eat nutritious foods, but prenatal vitamins can help ensure you’re getting enough of these essential nutrients during pregnancy.

Here’s why it matters:
- **Folic acid** helps prevent neural tube defects. These defects are serious abnormalities of the brain and spinal cord.
- **Calcium** promotes strong bones and teeth for both mother and baby. Calcium also helps your circulatory, muscular and nervous systems run normally.
- **Iron** supports the development of blood and muscle cells for both mother and baby. Iron helps prevent anemia, a condition in which blood lacks adequate healthy red blood cells.
- **Prenatal vitamins** may reduce the risk of low birth weight, some research suggests.

Do I need to be concerned about other nutrients?
Standard prenatal vitamins don’t include omega-3 fatty acids, which help promote a baby’s brain development. If you’re unable or choose not to eat fish or other foods high in omega-3 fatty acids, your health care provider may recommend omega-3 fatty acid supplements in addition to prenatal vitamins.

Vitamin D is important as well, especially during the third trimester when calcium demands increase. Most prenatal vitamins don’t contain optimal amounts of vitamin D, however. In addition to your prenatal vitamin, drink vitamin D-fortified low-fat milk or other calcium-rich foods containing vitamin D. If you don’t drink milk or eat calcium-rich foods, talk to your health care provider about calcium and vitamin D supplements.

Do prenatal vitamins require a prescription?
Prenatal vitamins are available over the counter in nearly any pharmacy. Some prenatal vitamins require a prescription, however. Your health care provider may recommend a specific brand of prenatal vitamins or leave the choice up to you.

When should I start taking prenatal vitamins?
It’s best to start taking prenatal vitamins three months before conception. The baby’s neural tube, which becomes the brain and spinal cord, develops during the first month of pregnancy — perhaps before you even know that you’re pregnant.

How long should I take prenatal vitamins?
It’s best to take prenatal vitamins throughout your entire pregnancy, preferably with water or juice, not milk or soda. Your health care provider may recommend taking prenatal vitamins while you’re breast-feeding, too.

Do prenatal vitamins have any side effects?
Some women feel queasy after taking prenatal vitamins, and iron in prenatal vitamins may contribute to constipation. However, most women feel just fine and have no side effects.

Excerpted with permission from MayoClinic.com.
Explore generics to decrease medication costs

Did you know generic versions of brand-name prescription drugs can cost 30 to 90 percent less?

Today, more than ever, consumers can opt for generic equivalents of brand-name medications at substantial cost savings. Generics might look different from brand-name drugs because they can have different fillers or coloring agents, but the active ingredients are closely regulated by the Food and Drug Administration (FDA).

It can take years for a brand-name drug to become available as a generic. The traditional time a new drug is protected by a patent is 12 years, which includes the years during which the manufacturer sought approval. After the patent has expired, any manufacturer can apply for permission to produce and market a drug. The manufacturer must show that its product has a comparable potency and effect to the original product.

Many more brand-name medications are expected to be available in generic forms in the next two years. Not all brand-name medications have generic equivalents. Ask your health care provider or pharmacist about less expensive medication options. Check with your insurance provider to see which medications are covered.

Mayo Clinic Health System Pharmacy in Austin

The Mayo Clinic Health System Pharmacy in Austin provides full pharmaceutical services with 12 full-time pharmacists, 13 technicians, one tobacco cessation coordinator and three support staff located in Austin, Blooming Prairie and LeRoy. The pharmacy also provides services in the following areas:

- Inpatient IV
- Inpatient/outpatient chemotherapy
- Home Health Care/Hospice
- Women’s Fitting Center
- Anticoagulation Clinic
- Patient medication counseling
- Tobacco Cessation Clinic counseling

Each year, approximately 36,000 people die from seasonal flu, which attacks the respiratory system, including your nose, throat and lungs. Symptoms tend to come on suddenly and include:

- High fever
- Muscle aches
- Runny nose
- Sore throat
- Dry cough
- Fatigue

Your best defense against the flu is getting an annual flu shot as soon as it is available. Other tips for avoiding the flu include:

- Washing your hands frequently
- Getting enough sleep
- Eating a healthy diet
- Exercising regularly
- Avoiding crowds during flu season

If you get the flu, try to rest and drink plenty of fluids. You can also use over-the-counter pain relievers to ease any aches and pains. If you develop flu symptoms and have a chronic health condition, such as diabetes, emphysema or heart disease, call your doctor.

Mayo Clinic Health System will offer the seasonal flu vaccine this fall. Please visit mayoclinichealthsystem.org for the latest information.

Excerpted with permission from MayoClinic.com.
Comprehensive diabetes care  
continued from page two

Q: I’ve had good control of my diabetes for 10 years, but lately I’m having trouble managing my blood sugar. Any suggestions for getting it back on track?

A: It’s easy to get stuck in a rut and hard to get back out. Asking for help can be difficult, but it’s the right thing to do when you’re struggling to manage your diabetes. I suggest you meet with your primary care provider to determine what’s at the root of your problem. Once you understand your challenges, your diabetes team can help you develop strategies to get back on track.

Diabetes 101

Many people do not recognize early symptoms of diabetes, which can be subtle and may include:

- Excessive thirst and increased urination
- Fatigue
- Unintentional weight loss
- Blurred vision
- Slow-healing sores or frequent infections
- Tingling hands and feet
- Red, swollen, and tender gums

If you are experiencing any of these symptoms, schedule an appointment with your health care provider. If you have diabetes, early diagnosis and treatment can mean a lifetime of better health.

Excerpted with permission from MayoClinic.com

The ABC’s of COPD

Chronic obstructive pulmonary disease, commonly known as COPD, is a group of lung diseases that block airflow and make breathing increasingly difficult. Emphysema and chronic bronchitis are the two main conditions that make up COPD. In all cases, damage to the airways eventually interferes with the exchange of oxygen and carbon dioxide in the lungs.

COPD is the leading preventable cause of death and illness worldwide, according to the Centers for Disease Control and Prevention (CDC). In the United States, tobacco use is responsible for about one in five deaths annually. Most COPD is caused by long-term smoking and can be prevented by not smoking or quitting soon after you start.

Deb Skare, Tobacco Cessation Clinic coordinator at Mayo Clinic Health System in Austin, says damage to your lungs can’t be reversed. “It’s so important to quit smoking sooner rather than later,” says Skare. “Treatment focuses on controlling symptoms and minimizing further damage.”

Unlike some diseases, COPD has a clear cause and a clear path of prevention. “The vast majority of cases are directly related to cigarette smoking, and the best way to prevent COPD is to never smoke or to quit smoking,” adds Skare.

Risk factors for COPD

Exposure to tobacco smoke — The most significant risk factor for COPD is long-term cigarette smoking. The more years and the more packs you smoke, the greater your risk.

Occupational exposure to dusts and chemicals — Long-term exposure to chemical fumes, vapors and dusts can irritate and inflame your lungs.

Gastroesophageal reflux disease — This condition is a severe form of acid reflux or the backflow of acid and other stomach contents into your esophagus. GERD can make COPD worse and may even cause it in some people.

Age — COPD develops slowly over years, so most people are at least 40 years old when symptoms begin.

Genetics — A rare genetic disorder known as alpha-1-antitrypsin deficiency is the source of a few cases of COPD. Researchers suspect that other genetic factors may also make certain smokers more susceptible to the disease.
FROM THE COVER:

Teen smoker now smoke-free at 26

Nyssa Readio started smoking regularly when she was 15 after having her first cigarette at age 12. It wasn’t until her 6-year-old son, Bryce, asked her to quit that she decided it was time to quit.

“I tried quitting on my own many, many times in the past,” says Readio (26) of Austin. “I knew I had to quit for my son. Plus I was scheduled to have surgery, but was told I couldn’t have it until I was smoke-free for at least three months so that was the kicker. I got help from the Tobacco Cessation Clinic and started taking medication to help me quit. Within three months, I was smoke-free and was able to have my scheduled surgery.”

Readio credits the counseling support from Skare at the Tobacco Cessation Clinic for keeping her accountable. “It was nice having Deb keep checking on me and helping me through everything. I couldn’t have done it without her.”

Most common symptoms of COPD

- A cough that doesn’t go away
- Coughing up a lot of mucus
- Shortness of breath, especially while exercising
- Wheezing
- Tightness in the chest
- Limitations in activity

Tobacco Cessation Clinic in Austin

The Tobacco Cessation Clinic at Mayo Clinic Health System in Austin offers a one-on-one 60-minute educational session with a tobacco cessation counselor, which will help lead to an individualized treatment plan for stopping tobacco use. This program incorporates three key elements:

- Counseling to help patients understand and change their behaviors
- Up-to-date clinically researched pharmacologic therapy to help ease the discomfort of withdrawal from nicotine with a pharmacist reviewing the appropriate replacement therapy with each patient
- Follow-up to prevent relapse by providing accountability, encouragement, and support, and additional information when needed

Patients can be doctor-referred or self-referred. To schedule an appointment call 507-433-8758 or 1-888-609-4065 (toll free) Monday through Friday from 8 a.m. to 5 p.m. For specific questions regarding tobacco cessation or to schedule an appointment earlier or later to accommodate your schedule, call Deb Skare at 507-434-1429.
Welcome to new providers

Steven Engman, M.D., Ph.D.
Ophthalmologist —
Eye Center
Medical School: Loyola
University Chicago Stritch
School of Medicine, Maywood, Ill.
Residency: Mayo Clinic
Department of Internal Medicine and Mayo Clinic
Department of Ophthalmology, Rochester, Minn.

Eric Farnberg, M.D.
Anesthesiologist — Department of Anesthesiology
Medical School: College of Osteopathic Medicine at Des Moines University, Des Moines, Iowa
Residency: Botsford Hospital, Farmington Hills, Mich.

Mark Imig, M.D.
Child and adolescent psychiatrist — Department of Psychiatry and Psychology
Medical School: University of Texas Medical Branch, Galveston, Texas
Residency: Mayo Graduate School of Medicine, Rochester, Minn.

Lori Aasen, Family Nurse Practitioner
Family nurse practitioner — Urgent Care
Education: Bachelor of Science in Nursing and Psychology at Winona State University, Winona, MN and Masters of Science in Nursing and Family Nurse Practitioner Studies at Metropolitan State University, St. Paul, Minn.

Providers now working in new locations at Mayo Clinic Health System in Austin

Rhoda Byler-Rees, certified nurse practitioner
From Pain Clinic to Obstetrics/Gynecology (OB/GYN)

Michael Toth, D.O.
From Urgent Care to Pain Clinic

Deb Smoger, certified nurse practitioner
From Blooming Prairie Clinic to Urgent Care

hometown health
Hometown Health™ is published as a community service for the friends and patients of Mayo Clinic Health System. If you have comments or suggestions for Hometown Health, contact Tami Yokiel, 507-434-1706.

For more information, visit our website, mayoclinichealthsystem.org
Information for Hometown Health stories is provided by Mayo Clinic Health System medical professionals. If you have medical questions about these stories and how they affect your health, please contact your physician.

Mayo Clinic Health System in Austin also has clinics in Adams, Blooming Prairie, Grand Meadow and LeRoy, Minn.

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