What you need to know about childhood seizures

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The Minneapolis Clinic of Neurology at St. Francis Specialty Care Clinic–Shakopee, with pediatric patient Sylvie Tikalsky of New Prague

MORE: Help for migraine headaches • What’s keeping you awake at night? • New health guidelines for 2005 • Golf and Gala, two ways to give back
What to know about childhood seizures and safety

By Donald Chadwick, M.D., pediatric neurology

Seizures can be frightening to see, but they are usually harmless. About 5 percent of people will have a seizure in their life, but only 2 to 3 percent will have epilepsy—meaning two or more unprovoked seizures.

One of the common types of seizures seen in children is febrile seizures. These are seizures that we see in children between the ages of 6 months and 6 years. They are usually very brief, lasting about a minute, and usually occur in the first few hours of an illness. Febrile seizures are not epilepsy and children who have febrile seizures are at a very slightly higher risk of developing epilepsy than other children.

There are several other types of seizures including generalized seizures, which are characterized by rhythmic movements of the entire body. Partial seizures can start with movements on one side of the body, which may spread to involve the whole body. At times, brief staring spells may be seizures. There are many things that can resemble seizures; it is best to see a doctor who can identify the many different types of seizures and conditions that act like seizures with an examination and possibly an electroencephalogram (EEG), or brain wave test.

If someone is having a seizure, lay him or her on the floor away from sharp objects. Turn the person’s head to the side so that if he or she vomits he or she will not choke. Do not put anything in the mouth of a person who is having a seizure. If the seizure lasts five minutes or longer call 911.

For more information about seizures and epilepsy, go to www.minneapolisclinic.com or www.AES.com.
Help us to expand care

The St. Francis Foundation exists to continually improve care at St. Francis Regional Medical Center. This is largely accomplished with charitable gifts received through the Annual Community Appeal, bequests and special events throughout the year.

One of the top priorities for the Foundation over the next several years will be to generate community support for the Advance the Care Initiative. St. Francis Regional Medical Center is expanding to advance care for the residents in our region. The expansion project will double the size of the current hospital and allow St. Francis to meet present and future needs of our communities. St. Francis is getting bigger and better. The hospital is adding new physicians, specialty services and the best technology available.

Community beat

APPEAL FOR CARDIAC MONITORS A SUCCESS

The successful Annual Community Appeal in December 2004 raised more than $20,000 to purchase one of the five cardiac monitors needed to fully equip the emergency department. Thank you to everyone who participated in this appeal. The 2005 campaign will continue to raise funds for the remaining monitors that are needed. Cardiac monitors help to ensure a fast, accurate diagnosis so that physicians and nurses can deliver lifesaving care as quickly as possible. The St. Francis emergency department currently ranks among the top 10 percent nationally in patient satisfaction.

“Tee One For Hope” golf tournament

The eighth annual golf tournament will be held on Friday, June 17, 2005, at Stonebrooke Golf Club in Shakopee. The Tee One For Hope charity golf tournament will include a lunch buffet, silent auction and awards ceremony. All proceeds will benefit the St. Francis Cancer Center. Last year, more than 130 players and 30 sponsors participated in the event.

Throughout the tournament, participants will learn more about cancer and those who have been touched by the illness.

Come to the Festival Gala

The 19th Annual Festival Gala will be held on Saturday, November 12 at the Hazeltine National Golf Club in Chaska. The evening celebration will include live entertainment and specialty food items. Proceeds will benefit St. Francis Regional Medical Center as it continues to grow and expand to advance care.
Snoring: Why you should take it seriously

Snoring jokes abound, and so do claims for anti-snoring products. But snorers who turn to these anti-snoring devices or supplements may not be getting the medical care they really need. The Federal Trade Commission is beginning to take a closer look at these products and is taking action against companies that make unproven claims.

This increased scrutiny is the result of growing recognition that sleep apnea is a serious medical condition and that loud snoring is a symptom of the condition.

People with sleep apnea are likely to be sleepy during the day and may experience depression, memory problems, headaches and impotence. Recently, sleep apnea has also been linked to high blood pressure, heart attack and stroke.

Products sold as anti-snoring remedies should clearly disclose that they are not meant to treat sleep apnea. These disclosures should also inform consumers that sleep apnea is a potentially life-threatening condition.

MORE >> For more information about sleep apnea, visit the National Sleep Foundation Web site at www.sleepfoundation.org or call the St. Francis Sleep Diagnostics Center at (952) 403-2294.
COMMON COMPLAINTS

Insomnia—the inability to fall asleep and stay asleep for long periods of time—is the most common sleep complaint among older people. But insomnia is a symptom, not a disorder.

Insomnia can last for days, weeks or even months, if it is chronic. It can be caused by: 
- Stress.
- Depression.
- Anxiety.
- Physical illness.
- Caffeine intake.
- Irregular schedules.
- Drug use, including alcohol and nicotine.
- Occasional or chronic pain.

If you have insomnia that lasts for more than a few days, talk to your doctor.

AS YOU GET OLDER, do you find yourself struggling more and more to get a good night’s sleep?

Are you waking up more during the night? Is it tougher to sleep through to the morning?

If you answered yes to any of these questions, you may have a sleep problem.

“It’s estimated that anywhere from 40 to 60 percent of people over the age of 65 have some type of sleep problem,” says Phyllis Zee, M.D., Ph.D., a sleep expert at Northwestern University.

According to Dr. Zee, as people get older, they experience a dramatic drop in deep sleep. When the amount of deep sleep known as slow wave sleep decreases, you become a lighter sleeper. This can cause you to wake up more times during the night and have difficulty getting back to sleep in the early morning.

While older people have more trouble sleeping, their sleep needs are the same as when they were younger, according to the National Sleep Foundation (NSF). Most people still require seven to nine hours of sleep a night. When they don’t get it, they wake up less refreshed and find themselves getting tired during the day.
DIABETES EDUCATORS at St. Francis teach, help monitor and provide the most up-to-date services available to people of all ages and cultures with diabetes. The program at St. Francis is nationally recognized by the American Diabetes Association and includes registered dietitians and diabetes nurse educators. The goal is to help people make informed choices and to be involved in decisions regarding their diabetes care and overall health.

Services provided at St. Francis include individual diabetes education for people with all types of diabetes, group classes for those with type 2 diabetes, insulin pump education, start and follow-up analysis and up-to-date equipment such as the continuous glucose monitor system. A comprehensive group class series for type 2 diabetes consists of four sessions taught by both a registered dietitian and nurse diabetes educator.

St. Francis diabetes educators also offer an adult support group that meets the first Monday evening of each month from 7 to 8:30 p.m. This support group is free and open to anyone in the community. No registration is required.

Meetings include guest speakers on diabetes related topics, refreshments, conversation with others who live with diabetes and question and answer sessions with our diabetes educators.

For more information, call the St. Francis diabetes and nutrition department at (952) 403-3324.

The 2005 dietary guidelines: What you need to know

A healthy U.S.A.—that’s the goal of new dietary advice from the federal government.

New guidelines can help you and your family be healthier. And they can help reduce your risk for getting diseases such as diabetes and heart disease.

For most people, this means eat less and exercise more.

The guidelines advise that you:

- Stay at a healthy weight. You can do this by making sure you don’t eat or drink more calories than you burn.
- Keep active. Regular exercise is good for your health. It can help you look and feel better. And it helps you stay at a healthy weight.

At the minimum you should exercise 30 minutes most days of the week. This will help lower your risk of disease. If you want to stay at a healthy weight increase time to 60 minutes and increase intensity. And if you’ve lost weight and you don’t want to gain it back, you’ll need to exercise 60 to 90 minutes a day.

- Talk to a doctor before you start an exercise program if you:
  - Aren’t used to exercising.
  - Are overweight.
  - Have a high risk of heart trouble.
  - Have a chronic health condition.

Make healthy food choices. Eat a variety of foods from the basic food groups without getting too many calories. Try these tips from the guidelines:

- Eat plenty of fruits, vegetables and whole grains.
- Include fat-free or low-fat milk products in your diet.
- When choosing meat, select lean cuts.
- Limit foods and drinks that are high in sugar, such as soft drinks and candy.
- Avoid fatty foods.
- Cut back on salt.

To learn more, go to www.healthierus.gov/dietaryguidelines.
Supporting health care

The St. Francis Auxiliary recently celebrated 52 years of giving time, money and heart to St. Francis Regional Medical Center

THE ST. FRANCIS AUXILIARY is an organization everyone has heard of, yet few realize the incredible things this dedicated group of volunteers do for the hospital and its surrounding communities. When first started 52 years ago, this group was responsible for helping the Franciscan Sisters with operational tasks in the hospital, such as cleaning and sewing. Over time, its primary function has changed to funding and supporting many important services throughout the hospital community.

AUXILIARY IN ACTION

Examples of their work are everywhere. The CD players in all of the patient rooms were gifts of the Auxiliary, as were the benches for the future meditation garden. When the St. Francis Cancer Center lost its windows to the outside because of construction, the Auxiliary donated a beautiful mural to be placed on the wall instead. Smaller things normally taken for granted, such as stickers and crayons in the surgery lounge and emergency department, boy and girl banners in the Family Birth Place, and T-shirts for cardiac rehab patients, are just a few of the gifts provided by the Auxiliary.

This group’s generosity doesn’t stop within the hospital. Lifeline units are purchased for vulnerable people who are in danger of falling or sudden illness, but who have chosen to live at home. Donations are also made to the CAP agency, the Lighthouse program, Relay For Life and the Susan G. Komen Breast Cancer Foundation.

The group’s latest contribution is a project near and dear to many hearts. Automated External Defibrillators (AEDs) have been purchased and donated to many of the school districts and many police departments in the St. Francis service area. The most recent ones went to the Savage Police Department in February. These portable units are used on people who are in cardiac arrest and can, when done quickly and effectively, restart a person’s heart. A defibrillator has also been recently donated to the St. Francis Specialty Care Clinic on the second floor of the Medical Office Building.

All purchases are made from funds raised by fund-raisers that the Auxiliary organizes and runs—the hospital gift shop, outside vendors who give them a percentage of their sales, the Lights of Love program, and other activities such as the used jewelry sale—all contribute to their overall income.

The Auxiliary’s dedication and volunteer efforts are an incredible support system for the hospital and surrounding community.

Spotlight on volunteer Bonnie McLaughlan

For 28 years, Bonnie McLaughlan was employed as a dietitian and manager of the kitchen at St. Francis Regional Medical Center. Through these years she worked alongside many volunteers that freely helped her and the rest of the kitchen staff, and Bonnie knew that someday she would like to give her time also, as a way to say thank you. After retiring from her job in 1997, she became a volunteer and remains very much involved to this day.

When at the hospital, Bonnie alternates her time between the information desk and the surgery waiting room area. In both places she offers a friendly smile, a helpful attitude and assistance to patients and family, either in finding their way around the hospital, or when waiting for a loved one to come out of surgery. She says it is important for her to try to be an advocate for the family when volunteering in the waiting area, as this can be a stressful time for people.

Bonnie has also been very involved with the St. Francis Auxiliary, serving as secretary, vice president and most recently, president. In fact, she just ended her term in this position and was asked by the state board of the Auxiliaries of Minnesota hospitals and nursing homes to be a chair of the “G” district, which is the district that St. Francis Regional Medical Center is in. Her duties for this started in November.

One very important project that Bonnie and the Auxiliary worked hard to implement was purchasing and providing Automated External Defibrillators for area schools and police departments, the most recent of which went to the Savage Police Department.
The procedure allows surgeons to see inside joints by using a miniature camera inserted inside a buttonhole-size incision. A light on a fiberoptic cable illuminates the inside of the joint, and the image is transmitted to a TV screen.

Small surgical tools—scissors, clamps, shavers or lasers—can be inserted through additional tiny incisions.

**MANY ADVANTAGES**

Recovery from such procedures is usually much quicker than in traditional “open” surgery.

“There’s very little risk of infection,” explains William Tipton, M.D., former chief executive officer of the American Academy of Orthopaedic Surgeons (AAOS). “We’re constantly running water through the joint [during the procedure] so it’s being washed out. And you don’t have a big incision.”

The smaller incisions heal more quickly than those in open surgery. This means many arthroscopic surgeries are performed “same day”—people go home after their surgery instead of staying in the hospital to recover.

In many cases, people return to their usual activities within a few weeks of surgery.

In the 1966 film *Fantastic Voyage*, scientists shrunk down a crew of people so they could travel inside a man’s body and save his life. ♦ Well, doctors won’t be swimming through anyone’s arteries soon. But a different way of seeing inside a person’s body is very much in use today. ♦ It’s called arthroscopy, and it’s widely used to perform joint surgery on the knees and shoulders, along with the ankles, hips, wrists, elbows and spine.

**SCOPING OUT your joint**

Arthroscopy helps find and fix joint problems
A BRIEF HISTORY

Arthroscopy was developed in the 1960s as a way to diagnose joint problems. The technique gave physicians a better look than ever before inside various joints, especially the knees, Dr. Tipton says.

Many arthroscopic surgeries are performed “same day”—people go home after their surgery instead of staying in the hospital.

“You can see all the nooks and crannies. It’s great,” he explains. “You can see from a small vantage point much more of the joint than you can with a large incision.”

Doctors were so excited by the new technique that they soon started thinking about how they could use it to treat the problems they were viewing. This led to the development of the various small instruments used in arthroscopic surgeries today.

TREATMENTS

According to the AAOS, problems commonly treated with arthroscopy include inflammation; tears of tendons, ligaments or cartilage; carpal tunnel syndrome; and “clicking” in the hips because of torn ligaments.

Arthroscopy also can be used to remove loose fragments of bone or cartilage from inside a joint.

Depending on the joint and the problem, you might receive anesthesia that numbs the area being treated. Or you may be given medications that make you sleep.

If you want, and it’s possible, you may be able to watch your surgery as it happens on a TV screen.

As mentioned, the most common arthroscopic surgeries are for the knees and shoulders.

In knee surgery, procedures include:

- Removing or repairing torn meniscal cartilage, tissue that helps the joint remain stable and absorb shock.
- Removing inflamed tissue from the synovial membrane, tissue that covers the bones of the knee and allows them to move smoothly.

In the shoulder, arthroscopic surgery is often used to treat rotator cuff tears, a common problem for people over 40.

The rotator cuff is the group of muscles and tendons that hold the upper arm bone in the shoulder joint. Injury to the cuff can cause it to tear, making it painful to raise your arms. Movement may also cause the joint to grate or make cracking sounds.

Surgeons use arthroscopy to remove inflamed portions of the rotator cuff muscles and to repair small tears.

IS IT FOR YOU?

Not all joint conditions are treatable with arthroscopy. But if you have a joint-related problem, check with your doctor to see whether you might be a candidate for arthroscopic surgery.

MORE >> St. Francis has orthopedic services available through the Park Nicollet Clinic at (952) 993-7750, and Orthopaedic Surgical Consultants, P.A. at (952) 403-3399. For more information, call ‘Ask St. Francis’ at (952) 403-2000.

Some tips for staying on the road to recovery

Because of the small incisions used in arthroscopic surgeries, recovery time is usually much quicker than in traditional “open” surgery.

Still, you want to be sure to give yourself the necessary time to heal. You will also want to follow any special instructions your doctor may give you. These may include advice on exercises you should do to help rehabilitate the problem joint.

Doing these exercises will help restore motion and strength to the joint. In some cases, a doctor might have you work on these exercises with a physical therapist.

Follow your doctor’s advice on activity too. For example, after knee surgery you may need to use crutches or a cane for a while before putting your full weight on your leg. You may also need to avoid driving for a week or so.

And follow advice on treating swelling, managing pain and replacing the bandages on your incisions.

Complications following arthroscopic surgery are rare, but the American Academy of Orthopaedic Surgeons says you should call your doctor right away if you have: ♦ Fever or chills. ♦ Persistent warmth or redness around the surgery site. ♦ Increased or persistent pain ♦ Shortness of breath or chest pain. ♦ Major swelling.
Two new family medicine physicians at Park Nicollet

Daniel Hauschulz, M.D., and Jessica Woodward-Lavan, M.D., have joined Park Nicollet Clinic–Shakopee in the department of family medicine. Both are graduates of the University of Minnesota Medical School. Dr. Hauschulz completed his residency with Park Nicollet Creekside Family Physicians. Dr. Woodward-Lavan completed the St. Joseph’s Family Practice Residency Program in St. Paul and received her certification from the American Board of Family Practice in July 2004.

Darren Larson, M.D., joins Park Nicollet Clinic–Shakopee

Dr. Larson specializes in orthopedic surgery. He is a graduate of the University of Minnesota Medical School and completed his orthopedic surgery residency this year at the University of Minnesota.

SEA adds two physicians

Jeffrey Anderson, M.D., and Chanah DeLisle, M.D., joined the staff of St. Francis as emergency physicians for Suburban Emergency Associates, P.A. Both are graduates of the University of Minnesota Medical School. Dr. Anderson completed his residency in Emergency Medicine at the University of Chicago and received his certification from the American Board of Emergency Medicine in 1999. Dr. DeLisle is returning to St. Francis, where she worked in the emergency department from 1999 to 2001. She completed her Emergency Medicine residency at Regions Hospital in St. Paul and received her certification from the American Board of Emergency Medicine in 2000.

St. Francis Regional Medical Center was named one of the 100 Top Hospitals in the country in a study of more than 6,000 acute care hospitals in the United States. St. Francis was the only Minnesota hospital in the small community class to accomplish this. The 2004 study is the twelfth Solucient 100 Top Hospitals®: National Benchmarks for Success, conducted by the Solucient® Center for Healthcare Improvement.

St. Francis was chosen for its ability to provide sustainable and reliable health care services to its patients and its community. Each year’s recipients set new standards across the industry for demonstrating superior clinical, operational and financial performance.

To learn more about the Solucient 100 Top Hospitals study, visit www.100tophospitals.com.

Watch us grow

WHAT KIND OF DOCTORS PRACTICE AT
ST. FRANCIS REGIONAL MEDICAL CENTER?

The kind your family needs.

At St. Francis we value the contributions of our physician and clinic partners, not only as providers of quality health care but as community and organizational leaders. Recognizing the need for strong medical services in this rapidly growing area, they have committed to meeting that growth with added resources and services. For more information on our physicians or clinics, call the ‘Ask St. Francis’ information line at (952) 403-2000.
**CHILD BIRTH CLASSES**

Call Medformation at 1-800-877-7878 or (651) 697-3333 to register for prenatal classes or go to www.allina.com and click on Be Healthy. Dates and times subject to change.

**New Parent Connection**

Meets weekly
This class is co-sponsored by ECFE and is designed for children up to 4 months of age. It is a great way to learn more about parenting while being supported by parents going through the same things you are.

**Small Talk Class**

Meets twice a year
This is a sign language class for babies that hear. This class will help you and your baby/toddler to understand each other and decrease frustration.

**New Brother/New Sister**

Meets every other month
A one-night class designed to help children ages 2 to 8 prepare for the birth of a sibling. All participants should bring a doll or stuffed animal to class.

**Breastfeeding Preparation**

Meets once a month
One-night class offering helpful hints to prepare for breastfeeding.

**Healthy Pregnancy**

Meets every other month
One-night class providing important information about the development of babies and how to make pregnancy easier and more fulfilling.

**Childbirth and Parenting Preparation**

Six weekly classes
Focuses on preparation for labor, birth and early parenthood. Plan to attend classes during the last three months of pregnancy and complete about one month before due date. Weekend Express also available.

**All About Babies**

Meets every other month
Two-night class designed for new parents to relieve some of the anxiety expectant parents, grandparents or adoptive parents experience. Weekend Express also available.

**Refresher Childbirth and Parenting**

Offered every other month
Two-session class for parents who have taken a childbirth preparation class within the last three years.

**Car Seat Safety**

Meets once a month
This class helps the expectant or new parent to learn about car seat safety. Car seat not necessary for class. U-Care members covered.

**Infant Massage**

Two-week class meets every other month
Infant massage is a unique form of nurturing touch shown to have physical and psychological benefits for infants and parents. For infants 3 weeks to 1 year old.

**Infant and Child CPR**

Meets every other month
Cardiopulmonary resuscitation (CPR) is an important first aid skill for helping an infant or young child who is choking or has stopped breathing. This course does not qualify you for CPR certification.

**Vaginal Birth after Cesarean**

Meets every other month
Class is designed for the women (and partners) who have had previous cesarean births and are considering a vaginal birth with this pregnancy. This class should be taken in addition to Refresher Birth and Parenting Preparation during the last two to three months of pregnancy.

**Prenatal Yoga**

Eight weekly classes
Women who exercise their minds and bodies during pregnancy have an increased feeling of well-being and heal more readily after the baby is born.

**SUPPORT GROUPS**

**Child Loss Support Group**

Meets the second Monday of each month at 7 p.m.
This group offers hope and provides support, education and resources to those who have experienced the death of a child. Call the ‘Ask St. Francis’ line at (952) 403-2000 for more information.

**Diabetes Support Group**

Class meets the first Monday of each month
Monthly information and group support for those with diabetes. For more information, call Bonnie Eppie, R.N., at (952) 403-3392.

**Grief Support Group**

Meets year round, the first Wednesday of each month
This group will get ideas from the participants and will focus on what is important to you. For more information, call (952) 403-2002.

**Heart Support Group**

Meets the Tuesday of each month at 7 p.m.
For people who have been diagnosed with heart disease. For more information, call (952) 403-2080.

**Smoking Cessation**

If you're ready to stop smoking, please call 1-877-270 STOP.

**Emergency Medicine Services Education/CPR**

For information and to register for EMS/CPR classes, call (612) 775-9626.

**Support Groups**

For more information, call Marti Auringer at (952) 403-2700 for more information. The American Cancer Society’s Look Good…Feel Better representatives will be on hand during each meeting. Call (952) 403-2000 to sign up for Look Good…Feel Better.

**St. Francis Regional Medical Center**

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**HOW TO FIND US**

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