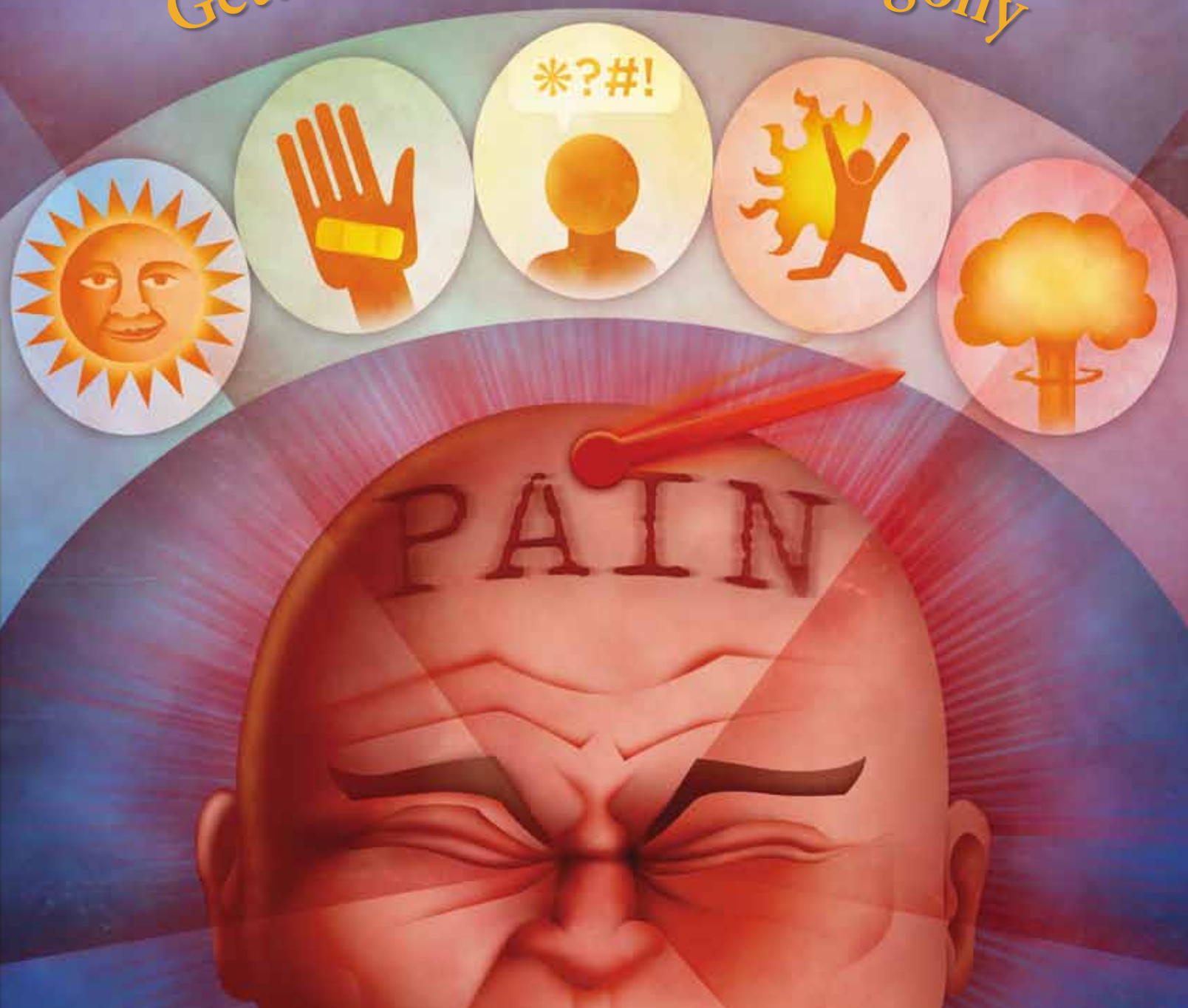


Wellspring

Getting Past Aches and Agony





6 Chest Pain Center Diagnosis

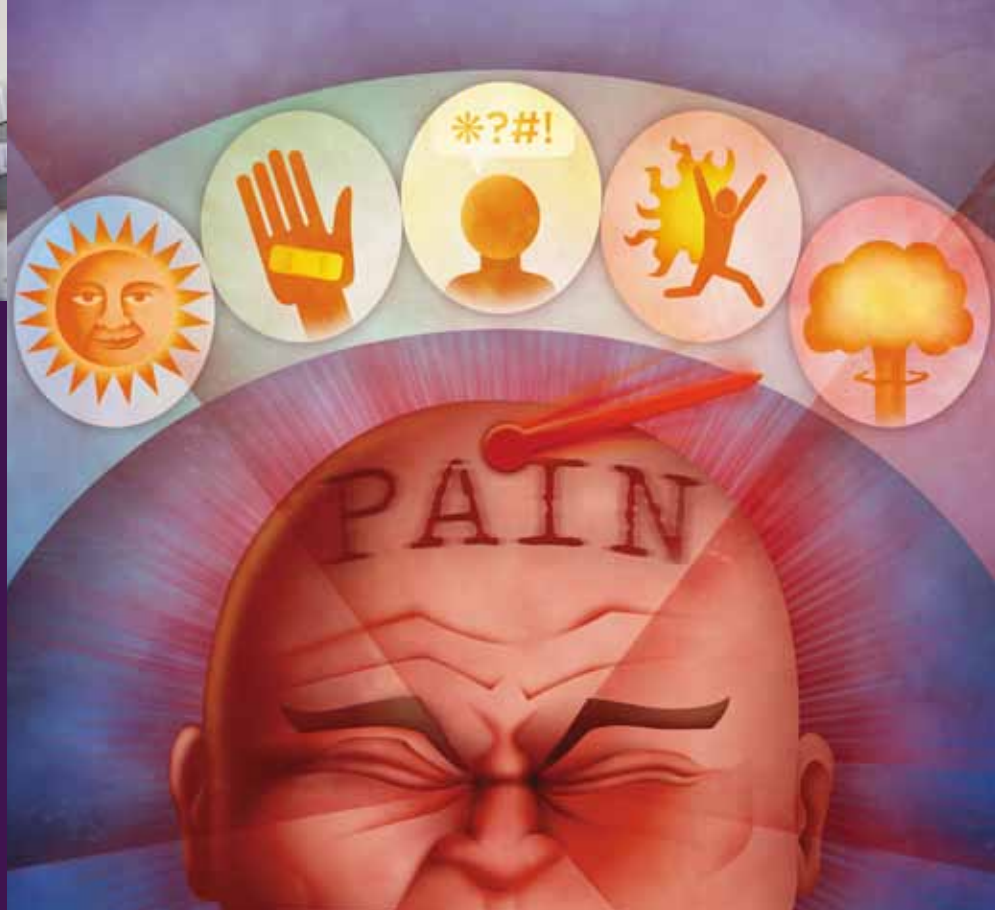
Dr. Jerry Kim and his team at NorthBay's Chest Pain Center are ready to deal with your distressing symptoms.



13

Answers for Aches

When it's arthritis that's taking its toll, Dr. Shahzad Anwar has suggestions.



Contents | Summer '12

Getting Past Pain

- 2 With Reform Comes Pain
- 3 What is Pain?
- 4 When Pain Won't Go Away
- 6 Chest Pain Center Diagnosis
- 7 When It Isn't Your Heart
- 8 Livesavers Come Through
- 9 Choosing a Pain Medication
- 10 Coping With Cancer
- 11 Support for Chronically Ill
- 12 The Ache of Arthritis

- 14 Muscling Back
- 15 Spring Returns to Her Step
- 16 Top Reasons for Foot Pain
- 18 Tale of Two PAD Patients
- 20 Physician's Healing Touch
- 21 Prepare for Labor Day
- 22 When It's All In Your Head

NorthBay News

- 23 Quarter Century of Cancer Care
- 23 A Pitch to Strike Out Cancer
- 24 Drill Hits Home for Students
- 25 Welcome UnitedHealthcare
- 25 Girls Night Out Nov. 9
- 25 Meet Our New Doctors
- 26 Missing Chelsea
- 27 A Home for Bereavement
- 27 Slice of New Technology
- 28 Silver Jubilee a Sensation
- 29 Musical Dream Comes True
- 30 Community Calendar

16

Top Reasons for Foot Pain

Podiatrist Kevin Miller, D.P.M. (left), shares the top 10 problems people experience with their feet.

Find Wellspring online at <http://wellspring.northbay.org>

Comfort & Care When You Need it Most

With compassionate care, NorthBay Healthcare's team of experts seeks to ease pain in the lives of all our patients, addressing everything from headaches to foot pain, and all problems in between.

In this issue, we'll share stories of how doctors, therapists, nurses and social workers strive to free our patients from a gamut of afflictions.

You'll meet an 89-year-old woman whose leg pain was so excruciating she could hardly walk—until she had spine surgery with Charles Sonu, M.D.

You'll meet a 30-year-old Vacaville man who can now help take care of his newborn baby girl, thanks to reconstructive shoulder surgery by Dr. Stephen Franzino.

There was a pregnant woman whose back was so tender, she could barely make it through her day as a preschool teacher. Nights found her on the couch with an ice pack, until she met Dr. Angela Lim and found relief in Osteopathic Manipulative Treatment.

The list goes on and on.

That fact is that everyone suffers pain to some extent. Some try to endure it, while others have found a variety of approaches—from surgery to medicine, from manipulation to therapy—can make all the difference in the world.

In this issue, meet our patients and the wonderful physicians and staff that help in the healing process.

18 PAD Patient Tales

Cardiothoracic and vascular surgeon Seph Naficy, M.D., helped PAD patient Ashley Marques figure out the reason for her leg pain.



22 It's All in Your Head

Neurologist Shahid Rehman, M.D., explains when headaches require quick attention.



26 Missing Chelsea

A support group for families in suicide cases has helped Pam Reyes deal with the loss of her daughter, Chelsea.

.....

Wellspring is published quarterly by NorthBay Healthcare, Solano County's locally based nonprofit health care organization.

Editorial Staff

Steve Huddleston
shuddleston@northbay.org

Diane Barney
dbarney@northbay.org

Marilyn Ranson
mranson@northbay.org

Sally Wyatt
Debbie Hooks

Publication Designer
Page Design Group

Photographers

Henry Khoo, Gary Goldsmith,
Diane Barney



“For NorthBay Healthcare to survive, we must achieve efficiencies and invent new strategies to streamline services.”

Gary Passama

President and
Chief Executive Officer

Reform is Not Pain-free

How about a pain-free life in a society where health care is accessible to all without much government interference? Of course, that is an inconceivable plot, even for an old-fashioned Disney movie.

Pain is not only a part of life, it is part and parcel of healthcare reform. With it, come difficult decisions, amid perpetual, petty bickering you’d expect in an election year.

A little bit of common sense, and a lot less political posturing, would be a good start. Regardless of whether we implement some or all of the 2,700-page so-called “reforms” twisting and turning in Congress and in the courts, hospitals and healthcare professionals will change things.

It is our challenge at NorthBay Healthcare to weather reform with sensible, conscientious and responsible change as we grapple to maintain the funding we need in order to provide compassionate care and advanced medicine close to home.

Medicare is a mess and would have been the logical place to start in 2009 and 2010 when Congress was discussing healthcare reform. Instead we just let the mess get bigger. And futile attempts to concoct a remedy simply created yet another bureaucratic hurdle for hospitals and physicians to overcome.

That’s because the government continues to ratchet down payments for care provided to those it covers. This practice cannot continue forever. Soon Medicare and Medi-Cal recipients will see their benefits and access to care diminish. It’s already happening in California for those covered by Medi-Cal. No one likes the idea of entitlements being changed, particularly we boomers. Will we be rioting in the streets for our Medicare?

Our current system, which forces those with private health insurance to pay for those who are covered by inadequate government programs—and those who have no insurance—will surely collapse. Therefore, with or without “Obamacare,” for NorthBay Healthcare to survive, we must achieve efficiencies and invent new strategies to streamline services.

And we must do it without sacrificing quality of care. There will be pain involved, that much is true. But we hope that in the end, changes result in a more efficient, competent system, not just at NorthBay Healthcare, but at hospitals around the country. ☒



What is Pain?

A good description of your pain can help your doctor make a diagnosis

We've all been in pain at one time or another. From the bad headache to stubbed toes and broken bones, pain tells us something is wrong. Pain is a feeling triggered in the nervous system. It can be sharp, dull, constant



Cynthia Pena, M.D.

or throbbing and piercing or aching. Everyone feels pain differently and only you know how to describe your pain.

"At the Center for Pain Management in Fairfield we really stress the fact that pain is subjective and emotional and a very individual experience," says Cynthia Pena, M.D., an anesthesiologist and interventional pain management specialist.

Without pain, you might seriously hurt yourself without knowing it, or you may not realize you have a medical problem that needs treatment. A good description of your pain can help your doctor make a diagnosis.

There are two types of pain: acute and chronic. Acute pain comes on abruptly and disappears as your body heals. Whether you hit your elbow on a door, sprain your ankle or deliver a baby, you're feeling acute pain. When the pain lasts for weeks or months without relief, it is called chronic pain.

Chronic pain hurts long after an injury is healed as pain signals keep firing in your nervous system. Chronic

pain affects more Americans than cancer, diabetes and heart disease combined. It can be resistant to medical treatments and affect your quality of life.

You don't have to live in pain. There are pain treatments available that work for most people. In addition to medication, pain may be helped with acupuncture, biofeedback, electrical nerve stimulation, guided imagery, hypnosis, massage therapy and physical therapy.

If you have pain, discuss treatment options with your doctor. ☒



Katie Munoa, R.N., asks a patient to point to her level of distress on a pain chart.

When Suffering Doesn't Go

Twisted ankles and toothaches are painful, but temporary. Pain that keeps you from sleeping or working or lasts for weeks or months is chronic, according to Michael Amster, M.D., director of the Center for Pain Management, a NorthBay affiliate.

When chronic pain—from old injuries, diabetes, cancer, arthritis, or a host of other illnesses or conditions—gets so bad you can't otherwise perform the daily duties of life, it's time to enlist the help of pain management experts.

The Center for Pain Management uses a team approach to help chronic pain patients break what can become a cycle of discomfort. Pain leads to stress, which can lead to insomnia and depression, putting a strain on relationships and increasing financial concerns, all of which exacerbates the original physical ailments. "All of that further impedes the healing process," Dr. Amster explains.

The Center for Pain Management team of specially trained physicians and nurse practitioners helps patients

find their own way to overcome discomfort so they can heal their bodies, as well as their minds and spirits, Dr. Amster says. Patients may be referred to a nutritionist, physical therapist or rehabilitation professional to assist in meeting their individual needs.

Many have found additional relief after participating in the center's eight-week Pain Management Essentials program. During the classes, patients learn how pain works on the brain. They're taught pain triggers and how to avoid or manage them. They learn posture awareness and relaxation techniques. They may also receive nutrition counseling and goal-setting advice. Massage, meditation, yoga and physical therapy, as well as medications, may also be brought into the mix.

The Pain Management Essentials program, which began in 2005, is a compilation of best practices from pain management centers throughout the United States, Dr. Amster explains. In the past six years, "we've been able to collect enough data to show that our patients are less depressed, use fewer medicines, are more functional, can return to work and have significantly improved their lives."

The Pain Management Essentials program will begin a new eight-week session in September, says Dr. Amster.

Debbie Medina, 47, says the Pain Management Essentials program gave her a renewed reason to live. "I was in decent health until I was 30," says the Vacaville resident and former Court Appointed Special Advocate (CASA) volunteer.

Medina has degenerative disks in her back, had numerous surgeries and liver tumors, as well as a diagnosis of fibromyalgia. "I have scar tissue from top to bottom," she says. She also struggles with



Dr. Michael Amster says the team at the Center for Pain Management works to break the cycle of pain.

Away

"I will not let pain define me. They've taught me that I can choose to feel better."

—Debbie Medina



being overweight, but never felt her weight was a roadblock to her treatment at the Center for Pain Management. "They didn't stop at 'Oh, this is because you're fat,'" she says with gratitude. "They see the big picture. They're not dismissive here; they encourage me to find ways to continue with my volunteer work."

"Before getting treatment at the center, I used to be in such pain I would cry and moan, and was depressed all the time," Medina recalls. "But Dr. Amster and the staff have taught me how to quit feeling sorry for myself, to find things I can feel positive about, and to fix what I can fix. I liked to host big parties, for example, but now I have small gatherings."

Medina has received additional help and guidance by attending the Center's Brilliant Health program, which focuses on maintaining a positive attitude.

"They've taught me that I can choose to feel better, or not," Medina says. "I will not let pain define me. I've broken the pain and 'poor me' circle."

"A good attitude is so important," Dr. Amster agrees. "We have a choice in how we look at things. That's what we emphasize here, ways to stop being the victim." ❧

Diet, Exercise, Medication All in the Team's Arsenal

The Center for Pain Management uses a variety of treatment methods, including medicine and holistic therapies, physical therapy, diet and nutritional advice, to help patients break the cycle of chronic pain.

Open since 2005, the center's specially trained team — Michael Amster, M.D., medical director; Cynthia Pena, M.D., anesthesiologist and pain management specialist; Tamara Lee, nurse practitioner; and Kathryn Gee, family nurse practitioner; along with a nutritionist, physical therapist and rehabilitation specialist — works closely with each patient and their families to set treatment plans to meet individual goals.

Treatment plans could include:

- ▶ Physical therapy and body conditioning
- ▶ Medications
- ▶ Anesthetic injections
- ▶ Psychological counseling and support
- ▶ Massage
- ▶ Relaxation and biofeedback
- ▶ Behavior modification
- ▶ Chiropractic
- ▶ Health and nutrition counseling
- ▶ Non-traditional therapies, including acupuncture
- ▶ Transcutaneous Electrical Nerve Stimulation (TENS).
A "TENS unit" is a pocket size, portable, battery-operated device that sends mild electrical impulses to certain parts of the body to block pain signals.
- ▶ Educational opportunities, through Pain Management Essentials classes and Brown Bag Lunch Series.



For more information about the center, located at 1101 B. Gale Wilson Blvd., Suite 307, in Fairfield, call (707) 646-4666.

Relax, Meditate and Stop 'Guarding' Your Pain

"People in chronic pain tend to 'guard' their painful area," observes Anna Flores, physical therapy assistant with NorthBay Rehabilitation Services. "This altered posture puts undue stress on other muscles and joints, and can cause a vicious cycle of perpetual pain and reduced function."

When working with chronic pain patients, Flores teaches them to recognize when they are "guarding" and to work through it by focusing on breathing awareness, meditation, muscle relaxation and postural awareness.



"The idea is to help people to become more aware of their body and to honor their limitations," she explains. "Instead of vacuuming the whole house, for example, and then having to lay in bed for a couple of weeks, recognize your triggers, and how long you can do a task. Maybe only vacuum one room at a time. It's behavior modification."

The physical therapists' goal is to guide their chronic pain patients toward improved endurance, strength and flexibility.

Local Chest Pain Center Offers Quick Diagnosis &

The rule is simple: if you have chest pain, call 9-1-1. Don't wait. Don't be embarrassed. Because when it comes to saving your heart, doctors have a saying: "Time is Muscle." The faster you get help, the more of your heart muscle can be saved.

Chest pain comes in many varieties, from a vague discomfort to the classic, crushing feeling of having an elephant sit on your chest. A heart attack can produce a searing pain that radiates to your back, neck, jaw, shoulders and arms, especially your left arm. Or, it can come with anxiety, sweating and nausea.

Heart attacks are the leading cause of death in the United States, with 600,000 dying annually of heart disease. More than 5 million Americans visit hospitals each year with chest pain. Almost all patients with acute heart attacks began their medical care in an emergency department where the goal is to provide timely diagnosis and treatment to prevent further injury.

Fortunately, Solano County residents have easy access to an accredited Chest Pain Center. Located in the Emergency Department of NorthBay Medical Center in Fairfield, the

center has heart experts available 24 hours a day to diagnose and treat heart problems. The hospital earned a three-year accreditation from the Society of Chest Pain Centers in 2009, approving the ER's use of clot-busting drugs to treat heart attacks. The goal of the Society of Chest Pain Centers is to significantly reduce the mortality rate caused by heart attacks by teaching the public to recognize and react to the early symptoms, to reduce the time that it takes to receive treatment, and increase the accuracy and effectiveness of treatment.

Better Outcomes

When a patient with chest pain comes to NorthBay Medical Center, they will receive an EKG within 10 minutes, followed by an evaluation by an emergency physician. When the diagnosis is heart attack, a "Code STEMI" is called, activating the hospital's cardiac catheterization lab. STEMI stands for ST Segment Elevation Myocardial Infarction—a major heart attack.

For the best outcome, the national average for time needed to treat a heart attack patient, from admission at the emergency department to opening the blocked artery, is 90 minutes. At NorthBay Medical Center, the average time is 47 minutes, whether it is 2 a.m. or 5 p.m.


"We've worked incredibly hard in the past three years to accomplish this," Dr. Kim says. "We're not only saving lives, we're improving patients' quality of life by getting them better, faster."



Treatment

When the hospital seeks re-accreditation this summer, it will apply to become a chest pain center that offers PCI, meaning physicians and staff are trained to treat heart attacks with interventional procedures. NorthBay Medical Center will become one of just 10 hospitals in Northern California to earn this advanced accreditation, according to Dr. Jerry Kim, medical director of the Chest Pain Center.

“Earning accreditation means that we have the tools, processes and resources in place to rapidly and effectively treat a heart attack,” says Dr. Kim. “Patients who come to NorthBay for their cardiac care will have the best possible chance of optimal outcomes.”

The Chest Pain Center serves a broad part of Solano County, drawing patients from Vacaville to Vallejo. As the center’s reputation has grown, the center is seeing patients transferred from other counties for care. 

Early Warning Signs

Heart attack symptoms can be vastly different between men and women. Knowing the difference could save your life because the faster you seek help, the more of your heart muscle can be saved.

Symptoms in Men

- Chest pressure, tightness, and heaviness
- Pain in shoulders, neck, jaw or arms
- Lightheadedness
- Fainting
- Paleness
- Sweating
- Nausea
- Shortness of breath with or without chest pain

Symptoms in Women

- Extreme fatigue
- Trouble breathing
- Trouble sleeping
- Feeling sick to the stomach
- Feelings of anxiety
- A burning feeling in the chest
- Pain in the back, between the shoulders
- Pain or tightness in the chest that spreads to the jaw, neck, shoulders, ear or inside of arms
- Unusual headache

Dr. Jerry Kim,
M.D., director of
the Chest Pain
Center at NorthBay
Medical Center.



When Chest Pain *Isn't* Your Heart

Almost 30 percent of patients tested for a possible heart attack find that their pain is due to something else. Many cases turn out to be caused by a problem in the esophagus—the tube that connects your throat and stomach).

The esophagus and heart are in close proximity and even have a similar nerve supply. Without tests, doctors often can’t distinguish between esophagus pain and heart pain.

The most common cause of non-heart-related chest pain is heartburn—or GERD (gastroesophageal reflux disease). Heartburn is caused when stomach acid rises into the esophagus, causing a burning sensation.

Even when heart problems are ruled out, finding the true problem can be difficult.

Other causes of chest pain include:

- ▶ Psychological stress, anxiety, panic attacks and depression
- ▶ Lung conditions that cause inflammation of the lining of your chest cavity (pleurisy), asthma, and pulmonary embolism (blood clot in lung)
- ▶ Musculoskeletal pain can include pinched nerves, injured ribs or inflamed rib cartilage, and sore muscles
- ▶ Chronic pain from diseases such as fibromyalgia
- ▶ Gastric problems with the stomach or gallbladder



Laura Mathiasen (left) follows up with Dr. Teresa Whitley (center) and case manager Sandy Remell, R.N.

LIFESAVERS

Come Through in a Complex Case

Laura Mathiasen has been an athlete most of her life—playing competitive softball, swimming and even teaching physical education for awhile—until a devastating disease sidelined her with a vengeance.

Aptly named, Cyclic Vomiting Disease is every bit as terrible as it sounds, but rarely diagnosed in women over 30. Laura remembers the day it started in 2006. She woke up in pain and started vomiting uncontrollably. “At first, I thought it was the flu, but it just kept happening.”

Episodes would wrench her body, leaving her weak and weary and with nowhere to turn. At times, she’d pass out from the pain. Her mother and her friends did the only thing they knew to do in an emergency: Call an ambulance.

The Emergency Department is no place to treat chronic pain, but Laura didn’t have many choices. She’d visited doctors and clinics from the Bay Area to the foothills, and no one had a definitive answer. Some even suggested it was a psychological condition, which made her furious.

She moved in with her mother in Suisun City when she could no longer care for herself and wrestled with other serious ailments, such as renal failure and pancreatitis. Soon, the ED staff at NorthBay Medical Center began to recognize her on sight. She felt powerless and lost.

Enter Sandy Remell, R.N., Complex Case Manager, who after more than 30 years in the business

knows a thing or two about how to navigate the healthcare system. Her assignment from boss Shelley Stelzner, director of Outpatient & Complex Case Management, was to focus on individuals who would benefit from outpatient care assistance, by working to coordinate varied outpatient services to address chronic medical conditions.

“The ED complex case management program was started because we recognize that navigating the healthcare system in its current state is daunting,” explains Seth Kaufman, M.D., medical director of the Emergency Department. “We understand that patients with chronic conditions need assistance in finding an avenue to address their long-term healthcare needs.”

In Laura’s case, it was difficult to get a handle on the disease. She might be fine for a month or two at a time, then sick for months. No one could figure out what triggered her symptoms. “She was a complex conundrum,” says Shelley.

Sandy’s role, as Laura’s case manager, was to facilitate access to appropriate care services. First, Sandy helped Laura find a primary care physician. Sandy coordinated a visit with Dr. Teresa Whitley, an internist in the NorthBay Center for Women’s Health, who Laura calls, “My hero.”

“If it weren’t for Dr. Whitley, I wouldn’t be here today,” says Laura. “Before I met her, I was ready to give up. And everyone who knows me knows that I’m not a quitter. But I was so desperate that I told

“The ED complex case management program was started because we recognize that navigating the healthcare system in its current state is daunting.”

—Seth Kaufman, M.D.

my mom that the next time you find me, just let me go. But Dr. Whitley was patient, she listened to me, and she knew I didn't just want pain medication—I wanted answers. I wanted solutions.”

Additionally, Sandy coordinated specialist care services for Laura through the UC Davis Gastro-Intestinal Clinic, with testing and procedures. Medications were also tried, however were unsuccessful at eliminating her symptoms long-term.

While researching physicians who specialize in treating cyclic vomiting patients, Sandy discovered a physician at UC Los Angeles who would see Laura, as long as her insurance would approve the visit. Sandy secured authorization and the appointment, which was not easy, as the UCLA specialist only sees patients a few days per month. As luck would have it, an appointment was available for Laura within a month.

A customized medication plan was developed that successfully addressed Laura's symptoms. “It was a lengthy process, however Laura's case is a perfect example of how a case manager can intervene on a complex condition and coordinate care for successful outcomes,” says Shelley, who notes that Sandy is a phenomenal patient advocate and coordinator of care.

“Sandy is perfect for this role,” she adds. “She has an excellent rapport with our Emergency Department staff and strives to build effective working relationships with the patients.”

Dr. Kaufman agrees. “Sandy has filled in the gaps linking the Emergency Department treatment to the primary care and specialty clinics,” he notes. “She has assisted many patients such as Laura who were frustrated and in need of a definitive solution.”

Laura knows that she may need medication to hold this disease at bay the rest of her life, but she has a plan, and a team at NorthBay she can count on. That, she says, has made a world of difference.

“They've given me back my life again.” ❄



Seth Kaufman, M.D.

Choosing an Over-the-Counter Pain Medication

Although the drug store aisle is packed with pain medications, you really have a choice of only two main drugs types—acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs).

Acetaminophen (Tylenol) relieves mild to moderate pain from muscle aches, headaches, colds, sore throats, arthritis, backaches and menstrual periods. It also reduces fever. To reduce the potential for side effects, a daily dose of 2000 mg or less is recommended.

Aspirin is the oldest of the NSAID group of pain medications. While it is used to treat mild to moderate pain and fever, it is also used to help prevent heart attacks and stroke in patients who have already had a heart attack or stroke. Avoid giving aspirin to children as it has been linked to Reye's syndrome, a rare but serious condition that causes swelling in the liver and brain.

Ibuprofen (Advil, Motrin) and Naproxen Sodium (Aleve) are two other NSAID pain medications. They also relieve mild to moderate pain and reduce fever. Unlike acetaminophen, NSAIDs are also good at reducing swelling and inflammation.

“While both types of medication are effective at relieving pain, not everyone responds to medication the same way,” says Jerry Gonzales, NorthBay pharmacy director. “If one type of medication doesn't work for you, try the other. But remember, just because they are sold without a prescription doesn't mean they aren't strong drugs.”

If you are taking other medications, be sure to ask your doctor or pharmacist if pain medications are safe to mix.



Coping with Cancer

Cancer patients may experience pain, but what causes it can depend on the kind of cancer, how advanced the cancer may be, its location and even its treatment, according to Jonathan López, M.D., hematologist/oncologist with the NorthBay Cancer Center. Either way, cancer patients should rest assured that there are an array of medications and treatments available to help them cope with whatever may come their way.

Is one kind of cancer more painful than another? It depends on several factors, Dr. López notes. “In the early stages of breast cancers, for example, a patient may not feel pain. But, if a cancer has metastasized—to bone or the liver, for example—that could cause pain in those areas. Pancreatic cancer, in its early stages, is also painless but later in the disease process patients will report a boring pain in the abdominal area that can radiate to the back. They may also experience weight loss, nausea and vomiting,” he adds.

Sometimes the pain comes from where tumors are located. “If there

is a tumor on the liver, for example, and it grows enough to push and rub against other organs or the ribs, this can cause enough pain to bring someone in to the doctor,” he notes.

A sudden onset of painful sinuses is what brought Bereniece Wilson to an Oakland doctor in November 2011.

“I was in a tremendous amount of pain,” she recalls. Her diagnosis was Nasopharyngeal carcinoma (sinus cancer). She came under the care of Dr. López in December because she has a daughter living locally and she needed family support.

“She was in a terrible amount of pain, was not sleeping, had nausea and vomiting and was just miserable. I started her on medications, and that initially helped,” he says.

Bereniece then underwent a series of radiation and chemotherapy treatments in January. “And that, along with the combination of the pain medications, has really helped her the most,” Dr. López says.

“I’m really feeling good now,” she says. “I’m done with my treatments,

and I have no pain. The medications were able to just break it down.”

While Bereniece’s cancer treatments helped her feel better, others may experience uncomfortable side effects.

“Some medications can cause a burning or numbness in the hands and feet, indigestion or an irritation in the mouth,” Dr. López notes. Fortunately, these side effects are in many cases short-lived.

It is critically important for cancer patients to be honest with their doctor about their aches and pains—all of them—even if they consider them to be minimal or think it’s not important enough to bother the doctor over.

Tips for Managing Cancer Pain

- Notify your doctor right away if you have any new pain, or if it is getting worse or if the pain medication is not working.
- Take your medication on a regular schedule as instructed. Don’t skip doses or wait for pain to get worse before taking the medication.
- Take the medication even if you are not feeling any pain. It is more difficult to get your pain under control if you wait for it to occur.
- Let your doctor know if you experience side effects, such as constipation, nausea, vomiting or drowsiness.
- Help your doctor to determine the right pain control methods by keeping track of where the pain is typically located, how it feels, if there is anything that makes it worse or better, or if there are changes in levels of pain based on time of day or level of activity.



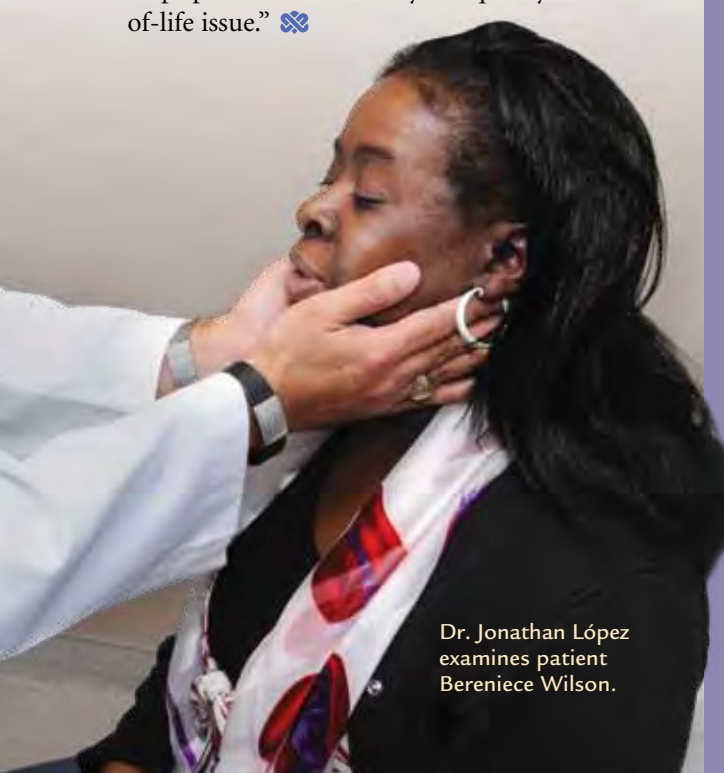
It is critically important for cancer patients to be honest with their doctor about their aches and pains.

“If I know my patient is experiencing pain somewhere, I can monitor it. It may be normal, or not. It may be a sign the cancer has spread, or is a result of the treatment. If we know what is causing the pain, we can find the underlying cause and then work to eliminate it.”

When it comes to confessing to discomfort, men are the worst, Dr. López jokes. “I’ll ask him how he’s doing, he says he’s fine and then I look over to the spouse, who is maybe frowning or shaking her head. I will investigate that body language,” he stresses.

He also counts on his nurses to pass along any comments. “Often, patients feel more comfortable telling the nurses about their pain,” he observes. “People tell them their troubles and I count on our nurses to fill me in.”

And please don’t avoid mentioning pain because you’re afraid you’ll become addicted to medications, he requests. “Cancer-related pain can be severe, but we need to get control of it. Pain can cause depression, which can worsen the pain, causing a downward spiral or more problems. Pain control helps prevent this. It really is a quality-of-life issue.”



Dr. Jonathan López
examines patient
Bereniece Wilson.



Dr. Terrell VanAken

Palliative Care Support for the Chronically Ill

Hospitalized patients who are suffering from chronic, debilitating, difficult-to-manage or progressive health issues can receive assistance with pain management through NorthBay Bridges, a palliative care service of NorthBay Healthcare.

NorthBay Bridges uses a team approach to help seriously ill hospitalized patients optimize their quality of life. With a goal of relieving pain and other distressing symptoms that come with a life-threatening illness, the Bridges team will work with the patient’s physician and hospital team to ensure that consistent care follows the patient from the hospital to skilled nursing or home care.

Palliative care is not hospice, notes Terrell VanAken, M.D., medical director, “Although we do have patients who come under the care of hospice when their illness becomes life-ending.” Instead, palliative care has the goal of relieving or soothing the symptoms of a life-limiting disease, without aiming to cure. With education and guidance from the NorthBay Bridges team, patients and their families will gain a better understanding of their illness and its progression, and can therefore make better-informed medical decisions.

NorthBay Bridges is staffed by an interdisciplinary team, headed by Dr. VanAken, Marianne Wachalovsky, family nurse practitioner; Valerie Froman, a licensed clinical social worker; and Gretchen Shilts, chaplain. Under the direction of Dr. VanAken, and Administrative Director Patty Kramer, the Bridges team collaborates with the patient’s physician to not just address physical pain, but also any social, cultural and spiritual needs seriously ill patients and their families may have. The goal is to help these patients reduce their pain so they may have better symptom management and, ultimately, improved quality of life.

Any hospitalized patient diagnosed with a serious illness may request a referral to the program through their hospital physician. For more information about NorthBay Bridges, call (707) 646-4216.

When Wear and Tear Take its Toll

The Ache of Arthritis

If you've been diagnosed with osteoarthritis (OA), you're familiar with the pain. It can ache deep in the joint or radiate down your leg. It's a pain that feels better with rest and a pain that gets worse throughout the day.

Arthritis basically means inflammation of a joint. OA is characterized by a gradual loss of cartilage from the joints due to wear and tear over time. OA affects more than 30 million U.S. adults.

"Chronic arthritis can be hard, both physically and psychologically," says Dr. Shahzad Anwar, a family practitioner with the Center for Primary Care in Vacaville. "Arthritis symptoms can cause frustration and even depression, which may reduce

your motivation to stick with your arthritis treatment."

By learning more about osteoarthritis, you can better participate in your own care and experience a productive encounter with your doctor.

What are the symptoms?

Arthritis can affect almost any joint, although it occurs most frequently in the hands, knees, hips, and spine. Common symptoms include pain, stiffness, and difficulty moving the joint easily.

"In the early to moderate stages of disease, OA follows the pattern of a non-inflammatory arthritis, which means that pain is aggravated by movement and weight bearing and is

relieved by rest," Dr. Anwar explains. Joints on one or both sides of the body may be affected. Patients often wake up with minimal symptoms and note that as the day progresses their symptoms increase.

These symptoms help distinguish OA from another class of arthritis known as Inflammatory Arthritis. This type of arthritis is usually more aggressive than OA and is often characterized by patients complaining of pronounced symptoms when waking up and then noticing that their symptoms dissipate as their body warms up and they move around through the course of the morning and early afternoon.

How is arthritis diagnosed?

A physical exam and a thorough medical history will help your physician make the diagnosis. Occasionally imaging modalities and lab tests will be used to aid in the diagnostic process. "Interestingly, patients can have OA with normal x-rays and vice-versa, while patients whose x-rays suggest advanced OA can be surprisingly symptom-free," Dr. Anwar says.

"Therefore it's always important to have a detailed discussion with your doctor so that your plan of care can be tailored to your needs."

How is arthritis treated?

"It is important for patients to understand that there is often no cure for mild to moderate arthritis," notes Dr. Anwar. There are however, many methods to help patients minimize their symptoms so that they can live life as pain-free as possible.



Symptoms of Osteoarthritis

While joint pain and stiffness are the most common signs of osteoarthritis, there are other very specific warning signs that can help you identify the disease. For osteoarthritis, they include:

- Deep, aching joint pain
- Pain that feels better with rest
- Pain that radiates into your buttocks, thighs or groin
- Joint pain that affects your posture and gait and may cause limping
- Pain that occurs after using the joint
- Swelling in the joint
- Not being able to move the joint as much as usual
- Feeling sensation of bones grating together in the joint
- Pain when rising from a seated position or using stairs
- Pain that increases with rainy weather



Dr. Shahzad Anwar examines a patient's arthritic hand.

Some of these measures include:

Non Medical:

- Learn about arthritis
- Join an Arthritis Support Group
- Eat a healthy diet and lose weight if necessary
- Get regular exercise, as tolerated, including flexibility and conditioning work
- Wear supportive shoes and add orthotics if needed
- Use ice, heat, massage, spa treatments and acupuncture for pain relief
- Try gait assistance devices, such as a cane or walker to keep mobile

Medical:

- Dietary supplements: there is only anecdotal evidence that Glucosamine (not for patients allergic to shellfish) and Chondroitin help arthritis
- Analgesics: Acetaminophen/ Tylenol (pill), Capsaicin (gel)
- Anti-Inflammatories: Ibuprofen (pill), Diclofenac (gel), Steroids
- Disease modifying drugs: (requires evaluation by a Rheumatologist)

Surgical:

- Partial or total joint replacements for advanced cases of OA

What to do next?

"I encourage all patients who think that they may have arthritis or who have debilitating pain from arthritis to discuss their symptoms with their doctor," adds Dr. Anwar. ☒

"It's always important to have a detailed discussion with your doctor so that your plan of care can be tailored to your needs."

— Dr. Shahzad Anwar

Painful Joints Can Be Replaced

When your pain can no longer be controlled and your quality of life is suffering, joint replacement surgery is an option to consider. The surgery can improve your mobility and relieve your pain.

The Joint Replacement Program at NorthBay VacaValley Hospital offers hip and knee replacement surgery with a two- to three-day hospital stay. The joint replacement experts have carefully planned every step of the patient's care to promote a successful and speedy recovery.

The first day is surgery and the following days focus on getting the patient up and walking. A friend or family member serves as "coach" to help the patient and to learn about post-surgical care. When the patient goes home, he or she is visited by a home health nurse who helps with rehabilitation exercises until the patient is ready to attend outpatient rehabilitation.

For a list of surgeons participating in the program, or for more information about the NorthBay Joint Replacement Program, call Cynthia Giaquinto at (707) 624-7600.



Muscling Back

Thanks to Surgery, Dad can Shoulder Responsibilities

As a strength and conditioning coach in his spare time, Matt Moraida, 30, of Vacaville was in such good shape that when he injured himself during a workout in February 2011, it only slowed him down for a week. “I heard a pop in my shoulder, and realized I’d hurt myself, but I didn’t know the extent of it,” he recalls.

He iced his shoulder every day and took time off weight training. Matt was back at the gym a week later, not realizing that he had torn the part of his rotator cuff that holds his biceps tendon in place.

Matt’s job as a process operator at Shell Oil Products in Martinez is very physical and often sends him climbing up towers and tanks and moving large equipment.

“I could still do most everything I did before, but my wife says I complained a lot more,” Matt chuckles.

.....

Dr. Franzino has helped a lot of athletes and people involved in sports who needed shoulder repairs to get back into action.

.....

Then Matt began losing sleep because of the pain and, as his condition worsened he eventually couldn’t even pull his shirt off or put his arm over his head. Simple, everyday tasks became painful.

Finally, his wife, Jenny, convinced him to see Shanaz Khambatta, D.O., his physician at the Center for Primary Care in Vacaville, who immediately determined he’d done sizeable damage. “By the time I actually went for help—almost a year after the injury—I’d developed arthritis and bursitis in my shoulder as well,” says Matt.

He was referred to Stephen Franzino, M.D., in NorthBay Healthcare’s Sports Medicine Clinic, a new addition to the orthopaedics program. Matt researched Dr. Franzino and found that he’d helped a lot of athletes and people involved in sports who needed shoulder repairs get back into action.

Dr. Franzino, one of the orthopedists for the San Jose Sharks and San Jose Sabercats, has performed thousands of arthroscopic shoulder procedures. In addition, he has treated all types of athletes from current and past professional athletes

to the weekend warriors. “That made me very comfortable,” recalls Matt. “I try to be as athletic and involved as I can be. It was comforting to know that he works with people who are interested in being physically fit.”

After an MRI in January 2012 confirmed his injuries, Dr. Franzino performed surgery Feb. 7 at the Surgery Center in Vacaville, arthroscopically repairing Matt’s rotator cuff by reattaching his tendon back to the bone and shaving off part of his clavicle to address his arthritis.

Now Matt’s on the mend. “The doctor has been real impressed with my flexibility after the surgery,” says Matt. “I’m an athlete—not trained to look good in front of a mirror so much as to be in good physical condition. It helped me stay flexible and mobile. Even now my doctor and my physical therapist say my range of motion is really good.”

And it all came together just in time for the birth of Matt and Jenny’s new daughter, Sofia Grace. Thanks to Matt’s newly repaired shoulder there is nothing to stand in the way of diaper duty for dad. ❧



Dr. Stephen Franzino puts Matt Moraida’s shoulder through the paces.



Using the model, Dr. Charles Sonu shows Kathryn Welter the area where her spine needed surgery.

Surgery Returns Spring to Her Step

At first, Kathryn Welter attributed the pain in her legs to old age. “I just worked through it,” recalls the feisty 89-year-old Vacaville resident.

But when she couldn’t sleep through the night, and she had to start giving up activities such as gardening and participating in local arts group events, she decided it was time to seek help.

Stephen Newman, M.D., her primary care doctor at the Center for Primary Care in Vacaville, persuaded her to explore a number of options, from acupuncture to massage therapy and finally pain management with medication.

“Sure, it diminished my pain, but I didn’t want to be on medicine the rest of my life,” says Kathryn. “That wasn’t a good choice for me.”

Her daughter Joan agrees. “She was spending more and more time in her chair. And she wasn’t the person we knew and loved anymore.”

“Yes,” chimes in Gene, Kathryn’s husband of 64 years. “She was a real crabapple.”

“Pain can make a real villain out of you,” agrees Kathryn. So when Dr. Newman referred her to Charles Sonu, M.D., a spine surgeon at NorthBay Healthcare, she was ready. “I didn’t want to dillydally, I wanted to get on with it.”

She had lumbar decompression surgery Oct. 21 at NorthBay Medical Center in Fairfield in which Dr. Sonu removed calcium deposits and bone spurs from her spine.

“This type of surgery is probably one of the most common spine operations done today and is one of the more routine operations that I do at NorthBay,” notes Dr. Sonu.

And while he certainly took Kathryn’s age into account, Dr. Sonu points out that his oldest surgery patient was 102, and this patient went from a wheelchair to walking, so it was worth the risk.

“The overall health of the patient is the primary concern,” he explains. “I usually present both non-operative and operative options for treatment and let the patient decide which path they want to take.”

It was an easy decision for Kathryn. And days after the surgery, when she got out of bed to walk for the first time, she was stunned.

“It was the most amazing thing—the first time I walked after the surgery, I had no more pain in my legs,” she recalled. “Just like that.”

Now she’s back to cooking and gardening. She maintains three flower beds at home on the property she and her husband share with her daughter and Joan’s mother-in-law.

“I have a bed of succulents, a bed of roses, and another bed for plants that catch my fancy,” she says, proudly showing off her work on a tour of the property. She navigates her steps with ease now.

“I think it’s something you just get used to—living with the pain. It was so strange to be able to walk and not have it any more,” she says. “Of course I do have pain in other places—I’m over 80 years old—that’s just the way it is. But with the leg pain gone, life is so much better.”



Kathryn is back at home in the kitchen, with husband Gene right by her side.

Top 10 Reasons

1 Bunions. A bunion is a swelling of the joint at the base of the big toe. This is often a genetic condition rather than something you've done to damage your feet, Dr. Miller says. While some bunions may require surgery, the first steps in treatment include the use of orthotics, padding and splinting to help relieve pain.

2 Plantar fasciitis. Heel pain is caused when the thick, fibrous tissue that covers the bottom of the foot becomes inflamed and painful. It occurs in athletes who run and jump, middle-aged people, and those who are overweight. No matter the cause, all cases are treated like an athletic injury, Dr. Miller says. Treatment includes anti-inflammatory drugs (aspirin, ibuprofen, naproxen), physical therapy, cortisone injections and, as a last resort, surgery.

3 Heel Spurs. A heel spur develops when a calcium deposit forms on the heel bone. This happens when the plantar fascia pulls away from the heel area, often in conjunction with Plantar fasciitis. Heel spurs can cause extreme pain in the back of the foot, especially while standing or walking. Treatment is the same as Plantar fasciitis.

4 Osteoarthritis of the foot and ankle. This is caused by simple wear and tear in the joint and is most often seen in patients over age 60. There are several treatment options, including anti-inflammatory drugs, braces, physical therapy, hot/cold therapy and changes to diet and activity level. There are also surgical options for arthritis pain in the foot and ankle.

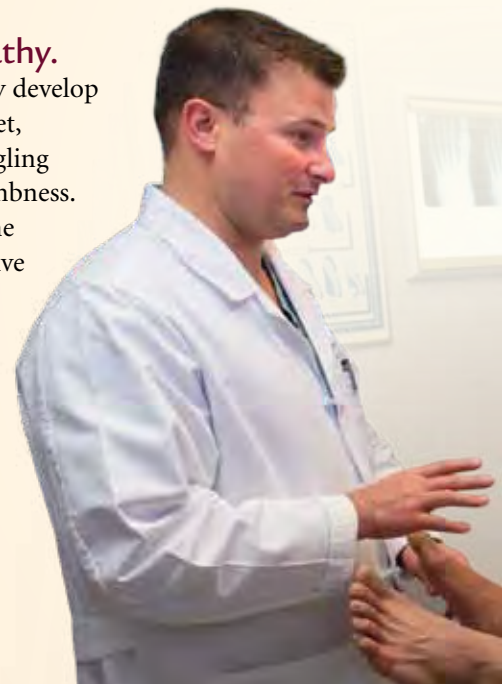
5 Diabetic Neuropathy. People with diabetes may develop nerve damage in their feet, causing a burning or tingling pain and sometimes numbness. Treatment can include the use of braces or supportive shoes and medical management of the pain in conjunction with the patient's primary care physician.



An old proverb states, "No hoof, no horse." And as anyone with foot pain knows, that statement applies to both man and beast. An aching foot takes the pleasure out of most daily activities.

Studies show that three out of four Americans will have a foot problem at some time in their lives, and many will never seek the medical attention that can cure them.

"Foot pain is never normal," says Fairfield Podiatrist Kevin Miller, D.P.M., of the NorthBay Foot & Ankle Group. "No matter what causes your feet to ache, a podiatrist can usually offer relief." ❧



for Foot Pain

6 Hammertoe. A hammertoe is a toe that bends up permanently at the middle joint. It is caused by a tendon imbalance and occurs in all age groups from children to seniors. Children may outgrow the condition, according to Dr. Miller, while others are treated with orthotics, splinting, and sometimes surgery to straighten the toes.

7 Morton's Neuroma. This is a chronic injury to the nerve between the toes, which causes thickening of the nerve in that area. It can cause pain and can make walking difficult. Symptoms include tingling in the space between the third and fourth toes, toe cramping, and sharp, shooting or burning pain in the ball of the foot. Non-surgical management includes padding the toe area, shoe inserts, anti-inflammatory medications and nerve blocks. Surgery may be needed to remove the thickened tissue.

8 Corns and Calluses. Corns are caused by pressure on the skin from the inside, such as from a bone. Calluses are hard, thickened skin on parts of the foot exposed to friction. The best treatment is to correct the biomechanical cause of the pressure or friction. Don't try to cut or burn them off.

9 Ingrown Toenails. A podiatrist can perform an in-the-office surgical treatment to cut away the ingrown portion of the nail. It is then treated with a chemical to keep it from growing back.

10 Toe Fungus. OK, while it's not painful, still it's a common foot complaint and one that's a pain to treat. Oral medications are the most effective treatment, followed by topical medications, creams and lotions. ❄️

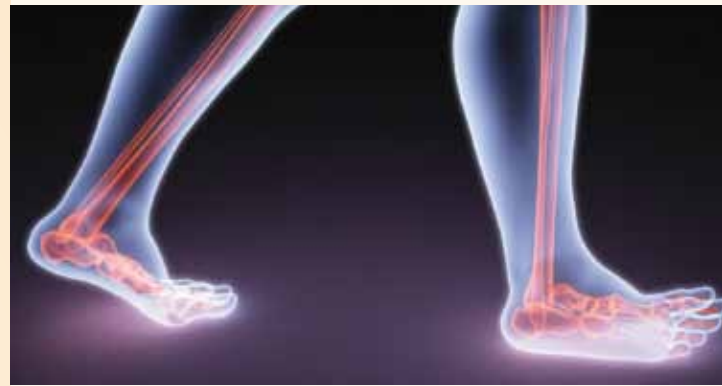
Dr. Kevin Miller examines the foot of Fairfield patient Emilion LeGaspi.

What is a Podiatrist?

No matter what causes your feet to ache, podiatrists can help. They are physicians whose training focuses on the foot, ankle, and the muscles and tendons governing foot function.

After completing the necessary undergraduate course-work, podiatrists spend four years in one of the eight U.S. colleges of podiatric medicine to obtain a Doctor of Podiatric Medicine (DPM) degree. All DPMs then go on to post-graduate surgical residencies, which last three years.

Podiatrists have the surgical training to perform intricate surgeries of the foot and ankle.



Help Your Feet Last a Lifetime

The American Podiatric Association believes that neglect and improper care—including ill-fitting shoes—bring on most foot problems. Here are some tips that will help you stay on your feet:

- 👣 Gently wash and dry your feet every day
- 👣 Examine your feet daily for cuts and bruises
- 👣 Do not go barefoot
- 👣 Take care of your toenails
- 👣 Wear shoes that fit properly
- 👣 Choose shoes that match your activity
- 👣 Choose shoes that minimize your risk of falling or slipping
- 👣 Alternate shoes from day to day to vary your posture and distribute your weight over a greater range of joints and muscles
- 👣 If you have foot problems, see a podiatrist

A Tale of Two Patients and One Diagnosis

Ashley Marques shares a laugh with cardiothoracic and vascular surgeon Seph Naficy, M.D., following a successful surgery to address Peripheral Arterial Disease.

They're on opposite ends of the spectrum. Bill Ivins, 71, of Vacaville, is diabetic with failing kidneys and a history of heart disease in his family. Ashley Marques, 23, is athletic and active and focused on getting her degree from UC Santa Barbara.

But they both were stopped in their tracks by the same troubling disease: Peripheral Arterial Disease, or PAD. It occurs when blood flow is cut off or limited to the foot and leg, and results in terrible pain.

For Bill Ivins, it was another bump in a pretty bumpy road. The retired pipefitter and foreman from Mare Island Naval Shipyard has wrestled

Peripheral Arterial Disease occurs when blood flow is cut off or limited to the foot and leg, and results in terrible pain.

.....

with diabetes, undergone a quadruple heart bypass and struggles with COPD, or Chronic Obstructive Pulmonary Disease, and asbestos exposure.

"I was pretty healthy for the first 50 years of my life," says Bill, affable and outgoing despite his troubles. "When my leg started hurting, I guess I just assumed it was the diabetes."

A home health nurse suggested he get a medical opinion. After tests, cardiologist Milind Dhond, M.D., medical director of NorthBay's Peripheral Vascular Program, could see blockages in both legs. But it was the right leg that needed quick attention.

Ulcerations weren't healing, and he knew if the situation wasn't addressed, Bill could lose his leg. After a two-hour procedure in the cardiac catheterization lab, blood flow was restored. "We had to use balloons to open up his arteries, but it was successful," says Dr. Dhond.

It wasn't such a clear-cut case for Ashley. She first visited her university's urgent care program to figure out what was going on with her right leg and foot.

"I was told I probably had Raynaud's disease (recurring numbness in extremities) and that I should go home and put my foot in hot water. That it would just be a painful thing I'd have to live with."

And so she tried, for some time, to live with it. The pain started with numbness in her toes, and later spread to her foot. By the time winter break rolled around, the pain was excruciating and radiating up her leg.

She had come to the Bay Area to visit family, and was at her aunt's home in Vacaville right before Christmas when the pain was so bad, she couldn't sleep. "I just cried all night. My dad said, 'We're going to the Emergency Room first thing in the morning.'"

At VacaValley Hospital's Emergency Department, the first thought was also Raynaud's disease, but extensive tests were confounding: they revealed





Cardiologist Milind Dhond, M.D., discusses whether surgery would be optimal for Bill Ivins.

little blood flow below Ashley's knee. At that point, she was transferred to NorthBay Medical Center and into the care of Sefh Naficy, M.D., a cardiothoracic and vascular surgeon with the NorthBay Heart & Vascular Center.

An attempt by Dr. Naficy to open her blocked artery in the cardiac catheterization lab proved unsuccessful, and that left surgery as the only option.

On Christmas Eve, Ashley was taken to the operating room at NorthBay Medical Center where Dr. Naficy solved the mystery. Ashley's knee artery was compressed by muscle tendons, a situation she was born with and that had been developing through the years. As a result, the blood vessel behind her knee was damaged and filled with clot.

Dr. Naficy removed the clot, and reconstructed the damaged vessel. Healing, however, took some time. The sociology major decided to take a quarter off from school. For the first few weeks, she couldn't put any weight on her foot, but she gradually regained her strength, mobility and flexibility.

"There had been no blood flow into my foot for so long, that it took time to bring it back to normal," says Ashley, who now walks without so much as a limp. "I'm just lucky I get to keep my leg. I think about it all the time."

Bill Ivins, too, is glad Dr. Dhond and the team in the cath lab and at the Same Day Center were able to help him save his leg. "Everybody was so friendly and helpful, and I really want to let them know how much I appreciated the compassionate care," he says.

He might consider the same procedure for his right leg, but for now he's taking a conservative approach at Dr. Dhond's direction.

"It's been a tough time on me and my family, but I know NorthBay's team is here to help." ❄️

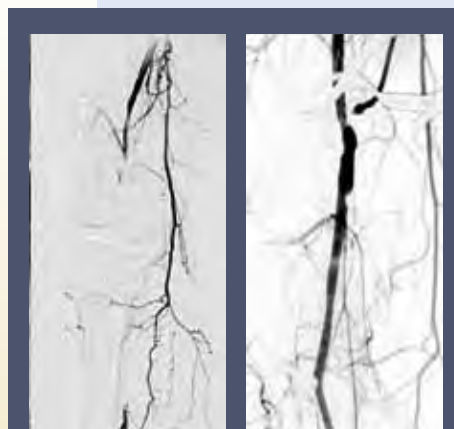
Just the Facts: What is PAD?

While Peripheral Arterial Disease, or PAD, is most common in men over 50, Ashley Marques, 23, is proof that it can also occur both in women and younger people.

Symptoms of the disease include pain, aches, fatigue, and burning or discomfort in the muscles in feet, calves or thighs, especially during or right after exercise.

The disease is caused when arteries are hardened with a fatty buildup, or plaque, which results in decreased blood flow. That can lead to damage of nerves and tissues.

In severe cases, the patient might experience cramps or pain at night, a tingling in the feet or toes, and ulcers that do not heal. In some cases, a patient can improve their condition with exercise, weight loss (if the patient is overweight) and smoking cessation. It's important to control cholesterol and blood pressure. Medication can also help.



The image (left) is an angiogram of Ashley Marques' leg, behind the knee, showing limited blood flow, and (at right) blood flow after the repair.

In more serious cases, ballooning or placement of a stent in an artery during a catheterization lab procedure can correct the problem. And in extreme cases, such as Ashley's, surgery might be necessary.

If you are experiencing the symptoms and suspect you might have PAD, contact your doctor for an exam.

New Mom Has Praise for Physician's Magic Touch

Aurora Ghimire was only four months into her pregnancy when lower back pain struck. A pre-school teacher in Sacramento, the 33-year-old was thrilled to be expecting her first child with husband Sudhir, a construction company vice president. After driving home

to Fairfield every evening, she'd find herself in excruciating pain.

"I'd be on the sofa with an ice pack on my back," she recalls.

She visited her doctor at the Center for Women's Health to make sure everything was progressing properly with the baby and to find out

whether the pain indicated any kind of a problem.

"I was gaining the right amount of weight, and the baby was growing fine," she says. "But the pain was so bad, I couldn't get up or move at all."

Her physician told her she could take a Tylenol a day, but Aurora wasn't keen on the idea of daily medication. There was another option, one in fact that that her doctor had chosen during her own pregnancy: Aurora could try an Osteopathic Manipulative Treatment—called OMT—with Angela Lim, D.O.

"I've never heard of a doctor who did that before. I didn't even know what it was," says Aurora. "But the first time I saw her, it made a huge difference. I was able to get up and walk out of there. It was like a miracle."

Dr. Lim is board-certified in family medicine and neuromusculoskeletal medicine and joined NorthBay's Center for Primary Care in 2010. In September 2011, she shifted her family-based practice—located at the VacaValley Health Plaza in Vacaville—to focus entirely on Osteopathic Manipulative Medicine, or OMM, and has had tremendous success.

"It's a hands-on approach to pain," explains Dr. Lim, "and it can help everyone from newborns to the elderly." Dr. Lim emphasizes that while some patients experience great relief, not everyone reports such dramatic results.

"For some patients, the goal is to increase function, acknowledging that there may be only a reduction—not an elimination—in pain," she says. "OMT is not a miracle, even though it might feel that way to someone who has been in pain. It



Angela Lim, D.O. (left), holds Siddhartha Francisco Ghimire, while his mother, Aurora, is all smiles, thanks to Osteopathic Manipulative Medicine.



A Hands-on Approach to Pain

Osteopathic Manipulative Medicine, or OMM, is a hands-on approach to pain, which takes a patient's musculoskeletal, circulatory, lymphatic and nervous system into account.

The practice was established in the 19th century by Dr. Andrew Taylor and involves the physician using their hands to move muscles and joints, using techniques that include stretching, resistance and pressure.

In addition to back pain, it has proven useful to patients who suffer migraines, asthma, infections and even constipation.



“OMM is a hands-on approach to pain and it can help everyone from newborns to the elderly.”

— Angela Lim, D.O.

.....

is rooted in science and based on human anatomy and physiology.”

Dr. Lim uses her hands to move muscles and joints, using techniques that include stretching, pressure and resistance. “I’m not a chiropractor and I don’t do massage,” she explained. “But the treatments I provide for my patients often give them immediate and sometimes long-term relief.”

Aurora’s husband, Sudhir, was stunned at the difference in his wife after the very first treatment. “You’re not stuck to the sofa any more,” she remembers him exclaiming.

After that, she became a regular visitor to Dr. Lim, and credits her with “miracle hands” that helped her through the pregnancy. “I would recommend her to any pregnant woman with back pain—or anyone with back pain,” says Aurora. “I consider it a real blessing that I was able to meet Dr. Lim, she’s a wonderful doctor.”

Dr. Lim even squeezed Aurora in for a session on the morning that her labor was induced.

Siddhartha Francisco Ghimire was born at 9 pounds, 1 ounce on Feb. 8, happy and healthy. His mother still has some lower back pain, and when she does, she schedules a visit to Dr. Lim.

“It’s given me my life back,” says Aurora. “I can be active, and move without pain, keep an eye on my baby and on my preschoolers.” ❧

Be Prepared for Labor Day

Most women will agree the pain they experience during labor and delivery miraculously melts away almost as soon as they lay eyes on their newborn. But, in the hours before that moment, women must endure a painful process of contractions and pressure “that can last anywhere from a half hour to 30 hours,” says Sarah Smith, D.O., gynecologist/obstetrician with the Center for Women’s Health, a NorthBay Affiliate. Each labor and delivery process is unique and varies greatly, depending not only the woman herself, but the position and size of the baby, and whether it is her first or a subsequent delivery, Dr. Smith notes.

“If you’re concerned about how you will handle the process, don’t wait until the heat of the moment,” she advises. “Talk to your doctor ahead of time, during your regular visits. We can go over what medications are available, and if you want them, or we can make recommendations for techniques that will help.”

Women in labor can take advantage of pain-relieving medications, non-drug options, or a combination of both, she explains. Medications would include analgesics—which relieve pain without the total loss of feeling or muscle movement, such as during an epidural block—or anesthetics, which would completely block out all feeling, such as during a cesarean.

Non-drug options could include changing position frequently, or using breathing and relaxation techniques learned during a labor and delivery class. “I know that some people also have tried acupuncture or hypnosis with success,” Dr. Smith adds.

During labor and delivery classes, expectant moms and their “labor coaches” are taught about the three stages of labor—latent, active and transition—and what one might expect during each phase.

The first stage is the longest and least intense, when the cervix dilates to about 3 or 4 centimeters.

During the active phase, the cervix dilates from 4 to 7 centimeters and contractions become much more intense. Pressure can build on the back and/or abdomen, and some women will also start to feel the urge to push. They will be encouraged to wait until the cervix is completely open, at 10 centimeters.

The cervix reaches this milestone during the transition phase. At this time, contractions are very strong and painful. They may come every three or four minutes and may last from 60 to 90 seconds.

“The time a woman is in the transition phase varies from about a half hour to an hour and a half,” Dr. Smith notes. “It can be a very emotional time and she will need a lot of support.”

Even if you have chosen the non-drug pain relief option, you can always ask for pain medications at any point, Dr. Smith says. “We will take whatever steps a mom needs to be comfortable, and be respectful of her wishes.”



Sarah Smith, D.O.

When It's All in Your Head

That throbbing pain in your head can have many causes, says Shahid Rehman, M.D., a neurologist with the Center for Specialty Care, a NorthBay affiliate. “Most often, headaches are a benign condition, especially when they are chronic and recurrent. But, a new, severe headache may be the earliest sign of a serious neurological disease and therefore requires a thorough and systematic evaluation.”

Headaches are common and occur in all age groups, he adds. They account for 1 percent to 2 percent of emergency department evaluations and up to 4 percent of medical office visits. Headache triggers include emotional stress, fatigue, hunger, a reaction to second-hand smoke or chemical odors, overuse of alcohol, or hormonal changes, among others.

What is not common, however, and should be checked out immediately, is when your child complains of a new headache, or if you experience a severe headache unlike any other, that may also be accompanied by neck pain, nausea, fever or vision changes.

There are multiple headache categories, Dr. Rehman explains, but the most common types are classified as tension, migraine and cluster headaches.

Neurologist Shahid Rehman, M.D., examines a headache patient.

Headache Pain Alert!

See your doctor immediately or go to the emergency room if you have any of the following signs and symptoms, which may indicate other, more serious medical problems:


- ! An abrupt, severe headache like a thunderclap
- ! Headache with fever, stiff neck, rash, mental confusion, seizures, double vision, weakness, numbness or trouble speaking
- ! Headache after a head injury, especially if the headache gets worse
- ! A chronic headache that is worse after coughing, exertion, straining or a sudden movement
- ! New headache pain if you're older than 50

Tension headaches are very common and have a host of causes, Dr. Rehman explains, including sleep deprivation or emotional stress. Skipping meals, not getting good sleep, overusing alcohol, and eye and neck strain from sitting too long at a desk or computer can also cause a tension headache.

“Migraines are caused by a combination of dilated blood vessels, inflamed nerves and increased central pain transmission,” Dr. Rehman says. Migraine headache may be moderate to severe, last for hours or even days, and can cause nausea, vomiting or a loss of appetite. Migraine sufferers may also be sensitive to certain odors, bright lights or noise.

Cluster headache is a common headache syndrome, and can be the most severe and disabling, Dr. Rehman notes. These are seen much more frequently in men than in women. People who get them complain of burning, piercing pain behind an eye or in the region around the eye. These headaches may come and go throughout the day, and may last for days or even weeks.

Surprisingly, a common, and frequently unsuspected, cause of intractable headache is the overuse of pain medications. “The patient, in futile attempts at relief, takes increasing amounts of medications (both prescription and over-the-counter drugs). When the high medication levels drop, even slightly, the headaches rebound. The result is a daily, virtually constant, atypical headache. For this reason, be careful not to use over-the-counter pain medications excessively,” Dr. Rehman says.

If you are experiencing headaches of any kind that last for a few days, it's best to discuss the frequency and triggers with your primary care physician, Dr. Rehman advises. 



25 Years of Coordinated, Comprehensive Cancer Care

If you had cancer and lived in Solano County 25 years ago, chances are you received care far from home. That changed in 1987 when the NorthBay Cancer Center opened in Fairfield, giving Solano County residents access to comprehensive, sophisticated cancer care.

In 1996, NorthBay Cancer Center became the first community-based cancer center in Solano County to be accredited by the American College of Surgeons' Commission on Cancer, one of many firsts the NorthBay Cancer Center has claimed during the past quarter century. The facility was also the county's first non-military radiation oncology treatment center with Florian Ploch, M.D., an expert in radiation therapy, as the center's first physician. Dr. Ploch still heads the radiation therapy department today.

Medical oncology and clinical trials were added in 1993. The medical

oncology team now includes Brian Vikstrom, M.D., James Long, M.D., and Jonathan López, M.D., all board-certified internists/oncologists/hematologists. "Drs. Long, López and Vikstrom are our chemotherapy experts," says Charlene Thompson, cancer data coordinator.

The center's radiation therapy department employs intensity modulated radiation therapy (IMRT), designed to maximize tumor eradication while preserving healthy tissue. This results in fewer complications, reduced side effects and better outcomes for patients with even the most complicated cancers. The Cancer Center team also uses other cutting-edge treatments in the fight against cancer, including immunotherapy, hormone therapy and targeted cancer therapy.

The center's clinical and management team combines experience and

training. All Cancer Center nurses maintain active Oncology Nursing Society Chemotherapy and Biotherapy Provider Cards, obtained by demonstrating knowledge in chemotherapy and biotherapy administration and management of side effects. The entire infusion nursing staff are Oncology Certified Registered Nurses (OCN), which is NorthBay's standard requirement for infusion nurses. Additionally, the team includes the first board-certified oncology pharmacist and the first board-certified oncology social worker in Solano County.

With an impressive combination of the latest technology, the latest treatment options, a wide breadth of services and the most experienced and highly trained staff in the area, the NorthBay Cancer Center has ensured it will continue to offer Solano County the best in cancer care for many years to come.

Another Pitch to Strike Out Cancer

Genentech-Vacaville and the Sacramento River Cats are teaming up again to help raise funds for the NorthBay Cancer Center.

Genentech-Vacaville's Strike Out Cancer event is a collaboration with the River Cats — the Triple A baseball affiliate of the Oakland A's — to raise funds for the NorthBay Cancer Center.

When the two organizations teamed up in 2011, it was a winning season for

the River Cats and \$64,000 was raised. For the 2012 season, Genentech has pledged \$100 per strike out at home games up to \$50,000.

Genentech's Strike Out Cancer event officially kicked off on June 30, 2012, but the fund-raising will continue throughout the entire baseball season, according to Dolly Rivero-Mendieta, event coordinator for Genentech-Vacaville.

NorthBay Cancer Center staff have used Genentech funds on items and services that help increase patient comfort, such as mattresses, beds and a blanket warmer.



Mock Drill Hits Home for Students



It was only a mock drill, but when Police Officer James Knapp Sr. of Rio Vista received the terrible news from Dr. Seth Kaufman that his son “died” from injuries following a traffic collision with a drunken driver, it sure felt real.

With his fiancée trying to hold back tears at his side, Knapp took the long walk down the corridor at NorthBay Medical Center to the Emergency Department bed where his son, Jimmy, lay covered with a sheet. Following a few steps behind was a videographer and photographer capturing images of Rio Vista High School’s “Every 15 Minutes” program.

Once the shot was done, Jimmy, 16, was allowed to bounce up from his “deathbed” and give his family a hug. “How was the helicopter ride?” asked his father.

“I couldn’t see much,” shrugged Jimmy, who arrived tied down to a gurney, his face bloodied with fake paint and his clothes shredded.

On Friday, March 23, students had a chance to watch the whole ordeal on video, from the crash, to the paramedics’ arrival, to the emergency room care, to family being notified.

NorthBay Emergency Department staff jumped at the opportunity to again partner with local firefighters,


police, EMS crews, school officials, students and their parents in this national program, which teaches students the sobering facts and consequences of drinking and driving.

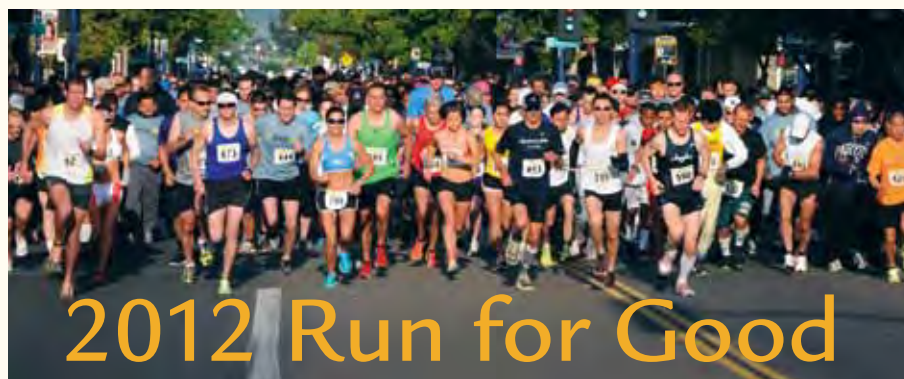
During the two-day program, a mock crash was staged at the Rio Vista campus. EMS crews delivered three students — Jimmy via a CALSTAR helicopter, and Heather Marlowe and Ryan Ratchford by Medic Ambulance.

Heather Venezia, Trauma Program director, used the opportunity to call a full Code Trauma, giving numerous departments of the hospital a chance to test their skills.

“From the healthcare industry prevention perspective, this program has a profound effect on students and staff,” says Heather. “It teaches us how we can do a better job of taking care of patients. Training is key to us all functioning as a really well-organized team.”

Coordinating the response for NorthBay was Leigh Rabold, R.N., who admits that after participating with this program four times, she’s very passionate about it.

“We have a mission to partner and to educate kids about the risks of DUI,” says Leigh. “I love to see the raw emotion from the parents. We get so caught up in doing our jobs that sometimes we forget how real it is for people. This gives us a chance to connect and reminds us that we do make a difference in our daily jobs.” 



2012 Run for Good

It was a parade of purple shirts this year as more than 250 NorthBay Healthcare employees, their friends, family and even a few pets assembled April 7 to participate in the 2012 Run for Good. The event, which benefits the Matt Garcia Youth Center and the Fairfield Police Activities League, was changed this year to include both a 5K and a 10K event. More than 1,000 runners and walkers participated, wending their way through downtown Fairfield — and in the case of the 10K — through downtown Suisun as well. Organizers say the event raised more than \$31,000.

Welcome UnitedHealthcare

NorthBay Healthcare's two hospitals are now accessible to more than 11,000 Solano County members of UnitedHealthcare. In addition, its specialty practices and the four locations of the Center for Primary Care are open to members of UnitedHealthcare's Preferred Provider Plan (PPO).

The health plan and the independent, locally managed nonprofit healthcare provider signed a new contract that went into effect in February.

Vacaville Business of the Year

Citing its decades-long support of the health and well-being of the community, the Vacaville Chamber of Commerce Board of Directors selected NorthBay Healthcare its 2011–12 Business of the Year.

In addition to regularly participating and sponsoring Chamber business events and committees, NorthBay Healthcare was integral in the creation of Leadership Vacaville in 2007, and has sponsored a similar program in Fairfield.

NorthBay was also recognized as Business of the Year by the Fairfield-Suisun Chamber of Commerce in 2009 and 2004.

Physician of the Year

Matthew Heeren, M.D., a pediatrician at the Center for Primary Care in Vacaville, took home "Physician of the Year" honors from the Child Abuse Prevention Council, a partner of the Children's Network of Solano County. He was one of 13 adults honored for providing quality services on behalf of abused children and their families in Solano County.

Dr. Heeren specializes in developmental and behavioral issues with infants and children, "and is very attuned to the developmental needs of children with autistic spectrum disorders, as well as behavioral and mental health issues," according to his nomination.

Girls Night Out Nov. 9

The third annual Girls Night Out, presented by the Center for Women's Health, is Friday, Nov. 9, at Vacaville Performing Arts Theater (VPAT).

This year's theme is "Hollywood" and promises more fun and excitement with boutique shopping, health information booths, hors d'oeuvres and wine tasting. The evening will feature nationally known trio Three Blond Moms and include enticing gift basket raffles and a few surprises. Ticket information will be available in September.

Contact the NorthBay Women's Health Resource Center at (707) 646-4267 or visit womenshealth@northbay.org.



Welcome New Physicians



Daniel P. Birkbeck, M.D., has joined the staff of NorthBay Healthcare. Dr. Birkbeck, an orthopedic and hand surgeon, earned his medical degree from the University of Michigan Medical School in Ann Arbor and completed a residency in orthopaedic surgery at Henry Ford Hospital in Detroit where he was chief

resident. He completed a fellowship in hand and musculoskeletal microsurgery reconstruction at the State University of New York in Buffalo and a fellowship in upper extremity trauma at University Hospital in Bern, Switzerland. He is board-certified in orthopaedic surgery with an additional certificate in surgery of the hand. Dr. Birkbeck can be reached at (707) 254-7117.



Bruce T. Hewett, M.D., pediatrician, has joined the Center for Primary Care in Vacaville. Dr. Hewett earned his medical degree from the University of Colorado Health Sciences Center, School of Medicine. He completed a pediatric residency at David Grant Medical Center, Travis Air Force Base, CA. He is board-certified in

pediatrics. To make an appointment with Dr. Hewett, please call (707) 624-7500.



Parveen Khan, M.D., obstetrician/gynecologist, joins the Center for Women's Health in August. Dr. Khan earned her medical degree at Chandka Medical College in Larkana, Sindh, Pakistan. She is board-certified by the American College of Obstetrics & Gynecology. For the past year, she has worked at NorthBay Medical

Center as an OB/GYN hospitalist and at the Gardner Family Health Network in Santa Clara, CA. To make an appointment with Dr. Khan, call (707) 646-4100.



Amber Stirten, Psy.D., psychologist, has joined the Center for Primary Care in Vacaville. Dr. Stirten earned her doctorate in clinical psychology from Nova Southeastern University in Fort Lauderdale, Florida. She cares for children, adolescents and adults who are experiencing mood and anxiety disorders, domestic

violence, financial or relationship stress, phase of life changes and difficulties with medication management. For more information, call the Center for Primary Care at (707) 624-7500.

Missing The Girl with the Dragonfly Tattoo



Suicide Survivors Group Helps Mother Cope with Loss

Chelsea Reyes had everything going for her. She was beautiful, pregnant and living with the man of her dreams, remembers her mother, Pam. She was a free spirit, her beautiful girl with the dragonfly tattoo.

Then it all fell apart. She lost her baby, lost her boyfriend, and was preparing to move out of the home they shared. She was devastated. “Her sister and I talked to her extensively that evening. She was exhausted, and said she needed to go home. She needed closure.”

Pam went to check on her 90 minutes later, and found her body. “She just gave up on life,” says Pam. “I never expected it. She was my beautiful girl. She loved life, and she never saw the bad in anybody. But she had her dreams taken away.”

After her death, Pam didn’t know where to turn. She knew she needed help, and was thankful for NorthBay Hospice & Bereavement’s free sessions. But it didn’t quite fit her situation. “I met a lot of people who had lost children, but not in the way I had. I needed to reach out to other parents who had lost a child through suicide.”

And so, when NorthBay launched a pilot program for survivors in suicide situations, she jumped at the chance and found other people just like her.

“It was a godsend.”

Now, thanks to the expansion of NorthBay’s bereavement program into a new building, the suicide survivors group, under the direction of licensed therapist Barbara Bean Jenson, will go from pilot status to public offering.

“It’s going to be wonderful to have a safe environment that will allow participants to feel comfortable to discuss really tough feelings and experiences,” explains Barbara.

Her “Grief by Suicide” Group is smaller than other bereavement groups — no more than eight people at a time. And it’s a closed meeting, meaning interested participants need to register, so no one just pops in, which helps create a greater level of commitment and promotes cohesiveness.


“Our society sees suicide as a family problem or a moral dilemma,” explains Barbara, “thus causing the griever to keep things inside. A ‘Grief by Suicide’ Group offers a place to tell truths without shock or judgment. They have found a place to speak their stories and find closure to the questions they may never find answers to...”

As much as the group has helped Pam, she continues to attend, because she wants to reach out and help other survivors. “We share our stories and we try to make sense of it all. We may never find the answers we want, but we have each other, and we’re coping.”

Pam says that even though her daughter is gone, she’ll always be present, a part of the family. “She’s with us, even now,” says Pam. Just the other day her grandson,

Trenton (Chelsea’s nephew) saw a real dragonfly buzzing around, and he came home all excited because he knew his Aunt Chelsea loved dragonflies.

“I saw Auntie today,” he told Pam.

“That’s because he believes she’s his dragonfly angel who watches over us. He doesn’t understand death,” says Pam, “but he understands that she’ll always be a part of us.” 



Pam Reyes shares a photo of her late daughter Chelsea and an image of a dragonfly which she keeps as a reminder of her daughter’s presence.



Chris Root, executive director of NorthBay Hospice & Bereavement and Veronica Wertz, bereavement volunteer coordinator, pose in front of the new bereavement center on Oliver Road.

New CT Scanner at NorthBay Medical Center

A powerful new Phillips 256-slice CT Scanner is now in clinical use at NorthBay Medical Center. Installed last month at a total cost of \$2,300,000, the Brilliance iCT computed tomography (CT) scanner combines power, speed and coverage to produce extremely high-resolution images with reduced radiation exposure.

"This is an important addition to our diagnostic imaging department," says Jerry Wilcox, director of diagnostic imaging and radiation therapy. "It allows us to perform detailed analysis of very complex anatomy within seconds and helps us keep up with the request for CT scans from our trauma and stroke services."

The scanner produces 256 slices of information during each rotation, in only 0.27 seconds. A scan from head to toe can be acquired in about 10 seconds.

"This speed can be extremely important for time-critical exams for small children, trauma and areas of the body that move, such as the beating heart," according to Wilcox. "And, faster scans mean a lower radiation dose and shorter breath-holds, making CT scanning easier for patients."

It now takes about 5 seconds on the scanner, and less than one second of x-ray exposure, to get detailed images of the heart and its coronary arteries. This scanner is fast enough to get motionless pictures of the heart despite heart rates of up to 100 beats per minute.



A Home for Bereavement

NorthBay Hospice & Bereavement has found a home for all of its grief-counseling services under one roof.

NorthBay Bereavement Center—the first ever in Solano County—opened its doors in June at 1411 Oliver Road in Fairfield, in space provided by Al and Patt Shaw, longtime hospice program supporters.

The program, which has been operating in scattered locations for the past 25 years, provides workshops, programs and counseling.

"We're thrilled by the opportunity," says Chris Root, executive director of NorthBay Hospice & Bereavement. "There will be conference rooms for group meetings, a place for our children's programs, and a place for individual and family counseling."

All services are free, although donations are always appreciated. The bereavement program relies on donations and the fund-raising success of the Solano Wine & Food Jubilee, held each spring in Vacaville.

The 2,815-square foot space will also offer office and storage space, which had been at a premium. "It will give us a comfortable, spacious and soothing environment and help us better meet the needs of grieving families," says Chris.

Two licensed clinical social workers, Barbara Bean Jenson and Theresa Baides, are supported by a team of facilitators, chaplains and volunteers.

There are eight-week courses and recurring classes for children, teenagers and special groups, and an ongoing session for adults. There is

The new center helps us fulfill our mission of compassionate care, close to home.

a faith-based group, as well as a special support group for survivors of suicide.

"A new center will give us the opportunity to expand our programs," says Veronica Wertz, hospice, bereavement and volunteer coordinator. "Our groups are open to everyone. You don't have to be a family member of a hospice patient to participate."

The hospice team will continue to function out of offices at 5140 Business Center Drive.

"The new space will certainly help the bereavement team in its mission to provide grief and trauma interventions and support whenever critical events occur in our community," says Chris. "It helps us fulfill our mission of compassionate care, close to home."

For a schedule of bereavement classes or more information, call (707) 646-3517. ☒



SOLANO WINE & FOOD Jubilee

Presenting Sponsors

Burger King Restaurants:
Tina, John and Maria Benedict

Al and Patt Shaw

The Nut Tree

Freeman Family &
Cosmetic Dentistry

Gold's Gym

Iron Steed Harley-Davidson

Patron Sponsors

Ahi's Seafood and Chophouse
at Hilton Garden Inn, Fairfield

BeforeTheMovie.com

Cirkadia

Luminous Marketing & Media

95.3 KUIC

Printsight.com

Solano Imaging
Medical Associates

Vezer Family Vineyard:
Frank & Liz Veger

Vitus Wines:

John Gilpin, Fred & Diane Hearn

City of Vacaville

Visit www.wineandfoodjubilee.org
for a complete listing of sponsors
and participating vendors.

Silver Sensation Rocking Good Time at Jubilee

The 25th Annual Solano Wine & Food Jubilee's silver celebration was a rocking, sold-out success, thanks to thousands of supporters, a tent full of fabulous food, wine and brewery vendors, and special musical performances, including a surprise appearance by international rock star Jacoby Shaddix.


Shaddix, lead singer of the Vacaville-rooted band Papa Roach, sang a number of acoustical songs before an electrified audience of old and new fans. His performance came after ticket-holders had already spent a couple of hours enjoying an array of foods and wines from more than 120 vendors.

"The evening was outstanding, from start to finish," said Chris Sweeney, event chairman. "The vendors really outdid themselves this year. From one vendor to the next, guests could sample an incredible assortment of foods and wines."

The evening was a complete sell-out, with nearly 3,000 people attending, noted Brett Johnson, NorthBay Healthcare Foundation president. "We are extremely grateful and very thankful for the tremendous community support we receive for this event."

Guests were also treated to a special performance by Eddy K, a local musician, who wrote and performed a ballad heralding hospice services and those who help raise funds for it through the Jubilee. Then the crowd waited in excited anticipation to hear names called for cash prizes and the Harley Davidson motorcycle. The motorcycle was won by Vacaville resident Mary Johnson, who had purchased more than \$2,000 in raffle tickets.

Several of the Hospice Grove memorial redwood tree packages were sold at the event, which included delivery and planting of the tree and a special memorial marker. The silent auction experienced a record number of donated items, and included movie and theater memorabilia, wine collections, exotic gift baskets, jewelry, artwork, and more, according to Mimi Johnson, silent auction chair.

Next year's event is April 26, 2013.
Visit www.wineandfoodjubilee.org
for details. 

Representatives from
Nugget Markets offer an
array of tasty treats.



DREAM *of a* LIFETIME

Musical Dream Comes True

While her mastery of the violin began at an early age, it was nearly a lifetime later when Gwen Matz' passion to play the instrument returned.

She was only 3 when a man selling violin lessons knocked on the door of her family's San Jose home. Her mother signed her up, and the lessons continued into her teen years, when she was discovered by a violin instructor at California State University, San Jose. "She let me take her violin to school everyday," Gwen, now 72, recalls wistfully.

She spent much of her young life dedicated to the instrument, playing in church and with college orchestras until the demands of raising a family took priority and her beloved violin slowly fell into disrepair.

In November, she was diagnosed with terminal liver cancer and moved into her daughter's home in Vacaville from the mountains around Lake Almanor. She hadn't touched a violin in nearly 10 years.

But that would soon change. When her family called in NorthBay Hospice care, Gwen connected with Chaplain Bladimer Paeste, and he soon learned how much she missed her violin. "It was close to her heart," Paeste said.

After speaking with the family, the reverend began to search for a skilled luthier to restore the violin and allow Gwen to play once more.

In March, NorthBay Hospice workers, along with Gwen's son and daughter, presented her with the refurbished instrument.

"Oh, that's the one," she said with a smile as Paeste took it out of the violin case. Gwen quickly reacquainted herself with the fragile




The Rev. Bladimer Paeste, a chaplain with NorthBay Hospice & Bereavement, listens with delight to Gwen Matz play her violin. At right, a much younger Matz is pictured with her violin.

instrument and began to move her fingers across the fingerboard as if she were remembering the notes from one of her favorite violinists and composers, Fritz Kreisler.

It was as if she had never put the instrument down. Sounding the notes with a gentle vibrato, she began to play from memory the hymn, "You'll Never Walk Alone," prompting Paeste to accompany her by singing along. "I don't even know what that is," Gwen said. "It just came in my head."

Her daughter, Michelle Clemente, and son, Mike Dully, also presented her with one of the recital dresses her mother made for her, along with the much smaller violin she began playing at age 3.

"That's the nice thing about the Dream Program," said Veronica Wertz, Dream coordinator. "It's always something special for the person and that's the reason we like to fulfill these wishes. It's such a heartfelt moment." "It's amazing," said Dully, who was visiting from his home in Oregon. 



Gwen quickly reacquainted herself with the fragile instrument and began to move her fingers across the fingerboard.

Gwen was the 27th recipient of NorthBay Hospice & Bereavement's Dream of a Lifetime program. Begun in 2009, this is one of the few programs nationwide that fulfill the final wishes of terminally ill adults. To find out more about this special program and its rules and guidelines, call (707) 646-3575 or e-mail Veronica Wertz: VWertz@NorthBay.org.

Community Health Education Classes

The Art of Breastfeeding • Learn the “how to’s” of breastfeeding. This class addresses the health benefits for mom and baby, the role of the father, the working mom and more. Cost: \$15. Call (707) 646-4277.

Brothers & Sisters To Be • Prepare children ages 3–9 for the arrival of a new baby. Cost: \$10 per family. Call (707) 646-4277.

C-Section Preparation • Individual counseling available to women delivering at NorthBay Medical Center who may require a C-section. Cost: Free. Call (707) 646-4277.

Labor of Love • A six-week prepared childbirth class for moms and dads or coaches; register in fourth month of pregnancy or earlier. Cost: \$75. Call (707) 646-4277.

Labor of Love in Review • One-session childbirth refresher course for moms and labor partners. Pre-requisite: previous attendance in a prepared childbirth education course. Cost: \$20. Call (707) 646-4277.

Prenatal Care • Expectant mothers learn important information about pregnancy. Topics include nutrition, exercise, fetal growth and development, “pregnancy do’s and don’ts,” and much more. It is recommended this class be taken as early in pregnancy as possible. Cost: \$10. Call (707) 646-4277.

Newborn Care • Expectant parents are instructed on daily care, nutrition, safety and development for the first few months of life. One-session course. Cost: \$15. Call (707) 646-4277.

Maternity Orientation and Tour • A tour of the NorthBay Medical Center’s maternity unit. Information about hospital registration, birth certificates, and available birthing options provided. Cost: Free. Call (707) 646-4277.



Siblings’ Birthing Preparation • Parents who are considering having children present during delivery can have one-on-one counseling. Cost: Free. Call (707) 646-4277.

Breastfeeding Support Group • A postpartum support group for moms meets every Tuesday, 12:30 to 2 p.m., in Fairfield. Cost: Free. Call (707) 646-5024.

Help with Child Care • Are you looking for child care or help paying for it? Are you a child care provider in need of support? Call Solano Family & Children’s Services at (707) 863-3950.

Caregivers’ Support Group • For anyone involved in caring for a loved one with Alzheimer’s disease or a dementia-related illness. Meets second Wednesday of month, 7 pm to 9 pm at the Adult Day Center. Cost: Free. Call (707) 624-7971.

Laugh Out Loud • A class on urinary incontinence. Do you control your bladder or does your bladder control you? Learn the latest treatment options, including pelvic floor exercises. Cost: Free. For class dates and to reserve your seat, call: (707) 646-4267.

Grief and Bereavement Support Groups

Two adult support groups meet on a weekly basis in Fairfield. Cost: Free. Call (707) 646-3517.

SAND (Support After Neonatal Death)

Friendship and understanding for parents experiencing grief for the loss of a pregnancy or infant. Cost: Free. Call (707) 646-5433.

Teen & Children’s Bereavement Support Groups

NorthBay Hospice & Bereavement offers free bereavement support groups for teens, age 13 through 17, and children age 6 through 12 on an as-needed basis. Cost: Free. For a schedule and more information, call (707) 646-3575.

PEACE (Parent Education and Custody Effectiveness)

• Create an effective parenting relationship between divorcing and separating parents. Endorsed by judicial and parenting advocates. Two three-hour sessions on Saturdays. Cost: \$25. Call (707) 421-4155.

Look Good, Feel Better • A program to help women currently undergoing cancer treatment cope with appearance-related side effects of treatment. To register, call the American Cancer Society, (800) 227-2345. Cost: Free.

Labor of Love — One Day Class • A one-day prepared childbirth class for moms and dads or coaches. Will be held on Saturdays. Cost: \$75. Call (707) 646-4277.

Pulmonary Education Series • A three-session course that meets on Wednesdays from 10 a.m. to noon at NorthBay Medical Center in Fairfield. A new course begins each month. Cost: Free. Call (707) 646-5072 to enroll.

Kick the Butts • Stop-smoking classes help adult smokers as well as smokeless users. Cost: Free. To register, call the Solano County Health Promotion and Education Bureau at (707) 784-8900 or (800) 287-7357.