

## Dr. Lars Aanning To Present Research

Dr. Lars Aanning will present his research, "Planned Appendectomy in Patients Referred for Cholecystectomy Who Present With Right-lower Quadrant Abdominal Pain on Preoperative Physical Examination" at the annual Clinical Congress of the American College of Surgeons held in Washington, D.C., Oct. 7-11, 2013.

His co-authors — Nathaniel Johnson, Heather R. Petersen, Tina M. Clausen, Andrew D. Van Osdol, Randolph G. Wood, and Ryan Klenner — all participated in this research as medical or physician's assistant students while in Yankton.

Aanning feels it is very important to perform a complete abdominal examination on every patient before scheduling any operation to remove the gallbladder. The gallbladder lies in the upper right side of the abdomen and any discomfort in this area is expected. But any discomfort in other areas of the abdomen should be further evaluated before operation.

"Since removal of a diseased gallbladder or appendix are two of the most widely performed procedures in general surgery it is not surprising that a patient can simultaneously harbor problems with both organs. Not dealing with a symptomatic appendix could result in a patient having continued abdominal pain after a successful gallbladder removal," he said.

A family history of appendicitis or previous bouts of

right-lower abdominal discomfort are important pieces of information that should be documented in the patient's chart.

Most patients selected for elective gallbladder removal will have some discomfort located over their gallbladder or right-upper side of the abdomen.

"But if the patient also has right-lower abdominal tenderness during their preoperative physical examination, then one should consider the appendix as a possible cause," said Aanning.

Besides the appendix the surgeon also has to consider the ovaries or bowel as a source of pain.

"We take photographs of the ovaries when the appendix is removed in a female to verify that we have examined them and that they appear normal," he said.

This 25-year study included more than 100 patients who each had their gallbladder and appendix removed at the same time by laparoscopy.

"The outcomes metric for success of this combined procedure was complete relief of a patient's preoperative symptoms and which was over 95 percent. No patient required re-operation for any complication or missed pathology," said Aanning.

A full-length article is being prepared for submission to a major surgical journal.

## Dr. Pietila Receives Recertification

Yankton Medical Clinic, P.C. is pleased to announce that Pulmonologist, Michael P. Pietila, MD, FCCP, has been recertified as a Diplomate of the American Board of Internal Medicine (ABIM).

Dr. Pietila earned Diplomate status by passing the ABIM's stringent recertification examination, a test of the physician's abilities in the field of adult medicine. He also met ABIM's rigorous standards through intensive study, self-assessment and evaluation. ABIM Diplomats must continue to demonstrate their competence in the specialty by taking recertification exams every 10 years.

Dr. Pietila has been in Pulmonology and Critical Care practice at Yankton Medical Clinic, P.C. since July 2006. In addition to seeing patients in Yankton, he has outreach clinics in Parkston, SD; Creighton, NE; O'Neill, NE; and Plainview, NE.



Pietila

## Sanford And USD Team Up For Program

SIOUX FALLS — The University of South Dakota Sanford School of Medicine and Sanford Health have announced that they will launch a surgery residency program focusing on general surgery, including surgery in rural areas that will commence in 2014.

"This is a tremendous program for our students, the state of South Dakota and the medical community as it combines diverse surgical training opportunities with the expertise of so many outstanding committed teachers and physicians," said Mary D. Nettelman, M.D., M.S., M.A.C.P., dean of the University of South Dakota Sanford School of Medicine. "The end result will be highly-trained surgeons dedicated to enhancing health care in rural communities."

The five-year general surgery residency program will include 15 (three students per year in the five-year training program) surgery residents, who will acquire a diverse skill set in 12 different surgical fields, including cardiac and thoracic, head/neck and endocrine, neurocritical care, obstetrics and gynecology, orthopedic, pediatric, plastic, transplant, trauma acute care, vascular, urology and surgical critical care. Sanford Health will financially support the program and develop an innovative surgical simulation laboratory located in the Sanford Surgical Tower in Sioux Falls.

"This residency will be

geared to train rural general surgeons hoping to meet the increasing national shortage of surgical access for patients," explained Gary Timmerman, MD, chair of the Department of Surgery, Sanford School of Medicine.

The surgical residents will experience a wide range of hands-on experience and training with rotations in general surgery, including rural surgery at community-based and federal hospital systems in Sioux Falls, Yankton and the VA. It will be the fifth rural focus program in the nation for general residency and the only surgical residency in South Dakota. The program's plan recently obtained approval from the national Residency Review Committee. The first residents are scheduled to begin next summer.

"This residency is going to be a major stepping stone for surgical care opportunities, with an emphasis on producing experienced and well-trained surgeons for rural communities," said Thav Thambi-Pillai, MD, a Sanford surgeon who will serve as the residency program director. "This is a building block for the future of health care in South Dakota."

Sanford Health and USD have collaborated often to advance residency training in South Dakota. Sanford Health partnered with USD to develop a pediatric residency that launched in 2010 and a cardiovascular fellowship that launched in 2012.

# Tips To Cool It During The Heat

BY MICHAEL ROIZEN, M.D., AND MEHMET OZ, M.D.

King Features Syndicate

Extreme temperatures are ba-a-ck! Las Vegas has hit 109; Phoenix, 110; Redding, Calif., 112. But it doesn't have to get that hot to make you more dehydrated than Ken Venturi at the 1964 U.S. Open. (He was warned by clubhouse doctors not to return to the course on that Sunday afternoon, but he did anyway and won the golf tournament.)

Your body needs a steady supply of water to function. How much? Divide your weight (in pounds) by two. That's your basic daily need for ounces of water. But if you're out in the hot sun, the amount can skyrocket. And if you don't get extra ounces of H<sub>2</sub>O you can find yourself in serious trouble. Sweat out 2 percent of your stored water, and your ability to exercise or do yardwork can fall by 30 percent to 50 percent. Lose 10 percent to 15 percent, and you risk heatstroke — a potentially life-threatening condition that causes low and high blood pressure and heartbeat irregularities. So, if you work or play in the intense heat, here's how to stay safe:

—Drink 16 ounces of water before going outside. Then, if you're sweating heavily, drink 16 to 32 ounces of cool fluids each hour.

—Don't drink alcohol or sugary beverages; these cause you to lose more fluid.

—Replace lost salts and minerals with bananas, citrus fruits, a multivitamin and electrolyte drinks. We suggest no more than 16 ounces of electrolyte drinks an hour; make the rest water.

—Take regular cool-down breaks in air conditioning. And slather on the sunscreen (SPF 30); a burn amps up the heat risks!

### THE POWER OF PEDOMETERS

In 2011, Jon Beeby walked from Long Beach, N.Y., to Los Angeles, taking around 7 million steps in 88 days. (That's figuring about 2,222 steps to a mile for 3,152 miles.) But who's counting?

Well, we are, and so can you. Get yourself a couple of pedometers, one for a reserve, and one for your waistband or backpack. (Consumer Reports says most pedometers from \$5 to \$45 have very good or excellent step-count accuracy.) Turns out these step-counting wonders — we use them — are more than passive meters recording what you do. They actually remind you to increase your physical activity, walk more and decrease sitting time; more than three hours a day is a health risk. That's why Dr. Mike loves his treadmill desk!

Here's our 12-week walking program. Bet if you put on that pedometer, you'll walk all over it! If you're beyond beginner, start with week 3.

Week 1: Walk an extra 10-15 minutes, two times per day, at 50 percent to 60 percent of maximum heart rate (MHR). You'll need a heart rate monitor as well, if you do not use a treadmill with one built into the handles. (MHR is 220 minus your age.)

Week 2: Walk an extra 20 minutes, two times per day; same heart rate.

Weeks 3-5: Walk an extra 30, 35 or 40 minutes daily at 50 percent to 70 percent of MHR.



## OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

Weeks 6-8: Walk an extra 40 or 50 minutes daily at 60 percent to 75 percent of MHR.

Weeks 9-12: Walk an extra 40, 50 or 60 minutes daily at 60 percent to 75 percent of MHR.

### SOMETIMES A CIGAR IS JUST A CIGAR

As Sigmund Freud once said, "Sometimes a cigar is just a cigar." So what are the chances that Michael Douglas contracted throat cancer from the HPV virus transmitted via oral sex, as he announced recently, instead of from tobacco or decades of partying? He did appear on the cover of *Cigar Aficionado* (May/June 1998) when he was 53, puffing on his El Rey del Mundo, didn't he?

According to the Oral Cancer Foundation, oral and pharyngeal cancers can develop from accumulative damage from tobacco use, alcohol consumption and persistent viral infections such as HPV. So it really is possible that a cigar-smoking, good-time Hollywood star did get cancer from the HPV virus. It can take years to incubate, and there are no FDA-approved tests to detect HPV infections in men.

The stats we do know: 42.5 percent of women have genital HPV infections, but less than 7 percent of adults have oral HPV infections. Also, nearly half of all throat cancers are associated with an HPV infection, as is virtually all cervical cancer. And tobacco use accelerates the development of this virus into a cancer.

We (and the Centers for Disease Control and Prevention) have been advocating that every child 11-12 years old get vaccinated against HPV. Parents, we have a vaccination that prevents cancer! Get on it! And by the way, folks, on the way over to get the vaccination, tell your kids not to smoke cigars or cigarettes or fill their cheek with any of that "chewin' tobacco."

### HOW TO BE AS SMART AS A COCKROACH (OK, SMARTER!)

"The nature of man is always the same," said Confucius. "It's their habits that separate them." When President Barack Obama quit smoking and actress Jamie Lee Curtis gave up painkillers for probiotics, they proved that you can develop an aversion to substances that once gave you pleasure. But it's not easy, especially when it comes to added sugars and sugar syrups. So we want to give you the know-how to kick your sweets habit, and prove you're as smart as a cockroach!

Now, don't take offense. One type of

clever roach has been able to alter its taste receptors so that potentially lethal cockroach traps laced with sugar are now bitter-tasting and repulsive. And it passes that knowledge on to its offspring: "Sugar kills. Avoid it." And they do.

So, we'd like to pass along the knowledge to you that added sugars and sugar syrups (like high-fructose corn syrup) can kill, and have you and your kids become sugar averse, too!

The facts: Added sugars and sugar syrups cause bodywide inflammation that triggers heart disease, cancer, diabetes and more. But the boost of feel-good dopamine you get from sugar is pretty addictive.

The alternatives: Here are healthy habits that increase dopamine levels — substitute them for the sweet stuff: Meditation (10 minutes a day); sex (that's your call); aerobic exercise (at least 30 minutes most days); acts of generosity (often); and foods loaded with DHA omega-3s, like salmon and ocean trout.

We promise, life will feel a lot sweeter without added sweets!

### 5 SURE WAYS TO PROTECT YOUR BABY FROM OBESITY

"SpongeBob SquarePants" may be one of the most-watched TV show among preschoolers, but they're viewing a lot more than just that (often during day care or when parents tune in adult shows) — around five hours of TV a day! That's a big contributor to childhood obesity (now hitting 18 percent for kids 6 to 11 in North America). So is the fact that only 16 percent of kids now walk or bike to school (in 1969, 42 percent did) and only 2.1 percent of elementary and 3.8 percent of middle schools have daily physical education classes. All this increases your child's risk of high LDL cholesterol, hypertension, respiratory ailments, orthopedic problems, depression, obesity and type 2 diabetes by the time he or she is a teenager.

But moms and dads have a lot of power to reverse that trend with a few simple steps. A new study shows that problems of obesity and diabetes start earlier than preschool — and there are five powerful ways parents can help newborns get started out right:

—Postpone introducing solid food until a child is 6 months old.

—Breastfeed for at least that length of time. (Breastfeeding boosts brain growth in babies.)

—Once they eat solid food NEVER dish up sodas or fast food.

—Make sure your child sleeps in a room WITHOUT a TV. Disrupted sleep and sleeping in a lighted room can lead to stress and overeating and trigger all kinds of physical and developmental problems.

—Make sure your infant gets at least 12 hours of peaceful sleep a day.

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, visit [sharecare.com](http://sharecare.com).

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## Boy's Gift Of Hearing Touches The World

BY PAULA SELIGSON  
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(Raleigh, N.C.)

CHARLOTTE, N.C. — At the age of 3, Grayson Clamp finally heard his first sounds last month — his father saying "Daddy loves you."

Grayson's face lit up with such an expression of surprise and delight that a video of the moment by University of North Carolina Hospitals went viral, garnering the Charlotte, N.C., family national attention.

They've been featured on Huffington Post, CBS, ABC and NBC's "The Today Show," and the family appeared on Fox and Friends and CNN's "New Day!" The UNC video had been viewed on YouTube more than 960,000 times as of Thursday.

Grayson's father, Len Clamp, said he wants to use the attention to share his son's story — not just the "medical miracle" but the whole journey, from a foster child to adoptee to overcoming hurdles that include a failed cochlear implant. Clamp hopes Grayson's experience inspires people to take a chance on bringing a new child into their lives.

"We just want to be an encouragement ... to families thinking about fostering, thinking about adopting," Clamp said. "You just step out in faith and do it."

In April, Grayson became one of the first children in the

United States to receive an auditory brain-stem implant, and the first in a clinical trial at UNC Hospitals approved by the U.S. Food and Drug Administration. A cochlear implant didn't work for Grayson because he was born completely deaf and without the hearing nerves that connect the inner ear to the brain.

So doctors inserted an artificial connection including a device on the outside of Grayson's head that acts like a microphone and can be taken off at any time.

It's been about a month since the implant was turned on, and Clamp said Grayson is still learning to connect sound to meaning.

"He is a 6-week-old baby from a hearing standpoint," Clamp said. "So what he's got to first do is babble and hear his own voice, like an infant, and then go from babbling to talking."

Craig Buchman, a surgeon at UNC Hospitals and one of Grayson's doctors, said seeing Grayson's reaction to the auditory implant was very gratifying.

"It was everything that we had hoped for," Buchman said. "I think that's the reason that we got involved in this back when we did. Our hope was we were going to be able to provide some sound information to a child who otherwise had no other hope."

Grayson was born in December 2009 with a severe heart defect that required

open-heart surgery immediately after birth. He spent his first weeks in the hospital until the Clamps became his foster parents in February, his father said.

Grayson was their fifth foster child through Carolina Family Connections, but the first they adopted.

"We pretty much knew that we were going to keep him," Clamp said. "He didn't have anywhere else to go."

It took a large team of doctors to perform the brain-stem implant procedure, including a neurosurgeon and audiologist. But even with all the support, the brain-stem implant wasn't an easy process — Grayson had to have part of the device repaired after the initial surgery.

"We spent almost a month in the hospital," Clamp said. "He's just always been a very resilient child, and so we came through that."

Now, Clamp said, Grayson is doing very well.

"He's really taken to this new introduction of sound," he said. "I think he really enjoys it. He's figuring out what to do with it, how to process it."

Buchman said he hopes to see Grayson eventually recog-

nize speech as meaningful communication, but that this will take a long time. Grayson must consistently wear the device and work hard in speech therapy for years. At this point, Buchman can't even be sure of what Grayson hears.

Clamp said he hopes people will look at his family's journey and feel encouraged to take a chance on things they might feel uncertain about.

"Step out, foster those children," he said. "That's what Jesus asked us to do anyways, and adopt if you think it's the right thing for your family."

"And you might make history."

### TO DONATE

The Clamp family is getting Grayson a service dog to help him with balance, which costs about \$14,000. To make a donation for the dog, contact Carolina Family Connections at 704-568-9753.

### ONLINE

See his reaction: Watch video of Grayson hearing his father for the first time here: <http://www.youtube.com/watch?v=GhC-By9GMv0>.

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