



DESTINATION HEALTH

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On guard against colon cancer

When it comes to your best defense against colon cancer, the message is clear: “Screening, screening, screening,” says Donald Goodin, MD. “This is preventable and curable, if caught early.”



Donald Goodin, MD
Hematology and Oncology

Screening tests like colonoscopy can detect colon cancer early, when treatment works best. It can even stop cancer before it starts. How? By finding and removing abnormal intestinal growths (polyps), from which most colon cancers arise.

Most people should start screening at age 50. “And that goes for men and women,” notes Dr. Goodin, an oncologist-hematologist at T.J. Samson Community Hospital. “Instead of just crossing your fingers and hoping you won’t get colon cancer, this is something you can actually go out and do for your health.”

Getting older is a risk factor for colon cancer—thus the reason for starting screening at 50, if you’re at average risk. So is having a family history of colon cancer, including a genetic condition called Lynch

syndrome. Diets high in processed or grilled meats are linked to colon cancer too, Dr. Goodin notes.

Beyond screening, it’s good to know about some potential colon cancer warning signs. These include unusual bowel changes (such as pencil-thin or flat stools); painful bowel movements and bloody stools. Other things, such as hemorrhoids, can cause some of these problems. “But it is a flag that maybe you should have it looked at,” Dr. Goodin says.

BETTER TREATMENTS

Another key message about colon cancer? “Treatment has come a long way,” Dr. Goodin says. And those treatments are available right here at T.J. Samson. The options depend on such factors as the tumor’s stage

(whether it has spread).

“For early-stage disease—which only involves the colon itself—surgery alone is often curative,” Dr. Goodin says. Some people might need additional treatment, such as chemotherapy.

For stage III cancer (lymph nodes are involved), six months of chemo after surgery may reduce the likelihood of the cancer returning by roughly 40 percent, according to Dr. Goodin. Late-stage cancer that has spread to other organs can often be controlled. In a few instances, treatment may even render someone with stage IV cancer disease-free, he says.

“There’s virtually no one that couldn’t be treated in some shape or form,” Dr. Goodin says. “The vast majority of people we can treat—and often very effectively.”

DIG THIS WAY

Use the proper garden tool—not your hands—when digging in the dirt. Buried sharp objects or debris could cut your hands.

American Society for Surgery of the Hand



COOL TO THE TOUCH

Hot sun can quickly turn a playground slide into a scorching ride. Make sure a slide is cool to prevent a child’s legs from being burned.

American Academy of Pediatrics



DUE FOR A SCREENING?

Talk to your primary care doctor about colon cancer screening. You may need to start before age 50, depending on your risk. You also can discuss the different types of tests and how often to have them.



How to keep your kidneys going strong

Your kidneys are filtration workhorses. Each of these bean-shaped organs contains around 1 million tiny filters that sift through about 30 gallons of blood every day.

It's up to your kidneys to filter out the waste and excess substances from your blood that you don't need while holding on to the nutrients and water that you do.

It's a full-time job, so it's little wonder that everyone's kidneys work a little less well with age. But for more than 20 million of us, the problem isn't age—it's chronic kidney disease (CKD), which can lead to heart attack, stroke, kidney failure and death.

WHO'S AT RISK FOR KIDNEY DISEASE?

Diabetes and high blood pressure are the most common causes of CKD. Just having a family history of these two conditions raises your risk for the disease.

Other risk factors include:

- Having cardiovascular disease.
- Being of African American, Native American, Hispanic, Asian or Pacific Islander heritage.
- Being 60 or older.
- Being obese.
- Having lupus or other autoimmune disorders.
- Having chronic urinary tract infections.

- Using painkillers like ibuprofen and naproxen for a prolonged period of time.
- Having kidney stones.

KEEP YOUR KIDNEYS STRONG

If you think you're at risk for CKD, talk to your doctor. He or she can order lab tests to check how well your kidneys are working.

To help keep your kidneys healthy:

- Control your blood pressure. Below 120/80 mm HG is best. And if your doctor prescribes medicine to control your blood pressure, be sure to take it as directed. Some blood pressure medicines may actually protect your kidneys.
- If you have diabetes, control your blood sugar.
- Keep your cholesterol levels in the range recommended by your doctor.
- Lower your salt intake. Aim to eat less than 2,300 milligrams of sodium daily.
- Exercise regularly.
- Maintain a healthy weight.
- If you smoke, do your kidneys—and other organs in your body—a big favor and quit.

Sources: National Institutes of Health; National Kidney Foundation

What is dry needling?

It could be the answer for persistent painful conditions

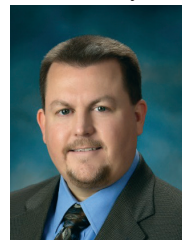
Chances are you've never heard of dry needling—a newer treatment option at T.J. Samson Community Hospital. But it just might be an answer to your muscle pain.

Dry needling is a minimally invasive option some physical therapists use to relieve some conditions that cause pain. In this procedure, a solid filament needle is inserted into tightly contracted muscular areas, called myofascial trigger points. There's no injection of medicine—the needle itself is the treatment.

"Myofascial trigger points (painful knots in the muscle) are areas that produce and help maintain a person's pain cycle," says physical therapist Dewayne Miller, PT, DPT, OCS, ATC. "We're trying to break the pain cycle and reverse the process that led to the formation of the trigger point."

Dr. Miller and three other T.J. Samson physical therapists underwent advanced training to offer the treatment to their patients. Many types of overuse injuries involving the muscles and connective tissues in the back, neck, and upper and lower extremities benefit from dry needling.

"We use it in people with tennis or golfer's elbow; Achilles tendinitis; plantar fasciitis; and muscle strains throughout the body, like hamstring strains," Dr. Miller says. Dry needling has also been used to treat pain from headache and TMJ disorders.



Dewayne Miller, PT, DPT, OCS, ATC
Physical Therapy Clinical Coordinator, Sports Medicine Coordinator, Rehab Physician Liaison

WHAT TO EXPECT

During a treatment session, the physical therapist will locate the myofascial trigger points that reproduce your pain symptoms. Next, a thin needle is inserted through the skin and into the trigger point, which will cause a local twitch response in the muscle. At this point, you may feel a very brief shock or cramping sensation in the muscle.

More than one session is often needed, Dr. Miller says. Side effects are minimal—some people experience soreness for a few hours to a few days afterward. This can be soothed with heat or ice, gentle stretches, and rest.

HOW DOES IT WORK?

Researchers don't know the exact mechanisms of dry needling. But it's known to increase blood flow to the muscle and cause other favorable mechanical and biochemical changes that help reduce pain, Dr. Miller says.

Not everyone is a candidate for dry needling, including those on blood thinners. Dry needling doesn't work for every person. But dry needling has helped many people in our practice feel better and return to a normal and more active lifestyle, Dr. Miller says.

Is dry needling right for you? Ask your primary doctor for a physical therapy referral. Or call 270-659-5660 to schedule a visit with a physical therapist.



Yashpal Modi, MD

Oncology & Hematology

Now accepting appointments!

Medical School:

Smt. N.H.L. Municipal Medical College, Ahmedabad, India

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Seton Hall University School of Health and Medical Sciences

Hematology and Oncology Fellowship:

Seton Hall University School of Health and Medical Sciences

Office Location:

T.J. Health Pavilion
310 N.L. Rogers Wells Blvd. • Glasgow, KY

270.659.5890

TJ Regional Health

Heartburn surgery

A no-incision solution

What may have seemed like science fiction, surgery without an incision, is now a reality that is giving back patients with chronic acid reflux or gastro-esophageal reflux disease (GERD) a normal life. Yoo Taik Suh, MD, at T.J. Samson Community Hospital, is now offering the TIF procedure for the treatment of GERD.

In a healthy patient, there is a natural valve between the esophagus and the stomach that forms a physical barrier preventing stomach fluids from backwashing, or “refluxing,” up into the esophagus. In a patient with chronic GERD, this valve has become dysfunctional. Many patients take reflux medications such as PPIs (proton pump inhibitors), which suppress acid production, to help relieve their heartburn symptoms. Even with PPIs, they are still unable to eat the foods they want or need to sleep sitting up to reduce nighttime reflux. In addition, recent studies have shown that long-term use of PPIs is linked to inadequate absorption of minerals, chronic kidney disease and dementia. People with GERD just want to get back to living normal lives.

TIF is an acronym for *transoral incisionless fundoplication*, and the advantage is that it is surgery from within, performed through the mouth. Based on the same well-proven principles of conventional, more invasive laparoscopic GERD surgery, the TIF procedure reconstructs the valve between the esophagus and the stomach to prevent reflux. Because the procedure is incisionless, there is reduced pain and no visible scar and most patients can get back to their normal activities within a few days.

“The TIF procedure can significantly improve quality of life for our patients,” Dr. Suh says. “Clinical studies show that at three years after the TIF procedure, 70 percent were able to completely stop PPI therapy, reflux esophagitis healed in 87 percent of patients and 91 percent of patients reported elimination of troublesome regurgitation. Reflux no longer impacts their life like it previously did.”

Please call Dr. Suh’s office at **270-651-4829** if you or someone you know has chronic GERD and would like to learn more about how the TIF procedure can get you back to living without the pills and without heartburn.

Should you be pro probiotics?

You’ve probably heard of probiotics, especially if you spend any time in the yogurt aisles of supermarkets. But what are they exactly? Are they good for your health? And should you join the millions of Americans who already take them?

To answer those questions, here’s a primer. First, most probiotics are live cultures of microorganisms. These bacteria are similar to or just like those that are naturally found in your gut and help your body function properly.

You can find probiotics not only in yogurt, but also in other fermented dairy products (such as kefir

and aged cheeses), some nondairy foods (including kimchi, sauerkraut, miso and tempeh) and dietary supplements.

And what about their health benefits? There’s evidence that some probiotics may help prevent diarrhea caused by infections or antibiotics. Some may also ease the symptoms of irritable bowel syndrome or lactose intolerance.

But the U.S. Food and Drug Administration hasn’t approved any health claims for probiotics. And more research is needed to be certain of how they may—or may not—boost health.



One caution: Be sure to check with your doctor before taking any probiotic supplement. They have a good safety record in generally healthy people. But they may cause

severe side effects in people with serious health problems.

Sources: Academy of Nutrition and Dietetics; National Institutes of Health



Prediabetes

Why you shouldn't ignore it

Meteorologists can often warn us of impending bad weather. Doctors can often do the same with a serious disease.

An example: a condition called prediabetes.

If you've been diagnosed with prediabetes, it means you have a blood glucose (sugar) level that is creeping up. Your level isn't high enough yet to be called type 2 diabetes, but it is abnormally high. The condition is basically a warning that screams: "Pay attention! Danger ahead!" That's because your risk of developing full-blown diabetes is increased with prediabetes. And once you have diabetes, it never goes away.

But here's the good news: If you act now, you can slow this trip toward diabetes. You may even be able to stop it altogether.

TAKING A SAFER ROUTE

According to the American Diabetes Association (ADA), you can cut your risk of

type 2 diabetes by 58 percent if you:

- Lose 7 percent of your body weight, or about 15 pounds if you weigh 200 pounds.
- Exercise moderately—taking a brisk walk, for example—30 minutes a day, five days a week.

These may require turning off the TV, prioritizing schedules to make time for exercise, and eating and shopping in a new way. A healthy diet is one that cuts back on calories and saturated fat and emphasizes low-fat or nonfat dairy products, healthy oils, whole grains, lean meats, dried beans, fish, and lots of fruits and vegetables.

By taking positive steps now to control prediabetes, you can put yourself on the path to better health—a path that just might lead to a life without diabetes.

To learn more about prediabetes, visit the ADA website at diabetes.org. Search for "prediabetes."



5 ways to cut back on added sugars

If you pay attention to dietary headlines, you've probably heard the fuss over foods with added sugars. And you might wonder: How could something so deliciously sweet be so potentially bad for your health?

First, it's important to remember that sugars occur naturally in many foods, from milk to fruit. But that's not the issue here.

Instead, we're talking sugars, syrups and caloric sweeteners that are added to foods when they're processed or prepared. Diets that limit added sugars are linked to a reduced risk of obesity and certain chronic diseases.

WHERE'S THE EXTRA SUGAR?

Everyone knows candy, cookies, cakes and regular sodas have added sugars. But added sugars are also listed on packaged food labels under dozens of different names. Among them: cane sugar, syrup, brown sugar and many words

ending in *-ose* (like *fructose* or *dextrose*).

Added sugars can be a part of a nutritious diet—you don't have to shun them all. However, you should limit them to less than 10 percent of your daily calories. To help cut back:

- 1** Choose naturally sweet fruits for desserts or snacks.
- 2** Shop for foods with less or no added sugar. For instance, choose plain (instead of flavored) yogurt and add your favorite fruit. Or try unsweetened applesauce.
- 3** Swap your usual sweetened soda, punch or energy drink for water or milk.
- 4** When baking, try using only half the recommended sugar. Chances are, nobody will notice.
- 5** Make candy, cookies and other sweets an occasional treat.

Sources: American Academy of Nutrition and Dietetics; American Heart Association; U.S. Department of Agriculture

Organ donation: Your questions answered

Becoming an organ donor is one of the most generous things you could ever do. But you might wonder what's involved—and why you should consider it. If so, here's the information you need.

Q

Why is becoming a donor so crucial?

Nationwide, 22 people die every day waiting for transplants that can't take place because of a shortage of donated organs. On the positive side: A single organ donor can save up to eight lives.

Q

How can I become a donor?

Designate your decision on your driver's license and state donor registry (if available). Talk to your family too, and ask them to carry out your wishes.

Q

Are there age limits for donors?

Anyone—regardless of age—is a potential donor. Newborns and senior citizens alike have been donors.

Q

Can I become a donor if I have a medical condition?

Chances are, yes. Only a few medical conditions—such as being infected with HIV or having active cancer—absolutely rule you out as a donor. Doctors will examine your organs and determine if they are suitable for donation at the time of your death.

Q

What organs can be donated?

The heart, kidneys, lungs, liver, pancreas and intestines.

Q

I've heard I can donate tissues too. Is that correct?

Yes, you can donate corneas, the middle ear, skin, heart valves, bone, veins, cartilage, tendons and ligaments.

Q

Are there any costs to my family for donation?

No. Your family pays for your medical care and funeral costs—not for organ donation.

Q

How can I learn more about being an organ donor?

Go to organdonor.gov.

Source: U.S. Department of Health and Human Services

STROKE SIGNS

Stroke?

Act F.A.S.T.

When a stroke strikes, time is of the essence.

During a stroke, blood flow to the brain is blocked or interrupted. And when that happens, brain cells start to die. Quick treatment is essential to reduce the risk of serious complications, disability and death. So know the signs of stroke. It helps to think F.A.S.T.:

**A stroke is a medical emergency.
Always call 911 right away.
Our emergency department
staff are trained to treat stroke.**

F

Face drooping. Is one side of the face drooping or numb? Ask the person to smile—is the smile uneven?

A

Arm weakness. Is one arm weak or numb? Ask the person to raise both arms out to the sides, and take note if one arm drifts downward.

S

Speech difficulty. Can the person speak at all? Is speech slurred or otherwise difficult to understand? Ask the person to repeat a simple sentence. Can they repeat it correctly?

T

Time to call 911. If a person has any of these symptoms, call 911 for help. Call even if symptoms go away. And note the time so you can let medical personnel know what time symptoms started.

The most common type of stroke can be treated with a medication called tissue plasminogen activator (tPA). And the more quickly that a person is treated with tPA, the less damage the stroke may cause.

*Even better than
stopping a stroke?*

*Preventing one in
the first place.*

- 1 Keep blood pressure and cholesterol at optimal levels.
- 2 If you have diabetes or heart disease, work with your doctor to get the condition under control.
- 3 Maintain a healthy weight, eat a nutritious diet and get regular exercise.

Sources: American Heart Association; National Institutes of Health; National Stroke Association



BRIGHT
Coalition

Help us understand the mental health and substance abuse needs of our community! Take the BRIGHT Coalition's brief, confidential survey.

[surveymonkey.com/r/
BRIGHTMentalHealth](https://surveymonkey.com/r/BRIGHTMentalHealth)



Ovarian cancer

Watch for early cues

It was once considered a silent disease—often going undetected until it was too late to do much about it.

But now doctors believe that ovarian cancer may cause early symptoms. And if you're a woman, it's important to become familiar with them. The reason?

More than 90 percent of women whose ovarian cancers are found and treated early will live five years or longer, reports the American Cancer Society.

Unfortunately, only 15 percent of ovarian cancers are actually found at an early stage. However, if you know what to look for, you can get the symptoms checked.

The most common early symptoms include: ● Urgent or frequent need to urinate. ● Bloating. ● Pelvic or abdominal pain. ● Difficulty eating. ● Feeling full

quickly while eating.

These symptoms are relatively common. But if they are new for you, occur almost daily and last for more than a few weeks, you should get a checkup, preferably with a gynecologist.

WHO IS MOST AT RISK?

Half of all ovarian cancers occur in women 63 or older. But it can occur earlier.

In addition to advancing age, other risk factors include:

- A family history of ovarian, breast or colorectal cancer.
- A personal history of breast cancer.
- Being of Ashkenazi Jewish origin.
- Being a carrier of a genetic mutation linked to ovarian cancer.
- Never having children or having a child after age 35.



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TJ Health Columbia

Gallstones: A sometimes painful problem

They can sit there quietly, never giving you trouble. Or they can be a major pain—literally.

We're talking about gallstones—hard particles that form in the gallbladder.

The trouble with stones

Many people who have gallstones never know it because the stones don't

cause symptoms.

But sometimes stones will leave the gallbladder and block the ducts (tubes) that connect the gallbladder and liver to the small intestine, triggering what's known as a gallbladder attack.

An attack often happens after eating. Its hallmark symptom is sudden pain in the upper right part of the belly

and sometimes the upper back. A typical attack can last an hour or more.

Most gallbladder attacks stop when the stones move out of the ducts. But serious complications can develop if the stones remain stuck, which can irritate and inflame the gallbladder. You need immediate medical help if that happens. Symptoms include

pain that lasts for more than five hours, whites of the eyes or skin that looks yellow, fever, or nausea and vomiting.

Say so long to stones

Talk to your doctor if you suspect you've had a gallbladder attack. If you've had one attack, you'll likely have another. So doctors often suggest a surgery, called

a cholecystectomy, to remove the gallbladder. It's usually done through tiny incisions. This allows many people to recover quickly and sometimes even avoid a hospital stay.

If you can't have surgery, another option might be drugs that dissolve gallstones.

Sources: American Academy of Family Physicians; National Digestive Diseases Information Clearinghouse



What’s making you cough?

A look at some common causes

Many things can make you cough. Most are minor, like a cold. But if a cough won’t go away, it’s probably best to check with a doctor to find out what’s going on. Below are some common causes of coughs that often need a doctor’s attention.

THE CAUSE	THE COUGH CONNECTION	THE TREATMENT
Allergies	A reaction to allergens (think pollen and hay fever in spring) inflames nasal tissues, triggering postnasal drip down the back of the throat and a cough.	Doctors often suggest antihistamines, nasal corticosteroids or other drugs for relief. Also try to limit exposure to allergens you’re sensitive to.
Asthma	This chronic lung disease inflames and constricts the airways, triggering coughing spells and often wheezing and other breathing problems.	Asthma attacks may be avoided by sidestepping your personal triggers, which can include things like airborne allergens or strong fumes. Medicines also help treat or prevent flare-ups.
Bronchitis	This condition occurs when the bronchial tubes become inflamed. Infections (such as from a cold or flu virus) can cause acute (short-term) bronchitis. Chronic bronchitis is ongoing and happens if the lining of the bronchial tubes is constantly irritated and inflamed. Both types of bronchitis can trigger a cough with mucus.	The acute form often clears up in a week or so. Treatment may include rest, fluids and cough medicine. The chronic form is treated with medicines to help open the airways and clear mucus. Oxygen therapy also may be needed.
Chronic obstructive pulmonary disease (COPD)	In COPD, the airways are often thick and clogged with mucus, while tissues called air sacs are damaged or even destroyed. These two problems—chronic bronchitis and emphysema—often cause shortness of breath and a constant cough.	If you smoke, quitting is the best step. Making other lifestyle changes, taking medicines and exercising may help you breathe and feel better.
Gastro-esophageal reflux disease (GERD)	In this digestive disorder, stomach acids back up into the throat, igniting heartburn and sometimes triggering a dry cough.	Making dietary changes, sleeping with the head of your bed raised and taking drugs to reduce stomach acids are some things that can help ease GERD.
Pneumonia	Pneumonia is an infection deep within the lungs. It causes one or both lungs to fill with fluid, resulting in coughing.	Bacterial pneumonia (a common type) is often treated at home with antibiotics. But severe cases may require a hospital stay.

Sources: American College of Chest Physicians; National Heart, Lung, and Blood Institute

Please pass the potassium

It’s hard to overstate all the good things potassium does for you. This mineral helps your nerves work, your muscles contract and your heartbeat stay regular. It moves nutrients into cells and waste products out of them. And potassium helps keep your blood pressure in a healthy range by blunting the effects of sodium.

Are you coming up short? Even though potassium is crucial to good health, chances are you’re not getting enough of it. The average adult is encouraged to get 4,700 milligrams of potassium every day. But that’s almost double what most of us actually consume, according to the Academy of Nutrition and Dietetics. The good news: There are plenty of potassium-packed foods that can help you meet this daily amount. Among them: dark green, leafy vegetables; root vegetables; and bananas. One cup of cooked spinach, for example, has 839 milligrams of potassium; a baked potato with skin, 926 milligrams; and a medium banana, 422 milligrams.

- Consuming these foods and beverages regularly can also up your intake:
- Apricots and apricot juice.
 - Broccoli.
 - Cantaloupes.
 - Fat-free or low-fat milk and yogurt.
 - Grapes.
 - Certain fish, such as salmon, mackerel and halibut.
 - Many types of beans, including black turtle, pinto, kidney, navy, great northern, lima and soybeans.
 - Oranges and orange juice.
 - Prunes, raisins and dates.
 - Tomatoes, tomato juice and tomato sauce.

Easy does it For some people, however, it is possible to get too much of a good thing. If you have kidney problems, for instance, your kidneys may not be able to remove potassium from your blood. And it can build up and be harmful. As a result, your doctor may advise a special diet to lower your potassium.



Additional sources: American Heart Association; National Institutes of Health; U.S. Department of Agriculture

CALENDAR OF EVENTS

Our focus at **T.J. Samson Community Hospital** is on your family's health.

Check out the many opportunities below to improve and preserve your health.

Unless otherwise noted, all classes and support groups take place in the Community Center of the T.J. Health Pavilion. For more information, please call **270-651-4355**.

EDUCATION

American Heart Association Adult CPR/First Aid
Classes are offered quarterly. For dates and times, please call the Continuing Education Department at **270-651-4355**. Learn heartsaver CPR skills for people 8 years and older (adult) and basic first aid. \$40 for each class. Classes are held in the T.J. Samson Community Hospital fourth-floor classroom.

HEALTH AND WELLNESS

Health Screenings at the Pavilion Wednesday, June 7, 7 to 9 a.m.

- Total cholesterol: \$5.
- Lipid panel: \$20.
- Blood sugar: \$1.
- Bone density: \$5, by appointment.

Call the Continuing Education Department at **270-651-4355**.

Bariatric Surgery Seminar Third Monday of each month 6 p.m.

Informational seminar on the benefits of bariatric surgery, hosted by Dr. Patrick Klapheke. For information, call **270-659-5945**.

PARENTING

Childbirth Preparation and Newborn Care Wednesdays, April 12 through May 17, May 31 through July 5 and July 19 through Aug. 23, 5 to 9 p.m.

Register in your second trimester. Classes are held in the T.J. Samson Community Hospital fourth-floor classroom. Call Ashley Blythe at **270-651-4295**.

SUPPORT GROUPS

All support groups are free.

Bariatric Support Group Third Monday of each month 5:30 p.m.

For people in the process of having bariatric surgery or who have already had the surgery. For more information, please call Megan Asberry at **270-659-5945**.



Bereavement Support Group Third Monday of each month 2 to 3:30 p.m.

For people who have lost loved ones. Call Marcie Crain at **270-651-4430**.

Grandparents Support Group Third Friday of each month 11 a.m. to 1 p.m.

Sponsored by Glasgow/Barren Counties Family Resources and Youth Services Center. Call Tammy Lindsey at **270-651-1327**.

Oncology Support Group Group sessions are offered quarterly. For dates and times, call Amy Stephens at 270-659-5893.

Open to individuals affected by all types of cancer. The group is formed to give family, caregivers and survivors the support and strength to move forward together.

Sweet Nothings Third Tuesday of each month 5 to 6 p.m.

For people who have diabetes and for their families. Call Melissa Waldron at **270-781-8039**.

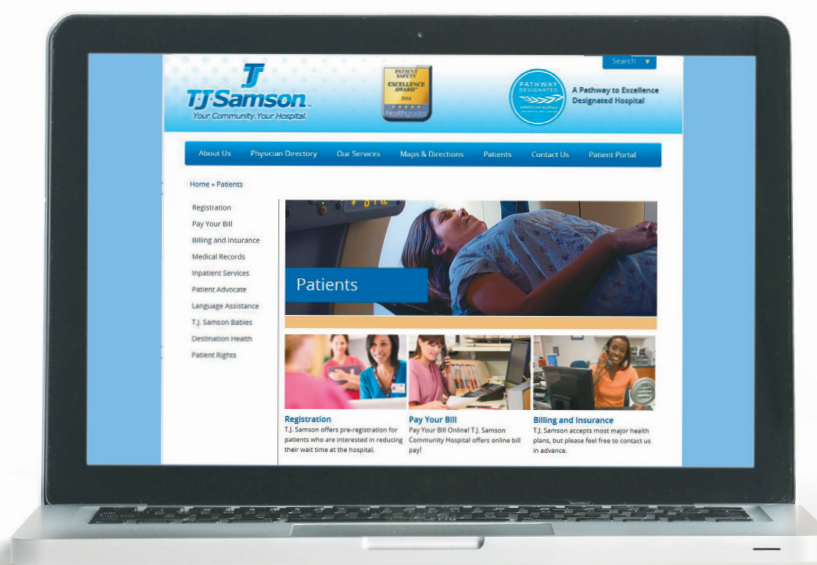
- 1 Find a Doctor**
Get connected to the right physician for you and your family. Our provider directory makes it easy to search by name or specialty.
- 2 Health Library**
Find reliable, up-to-date health information and learn more about related services and events.
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