The Orthopedic Service within the NCH Healthcare System performs more than 1,800 total joint replacement procedures a year. According to a recent study of Medicare patients, NCH Healthcare System is the number one busiest hospital in Florida for joint replacement surgery and is in the top five in the country.

Even with its volume of procedures, each patient is still treated from pre-operation to the day of surgery and throughout rehabilitation too.

One of the hospital’s special care programs is its pre-operative patient education class, which focuses on preparation and alleviation of anxiety before joint replacement surgery.

“These classes provide education the patient and family needs to better prepare before and after surgery,” said Suzanne Graziano, Director, Restorative Microsystem: SN Orthopedics, and SS Comprehensive Rehabilitation Center. “It also helps to put patients at ease and really empowers them.”

Patients are encouraged to attend the two-hour class designed for knee and hip replacement a week before surgery. For the first hour, Graziano talks about the surgery, pre and postoperative care, pain management, and the recovery process. During the second hour, patients interact with staff therapists who show them how to do rehabilitation exercises, familiarize them with equipment and answer their questions.

“First of all, you recognize people when you get to the hospital, which is always comforting,” said Sara Baldwin, a physical therapist who has taught the class for 10 years. “Secondly, you know what to expect when you do exercises and work with the machines.”

Ken Elberg attended the class before having total knee replacement surgery in November. Elberg has had several surgeries before losing his anxiety, but he was still unsure of what to expect for a knee replacement procedure until he took the class.

“The attention to pre-op care was impressive,” said Elberg who now volunteers to discuss his experience during classes. “The whole process was outlined beforehand. It all made for a very good experience.”

Elberg thinks the classes are also beneficial to mitigate preconceived notions.

“One of the things with people who have total replacements is that they all know someone who had one,” Elberg said. “That can be good news or bad news. This gives the right information from one source and the most important source – the provider.”

A pre-surgery class gathers about 15 patients and their families and the classes are held at the hospital’s downtown campus. They enjoy snacks and refreshments while asking important questions about what they can eat before surgery, what medications they can take, how much pain will follow surgery and how to handle it. Sandy Cannon had her knee replaced April 27th. Although she already knew much of the information discussed in class, she says it helped put her at ease with the thought of having surgery.

“It just made me more comfortable because I’m not sick a lot,” Cannon said. “I’ve only been in the hospital when I had my two boys and that was a long time ago. So, just getting a feeling of what to expect, it definitely lessened my anxiety and put me at ease.”

Classes are offered every Thursday from 11:30 a.m. to 1:30 p.m. at the hospital’s downtown inside the Teldorf Building and from 4:30 p.m. at the North Naples inside the Brookdale Center by Aging.

For more information regarding orthopedic services call (239) 436-5342.

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**What everyone woman needs to know**

By Candace Rotolo

Going to the gynecologist probably doesn’t rank high among a woman’s favorite to-do items. But annual exams are the only way for your doctor to determine the state of your pelvic and gynecological health.

“If a woman is plagued with chronic pain, menstrual disorders or infection, it affects her quality of life,” says Wendy Humphrey, M.D., chair of NCH’s Obstetrics and Gynecology Department. We asked Dr. Humphrey to give us the answers to women’s most common questions.

**Do I have to get a Pap Smear every year?**

Dr. Humphrey recommends that women have a pap smear and thorough exam annually. The Pap smear helps identify any abnormal cervical cells which could be cancerous or precancerous, while an annual exam includes a breast exam and inspection of the vulva for melanoma or other dermatological conditions. Your gynecologist also uses the annual exam to determine any pelvic masses and check for sexually transmitted diseases.

Although the American College of Gynecologists and Obstetricians has updated its recommendations, giving women with a history of negative exams the option to have a pap smear every three years, an annual exam is still necessary; and Dr. Humphrey advises her patients to come yearly. “If you have to go in for a breast exam, etc., why not get the pap?”

When can a woman stop having annual exams and pap smears?

Medical authorities differ in their recommendations, however. Dr. Humphrey tells her patients to continue coming even after they’re reached age 65 or had a hysterectomy.

“If anything, the incidences of female cancers increase with age not decrease,” Dr. Humphrey explains. “Women are living longer, so if they can get to their doctor’s office, I don’t suggest a cut-off age.”

Women who have had a hysterectomy still need yearly breast exams, and if their ovaries remain, an annual pelvic exam is also suggested.

Of course, if a woman experiences any unexplained abnormalities, unusual or persistent pelvic pain, or skin changes around the genitals, unusual discharge or breast changes, she should schedule a visit to her gynecologist.

**Are there long-term side effects to taking The Pill?**

“Of the greatest inventions was the birth control pill,” Dr. Humphrey notes. After being on the market for fifty years, the pill is one of the most researched drugs, but Dr. Humphrey says there are still a lot of misconceptions. “We’ve come to realize that it has so many more benefits than just birth control.”

Among those benefits: suppressing endometriosis, which causes infertility in one-third of women; easing menstrual problems and pelvic pain; protection against ovarian and uterine cancer that can last for up to 15 years after a woman discontinues taking the pill, and taking the pill can actually help relieve some of the premenopausal symptoms women experience. For this reason, Dr. Humphrey doesn’t hesitate to keep women on the pill until age 55, provided they are in good health and a non-smoker.

“The pill of yesterday was a much higher dose (of estrogen). The pill of today is close to the dose of hormone replacement therapy. It’s very low.”

Although some women worry that taking the pill increases their risk of breast cancer, Dr. Humphrey says there is no higher rate of breast cancer among women who’ve taken the pill versus women who have not.

**What can I do if I experience a decrease in libido?**

Dr. Humphrey says this is one of the most common questions among her patients. A decrease in libido is often the result of hormonal changes in the body, which can lead to a lack of lubrication. “It’s a big problem because women would like to stay sexually active. A decrease in lubrication and pain affects the quality of life.”

Fortunately, treatments such as creams and vaginal rings can be used to increase estrogen in a localized area around the vagina, without affecting hormone levels in the rest of the body. An annual exam and pap smear combined with an open dialogue between you and your physician is the prescription for good pelvic health and overall well being.