

Caring For You



Jim and Lee Hodge of Staunton, VA.

Back Home Again

One man's triumphant battle with COVID-19 lasted more than 100 days

Independence Day 2021 was particularly special for Jim and Lee Hodge. The Staunton couple spent the holiday at their family farm in Deerfield, listening to John Denver's "Back Home Again" on the front porch and weeping with gratitude. Only a few months earlier, they didn't know if Jim would survive a battle with COVID-19.

The Diagnosis

Jim contracted COVID-19 in January 2021. He was one of the thousands of Virginians who were hospitalized with the disease. When Lee took Jim to the ER on January 13, and he was admitted to the hospital, the Hodges unknowingly stepped onto what would be a four-month roller coaster.

Strict visitation protocols were in place, so Jim couldn't have visitors. Lee could only get updates by phone, and she says Jim was anxious, agitated and distressed. He couldn't see because he was unable to wear his glasses while connected to a CPAP machine. He tried to talk to Lee, but it was difficult to communicate through his mask. Within two days, he was moved to the COVID intensive care unit (ICU).

Doctors transitioned Jim to a ventilator, and for about two weeks, his condition was stabilizing, and his outlook seemed bright. Then his blood pressure dropped, and his kidneys became endangered by the medication needed to raise it. As one of his doctors put it to Lee, "Jim has been skating on thin ice, and the ice is getting thinner," she recalls. But seemingly by a miracle, Jim's blood pressure stabilized on its own.

By mid-February, Jim was no longer contagious with COVID-19, but he was still in a coma and fighting double pneumonia. His doctors were struggling to wake him without his anxiety sending him into a tailspin. "The doctors told me, 'Jim is his own worst enemy,'" Lee says.

"I said, 'if he could just see a familiar face and hear a familiar voice, that might help.'"

A Light in the Storm

Lee was permitted to visit Jim in the ICU, and almost instantly, he began improving. "He doesn't remember I was there, but he responded to me," says Lee. "He would nod his head, and he would mouth 'I love you.'"

"If it hadn't been for Lee being there every day, I don't know if I'd be here," says Jim.

In early March, doctors inserted a feeding tube into Jim's stomach. The procedure was routine, but shortly after, Jim began bleeding from his abdomen—so much so that his blood



pressure plummeted, and Lee called their minister, anticipating the worst.

Jim's doctors thought the source of the bleeding might be ulcers and opened him up to investigate. After surgery, the doctor told Lee the bleeding had spontaneously stopped. They weren't sure what caused it, but Jim was OK. "To me, that was an act of God," Lee says.

'Small Miracles'

Jim has no memory of his time in the hospital from January to March, but from the details his family has

shared, he feels incredibly lucky. "There were so many small miracles like that," he adds.

By early March, Jim had turned a corner, and plans for his rehabilitation began to come together. Jim was transferred to UVA Transitional Care Hospital, and within two weeks, he came off the ventilator. "I remember the day I walked in, and they had put the speaking valve in his throat," says Lee. "The sound of his voice was music."

By mid-April, Jim was ready to transition to a skilled nursing inpa-

tient physical therapy program. At first, it seemed like he was bound for a faraway facility in Richmond, but his doctor at UVA decided to postpone Jim's transfer by just one day, and that was all it took for a spot to open at Augusta Health.

Road to Recovery

Jim checked back into Augusta on April 15, and shortly after, his physical therapy team determined May 14 would be his go-home date. The finish line was in sight. "I was thrilled," says Lee. "That was only four weeks away."

It was a tough four weeks. When Jim began physical therapy, he could hardly pick up a pen. His muscles had deteriorated, and he had lost about 70 pounds. "His legs looked like broomsticks," Lee recalls. But Jim pushed through, doing exercises to regain his strength even in his down time. "I joked with the physical therapist that the nurses upstairs were good to me, but the PTs were good for me," Jim says.

Homeward Bound

Finally, on May 14, Jim walked out of Augusta Health to the sound of doctors, nurses, therapists and staff cheering and clapping. As he left, he saw the faces of all the people who had stood by him and his family throughout his journey. "Everyone I came in contact with, from the cafeteria to the security people, was so nice and caring," Lee says.

In all, Jim spent 121 days in the hospital and rehabilitation.

Today, Jim is almost back to his old self. He still has some mobility issues, and a little bit of lung damage, but his doctor says he is cleared to do anything—"short of running a marathon or trying out for the Olympics," Jim says. He's glad to be able to vacation at the farm again, a place that brought tears to his eyes when Lee would show him pictures of it in the hospital. July 4, 2021, was their first visit since Jim's return from the hospital, but the Hodges are looking forward to hosting many family Thanksgivings there in the years to come.

EVERYTHING YOU NEED TO KNOW ABOUT COLON CANCER SCREENING

March is Colon Cancer Awareness Month

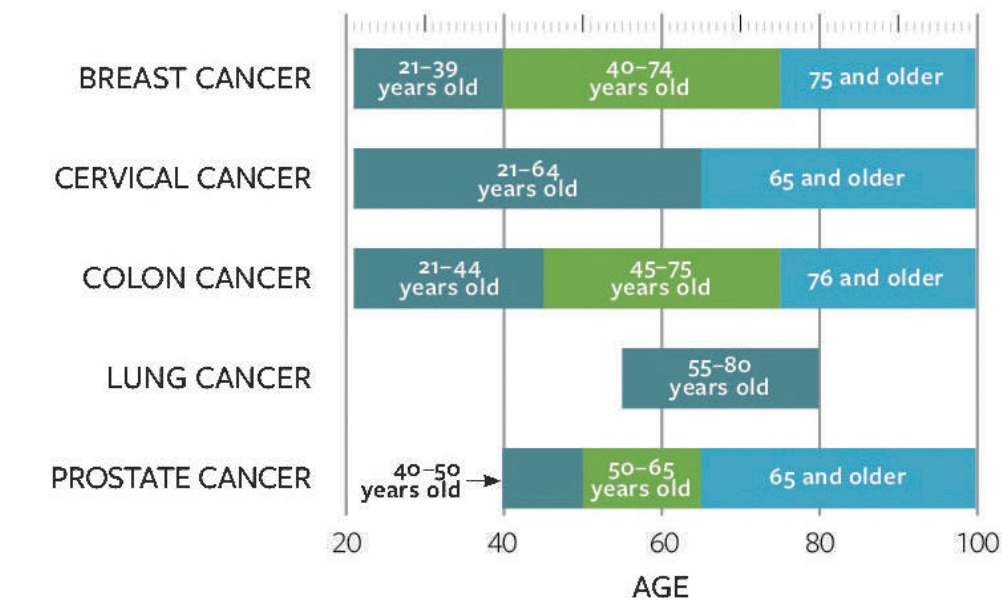
Self-care Checklist

- Make a balanced breakfast
- Go to yoga class
- Complete skin care routine
- Read a chapter of a book
- Get fresh air
- Schedule colonoscopy

The American Cancer Society recommends beginning screening for colon cancer at the age of 45. People with family history of colon cancer may need to begin screenings earlier than 45, depending on the age of the family member at diagnosis. Screening tests are important because they can help detect polyps or cancer before symptoms develop or occur. Colonoscopies are the most effective screening tool to help detect and prevent colon cancer.

Some people do not want to have colonoscopies because of the prep required or other deterring factors. A Cologuard® test is a noninvasive stool test that is done in the home and can be used in patients that are at average risk for colon cancer. If the Cologuard® test comes back positive, then the patient will be referred to have a diagnostic colonoscopy to evaluate the findings. Remember that a Cologuard® test does not replace a colonoscopy, especially in the higher risk population. The important thing to remember is to talk to your family doctor about the best option for you.

Colon cancer does not always show symptoms in its early stages. That's why it is important to get screened at the recommended age. When symptoms develop, they may include change in bowel habits which in-



KEY

- Screening for cancer at these ages is only recommended if you are at elevated risk. Family history of the disease, genetic disorders, age and race can all impact risk.
- Screening is recommended for everyone in these age ranges.
- Screening for cancer at these ages may be right for some people. Talk to your doctor to determine if screenings are right for you.

cludes the consistency of the stools. Other symptoms experienced may be abdominal discomfort, bloating, rectal bleeding, weakness or fatigue, and unexplained weight loss. It is important to recognize symptoms early and speak with your doctor about your symptoms right away.

Screening is the most important step that can be done to prevent colon cancer, but lifestyle changes can be beneficial too. It is important to eat a

healthy well balanced diet and to limit red meat intake. Daily physical activity and exercise are also an important way to help maintain a healthy weight and lifestyle. It is very important to be proactive and know your family history because this will determine the need to start screening at an earlier age. Decreasing alcohol intake and cigarette smoking will help with your overall health.

COVID-19 has played a big part in

causing delayed screening tests during these past two years. Now is the time to get your colon screening scheduled—earlier detection leads to better long term outcomes. Don't hesitate to reach out to your physician and ask questions about different screening options and which tests make the most sense for you and your health. Remember that your health matters and screenings are the best way to prevent and detect colon cancer.

When Should I Get Screened for Cancer?

Cancer can be a deadly disease, but treatments that help people live longer—and in some cases defeat cancer—continually emerge. No matter the cancer, the best chance for successful treatment relies on early detection. Use this chart to determine when you should start screening for cancer and talk to your doctor about your risk. To make an appointment with a provider to get the screenings you need, call (833) AHC-HLTH.

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 Augusta Health Center for Cancer and Blood Disorders
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March is Colorectal Cancer Awareness Month and the perfect time to schedule your screening colonoscopy or time to learn about other colon cancer screening opportunities. No one likes to think about having a colonoscopy performed, but it is an important tool to help detect and prevent colon cancer. Colon cancer is the third most commonly diagnosed cancer in men and women in the US and the second leading cause of cancer deaths in men and women in the US.

Breast Cancer

All women should be screened for breast cancer from ages 40–74 with annual mammograms. The American Cancer Society recommends a baseline mammogram between the ages of 35–40. After age 75, consult with your doctor about the risks and benefits of continued screening.

Cervical Cancer

All women should have an HPV test every five years or a Pap smear every three years starting at age 21, unless they had their cervix removed for reasons other than cervical cancer or pre-cancer. People with a serious cervical pre-cancer history should be screened for 25 years after diagnosis. People who've had regular cervical cancer testing with normal results during the previous 10 years can stop screening at 65.

Colon Cancer

Everyone ages 45–75 should be screened for colon cancer. There are multiple testing options. Ask your doctor which test is right for you and how often you need to be screened. Most people can stop screening after age 85.

Lung Cancer

Starting at age 55, people with a smoking history should talk to their doctors about annual low-dose CT scans for lung cancer. Screening may benefit people who smoke now or have quit within the past 15 years and have a 20 pack-year smoking history.

Prostate Cancer

Men may be screened for prostate cancer at age 40 if they have more than one close relative who was diagnosed with prostate cancer before age 65. All men ages 50 and older should talk to their doctor about the risks and benefits of screening.

HOW TO GET A GOOD NIGHT'S SLEEP

March is national Sleep Awareness Month

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The American Academy of Sleep Medicine recommends adults obtain 7 or more hours of sleep per night; that means approximately one third of our day is spent sleeping. In our busy lives of home, work, and family, we often don't realize how important a good night sleep is, not only for our day-to-day functioning, but for our health and well-being. Maintaining adequate sleep can help us:

- Maintain a healthy weight
- Decrease incidence of general illness
- Decrease stress and improve mood
- Improve our ability to focus, concentrate, and remember things
- Can avoid injuries, especially related to motor vehicle crashes due to drowsy driving
- Decrease risk of serious health problems, such as diabetes and heart disease

One of the most common sleep disorders is obstructive sleep apnea (OSA). OSA occurs due to repeated collapse of the upper airway during sleep, causing intermittent episodes of reduced or complete obstruction of airflow. This can not only disrupt sleep, it can also put added stress on the heart and body, causing increased risk for high blood pressure, type 2 diabetes, depression, heart disease, abnormal heart rhythms, and stroke. Common symptoms of OSA include snoring, breathing pauses or gasping during sleep, feeling like you don't get restful sleep, and excessive daytime sleepiness.

Data from the American Academy of Sleep Medicine indicates more than 25 million adults in the U.S. are affected by OSA, with approximately 26% of adults between the ages of 30 and 70 years having sleep apnea. Risk factors for sleep apnea include:

- Being overweight or obese.
- Having a large neck.
- Being male-men are 2-3 times more likely to have sleep apnea than women. However, once women reach menopause, their risk increases.
- Age-sleep apnea occurs more frequently in older adults.
- Family history of sleep apnea.
- Use of alcohol, sedatives, and muscle relaxants.

- Smoking-smokers are 3 times more likely to have OSA than those who have never smoked.
- Chronic nasal congestion.
- Certain medical conditions, including heart disease, high blood pressure, type 2 diabetes, stroke, chronic lung disease, and Parkinson's disease.

A sleep study is needed to diagnose sleep apnea. If you have symptoms and/or risk factors for obstructive sleep apnea, you should talk with your primary care provider (PCP) to discuss if further evaluation with a sleep provider is needed. Your PCP can refer you to the Sleep Clinic for further evaluation and testing. Often, a sleep study can be completed at home; however, an overnight sleep test in the sleep lab may be needed, depending on your symptoms, medications, or other health conditions.

Treatment of OSA usually involves a positive airway pressure machine (PAP) or an oral appliance; however alternative treatments are sometimes an option. You will need to talk with your sleep provider to determine if an alternative treatment is right for you.

Sleep is something we all do every day. It is necessary for day-to-day function, overall health and well-being. Sometimes we don't realize how much sleep is impacting our lives until we actually get a good night sleep!

CUTTING-EDGE BREAST CARE

Close to Home

One in eight women in the U.S. will develop breast cancer in her lifetime, but early detection can make treatment much more effective. The Breast Care Center in the new Augusta Health Outpatient Pavilion will make cutting-edge technology and highly trained physicians more accessible than ever, raising the bar in screening, treatment and prevention.

The Breast Care Center will be staffed by three fellowship-trained radiologists, including Brandi Nicholson, MD, medical director of breast imaging. Dr. Nicholson previously worked at the University of Virginia and the University of Iowa, where she trained radiologists to become experts in breast imaging.

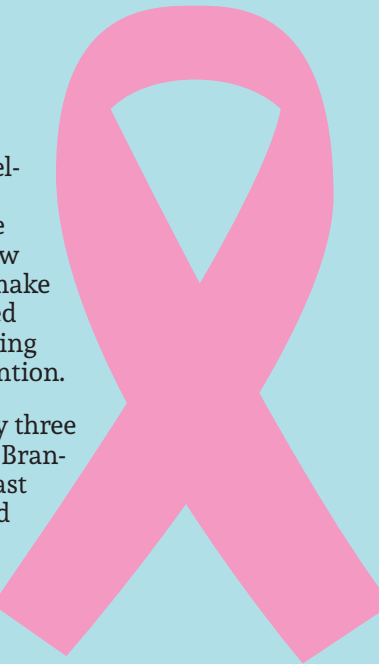
"Fellowship-trained radiologists have dedicated training in only breast imaging," Dr. Nicholson says, "which means their cancer detection rate is higher than a general radiologist who also reads breast imaging."

In the new center, all mammograms will be 3D, which allows radiologists to find more cancer while decreasing the workup and biopsy of findings that are not cancerous. Additionally, contrast-enhanced mammography, which improves cancer detection and can help in the workup of cancer and suspicious findings, will also be available. Rounding out the technology will be a new MRI machine, which will provide higher-quality imaging for diagnosing and staging cancer.

The center is being designed with patient experience at the forefront, says Scott Crabtree, Augusta Health's

Assistant Vice President of Professional Services. At registration, new technology will expedite check-in. A secondary waiting room will have a spa-like feel, where patients can wait peacefully in a comfortable space. And oncologists, surgeons and genetic counselors will be on site for convenient consultations with patients who need follow-up care. "Our women's imaging staff and breast radiologists have been involved at a granular level in laying out this center," Crabtree says. "Our two female breast radiologists have worked in other facilities that hit on all cylinders, and they brought a fresh perspective."

The Outpatient Pavilion is set to open at the end of 2022. Until then, holistic breast care and cancer treatment are still available in the hospital at Augusta Health.



If you remember this guy...



it's time to get your colon screening.

Colon cancer is one of the leading causes of death in the U.S. but is almost entirely preventable.
Talk to your doctor about getting your colon screening.

Augusta
Health™