

FEMALE health

TODAY

WINTER 2016 EDITION

**10
WAYS**
TO PREPARE
FOR PREGNANCY

+

WOMEN'S HEALTH

Q&A

**THE REALLY
GOOD LIST**

STRATEGIES FOR A
HEALTHIER HOLIDAY

**ANNE
HATHAWAY**

ON GENDER EQUALITY, PARENTING ROLES AND
HAVING A HOLLYWOOD BACKUP PLAN

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As a producer, Anne Hathaway enjoys seeing projects that interest her through to fruition.

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Winter Wellness News

» **THE MEDICAL COMMUNITY HAS COME A LONG WAY IN THE understanding of diseases and** how to treat them, but as we move forward there is always much more to be learned. New research frequently leads to changes in the ways physicians diagnose and treat medical conditions, but often the results of research studies can be confusing.

That's why it's important to find healthcare information that is up-to-date and reliable. At the Foundation for Female Health Awareness, we are always monitoring advancements in female health, and our aim is to bring you the very best and most current medical information.

The winter edition of *Female Health Today* addresses several cutting-edge developments, from the latest information about pelvic health (page 12) to a new non-invasive radiosurgery system that may transform cancer treatment (page 15).

Those of you who may be facing a possible hysterectomy should read the article on page 7. A recent patient shares her personal experience with a minimally invasive surgical procedure that promises quicker recovery time and less post-operative pain.

You're sure to have lots of questions if you are thinking about having a baby. Check out page 14 for ways to prepare yourself for a healthy pregnancy.

To help you enjoy the holiday season, three nutrition and lifestyle experts share their best tips for healthier holidays on page 8. After you've tried the decadent chocolate dessert recipe on page 10, be sure to read the Teen Talk article on oral health (page 16), and remind your teens to brush and floss!

We've packed the winter issue with the latest health information. We hope it will keep you informed and improve your daily life.

Stay happy and healthy,



MICKEY AND MONA KARRAM
FOUNDERS OF THE FOUNDATION
FOR FEMALE HEALTH AWARENESS

FEMALE health TODAY

Female Health Today is the magazine of the Foundation for Female Health Awareness, a nonprofit organization dedicated to improving women's pelvic health by supporting unbiased medical research and educating women about their health. With continued research and comprehensive education, the goals of disease prevention and improved quality of life can be achieved.

All healthcare content provided by the Foundation for Female Health Awareness is peer-reviewed. All revenue raised by the Foundation for Female Health Awareness is used to support unbiased research in pelvic health and gender-specific medicine.

FOUNDERS

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Female Health Today magazine is published three times a year by the Foundation for Female Health Awareness, 7759 University Drive, Suite G, West Chester, OH 45069. © 2015. All rights reserved. The information contained herein is not a substitute for professional medical care or advice. If you have medical concerns, seek the guidance of a healthcare professional.



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PUBLISHED BY:

[CincinnatiMagazine]

Custom Publications Division

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WOMEN'S HEALTH Q&A

By Mark D. Walters, MD, and
Samantha J. Walters, MPH

Q: I have been getting urinary tract infections a lot lately. Is there anything I can do to prevent them? For the prevention of urinary tract infections (UTIs), you first should try to determine—and, if possible, eliminate—the cause of the infections. If UTIs seem to follow the use of a diaphragm, for example, you may want to consider another method of birth control. If UTIs follow sexual intercourse, then urinating before and immediately after sex is usually helpful. A single dose of an antibiotic may help prevent the onset of a UTI in this case, as well. Taking probiotics and possibly cranberry juice or cranberry tablets might lessen the frequency of UTIs and are

safe to use. For women who are menopausal and able to take estrogen, vaginal estrogen cream has been shown to lower the rate of UTIs. If nothing seems to help, see a urologist to rule out treatable causes (such as kidney or bladder stones) and to discuss the correct use of antibiotics.

Q: How do I know which medications are safe to take while breastfeeding? If you are breastfeeding, it is important to make sure any medications you take will not put your baby in danger or affect your milk supply. Pharmacists and healthcare providers should be up-to-date with the recommendations, but there are also two tools that breastfeeding mothers can use to determine if a medication is safe. The InfantRisk Center (infantrisk.com) is dedicated to providing evidence-based information about medications that are safe to take during pregnancy and breastfeeding; they take calls Monday through Friday at 806-352-2519. In addition, the free LactMed app is available from the U.S. National Library of Medicine at the National Institutes of Health. This app provides information about various drugs and chemicals, lists any possible adverse effects for the nursing infant, and suggests safe alternatives when necessary.

Q: I've heard about emergency contraception, but I always thought it was a pill. I heard recently that an IUD could be an effective option. Is this true? Yes, it's true! ParaGard, a non-hormonal intrauterine device (IUD) made of copper, is the most effective form of emergency contraception (EC). When inserted by a healthcare provider within five days after sexual intercourse, it is 99.9 percent effective in



preventing a pregnancy. The benefit of this type of EC is that, once inserted, it provides contraceptive protection for up to 12 years. The other common form of EC is the one-dose pill, available over the counter. Plan B is perhaps the most well-known brand name, although various options are available both over the counter and with a prescription. With any type of EC, it is best to use it as soon as possible after unprotected sexual intercourse. Remember, too, that none of these forms of EC protects against sexually transmitted infections.

Q: I'm menopausal and sex seems to be really painful. Is there anything I can do? What you're going through is really common. It is a symptom of vulvovaginal atrophy (also called genital urinary syndrome of menopause), which is the thinning of vulvar and vaginal skin due to lower estrogen. Nearly one-half of women experience this type of change during menopause, and it can cause vaginal dryness and soreness, as well. Over-the-counter therapies such as vaginal lubricants and long-acting vaginal moisturizers are a good place to start for fast relief. If these are not successful, low-dose estrogen therapy helps to relieve symptoms in most

eligible women, with few side effects. A new laser therapy is also providing impressive results, especially for women who can't take estrogen. Help is available; see your doctor for more information.

Q: I have been extremely nauseated during my pregnancy, and I'm worried that the nausea and vomiting are preventing me from getting the nutrition I need. What can I do to deal with morning sickness? Morning sickness is a fairly common (and difficult) occurrence during pregnancy, and generally it will not cause any harm to your baby. In most cases, home treatment is the best option for managing the nausea and vomiting. Home strategies include keeping snacks (such as crackers) by your bed to help avoid the nausea that comes from an empty stomach, taking ginger or vitamin B6, and avoiding the foods and smells that make you feel sick. For some women, acupressure provides relief, as well. If you are unable to eat or drink anything without vomiting, or if you feel that you are becoming dehydrated, consult your healthcare professional to see if a prescription might be necessary. And, remember, for most women the nausea lessens or disappears completely after the first trimester. Hang in there!



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By Susan Griffin /
The Interview People



ANNE HATHAWAY

The Hollywood darling discusses parenting roles, gender equality, and why even A-list actresses like her need a backup plan.

ANNE HATHAWAY'S ONE OF THE MOST SUCCESSFUL FEMALE ACTORS working today, but even she isn't immune to the harsh realities of Hollywood.

"I work with a very brilliant woman named Suzan Bymel who's worked with a lot of actresses over the years, and she told me to prepare for the slow-down that would inevitably happen in my mid-30s," says 32-year-old Hathaway, who was Oscar-nominated in 2009 for her role in *Rachel Getting Married* and walked away with the gold statuette for *Les Misérables* in 2013.

It's why Hathaway is drawn now to producing—it's a practical decision, she says.

"I started optioning material so I would be able to work through the awkward period where people aren't telling stories about women in your age group," Hathaway says. "If there's a role of a 35-year-old woman, they're going to cast a 24-year-old and, by the way, I have been that 24-year-old woman."

Producing also allows her to see material that interests her through to fruition—such as last year's musical *Song One*.

It's why Hathaway recently optioned a sci-fi comedy about a baby shower that gets invaded by aliens.

"I so want to see that movie," she laughs. "And if I have some clout at this stage in my career, I'd love to use it to make the things I want to see exist."

But the actress, who was born in Brooklyn and raised in New Jersey, concedes this new chapter is "a little bit hard."

"We haven't seen a lot of stories about women in their 30s, and I don't know precisely why that is, but I feel really lucky and can't complain about it, because whatever roles there are, I'm getting access to them."

This includes her latest movie *The Intern*, which she describes as "one of the best parts I've ever gotten to play."

Hathaway stars as Jules Ostin, whose husband raises their daughter while she oversees her hugely successful online fashion site. It also boasts Robert De Niro as 70-year-old Ben Whittaker who, underwhelmed with retirement, responds to an ad for senior interns at Ostin's company.

The film was written and directed by Nancy Meyers who, Hathaway says, "wrote this unbelievable character in this beautifully conceived world."

"Jules doesn't have some deep, dark secret," she continues. "Her unhappiness and stress gets explained in the film. She's really just a very good person. She's tough and tenacious and she's uncompromising and a go-getter."

Hathaway, who jokes she would've been a burlesque dancer had acting not worked out, was excited to see a forthright female boss who's "not a nightmare."

"So often in stories, the powerful woman is the ice queen and the working mom is a terrible mother. Jules



“I THINK WE NEED TO EVOLVE AND REALIZE THAT PARENTING IS HARD, PERIOD. NONE OF US HAS ANY RIGHT TO JUDGE EACH OTHER.”

is neither of these things and I think that’s going to resonate a lot more with people. I mean, of course there are horror stories and there are the Miranda Priestlys of the world,” she says, referring to the fearsome magazine editor played by Meryl Streep in their 2006 film *The Devil Wears Prada*.

The movie also explores the rise of a relatively new family dynamic.

“We’re in new territory now when it comes to breadwinners and caregivers,” Hathaway notes. “I did hear a talk where it was said that family units work best when there’s one of each. Traditionally, the woman’s been the caregiver and the man the breadwinner, and now it’s up to the couple to decide for themselves.”

She admits that some people seem averse to a move against the traditional set-up.

“If you have a job and you’re a mom, you’re going to be perceived that you’re not as committed a mother, and if you’re a stay-at-home dad, you’re considered emasculated in some way. I think we need to evolve and realize that parenting is hard, period. None of us has any right to judge each other. If the kid’s happy and healthy, that’s all that matters, and how that happens is no one else’s business.”

Hathaway, who married actor Adam Shulman in September 2012, also highlights the blatant double standards that continue to exist.

“It strikes me as odd that I get asked, ‘When are you going to have a family?’ and ‘How do you handle being in a marriage and being a successful actor?’ and I don’t hear those questions being asked of my contemporaries who are male.”

Born to an actress mother and lawyer father, Hathaway’s first key role was

in the TV series *Get Real*. She later found big-screen fame in *The Princess Diaries* alongside Julie Andrews.

An acclaimed soprano, she was reportedly a favorite for the role of Christine in *The Phantom Of The Opera*, but scheduling conflicts meant the role went to Emmy Rossum.

Following the 2004 sequel to *The Princess Diaries*, she started tackling more adult projects, and has since starred in films such as *Brokeback Mountain*, *Love And Other Drugs*, *The Dark Knight Rises* and *Interstellar*.

For all its faults, Hathaway, ever the optimist, believes Hollywood’s “really good at calling itself on its own problems.” So while there have been “pretty damning statistics” relating to the pay disparity between men and women, she expects to see a tremendous amount of change in the next 10 to 15 years.

Whenever Hathaway gets “really depressed,” she looks at the success of the HeForShe campaign by the UN Women’s Solidarity Movement for Gender Equality.

“It’s an initiative that Emma Watson is spearheading with UN women, and the idea about it is that in order to achieve equality, it can’t be a woman’s issue or a man’s issue, we have to find a way to work together on this. I think it’s revolutionary and it is changing the world.”

Cinagoers also have a role to play in spearheading change, she explains.

“It’s the audiences who are going to dictate what happens and, this isn’t a pitch for people to see the movie,” she says with a laugh, “but if you want to see more about age diversity or women in strong roles, then you have to take an active interest in supporting those movies.”

“Yes, Hollywood is a place that espouses liberal ideals, but it’s a business, too, and will follow where the business is strongest.” ●

A SUCCESSFUL SOLUTION

By Navkaran Singh, MD

» One woman's experience with minimally invasive gynecologic surgery.



AS THE SUCCESSFUL BUSINESS

owner at Evolution Creative Solutions, Cathy's days are filled with client meetings and keeping things running smoothly. In her spare time, she plays tennis, works with a personal trainer, and spends time with her husband and friends. A hysterectomy wasn't in this 48-year-old's plans.

In 2014, Cathy had an ablation procedure to relieve intense pain she was experiencing during every menstrual cycle. The procedure burns the lining of the uterus using radiofrequency, but the shape of Cathy's uterus made it difficult to reach all of the lining. That led to some tissue being left behind, so during subsequent menstrual cycles, the lining would slough off as it normally does, but scar tissue across the cervix prevented her body from a normal elimination. As a result, the tissue bled through her fallopian tubes.

"The pain was terrible. I had everything else tested...my gallbladder, a colonoscopy. When we finally figured out the problem, the hysterectomy was really my only solution," Cathy says.

Hysterectomy is a broadly used term that can refer to several different types of procedures. It always includes removal of part or all of the uterus, but certain types of hysterectomies also include removal of the cervix, tissue on the bottom of the uterus and the upper part of the vagina. The ovaries may also be removed in a

procedure called oophorectomy.

An open-surgery hysterectomy is the most common approach, and it's used in about 65 percent of all procedures. The term "open" refers to the 5- to 7-inch incision made during surgery to allow the surgeon access. Most women undergoing open-surgery hysterectomy will spend three or more days in the hospital after the procedure.

In Cathy's case, it was decided that despite the scar tissue from her previous procedure, a minimally invasive hysterectomy would be the best approach. In a minimally invasive hysterectomy, the surgeon makes a small cut in the belly button and inserts a laparoscope, a tube with a light and camera attached. The surgeon uses a video screen to guide his or her actions instead of opening up a large incision. Several other small cuts are made in the belly to insert surgical tools. This procedure is also sometimes done with robotic assistance, with the surgeon using a sophisticated robot to control the laparoscopic tools.

While not every woman is an ideal candidate for minimally invasive hysterectomy (sometimes previous surgeries and scar tissue can present obstacles), the technique does have key benefits to consider. They include less pain and scarring, reduced risk of infection, shorter hospital stay and shorter recovery time.

"I woke up in the hospital and actually

felt better when I woke up than before the surgery," Cathy recalls. "I had pain from surgery, but all of my abdominal pain was gone."

Cathy came out of surgery on a Tuesday at 6 p.m. and was able to go home and shower at noon the next day. She walked three times daily, trying to increase the distance a little bit each time. On day three after surgery, she went for a manicure and pedicure. By day five, she was no longer taking pain medication and was able to travel about three hours to spend time with her mother.

At the time of this interview, it had been five weeks since Cathy's hysterectomy. She said her recovery was "easy," but noted that she'd been careful to follow her doctor's instructions about not doing too much or lifting anything.

"By the second week after surgery, I was back at work. I was allowed to go back to my personal trainer, with some restrictions, three weeks after surgery," Cathy says. "I feel good. My body will let me know when I go too far, but I'm smart enough to listen to it." ■

Navkaran Singh, MD, is an OB/GYN with The Christ Hospital Physicians—Obstetrics & Gynecology. He is board certified and a fellow of the American Congress of Obstetricians and Gynecologists and specializes in minimally invasive gynecologic surgery.

The Really Good List

8 Tips for a healthier holiday season.



By Marnie Hayutin

» Eat, stress, repeat.

If that has become your holiday routine, you're not alone.

"The holidays aren't just December anymore," notes Jennifer Kagy, professional chef and certified holistic health and nutrition coach. Now it's Halloween through mid-January, by the time all the annual office parties are over.

"Then you're right around the corner from Valentine's Day," adds Kagy, who runs JennKagyHealthyMe.com. "It's like half a year of crazy eating."

Don't panic; this year you can break the cycle. We asked three Cincinnati-based nutrition and lifestyle experts for their best holiday advice. From trimming the calories to wrapping up the anxiety, here are eight ways to keep the joy in the holiday season.



1. BE IN THE MOMENT

While a certain level of stress is productive and serves as a catalyst for action, too much stress can be destructive and ultimately detrimental to our health. According to Donna Covrett, most of our negative stress is actually self-imposed.

"Most of that stress comes from being caught in the past, or from being emotionally attached to something that has yet to occur," says Covrett, co-founder and executive director of the Cincinnati Food + Wine Classic, as well as a nutrition counselor and yoga instructor. "Every time you can return to the present moment, you find instant peace."

Covrett keeps herself in the present by focusing on the breath. When she needs to de-stress—during the holidays or all year round—she sits in a quiet room, closes her eyes, and for 15 minutes she does nothing but focus on one breath, and then the next, and then the next. This technique is part of a mindfulness practice, which can be defined as finding peace by purposefully paying attention to your feelings and experiences in the present moment.

"If we can carve 15 minutes out of the day for some kind of mindfulness practice, we still have 95 other 15-minute periods left in the day to do whatever it is we need to get done," Covrett says.

Keep that sense of mindfulness as you return to your tasks. Allow yourself to enjoy wrapping the presents, or peeling the apples, or setting the table. Don't let your mind stray to work that is still to be done.

2. PLAN, PLAN, PLAN

An organized plan breaks the holiday preparations into manageable portions. It's tempting to procrastinate, but the pre-work you put into developing your plan will allow you to, believe it or not, enjoy your own holiday event.

Professional chefs work with lists: At the very least, you'll need a menu, a shopping list, and a day-by-day schedule of tasks to complete.

For example, Kagy sets out her platters as much as a week in advance, labeling each one with a post-it note to indicate what it will be used for. She'll get out the plates and silverware, too, covering them with plastic wrap or putting them in Ziploc bags to keep the dust off until



the day of the party.

"On the weekend before, I'll have it all out so that I don't have to think about it," Kagy says.

Holiday stress happens when you have too many details left to think about at the last minute.

3. LET PEOPLE HELP

Give yourself a break, says Amy Tobin, director of the Event Center at New Riff Distilling in Bellevue, Ky., and host of *Amy's Table* on Cincinnati's Q102. If your guests want to bring something, by all means, let them!

"You don't have to be Superwoman. You don't have to be Martha Stewart. The holidays are about connecting with family and friends," says Tobin, who is also a culinary and lifestyle consultant to major national brands.

Kagy makes potluck parties more fun by thinking through her guests' culinary strengths. She'll strategically assign appetizers to the guest who excels at presentation, for example, and leave the desserts to the passionate bakers.

"The burden isn't all on me, and it's fun for them because they can show off their best dishes," Kagy notes. Plus, by assigning a mix of salads, hot side dishes, appetizers, etc., she eliminates the risk of receiving 10 grocery store veggie trays.

And when guests arrive, put them to work. Giving the early arrivers a job sets people at ease and encourages mingling.

4. YOU HAVE PERMISSION TO PURCHASE

As recent guest on *Amy's Table*, Chef Dorie Greenspan advised Tobin's radio listeners to do what the French do: If it's very simple, make it. If it's not, purchase it.

"I really took that to heart last Christmas," Tobin recalls. "I used to make a *Buche de Noel* [Yule log cake] every year for my family. I thought to myself, oh my gosh, she's so right! I could go buy a beautiful cake. I don't need to be putting all that into this fussy two-day project cake."

During the planning phase, make

sure your menu includes a mix of home-made and purchased items.

5. TAKE THE VEGETABLES UP A NOTCH

Instead of admonishing yourself to say no to the mashed potatoes or pecan pie, try saying yes to more vegetables.

Thanksgiving is a big deal at the Kagy house, so Jennifer wouldn't dream of skimping on the family's favorite indulgences.

"Where I slide in all my healthy food, and nobody realizes it, is with all the side dishes," Kagy says. They're always vegetable-based, and they're loaded with herbs and spices. Kagy hits all the flavor profiles—crunchy, sweet, tart and spicy—with dishes such as Celery Apple Salad, Walnut Garlic Dip and Swiss Chard with Raisins and Almonds. (See recipes next page.)

"They're really satisfying, so you don't feel like you're missing anything," Kagy notes. "That's seriously my key to surviving." She fills up her plate with healthy veggies, then takes the rich holiday favorites in smaller quantities.

Tobin looks for creative opportunities to up the veggie ante, from tossing blanched Brussels sprout leaves in with salad greens to whipping a ripe avocado into a mayonnaise-based dip or spread. Veggies and dip served in individual shot glasses tend to encourage healthy holiday snacking simply because they're so darn cute.

6. EAT MINDFULLY

Just as you can manage stress mindfully, Covrett says mindful eating can help control the holiday munching.

"When you're at your healthiest, you're eating mindfully," Covrett notes.

Mindful eating means being aware of what you're eating and taking time to enjoy it. It means not eating at your desk or standing at the kitchen counter. It's sitting down and focusing on the bowl or plate in front of you, not the computer screen, TV screen or buffet table in front of you.

"When you can slow down and eat mindfully, almost every one of us chooses to eat healthy," Covrett says. She prefers this approach to the traditional diet mentality.

"If your lifestyle always involves a

diet, then food becomes an enemy," she notes. "Food should be something that is celebrated. It should be about who is at the table and what is on the plate."

7. MAKE IT INTERACTIVE

Who says you have to serve traditional holiday fare? Potato bars, taco bars or chili parties, for example, are fun for guests because they provide not only dinner but also an activity. Plus, they make the menu more manageable for the host by narrowing down the options.

The key to interactive menus is the display. Fill the table with lots of options for toppings, including some high-end gourmet items that your guests are not likely to find in their own pantries at home. Platters can be elevated on risers to add visual interest to the table. Check out Pinterest for creative decorating ideas and presentation tips.

Your guests are less likely to over-indulge, too. "You're only eating that one food item, but visually it's gorgeous," Kagy says. "You feel like you've really had something."

Other ideas to consider this year: cocktails with a bruschetta bar, make-your-own flatbread pizzas, a dessert and coffee bar, a soup party, or a gourmet salad bar with luxurious add-ins like hearts of palm or roasted vegetables.

8. PLAN TO INDULGE

The invitations are coming, and we all know what we're up against as the holidays approach. Don't be afraid, the experts say; plan for your indulgences. If Grandma's chocolate cake is your favorite treat, don't try to avoid it. Instead, expect that you'll want to eat a big slice, and turn away other high-calorie foods that don't mean as much to you.

Don't want to overdo it at the buffet table? Eat a healthy meal before you go. Even if you splurge a little at the party, you'll eat less if you stick to your normal daily eating schedule and don't arrive at the party too hungry.

But, above all, don't stress about what you ate or didn't eat, the nutritionists advise.

"Go in with a plan, but if the plan doesn't work, don't beat yourself up about it," Kagy says. "Every bite is a new bite. Every meal is a new meal, and every day is a new day." ●

Holiday Recipes



Amy Tobin's Double Chocolate Mousse Tart with Cookie Crust

This decadent holiday dessert is Amy's foolproof make-ahead favorite. The versatile mousse is also great on its own. If you're pressed for time, you can use a purchased chocolate graham cracker crust, or spoon the mousse into goblets with fresh raspberries. Get creative, Amy says: For a quick and delicious layer cake, slice a Sara Lee pound cake horizontally and spread the mousse between layers. Brush the layers with liqueur for an elegant variation.

Prep Time: 45 minutes

Cook Time: 5 minutes

Total Time: Overnight

Crust:

21 chocolate sandwich cookies
¼ cup (½ stick) unsalted butter,
softened

Mousse:

12 ounces semisweet chocolate,
finely chopped
1 teaspoon vanilla extract
Pinch of salt
1 cup heavy cream
2 cups heavy cream
¼ cup sugar

Garnish:

Sweetened whipped cream
Chocolate shavings

Crust: Preheat oven to 350 °F.

Butter a 9-inch springform pan. In a food processor, pulse the cookies until finely ground. Add the softened butter; pulse until evenly moistened. Press crumb mixture into the bottom and up the sides of the prepared pan to form a thin crust. Bake 5 minutes; transfer to a rack to cool completely.

Mousse: In a food processor, combine the chocolate, vanilla and salt. In a microwave-safe glass measuring cup, heat 1 cup cream to just boiling. With the motor running, pour hot cream through the feed tube; process until chocolate is melted and smooth. Transfer mixture to a large bowl; cool to room temperature, stirring occasionally. In the bowl of an electric mixer beat 2 cups heavy cream with the sugar to form stiff peaks. Fold whipped cream into chocolate mixture; transfer mousse to prepared crust. Chill until set, at least 6 hours and up to overnight.

To Serve: Place sweetened whipped cream in a pastry bag fitted with a medium star tip. Pipe rosettes around edge of tart. Garnish with chocolate shavings.



Jennifer Kagy's Satisfying Side Dishes

Walnut Garlic Dip**Ingredients:**

3 slices whole-wheat bread,
toasted
¼ cup walnuts
4 cloves garlic, chopped
2 Tablespoons fresh lemon juice
1 Tablespoon extra-virgin olive oil
¾ cup water
2 Tablespoons fresh parsley
leaves
Salt and pepper to taste

Preparation: Place the toast in a food processor and process into fine crumbs. With the motor running, add the walnuts and garlic and process until they are ground fine. Add the remaining ingredients with the motor running and process until smooth, adding more water if the mixture seems too thick. Scrape the mixture into a bowl, and season to taste with salt and pepper.

Celery Apple Salad**Ingredients:**

1 garlic clove, minced *optional
1 Tablespoon Dijon mustard
¼ cup apple cider vinegar
2 Tablespoons fresh lemon juice
1-2 Tablespoons honey, as needed
for sweetness
½ cup extra-virgin olive oil
salt and pepper, to taste
1 large bunch celery with leaves
2 large Granny Smith apples,
peeled, quartered and cored, each
quarter cut into 2 wedges, then
thinly sliced crosswise into triangle
shapes
¾ cup walnuts, toasted, chopped
Chopped dates, cranberries, or
cherries

Preparation: Whisk first three ingredients in small bowl to blend. Gradually whisk in oil. Season vinaigrette with salt and pepper. Trim celery leaves and chop enough to measure 1 cup. Thinly slice stalks on deep diagonal. Place celery pieces in bowl of cold water. (Vinaigrette, celery leaves and celery pieces can be prepared one day ahead. Cover separately and refrigerate.) Drain celery; pat dry with paper towels.

Combine celery, celery leaves, apples and walnuts in large bowl. Add vinaigrette and toss to coat. Season salad to taste with salt and pepper.

**Swiss Chard
with Raisins and Almonds****Ingredients:**

½ cup dry Sherry
½ cup raisins
2 Tablespoons olive oil
½ cup sliced almonds
4 cloves garlic cloves,
thinly sliced
4 bunches Swiss chard, center ribs
and stems removed,
leaves cut into 2-inch pieces
(about 16 cups)
1 Fresno chile or red jalapeño, seed-
ed, thinly sliced
1 Tablespoon finely grated
lemon zest
2 teaspoons (or more) fresh lemon
juice
Kosher salt and freshly ground black
pepper

Preparation: Bring Sherry and raisins to a simmer in a small saucepan. Remove from heat; let cool. Heat oil in a large heavy pot over medium-high heat. Add almonds and cook, stirring frequently, until just beginning to brown, about 2 minutes. Add garlic and cook, stirring, until fragrant but not browned, about 1 minute more. Add chard by handfuls to pot, tossing to wilt between additions, and cook until tender, about 4 minutes. Add raisins with soaking liquid, chile, lemon zest, and 2 teaspoons lemon juice. Season with salt, pepper and more lemon juice, if desired, and toss to combine.

PELVIC FLOOR DISORDERS

» **More than 50 percent of women will experience these common conditions. Here's what you need to know.**

By Mickey Karram, MD

THE PELVIC FLOOR IS A group of muscles, ligaments, connective tissue and nerves that are present in every woman's pelvis. These structures work together to perform a variety of normal functional tasks, such as controlling your bladder and bowel and allowing you to enjoy sexual relationships. They are also responsible for anatomically supporting the organs of the pelvis, which include the bladder, the bowel, the uterus and the vagina.

In general the pelvic floor is an extremely efficient part of the female body in that it is able to undergo extreme stretching and stress (during a vaginal delivery, for example) with complete recovery in most women. However, over time most women will suffer from some sort of pelvic floor disorder, which is defined as a problem with one or more of the following:

- **Bladder dysfunction**, such as urinary leakage
- **Bowel dysfunction**, such as bowel-control issues or constipation
- **Loss of the ability to enjoy sexual relationships**
- **Prolapse of pelvic organs**—examples include the vagina being pushed by the bladder, the uterus falling out, the vagina being pushed by the rectum, and in rare situations the rectum actually falling out through the anal opening
- **A variety of pelvic pain syndromes** that can be related to the muscles of the pelvis,

the bladder, the rectum or the uterus; also includes pain induced by previous surgeries

The challenges associated with diagnosing and managing patients with a pelvic floor disorder are numerous. Many times there is no obvious anatomical reason for the bladder, bowel or sexual function problems the patient is experiencing. A patient, for example, can be leaking urine even though her bladder is well supported or be having issues with intercourse when nothing appears abnormal. In addition, pelvic floor problems may require expertise from multiple specialists, such as a urologist, a gynecologist, a colorectal surgeon or a physical therapist.

In light of these challenges, a new subspecialty known as "Urogynecology" or "Female Pelvic Medicine and Reconstructive Surgery" has recently been created. These physicians have received specialized training in the evaluation and management of female pelvic floor disorders.

DO THESE PROBLEMS NEED TO BE TREATED?

Pelvic floor disorders are quality-of-life problems and not life threatening, so unless the problems are preventing you from enjoying and participating in your normal daily activities, they don't need to be treated. However if you stop exercising because you're leaking urine, or you are not going out because you're having problems controlling your bowels, then therapy should



be initiated after an appropriate evaluation. Unfortunately, many women suffer in silence believing that these problems are a normal part of the aging process. In reality almost all pelvic floor disorders can be improved or even cured.

WHO CAN TREAT THESE PROBLEMS?

Ideally a urogynecologist or a pelvic floor specialist should be leading the evaluation and treatment of these disorders. However, as previously mentioned, it is not uncommon to require input from a urologist, colorectal surgeon or a physical therapist. The Center

for Pelvic Floor Disorders at The Christ Hospital was built to create a multidisciplinary approach to the evaluation and management of these problems. Urogynecologic, urologic, colorectal and physical therapy services are available to all patients who are seen in the center. The team of providers works together to coordinate care for each patient and ensure we are treating the whole problem.

If you have a pelvic floor disorder and want to be evaluated at The Christ Hospital Center for Pelvic Floor Disorders please call 513-585-4800. ●



Mickey Karram, MD, is Director of the Division of Urogynecology and The Center for Pelvic Floor Disorders at The Christ Hospital, as well as a Clinical Professor of Obstetrics and Gynecology and Urology at the University of Cincinnati College of Medicine.

By Ed V.A. Lim, MD

GET MOVING, BUT DON'T GET HURT

» How women can avoid sports injuries.

WE MAY BE STUCK

indoors at the moment, but spring sports are just around the corner. An inactive winter may put you at greater risk for sports injuries, so it's important to know your limits and how to avoid getting hurt. Read on to learn about some common injuries and causes, how to avoid them and what to do if you end up with an injury.

ACL

Did you know that women are eight times more likely than men to tear their anterior cruciate ligament? Known as the ACL, it is one of the four important ligaments that keep your knee working strong. Tearing your ACL can affect your entire body's movements, but there are multiple ways to avoid this. Continuous stretching, performing agility

exercises, and strengthening your hamstrings will keep your knee and its ligaments strong, which will prevent injuries.

MORE KNEE INJURIES

An ACL tear is an all too common injury, but the list continues for pesky knee injuries. Women's bodies are built for childbearing, with the hip bones at an inward angle and the thigh muscles at an outward angle. When this combination gets moving it can affect the cartilage beneath the kneecaps leading to anterior knee pain syndrome, which is commonly called runner's knee. It can also lead to a tear in the meniscus, the cartilage that helps to absorb impact in the knee. There's no way to change your joints, but you can make sure you have proper, supportive running shoes and continue to

strengthen the thigh and calf muscles to support the knees.

STRESS FRACTURES

Be wary of the popular, intense workout trends like CrossFit or HIIT training that require fast movements, heavy weights and high repetition movements that put stress on your body. If you do try a new form of exercise, start slowly and with proper guidance. Although these exercises can be extremely effective in weight loss and building strength, doing any exercise with improper form at a high impact can cause a stress fracture. Women's lower muscle mass and bone density cause women to be more prone to these little cracks in the shin bones we so lightly call stress fractures. These can be incredibly painful, so next time you pull

out your new workout video, be sure you have the form correct before you amp up the intensity.

ANKLE SPRAINS

Moving down from the knee and shin, women are twice as prone to ankle sprains and injury from damaging a ligament in the ankle. Any quick stomp, twist or lift to the side could cause this damage. To steer clear of these injuries, focus on simple balancing exercises to improve stability and strength in the ankle, and wear shoes that provide plenty of—and the right kind of—support.

CONCUSSION

Women's neck muscles are typically smaller than men's, leading to higher risk of concussion. I always tell my patients if they ever experience headaches, dizziness or nausea after any impact to the head, come see me. These can be painfully obvious symptoms of a concussion and, as always, the earlier you treat it the earlier you can recover from it. ●

Dr. Lim, a physician in The Christ Hospital Health Network, is board certified in Orthopaedics and a Board Examiner for the American Board of Orthopaedic Surgery. He is a fellow of the American Academy of Orthopaedic Surgeons and a member of the Orthopaedic Trauma Association and the American Orthopaedic Association. Named a "Top Doctor" by Cincinnati Magazine, Dr. Lim is an invited lecturer for educational courses throughout the U.S. and Asia.

FAMILY PLANNING

» 10 THINGS YOU CAN DO TO PREPARE FOR A HEALTHY PREGNANCY.

By Valerie Allen, MD,
and Samantha Young, MD



IF YOU'RE CONSIDERING HAVING

a baby in the not-too-distant future, you're sure to have lots of questions, including what you can do to help ensure a healthy pregnancy. Here are 10 simple steps you can take to help prepare your body for the journey.

1 SEE YOUR DOCTOR

You may not be pregnant yet, but sit down with your OB/GYN so he or she can provide advice on fertility, prenatal vitamins and insights into any potential health problems.

2 CUT OUT ALCOHOL

An occasional glass of wine? A couple of beers? The tricky thing about alcohol is that research hasn't yet offered a definitive answer on what might be considered a "safe" amount during pregnancy. And given that a fetus undergoes rapid and important development during the first few weeks, the safest thing to do is cut it from your diet.

3 POP A PRENATAL VITAMIN

Even if you're already a healthy eater, a daily prenatal vitamin is a must. This little wonder boosts your body's levels of minerals and vitamins, which are essential for a healthy pregnancy. Most importantly, it delivers the folic acid needed to help prevent many common birth defects. Initiation of folic acid supplementation at least one month before pregnancy reduces the incidence of neural tube defects, such as spina bifida.

4 STOP SMOKING OR USING DRUGS

Cigarettes can cause premature birth and low birth weight, and they increase the likelihood of some birth defects. Drugs can do the same thing (and even much worse, in some cases), as well as put you at risk of losing custody of your baby and heading to jail.

5 ACHIEVE A HEALTHY WEIGHT

Being overweight can actually impair your ability to conceive and lead to complications in pregnancy, so it's important to shed excess weight before you try to become pregnant. The same risk exists if you're underweight. Entering pregnancy at a healthy weight will mean your body is better equipped to care for you and your baby.

6 EAT WELL

Educate yourself on foods your body will need during pregnancy and start following a healthy diet. Foods rich in folic acid, such as fortified breads or cereals, and iron, such as salmon or spinach, are a great place to start.

7 DIAL DOWN THE CAFFEINE

Like alcohol, research isn't conclusive on a definitive amount of caffeine that's safe to drink. But general consensus holds that the caffeine equivalent of two cups of coffee while you're trying to conceive is likely fine. Just be sure to consider chocolate, soft drinks, coffee ice cream, tea and even some flavored waters as additional sources of caffeine.

8 HAVE YOUR PARTNER OPT FOR BOXERS, NOT BRIEFS

The father of your baby obviously plays a critical role in a healthy conception and pregnancy. He can take steps to help ensure his sperm are healthy and well numbered. That includes wearing boxer shorts instead of briefs and avoiding hot tubs, because heat kills sperm. A visit to his doctor can also inform him about whether any medications or sexually transmitted diseases may impact his sperm count.

9 TAKE PREVIOUS PREGNANCIES INTO ACCOUNT

If you've delivered a baby vaginally or via C-section, the general recommended wait time to conceive again is 12 to 23 months. This allows your body time to recover, replenish iron lost during childbirth, and also decreases the risk of ruptured uterus or low birth weight.

10 KNOW YOUR BODY

Stress is a known barrier to conception and can cause ovulation to be delayed or to not happen at all. But every woman reacts differently to stress, which can come in all shapes and sizes. Identify the stresses in your life, and be in touch with your body's reaction to stress. ●

Drs. Allen and Young are OB/GYNs with offices at The Christ Hospital Outpatient Center in Montgomery. They are members of the American Medical Association and the American Congress of Obstetricians and Gynecologists.

Giving Patients an “Edge”

» **A new non-invasive radiosurgery system may transform cancer treatment in the Tristate.**

By Robert Summe, MD

EACH YEAR, MILLIONS OF

dollars are donated to advance breast cancer research and discover new treatments and therapies. This year, a game-changer is coming to the table. The Christ Hospital Health Network is one of six hospital systems in the country—the first in the Tristate region—to offer patients the Edge™ radiosurgery system. This advanced, non-invasive radiosurgery system changes the way cancer is targeted and treated.

The Edge system accurately treats tumors without requiring any incisions. Instead, its knifelike beam is designed to target tumors that are difficult to reach, while also minimizing exposure to surrounding healthy tissues. While other cancer treatments can take 30 to 60 min-

utes, the Edge system treatment is completed in less than 15 minutes without the need for patient recovery in a hospital setting.

By integrating the Varian Calypso® “GPS for the Body” system for tracking tumor position, the Edge system is able to monitor and compensate for tumors that move, like those in the lungs or breasts. The Edge also alerts clinicians when a patient’s motion could compromise treatment accuracy. It surpasses other tumor-treating technologies, such as the CyberKnife and the Gamma Knife, in terms of accuracy, speed and effect on healthy tissue.

For people with lung cancer, damaging normal tissue would exacerbate the tissue already damaged by the tumor and could signifi-

cantly affect breathing because of the reduction in lung capacity.

The Edge system is currently in service at The Christ Hospital’s Cancer Center in Mt. Auburn. The Christ Hospital Outpatient Center in Montgomery is now equipped with similar technology, making that location the first outpatient center in The Christ Hospital Health Network to offer full-service oncology capabilities.

In addition to testing and treatment, The Christ Hospital also conducts ongoing clinical trials, and it provides survivorship plans, patient monitoring and holistic programs for cancer patients including yoga, pet therapy and a Zen garden. With the addition of advanced radiation technology, patients at The Christ Hospital can spend less time receiving cancer treatment, which gives them more time to pursue their dreams in life. ●

Robert Summe, MD, is a radiation oncologist with The Christ Hospital Physicians—Hematology/Oncology.



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THE WOMEN’S HEALTH DIVISION OF THE LINDNER RESEARCH CENTER AT THE CHRIST HOSPITAL IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF MEDICAL CARE TO WOMEN, OFFERING INNOVATIVE TREATMENT OPTIONS THROUGH PARTICIPATION IN CLINICAL RESEARCH PROJECTS.

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- Bladder control
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Please contact Sharon at

513-463-2507 or 513-585-2166

or you can visit our website at

lindnerresearch.com and choose women’s health.





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Teen Talk



Brush, Floss, Smile

**Simple ways to maintain
good oral health.**

By Lena Karram

YOUR SMILE IS NOT

only the first thing people notice about you, it is also a big part of your overall health and well-being. Most teens care about the appearance of their teeth, but they may not realize why it's so important to maintain good oral health.

Many factors affect your teeth and gums during the teen years. The second molars come in when you're between 12 and 14 years old, and wisdom teeth emerge between 17 and 21. New teeth were a big deal when we were toddlers, but we take these growth changes for granted in our teen years. New teeth can cause discomfort in the jaw, along with crowding and shifting or moving of teeth. Most of us have to have braces, teeth pulled or other orthodontic work to make sure our teeth are properly aligned as we reach adulthood. (If they're not, we can experience problems with our teeth and jaw later in life.) All these things make

it a little more difficult to keep our mouths clean—but they're also why it's more important than ever to brush and floss regularly. You should be brushing twice a day, and maybe even after each meal until your braces or other hard-to-clean appliances come out. Special flosses, including water flossers, can also help prevent food particles from getting stuck. Poor oral hygiene encourages plaque to form on our teeth and under the gums, which over time becomes tartar and can ultimately lead to tooth decay and gum disease.

Be aware of any sore or swollen gum tissue. Early signs of gum disease, known as gingivitis, include gums that bleed when brushing or flossing and gums that are bright red and swollen instead of a healthy pink. Regular check-ups at the dentist can help prevent this problem because dental instruments can scrape off tartar and clean our teeth where our brushes can't reach.

To maintain your healthy smile, follow these simple guidelines:

- **Brush teeth twice a day**, with fluoride toothpaste, for two minutes. Most people don't brush long enough. Try an electric toothbrush that has a timer to signal when you have brushed for the appropriate length of time.

- **Floss your teeth once a day.** Nobody likes to floss, but remember the advice a dentist gave to another teen: "I understand you don't like to floss," he said, "so you only have to floss the ones you want to keep."

- **See your dentist every six months for regular check-ups.** You may also have extra visits to pull teeth or to meet with the orthodontist. Always follow up as prescribed by your dentist.

- **Seek prompt treatment** for any type of pain or emergency.

- **Eat a balanced diet.**

Vitamin C found in fruits and vegetables can help promote healthy gums. Foods that contain calcium help prevent and fight tooth decay. Vitamin D helps your body absorb the calcium.

- **Avoid tobacco products.**

- **Whitening/bleaching** of stained or yellowing teeth has become a very popular and safe procedure, but check with your dentist first and follow his or her recommendations.

- **Piercing of the lips, tongue or any part of your mouth** carries risk of infection, nerve damage, allergic reaction and other problems. Make sure you're monitoring symptoms closely if you choose to get a piercing in the mouth.

- **If you play a sport, wear a mouth guard** to prevent tooth damage, injury or loss. Your dentist can customize one to ensure you've got the proper fit. ●

Lena Karram is a senior in high school.

STAY *informed* **STAY** *connected* **STAY** *healthy*

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Presented by the

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for Female
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Awareness

How to get the most from your doctor's visit

These tips can help you prepare for your next appointment – whether you are starting with a new doctor, or seeing the same doctor you have for years.

- Bring an **up-to-date list** of all your medications including name, dose, when you take it and why. Ask your doctor to review the list.
- Ask a **friend or family member to come with you** to be your advocate. Keep a pen and paper handy and have the person take notes for future reference.
- Ask **everyone who touches you** to wash their hands first.
- Bring a **written list of concerns** about what you'd like to discuss with your doctor. Let your doctor know about any life changes, such as loss of job or divorce, medical emergencies, surgeries or illnesses since your last visit.
- If **new medication is prescribed**, ask what it's for, how much you should take and for how long, if you should take it with food, and if there are any possible side effects.
- Follow up on your office visit.** Call for test results and request copies to keep for your personal records. Electronic health records may be available for you to view. Ask your doctor how to access them.



The Foundation for Female Health Awareness offers health news and information *just for women!*

- Listen to informative audio podcasts from the radio program "Your Update in Women's Health" and search through our magazine archive.
- Learn about pelvic health matters and gender-specific research initiatives.
- The Foundation for Female Health Awareness is dedicated to improving women's health by supporting unbiased medical research and educating women from adolescence to menopause and beyond about their pelvic health. With continued research and comprehensive education, the goals of disease prevention and improved quality of life can be achieved.

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ME:1 CANCER:0

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