

Tired? Maybe you need more iron

If you find yourself feeling worn out, the problem could be that you — like many women — aren't getting all the iron your body needs. Iron-deficiency anemia, a common nutritional shortcoming, can lead to serious complications, but avoiding it can be easy.

How much iron?

Iron is vital to the body's production of hemoglobin, the blood component that carries oxygen throughout the body. Lack of iron can lead to anemia, a condition characterized by fatigue, feeling cold and lowered immunity. The recommended daily allowance (RDA) of iron for women is 18 milligrams — almost twice what men need. Most women, however, get only about half their RDA of iron, and that can eventually result in iron-deficiency anemia. Other potential causes of iron deficiency are dieting (especially an imbalanced diet); strict vegetarianism (since they're eliminating animal products, the best sources of iron, strict vegetarians must make a special effort to eat legumes, dried fruits, leafy greens and other foods that contain iron); aspirin or antacid use; or blood loss from peptic ulcers, colitis or hemorrhoids. Even menstruation can cause a deficiency, especially in those who bleed heavily.

Boosting your intake

Increasing the iron in your blood can often be a simple matter of eating more iron-rich foods. (See "Pumping Iron into Your Diet" for some suggestions.) Increasing vitamin C intake by just 60 mg (about 1/2 cup of orange juice at each meal) can also greatly increase the body's ability to absorb iron from food. Prescription and over-the-counter iron supplements are available, too, but don't take them without consulting us first. The body generally absorbs only the iron it needs, and too-high doses of the mineral can result in stomach upset, vomiting or, in extreme cases, bleeding inside the stomach. Too much iron can also cause toxic build-up in the liver, pancreas and heart. You may even notice a change in stool color. In addition, the type of supplement needed can depend on the specific cause of the deficiency. If you think you may have an iron deficiency, make an appointment for a checkup. A few small changes to your diet now could prevent more serious problems later.

Pumping iron into your diet

Women can protect themselves from anemia by eating foods rich in iron. The best food source of this mineral is liver, but if that doesn't appeal to you, here are some tastier alternatives:

- Lean roast beef or ground beef
- Dark turkey meat
- Ham
- Oysters
- Clams
- Tuna
- Salmon
- Kidney beans
- Peanuts
- Lima beans
- Lentils
- Spinach
- Broccoli
- Squash
- Cucumbers
- Sunflower seeds
- Dry breakfast cereals
- Almonds



Incontinence...

Female incontinence is a common problem, affecting one out of four women between the ages of 30 and 59. An estimated 17 million women in the United States suffer from this annoying, embarrassing condition. Contrary to popular belief, it's not always a problem related to aging. Childbirth, pelvic surgery and decreased levels of estrogen due to menopause can all contribute to the muscle weakness that causes incontinence. Many women who have to be careful every time they sneeze or laugh postpone treatment because of embarrassment or because they don't want to have surgery with its attendant risks and recovery time. While Kegel exercises can help in some cases, the patient must actively work to isolate pelvic floor muscles and master contract them, doing this regularly and correctly. TWC has recently added biofeedback muscle rehabilitation of the pelvic floor consisting of a series of visits lasting 30-45 minutes. Using tiny doses of electrical stimulation, our nurse practitioner will provide bladder and behavioral retraining techniques to strengthen weakened muscles, teaching you to tighten the appropriate muscles to prevent leakage.



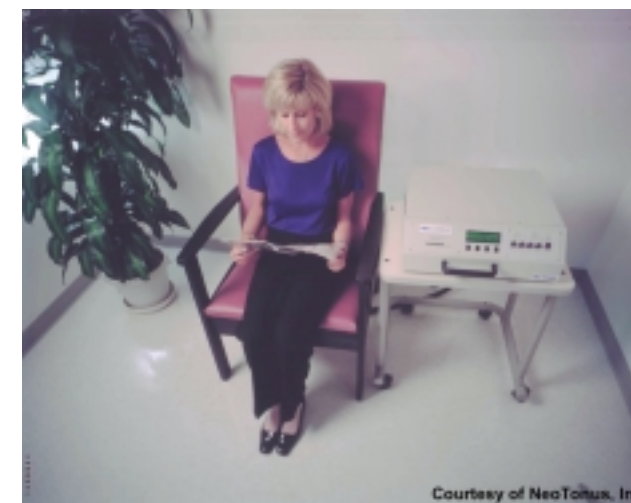
Another option

TWC now offers another option with **NeoControl**, a non-invasive treatment developed in collaboration with Georgia Institute of Technology and the Emory School of Medicine. With **NeoControl**, the patient sits in a comfortable chair, completely dressed, as magnetic fields stimulate nerve activity in the pelvic floor, exercising the muscles that control bladder function, improving strength and endurance and increasing circulation. A treatment session typically takes less than 30 minutes and is done twice a week for eight weeks. The therapy is completely painless. Afterwards, muscles may be a little sore, but it's not much different than how you'd feel after any light workout. For some women, this will cure incontinence completely. Others may need to repeat the treatments periodically to maintain muscle control. Half of the women who participated in clinical studies at sites in Cleveland, Chicago, Philadelphia and Orlando reported being "completely dry" after eight weeks and another 30 percent said they saw significant improvement in their condition.

What is NeoControl?

NeoControl is based on a revolutionary technology called Extracorporeal Magnetic Innervation (ExMI). ExMI was approved by the U.S. Food and Drug Administration in 1998, and NeoControl is now in use in more than 125 urology and obstetrics/gynecology practices throughout the United States and 10 other countries.

As the patient sits in the chair, highly focused pulsing magnetic fields are aimed at the muscles of the pelvic floor. The muscles contract and relax with each magnetic pulse, exercising them just as Kegel exercises would.



Join Us April 5th
for an
OPEN HOUSE
from 5:00-7:30

- View a Neo Control Chair Demonstration
- Talk with TWC's Physicians
- See our New Website
- Enjoy Refreshments

Signs of incontinence

- Urinary leakage caused by coughing, laughing or sneezing
- The sudden urge to urinate
- Loss of bladder control on the way to the bathroom
- Using the restroom frequently during the night
- Urinary leakage that occurs regularly after childbirth
- Loss of bladder control while running, walking or jumping



"I generally try to treat everyone as I would want my mother to be treated," says Dr. Brickman of her work. "I'm very much into the patient's being well-informed. We make the decision together. I'm very against the old-fashioned way where people are just told what to do."

Meet Dr. Brickman

Dr. Sandra Brickman, a general obstetrician/gynecologist with a strong interest in high-risk pregnancy and hormone replacement therapy, joined Tifton Woman's Center in August.

A graduate of the University of Texas at Arlington and the University of Texas Health Science Center at San Antonio, Dr. Brickman served as chief administrative resident at the Emory University School of Medicine from July 1999 to June 2000.



Dr. Sandra Brickman

She was the recipient of a 1999 prize in the 33rd annual John D. Thompson Resident Research Day and Clinical Topics in Gynecology and Obstetrics and has made presentations at annual meetings of the Southern Regional Society of General Internal Medicine, the Georgia Section, ACOG and Georgia Obstetrical and Gynecological Society and the Society for Maternal-Fetal Medicine.

She and her husband, a neurologist, like Tifton for its small-town flavor. "I've never lived in a small town before," she says. "We're enjoying it so far. The people here are very down-to-earth and honest, and the medical community and the hospital are quite progressive. It's very nice for us both."

Although Dr. Brickman says she "works a lot," she finds time to enjoy gardening, traveling, going to the theater and shopping. To make an appointment with Dr. Brickman, call 386-1528.

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TIFTON WOMAN'S CENTER



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Welcome to our newsletter. We hope you find it informative and it answers your health questions. Each edition will highlight services available at Tifton Woman's Center, from obstetrics to infertility treatments to surgical specialties. We have many new services planned for 2001, so stay tuned and watch for details!

INSIGHT

HEALTH INSIGHTS FOR WOMEN BROUGHT TO YOU BY TIFTON WOMAN'S CENTER

Call 386-1528 if you receive more than one copy, would like a friend to receive a copy, or if you wish to be deleted from the mailing list.



TIFTON WOMAN'S CENTER

A delicate support system

Help for uterine prolapse

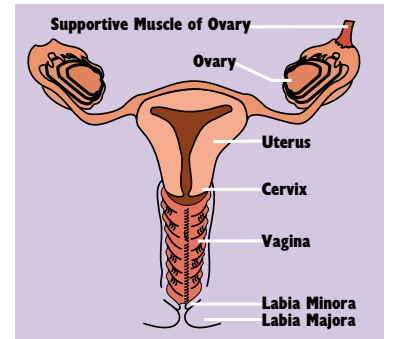
Owing to a feat of biological engineering, the uterus is suspended directly above the vagina by a network of muscles and ligaments. But as women age, this support system may weaken. After menopause, when the body no longer produces tissue-strengthening estrogen, this weakening may cause the cervix and uterus to drop toward the vagina, a condition called uterine prolapse. Commonly affected are women who have given birth vaginally, especially if they had many children or endured a long or difficult labor.

Side effects and symptoms

One of the most common side effects of weak pelvic muscles is stress incontinence — the inability to hold back urine flow when laughing, coughing or lifting. The muscles that support the base of the bladder and close off urine flow weaken, allowing urine to leak. If the pelvic muscles and ligaments become overly stretched, the uterus can actually "fall" or prolapse from its normal position and bulge into the vagina. The bladder, urethra or the rectum may also bulge into the vagina. Symptoms include a feeling of heaviness or a lump in the vagina, backache (especially after straining), painful intercourse or difficulty urinating or moving your bowels. Urinary tract infections can also be a problem.

How can it be treated?

You can keep your pelvic floor support structures in good shape in a number of ways (see "Doing Your Part to Maintain Pelvic Support"). If you suffer from symptoms of prolapsed pelvic organs, we can help diagnose the problem and determine the best treatment. In cases of weak pelvic muscles or a mild prolapse, Kegel exercises may help. Hormone replacement therapy may also be beneficial in postmenopausal women. Treatment of prolapsed organs depends on how severe the prolapse is, your age, whether you wish to become pregnant in the future and your sexual activity level. In some cases of uterine prolapse, we may insert a pessary (a rubber or plastic ring similar to a diaphragm) into the vagina to help keep the uterus in its normal position. A new option at Tifton Woman's Center is NeoControl, a non-invasive treatment that uses pulsing magnetic fields to exercise the muscles that control bladder function. (See related story on Page 3). Surgery is sometimes the best option for treating uterine prolapse. In older women and in cases where the



uterus has dropped significantly, a hysterectomy may be recommended. With younger women and those who do not desire a hysterectomy, surgery that will realign the pelvic organs can be performed. "When urinary incontinence becomes a major problem and all conservative measures have failed, the only way to help with this embarrassing condition is surgery," says Dr. Nathan Mordel of Tifton Woman's Center, a clinical assistant professor of gynecology and obstetrics at Emory University School of Medicine. "We at Tifton Woman's Center are now able to offer the entire scope of these reconstructive procedures and surgeries." Surgical repairs are usually successful, and the risks are low. As with any surgery, there is a slight risk of infection or damage to the pelvic organs. Also, prolapse can recur in rare instances.

Doing your part to maintain pelvic support

- Do Kegel exercises to strengthen the pelvic floor muscles. Alternately contracting and relaxing these muscles (as if you were trying to stop the flow of urine) can help prevent uterine prolapse and urinary incontinence. Many women are unable to identify the correct muscles to contract to prevent leakage.
- Maintain an appropriate weight. Abdominal pressure on your internal organs is increased if you are over weight.
- Exercise regularly. Regular exercise helps maintain muscle tone.
- Avoid constipation by eating a high-fiber diet. Straining during bowel movements puts pressure on your internal organs.