



*Discover*

WEST CHESTER HOSPITAL

# HEALTH

Winter 2014 | World Class Medicine. Locally Delivered.

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West Chester  
Hospital

 Health™

## Expanding Our Critical Care Services



Kevin Joseph, MD

West Chester Hospital has expanded and enhanced its intensive care services, allowing us to better serve higher-acuity surgical patients.

As you may know, West Chester Hospital received provisional status as a Level III Trauma Center from the American College of Surgeons last July. As part of the verification process, we are able to accept and treat people who have experienced a serious or traumatic injury.

Becoming a trauma care provider means that we must further build upon our skilled team of physician specialists to include trauma surgeons and intensive care physicians who specialize in treating highly acute surgical and medical cases.

To accommodate this expansion of services, we began a renovation project this past summer to enrich our intensive care services as well as to increase our ICU capacity from 18 to 36 beds. The ICU addition opened on December 2.

This growth enables us to provide a higher level of care, specifically within the intensive care environment. Surgical and medical intensive care physician specialists are available to provide an advanced level of care using the latest equipment and technology.

Allowing patients to remain within familiar surroundings has shown to accelerate the recovery process as well. With the expansion of our intensive care services, many of the trauma patients we care for will likely complete their care regimen at West Chester Hospital, remaining closer to home, family and friends.

For residents of our surrounding communities, these developments mean that they are just minutes away from innovative, life-changing, patient-centered care.

Our goal at West Chester Hospital is to continue to expand and enhance the quality and accessibility of our services for many years to come. Thank you for allowing us to care for you and your family.

Yours in health,

Kevin Joseph, MD  
President and CEO  
West Chester Hospital

## Enhancing Quality of Care for Troops Overseas

One of the great success stories that has come from American engagement within Iraq and Afghanistan is the incredible survival rate of soldiers wounded on the battlefield, thanks to an advanced medical evacuation system. Through advanced technology and training, sophisticated care is available to troops within minutes.

In conjunction with University of Cincinnati Medical Center and Wright-Patterson Air Force Base in Dayton, the C-STARS (Center for Sustainment of Trauma and Readiness Skills) program is designed to prepare medical personnel for military evacuation missions using state-of-the-art equipment to simulate war zone conditions. Graduates from the program are typically assigned to the Critical Care Air Transport Teams (CCATT) which staff medical evacuation helicopters and fixed-wing planes in combat zones.

In this unique partnership with UC Health, C-STARS trainees spend up to two weeks at UC Medical Center's Level I Trauma Center. Since receiving provisional status from the American College of Surgeons as a Level III Trauma Center, West Chester Hospital is now hosting instructors, like Capt. J.K. Shane House, CCRN, who are required to complete hundreds of hours of specialized clinical training each year to keep their critical care nursing skills sharp.

C-STARS instructors began working within the hospital weeks ago, and are shadowing clinicians working within the hospital's emergency department and intensive care units. Through this program, they are obtaining new skills as well as refreshing existing ones. By working side-by-side with their civilian colleagues while treating trauma and critical care patients, the enhanced knowledge and skills they receive will be directly applied to serve members of the United States military.

"The conditions under which these military medical specialists operate are exceedingly demanding," states Patrick Baker, vice president and chief nursing officer of West Chester Hospital. "Their commitment to medicine is truly heroic. For these men and women to work side by side with our medical teams at West Chester Hospital is an honor and we are extremely pleased to have the opportunity to support our troops."

Baker himself is a decorated Air Force Reserve nurse who served in Iraq coordinating care for wounded soldiers returning home.

Baker says programs like C-STARS and the medical evacuation program have had a positive impact on survivorship of critically injured soldiers. "Our survival rate of battlefield injuries in Iraq was at 98.5 percent," Baker says.

"Our teams have exceptional critical care knowledge," states Capt. House. "However, as instructors, we must also prepare them to use that knowledge to be able to provide highly advanced care within an aircraft in a combat zone."

***To learn more about West Chester Hospital, please visit [www.UCHealth.com/WestChesterHospital](http://www.UCHealth.com/WestChesterHospital).***



Captain Shane House keeps his critical care nursing skills sharp while working in the ICU at West Chester Hospital with Terri Clark, RN.



# Integrative Medicine Aids in Relief of Chronic Health Conditions

Integrative medicine is the moniker used to describe the growing specialty that incorporates a number of therapies aimed at treating the whole person, not just the disease.

"Integrative medicine is bringing the best of complementary medicine and merging it with the best of conventional medicine, for which scientific evidence of benefit exists," says Stefanie Stevenson, MD, integrative medicine specialist at West Chester Hospital.

Integrative medicine embraces a range of holistic therapies that include acupuncture, reflexology and other manipulative massage techniques, yoga, chiropractic care, natural supplements and vitamins, and diet.

Some therapies might be considered alternative and unconventional; however, all have quality evidence to support their effectiveness.

Stevenson stresses that she does not recommend replacing conventional treatment with any of these therapies. However, such approaches have been found to be helpful, especially to help manage pain in chronic illness.

"Pain, anxiety and cancer are among the three biggest reasons people choose integrative medicine therapy," Stevenson says.

Diane Miller is a good candidate for alternative approaches. She suffers from several autoimmune issues that cause her muscles to tighten. She also suffers from a pinched nerve near a herniated disc and is diabetic.

Miller says she has experienced great success managing her pain through acupuncture, massage and yoga.



"A year and a half ago, I was in so much pain that I couldn't walk. Now, just the other day, I hiked along the Little Miami River," Miller says. "The treatments have increased my energy and my endurance."

When it comes to acupuncture, practitioners often reference the Chinese concept of "yin and yang," or complimentary opposites, and describe how acupuncture has the ability to release energy in channels that are blocked.

"To Western ears, we aren't comfortable with that explanation; however, research shows that acupuncture may stimulate the release of natural endorphins," Stevenson says. "Traditional Chinese medicine says pain is a result of excess energy and acupuncture can help that energy to flow. Studies provide good evidence that acupuncture helps with pain conditions, especially in nerves of the lower back."

**"The treatments have increased my energy and my endurance."** – Diane Miller

Miller feels reflexology massage also has a similar effect on her pain. "It doesn't take much time for muscles to start to release. I found it gets better the more you stay with massage and acupuncture. When muscles have been tight for so many years, it takes a while to retrain them. This therapy helps immensely."

Miller has also found yoga helpful in reducing stress, muscle tension and "relaxing my core."

"Integrative therapies are promising for people who are open to it," Stevenson says. "We are not saying to replace conventional treatment, rather complement it. Some people just don't want to take pain medication and desire alternative options."

*To receive the name of an integrative medicine specialist, please call (513) 298-DOCS (3627).*

With the aid of acupuncture, massage, and yoga, Diane Miller is successfully managing her pain.



# Arthritis and Joint Replacement

When it comes to treating arthritis, Sam B. H. Koo, MD, orthopaedic surgeon at West Chester Hospital, has one prime directive.

"I treat the patient – I don't treat the X-rays," Koo says. "Some people have the worst-looking X-rays, but actually do pretty well with little pain. Others have early arthritis, which doesn't appear problematic, yet experience a lot of pain."

Indeed, it's hard to predict how arthritis will progress in any individual. That's why specialists like Koo focus on quality of life issues when dealing with the ailment, tailoring treatment to individuals, minimizing pain and recommending physical therapy. If the treatment journey still leaves life difficult, a joint replacement is recommended.

"If a patient is hurting all the time, can't sleep and can't do the things they enjoy, we consider a joint replacement," says Koo.

Arthritis is the most common cause of disability in the U.S. with more than 20 million people facing severe limitations on a daily basis.

Osteoarthritis, the most common form of the disease, occurs when the normal wear and tear of aging leads to depletion of the cartilage within the joint. Opposing bones erode into one another. Rheumatoid arthritis is the disorder in which the body's own immune system starts to attack tissue in and around the joint, and is more complex to treat. A cure for either type has not yet been discovered.

"No injection or surgery exists to restore the damaged cartilage. Once the cartilage wears away, it's gone," says Koo. "At that point, you are managing pain."

Treatment options include various degrees of medication and physical therapy. Koo says light exercise is highly recommended.

"Swimming, using an elliptical trainer, walking and other low-impact exercise is good for strengthening the muscles around the joints. High-impact running, especially with a preexisting arthritis, can aggravate the joints."

Doctors say there is no defining moment to know when a joint replacement is warranted.

"It's a conversation we have with each patient," says T. Toan Le, MD, an orthopaedic surgeon who specializes in joint replacement surgery at West Chester Hospital. "When daily activities are truly affected, we have to consider a replacement."

The good news is that great strides have been made in joint replacement technology, usually offering good outcomes for patients.

"A knee replacement used to be a week's stay (in the hospital); now we have people up and walking the next day and returning home in a couple days. The incisions are smaller and the materials are more durable," Le says.

Regardless, Le cautions his patients: "Surgery is not a quick fix. Physical therapy is critically important and recovery can take up to three months. The prosthesis (the components of the knee replacement) lasts about 20 years; therefore, if surgery is performed at a younger age, another surgery may be needed later."

"For most, the primary issue with joint replacement is the elimination of pain," Koo says. "Once people complete rehabilitation, most are happy that they had joint replacement surgery."

**"If a patient is hurting all the time, can't sleep and can't do the things they enjoy, we consider a joint replacement."**

– Sam B.H. Koo, MD, Orthopaedic Surgeon



## Total Knee Replacement Can Restore a Pain-Free Life

Doctors usually recommend knee replacement surgery as a last resort and only after pain medication or therapy can no longer maintain a person's quality of life.

For those who have the surgery, it can literally be a new lease on life.

"For the pain to suddenly disappear was amazing," says Janet Mahler, 62, of Lawrenceburg, Indiana, who had knee replacement surgery at West Chester Hospital in September. "I have work to do getting my muscles back in shape, but to take a step without any pain felt like I had my freedom back."



Mahler can now climb stairs without pain.

Osteoarthritis is the most common reason for knee replacement surgery in the U.S. The surgery essentially replaces a diseased knee joint with artificial materials.

For Mahler, her journey to surgery was a little different. She fell off of a ladder while painting her home.

"I crushed my tibia. My knee was like jello," she says. "I had surgery to place a plate and screws in my knee, and I was directed to avoid all weight-bearing movement for three months. I discovered that my leg had not healed properly."

Mahler had more surgeries, but still found herself in pain. She had to endure lengthy no-weight periods, and was unable to climb steps without terrible pain. Mahler finally decided to have knee replacement surgery performed by Orthopaedic Surgeon T. Toan Le, MD, at West Chester Hospital.

During a total knee replacement, the end of the femur is removed and replaced with a metal shell. The end of the lower bone (tibia) is also removed and replaced with a channeled plastic piece with a metal stem.

Mahler says that a couple of days after her surgery she was able to put weight on her leg without pain. She was also able to lose the cumbersome knee brace she had worn for two years. And stairs don't frighten her anymore.

"A week after my therapy the physical therapist allowed me to attempt to climb stairs. I was a little wary, but then I actually climbed the stairs and felt nothing – absolutely no pain. It was incredible. I almost started crying. I hadn't felt this good in two years."

To learn more, visit [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital) and choose "Orthopaedics" under the "Services" menu. To receive the name of an orthopaedic surgeon at West Chester Hospital, call (513) 298-DOCS (3627).

After having joint replacement surgery at West Chester Hospital, Janet Mahler can now maneuver her knee free of pain.



## To Have or Have Not?

### Prostate Cancer Screening

Controversy and confusion have continued to surround the question about whether men should be screened for prostate cancer using the PSA (prostate-specific antigen) test.

The bottom line is that prostate cancer is the most common cancer in men ages 55 to 65; most urologists believe the test is useful and therefore, recommend the screening.

Nilesh Patil, MD, a urologic surgeon at West Chester Hospital, provides his knowledge and insight about prostate cancer screening.

#### **Q: What has brought about the confusion over PSA testing?**

**Patil:** The controversy arose when a government advisory task force recommended in 2011 against PSA screening in healthy men who are not in a high-risk category. Their reasoning was that PSA test results can be positive for reasons that have nothing to do with prostate cancer, including conditions like urinary tract infections. Because of this, many men had unnecessary biopsies and underwent needless surgery or radiation treatment for non-aggressive tumors. PSA screening has routinely been performed as early as age 40, as recommended by the American Urological Association (AUA). Last May, however, the AUA partially agreed with the government task force stating that no reason exists to screen younger men. However, I agree with the AUA recommendations that annual screening should continue for men ages 55 to 70.

#### **Q: Some doctors called the government recommendation against screening “flawed and dangerous.” Do you agree?**

**Patil:** There is no question that PSA screening has saved lives. Screening has definitely reduced the mortality rate, with a 40 percent drop in deaths from prostate cancer since 1980.

#### **Q: What about screening for younger men?**

**Patil:** It is unnecessary to screen men 40 to 54 unless a family history of prostate cancer exists or if they are African American. (For reasons that aren't well understood, black men have a higher risk of developing prostate cancer.)

#### **Q: What about false positives with the PSA test? Isn't that emotionally difficult for people?**

**Patil:** As physicians, we need to be mindful of unnecessary biopsies. The question is not so much should the test be performed, but what do we do with the positive test results? Fortunately, great strides in pinpointing prostate cancer have been made through improved diagnostic testing. MRI technology now guides us more accurately to lesions in the prostate, and enables us to target specific areas. One could say it is a more scientific biopsy than simply taking blind biopsy samples, as has been done in the past. MRI is very good at identifying higher grades of cancers that need aggressive treatment, and also cancers that can be closely monitored.

Ultimately, the decision whether to have a PSA test is a discussion that men should have with their doctors, weighing risk factors and personal preferences.

Nilesh Patil, MD, Urologic Surgeon



*To receive the name of a urologist at West Chester Hospital, please call (513) 298-DOCS (3627). To learn more about prostatectomy via robotic surgery, visit [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital), and choose “Robotic Surgical System” under the “Services” menu.*

## New Medical Weight Loss Program Places the Focus on You

Weight loss can be a lifelong challenge for many Americans, and each person's struggle is unique. The myriad of commercial weight loss programs and products, fad diets and superficial talk-show advice available is often confusing, unrealistic and ineffective.

Enter a new medical weight loss program from the UC Health Weight Loss Center based on an individualized approach. Located on the West Chester Hospital campus, and under the direction of Angela Fitch, MD, certified obesity specialist, the program offers an evidence-based, personalized approach to weight loss issues.

“One problem we have in this country is that we've treated weight struggles the same for everybody—eat less, exercise more,” says Fitch. “Most weight loss programs are based largely on protocol-driven plans designed to serve masses of people.”

The program begins with a personal consultation with Fitch, who focuses on identifying factors that are contributing to a person's weight challenges. It might involve physical and emotional factors, family dynamics or simply basic nutrition education.

The program takes an integrated, multidisciplinary approach. Fitch, along with other physician specialists, nutritionists, nurses and holistic care providers work collaboratively to help people successfully lose weight and sustain those results. The goal is to provide care for every aspect of a person's health – body, mind and spirit – during their transformation and beyond.

Fitch says the program is especially helpful for those who suspect there may be valid medical reasons underlying their weight battles.

“For a lot of people, weight struggles can be tied to metabolic health issues,” Fitch states. Metabolic refers to factors that raise your risk for heart disease and other health problems, such as diabetes and stroke. “There may also be issues that a person may not even be fully aware of, such as pre-diabetes,” she says. “When metabolic issues are present the body tries to store more fat. It's important for those people to watch more than just the calorie count, remaining attentive to types of food and the time of day they eat.”

Education about proper nutrition and behavior modifications are an integral part of the program. Physician consultations are complemented with 12-week rolling classes as well as a low-calorie diet with meal replacements (approved shakes, bars, etc.).

Fitch says studies have proven that attending classes aids in achieving weight loss goals. “When there is accountability, people do better.”

Fitch says weight loss surgery remains a viable option for many people especially where chronic issues are impacted by obesity. However, she reminds patients that multiple tools are available to achieve weight loss, including medications, meal replacement and surgery. Regardless of the tool one chooses to use, sustained lifestyle changes are absolutely necessary for long-term success.

“Ultimately, you still have to make longstanding lifestyle changes. The goal of our program is to deliver that message and then apply a tailored approach to ensure that our clients are successful.”

**To learn more about the new medical weight loss program, call (513) 939-2263.**

Angela Fitch, MD, certified obesity specialist, caters to each individual by customizing the weight loss approach for maximum results.







Amy Brenner, MD, gynecologist, explains the benefits of testosterone therapy.

## Testosterone: The Cure For What Ails Many Women

Women need their testosterone, too.

While the androgen has been known as the “raging male” hormone, in women the delicate testosterone-estrogen metabolic mix must be in balance for a number of important reasons.

In fact, gynecologists now believe that testosterone deficiency in women can lead to such problems as fatigue, insomnia, mood issues such as anxiety and depression, muscle and memory loss, joint pain, incontinence and loss of libido.

“Women experience a reduction in testosterone levels during their 30s and 40s. A woman in her 40s has half as much testosterone as a woman in her 20s,” says Amy Brenner, MD, a gynecologist at West Chester Hospital.

According to Brenner, women actually produce more testosterone than estrogen, although it is about one tenth of the amount that is produced in males. Ironically, testosterone is produced within the ovaries.

Brenner adds that since the late 1930s, testosterone has been helping women with fatigue issues. She also notes that testosterone treatment has been common in Europe for decades. Treatment for low testosterone has become more widely prescribed in the U.S. within the last decade.

“Historically, American pharmaceutical companies randomly attributed estrogen levels as a contributor to menopausal symptoms in females. This occurred despite no real clear rationale that estrogen replacement was needed,” Brenner says. “There is now published data that shows women in clinical trials who are given testosterone alone had better results than those given only estrogen or estrogen plus testosterone.”

Brenner says she uses each patient’s symptoms to guide her in diagnosing and treating testosterone deficiencies. She also states that blood tests don’t always tell the whole story. She most commonly prescribes testosterone in topical cream or pellets.

Brenner adds that many women are very pleased with the benefits of testosterone therapy. And, yes, testosterone is very effective in restoring sex drive, especially in post-menopausal women.

## The Birds and the Bees of Fertility Treatment What You Need To Know

When someone is considering fertility treatment, a myriad of questions often arises. Can I afford treatment? What is the chance of having multiples? When should I seek help conceiving? These common questions asked by future parents are often accompanied by a variety of myths about fertility treatment.

Experts say the most prevalent misconception is that fertility intervention costs thousands of dollars.

“That simply is not the case,” says Krystene DiPaola, MD, a fertility physician at West Chester Hospital. “The misconception exists that infertility means you must have in vitro fertilization (IVF). The vast majority of patients conceive with simple therapy.”

According to the American Society for Reproductive Medicine, 85 to 90 percent of infertility cases are treated without IVF or artificial insemination.

DiPaola provides some facts about fertility treatment:

- A couple 35 years of age or younger should have a fertility consultation if they have experienced 12 months of unprotected sex without conceiving. Over age 35, treatment should be considered in six months.
- About 40 percent of infertility is related to male issues, such as a lower sperm count or a condition that prevents sperm from flowing properly. Many female structural issues can be corrected with surgery or by medications to stimulate egg production.
- Many problems can often be solved by a simple physical examination. “Often it is just a matter of diet and exercise and other less aggressive strategies,” says DiPaola. “In many cases it’s just avoiding toxic habits, like alcohol or smoking.
- Everyone does not walk away with twins, triplets or more. “The risk is slightly higher in some fertility treatments; however, we are becoming better every day at decreasing that risk,” says DiPaola. “Technology is continually improving.” DiPaola notes that some aggressive hormone and medication treatments can increase the risk of multiples by up to 20 percent.

*To receive the name of a primary care physician or a gynecologist, call (513) 298-DOCS (3627).*

*To receive the name of a physician who specializes in fertility treatment, call (513) 298-DOCS (3627).*



With help from Dr. DiPaola, Lauren and Adrian Nichols are able to spend a smile filled afternoon with their twins, Auden and Emery.

*Discover Health* is a quarterly magazine published by West Chester Hospital to provide accurate and timely health information. It is offered as a health education tool featuring news and stories centered around academic-based, discovery-driven health care - it is not a substitute for consultation with a personal physician. West Chester Hospital is located at 7700 University Drive, West Chester, Ohio 45069. For information, call (513) 298-3000 or visit [www.UCHealth.com/WestChesterHospital](http://www.UCHealth.com/WestChesterHospital). If you do not wish to receive future issues of this publication, please email West Chester Hospital@UCHealth.com.

## *Health* CALENDAR

West Chester Hospital is a health information resource for people in West Chester and surrounding communities. Events and activities listed in this calendar are held within West Chester Hospital, 7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

### January/February/March

#### Foot Health Community Seminar

Sat., January 25 (9-10:30 a.m.) and Wed., January 29 (7-8:30 p.m.)

Join the region's leading podiatrists who will provide important information about your feet. What are the most common sources of foot discomfort? What are the most effective treatments/remedies for these conditions? How does one keep his/her feet healthy and happy as they age? Reserve your seat by calling (513) 298-3000 or by visiting our website at [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital).

#### Weight Loss Informational Seminars

Thurs., January 16 (7-8 p.m.) and Thurs., February 13 (7-8 p.m.)

Meet the weight loss program team and learn more about surgical and non-surgical options to help lose and maintain a healthy weight. Learn more and register online at [UCHealth.com/weightloss](http://UCHealth.com/weightloss), or call (513) 939-2263.

#### Sleep Disorders Community Seminar

Sat., February 22 (9-10:30 a.m.) and Wed., February 26 (7-8:30 p.m.)

West Chester Hospital is hosting a free sleep seminar led by sleep medicine physician specialists. Topics to be discussed include: What happens to the body during sleep? Why sleep is important and how can you ensure a good night's sleep? Is snoring a sign of a sleep disorder? How are sleep disorders diagnosed? What are the treatment options for sleep apnea and other common sleep disorders? Reserve your seat by calling (513) 298-3000 or by visiting our website at [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital).

#### GERD (Heartburn) Community Seminar

Sat., March 22 (9-10:30 a.m.) and Wed., March 26 (7-8:30 p.m.)

Join us at West Chester Hospital for a free seminar featuring the region's leading internal medicine and gastroenterologist physicians who will discuss prevention and control of acid reflux, chronic heartburn, and the serious health risks these common conditions can bring. Reserve your seat by calling (513) 298-3000 or by visiting our website at [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital).

All seminars will be held in the Plaza Conference Room, Level A.

#### Diabetes Support Group

Tues., January 7, (6:30-7:30 p.m.) Cafeteria, Level A

Tues., February 4, (6:30-7:30 p.m.) Cafeteria, Level A

West Chester Hospital offers a diabetes support group for the community on the first Tuesday of each month from 6:30 to 7:30 p.m. in the hospital cafeteria. The support group serves as a forum for sharing and discussion, and features guest speakers. To learn more, call (513) 298-7833. No registration is required.

#### Diabetes Management Program

Thurs., January 21 & 28, (5-9 p.m.) Plaza Conference Room, Level A

Thurs., February 18 & 25, (5-9 p.m.) Plaza Conference Room, Level A

A two-part comprehensive series of classes is available to help people manage their diabetes. Offered on a monthly basis, the series is presented by a diabetes nurse educator, a dietitian and a pharmacist. A \$20 registration fee is returned to all participants upon completion of the entire program. Sign up by calling (513) 298-SUGR (7847) or by registering online at [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital).

### Recently diagnosed with diabetes? Have diabetes and need a refresher course?

The Diabetes Management Program at West Chester Hospital can help.

Classes are offered in a convenient, yet comprehensive two-session series, and led by a diabetes nurse educator. Topics include:

- What is diabetes and how does it affect the body?
- Basic carbohydrate counting
- Solving problems and managing patterns
- Achieving better results with medication and newly released medications
- How to start (or improve) an activity program
- The psychological and social aspects of diabetes
- Avoiding complications and taking control

Cost for the series is \$20 which is refunded upon completion of the program.

To register, please  
call (513) 298-SUGR (7847)  
or visit [UCHealth.com/WestChesterHospital](http://UCHealth.com/WestChesterHospital).

West Chester Hospital | 

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at UC Health West  
Chester Hospital!

