



Our Specialties

Audiology & Hearing Aids, Cardiology, Clinical Laboratory, Clinical Research, Critical Care, Diabetes & Nutrition Education Center, Ear, Nose & Throat/Allergy/Audiology, Endocrinology & Metabolism, Endoscopy, Facial Plastic & Aesthetic Services/Lumina, Family Practice, Gastroenterology, Gateway Surgery Center, Nephrology, Orthopedic Sports, Spine & Hand Center, Pathology, Podiatry, Psychology, Pulmonary/ Sleep Medicine, Rheumatology, Urology, Walk-In, North Puget Sound Center for Sleep Disorders

We're experts in our field.

We're experts in our field with over 90 providers in 17 specialties at 22 locations. All of our providers are board-certified or board-eligible.

EARLY DETECTION SAVES LIVES

Colon cancer screening rates have room for improvement

"Colonoscopy is one of the few tests that prevents cancer."

Dr. Edward Slosberg, WWMG gastroenterologist, is that succinct when advising his patients who might be hesitant about getting screened for colon cancer.

"An average person has about a 5% chance of getting colon cancer, and greater than 90% of cases occur after age 50, which is why that's a good age for a first screening."

There are alternative screening options to colonoscopy, although Dr. Slosberg explains that, for various reasons, none is superior.

"For instance, the problem with relying only on fecal occult blood testing is that not all colon polyps

will excrete blood," says Dr. Slosberg. As for Barium enema, a pelvic x-ray test, "it needs to be complemented with sigmoidoscopy (an exam used to evaluate the lower part of the large intestine), and even then, we only give a five-year clearance." And although CT colonography (CT scanning to obtain an interior view of the colon) "has a good role for patients who may need to avoid sedation," it involves exposure to low-dose radiation.

In most cases, he explains, the predecessors to colon cancer are colon polyps, which grow very slowly, averaging about 1 millimeter a year. If they reach a size of about 10 millimeters, there seems to be a higher statistical risk of cellular change leading to cancer. Finding and removing polyps early cancels that possibility.

Someone with no family history of colon cancer, no previous history of



Dr. Edward Slosberg

colon polyps and whose screening is normal will most likely receive a 10-year clearance.

Of course, that decision

"should be based on personal discussion between patient and physician, taking into account each patient's circumstances."

"Colonoscopy allows us to do a more definitive examination and intervention. The value of the procedure is high, and the risks have gone down. Scopes and techniques have gotten better, and sedation is better managed. Whereas it used to be that you were the only person in a conversation who'd had a colonoscopy, you're now the only person in the room who hasn't."

Still, Dr. Slosberg estimates that screening rates remain in the 50% range. "They should be higher. There's little or no reason not to look, and there are a lot of options to do so."

WWMG's Endoscopy Center at 12800 Bothell-Everett Highway, Everett, is the only center doing outpatient colonoscopy in Snohomish County (and one of the few in the state) that is both accredited and certified.

SOUND SOLUTIONS

Hearing aids have come a long way

During her career, WWMG Audiologist Erin Robinson has seen hearing aid technology evolve to include marvels of nanotechnology smaller than a pinky fingernail, Bluetooth connectivity and sleek receivers in snazzy Seahawks blue or green.

"All hearing aids do a good job of enhancing speech. They analyze an incoming signal, pick out the speech, and enhance it in the presence of noise. They just



Colorful new hearing aids

go about it differently, depending on what product we choose," she explains. Many hearing aids have buttons or switches to adjust volume in different settings,



Erin Robinson, MA, FAAA demonstrates the correct placement for a hearing aid.

such as restaurants, theaters, sports venues or quieter rooms. They can be customized so that receivers either fit entirely inside the ear canal, or rest behind the ear. In some models, a slim, transparent tube carries sound from the receiver into the ear.

"Classically, most people need to enhance high-pitch sounds, which are best achieved with open-fit styles

that enable natural sound to pass through," Robinson adds.

To calculate prescriptions, Robinson applies research-based algorithms in her fitting software to her clients' hearing test results. She can also then personalize the fitting further, if necessary. After an initial fitting appointment, clients return for one or two follow-up visits, typically a week apart, so Robinson can verify comfort and fine-tune settings. At the four-month recheck appointment, she uses a small vacuum to clean the hearing aids, and can make further adjustments as needed.

"As technology continues to advance, hearing aids not only enhance people's hearing, but also their relationships and enjoyment of life," concludes Robinson.

WHITEHORSE CLINIC HOSTS RESIDENT DOCTOR



Dr. David Janeway, of WWMG Whitehorse Family Medicine in Arlington, was a preceptor for the month of February to Ashley Egger, DO, a first-year resident doctor from Tacoma Family Medicine.

Dr. Egger shadowed Dr. Janeway during patient visits, and was encouraged to join other providers to learn about interesting cases of their own. She also had the opportunity to see some patients herself for minor

concerns, such as colds, with Dr. Janeway's supervision and his assistance as she performed evaluations.

Dr. Janeway did his own residency through Tacoma Family Medicine. Through the years, he has served as preceptor to

a number of resident doctors who have completed their one-month "rural rotation" at the Whitehorse clinic. He has typically hosted one resident a year, when approached by Tacoma Family Medicine.

Dr. James Fletcher has also occasionally hosted resident doctors at Whitehorse.

Preceptor: A physician, who gives practical experience and training to a student.

SPINAL SURGERY OPTIONS FOR SHORTER RECOVERIES

Smaller incisions spare more tissue

For WWMG Dr. Ali Anissipour, one of the most rewarding aspects of his job is being able to offer patients minimally invasive spinal surgery procedures, in addition to complex operations and revisions.

"My patients are hard-working people who want to get better and want to get back to work. I pour my heart and soul into helping them, to maximize their chances of a quicker recovery and return to their daily activities."

Many of Dr. Anissipour's spinal surgeries are overnight procedures; some are

even possible on an out-patient basis. His extensive training in state-of-the-art surgical techniques and technology allows him to work with smaller incisions. This results in less damage to muscle tissue, reducing blood loss, post-surgical pain and scarring.

"For example, for a herniated disc, I make a tiny incision. Without cutting any muscle, I then insert a tube with a high-powered microscope right down to the spot where I need to do the work. I'm able to do spine fusion, a bigger surgery, through two small incisions, using a live x-ray machine to insert the screws."

Dr. Anissipour also performs cervical disc replacement, an overnight surgery that, for some patients, can be an

alternative to traditional ACDF (anterior cervical discectomy and fusion). A damaged neck disc is replaced with a prosthetic disc, maintaining motion. "It's only been available in the United States within the last decade, and not very many surgeons offer it," he says.

A former competitive athlete, who twice won Pan American championships representing the United States in heavyweight karate, Dr. Anissipour was initially drawn to orthopedics because of its connections to sports, and to "mechanical problems that I could fix." He completed residency training in Chicago and a spinal surgery fellowship at the University of Washington-Harborview Medical Center.



Dr. Ali Anissipour discusses spine surgery.

SPRING FORWARD ON HAPPY FEET

Prevention is better than cure

As our days turn drier and warmer, many of us start the countdown to flip-flops and bare feet. Not so fast, warns Dr. Theresa Nguyen of WWMG Podiatry.

Even though it feels good to give our feet a break from the heavier shoes and boots of winter, walking barefoot "opens the door to warts and fungus or injury from stepping on dangerous objects," she says. "Persons with diabetes, especially, should never walk barefoot, because of reduced sensation in their feet."

Flip-flops are a good option to protect feet in gym locker rooms and showers, but for walking, sandals that offer arch and ankle support are preferable. Unsupported, unstable footwear makes our toes tighten their grip in response to proprioception, our body's perception of motion and balance.



Dr. Nguyen examines a patient's foot.

That tighter grip increases the risk of hammertoes and clawtoes, Dr. Nguyen explains.

For outdoor activities such as hiking, footwear with adequate arch and ankle support is essential. "During the warmer months, we see a lot of patients with overuse injuries. Support is key to preventing those."

Dr. Nguyen recommends water shoes for protection on river, lake or beach outings. Sunscreen is also important; many people forget to apply it to the tops of their feet, which can burn underwater. To maintain good hygiene, water shoes or any footwear that gets wet should be allowed to dry completely between uses and can be treated with antifungal spray or powder.

Pedicure devotees who wish to avoid potential infections should verify that their salon changes soaking-tub filters that can harbor bacteria and fungus. Antifungal-infused nail polish, although not a treatment, can be effective as a preventative measure. It's available at WWMG Podiatry in several colors—including gold and silver glitter!

NEW PULMONARY FIBROSIS SUPPORT GROUP

Focus on patient advocacy

On April 25th, WWMG Department of Pulmonary Medicine will host the second meeting of its recently launched pulmonary fibrosis support group, organized with backing from the national Pulmonary Fibrosis Foundation (pulmonaryfibrosis.org).

The meeting, facilitated by Dr. Tomasz Ziedalski and Nancy Brown, registered

respiratory therapist, will take place from noon to 2 p.m. in the Silver Lake office of the Pulmonary Department, at 12728 19th Ave. SE in Everett.

During the group's inaugural gathering in February, participants expressed interest in learning more about oxygen therapies. Thus, arrangements were made for a guest speaker to explain

different oxygen-delivery methods at the April meeting.

"Our goal is to nurture a support community in the North Puget Sound region for patients with pulmonary fibrosis," says Dr. Ziedalski. "We feel it's important to help patients connect with each other for emotional support and resource information."

The term pulmonary fibrosis encompasses a range of diseases that cause scarring in lung tissue. Patients

continued below



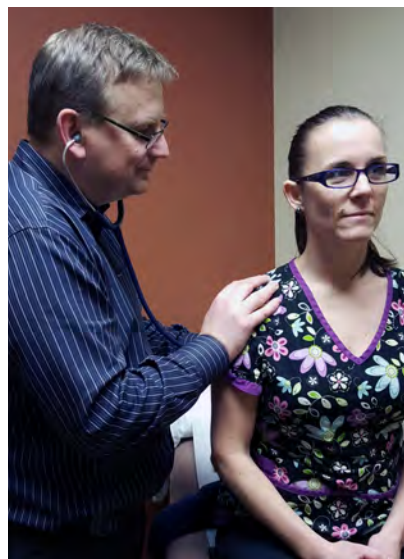
1728 W. Marine View Drive
Suite 110
Everett, WA 98201

PRESORTED
STANDARD
U.S. POSTAGE
PAID
PERMIT #1125
SEATTLE, WA

continued from top right

with severe forms, such as idiopathic pulmonary fibrosis (IPF), may experience considerable anxiety while dealing with the uncertainties and challenges of the disease. "That is why support from fellow patients can be so helpful. Our role is to encourage patient advocacy, by providing education on lung physiology and management of symptoms."

"In addition, WWMG Clinical Research is currently participating in two IPF trials because this kind of research is essential. The treatment options we can offer our patients now are limited; ongoing clinical



Dr. Tomasz Ziedalski examines a patient

trials provide hope as we continue to look for a cure." The Clinical Research Department was involved in an earlier IPF study for medication now available to slow the progress of the disease.

Please call 425-252-1116 for information on the pulmonary fibrosis support group, or 425-225-2760 for information on current IPF trials.