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OB-GYN assists women with health care issues

CATRINA FRANCIS

Monitor Staff

The Obstetrics and Gynecology clinic at William Beaumont Army Medical Center assists female Soldiers and dependents with personal healthcare problems and concerns.

According to Dr. Curt Misko, chief of OB-GYN, one of the biggest misconceptions he hears from women is the belief his clinic does not take care of high risk obstetrics. Misko also said most women do not think his clinic has enough staff to handle the anticipated influx of Soldiers and their families. In past years, not having enough staff was not a misconception but a reality.

"A few years ago we did not have enough OB-GYN's to do surgeries for women ... now we are able to take care of almost anything because of the increased staffing," said Misko.

Although the clinic handles most healthcare needs for women Misko said they do not take care of women who have gynecological cancer. This care is always referred out because the clinic does not have a GYN oncologist on staff.

The clinic does infertility work-ups and basic infertility needs, but they do not do in vitro fertilization. If women need assistance with a basic work-up and their problems are complicated, they are sometimes referred San Diego Naval Hospital or Brooks Army Medical Center in San Antonio.

Misko stressed it is very important for women to have an annual pap smear.

A pap smear checks for changes in the cells of the cervix. The pap test can tell if a woman has an infection, abnormal cervical cells or cervical cancer.

According to Misko, women should have their first pap if they are under 21 and have been sexually active for three years or more or are over 21 years old. Women who are younger than 30 years old should get an annual pap. Women who are older than 30 years old, and have had three normal paps for three consecutive years, can space out this test every two to three years.

Misko said in the past year his staff has discovered seven cases of cervical cancer, and the women who were diagnosed had not had a pap for more than 10 years. He also said in the last century one of the biggest medical advances has been the pap smear, because early detection of diagnosed cases of cervical cancer has drastically declined.

"If you want to risk cervical cancer; don't come in for your pap," said Misko.

Misko also said it is important for women to have their annual mammogram. A mammogram is an X-ray of the breast. He said women should have their first mammogram at age 35 and then again at age 40. Over 40 women should have an annual mammogram.

Women who have relatives who were diagnosed with breast cancer such as their mother or sister are considered high risk. These women need a mammogram done at the same age as when the cancer was discovered in their relative.



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Peachie Flower talks to Dr. Curt Misko, chief of William Beaumont Army Medical Center OB-GYN, during her monthly well baby exam.

He also said the important part of breast cancer is finding the cancer when it is small and has not spread.

Misko said he thinks most women are not coming in for their mammograms because they feel uncomfortable and embarrassed.

"I can tell you 30 minutes for your annual pelvic exam and mammogram are a small price to pay to keep from getting cancer," said Misko.

Army Nurse Corps to celebrate 105th birthday

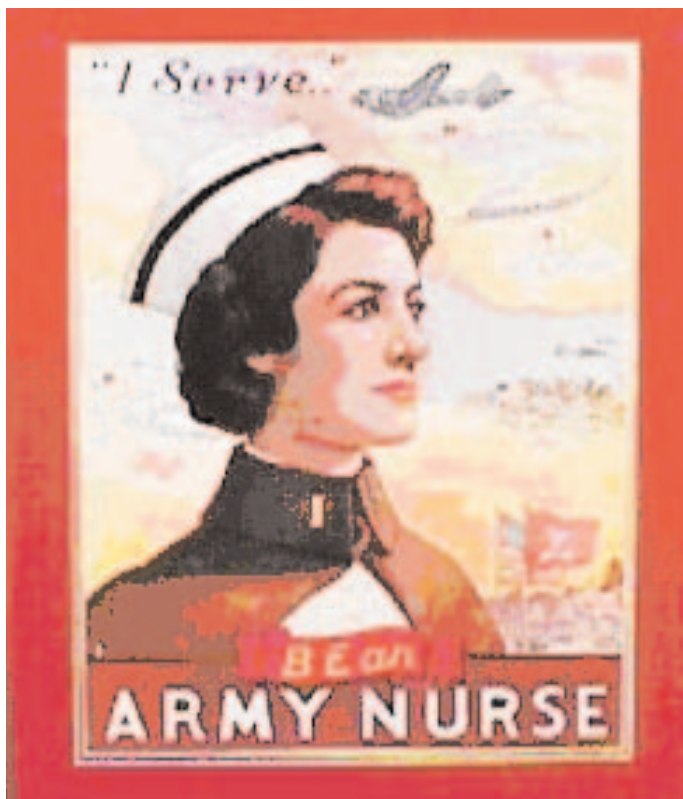
LT. COL. KIMBERLY FEDELE

WBAMC

Feb. 2 is the 105th birthday of the Army Nurse Corps. During the past 105 years, nurses have served our country with pride and distinction. Before the corps became a formal organization, women cared for the sick and wounded during the Revolutionary and Civil Wars. Despite the low or nonexistent pay and tremendous hardships, many served selflessly. These caregivers included family members of prominent national leaders, writers and members of religious affiliations.

In 1898, with the onset of the Spanish-American War, female nurses were hired under a government contract for \$30 per month, plus one daily ration. These nurses performed admirably and gained respect from the Army. As a result, a Nurse Corps Division was established in the Office of the Surgeon General under the supervision of Dr. Anita Newcomb McGee. Feb. 2, 1901, a bill was presented to Congress to establish a permanent Nurse Corps. In 1947, Army nurses became commissioned officers.

During World War I, Army Nurses served proudly stateside, in Europe, Siberia, Hawaii, Puerto Rico and the Philippines. The American Red Cross also provided reserve nurses during World War I. Two decades later, Army



nurses again proudly served in World War II during which time 67 nurses became prisoners of war. Following the Korean conflict, legislation was passed that allowed males to be commissioned officers in the Army Nurse Corps. In October 1955, the first male was commissioned as an Army Nurse Corps officer.

Between 1962 and 1973, more than 5,000 Army nurses served in Vietnam War. The casualty rate was lower during this war than in previous conflicts because of the close proximity of Army

hospitals, the ability to rapidly evacuate casualties to these facilities and skills of the caregivers stationed at these facilities. Since 1973, Army nurses have proudly served in Grenada, Panama, Somalia, Haiti, the Gulf War, Bosnia, Afghanistan and Iraq. Army Nurse Corps officers provide care during times of peace with the ability to rapidly deploy anywhere in the world. The dedication and commitment of our corps veterans shaped who we are today.

As we move into the second century of caring for our Soldiers, their family members, our retirees and veterans, we should look back at the great achievements of our predecessor and look forward to the challenges of today and the future. The Army Nurse Corps has a rich and proud history and is recognized worldwide for its leadership, research, informatics, education, and excellent clinical practice.

There will be an anniversary luncheon Feb. 4 from 11:30 a.m. to 2:30 p.m. at the Fort Bliss Officer's Club. The guest speaker is retired Brig. Gen. Clara Adams-Ender, author of *My Rise to the Stars* and the 18th chief of the Army Nurse Corps. The luncheon cost is \$15, and the dress is business casual. Family and friends are invited. For additional information or to reserve a ticket, call 569-1920.



Be still, my restless legs

DEAR DR. DONOHUE: I would like to know what to do about restless legs. When I sit for a while, it feels like there is something crawling in them, and at night they drive me crazy. My doctor put me on gabapentin. I asked him why I have this, and he said he didn't know. Can you tell me why I have this condition? Do I have a shortage of something, like vitamins? — M.R.

ANSWER: Somewhere between 10 percent and 20 percent of people older than 60 have restless leg syndrome. Younger people also get it, but in fewer numbers, so age must have something to do with it. Genes have a role, because it runs in families. Sometimes iron deficiency brings it on, and all those with the condition should have their blood iron level tested. Or it might have something to do with a mix-up in the transmission of dopamine, a body chemical important for brain and nerve function. Theories abound. None is proven. A vitamin deficiency is not responsible.

Most people describe it as creepy, crawly sensations in their legs. The sensations arise at rest and intensify in bed. Along with the sensations, there is an irresistible urge to jump up and move around. Walking brings an end to the annoying feeling.

Gabapentin is often prescribed for restless legs. If it doesn't work, there are other medicines that can be tried. The newest one is Requip.

The booklet on restless leg syndrome and nighttime leg cramps provides further information about these common and annoying conditions. Order a copy by writing: Dr. Donohue — No. 306W, Box 536475, Orlando, FL 32853-6475. Enclose a check or money order (no cash) for \$4.75 U.S./\$6.75 Canada with the recipient's printed name and address. Please allow four weeks for delivery.

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