

**MEDIA
PLANET**

November 2009

Women's Health & Wellness

Addressing Core Issues in Women's Healthcare



CONTENTS

- 2 Women Have a Right to be Healthy
- 3 A New Approach to Varicose Veins
- 4 Reducing Disparate Breast Cancer Treatment
- 4 UAE Procedure
- 5 Stop Heavy Periods from Controlling Your Life
- 6 Menopausal Transition
- 7 Breast Health
- 7 Cosmetic Surgery Gets a Facelift

MEDIA PLANET

WOMAN'S HEALTH & WELLNESS

A special supplement produced by Mediaplanet and distributed by the Chicago Tribune.

Publisher: Brandon Hale
brandon.hale@mediaplanet.com

Contributor:
Meghan Streit,
Marlene Pitorro, PhD
Sean Dougherty
Emily Z. Dayton

Design: Carrie Reagh
carrie.reagh@mediaplanet.com

Photos: ©iStockphoto.com

Printer: Chicago Tribune

Mediaplanet is the leading publisher in providing high quality and in-depth analysis on topical industry and market issues, in print, online and broadcast. For more information about supplements in the daily press, please contact Allan Chiu, 1 312 337 4000
allan.chiu@mediaplanet.com

www.mediaplanet.com

*In memory of
Sherie Hale...
brave and loving mother.*

Women Have a Right to be Healthy



BY: PHYLLIS GREENBERGER, M.S.W. PRESIDENT & CEO, SOCIETY FOR WOMEN'S HEALTH RESEARCH

The Food and Drug Administration (FDA) banned women from participating in clinical research in 1977. While this ban was meant to protect women and their fetuses, it actually resulted in the era of what we refer to as "The Male Norm" in clinical research.

Because women were not included in research studies, it became common practice to extrapolate results from male subjects to women.

A series of advocacy efforts by the founders of the Society and other women's health activists in the late 1980's prompted the National Institutes of Health (NIH) to change its policy on inclusion of women in clinical research. This policy was further revised in 1993 following passage of the NIH Revitalization Act, which required the inclusion of women and minorities as subjects in clinical research unless there is appropriate justification for not doing so.

Further validation for the need to include men and women in biomedical research came in 2001 from the Institute of Medicine report, "Exploring the Biological Contributions to Human Health: Does Sex Matter."

The report concluded that "YES," sex does matter! The report emphasized the need to carefully evaluate sex-based differences in medical research and incorporate these differences into

clinical practice. The emphasis of the report is that biological sex should be considered as a variable at all levels of research, basic and clinical.

Here are a few sex differences in health that you may not be aware of:

- **Heart Disease:** Heart disease kills nearly 500,000 American women each year—over 50,000 more women than men—and strikes women, on average, 10 years later than men.
- **Anesthesia:** Women tend to wake up from anesthesia more quickly than men—an average of seven minutes for women and 11 minutes for men.
- **Alcohol:** Women produce less of the gastric enzyme that breaks down ethanol in the stomach. Therefore, after consuming the same amount of alcohol, women have higher blood alcohol content than men, even allowing for size differences.
- **Autoimmune illnesses:** About 75 percent of autoimmune diseases occur in women, most frequently during the childbearing years.
- **Drug reactions:** Common drugs like antihistamines and antibiotic drugs

can cause different reactions and side effects in women and men. High blood pressure meds and antibiotics seem to work better in women.

The inclusion of women in clinical research and the fact that scientists have begun finding differences between men and women in susceptibility, prevalence, time of onset, severity, and response to treatment for various diseases and conditions have led us to redefine women's health.

Our new definition of women's health moves beyond the reproductive system and encompasses every disease and condition that affects women disproportionately or differently than men.



SOCIETY FOR
WOMEN'S HEALTH RESEARCH

“Heart disease kills nearly 500,000 American women each year—over 50,000 more women than men—and strikes women, on average, 10 years later than men.”

A VERY SPECIAL THANKS TO...



LIFESTYLE LIFT



SOCIETY FOR
WOMEN'S HEALTH RESEARCH



Integrative Care for Fertility

Yoga · Acupuncture · Nutrition · Fertility Enhancing Massage

PullingDownTheMoon.com · info@PullingDownTheMoon.com · 312.321.0004
Chicago · Arlington Heights · Naperville · Crystal Lake

A New Approach to Varicose Veins

BY: MARLENE PITURRO, PHD

Varicose veins aren't just embarrassing; they can also be painful and potentially lead to bigger problems. More than 20 million Americans suffer from varicose veins, according to the Society for Vascular Surgery.

James Murray Propes, MD, a physician at the Midwest Vein Center in Glenview, says varicose veins are typically caused by broken valves in large veins in the thigh. The broken valves cause blood to pool in smaller veins, which, when stretched, can lead to varicose veins. Dr. Propes says many people mistakenly believe varicose veins are just a cosmetic issue. "In a majority of people, they will progress and become symptomatic," Dr. Propes says. "They commonly cause pain, swelling, itching and aching, but they can do far worse. They can ulcerate, and varicose veins can spontaneously hemorrhage and bleed—people can actually bleed to death."

In the past, people with varicose veins had limited options—continue to suffer or undergo painful procedures like vein stripping or ligation. Today, endovenous laser

treatment, approved by the FDA in 2002, provides a safer and less painful alternative. Endovenous laser treatments are performed in the Doctor's office on an outpatient basis and do not require anesthesia. "Patients drive themselves home, and can go to work the next day," Dr. Propes says. "So it's radically improved compared to vein stripping, which typically requires two weeks off work, hospitalization, and general anesthesia."

In older vein stripping procedures, doctors made an incision in a patient's groin or knee and then stripped the diseased veins. In a venous ligation, the physician surgically tied the diseased vein to prevent further spread of varicose veins. Both procedures have fallen out of favor with doctors because they are painful, require long recovery periods and often offer only temporary relief.

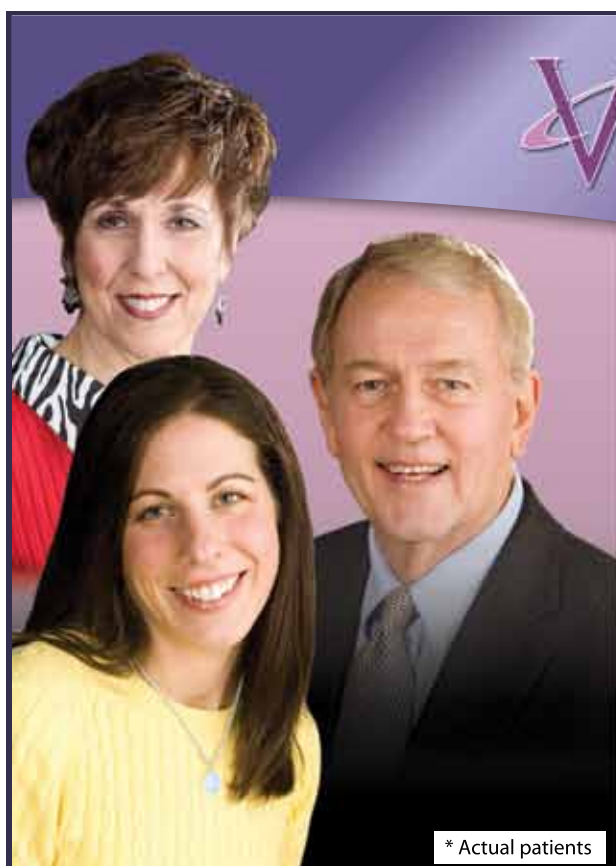
Now physicians can use minimally-invasive laser procedures to close the diseased veins. In this way, the offending vein is removed from the circulation without having to remove it from the body. "The trend in surgery is always towards less invasive," Dr. Propes says. "So, why cut a vein out, when you can go inside the vein and treat it from the inside?"

The Midwest Vein Center recently conducted a study to evaluate the efficacy of endovenous laser treatments and presented their results at the Annual Congress of the American College of Phlebology. The group treated 1,297 patients with varicose veins, and monitored them for up to a year after the procedures. The study concluded that endovenous laser procedures are "safe and highly efficacious" to treat chronic venous disorders. "Already, we're almost 10 years

out and it looks to be far more durable than vein stripping," Dr. Propes says.

What's more, laser treatments are less costly than riskier vein stripping and ligation procedures. "It is radically cheaper because it does not require the hospital stay, a bill from an anesthesiologist, or time off work," says Dr. Propes. "By saving all those extra charges, I would say it is easily one tenth of the cost."

“...laser treatments are less costly than riskier vein stripping and ligation procedures...”



* Actual patients



IT'S TIME! NO SURGERY. NO VEINS.

It's time to discover what sets us apart from other vein clinics. Today's treatments for vein disease are safe, effective and in many cases, covered by insurance. Call today to learn more about Endovenous Laser and how our board certified doctors can help you. You'll be happy you did.



Actual treatment results obtained at the Midwest Vein Center

888.450.VEIN (8346)
MidwestVein.com

MIDWEST VEIN CENTER
Downers Grove • Orland Park • Glenview

Reducing Disparate Breast Cancer Treatment: Results for Chicago's Minority Women

Breast cancer, according to the Susan G. Komen Foundation, is the most common cancer and the second leading cause of cancer death among African-American women. They have a 37 percent higher breast cancer death rate than Caucasian women and a 77 percent five-year survival rate versus a 90 percent survival rate among Caucasians.

Alejandra Perez-Tamayo, MD and surgical director of the Comprehensive Breast Cancer Center at Chicago's Mercy Hospital serves a community of mostly ethnic minorities. Her experience is that these women get a lower standard of care than those in higher-income communities and that lack of access to high quality care is the major cause of lower survival rates.

A 2007 report on gaps in breast cancer care by race by the Mount Sinai Urban Healthcare Institute found that while Caucasians in Chicago had their cancer mortality rates improve from 38

percent to 26 percent between 1980 and 2004, African-American women in fact regressed to a 40 percent mortality rate. "There are subtle differences in the ways tumors form in the different ethnic groups and cultural factors such as obesity and diet that play a role," she says, "but access to quality care is most important," says Dr. Perez-Tamayo.

She observes that African-American, Hispanic and Chinese women in Chicago engage less frequently in screening and preventative care, leading to delayed breast cancer diagnosis. "[Later stage diagnosis] happens because they have had no or poor access and low

quality care, both for screening and treatment and that means they don't get the same results as Caucasian populations," Dr. Perez-Tamayo continued.

Dr. Tamayo and Eileen Knightly, RN, director of the Comprehensive Breast Center at Mercy Hospital, work to ensure that at Mercy, non-medical factors such as appointment keeping, finance and adherence to treatment do not influence patient outcomes. Patients are assigned a facilitator to help them manage contacts with doctors and government assistance programs. Patients receive treatment in a private setting with a minimum number of

BY: SEAN DOUGHERTY

intermediaries "So a woman with an abnormal mammogram doesn't get lost," Ms. Knightly says.

Since the Comprehensive Breast Center opened in 2001, disparities in diagnosis of white and non-white populations have ceased, although it is too soon to determine what impact that will have on mortality rates.

"We have found smaller cancers sooner across the populations," said Ms. Knightly. "High quality mammography and treatment are keys to eliminating this disparity."

Ms. Knightly hopes that comprehensive care from the center will help elevate the health of women in this community more broadly. "We don't treat the breast alone. We introduce them into the medical system with the hope they will find a home here," she concludes.

UAE Procedure Shrinking the Problem

BY: MARLENE PITURRO, PHD

Uterine fibroids are benign reproductive tract tumors but their impact may be anything but harmless. They can cause heavy menstrual periods, chronic pelvic pain, bladder pressure, constipation, infertility, and pregnancy complications.

According to the National Women's Health Information Center over 300,000 American women undergo hysterectomies annually to be done with fibroids. A smaller number elect myomectomy, removal of the fibroids after taking gonadotropin releasing hormone analog to shrink the growths. Depending on the size and location of the fibroids, myomectomy may be done vaginally, laparoscopically or surgically while leaving the uterus intact. Some women try drug therapy, including nonsteroidal anti-inflammatories either alone or with the hormone progesterone. While pharmaceutical therapy shrinks the fibroids, the results are temporary.

Uterine artery embolization (UAE) is another option for dealing with

fibroids, particularly for women wanting to minimize their recovery time after a procedure. According to Arun Jagannathan, MD, an interventional radiologist (a subspecialty of radiology with additional training in image guided procedures) at Riverside Medical Center in Kankakee, IL, UAE is a minimally invasive alternative to hysterectomy, which often requires longer recuperation. Before UAE the physician uses ultrasound and/or an MRI to better characterize and localize the fibroids and rule out malignancies and other abnormalities.

"With uterine artery embolization we insert a catheter into the femoral artery from the groin, guiding it first to one uterine artery and then the other. We then inject tiny beads through the

catheter in order to cut off the fibroids' blood supply," explains Dr. Jagannathan. After UAE patients may experience some cramping, nausea and low grade fever from the dying fibroids for a day or two but should be back to normal within 7 to 10 days.

A recent *New England Journal of Medicine* study conducted by interventional radiologists found that UAE eased fibroid symptoms in 85 to 90 percent of women. Patient satisfaction with UAE was 90 percent. UAE's impact on fertility is uncertain, but Dr. Jagannathan notes that research on younger women with smaller fibroids shows that 60 to 70 percent maintain fertility. He cautions that more long-term research is needed to gauge UAE's impact on fertility.

The American College of Obstetricians and Gynecologists strongly recommends that women considering UAE consult with their gynecologists to coordinate care with the interventional radiologist who will perform the procedure. "Women with painful symptoms of fibroids should work with their gynecologists and interventional radiologist to determine if UAE is right for them. This minimally invasive procedure has strong advantages for women who want to return safely and quickly to their normal lives," concludes Dr. Jagannathan.



AT MERCY...

Waiting is not an option

Screening mammograms are the key to catching breast cancer in the earliest stages, when it is most treatable. Call today to make a screening mammogram appointment with Mercy Hospital & Medical Center. At Mercy you will be scheduled in a week or less with one of our expert board-certified radiologists at our completely state-of-the-art digital breast center. Mercy often has same day appointments available.

TO LEARN MORE ABOUT MERCY'S COMPREHENSIVE BREAST CARE CENTER OR TO SCHEDULE YOUR SCREENING MAMMOGRAM, CALL 312.567.2273. A PHYSICIAN REFERRAL IS REQUIRED.

 **MERCY**
MERCY HOSPITAL & MEDICAL CENTER

LIVING WELL IN THE CITY

WWW.MERCY-CHICAGO.ORG



Ask the Expert



MURRAY J. PROPEs
MD, FACP, MS
Midwest Vein Center

Q:
Does health insurance cover treatment for varicose veins?

A: Today, insurance companies are taking note of this very common disease and they are offering more favorable coverage for vein care. At the Midwest Vein Center, our insurance specialists obtain coverage for our patients the first time over 90 percent of the time when medically indicated. We work very hard to ensure that our patients receive the maximum benefits that their plan allows. During the fall and winter, we see many patients who have met their yearly deductible and who want to start treatment now, in order to take full advantage of the coverage offered to them. Plus, outstanding flex spending dollars can be used if any out

of pocket expenses are required. The first step however, is an initial visit with the doctor to determine what type of treatment you need. To make an appointment with Dr. Propes, please call 888-450-VEIN (8346).



Stop Heavy Periods from Controlling Your Life

The National Women's Health Resource Center estimates that 10 million American women suffer from menorrhagia, or heavy menstrual bleeding.

BY: MARLENE PITURRO, PHD

This condition can seriously affect women's lives, causing them to miss work, social and/or physical activities. Heavy periods can result in severe pain, fatigue, anxiety, loss of self-confidence and, in 40 percent of cases, iron deficiency anemia. Menorrhagia can have such an adverse impact on a woman's life that the American College of Obstetrics and Gynecology revised its definition of the condition to reflect the patient's perception of heavy periods over an older, more clinical definition.

Shari Goldman Snow, MD of Chicago's all female Gynecologic Specialists of Northwestern and a Clinical Instructor at Northwestern University's Feinberg School of Medicine, agrees with the new guidelines. "Any heavy menstrual bleeding that a patient says interferes with her life does. That's where she and her physician should

begin their search for answers," she says. Treatment options for heavy periods depend on several factors including age, whether childbearing is complete, and each option's risks/benefits. Hormone therapy is one safe and well tolerated option for women who are not finished childbearing. Dilation and curettage (D&C), a surgical procedure which involves scraping the inside of the uterus, temporarily reduces bleeding in most women, but is not the best choice for women who want to permanently reduce their bleeding. Hysterectomy, a permanent solution to problem bleeding, is an invasive surgery which entails removing the entire uterus.

A less invasive technology is endometrial ablation, an outpatient procedure that permanently removes the uterine lining that precipitates heavy menstrual bleeding. Dr. Gold-

man Snow favors the NovaSure endometrial ablation procedure and offers it to her patients in the comfort of her office. "We insert the NovaSure device into the uterus, which emits a radiofrequency energy for approximately 90 seconds. This removes the uterine lining simply and elegantly, and causes minimal intra and post-operative discomfort," she explains. After the NovaSure procedure, more than 90 percent of women from a clinical trial experienced reduced periods, and more than 40 percent of women had no periods again. To date, over one million women have had their heavy menstrual bleeding treated using NovaSure endometrial ablation.

Today, women have a wide variety of treatment options for heavy periods. This means that the debilitating effects of such bleeding can be corrected safely and effectively for women of different ages.

Heavy Periods? Pelvic Pain?

You may have uterine fibroids.

Fibroid symptoms include:

- Heavy Menstrual Bleeding
- Painful Periods
- Pelvic Pressure and Pain
- Pain During Intercourse

There is a minimally invasive procedure being done at **Riverside Medical Center** that can bring relief.

For more information call (815) 935-7526 ext.6928

WORLD-CLASS
HEALTH CARE
IS HERE.

RIVERSIDE
Medical Center

BOURBONNAIS • KANKAKEE

Visit us at www.RiversideMC.net



Stop your period from controlling your life.

NovaSure
Control the bleeding. Restore your life.

Are your periods controlling your life? If so, then you may suffer from a common condition called heavy menstrual bleeding.

NovaSure is a quick, safe, and simple medical procedure to lighten or stop your periods permanently, without the side effects of hormones or the risks of hysterectomy.

Over 1 million women have been treated with the NovaSure procedure.¹ In a clinical study of women who had received the NovaSure procedure, 9 out of 10 reported they had normal, light, or no period at all.²

NovaSure typically takes less than 5 minutes to complete,² can be performed in your doctor's office and most women experience mild or no pain during or after the procedure.³ You can go home immediately afterward and most women return to regular activities within 1-2 days.

Talk to your doctor about NovaSure or visit www.novasure.com for more information!

Only women with menorrhagia who are finished having children may be candidates for the NovaSure procedure. As with any medical procedure, there are risks to be considered. In a small percentage of patients, side effects of the NovaSure procedure included cramping, nausea/vomiting, discharge, and spotting. Talk to your doctor for further information about the full benefits and risks of the NovaSure procedure. 1. Data on file. Hologic, 2009. 2. Cooper J, Gimpelson R, Laberge P, et al. A randomized, multicenter trial of safety and efficacy of the NovaSure system in the treatment of menorrhagia. J Am Assoc Gynecol Laparosc. 2002;9(4):418-428. 3. Laberge PY et al; Assessment and Comparison of Intraoperative and Postoperative Pain Associated with NovaSure and ThermoChoice Endometrial Ablation Systems. J Minim. Invasive Gynecol. 2003; 10(2): 223-232



HOLOGIC
The Women's Health Company

Menopausal Transition Finding a Natural Balance

BY: MARLENE PITURRO, PHD

Although most women are familiar with menopause's disruptive hot flashes, night sweats, vaginal dryness and fuzzy thinking, many are unaware they may start experiencing symptoms long before they are menopausal.

Menopause officially begins 12 months after a woman's last menstrual period yet hormonal changes can begin many years earlier. "When women think of menopause, they often think of it as a single event but it is really a journey that they can embrace naturally," says Sharon MacFarland, CEO of Emerita.

Perimenopause is the first stage of a woman's transition into menopause and can last several years. Hormones typically become unbalanced as the body produces less progesterone, estrogen and other hormones. Women

can experience mood swings, sleep disturbances, loss of libido and other symptoms.

Hormone replacement therapy (HRT) was traditionally used to treat symptoms but caused concern for many women after the 2002 Women's Health Initiative, a landmark clinical trial that showed traditional HRT increased cardiovascular and breast cancer risks. Because of synthetic hormone therapy's risk, women should seek advice from their physicians about hormone suitability for them and possible natural alternatives. Over-the-counter

products made from bioidentical hormones, which chemically match those produced by the body, are natural alternatives to alleviate perimenopause and menopause-related symptoms.

However, the key to minimizing the symptoms associated with menopause is to balance hormones early on, adds MacFarland. Women in their mid-thirties might consider undergoing hormone testing as a pre-menopause baseline, monitoring their bodily changes as they near menopause. Exercise and a nutritious diet filled with fruits, cruciferous vegetables, whole

grains and water instead of processed foods, refined sugars, and sugary drinks, go a long way in promoting a smooth menopausal transition. There are several supplements, including calcium, vitamin D, vitamin E and fish oil, that are often recommended to curb menopausal symptoms and promote healthy aging.

Finding a doctor who specializes in hormone imbalance to discuss natural approaches to menopause and perimenopause is encouraged. Each woman will have a unique experience and symptoms can sometimes result

from an underlying condition that should be evaluated. Women should also conduct careful research when looking for natural ways to balance their hormones and come prepared with questions for their health provider. According to MacFarland, "There is no 'normal' when it comes to experiencing menopause, and we owe it to ourselves to be our own best caretaker."

“Finding a doctor who specializes in hormone imbalance...”

ADVERTORIAL

Diets Don't Work Chewing Fat with a Weight Loss Surgeon

Q&A with Dr. Michael A Snyder, Bariatric Surgeon, creator of Fullbar, Fullbites and founder of the Be Full Eat Less Movement

You wrote a short book called *Why Diets Don't Work*. In a sentence or two, why do you think that?

Most diets fail long term because they require too much effort and often consist of changes in behavior that are unrealistic and in many ways, unhealthy. They simply "ask too much of us!" People don't want to give up their favorite foods forever or live with guilt and shame when they have a home cooked meal. Most diets are a recipe for burning out.

What are some tips you recommend to people who don't need surgery but need to lose weight?

Everyone is unique so the key is being honest with yourself, mindful of your

relationship with food, and finding good practical tools to help you gain more control over your eating habits. One powerful tip I give is to eat before you eat. It sounds strange but a good dose of fiber, some protein and a glass of water 30 minutes before your biggest meals can work wonders for stretching the parts of your stomach that lead to satiety. When dinner time comes, tools like that help you be full and eat less (a mantra of ours).

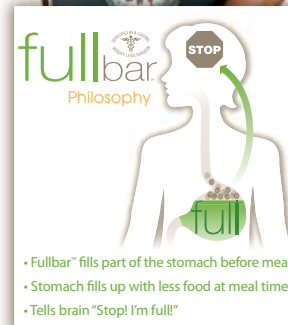
What other tips do you often give?

Drink plenty of water, try to minimize the white stuff (processed sugars, starch), make protein 50 percent to 75 percent of each meal (to leave you feeling full

longer and give your body what it actually wants), eat five to six small meals per day (to help avoid binge eating at night), and watch out for sugary drinks, fancy coffees, and saturated fats.

So it is possible to lose weight and eat what you want?

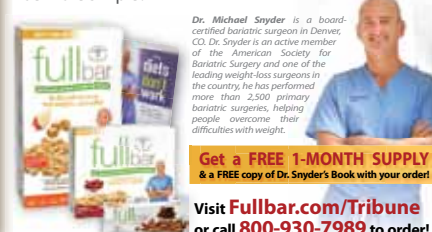
Yes, absolutely. Moderation is the key. The biggest problems are over-eating and mindless grazing. Eating food that makes you feel good and taking time to enjoy each bite can go a long way.



These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure or prevent any disease. ©2009 Fullbar, LLC.

Inspired by weight loss surgery

Why is weight loss surgery so successful? It's simple! By stretching out the upper part of the stomach with very little food, you feel full faster and are not compelled to consume as many calories. It is this same principle that inspired leading weight loss surgeon, Dr. Michael Snyder, to develop a system designed to help people feel full and eat less without going through surgery. Fullbar™ is an all-natural supplement bar you eat 30 minutes before your regular meal with a full glass of water. When combined with water, Fullbar™ stretches out the top part of the stomach and makes you feel full so you will essentially eat less at mealtime. What could be more simple?



Emerita. The makers of Pro-Gest®, the nation's leading progesterone cream.

Bioidentical. Clinically tested. Recommended by physicians for over 30 years.

emerita®
embrace change naturally

www.emerita.com

Breast Health:

Early Detection and Prevention Breakthroughs

BY: EMILY Z. DAYTON

Prevention and early detection of breast cancer are more feasible today due to an increased awareness of various risk factors and improved diagnostic tools.

"Still, more than 50 percent of breast cancer cases are of an unknown etiology," says Darius Francescatti, MD, attending surgeon at Rush Presbyterian - St. Luke's Medical Center. However, precancerous cellular abnormalities in breast fluid can now be detected several years prior to when a cancerous lump forms, giving many potential breast cancer patients hope of early interventions to lower their risk of developing this deadly disease.

Abnormal hyperplasia, also called atypia, occurs when there is irregular cell growth in the breast tissue and increases the risk of developing breast cancer. A 2007 study published in the *Journal of Clinical Oncology* found that women with three or more locations of atypia in their breast tissue were eight times more likely to develop breast cancer in their lifetime. "Unfortunately, there are countless women out there who have never even been tested for

atypia. Yet, we have the ability to perform generalized screenings for atypia in breast fluid," noted Dr. Francescatti.

In order to test for atypia, physicians must extract ductal fluid from patients' breasts using various techniques, including ductal lavage and fine needle aspiration. They analyze the sample for cellular changes. The Halo Breast Pap Test is a noninvasive risk assessment alternative designed to automatically extract nipple aspirate fluid with minimal discomfort and in a matter of minutes. Suction cups use warmth and a massaging motion to collect the fluid, which is then sent to a lab for analysis.

If atypia is detected, doctors can perform imaging or a ductoscopy to look for clues for the source of the abnormality. The presence of atypia does not mean that a woman has breast cancer but that her risk of developing the disease is much higher than normal. Women in their 20s and older can use this information to employ a

proactive prevention and early detection approach such as undergoing more frequent and enhanced monitoring. Physicians recommend that women with atypia alter their lifestyles and perform self-exams on their breasts more regularly, eat healthier, exercise, quit smoking and curb excessive alcohol intake. Women should also discuss drug therapies, such as tamoxifen or raloxifene, with their doctors to reduce their breast cancer risk. Testing for atypia is an important adjunct to routine breast cancer screenings such as mammograms.



A Breakthrough in Breast Cancer Risk Assessment.

Know Your Risk.

HALO® can help determine your risk of future breast cancer by finding precancerous changes years earlier than abnormalities might be seen on a mammogram. It's noninvasive, takes just 5 minutes and is recommended for all women ages 25 and over. Simply put, it's the quickest, easiest way to give your doctor a heads-up and you a head start.

8 out of 9 women who develop breast cancer have no direct family history.

70% of women who develop breast cancer have no identifiable risk factors.

Breast cancer is the leading cause of death in women ages 35-50.

HALO®
Breast Pap Test

To find a HALO location near you, call 877-425-6727 or visit www.PapTestForTheBreast.com.

Cosmetic Surgery Gets a Facelift

BY: MEGHAN STREIT

Years ago, cosmetic surgery was a luxury reserved for celebrities and wealthy women. High price tags and lengthy recovery times made procedures like facelifts unattainable for most people.

As a result of medical advances, facelifts are now a viable option for those who want to reverse signs of aging. Mir Joffrey, MD, a Northwestern University-trained plastic surgeon, is one of 80 doctors performing facelifts for Lifestyle Lift, a network of over 30 cosmetic surgery centers across the country.

On average, Lifestyle Lift clients pay about \$5,000 for the procedure, he says. "The lower costs are amazing," Dr. Joffrey says. "I just saw somebody who had a facelift in 2003. She had done exactly what I am going to do for her, but paid \$15,000."

In older procedures, doctors would simply pull back loose skin. Dr. Joffrey says those facelifts didn't last long because underlying tissues continued to sag. "That is not the preferred method because you aren't doing anything for the real problem," he says. "You're just taking the weakest element and tightening it up."

Another procedure, the deep plane facelift, is highly invasive and reshapes the whole face by lifting deep tissues, sometimes down to the bone. Dr. Joffrey says many people mistakenly believe deep plane is the most common facelift. But, he says, the technique is not widely used today because the results don't justify the risk. "Many studies show painful and slow recovery requiring an overnight hospital stay, with imperfect results," Dr. Joffrey says. "In fact, because doctors were doing so much manipulation of tissues, there were risks of nerve damage."

Today, many plastic surgeons use a technique called Superficial Muscular and Aponeurotic System (SMAS), or

rhytidectomy, Dr. Joffrey says. Surgeons lift the skin as well as a thin layer of muscle tissue. Dr. Joffrey says SMAS facelifts are the 'gold standard' because they yield the best results with the least pain and risk.

In 2008, the Division of Otolaryngology-Head & Neck Surgery at The George Washington University evaluated 1,000 patients who underwent short-scar rhytidectomy with the SMAS technique. The study concluded that SMAS procedures offer a safe and reliable office-based alternative to older facelift techniques with very low complication rates.

Dr. Joffrey says he can perform a SMAS facelift in an hour without general anesthesia and patients can typically return to work within 10 days. "It's like going to the dentist," he concludes.

“...the deep plane facelift, is highly invasive and reshapes the whole face by lifting deep tissues, sometimes down to the bone.”

FIND OUT HOW EASY LOOKING YOUNGER CAN BE.



BEFORE



AFTER

Name: LINDA* Age: 71 Actual client. No retouching.

Looking years younger is simple with Lifestyle Lift. We have helped almost 100,000 clients all over America recapture their youth. A Lifestyle Lift is done confidentially in one of our nationwide state-of-the-art centers using the latest medical technology. That means you can say goodbye to short term solutions and regimens that require constant upkeep. With a Lifestyle Lift you get lasting results that leave you looking noticeably younger for the long term. All for an affordable price. So making a real change in your life can be as simple as picking up the phone.

- Featured on ABC, CBS, NBC, FOX News and in magazines and newspapers nationwide
- Affordable, quick and confidential every step of the way
- You get the experience of nearly 100 board-certified physicians
- Approaching 100,000 clients
- Locations nationwide
- Custom financing plans available

Call today for a **FREE** Lifestyle Lift brochure
The call is confidential
1.866.705.5583



LIFESTYLE LIFT®

©2009 Lifestyle Lift®. *Patient had optional neck-firming procedure in addition to Lifestyle Lift®. The Lifestyle Lift® facial-firming procedures usually take approximately one hour to complete under local anesthesia but may require more time to achieve best possible results or if additional procedures are performed. Most Lifestyle Lift® patients undergoing the procedure (Lifestyle Lift alone) return to work and their activities in about a week. Some people may need extra healing time. Patients who have additional procedures may also need additional recovery time. Specific information about results, treatments, recovery and risks can be obtained during your free consultation and from your physician. The patient featured in this advertisement has given their permission to appear. The photos are gathered from various locations and doctors; they show a sampling of the results and are for illustrative purposes only; they do not represent any individual doctor's work. The statements and photographs in this advertisement do not constitute a promise or guarantee of any particular outcome or anything else. Individual results and recovery will vary. Lifestyle Lift® performs medical procedures that involve a certain amount of risk. Duration of healing time, pain and bruising is individual in nature; please discuss with your Lifestyle Lift® physician. Ask your Lifestyle Lift® physician and review consent forms to find out more about your individual case and what you can expect. THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT.