



the LIST is out... 2004's Most Popular Baby Names!

Read the **Top 10 Baby Names of 2004** on the next page.

The most popular boy's name in 2004 was 'Jacob'. Jacob Wesley Crawford was born at ECRMC on November 12, 2004.

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GLAUCOMA: "The Silent Thief"

Expert advice from Dr. Cesar Chavez, M.D., ECRMC medical staff member.

Managing Glaucoma

Glaucoma has been called, "The Silent Thief of Sight", because most people fail to notice the symptoms. It is estimated that 3 million Americans have glaucoma, and 67 million people worldwide will have glaucoma by the year 2000. At least half do not know they have it because glaucoma usually has no symptoms. A cure for glaucoma has not been discovered.

Glaucoma occurs when pressure in the eye becomes higher than normal. In the normal eye fluid drains through a mesh-like organ in front of the eye and is replaced by newly made fluid all the time. With glaucoma, the fluid has trouble draining, which increases the pressure in the eye. This pressure pushes against the optic nerve and can damage the optic nerve in the back of the eye causing reduced vision.

Risk factors identified with glaucoma include the following:

- History of elevated intraocular pressure
- Family history of glaucoma

- Race (People of African-American, Latino (especially Mexican-American) descent are at an increased risk.) More than 75 percent of Latinos diagnosed with open-angle glaucoma do not know they have the disease.
- Asian descent (especially Chinese heritage) are at a high risk of Acute-Angle closure glaucoma
- Age older than 40 years (the risk of glaucoma increases with age)
- Nearsightedness (myopia)

Of these risk factors, elevated intraocular pressure is the main risk factor for glaucoma that must be immediately and continuously treated.

When To Seek Medical Care

The main problem with glaucoma is lack of early diagnosis and detection. Regular eye examinations with an ophthalmologist are important to screen for primary glaucoma. In particular, regular eye examinations are critical for people who are at high risk for glaucoma, such as African-Americans, Latinos, and elderly individuals.

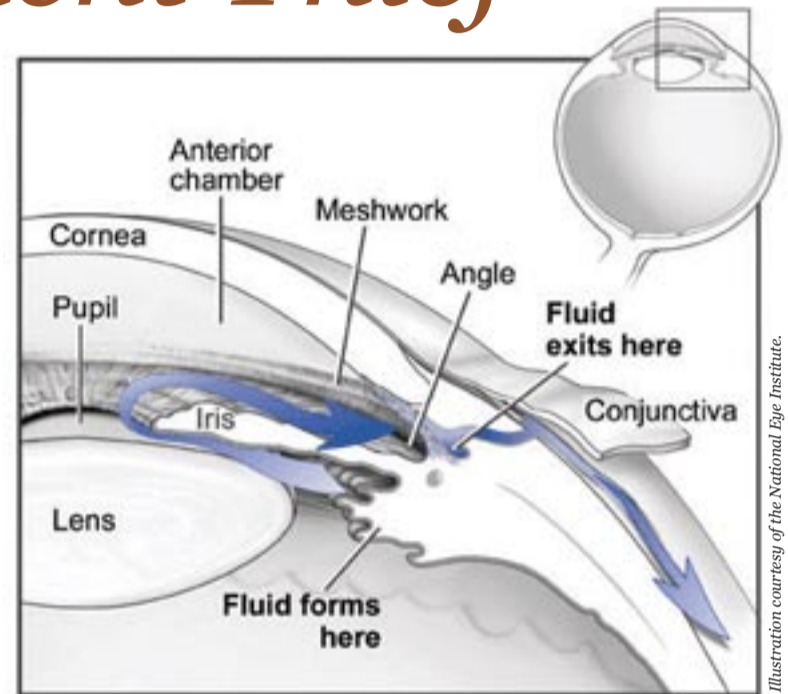


Illustration courtesy of the National Eye Institute.

Treatment Of Glaucoma

Treatment concentrates on lowering the pressure inside the eye to prevent damage to the optic nerve. The most common treatments for glaucoma have been the use of medications in the form of eye drops, pills and laser treatments. Laser treatments and some medications allow for faster drainage, while other medications reduce

the production of fluid inside the eye. If these methods fail to decrease fluid pressure, conventional surgery may be required to create a new drainage channel.

Since medications and eye drops can cause undesirable side effects or simply fail to control glaucoma, and because patients

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DID YOU KNOW...

- Approximately 20.5 million Americans age 40 and older have cataracts.
- The number of Americans at risk for age-related eye diseases is increasing as the baby-boomer generation ages.
- There are an estimated 42,000 sports related eye injuries each year and the majority of them happen to children.

Featured Physician: Dr. James M. Roach 37 Years of Dedication & Care

Dr. James M. Roach shuns the credit "because so many people have been involved," but he has witnessed what he regards as notable improvements in areas embracing the quality of patient care at El Centro Regional Medical Center during three years as medical chief of staff.

He sees "a constant striving to improve" by the medical staff and the hospital administration and staff and a new unity between the hospital Board of Trustees and physicians. Two physicians, Dr. Charles Humphrey and Dr. Mohammad S. Berenji, are currently members of the board, a recent departure from the traditional all lay board of the past.

Dr. Roach will relinquish his position as chief of staff on March 25, a post he has held since December 2001. Dr. Nemer Dabage-Forzoli, an El Centro internist, is scheduled to succeed him.

He sees a strengthened peer review process as one of those advancements. The process is putting more emphasis on individual cases to determine how patient care can be improved. He applauds Drs. Mohammad S. Berenji, Theodore Affue, and Luz Tristan for developing a continuing education program at the local level for physicians. "We all had to go out of town for this information before."

He credits Dr. Octavio A. Armas, medical

director of the hospital's Pathology Department, for spearheading formation of a new Tumor Board that reviews difficult and unusual cases and is available for consultation. There also is a new Joint Conference—three physicians and three Trustees—that meets regularly to exchange information about the hospital and the medical community.

He concedes it has been a busy three years but shrugs off credit for improvements with the idea that leadership is defined by inspiring others to do what needs to be done.

Dr. Roach has had a private practice in urology in El Centro since 1975 and has twice served as chief of surgery for the El Centro hospital and has served also on the urological surgery staffs of Sharps Memorial Hospital and Scripps Clinic in San Diego. He now limits his practice to El Centro.

His has been a career in medicine, with a specialty in urology, that stemmed from an eleventh-hour change of heart just two months before he was destined to be ordained as a Catholic priest. He had done some volunteer work in a hospital while in seminary and found that he like it. He had discovered medicine, rather than the pulpit, to be his real passion.

Dr. Roach was a member of the Jesuit Order from 1949 to 1962 during which

time he earned his bachelor's and master's degrees in philosophy from Gonzaga University, Seattle. He taught history, English, mathematics and physics at Ryan College, Fresno, for two years and history and physics in Loyola High School, Los Angeles, for two years, earning the Hearst Newspaper award as the top parochial high school history teacher in California in 1959.

From 1960 to 1962 he studied theology at Woodstock College in Maryland and left the Jesuit Order just two months before the class was ordained. He earned his doctorate in medicine from Marquette University, Milwaukee, in 1967. He interned at the University of California Hospital in Los Angeles and did his residency in urology at the University of Iowa, Iowa City from 1968 to 1972. He has been Board Eligible in urology since 1972 and maintained a private practice in Redding fore two years before moving to El Centro where he lives with his wife, Cecelia. They have two daughters, Kathleen and Colleen.

Looking ahead, Dr. Roach sees a growing community that will require a growing health care establishment.

"We need more doctors representing more specialties," he says, emphasizing that physician recruitment will be high on the hospital's priority list for years to come. The hospital also must continue to grow, and has a pressing need for increased pediatrics, obstetrics and radiology facilities.



Dr. James M. Roach, ECRMC Chief of Staff.

El Centro Regional Medical Center has a history of operating without tax support, relying on generated revenues, voluntary giving and revenue bond issues to finance operations and frequent expansions. But all hospitals have been struggling since the sharp Medicare cutbacks by the federal government in the 1990s and border hospitals like El Centro Regional Medical Center have been particularly hard hit because of the high percentage of indigent care rendered. Dr. Roach foresees the time when community hospitals nationwide will have "as much health care as they are willing to pay for."

ECRMC Presents Our 'New Years' Baby!



Gabriel Cazares

Born: 1/1/05 at 9:20 a.m.
Height: 19 1/2 inches
Weight: 6 lbs. 8 oz.

Gabriel's parents, Maribel and Rafael Cazares, were presented with a special gift from ECRMC for having the first baby born at the hospital in the new year. Gabriel is the couple's third child, all boys! Mom and Baby are home now, and doing great!



Nurse Christeena Ramirez, RN, helps the happy couple prepare to take their New Year's Baby home.



2004's Most Popular Baby Names!

The Top 10 Baby Names of 2004 (vs. 2003)

GIRLS' NAMES

1. Emma (Emily)
2. Madison (Emma)
3. Emily (Madison)
4. Kaitlyn (Hannah)
5. Hailey (Hailey)
6. Olivia (Sarah)
7. Isabella (Kaitlyn)
8. Hannah (Isabella)
9. Sarah (Olivia)
10. Abigail (Abigail)

BOYS' NAMES

1. Jacob (Jacob)
2. Aidan (Aidan)
3. Ethan (Ethan)
4. Ryan (Matthew)
5. Matthew (Nicholas)
6. Michael (Joshua)
7. Tyler (Ryan)
8. Joshua (Michael)
9. Nicholas (Zachary)
10. Connor (Tyler)

GLAUCOMA: "The Silent Thief"

Glaucoma, from page 1

frequently fail to take their medications, laser surgery may be a better alternative.

Other reasons to consider laser surgery include:

- High drug costs
- Not being able to remember the schedule of multiple medications
- Not being able to properly instill the medicine in the eyes because of certain conditions (e.g., arthritis) or other incapacitation. (This is especially common among elderly people or those with chronic diseases.)
- Unpleasant side effects

Traditional Laser Treatment (ALT)

With traditional argon laser trabeculoplasty (ALT), tiny, evenly spaced burns are made in the fluid meshwork with an argon laser. These laser burns stimulate the drainage of fluid. However, scarring of the trabecular meshwork occurs as a result of ALT burns, and may limit its success and the ability to retreat the eye should the procedure need to be repeated in the future. Dr. Chavez no longer recommends or performs ALT.

Selective Laser Trabeculoplasty (SLT)

Selective Laser Trabeculoplasty (SLT) is an advanced type of laser surgery and approach to managing patients with glaucoma. Instead of generally burning pigmented cells in the trabecular meshwork. Both SLT and ALT produce equivalent drops in pressure, however the more sophisticated SLT procedures does not have the associated damage to other issues and adverse scarring effects. SLT may potentially be repeated many times. Studies at Wills Hospital



Normal Vision

are currently being performed to validate the repeatability. Also, SLT may be most effective as primary therapy.

How is SLT performed?

SLT is usually performed in the physician's office and only takes about 15-20 minutes. Anesthesia is given, small laser applications are used, and the eye is checked after the procedure for effectiveness.

What are the results of SLT?

The pressure within the eye should drop significantly within a day of the procedure. The doctor may treat the eye with anti-inflammatory eye drops that will be continued for up to a week after the procedure. Most patients will require follow-up visits to recheck the treated eye.

Prevention Is The Best Medicine

Vision loss from glaucoma is permanent but can usually be prevented with early detection and treatment. Glaucoma management is usually a lifelong process that requires frequent monitoring and constant treatment. Since there is no way to determine if glaucoma is under control



Same scene as viewed by a person with glaucoma.

based on how a person feels or their vision, a person with glaucoma generally should be examined every three to four months for the rest of their lives. For additional information contact Dr. Chavez at 353-7172, or visit your ophthalmologist.



This expert advice has been provided by Dr. Cesar Chavez, M.D., a member of the ECRMC medical staff.

*The BabyCenter Baby Names List, which is the largest private list available, was compiled from more than 310,000 babies in 2004.

Log on to our website at www.ecrmc.org to complete our Survey, and receive a **FREE GIFT!**

Or, call 760.339.7314 to have a survey mailed to your home.

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