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Breast Cancer Awareness

**Local Breast Cancer Survivor Story:
Cancer doesn't observe any age limit**

**HRMC offers State-of-the-Art
3D Mammography Exams**

**Potential treatment options
after breast cancer diagnosis**

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about breast cancer**

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after mastectomy surgery**

**3 potential side effects of
breast cancer treatments**

HRMC Now Offering State-of-the-Art Genius 3D Mammography Exams

Clinically proven to increase invasive cancer detection and reduce recall rates.

Clewiston, FL (May 2019) – Hendry Regional Medical Center is excited to offer Genius™ 3D Mammography™ exams, developed by Hologic, Inc., a worldwide leader in Women's Health. Utilizing advanced breast tomosynthesis technology, Genius exams are clinically proven to significantly increase the detection of breast cancers, and also decreasing the number of women asked to return for additional testing.

In conventional 2D Mammography, overlapping tissue is a leading reason why small breast cancers may be missed and normal tissue may appear abnormal, leading to unnecessary callbacks. A Genius exam includes a three-dimensional method of imaging that can greatly reduce the tissue overlap effect.

A Genius exam includes both 2D images and tomosynthesis scans. During the tomosynthesis-DIMENSIONAL portion of the exam, an X-ray arm sweeps in a slight arc over the breast, taking multiple images. A computer then converts the images into a stack of thin layers, allowing the radiologist to review the breast tissue one layer at a time. A Genius exam requires no additional compression and takes just a few seconds longer than a conventional 2D breast cancer screening exam.

"3D Mammography allows us to see small abnormalities that may have been hidden behind overlapping tissue. This helps us find breast cancers earlier when the chance of cure is at its greatest," stated Scott Ruehrmund, MD, HRMC Radiologist.

Genius™ 3D Mammography™ exams are revolutionizing how breast cancer is detected by providing a better option for women of all breast densities compared to 2D alone.

Researchers have found that:

- The Genius™ 3D Mammography™ exam finds 20-65% more invasive breast cancers compared to 2D alone, an average increase of 41%
- Only the Genius™ 3D Mammography™ exam is FDA approved as superior for women with dense breasts compared to 2D alone.
- The Genius™ 3D Mammography™ exam reduces callbacks by up to 40% compared to 2D alone.

HRMC is committed to the fight against breast cancer. In offering the Genius exam, Hendry Regional provides a more accurate tool for breast cancer screening.

If you would like to schedule a Genius



3D Mammography™ exam, or have questions about this important breast health procedure, please contact Hendry Regional Medical Center at 863-902-3000.

About Hendry Regional Medical Center: Hendry Regional Medical Center is a 25-bed critical access hospital that incorporates modern tech-

nology with state-of-the-art medical staff to care for its patients. Hendry Regional Medical Center's mission is "to excel in quality, compassion, and innovation to make our community healthier."

About Genius™ 3D Mammography™ Exams: The breast is a three-dimensional object composed of

different structures located at different heights within the breast. These structures can overlap and cause confusion when viewed as a flat two-dimensional image. This confusion of overlapping of tissue is a leading reason why small breast cancers may be missed and normal tissue may appear abnormal, leading to unnecessary callbacks. Using breast tomosynthesis technology, the Hologic system creates a 3-dimensional image of the breast structure, which enables radiologists to more clearly see through overlapping tissue to detect cancers, often at an earlier stage.

The Hologic system is the first FDA-approved breast tomosynthesis system in the U.S. Hologic Genius 3D Mammography™ exams are now available in all 50 states and over 50 countries. To date, more than 8 million women have been screened with this advanced screening system.



Cancer doesn't observe any age limit

By Cathy Womble
Lake Okeechobee News

OKEECHOBEE — Susie Pickering was diagnosed with breast cancer in October 2006 after she found the lump herself. She had a mammogram nine months earlier, and it had not shown anything unusual, but she developed a grape-sized lump.

She said it seemed to flare up monthly, and it only bothered her for a few days and then would settle down. She went a couple of months with it coming and going before she had it checked out. Finally she decided something just wasn't right, she said. It would become tender certain days throughout the month, and then it would pass.

Then she'd forget about it until the next month. By the third month, she realized there was something wrong, and she should get it checked out.

She went to see her gynecologist, who sent her to a breast specialist, Dr. Singh, in Fort Pierce. Dr. Singh did a biopsy, and Mrs. Pickering said she knew while they were doing it, because it was pretty long, that he must have found something. Of course, she said, they don't give you the results right away.

She had to wait for them to come in. She was planning to go on a mission trip to the Amazon with her church, and decided she would go ahead and go rather than sit home and wait for the results, she said. She felt that was what the Lord would have her do, so she did it.

When she got home, they confirmed it was breast cancer, so she went in and had surgery to put a port in.

The cancer was diagnosed as stage three HER2-positive (human epidermal growth factor receptor 2) which is

receptor fed and not estrogen fed. It was aggressive, so she started chemotherapy right after Thanksgiving, and she did treatments every week for the first month and then went every other week. She had chemotherapy until February, and then they started her on Herceptin which was a drug for the HER-2 positive, she explained. She did that every three weeks until May and then began radiation. She did that every week day for seven and a half weeks.

"We fought it," she said. "I fought it." She wasn't nauseated but she had plenty of other symptoms — like clockwork. She would take her treatments on Wednesdays, and they would last six hours. They brought her into a room, usually with other people, and put her in a comfortable chair. She opted to have a port put in her chest because she knew she needed a lot of chemotherapy. Each patient has their own specific mixture of drugs, she said. They call it a cocktail. She got Benadryl in hers because she was allergic to one of her drugs. She also had incredible heartburn so they had to give her something for that.



Special to the Lake Okeechobee News
Susie Pickering is a 13-year breast cancer survivor.

Everyone reacts to chemotherapy differently, even if the symptoms are similar. She said she was blessed not to have the reaction where she threw up all the time. She was nauseated sometimes, and she didn't always feel very well, but she wasn't constantly vomiting like some people were. They told her she would lose her hair by about the 20th day, and on the 19th day, it began to come out. By the 21st day, it was gone. Not all chemotherapy makes you lose

your hair, she said, but she had what they called the "Red Devil" medicine. It was a very strong chemotherapy, and it usually made people lose their hair.

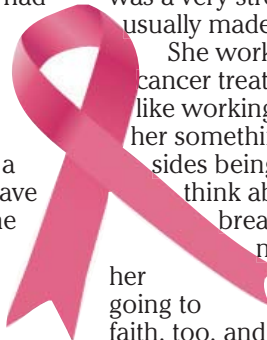
She worked throughout her cancer treatments. She said she felt like working helped because it gave her something to think about besides being sick. She didn't want to think about cancer. It was in her breast, but she was determined not to let it get in her head. Cancer was not going to win. She has very strong faith, too, and she believes that made a difference.

They treated her cancer very aggressively with her medicines because cancer grows, quickly or slowly, depending

where it is and what type it is, she said. Hers was considered an aggressive type and they treated it aggressively. Because it was not estrogen fed, she did not have to have a full mastectomy, and she elected not to. She chose a lumpectomy instead.

Then a year or two later, she had a reduction and reconstruction. Her tumor had been bigger than they originally thought, so it left a nasty scar. She said she was blessed to have health insurance, and it paid for that, to make you feel a little better. Some people aren't bothered by it, but most are, she said. "Looking back, I don't regret any choices I made. I was only 41. I was young to have cancer, and there are people that are even younger. Cancer doesn't have an age limit." It also is not limited to women, she explained. Men get breast cancer, too. "You've got to get in there and get a baseline mammogram," she said. "You also need to pay attention to your body. Nobody knows your body better than you do." She said she had signs but didn't know what they were, orange peeling skin, heat, itchiness and then the lump. "I had all the things that should have triggered me earlier, maybe early enough where they could have just done the biopsy and not done the chemotherapy," she said. "I'm thankful I caught it when I did, but maybe I should have listened to my body when I first started noticing the issues."

"I'm a 13 year survivor. It's very treatable if caught early enough. I have lost friends whose cancer was more aggressive or wasn't caught in time. I'm here to tell my story now in hopes other people will pay attention to their bodies and get their mammograms."



Debunking common myths associated with breast cancer

Cancer claims the lives of millions of people across the globe every year. But the fight against cancer is anything but hopeless, as the World Health Organization notes that between 30 and 50 percent of all cancer cases are preventable.

Learning about cancer is one of the best ways for people to protect themselves from this deadly disease. Researchers continue to learn more about cancer everyday and routinely discover that information once thought to be accurate was actually off-base.

Despite researchers' best efforts, some myths about cancer still prevail. Some of these myths are about cancer in general, while others refer to specific cancers, including breast cancer. Myths about breast cancer can be as harmful as accurate information is helpful, so learning the truth and debunking those myths can be an important part of women's preventive approach to breast cancer.

•Myth: Drinking milk increases your risk for breast cancer. The American Cancer Society notes that early studies raised concerns that drinking milk from cows treated with hormones could increase a person's risk for breast cancer. However, ensuing research failed to find a clear link

between the two. In fact, a 2002 study published in the International Journal of Epidemiology found no significant association between dairy fluid intake and breast cancer risk.

•Myth: Lumps indicate breast cancer. The National Breast Cancer Foundation, Inc.™ says that only a small percentage of breast lumps turn out to be cancer. However, abnormalities or changes in breast tissue should always be brought to the attention of a physician.

•Myth: Mammograms cause breast cancer to spread. This myth is rooted in the incorrect notion that breast compression while getting a mammogram causes the cancer to spread. However, the NBCF insists that cannot happen. In fact, the National Cancer Institute touts the benefits of mammograms while the ACS recommends women between the ages of 45 and 54 get mammograms every year. For additional breast cancer screening guidelines, visit the ACS at www.cancer.org.

•Myth: Women with a family history of breast cancer are likely to develop breast cancer, too. This myth is dangerous because, if taken at face value, it can give



women with no family history of breast cancer a false sense of security.

However, the NBCF notes that only about 10 percent of individuals diagnosed with breast cancer have a family history of the disease. The Centers for Disease Control and Prevention note that a woman's risk for breast cancer is higher if she has a first-degree relative, including a mother,

sister, daughter, or even a male family member, who have had the disease. But breast cancer can affect anyone, regardless of their family history.

Information is a valuable asset in the fight against breast cancer. Learning to decipher between accurate and false information can be especially valuable. TF19A423

Potential treatment options after a breast cancer diagnosis

A breast cancer diagnosis is something no one wants to receive. But the burden of breast cancer is substantial. In fact, the World Health Organization notes that breast cancer is the most commonly occurring cancer in women worldwide.

Thankfully, breast cancer survival rates are high in many parts of the world, particularly in developed countries such as the United States, Canada and Japan. While survival rates are lower in developing countries, it is encouraging to know that the average five-year survival rates are as high as 90 percent in some nations.

That suggests that the strategies used to successfully fight breast cancer in developed nations may one day prove as effective in developing nations, potentially leading to a sharp decline in global breast cancer deaths.

Upon being diagnosed with breast cancer, patients will be educated about a host of potential treatment options. The Centers for Disease Control and Prevention note that breast cancer is treated in several ways, and the course of treatment a doctor recommends will depend on the kind of breast cancer and how far it has spread. In addition, according to Breastcancer.org, breast cancer is made up of many different

kinds of cancer cells, which often necessitates the use of various types of treatments to get rid of the cancer.

The following are some treatment options doctors may discuss with breast cancer patients.

•Surgery: Breastcancer.org notes that surgery is typically the first line of attack against breast cancer. The CDC says the goal of surgery is to cut out cancer tissue. Some common breast cancer surgeries include lumpectomy, in which the tumor and a small amount of surrounding tissue is removed, and mastectomy, in which all of the breast tissue is removed.

•Chemotherapy: Chemotherapy is used to treat various types of cancer and involves the administration of special medicines to shrink or kill existing cancer cells. Breastcancer.org notes that chemotherapy is sometimes administered prior to surgery in an attempt to shrink the cancer.

•Radiation therapy: Radiation therapy aims to kill cancer cells using high-energy rays that are similar to X-rays. Sometimes referred to as 'radiotherapy,' radiation therapy is overseen by a radiation oncologist who specializes in this type

of treatment.

•Hormonal therapy: Estrogen makes hormone-receptor-positive breast cancers grow, and hormonal therapy, which may be referred to as 'anti-estrogen' therapy, aims to reduce the amount of estrogen in the body and block its action on breast cancer cells.

•Targeted therapies: These therapies, which Breastcancer.org notes are

generally less likely than chemotherapy to harm normal, healthy cells, target specific characteristics of the cancer cells. Cancer cells can have many characteristics, so there are various types of targeted therapies.

Breast cancer treatments can be highly effective in the fight against breast cancer, particularly when the disease is caught in its early stages. TF19A424



DID YOU KNOW

Though women may notice various signs and symptoms that could be indicative of breast cancer, breast pain is generally not one of them.

The National Breast Cancer Foundation Inc. notes that there are various

harmless causes of breast pain, such as puberty, menstruation and child birth, but that breast pain is not commonly a symptom of cancer. However, in rare instances breast pain may correlate with cancer.

For example, breast tumors may

cause pain, but cancerous tumors are not generally reported as painful. Though it may not be linked to breast cancer, breast pain should still be reported to a physician immediately, advises the NBCF. TF19A422



What to expect before and after mastectomy surgery

Mastectomy is a treatment for women diagnosed with breast cancer or those who are genetically predisposed to cancer. The removal of one or both breasts, mastectomy surgery may involve removing just the breast tissue or, in some cases, the lymph nodes as well.

Data from the Agency for Healthcare Research and Quality says their analysis points to a 36 percent increase of both single and double mastectomies between the period of 2005 and 2013, the most recent year for data.

Women on the precipice of mastectomy surgery will naturally have many questions concerning the procedure and projected recovery. The process of recovering is different for everyone, and not all mastectomies are the same. The following is a general idea of what patients can expect before and after mastectomy surgery.

Before surgery

A mastectomy is performed under general anesthesia, advises the nonprofit group Susan G. Komen. Therefore, patients should expect to undergo routine physical exams and may require a surgical pre-clearance from a doctor and the surgical hospital or center. Blood tests and an EKG may be ordered as well.

Prior to surgery, patients can begin making plans for childcare, meal preparation, shopping, work requirements, and more. As mastectomy is an invasive procedure, patients may experience pain and fatigue after surgery. Having various plans in play well before the surgery date can relieve some stress and help patients focus on their recoveries.

Purchase comfortable clothing that will be loose around the arms and chest. Zip-up tops or those with front buttons afford easy access. Some women also opt to get fitted for post-op garments, including a lymphedema sleeve. Lymphedema is a swelling of the area, and

it is a common side effect. It is helpful to be prepared before such items are needed.

After surgery

Mastectomy surgeries typically last between two and three hours. Some may last longer if reconstruction is performed at the same time. Patients will be admitted to a hospital stay for a day or two and moved to a recovery room, and will need to be driven home upon discharge.

Expect to be bandaged and possibly have a surgical drain at the wound site. The nonprofit resource Breastcancer.org says the drain usually remains in place one to two weeks after surgery. Fluid will have to be emptied from the detachable drain bulb a few times per day. Sutures that are dissolvable will not require removal.

Patients should follow the recovery plans outlined by their doctors. Rest is most important during this time, so do not overdo exercise or other activities, although some movements to relieve shoulder stiffness may be advised.

Pain, numbness, itching, and myriad other symptoms may occur. Take pain medications only as needed and directed. Weakness is expected in the arms and shoulders. Ask for help lifting, moving or picking up items.

Emotional side effects can be just as profound as physical ones. Fear of the cancer, body image issues and a sense of loss can occur.

Having a strong support team can help, as can speaking with a professional counselor.

It can take several weeks to start feeling like oneself again after mastectomy surgery. Women should not hold themselves up to anyone else's standards and be patient and hopeful because this challenging time is temporary. Learn more at Breastcancer.org. TF188224



Learn about what is involved after a mastectomy surgery and how to prepare beforehand.



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3 potential side effects of breast cancer treatments

Cancer is a painful, potentially life-threatening disease. Though discomfort might be the first warning sign that compels people to visit their physicians on the road to receiving a cancer diagnosis, cancer treatments can produce a host of side effects, including pain, as well.

According to the Sidney Kimmel Cancer Center, breast cancer treatments can create both long-term side effects and late side effects. Long-term side effects are those that begin during treatment and continue after all treatments have stopped, while late side effects refers to symptoms that can appear weeks, months or even years after treatments have ended.

The list of potential side effects of breast cancer treatments is lengthy, but may include the following conditions or issues.

1. Fatigue

The nonprofit organization Breastcancer.org notes that fatigue is the most common side effect of breast cancer treatments, with some estimates suggesting it affects as many as 90 percent of all patients.

Some breast cancer patients may experience fatigue after treatment and find it's worsening because they are eating less and not getting enough nutrients. In such instances, the initial fatigue may make

people too tired to cook, ultimately contributing to more fatigue when they are not eating or eating convenient yet potentially unhealthy foods. Cooking healthy foods in bulk when fatigue is not overwhelming and accepting others' offers to cook is a great way for cancer patients to ensure their diets are helping them combat fatigue and not making fatigue worse.

2. Lymphedema

Johns Hopkins School of Medicine notes that, following breast cancer treatment, some patients may suffer from lymphedema, a condition characterized by the accumulation of lymphatic fluid in the tissues. Lymphedema most often occurs in the arms, but can contribute to swelling in other parts of the body as well.

Why some people suffer from lymphedema after treatment and others don't is a mystery, though surgeons at Johns Hopkins Breast Center have noticed a low occurrence of lymphedema in patients who have undergone sentinel node biopsies or axillary node dissection.

Breast cancer patients are at risk of lymphedema for the rest of their lives after treatment, and while there's no way to prevent it, patients should avoid getting needle sticks or blood pressure tests in arms where lymph nodes were removed.

In addition, any injuries or cuts in arms where lymph nodes were removed should be treated with vigilance.

3. Infertility

Many women will stop menstruating while undergoing chemotherapy or after chemo treatments, and that cessation is often temporary.

These irregularities may be traced to hormonal therapies that make the ovaries stop producing eggs. However, in some instances, even premenopausal women may have trouble getting pregnant after hormonal therapy. Breastcancer.org notes that women whose periods do not return after treatment may still be fertile, but also notes

that women who are close to menopause when beginning chemo may become permanently infertile. Women who have been diagnosed with breast cancer who are concerned about post-treatment infertility should speak with their physicians immediately about their prospects of getting pregnant after treatment, including fertility treatments and the potential safety risks of getting pregnant after being diagnosed with breast cancer.

Breast cancer treatments save lives every day. When discussing treatments with their physicians, breast cancer patients should ask questions about potential short- and long-term side effects. TF188221







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Regrowing and caring for hair after chemotherapy



chemotherapy is systemic. This means it affects the entire body. As a result, as chemotherapy kills fast-growing cancer cells, it also kills or slows the growth of healthy cells, including hair cells, that divide and grow quickly, explains the National Cancer Institute.

When chemotherapy treatment is completed, the body is typically capable of regenerating new hair, but that can take some time. Women who consider their hair a large part of their identity may have strong concerns and fears regarding hair loss and what their hair may look like when it begins to regrow. Understanding what to expect and what they can do to facilitate the regrowth of hair can help women better handle what lies ahead.

New hair typically begins to grow within one to two months of the last chemo treatment. Breastcancer.org says people who have undergone chemotherapy may notice soft fuzz forming on their head roughly two to three weeks after the end of chemo. This will be followed by real

hair growing at its normal rate one month afterward. Two months after the last treatment, an inch of hair can be expected. How hair grows back elsewhere on the body, such as the eyelashes, eyebrows and pubic area, varies from person to person. Experts at the Robert H. Lurie Comprehensive Cancer Center's Dermatologic Care Center at Northwestern University in Chicago recommend speaking with a doctor if hair is not regrowing quickly, which can be the result of low levels of iron or zinc or even thyroid problems.

To help the process along, some doctors suggest the use of supplements like biotin. The National Institutes of Health says biotin is a B vitamin found in many foods that helps turn carbohydrates, fats and proteins into energy. There is some evidence that taking biotin can help thicken and speed up the growth of hair and nails, but more research is needed. Rogaine®, the baldness treatment, also may be advised, as it's been shown to speed hair regrowth in breast cancer patients who have lost their

hair, advises Health magazine.

It is not uncommon for hair grown after chemotherapy to look and feel different from hair prior to treatment. Someone who once had straight hair may develop a wavy mane afterwards. While drastic changes are not common, blonde hair may darken.

As hair grows in, certain areas on the head may grow faster than others. Working with an experienced stylist can help a person achieve a look that is evened out and stylish at any length. Rosette la Vedette, a headwear retailer and cancer resource, suggests making a first trip back to the salon a special experience with a glass of champagne. Cutting hair won't make it grow faster, but it can help a woman return to a sense of normalcy.

It can be nerve-wracking to wait for hair to regrow after chemotherapy. But patience and understanding the road ahead can assuage any fears breast cancer patients may have about regrowing their hair. TF188217

Chemotherapy and radiation are common treatment options for people who have been diagnosed with cancer. While radiation may be targeted at specific areas,

Menopause and breast cancer risk

Menopause occurs when a woman's reproductive cycle is over and she can no longer produce offspring. For many women, menopause occurs around age 50.

While menopause itself is not a risk for breast or other cancers, it's important to know that some symptom treatments and other factors can increase the risk for cancer among menopausal women. The North American Menopause Society says that a woman going through perimenopause and



menopause may experience various symptoms, which can range from hair loss to food cravings to hot flashes to vaginal dryness. The National Institutes of Health indicates some women undergo combined hormone therapy, also called hormone replacement therapy, or HRT, to help relieve menopausal symptoms such as hot flashes and osteoporosis. This therapy replaces estrogen and progesterin, which diminish in a woman's body after menopause sets in. However, NIH's Women's Health Initiative Study has found that women undergoing HRT have a higher risk of breast cancer, among other conditions.

WebMD says evidence suggests that the longer a woman is exposed to female hormones, whether it's those made by the body, taken as a drug or delivered by a patch, the more likely she is to develop breast cancer. That means that HRT can increase

breast cancer risk and also indicates that the longer a woman remains fertile the greater her risk for certain cancers. Females who began menstruating before age 12 or entered menopause after age 55 will have had many ovulations. This increases the risk of uterine, breast and ovarian cancers, states the American Society of Clinical Oncology. It also may impact a woman's chances of developing endometrial cancer.

Gaining weight after menopause can also increase a woman's risk of breast cancer, states the MD Anderson Cancer Center. Therefore, maintaining a healthy weight or even losing a little weight can be beneficial.

Women who enter menopause are not necessarily at a higher risk for breast cancer, but some factors tied to menopause can play a role. Females who want to lower their risk for various cancers are urged to eat healthy diets, quit smoking and maintain healthy body weights. TF188214



Learn to make mammograms more comfortable



Mammograms remain one of the best methods to detecting breast cancers, giving women the opportunity to start treatment early if cancer is detected. In countries with early access to quality screening and treatment, breast cancer survival rates are now greater than 80 percent.

The organization Mammography Saves Lives says that, since 1990, mammography has helped reduce breast cancer mortality in the United States by 40 percent. Mammograms usually take around 20 minutes. During a traditional mammogram, a woman's breast is placed between two plates. One plate holds the breast in place, while the other takes images, and the breasts must be compressed to get clear pictures of breast tissue. Some women find the process to be uncomfortable.

Even though mammograms can be essential parts of preventive healthcare,

many women avoid them because of pain and other discomfort. However, women should not put off mammograms because they are worried about discomfort.

There are many ways to avoid pain during mammograms that can make the entire experience more comfortable.

- Schedule the mammogram for a week after a menstrual period when hormonal swings are less likely to increase breast sensitivity.

- Caffeine can make the breasts more tender. Reducing caffeine consumption for two weeks before the mammogram can help.

- Keep your feet and trunk facing forward and simply turn your head at the mammogram machine.

- Reduce tension by breathing deeply a few times before the procedure.

- Try a pain reliever before the mammogram.

- Ask the mammography center if it has padding, as cushioning between the breasts and the plates of the mammogram machine can reduce pain.

By taking these steps, women may be more comfortable during mammograms, which can play a vital role in the detection and ultimate treatment of breast cancer. LS198145



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