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Rachel Estrella likes that pediatricians take care of parents, too.

When Rachel’s son Fin was born, his head was swollen and bruised from a long, challenging birth. Pediatrician Ben Flannery, MD “was the first person to see him,” says Rachel, who had not chosen a pediatrician before Fin’s arrival, and was impressed by Dr. Flannery’s calm reassurance. “He said, ‘It will probably heal well, but if the swelling doesn’t go down, here’s what we’ll do.’” She scheduled Fin’s two-day check up with Dr. Flannery. “To know that the pediatrician who saw him when he was born would also see him two days later, that was really reassuring.”

That visit was reassuring, too: “It wasn’t just about how the baby was doing; he also asked ‘How are you doing?’ We appreciated that he took the time for new, anxious parents’ crazy questions,” giving advice that was as much for parents Rachel and Rafael’s confidence as it was for Fin’s health.
Since then, Dr. Todd Amunrud and nurse practitioner Sarah Gergen, MSN, CPNP-PC, NNP-BC have cared for Fin too. The whole pediatric team coordinates gracefully, Rachel says, so Fin’s care is consistent and familiar. “They collaborate on our behalf. At each visit, each provider knows his history so we can work together as a team on Fin’s care.”

“It’s so nice to go to the doctor, and also to be able to call with any question and they’ll take it to the doctor,” Rachel adds. “We can ask anything, and never have it treated like a dumb question – even when it’s a weird question, because we’ve had some,” she says. “We’ve always been given answers, plus more information to help us make our decisions. That lets us feel like we have the agency to make those decisions, which is especially helpful when you have a little one and you feel like everything is sort of new and a little out of control, and high stakes, because it’s your baby.”

Northfield Hospital + Clinics is “a wonderful organization,” Rachel says. “We’ve been here for some high-stakes moments in our lives. We feel comfortable trusting NH+C for that, and equally comfortable for small things – a fever, a cough, a question.”

Because little patients are parents’ biggest priority.
Getting enough sleep improves students’ academic and athletic performance, overall health, and quality of life.

For teens, getting good sleep isn’t just a matter of how much...it’s when they sleep.

Children usually need 10 to 11 hours of sleep; most will sleep between 8:00 pm and 6:00 am. But once kids hit puberty, two physical changes put their bodies on the late shift, making sleep-wake cycles about two hours later for teens.

First, natural secretions of nocturnal melatonin occur later in the evening, at the same time there’s a shift in teens’ circadian rhythms, or “body clock” (energy levels attuned to a 24-hour cycle) – making it natural for teens to fall asleep later. Second, the body’s “sleep drive” slows, and the pressure to fall asleep accumulates more slowly – so it takes longer for teens to fall asleep.

But teens still need 8 ½ to 9 ½ hours of sleep per night as their bodies and brains grow, and as much as 12 hours when the body (and brain) are in a growth spurt. (Most local high school seniors get less than 8 hours. Yet 71% of U.S. parents think their teen is getting enough sleep, reports the National Sleep Foundation.) That means teens who have trouble falling asleep before 11:00 pm do best to wake at 8:00 am or later, recommends the American Academy of Pediatrics.
During the school week, school start times are the main reason students wake up when they do, says the Centers for Disease Control. “The combination of late bedtimes and early school start times results in most adolescents not getting enough sleep,” CDC reports.

CDC, the American Academy of Pediatrics, and National Sleep Foundation all recommend that high school and middle school should start at 8:30 am or later to let teens get enough sleep, during their best sleeping hours.

“Delaying school start times is an effective countermeasure to chronic sleep loss and has a wide range of potential benefits to students [in] physical and mental health, safety, and academic achievement,” states the American Academy of Pediatrics (AAP).

If school starts later, won’t students just stay up later? It seems not: A three-year study of over 9,000 high school students in Minnesota, Colorado and Wyoming found that twice as many students (66%) with a late start time (8:55 am) got 8 or more hours of sleep than students with a start time of 7:30 am – only 33% of students, reports AAP.

Well-rested teens have better academic scores, lower rates of depression, less risk of obesity, fewer drowsy driving car accidents, and less risky behavior such as drinking, smoking, and using drugs.

Set a healthy sleep schedule – and encourage teens to stick with their school-night sleep regimen on weekends. Staying up (and waking up) late feels good after a rigorous week, but it makes it hard for the body to stay on track.

**GOOD SLEEP HABITS FOR TEENS**

- Keep cell phones, computers and TV out of the bedroom. They stimulate the brain and make it hard to wind down
- Turn off all electronics 30-45 minutes before bedtime
- Park the cell phone for the night in a common area outside the bedroom. Need an alarm? Use a bedside clock instead of the phone
- Avoid caffeine after 5:00 pm
- Avoid large meals or exercise before bed
- Only sleeping in bed; no studying, reading, watching TV
- Keep bedroom temp below 75 degrees; warmer makes it harder to sleep

_Bryan Hoff, MD is the medical director of Northfield Hospital’s Sleep Center. He is board-certified in Sleep Medicine by the American Board of Internal Medicine. Reach the Sleep Center at 507-646-1099._
Rick Estenson has osteoarthritis. He’s had three joints replaced, and is planning for three more in the coming years.

For his latest surgery, Rick’s longtime orthopedic surgeon Bob Shepley, MD introduced him to surgeon Hans Bengtson, MD.

Dr. Shepley replaced both of Rick’s knees a few years back, starting when Rick was 57. Now, just months from Dr. Shepley’s retirement, “he looked at my x-rays and said, ‘You’re going to have all four of your other joints done over the next several years. This is a Hans Bengtson hand-off,’” Rick recalls.

Rick had built up a lot of trust in Dr. Shepley over the years. Although he hadn’t met Dr. Bengtson, “I saw him grow up in Northfield, watched him play football and basketball, and I knew he had been practicing orthopedics for a while, so it was a very comfortable introduction,” Rick says.

“Both Dr. Shepley and Dr. Bengtson have great skills of listening to my concerns, assessing my situation and showing it to me on x-rays, then offering good advice,” Rick adds. “Even on the day of surgery and in follow up, Dr. Bengtson was really good at explaining what’s happening and what’s to come. My wife and I both felt really comfortable with the whole experience.”

Dr. Bengtson replaced Rick’s left hip in February; Rick was back at work a week later, and back up to full speed in time for a European bike trip 14 weeks later.

“I was totally ready for it, no problems whatsoever,” Rick says. “I even walked 15 miles one day in London, and I never would have been able to do that before.”

At home, his new joints mean just a little lifestyle adjustment. Rick’s athlete days are mostly behind him, but he was concerned about taking care of his 10-acre farm – doing chores, moving trailers, hauling tree branches. “I feel like I’ve stepped right back into being able to do a lot of those things,” he says.

Rick’s advice? “Don’t be afraid to have joints replaced while you’re younger. You heal quicker; and staying active keeps good muscle tone and conditioning as you age. Once you stop walking or sleeping because a joint hurts, it has an exponential impact on your health.

“A lot of people think they have to wait until they get closer to retirement,” Rick adds. “For me, it was time when I realized I’m having trouble doing things that I envision as a big part of retirement – like biking, and work on the farm – and I want to be able to do them.”

Retirement? That’s a few years away yet. After all, Rick’s pretty young.

Learn more at northfieldhospital.org/orthopedics
his favor...six times over

“I feel like I’ve stepped right back into being able to do a lot of things.”

Rick Estenson

Orthopedic services:
• Adult joint replacement
  Hip - Total anterior hip replacement
  Knee
  Shoulder
• Sports Medicine
• Fractures and trauma
• Joint Injections - Hyaluronan injections
• Arthroscopic surgery
• Minimally invasive surgery
• Tenex procedure for chronic tendonitis
  Plantar fasciitis
  Shoulder
  Elbow
  Hip
  Knee
  Achilles tendon

Make an appointment: 507-646-8900
Breast pain and changes... that aren’t cancer

October is the month of pink ribbons.

And while breast cancer affects about 12.5% of women (1 in 8), breast health affects 100% of women. What worries women most? Pain, and change.

Breast pain is alarming. But it’s rarely linked to breast cancer, and shouldn’t be considered a symptom.

"Breast pain doesn’t imply cancer," says surgeon Jose Fulco, MD. "But if breast pain doesn’t go away within one or two menstrual cycles, or it’s a different kind of pain than you usually feel, it should be looked into."

Breasts change over time, of course. And breast changes are key to screening for breast cancer: new lumps, thickened tissue, dimpled skin, change in size or shape. “Most breast changes are benign, but they shouldn’t be ignored,” Dr. Fulco says.

But most changes aren’t cancer. They’re normal, usually triggered by hormonal changes, and simple to treat (if needed). Here are some common conditions.

Cyclical breast pain

Most breast pain ("mastalgia") is linked to the menstrual cycle as hormones fluctuate; it can start during ovulation and continue until your period begins. You may feel pain in one or both breasts, or radiating in your underarm. If you have breast pain that comes and goes, you can chart it for a few months to see if it corresponds to your menstrual cycle.

Fibroadenomas

These benign lumps are common – about 200,000 cases across the U.S. each year, mostly among women in their 20s and 30s. Fibroadenomas can feel like a marble in your breast, round with clear-cut borders, firm and rubbery and easy to move with your fingers. They don’t hurt, and simple fibroadenomas don’t increase your risk of breast cancer. (Complex fibroadenomas, with fluid and calcifications in them, may increase cancer risk, says the American Cancer

Changes to check

See your provider right away for:

- Lump in or near your breast or under your arm
- Thick or firm tissue in or near your breast or under your arm
- Change in the size or shape of your breast
- Nipple changes or discharge
- Itching, redness, scaling, dimples, or puckers on your breast

Source: National Institutes of Health (cancer.gov)
Society.) Women with fibroadenomas need regular breast exams or imaging tests to monitor for any changes. You might decide to have fibroadenomas removed if you have unclear biopsy results or a family history of cancer, or you’re concerned about developing cancer. Talk with your provider.

Fibrocystic Breast Changes

Fibrocystic breast tissue affects more than half of women, most commonly during child-bearing years. The condition is benign and doesn’t increase your risk of cancer later, though you may benefit from more vigilant screening. “Fibrosis” is fibrous tissue that feels rubbery and firm, like scar tissue. A cyst is a round, movable lump that may feel tender. Cysts may feel bigger or painful just before your period. “Complex” solid cysts may need ultrasound and/or biopsy to rule out cancer; “simple” fluid-filled cysts need no treatment but can be drained if they’re too painful.

Mastitis

This affects about 10% of breastfeeding women, when milk ducts aren’t emptied and become infected. Symptoms can feel like flu: Fever of 100 or more, fatigue, chills, body aches – plus hard, painful swelling in the breast. It can happen if baby doesn’t latch on well, or eat enough to empty the breast, or there’s too much time between feedings (or pumping). To treat pain, improve the baby’s positioning and latching (a lactation consultant can help); drink more fluids; keep breastfeeding or pumping, to keep breasts empty of milk. If pain continues, see your healthcare provider; you may benefit from antibiotics.

Life (and bras)

Some medications, especially birth control, affect hormones that affect your breasts. Emotional stress also can trigger hormones that makes breasts painful (like your period). Upper-body exercise can make your pectoral muscles or the muscles between your ribs sore, triggering localized breast pain. A poor-fitting bra can hurt breast tissue that doesn’t get enough support. Home treatment can help all of these.

Your best tool for breast health? Know your own breasts. “Get to know your breasts so you can tell us when you notice a change,” Dr. Fulco advises.

The Breast Care Center at Northfield Hospital now offers 3D mammography.

3D imaging (tomosynthesis) compiles many images taken at different angles so the radiologist reading the exam can see inside the breast layer by layer, and see fine details more clearly. 3D mammogram was approved by the FDA in 2011 and is becoming the standard breast cancer screening.

Benefits:

- **Earlier Detection:** Detects 41% more invasive cancers than 2D alone.
- **Fewer Callbacks:** Helps distinguish harmless abnormalities from real cancer; leading to fewer callbacks and less anxiety for women.
- **Better Visualization:** Radiologists can better see the size, shape and location of an abnormality with better definition of lesion borders. This helps them see if the abnormality is harmless or cancer.

The 3D images are taken as part of your mammogram. You will not notice any difference.

Learn more at northfieldhospital.org/breast-care

The Breast Care Center offers state-of-the-art breast imaging with 3D mammography, MRI and ultrasound. Call for your appointment: 507-646-1143
It was the beginning of a beautiful friendship.

Drs. Bob Shepley and Brad Wille met on their first day of medical school in 1980. They’ve worked side by side for the past 30 years, building a first-class orthopedic practice based in Northfield – with 25,000 surgeries and about 150,000 patient visits between them.

Now, they retire together.

Drs. Wille and Shepley share an entrepreneurial spirit. Coming out of residency at University of Minnesota in 1989, both wanted to set up a private practice. Both grew up in outstate Minnesota; they thought a small town would be good territory for orthopedics, typically a big-city, big-hospital practice at the time. So they drew a 50-mile radius around Minneapolis, and pegged the small towns.

They found willing partners at Northfield Hospital.

“It was a huge step for the hospital to gear up for orthopedics,” Dr. Shepley says. “Hiring nursing, investing in equipment – it was a big commitment for the organization, and they did it.”

“Hospital leadership, especially CEO Ken Bank, were committed to offering care comparable to that in the Twin Cities,” Dr. Wille adds. “He and Mary Crow get tremendous credit for sticking their necks out to support us.”

“The irony is, when we first started, everyone wanted to go to Ridges in Burnsville,” Dr. Shepley recalls. “Now, they prefer to stay here.”

Northfield Hospital + Clinics’ commitment to first-class orthopedics attracted other surgical specialists, including general surgery, OB/GYN, ENT and ophthalmology, Dr. Wille says. “Right now, it’s the best group of surgeons we’ve ever had here, in a range of specialties.

“Northfield Hospital + Clinics’ leadership continues to keep orthopedics as a high priority,” Dr. Wille adds. “That’s unique among independent hospitals.”

The partners leave patients in good hands, including Northfield residents Hans Bengtson, MD and Clinton Muench, MD, plus Eric Stroemer, MD.

“I did surgery on Hans when he was in ninth grade,” Dr. Shepley recalls. “He said then that
30 years...together

he wanted to be an orthopedic surgeon. It’s wonderful that he did it – and then chose to practice in Northfield.”

What’s changed in 30 years? Better pain management and physical therapy mean patients recover faster with fewer complications. Newer, less-invasive procedures help, too.

And the next 30 years? Both surgeons say orthobiologics (stem-cell treatments) show promise to intervene early and stave off conditions like arthritis. “It’d be nice to be able to intervene before problems develop, if you can identify who’s at risk,” Dr. Wille says. “And let the body heal itself,” Dr. Shepley adds.

And tomorrow? “My grandmother always said, ‘Leave a place better than you found it,’” Dr. Shepley says. “I think we’ve done that.”

Dr. Wille nods. “We’ve gotten better too.”

THANK YOU!

“Thank you to the people of Northfield and neighboring communities for trusting us with your care these past 30 years. We thank the hospital physicians and staff, plus our own outstanding office staff and practice partners. Most importantly, we thank our wives, Liz and Veronica, and our children for their unending support on this 30-year journey together.”
Clinics, Hospital + Specialty Care close to you

Clinics

- **Northfield Hospital + Emergency**
  2000 North Avenue, Tel: 507-646-1000

- **Farmington Clinic**
  4645 Knutsen Drive, Tel: 651-460-2300

- **Lakeville Clinic**
  9974 – 214th Street W, Tel: 952-469-0500

- **Lonsdale Clinic**
  103 15th Avenue SE, Tel: 507-744-3245

- **Northfield Clinic**
  2000 North Avenue, Tel: 507-646-1494

- **Express Care Clinic – Northfield**
  706 Division Street, Tel: 507-646-6700

Specialty Care

- **Breast Care Center – Northfield**
  2000 North Avenue, Tel: 507-646-1143

- **Cancer Care & Infusion Center – Northfield**
  2000 North Avenue, Tel: 507-646-6979

- **Endoscopy – Northfield**
  2000 North Avenue, Tel: 507-646-1201

- **ENT Clinic – Faribault**
  1645 Lyndale Ave N, Tel: 952-469-0500

- **Northfield Eye Physicians + Surgeons**
  2019 Jefferson Road, Tel: 507-645-9202

- **Orthopedics Clinic – Northfield**
  1381 Jefferson Road, Tel: 507-646-8900

- **Rehabilitation Clinics**
  Northfield: 1381 Jefferson Road, Tel: 507-646-8800
  Lakeville: 9913 – 214th Street West, Tel: 952-985-2020

- **Sleep Center – Northfield**
  2000 North Avenue, Tel: 507-646-1099

Women’s Health Center – Northfield
2000 North Avenue, Tel: 507-646-1478

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