



NH+C among
"100 Great Community Hospitals"
PAGE 2

Wyatt Norrie
went into overtime
PAGE 4

Everly Sellner
traded tonsils for tattoos
PAGE 6

Dizzy?
4 common causes and treatments
PAGE 8

Hans Bengtson
pivoted from surgeon to patient
PAGE 10

Katy Hargis
felt all the twists and turns
PAGE 12

Colon cancer
on the rise for younger adults
PAGE 14

Cáncer colorrectal
en los adultos más jóvenes
PAGE 16

Lily Tharp
fed her baby...better
PAGE 18

James Schlichting
had some aches
PAGE 20

Foundation thrives
on gratitude
PAGE 22



NH+C among "100 Great Community Hospitals" in U.S.

Northfield Hospital + Clinics has been named one of "100 Great Community Hospitals" across the U.S. by Becker's Healthcare, the leading news organization covering hospitals and healthcare nationally.



Becker's exclusive list honors community hospitals that achieve clinical excellence and personalized, whole-person care delivery.

NH+C is the only hospital based in Minnesota to make the list this year.

Becker's calls out NH+C's recently expanded services, including the Birth Center expansion and the addition of the Wound Healing Center, Urgent Care in Northfield, and the Kenyon Clinic.

Becker's also praised NH+C's cancer care accreditation from the Commission on Cancer via the American College of Surgeons.

"This is an honor for our team and their commitment to caring for our communities," says NH+C CEO Zander Abbott. "We want to be the best community

hospital we can. To have Becker's include us among the best in the country is great recognition and encouragement for our work.

"Having a whole package of care for all ages is what makes a community hospital successful: to serve the full spectrum of the population," Abbott adds.



Zander Abbott

As a community hospital, NH+C balances primary services and specialty care. As an independent hospital, NH+C has strong partnerships across the region to ensure patients have the best options for care at every level.

"When patients need a higher level of care, such as cardiac procedures, our partnerships with tertiary

care centers enables us to hand over care as needed, then have the patient return to the community for continued care," Abbott explains.

"We're firmly committed to being an independent hospital so we can be responsive to the community," Abbott says.

Becker's profile highlights NH+C's range of services, and recent achievements:

Northfield (Minn.) Hospital + Clinics. Northfield Hospital + Clinics is a 37-bed independent hospital system in Minnesota that has remained competitive against major regional systems by delivering personalized, state-of-the-art care to its community for over 100 years. With 22 locations, 48 specialties and over 115 providers, the system has recently expanded services including a new clinic, urgent care, birth center and wound healing center. In 2024, it earned Commission on Cancer accreditation and became a surgical quality partner with the American College of Surgeons. The system also innovated its patient communication processes through automated messaging, saving over 80 staff hours monthly and reducing no-shows by 15%. The system is currently piloting a fully self-guided urgent care check-in system to further enhance patient experience. Additionally, it has expanded telehealth offerings to increase access for rural patients and enable provider collaboration across systems.

Becker's editorial team selects standout hospitals

based on nominations and editorial research, with insights from respected rankings and ratings organizations including U.S. News & World Report, Healthgrades, CMS, the National Rural Health Association and The Chartis Center for Rural Health.

"Community hospitals play a vital role in the fabric of the U.S. healthcare system, delivering accessible, affordable care to patients beyond major metropolitan areas," Becker's says. "Whether serving rural regions or suburban neighborhoods, these hospitals are essential to keeping communities healthy and connected to quality care."

See Becker's full list here:



Becker's "100 Great Community Hospitals" is not a ranking; hospitals are listed in alphabetical order. Hospitals do not pay and cannot pay for inclusion on the list.

Becker's Healthcare is the go-to source for healthcare decision-makers and one of the fastest growing media platforms in the industry. Through print, digital and live event platforms, Becker's Healthcare equips healthcare leaders with information and forums they need to learn, exchange ideas and further conversations about the most critical issues in American healthcare today.

Becker's "100 Great Community Hospitals" list began in 2010. (It was on hiatus 2020-2022.)



Wyatt Norrie went into overtime

Wyatt was playing indoor soccer when he pivoted hard while running and injured his left knee.

"I didn't think much of it," Wyatt says. "I thought it was a sprain, and the doctor at the field agreed, so we ended up just getting a brace."

Then three months later while walking in gym class, his knee "just went out." Turns out he had torn his ACL and meniscus, two important structures in the knee that help stabilize the knee during cutting and pivoting actions, and that help cushion and distribute weight across the knee joint, respectively.

Wyatt was 12.

"That's pretty young to end up with that kind of injury," he says. "It was scary, especially since it would be my first surgery."

It's a complicated surgery for an adolescent because of open growth plates. Growth plates are typically open as bones grow (until around age 16-17 for boys) and are especially active during puberty; any damage could stall out growth in the leg and leave it shorter than the other leg. The new ACL graft must be cautiously potted in newly created bone sockets, without injuring or disturbing the growth plates.

Orthopedic surgeon Hans Bengtson, MD was up to the challenge.

"My parents and I wanted to do the surgery with a

person we trusted, and Dr. Bengtson did everything in his power to make sure my family and I were confident going through with the surgery," Wyatt says. "Even if he was nervous, he never showed it. He was always comforting and well-spoken, so reassuring through the whole process."



Hans Bengtson, MD

"It felt very safe and comfortable knowing we were in our home and being able to trust the person who was going to fix me."

Surgery went well. Then it was time – a long time – to recover, with months of physical therapy. "I went through seventh and a bit of eighth grade with crutches and a brace," Wyatt says. "It made me realize that even simple things such as being able to walk up a flight of stairs is not something to take for granted."

Dr. Bengtson urged Wyatt not to rush back onto the soccer field. "He told me the chances of re-tearing the ACL or meniscus can be higher for multiple years. That happens most commonly before full PT recovery," Wyatt explains. "I was so young and had a full sports career ahead of me and didn't want to risk that."

Wyatt spent 14 months on physical therapy and conditioning. "My recovery was expected to be 9

to 11 months, but I gave myself extra time to make sure I was 100%."

That's a long time for an athlete to sit out. "It was really hard to sit back and watch everyone play soccer while I had to stay home and continue my recovery," Wyatt recalls. "It was difficult knowing I couldn't do what I wanted to do so badly."

But it was worth it: As an incoming freshman, Wyatt tried out for Northfield Raiders soccer and made the varsity team.

"I was sort of expecting to be rusty, but the recovery process plus weight training and individual workouts made me strong," Wyatt smiles. "We went to state after winning our section that year."

Wyatt also played in the Elite Clubs National League, traveling the U.S. to compete. "It was pretty cool," he says. "I give a lot of credit to the people involved in my recovery process in helping me have success in my athletic career."

And now? "Other than the scars, I can barely tell I had the surgery."

Wyatt's advice for other young athletes: "Listen to your doctor. And stick with PT. Even though it might seem long in the moment and feel like it's pointless, it's the difference between coming back scared and unready, and coming back 100%."

Because that's the best way to score.

 **Appointments:**
(507) 646-8900





Everly Sellner didn't want to miss out

Everly needed her tonsils out. She had been sleeping poorly, overly tired during the day, and getting cavities – a surprising clue to tonsil trouble.

Her surgery was scheduled for the last week of school. Everly would miss the chance to tattoo her teacher at a fun school fundraiser. The six year old was disappointed.

So Everly's mom Kelly suggested bringing some temporary tattoos to the Surgery Center. Maybe a nurse would like one, she said.

Ten did.

While prepping for her tonsillectomy, Everly drew a crowd. She met some of the nurses from PACU who would care for her after surgery. She even tattooed her ENT surgeon, Dr. Gerard O'Halloran, with a strawberry on his bicep. (He kept his hands scrupulously clean for surgery.)

"Everyone was so kind to her, and she felt very at ease," Kelly says.

Then there was the wiggly tooth. Everly's front tooth was loose. Dr. O'Halloran told her they might need to take it out while she was asleep for surgery. (They did.) When Everly woke up in recovery, there was her tooth in a specimen cup . . . with \$9 from the tooth

fairy, plus tips for all her tattoos. "She's the only kid I know who made money during surgery," Kelly laughs.

Everly was referred to Dr. O'Halloran by her pediatrician Amy Kraushaar, DO, FAAP. Everly wasn't having strep throat or other illnesses connected to tonsil trouble. But her tonsils were large, and her mouth breathing and incontinence at night were worrisome.

Dr. O'Halloran diagnosed obstructive sleep apnea. Tonsillectomy is a common treatment for it.

But Everly's apnea presented "weirdly," Kelly says. "She wasn't snoring, but was having trouble staying dry overnight, and was mouth-breathing a lot at night. She also cranks her neck and throws her head back during the night; Dr. O'Halloran told us, 'She's basically giving herself CPR' by opening her throat as wide as possible."

And Everly was overly tired during the day, "more than a typical kid should be," Kelly recalls. "Dr. O'Halloran thought it would cause trouble down the road if we didn't take her tonsils out now."

It worked. Now Everly has energy during the day, sleeps comfortably, and stays dry at night.

"I wish I thought about surgery sooner, especially with such bad cavities at age 3 and 4," Kelly says. Why cavities? Mouth breathing dries out the mouth

and prevents saliva from washing over the teeth and keeping them clean.

Dr. O'Halloran was an easy choice to care for Everly. "He did Everly's ear tubes and my son's, so we trust him a lot," Kelly says. "And I love that he gives out his cell phone number to patients. We didn't need it, but I was grateful and relieved to have it."

"It's super nice to go where you know people, and get that familiar care from one procedure to the next."

Kelly's advice for other parents: "Trust your gut. If you notice problems, reach out to your pediatrician. At NH+C they're good at getting you the right referral and treatment. They also laid out our options if it turned out to be something other than her tonsils."

Everly wasn't "a typical snoring kid with strep throat, so I wouldn't have thought about tonsils until we talked with her pediatrician about it. I'm glad we did."

The tattoo artist is glad, too.

 **Appointments:**
(952) 469-0500



SYMPTOMS OF SLEEP APNEA IN KIDS

Daytime:

- Napping after age 4-5
- Hyperactive
- Trouble paying attention at school
- Dry mouth in the morning
- Sleepiness

Nighttime:

- Snoring
- Mouth breathing
- Breathing that starts and stops
- Waking up often
- Bedwetting
- Restless sleep; propping up on pillows

Untreated sleep apnea can contribute to:

- Impaired growth
- Problems with learning and memory now
- Thinking and memory problems later in life
- Interest in physical activities
- Poor academic performance
- High blood pressure, heart failure, or pulmonary hypertension

Source: National Institutes of Health; Gerard O'Halloran, MD



Dizzy? The four most common disorders (and treatments)

by Malorie VanWinkle, PA-C

Everyone gets dizzy now and then.

Maybe you stood up too fast, skipped a meal, or didn't drink enough water. How can you tell if it's dizziness or vertigo, and if it's something serious?

Dizziness is a sense of disorientation, feeling lightheaded or off-balance. Vertigo is the feeling that you or the room around you is spinning. **If you ever have vertigo so bad that you can't even stand up, go to the Emergency Department to rule out severe causes like a stroke.**

There are four main causes for dizziness and vertigo:

Benign Paroxysmal Positional Vertigo (BPPV).

BPPV happens when tiny crystals in your inner ear become dislodged. These crystals tell your brain if you're upright or upside down. When they move to the wrong place, your brain gets confused, and you may feel like you just stepped off a merry-go-

round. Fortunately, BPPV is highly treatable with targeted head maneuvers. I often refer patients right away to a physical therapist who specializes in the maneuvers to get the crystals back into place.



Malorie VanWinkle, PA-C

Vestibular Migraine. Migraines don't always mean headaches.

About 3% of the population experiences vestibular migraines, with dizziness, vertigo, ear pressure, nausea, or even light sensitivity. I often see patients after pregnancy or during perimenopause, because hormonal changes can trigger these episodes. We discuss lifestyle adjustments, supplements, or physical therapy as treatment.

Vestibular Neuritis or Labyrinthitis. These conditions usually occur as a one-time event of really intense vertigo. They're caused by inflammation of a nerve or of the inner ear itself. Symptoms can last a few days to a week. Any associated hearing changes should prompt an urgent evaluation. I typically treat my patients with a steroid medication to reduce that inflammation.

Age-Related Dizziness. Balance relies on input from the ears, eyes, muscles, joints, and brain. As we age, these systems weaken, leading to imbalance. We can use balance programs or strengthening exercises to help restore stability and reduce your risk of falling.

Dehydration also plays a role: By age 60 to 65, your body's thirst receptors may decrease by 30%. So you might be dehydrated, but your brain isn't telling you. Be sure to drink plenty of water. Aim for 15 cups for men and 11 cups for women each day, including water, coffee, tea, juice, fruits, and vegetables.

When to see a provider

See a provider if dizziness:

- is new
- doesn't go away
- interferes with daily activities like working or driving
- is accompanied by hearing loss

A good place to start is your primary care provider, who will refer you to an Ear, Nose & Throat (ENT) specialist if needed.

At an ENT visit, expect a detailed history, review of medications, neurological exam, and a tailored plan that might include physical therapy, lifestyle adjustments, or imaging like an MRI. I work very closely with the physical therapy team, as a lot of dizziness disorders require medical treatment and physical therapy.

I tell my patients that dizziness isn't always a simple diagnosis. It's often a combination of factors, and may require a visit to a specialist to help get you back on solid ground.

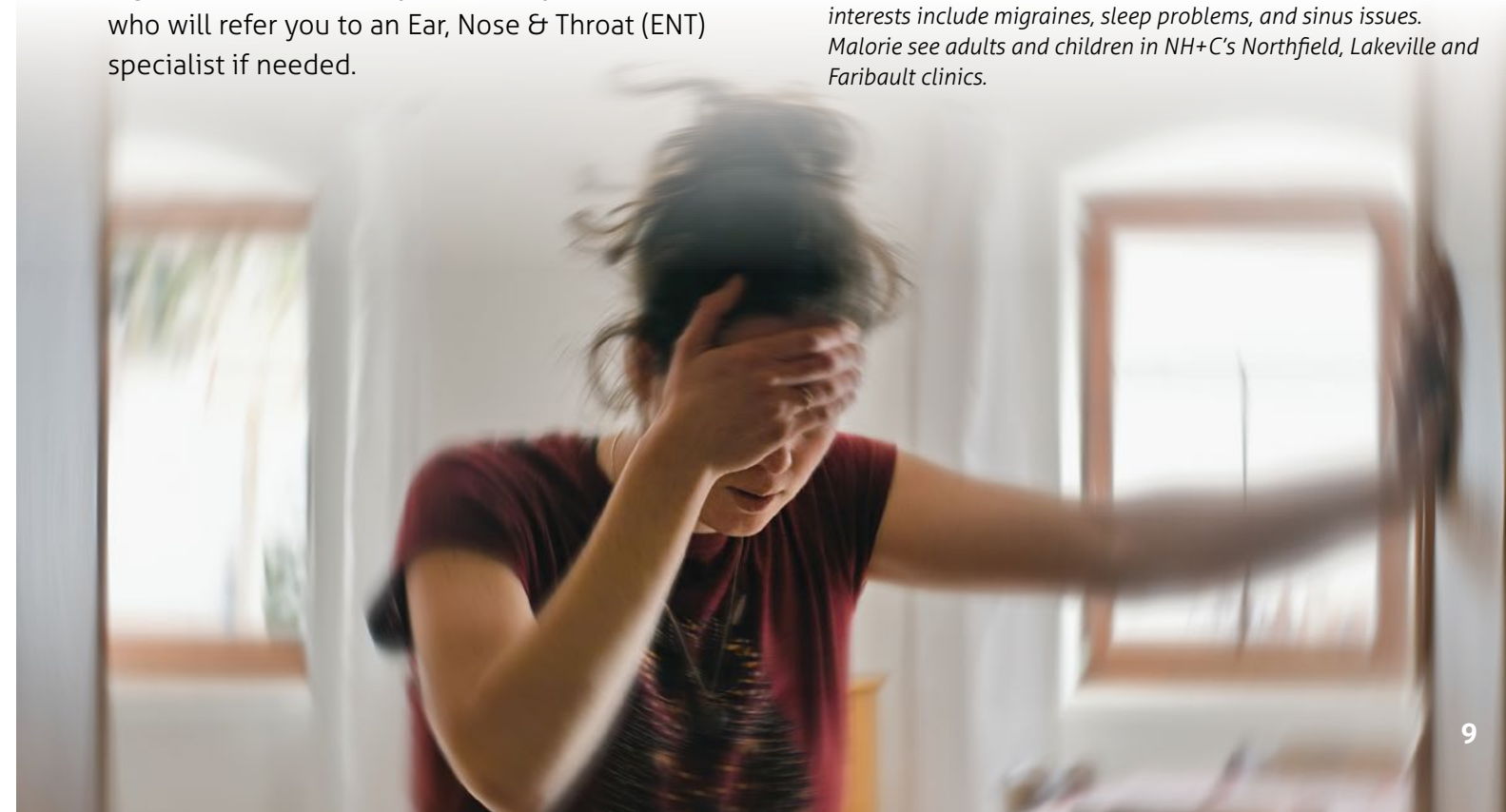
Malorie VanWinkle, PA-C is an ENT specialist with expertise in vestibular disorders including dizziness and balance. Other special interests include migraines, sleep problems, and sinus issues. Malorie see adults and children in NH+C's Northfield, Lakeville and Faribault clinics.

Learn more about ENT:



DEPRESSION & ANXIETY: HOW IT RELATES TO DIZZINESS

People who are prone to depression and anxiety may be more susceptible to dizziness disorders. The parts of the brain that interpret dizziness and anxiety are right next to each other, so there is actually a physiological correlation. Dizziness can trigger anxiety, which in turn worsens the dizziness – creating a frustrating cycle. I work closely with my patients on how to break that pattern.





Dr. Hans Bengtson pivoted from surgeon to patient

Hans was playing basketball on family vacation when his knee pivoted and he instantly collapsed.

He knew immediately that he had torn his ACL, an essential ligament that stabilizes the knee joint.

"It was terrible," he says. "It was extreme pain, just absurd."

With his history of athletics and injuries, "I can sort of deal with pain, but this was so intense that it was clear something's not right," Hans says. He couldn't straighten his knee, either. "Given my ortho background, I suspected I also had a meniscus tear," injuring the cartilage that cushions and stabilizes the knee joint. An MRI study confirmed the damaged ACL and meniscus tissue.

Hans is an orthopedic surgeon; he has done hundreds of ACL reconstructions and meniscus repairs. "But doing my own surgery didn't seem practical," Hans jokes. "I was now in the patient's chair."

For rehab after surgery, Hans chose physical therapist Kevin Johnson, PT in Rehabilitation Services' Lakeville clinic. Kevin was Hans' therapist back in high school, when a similar sports injury to Hans' other knee required surgery and rehab. "I was stuck in a knee immobilizer for 6 weeks with that old injury, so I was really weak and stiff. I needed a lot of rehab to overcome that, as a teenager," Hans recalls.

"I appreciate how Kevin handles things," Hans says. "Our styles match up."

This time, Hans' PT started with soft tissue work, including massage and cupping – a warm cup suctioned to the skin to draw fluid out of the tissue and reduce swelling. "The soft tissue work made me feel better, and also improved my motion and allowed me to engage my quad more effectively," Hans explains. "There was a lot of work in the early going where I valued the therapist's understanding and techniques."

When his schedule kept him in Northfield, Hans also worked with Joel Beithon, PT in Rehab Services' Northfield clinic. "The two rehab clinics coordinate with each other, so there's continuity of care even if you're seeing a different therapist," Hans explains.

"Our therapists at NH+C do a great job accommodating people's situations," he adds. "Whether that's timing for appointments, or specific expertise – such as a PT who works more with ACL injuries and rotator cuff tears, back care, balance or lymphedema work, or pediatric care. All these areas of expertise have great value, depending on what the patient needs."

Hans views therapists as teachers: "They teach patients what to do, how to do it, how to do it safely, how to avoid aggravating your injury. Once they



Kevin Johnson, PT

teach you what to do, I hope patients feel confidence in being able to do a lot of it independently. But there's great value in checking in intermittently with the therapist, like 'Am I still doing this correctly? What's the next stage I can do? I need something more challenging.'"

An ACL tear requires about nine-plus months for full recovery. At five months, Hans was able to walk well, do stairs, get in and out of the car, and stand for prolonged periods – watching a basketball game from the sidelines, for example.

Athletes approach physical therapy differently after an injury than other ortho patients do after a surgery, like joint replacement.

"There's a little bit of the athletic competitive spirit: 'I've got a goal, and I'm going to achieve it.' And athletes are familiar with muscle soreness and pain, so you know when you're in the moment and experiencing discomfort that it doesn't always mean 'stop' – sometimes it might. But athletes tend to have a better sense of what pain is okay to push through, compared to not-okay pain, when you should stop."

His advice for other athletes with an injury: "In the moment, RICE – rest, ice, compression, elevation. That's always relevant that day, and overnight. Then depending on how things change over the next few days: If it's not so bad the next day, you probably don't need to be seen. But you should be seen if

your motion is not right, if your pain is intense, if the injury area is notably swollen, or if you can't do basic tasks like bearing weight while walking.

"It's always helpful just to get a plan, too. It makes a difference to know what to expect. That helps build confidence and ease worry."

And take the long view, Hans says: "It helps to have the big picture and see that you're progressing. You feel like you're working on it every day and it never seems to improve, but it does. Having a picture week by week instead of day by day really helps."

Because even doctors need patience.



Katy Hargis felt all the twists and turns

Katy has a history of diverticulitis, where pockets in the colon get inflamed or infected.

She also has a high pain tolerance, so she gutted it out as the pain built up slowly, flaring and fading over four months. Then one day "I couldn't take it anymore, it was so painful," Katy says. She went to the ED.

Her condition had all the signs of colon cancer. But surgeon Katya Ericson, MD didn't think it was cancer. "I held onto those words," Katy says.

Dr. Ericson performed a flex sigmoidoscopy to examine a portion of the colon. The diagnosis: Diverticulitis, with massive scarring that wasn't allowing anything to pass, leaving the intestines increasingly stopped up. Katy's colon was in crisis, trying to repair itself by walling off the diverticulitis infection. The damage spread into Katy's abdomen and affected other organs, including a fallopian tube that was stuck to her abdomen wall.

Katy needed surgery.

"Dr. Ericson was so great, with the right combination of truth, directness, and empathy," Katy says. "She told me, 'I'm here with you on this journey, and I'll help you any way that I can.'"

What started as a laparoscopic procedure to remove the infected portion of Katy's colon turned into a nine-hour open surgery. "It was just a mess," Katy says. "When I woke up, I was in CCU with a colostomy bag. It dropped me on my head."

Katy had an ileostomy, a surgical procedure that

creates an opening for the colon through the abdomen, where stool comes out and is collected in a bag.

Katy spent a week in CCU with one-to-one nursing care. "For someone active and fit, it was hard to be the one who needed a gait belt to walk to the bathroom," Katy says. **"The nursing was phenomenal. I felt in really good hands."**

The ileostomy would serve for about five months while Katy's colon healed, and the healthy parts of her colon could be reconnected through surgery. In the meantime, the Wound Healing Center took care of Katy, with frequent visits to clean and manage the stoma (the opening in her abdomen) and collection bag. "The Wound Healing Center was such a great resource," Katy says. "I really struggled at the beginning, and they kept me going physically and mentally."

When it was time for surgery to reconnect the colon, "I went into it thinking it wouldn't be a big deal," Katy recalls. "I underestimated that I had just barely recovered from the first surgery."

Then an infection complicated matters. The wound needed to be drained. "Dr. Ericson was straightforward that it was going to hurt, and it did," Katy recalls. "And she was also empathetic: She said, 'We're going to fix this.'"



Katya Ericson, MD

They did.

Katy is back on her feet, and training again at the Y to rebuild her upper body strength. "I'm feeling back to normal," she smiles.

Her advice for others: "Listen to your body. I didn't listen. I thought I could overcome it by sheer power of will, and fix myself. For many months my body was trying to tell me I was sick and I wouldn't listen to it."

Katy adds: "Be grateful that we have these people and support systems in our community. When you're sick, you have them here."

When a friend of Katy's was advised to see a surgeon in the Twin Cities for colon care, that surgeon sent the friend back to Northfield, to Dr. Ericson – whom he had trained years ago. "It's easy to assume medical care is better in the Cities, but it's not," Katy says.

She appreciates the personal attention at Northfield Hospital, too. "The nursing care is so personal, and it's such a clean, calm environment," Katy says. "And they helped me with insurance issues, and set up home delivery of medical supplies."

"We're lucky to get this level of care at our own community hospital."

Wound Healing Center:
(507) 646-6900



Colorectal cancer: On the rise among younger adults

Surprise: More adults under age 50 are getting colon or rectal cancer.

Diagnoses among young adults is expected to double by 2030 to 10.9% of all colon cancers and 22.9% of all rectal cancers, reports the American College of Surgeons.

Rectal cancer accounts for a third (37%) of colorectal cancers among adults under 50, reports the American Cancer Society (ACS).

The increase in “early onset” colorectal cancer is a dilemma for three reasons:

- Researchers don’t know the causes behind the increase, so younger adults don’t have clues to follow.
- Screening guidelines are geared towards older adults, so many younger adults aren’t even thinking about it yet.
- Colon and rectal cancer usually don’t have symptoms at early stages, when treatment can save lives.

“You may not have any signs and you already have colon cancer,” says NH+C surgeon Katya Ericson, MD. “And when symptoms do emerge, the cancer has already progressed.”

Colon and rectal cancer has a 90% survival rate when detected early. For adults age 20-50, the best approach is to identify your risk, reduce your risk, and get screened.

IDENTIFY your risk

These risks can’t be modified:

- Personal history of polyps
- Family history of cancer or polyps – doubles your risk (higher with parent or sibling diagnosed younger than 50)
- Diabetes – increases risk 30% because high levels of insulin stimulate mucus cell growth in the colon
- Inflammatory bowel disease including Crohn’s Disease and ulcerative colitis
- History of abdominal or pelvic radiation for other cancers

“Talking with your family is an important part of identifying your risk,” Dr. Ericson says. Family history of polyps is as important as any past colorectal cancer. “Sometimes families discuss cancer, but don’t mention polyps” out of embarrassment or lack of awareness, Dr. Ericson says. “It helps everyone in the family to know their shared history.”

REDUCE your risk

ACS says that about 55% of colorectal cancers can be attributed to modifiable risk factors:

- Excess body weight
- Physical inactivity
- Long-term smoking
- Heavy alcohol consumption
- High consumption of red or processed meat

Take these steps to lower your risk:

Be physically active. Regular exercise can lower your

risk of colon cancer about 20%. Aim for at least 30 minutes, 5 times a week.

Eat a balanced diet. Choose fruits and vegetables, whole grains, and lean proteins. Limit how much red meat and processed meat you eat.

Get enough calcium. The American Society of Gastrointestinal Endoscopy recommends 1000-1200 mg of calcium per day to help prevent tumors.

SCREEN for cancer and polyps

Adults at average risk should start screening at age 45, recommends both the American Society of Gastrointestinal Endoscopy and the U.S. Preventive Services Task Force (USPSTF). People at higher risk should start screening at 40.

Screening is designed to detect early-stage colon cancers and precancerous lesions in people who don’t have symptoms. That includes polyps, which can develop into cancer.

Colonoscopy is the most accurate, thorough screening. Plus, if your doctor finds polyps, they can

be removed right away. Talk with your provider about what’s best for you.

Get screened at any age if you have symptoms:

- Rectal bleeding
- Blood in your stool
- Changes in bowel habits (constipation, diarrhea)
- Changes in stool shape
- Abdominal cramps or pain
- Decreased appetite
- Unexplained weight loss
- Feeling like your bowel isn’t empty

Rectal bleeding could be from hemorrhoids or diverticulitis – conditions unrelated to cancer. It’s important to pinpoint the cause.

“If you have rectal bleeding, get it checked out,” Dr. Ericson advises. “If you’ve tried your doctor’s recommendations like a high-fiber diet and the bleeding hasn’t changed, absolutely get screened. The first thing should be a colonoscopy.”

After all, it’s good to be proactive about your health at every age.

READY FOR YOUR COLONOSCOPY? WE’RE READY, TOO.

Start screening at age 45. (Earlier if your risk is higher.) NH+C makes it comfortable and convenient. It’s easy to schedule, and you can get an appointment often within the same week. No referral needed.

Two ways to schedule:

- Call 507-646-1201
- **New!** Schedule online for your screening colonoscopy. Use the QR code at right.

Ask your primary care provider if you’re due (or overdue) for a screening colonoscopy. Your annual physical is a good time to discuss it.

Wherever you get your primary care, you can choose to have your colonoscopy at NH+C.





Cáncer colorrectal: en aumento entre los adultos más jóvenes

Dato sorprendente: Cada vez más adultos menores de 50 años padecen cáncer de colon o de recto.

Se estima que los diagnósticos entre los adultos jóvenes se dupliquen para 2030, hasta alcanzar el 10.9 % de todos los cánceres de colon y el 22.9 % de todos los cánceres de recto, según informa el Colegio Estadounidense de Cirujanos.

El cáncer de recto presenta un tercio (37 %) de los cánceres colorrectales entre los adultos menores de 50 años, según informa La Sociedad Estadounidense del Cáncer (American Cancer Society, ACS).

El aumento del cáncer colorrectal de “aparición temprana” es un dilema por tres razones:

- Los investigadores no saben las causas que explican este aumento, por lo que los adultos jóvenes no tienen pistas que seguir.
- Las directrices de detección están orientadas a los adultos mayores, por lo que muchos adultos jóvenes ni siquiera piensan en ello todavía.
- El cáncer de colon y recto no suele presentar síntomas en sus primeras etapas, cuando el tratamiento puede salvar vidas.

“Es posible que no presente ningún síntoma y ya tenga cáncer de colon”, dice la doctora Katya Ericson, cirujana del Northfield Hospital + Clinics (NH+C).

“Y cuando aparecen los síntomas, el cáncer ya ha avanzado”.

El cáncer de colon y de recto tiene una tasa de supervivencia del 90 % cuando se detecta a tiempo. Para los adultos de entre 20 y 50 años, lo mejor es identificar el riesgo, reducirlo y hacerse pruebas de detección.

IDENTIFIQUE su riesgo

Estos riesgos no se pueden modificar:

- Antecedentes personales de pólipos
- Antecedentes familiares de cáncer o pólipos: duplica el riesgo. (El riesgo aumenta aún más si tienen un padre o un hermano con un diagnóstico de cáncer colorrectal cuando era menor de 50 años.)
- Diabetes: aumenta el riesgo en un 30 % porque los niveles elevados de insulina estimulan el crecimiento de las células mucosas en el colon
- Enfermedad inflamatoria intestinal, incluida la enfermedad de Crohn y la colitis ulcerosa
- Antecedentes de radiación abdominal o pélvica por otros tipos de cáncer

“Hablar con su familia es una parte importante para identificar su riesgo”, dice la Dra. Ericson. Los antecedentes familiares de pólipos son tan importantes como cualquier antecedente de cáncer colorrectal. “A veces las familias hablan sobre el cáncer, pero no mencionan los pólipos” por vergüenza o desconocimiento, dice la Dra. Ericson.

“Ayuda a todos los miembros de la familia a conocer su historia común”.

REDUZCA su riesgo

La ACS afirma que aproximadamente el 55 % de los cánceres colorrectales pueden atribuirse a factores de riesgo modificables:

- Exceso de peso corporal
- Inactividad física (sedentarismo)
- Tabaquismo prolongado
- Consumo excesivo de alcohol
- Consumo elevado de carne roja o procesada

Siga estos pasos para reducir el riesgo:

Manténgase físicamente activo. El ejercicio habitual puede reducir el riesgo de cáncer de colon en aproximadamente un 20%.

Siga una dieta equilibrada. Elija frutas y verduras, cereales integrales y proteínas magras. Limite la cantidad de carne roja y carne procesada que consume.

Consuma suficiente calcio. La Sociedad Estadounidense de Endoscopia Gastrointestinal recomienda tomar entre 1,000 y 1,200 mg de calcio al día para ayudar a prevenir tumores.

DETECCIÓN de cáncer y pólipos

Los adultos con un riesgo promedio deben comenzar a hacerse las pruebas de detección a partir de los 45 años, según recomiendan tanto la Sociedad Estadounidense de Endoscopia Gastrointestinal como el Grupo de Trabajo de Servicios Preventivos de EE. UU. (U.S. Preventive Services Task Force, USPSTF). Las personas con mayor riesgo deben comenzar a hacerse las pruebas de detección a los 40 años.

Hágase las pruebas a cualquier edad si tiene estos síntomas:

- Sangrado rectal.
- Sangre en las heces.
- Cambios en los hábitos intestinales (estreñimiento o diarrea).
- Cambios en la forma de las heces.
- Cólicos o dolor abdominales.
- Disminución del apetito.
- Pérdida de peso sin explicación aparente.
- Sensación de que el intestino no está vacío.

Después de todo, es bueno ser proactivo con respecto a su salud a cualquier edad.

¿LISTO PARA LA COLONOSCOPIA? NOSOTROS TAMBIÉN ESTAMOS LISTOS.

Comience las pruebas de detección a los 45 años. (Antes si su riesgo es mayor). NH+C hace que sea cómodo y práctico. Es fácil programar una cita y, a menudo, se puede conseguir una cita en la misma semana. No se necesita remisión.

Hay dos formas para programarla:

- Llame al 507-646-1201
- **¡Novedad!** Programe en línea. Utilice el código QR que se muestra aquí.

Pregúntele a su médico de cabecera si le toca hacerse una colonoscopia.



Dondequiera que reciba su atención primaria, puede optar por realizarse una colonoscopia en NH+C.



Lily Tharp wanted support with a decision for her baby...and herself



Ralf was born with tongue tie. That makes it hard to breastfeed – for mom and baby.

"He was getting lots of food and growing well, but he was uncomfortable from sucking in air and getting reflux," Lily says. "And I was in pain."

Lily had been here before. Her first child Arve, born in 2020 in Seattle, also had tongue tie. The lactation support back then was mostly virtual, during pandemic.

This time, Lily had Nicole Martens, MAN, CNP, IBCLC by her side. The certified lactation consultant visited Lily in NH+C's Birth Center the day after Ralf was born, and followed up with numerous one-on-one appointments to work on latching and positioning. "Nicole did a lot of modeling for exercises, and empowered me to take the reins," Lily says. "She offered information in many ways,

"I was really emotional and needed someone steadfast. Nicole was very straightforward and practical in her advice, which helped us make our own decisions."

and helped build my confidence."

Correcting Ralf's tongue tie would make breastfeeding easier and less painful. But Lily was anxious about it. "I assumed it was an invasive procedure," she says. Lily struggled with the idea of resolving her own discomfort nursing with what seemed like an invasive medical procedure for Ralf.

"Nicole was reassuring that this was a mechanical issue that needed to be fixed," Lily says. "I was really emotional and needed someone steadfast. She was very straightforward and practical in her advice, which helped us make our own decisions."

Nicole and pediatrician Ben Flannery, MD gave Lily and her husband Andy Meyer lots of information and reassurance as they worked through the decision. Dr. Flannery performed the simple in-office procedure to release Ralf's tongue. "It was like nothing. He didn't even cry," Lily says. "He nursed differently immediately. That was a big game changer for us."

Nicole continued to coach Lily as she and Ralf adjusted to this new, comfortable way of nursing. Nicole and Dr. Flannery had "great communication

throughout the whole process," Lily says. "It was a unique experience that we didn't have to catch everyone up."

Nicole's emotional support mattered a lot. **"We really felt she was on our team,"** Lily says. "She made it feel very personal to us, and to our journey. Nicole was very warm and nurturing, especially when we were so vulnerable in those first weeks."

Lily appreciates that Nicole was always available by phone, and at Baby Talk weekly meetings for new moms via Community Ed. "I'm grateful that Northfield Hospital provides this service," she says. "I feel very fortunate to have landed in Northfield."

Lily's advice for other new moms wrestling with breastfeeding – and maybe wrestling with a decision about their baby's care: "Talk with your provider and the lactation consultant before your baby is born, to get into the mindset and learn what resources are available for you. It doesn't have to be a struggle you do alone.

"We think it's the most natural thing to nurse your baby, and boy is it a surprise when it's hard. Nicole said many times, 'You two can figure it out together, and I'm here to support you.'"

At every step.

 **Appointments:**
(507) 646-1216



James Schlichting had some aches

James likes the convenience of his Lakeville town home, where he doesn't have to cut grass or shovel snow.

He likes that it's only 10 minutes to NH+C's Lakeville Clinic, too. While seeing his primary care provider there, Dr. Jack Felland, James mentioned that his left elbow and right shoulder both hurt. "It's nice when he says, 'Is there anything else?' I just said, 'Well there's this pain, it's not much, but maybe it's something.'"

That prompted a referral to orthopedic surgeon Greg Erickson, MD and an MRI.

It turns out James' bicep tendon was torn. So was his rotator cuff.

Both needed surgery to repair them.

"Dr. Erickson had to repair the tendon first, because if it tears away from the bone then it's really serious," James says. "I could have really screwed up the tendon if I had just continued, if I worked through the pain." Dr. Erickson repaired the tendon at Northfield Hospital with same-day surgery.

James plays trumpet; holding his instrument at an angle stressed his bicep. He wore a compression sleeve that made it easier to play music, and pickleball, and do chores. But it didn't solve the tear.

Dr. Erickson repaired the tendon with same-day

surgery at Northfield Hospital, followed by physical therapy with Corey Tynan, DPT and Kevin Johnson, PT at Rehabilitation Services' Lakeville clinic.

Then five months later, James had surgery to repair his rotator cuff.



Rotator cuff tears often are caused by acute injury. James didn't have that. Instead, it built up gradually over six months or so, sharpening and fading off and on.

Dr. Erickson repaired the shoulder at Northfield Hospital, again with same-day surgery. It was followed by physical therapy to rebuild strength and range of motion, with Kevin Johnson, PT again at NH+C's Lakeville clinic.

"Kevin is a great judge of how you're progressing," James says. "We started out with 1-pound weights, then two pounds," building up over four months to modified pushups that build strength in the shoulder and bicep. "Kevin knows what exercises you need and works them into your routine. He helps you push and progress at the right pace with the right level of activity, based on how you're healing."

A rotator cuff takes 6-12 months to fully recover. All of James' care team emphasized not to overdo it. That was a bummer for pickleball season: "I kept wanting to get back to playing, but I needed to wait," James sighs. "I didn't want to go back too early and blow it out again."

Taking his time is key to James' ongoing care, too. "I like that Dr. Felland and Dr. Erickson both have plenty of time to talk to me," James says. "Dr. Erickson listens, and we have a discussion. He takes his time, and is very thorough."

Take James' thumb: During an appointment for his shoulder, James mentioned that his thumb was

clicking and catching – classic trigger finger. Dr. Erickson started with a cortisone shot that very day. After several weeks with no result, Dr. Erickson performed same-day surgery (without putting James under general anesthesia) to release the tendon in James' thumb to allow it full flexibility.

That third surgery "made it a trifecta," James laughs.

"They've all been really good experiences. For being unpleasant procedures, they were all a pleasant experience."

"At every step of the way Dr. Felland, Dr. Erickson, Kevin and Corey all took time to listen, made me comfortable, and made sure I was taking an appropriate amount of time to fully recover in a safe way."

James' advice for folks feeling tweaks? "Get in when you have a pain before you really damage the tendon or the joint. Listen to your doctor and therapist when they tell you not to overdo it. It's surprising how long it can take for a joint to fully recover and repair."

And trust your home team. "I like that I can get my primary care, surgical appointments, and physical therapy all in Lakeville, just 10 minutes from home," James says. "I like that surgery takes place in Northfield. For people in south metro suburbs, this is a great option for excellent care that's close and convenient."

Pain-free.



Northfield Hospital Foundation thrives on the power of gratitude

At Northfield Hospital + Clinics, lives are touched every day – through excellent medical care, and moments of compassion that stay with patients and families forever.

The Northfield Hospital Foundation turns that gratitude into action, giving community members a way to say “thank you” while helping others receive the same exceptional care.

Over the past year, donations have funded thermometers for cancer patients, blood pressure monitors for expectant and new moms, an emergency fund for patients in crisis, a concierge cart of snacks and games for patients, and advanced training for nurses.

DONATE TODAY

100% of your tax-deductible gift goes directly to help patients and their families.

Donate online: Donate by credit card, debit card or bank account at northfieldhospital.org/foundation.

Donate by check: Checks made out to Northfield Hospital Foundation can be mailed to:

Northfield Hospital Foundation
2000 North Ave., Northfield MN 55057

For more information or to learn about the current list of needs, call 507-646-1036 or scan the QR code.



Many items and services that enhance care aren’t covered by insurance. The Foundation helps NH+C go beyond the standard, supporting patients through emergencies, illness, childbirth, and end of life.

“These simple gifts fill in the gaps, extend care, and provide comfort,” says Julie Nikolai Sullivan, Foundation director. “Without donor support, they wouldn’t happen.”

For many donors, giving back is deeply personal.

When Laurie Hale was treated for breast cancer for five years in NH+C’s Cancer Care & Infusion Center, her family found comfort in getting care close to home. After her passing, family and friends directed memorial gifts to the Foundation to support other cancer patients. “There was a lot of comfort in knowing we could stay in our own town and get the care Laurie needed,” says her husband, Pete Yungen. “We wanted to do something to honor her and help other cancer patients,” adds her sisters Jean and Linda.

For Sammy and Matt Peterson, extraordinary compassion in the Birth Center after the loss of

“There was a lot of comfort in knowing we could stay in our own town and get the care Laurie needed.”

Pete Yungen, Northfield

their daughter Hadley Joan inspired them to help others. Partnering with the Foundation, Sammy and Matt funded bereavement training for nurses. In the midst of heartbreak, they found comfort in the deeply personal care they received that honored Hadley’s life and supported their grief. **“It wasn’t just medical support. It was emotional, spiritual, human,”** says Sammy. “We want Hadley’s short life to make the world better.”

Some donors give in honor of the providers who make a difference in their lives. David and Martha Brown expressed thanks for years of excellent care by donating in honor of ENT specialist Dr. Gerard O’Halloran, ENT nurse Stacy Krenik, and ER physician Dr. Jennifer Block. “We are so pleased and grateful for the care we’ve received at NH+C,” David says.

Others, like Jean LeCanne, make their gifts personal. After orthopedic surgeon Dr. Clinton Muench helped her regain mobility, she donated in his honor. “He gave me back my life, and this is one way I can thank him,” Jean says.

Since 1910, NH+C has been providing independent, community-based care. The Northfield Hospital Foundation ensures that exceptional care continues – not just as a service, but as a shared commitment among neighbors helping neighbors.

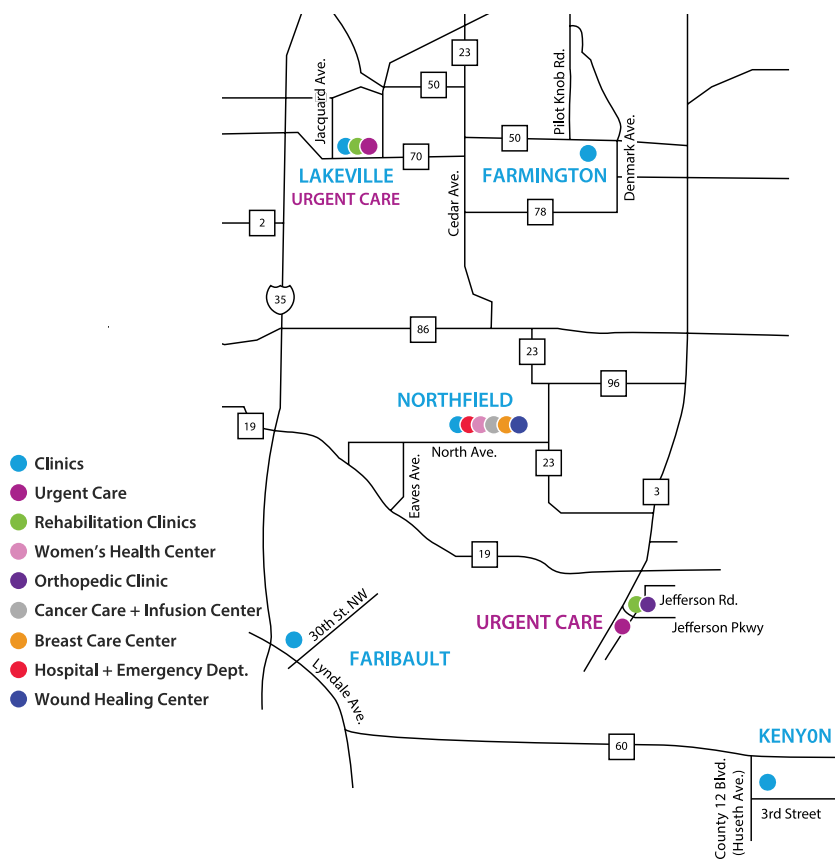
“We want Hadley’s short life to make the world better.”

Sammy Peterson, Northfield



2000 North Avenue
Northfield, MN 55057

Clinics, Hospital + Specialty Care close to you



Hospital + Emergency

Northfield Hospital + Emergency

2000 North Avenue, Tel: 507-646-1000

Clinics + Urgent Care

Faribault Clinic

1980 30th St. NW (at Lyndale Ave.), Tel: 507-334-1601

Farmington Clinic

4645 Knutsen Drive, Tel: 651-460-2300

Kenyon Clinic

225 Huseth Street, Tel: 507-623-0123

Lakeville Clinic + URGENT CARE

9974 214th Street W., Tel: 952-469-0500

Northfield Clinic

2000 North Avenue, Tel: 507-646-1494

URGENT CARE Northfield

2014 Jefferson Road (Hwy 3), Tel: 507-646-6700

Specialty care available at multiple clinic locations

Schedule appointments online!

Family Medicine, Internal Medicine, Pediatrics,
Screening Mammograms, Colonoscopy

- Start at northfieldhospital.org or scan this QR code:
- Choose a time that fits your schedule
- Receive instant confirmation and reminders
- Your information is secure and private



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

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

Wound Healing Center – Northfield
2000 North Avenue, Tel: 507-646-6900



This magazine is published as a community service for households served by Northfield Hospital + Clinics. Additional copies are available by calling Community Relations, 507-646-1034. Information comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Contents copyrighted. All rights reserved.

Zander Abbott - President and CEO
Michael Hemesath - Chair, Board of Trustees
Jeff Meland, MD - Chief Medical Director
Betsy Spethmann - Editor

WE'RE ONLINE

