



SCALE MATTERS

One large photo can have more visual impact than several small photos.

What causes ovarian cancer?

The precise cause of ovarian cancer is unknown, but several risk factors for developing the disease have been identified. It is important to remember that having a risk factor increases the risk of cancer developing but it does not mean that you will definitely get cancer. Likewise, not having a risk factor does not mean that you definitely won't get cancer.

FACTORS THAT INCREASE RISK	FACTORS THAT DECREASE RISK
Having more pregnancies	Oral contraceptive pill
Early onset of menstruation and late menopause	Tying-off fallopian tubes (female sterilisation)
Obesity	Breastfeeding
Family history	
BRCA1 or BRCA2 mutation	

There are various risk factors associated with developing ovarian cancer although each factor may not apply to every woman who develops the disease. Many factors that either increase or decrease the risk of developing ovarian cancer are related to a woman's reproductive history, which points to **ovulation** as being an important influence.

A woman's reproductive history is an important factor that determines her risk of developing ovarian cancer

Family history plays a very important role in whether or not a woman will develop ovarian cancer. Women with a first-degree relative with cancer are at more than twice the risk of developing ovarian cancer compared with a woman with no such family history. Women with hereditary ovarian cancer tend to develop the disease around 10 years sooner than do women with non-hereditary ovarian cancer.



BRCA mutation

Approximately 6%–25% of ovarian cancers have a **BRCA1** or **BRCA2** **mutation**, with these **mutations** most frequently seen in high-**grade serous tumours** (Vergara *et al.*, 2016). Inheriting a **BRCA1** **mutation** increases a woman's risk of developing ovarian cancer to 15%–45%, while inheriting a **BRCA2** **mutation** increases her risk to 10%–20% (Ludeemann *et al.*, 2013).

A doctor will refer a woman for **BRCA1** and **BRCA2** **mutation** testing based on her family history and ethnic background. If she is found to be carrying a **mutation** in one or both of these genes, she should be given follow-up counselling during which her options for reducing the risk of developing ovarian cancer (or another type of cancer related to a **mutation** in these genes, such as breast cancer) will be discussed (Paluch-Shimon *et al.*, 2016). If a woman is still of child-bearing age, there will be implications of some risk reduction measures that she will be made aware of and needs to consider. For instance, women carrying a **BRCA1** or **BRCA2** **mutation** are encouraged to have their **ovaries** and **fallopian tubes** surgically removed before they reach the age of 40 (ovarian cancer is relatively uncommon in younger women). This has obvious implications for having children.



Women who test positive for BRCA1/2 mutation will be monitored carefully and offered risk-reduction measures

Because of the early onset of ovarian cancer in women carrying a **BRCA1** or **BRCA2** **mutation**, as well as the difficulties of detecting it in its early stages, women over 25 who have a family history of **BRCA1** or **BRCA2** **mutation** should undergo testing or at the very least, regular monitoring (Paluch-Shimon *et al.*, 2016). Women found to have a high-**grade tumour** at surgery also should be tested for **BRCA1** and **BRCA2** **mutation**.



Fertility

If you are of child-bearing age and have concerns about current or future pregnancies ask your doctor about a referral to one of our fertility/cancer specialists who can answer your questions and discuss options.

Social workers

OHSU social workers can offer emotional support, advocacy, OHSU and community resources, education, help with transportation and/or housing, family support, information about support groups and individual counseling. We have social workers who have extensive experience working with people going through cancer treatment and each of them also has expertise in certain cancer areas and the unique challenges those specific cancers can present. Patients and their families experience a wide variety of responses to a cancer diagnosis and treatment needs. No concern is too big or too small.

Sexual health

During and after cancer treatment, you may notice physical and emotional changes in the way you feel about your body and sex. This is a common reaction to treatments such as chemotherapy, hormone therapy and surgery.

We offer private, compassionate counseling, consultation, and education to help you cope with these changes and find solutions. Please ask your provider for a referral.

Patient navigator

The OHSU Knight Cancer Institute and the American Cancer Society collaborate to help patients navigate cancer care services. Our patient navigator may be able to assist with housing and transportation support, as well as other resources.

Call 503-351-5921 or email heidj.judge@cancer.org.



Oregon Health & Science University (OHSU)

February 21 at 4:00 PM · 🌐

What is the No. 1 way to increase lean body mass and reduce sarcopenia (loss of muscle mass and VO2Max)? Resistance exercise and strength training.



NEWS.OHSU.EDU

Prescription for aging: Resistance exercise and strength training

👍❤️ 17

1 Comment 9 Shares



Like



Comment



Share



Oregon Health & Science University (OHSU)

February 20 at 9:53 AM · 🌐

"My number one goal is to deliver the highest quality and safest possible care to all Oregonians," said John Ma, M.D., F.A.C.E.P., professor and chair of emergency medicine in the [OHSU School of Medicine](#). "People walking into any of the emergency departments we staff should have the same outstanding service and quality of care. We are making that a reality through our regional partnerships."

Clinicians joining the OHSU health system today could be stationed anywhere from The Dalles to Portland to Astoria, and emergency medicine is a prime example of the growing OHSU campus.



NEWS.OHSU.EDU

Staffing emergency departments across Oregon

OHSU sends board-certified emergency medicine physicians to staff...

👍❤️ 102

5 Comments 8 Shares

CONSISTENT VISUAL STYLE

Whether using illustrations or photography, your images should feel like they came from the same artist.

Four important steps!

The best ways to make sure your loved ones and other residents don't get sick is to:

- Stay home when you're sick – this is the most important one!
- Cover your coughs and sneezes – completely!
- Wash your hands well – especially after going to the bathroom, and before eating
- Get your flu shot – it protects you and those around you.

Can I visit if I'm only a little bit sick?

If we get a cold or flu-like virus, we're usually sick for a couple days, maybe a week if it's the flu – and then we're okay again.

Seniors do not have as good immune systems as we do, so if they catch the flu or another virus, it can lead to serious health problems, and in some cases, death.

That's why it's so important not to visit when you're sick – even if you think you're "just a little bit" sick. A minor sickness to you may be a very dangerous one to them!



With influenza (the flu), it's possible to spread the flu virus for an entire day before you even feel sick. That's why we recommend getting the flu vaccination – you'll protect yourself, your family, and your loved ones.

VISITORS – REMEMBER:

Please do not visit if you have a fever, cough, diarrhea, nausea, and/or vomiting, or are feeling unwell. Help keep those germs away!

Also:

- Follow instructions on signs.
- Ask about any special visiting instructions.
- Be understanding – the person you are visiting may be in good health, but others here may be in poor health, so it's important to keep germs away from everyone.

By following the simple steps in this brochure, you can help prevent the spread of germs to residents, staff, volunteers, and visitors. Thank you!

The four steps:



For more information, visit www.picnet.ca.

Infection Control Information for Visitors

to residential care facilities

Simple ways to protect your loved ones from influenza, norovirus, and other common infections



Cover your cough – it's how germs travel!

Many infections, such as the common cold and the flu, are spread when people don't cover their cough or sneeze.

When a sick person coughs or sneezes, droplets spray out of their nose and mouth, and these droplets are full of germs. If another person breathes in these droplets, they can get sick. Some of the droplets land on surfaces, and if people touch these surfaces and then touch their mouth, nose, or eyes, the germs have found another way to get in. That's why you must cover your cough or sneeze when you're sick!



You can cover your cough or sneeze with a tissue or use your sleeve. You should never cough or sneeze into your hand, but if you do, make sure you clean your hands with soap and water or sanitizer immediately after.

If you cough or sneeze into a tissue, throw the tissue into the garbage right away, and clean your hands after – because germs can get through the tissue to your hands.

Wash your hands so germs can't hitch a ride!

Another way germs like to travel is by hitching a ride on our hands. As we go through our day, we touch all kinds of things that other people have touched: door handles, bus seats, coins, elevator buttons... which means that we are constantly getting germs on our hands.



Every time you wash your hands or clean them with hand sanitizer, you remove or kill those germs. Washing your hands regularly is the best form of infection prevention.

Sanitizer kills germs

Cleaning your hands is easy! The fastest way is with hand sanitizer.

- Apply a loonie-sized amount to your hands
- Rub all areas of your hands: palms, fingers, fingernails, thumbs, in between the fingers, and the backs of your hands.
- It should take about 15 seconds of rubbing for the sanitizer to dry; if it takes less time, you need to use more sanitizer.



Remember, sanitizer is safe and effective, and it does not build resistance in germs. It's a quick, easy, way to kill those germs – and you can carry a bottle of it in your pocket or handbag, which you can't do with a sink!

Use soap and water when hands are dirty

If your hands are visibly dirty, then you need to wash with soap and water, because sanitizer won't remove dirt. To wash your hands:



Hand cleaning stops the spread of germs!

Clean your hands often, especially after using the bathroom, before eating, and before visiting.

When you visit, you can also help your loved ones to wash their hands.



all about **CLEANING**

CLEANING AND DISINFECTING IS IMPORTANT

CLEANING AND DISINFECTING ARE THE BUILDING BLOCKS FOR PROPER INFECTION CONTROL PRACTICES IN YOUR BUSINESS. THEY ELIMINATE DISEASE CAUSING MICRO-ORGANISMS ON YOUR INSTRUMENTS, EQUIPMENT, AND SURFACES. CLEANING AND DISINFECTING HELPS STOP THE SPREAD OF DISEASE CAUSING MICRO-ORGANISMS THAT CAUSE INFECTIONS.

Your instruments and equipment may not look dirty but they are still a source of disease causing micro-organisms. That's why you must clean and disinfect them after each use. **Protect you and your clients.**

ALL ABOUT CLEANING

Cleaning is a very simple, yet important step. It removes visible dirt and some micro-organisms from instruments, equipment and surfaces.

Always clean from the least soiled areas to the heaviest soiled areas, paying particular attention to doorknobs, sink taps, washrooms and workstations.

Utility gloves are suitable for cleaning and may be reused, but must be replaced if torn, cracked or showing signs of wear and tear.

Remember – do not soak dirty instruments in the disinfectant before cleaning as this can cause the disinfectant to corrode or damage your instruments.

To clean properly, you need detergent, warm water and scrubbing action. Scrubbing helps remove visible dirt and debris and allows the disinfectant to work properly and kill disease causing micro-organisms.



detergent



warm water



friction

= clean

CLEANING TOOLS

Ultrasonic cleaner: A cleaning device that uses high frequency sound waves and an appropriate cleaning solution to agitate and loosen dirt and debris from soiled instruments.

These devices are used to clean delicate instruments instead of cleaning instruments by hand. Do not allow instruments to rest on the bottom of the device as it will prevent proper cleaning. Always follow the manufacturer's instructions and use the recommended cleaning detergent because others may limit the effectiveness of the ultrasonic cleaner. Ultrasonic cleaners only clean instruments, they do not disinfect or sterilize instruments.

Always ensure the ultrasonic cleaner lid is down when in use to prevent the aerosolization of micro-organisms.

Mops: Used to clean large surfaces such as floors. Make sure you wash and dry mop heads on a regular basis and replace when they are in poor condition. Any items used in the cleaning process should be cleaned and low level disinfected after each use.

Brushes: Used in the cleaning process to remove dirt and debris out of the cracks and crevices of the instruments. Choose the right size of brush for the size of the instruments you are cleaning. Clean and low level disinfect the brushes or other items that are used in the cleaning process after each use.

Paper towels and cloths: Used for surface cleaning such as workstations, countertops, phones and doorknobs. Paper towels are to be used once and discarded. However, cloths can be reused if you clean and dry them after each use. Remember to have multiple cloths on-site because you do not want to use the same cloth for all surfaces.

One cloth for one surface



REMEMBER:

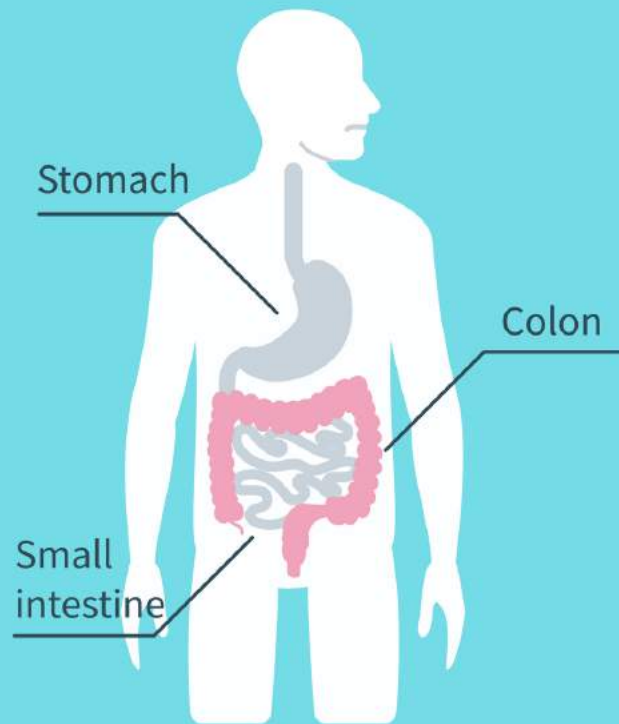
WEAR UTILITY GLOVES, A MASK AND GOGGLES TO PROTECT YOURSELF FROM SPLASHES TO THE FACE

ALL ABOUT CLEANING

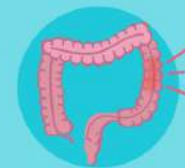
IBS

SIGNS AND SYMPTOMS

Irritable Bowel Syndrome



Constipation and Diarrhea



Colon pain



Mucus in the stool



Bloating



Helicobacter pylori



Microflora

Making design
MEMORABLE

We remember more when involving
EMOTION





We remember more when involving
REPETITION



We remember more when
WE WRITE IT DOWN

When your child goes home

While your child is at Doernbecher, you and your child's healthcare team will plan for the day your child goes home. The doctors and nurses will talk with you about the care your child will need at home.

If you think your child will go home soon, bring:

- Clothes for the trip home
- Booster or car seat if your child needs one
- Your insurance card if you will need to fill any prescriptions before you leave.

Please pack any personal belongings and arrange for a ride so you can leave shortly after your child's doctor says your child is ready to go home.

Before you go, your child's nurse will give you written instructions on what to do at home. This will include a phone number to call with questions or concerns. If your child will need additional services or follow up appointments after leaving Doernbecher, we will also give you that information. If you have questions about going home, please ask your child's nurse or another member of the healthcare team.

Questions to ask before leaving

___ Whom should I call with questions or concerns?
 ___ How will my child feel at home (acting normally, sleeping a lot, eating less than usual)?
 ___ Are there any symptoms I should be concerned about (fever, vomiting, pain or other symptoms)?
 ___ What medicines are my child going home with?
 ___ What is each medicine for?
 ___ What are the side effects?
 ___ How long should my child take the medicines?
 ___ If my child stopped taking regular medicines in the hospital, should he or she start taking them again?
 ___ When should I get refills for my child's medicines?
 ___ Does my child need any treatments at home?
 ___ What information is Doernbecher sending to my child's primary care provider (regular doctor or nurse)?
 ___ Does my child have any healthcare needs that will change our family routines?

___ What activities are OK for my child at home and at school (taking a shower or bath, playing, doing homework, doing chores, food and activity restrictions, stress, gym)?

___ When is my child's next appointment? Should my child be seen by the primary care provider before the next specialty appointment?

___ What information does my child's school need from the healthcare team?

After your child is home

You might notice changes in your child's behavior after he or she comes home from the hospital. These might include:

- Changes in sleep patterns (sleeping more or less than usual, having bad dreams or waking up at night)
- Fear of leaving you or leaving home.
- Returning to old behaviors like thumb sucking or temper tantrums.

These changes are normal for children who have spent time in the hospital. Usually, they do not last more than a few days or weeks.

Talk with your child about fears or anxieties, and reassure your child. If behavior changes last more than a few days or weeks, talk to your child's primary care provider (regular doctor or nurse).

Your pediatric nurse care manager

If you are arranging for your child's healthcare at home, a pediatric nurse care manager can help. Nurse care managers can help you find:

- Home health care
- Community health nurses
- Home medical equipment
- Community placements
- Medical transportation

If your child will need healthcare support services or equipment at home, please ask your child's nurse or call Care Management at 503 494-2273.

We offer professional development opportunities to providers around the state so they can stay current on the latest treatment recommendations for kids.

OSU Doernbecher is an integral part of the Oregon Clinical and Translational Research Institute (OCTRI), one of 12 NIH-funded centers in the nation to promote translational research.

Medications	
What medicine(s) does my child need to take when they leave the hospital? Does my child take the same medicines that they took before they went into the hospital?	

For each medication:	
What is the name of this medicine? Is this the generic or brand name?	
Why do does my child take this medicine?	
When and how do should I give this medicine to my child?	

How much do I give?	
What does this medicine look like?	
What are potential side effects of this medicine? What problems do I need to look out for?	
Will this medicine interfere with other medicines, foods, vitamins, or other herbal supplements my child takes?	
Where and how do I get this medicine?	
What medicines can I give my child for pain? Upset stomach? Headaches? Allergies?	

Going home: My personal checklist

Not all items apply to every patient.

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> |  | Once your doctor says you can go home, your care team needs around one to three hours to complete the discharge process. |
| <input type="checkbox"/> |  | Meet with the Care Manager to determine your health care needs on leaving the hospital. <ul style="list-style-type: none">• Do you have any personal or family preferences you want us to know about?• Do you need any special equipment?• Do you have the support you will need? |
| <input type="checkbox"/> |  | Review all your medications with your care team. These may be different from what you have been taking at home. <ul style="list-style-type: none">• Understand the purpose of each medication.• Know the side effects.• Know how much you need to take and when - your dose may have changed.• Check to see if there are medications you should STOP taking. |
| <input type="checkbox"/> |  | Do you have any questions for your doctor or nurse that have not been answered yet? <ul style="list-style-type: none">• Do you have any questions about how to care for yourself when you leave? |
| <input type="checkbox"/> |  | Do you have all your belongings? <ul style="list-style-type: none">• Look around and gather all your belongings. Our staff can help you with this. You don't want to forget anything! |
| <input type="checkbox"/> |  | Have you reviewed the material in your discharge folder? <ul style="list-style-type: none">• You may have information on new medications, including their side effects and/or diagnosis information. |
| <input type="checkbox"/> |  | Schedule a follow-up appointment with your doctor.
Appointment date/time: _____
If not scheduled, call doctor's office to make appointment. Phone: _____ |

One to three days after you get home, you may receive a call to see how you are doing.

www.adventisthealth.org/portland

Item number 234302 rev. 3/19

ADVENTIST HEALTH PORTLAND

Going home

Patient discharge instructions

Excellent care for me means:

Top three things to do when I get home:

My caregiver at home will be:

--

FOLDER CONTAINS CONFIDENTIAL INFORMATION.

Adventist Health Portland



Discharge information

Medications and side effects



Adventist Health
Portland

We remember more when involving
NOVELTY



Food	Portion	Total Grams of Carbs
Grapes	17 small	15g

Carbohydrates (carbs) are an important part of healthy eating. Fruits, vegetables, grains, and milk are a few examples of healthy foods that have carbohydrates.

To help estimate how many carbs are in some of the foods you eat, you and your family can use this Food Spinner. The carbohydrate amounts listed are estimates.





We remember more when involving
STORIES

ONWARD



SPRING 2019 // A publication for friends and supporters of Oregon Health & Science University



A NEW HOME FOR HEALING

Families move into the
Rood Family Pavilion



A NEW HOME FOR HEALING

FAMILIES MOVE INTO THE ROOD FAMILY PAVILION

A generous donation from the Silver family funded the construction of the Silver Family Children's Park. This rooftop playground features sweeping views and provides a safe, beautiful outdoor space for kids of all ages to play. In the background is the George & Janet Boldt Healing Garden, a tranquil retreat where adults can relax, de-stress, and enjoy fresh air.

Above right: Allison Aho and her fiancé Walter Lathe, Jr. came to OHSU from Salem, Oregon. Their baby Walter (named after his father) is being cared for in the Doernbecher Children's Hospital neonatal intensive care unit. Their stay in Portland is expected to last five months.

Each year, thousands of families arrive at OHSU and Doernbecher Children's Hospital from every corner of the region to receive long-term, specialty care unavailable in their home communities. Families leave their homes, friends and jobs behind — for weeks or months — during the most stressful times of their lives. But relief is at hand with the opening of a new guest house on Portland's South Waterfront. The newly-opened Gary & Christine Rood Family Pavilion provides affordable, convenient housing — and an oasis of comfort and calm for families when they need it most.

“It means a lot to us to be able to stay here. It’s beautiful, it’s peaceful, and it helps to be around others who have some idea what we’re going through.”

WALTER LATHE, JR.

Among the first to check into the Rood Pavilion were Allison Aho, her fiancé Walter Lathe, Jr. and their two-year-old daughter Melody. They had left their home in Salem, Oregon, so Allison could give birth to their second child at a hospital fully equipped to handle a very complicated delivery.

The couple knew in advance that their baby would be born with 22Q deletion syndrome, a genetic disorder that causes congenital heart defects and other complications. His condition meant he would require immediate, specialized help after birth. But what they couldn’t have anticipated was that Allison would also come down with appendicitis during pregnancy, threatening her health and the baby’s. Her

appendix had to be removed, and baby Walter was delivered at OHSU by emergency C-section at 31 weeks. He weighed 3 pounds, 14 ounces. He was immediately transferred to Doernbecher’s neonatal intensive care unit. And now, in the first three months of his life, he has already undergone the first of several surgeries he will need to repair six holes in his heart.

Every day, Allison and Walter spend as much time as possible with baby Walter in the NICU, while also caring for his big sister. Walter requires a feeding tube and a ventilator, and his parents are learning to provide the in-home care that their child will need.

“We do pretty much all Walter’s ‘cares’ now,” said his dad, referring to daily routines such as cleaning a feeding tube, bathing a fragile infant, or maintaining his airway. “We’re very comfortable with it.” And they are eagerly awaiting the day they can bring him home. By that time, the family will have spent approximately five months in Portland.

During that time, they need to be laser focused on caring for their children. Everything else must be put on hold. Allison, who had been working toward a degree in early childhood education, paused her studies during her pregnancy

A home away from home

In January, the five-story building welcomed 38 families of Doernbecher patients. The remaining rooms opened in April, serving adult patients who travel to OHSU for treatment or clinical trials. In total, 76 guest rooms will serve well over 1,000 families each year. Doernbecher families stay at no cost, thanks to the support of Ronald McDonald House Charities of Oregon and Southwest Washington, which operates the facility and provides additional support for families. OHSU offers rooms for adult patients and families at rates well below the cost of an average hotel stay, with opportunities for financial assistance for those who qualify.

“The 76 guest rooms in the Rood Family Pavilion will provide a home-away-from-home for over 1,000 patients and families each year. From bedtime routines to family meals, families can maintain a degree of normalcy in challenging times. OHSU has covered all the basics, including laundry, a fitness room, lounges for relaxing and socializing, and play areas for toddlers to teens.





DOERNBECHER
CHILDREN'S
Hospital

Preparing for your sleep study

What happens during a sleep study?

Before the sleep study

What do you do with your mom and dad at night before you go to bed? Do you read a book? Put on your pajamas? Brush your teeth? A sleep study is a little different than how you go to bed at home, but it will let doctors know how to help you sleep better.

What you need to bring:

- Your favorite PJs
- Any stuffed animals or blankets you want to sleep with
- Your favorite movies or TV shows:
You can watch them while the sleep study is set up
- Clothes for the next morning
- Anything else that helps you feel like you are at home

During the sleep study

You will arrive at the OHSU Sleep Lab. It is in a nice hotel room. You will put on your PJs like you are getting ready for bed at home. There are several steps to get you ready for the sleep study. Let's read about them on the next pages.



things to Pack:



Can you place all 9 of these stickers onto your body like electrodes?



Hint!

You will have one electrode sticker next to each eye and some on your chin.

Can you find where the rest of these objects are hidden in the book?



Annals of Internal Medicine®

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LETTERS | 9 APRIL 2019

Medical Graphic Narratives to Improve Patient Comprehension and Periprocedural Anxiety Before Coronary Angiography and Percutaneous Coronary Intervention: A Randomized Trial

Anna Brand, MD; Linde Gao, MD; Alexandra Hamann; Claudia Crayen, PhD; Hannah Brand; Susan M. Squier, PhD; Karl Stangl, MD; Friederike Kendel, PhD; Verena Stangl, MD

[Article, Author, and Disclosure Information](#)

[FULL TEXT](#)

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Background: Written informed consent (IC) before such interventions as coronary angiography may not ensure that patients understand the rationale, procedural details, and potential risks involved. Barriers include patient anxiety, literacy, and differences in clinicians' communication skills. Medical graphic narratives ("comics") may communicate complex health information more clearly.

Objective: To assess whether supplementing standard IC (IC_{standard}) with a comic (IC_{comic}) improves patient comprehension, anxiety, and satisfaction.