

"SMART HEALTH"

JANUARY 2008

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>> THIS SPECIAL PRESENTATION WAS PRODUCED IN HIGH DEFINITION BY WEDU, TAMPA, ST. PETERSBURG, SARASOTA.

>> THE JOY MCCANN FOUNDATION THROUGH ITS GENEROUS ENDOWMENT FUND AT WEDU HAS PROVIDED FUNDING FOR THIS PROGRAM.

THIS PROGRAM IS ALSO BROUGHT TO YOU IN PART THROUGH A GENEROUS GIFT FROM THE COWLES CHARITABLE TRUST.

>> NEXT ON "SMART HEALTH," A DOCTOR WITH A PLAN TO SAVE LIVES GETS A TASTE OF HIS OWN MEDICINE.

TAKING OFF THE POUNDS BY WAY OF THE OPERATING ROOM, A VIEW OF WEIGHT LOSS SURGERY YOU MAY NOT HAVE SEEN BEFORE.

FROM THE BATTLEFIELD TO THE YOGA MAT, WOUNDED WARRIORS RECONNECT WITH THEIR BODIES.

AND A DIFFERENT DIAGNOSIS FOR THE ANNUAL PHYSICAL.

DO YOU REALLY NEED THAT ROUTINE EXAM?

"SMART HEALTH" STARTS RIGHT NOW.

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>> WHAT ARE YOU LOOKING FOR WHEN IT COMES TO YOUR HEALTH?

UNEDITED REALTIME CLOSED CAPTIONING

IS IT WEIGHT LOSS?

A STRONG, HEALTHY HEART?

MORE ENERGY, OR A BETTER SENSE OF BALANCE IN YOUR LIFE?

HELLO, AND WELCOME TO "SMART HEALTH."

I'M ANGIE MORESCHI.

IT'S A NEW YEAR, AND MANY OF US ARE FOCUSED ON OUR HEALTH.

SO YOU'VE COME TO THE RIGHT PLACE.

IN THE NEXT HALF HOUR, YOU'LL SEE THE STORIES OF PEOPLE
IMPROVING THEIR HEALTH IN NEW AND SOMETIMES VERY OLD WAYS.

ONE THING THEY SHARE FOLLOWING AN UNUSUAL PATH TO ACHIEVE
THEIR GOALS.

FIRST, YOU MAY HAVE HEARD THE OLD EXPRESSION "PHYSICIAN,
HEAL THYSELF."

WELL, IN A SENSE, THE PERSON YOU ARE ABOUT TO MEET DID
PRECISELY THAT.

AN EMERGENCY ROOM DOCTOR HELPED COME UP WITH AN INNOVATIVE
NEW PROGRAM DESIGNED TO SAVE THE LIVES OF PEOPLE WHO HAVE
HEART ATTACKS.

NO ONE COULD HAVE PREDICTED WHAT WOULD HAPPEN NEXT.

>> I'M SORRY, SWEETHEART.

ALMOST FINISHED.

>> TO BE A GOOD EMERGENCY ROOM DOCTOR, YOU NEED A CALMING
BEDSIDE MANNER AND JUST THE RIGHT TOUCH.

>> MOMMY IS COMING RIGHT BACK OVER, BUDDY.

>> THESE GENTLE HANDS AT SARASOTA MEMORIAL BELONG TO

UNEDITED REALTIME CLOSED CAPTIONING

DR. NICHOLAS ANGELASTRO.

KEEPING PACE WITH THE DEMANDING WORK OF AN E.R. REQUIRES
GOOD HEALTH AND PLENTY OF ENERGY.

DR. ANGELASTRO, ALSO KNOWN AS DR. NICK, HAS PLENTY OF BOTH.
BETWEEN RUNNING AND CYCLING, TENNIS AND LIFTING WEIGHTS, THE
DOCTOR FIGURED HE COULDN'T GET MUCH HEALTHIER.

>> IT GOES INTO MY LEFT ARM --

>> BUT THEN THE UNTHINKABLE HAPPENED.

DR. NICK HAD A HEART ATTACK.

HE WAS JUST 42 YEARS OLD.

>> FEELING VERY STRONG AND FEELING REALLY GOOD AND THIS,
AGAIN, CAME REALLY AS A LIGHTNING BOLT ALMOST.

IT WAS VERY SHOCKING.

>> HOME ALONE AND DISABLED BY INTENSE CHEST PAIN, HE FINALLY
MANAGED TO DIAL 911.

THE EMERGENCY CALL SET INTO MOTION A PROGRAM AT SARASOTA
MEMORIAL THAT DR. NICK HIMSELF IRONICALLY HELPED TO
ESTABLISH.

>> D.A.S.H. STANDS FOR DIRECT ANGIOPLASTY SAVES HEARTS.

AND IT'S OUR PROGRAM TO PROVIDE QUICK INTERVENTIONAL
SERVICES WHEN A PATIENT IS HAVING A HEART ATTACK.

THE THOUGHT IS THAT WHEN YOU'RE HAVING A HEART ATTACK, YOUR
HEART MUSCLE IS ACTUALLY BEING INJURED.

AND THAT INJURY PROCEEDS ALONG A TIME COURSE.

IF WE CAN INTERRUPT THAT TIME COURSE AND RESTORE NORMAL

BLOOD FLOW TO THE HEART MUSCLE, WE CAN ABORT THE HEART
ATTACK AND IN SOME CASES HAVE MINIMAL TO ALMOST NO DAMAGE.

>> BLOOD FLOW IS RESTORED AND HEART MUSCLE SAVED THROUGH
CORONARY ANGIOPLASTY OR A BALLOON-LIKE STENT.

THE PROCEDURE WHICH TAKES PLACE IN A CATHETERIZATION LAB IS
COMMON PRACTICE IN TODAY'S MEDICINE.

CARDIOLOGIST DR. STEPHEN KULP SAYS THE CRITICAL TIME FOR
GETTING A PATIENT INTO THE CATH LAB IS WITHIN 60 TO 90
MINUTES AFTER A HEART ATTACK.

HOPEFULLY, MEDICAL CARE HAS ALREADY STARTED.

>> IN REALITY, IT'S EXACTLY WHEN THAT PATIENT UNDERSTANDS
THAT THEY NEED TO PICK UP THE PHONE AND CALL 911 AND GET
INTO THE SYSTEM.

THAT AMBULANCE CAN DO AN EKG AND CAN ALERT US THAT THERE'S A
PARTICULAR KIND OF HEART ATTACK THAT WOULD RESPOND TO STENT
THERAPY.

THE SYSTEM IS MOBILIZED EVEN BEFORE THE PATIENT HITS THE
DOOR.

>> AFTER A BRIEF STOP IN HIS OWN EMERGENCY ROOM, THE DOCTOR
TURNED PATIENT WAS MOVED STRAIGHT TO THE CATH LAB.

>> EVERY SECOND COUNTS.

>> I KNEW THAT IF SOMETHING HORRIFIC WAS ONGOING PHYSICALLY
FOR ME AT THAT TIME, THAT I WAS GETTING INTO THE BEST HANDS
POSSIBLE.

IT'S STRANGE HAVING ONE OF YOUR OWN EMERGENCY ROOM DOCTORS

BEING THE ONE TO TRIGGER THE D.A.S.H. CALL, SO TO SPEAK.

BUT HE CAME IN APPROPRIATELY.

WE FOUND OUT IMMEDIATELY WHAT WAS GOING ON.

BROUGHT HIM UP HERE TO THE CATH LAB.

>> THE ACTUAL BLOCKAGE THAT CAUSES HEART ATTACK IS UP HERE.

>> ONCE A CATHETER WAS IN PLACE AND DYES RELEASED, REALTIME X-RAYS REVEALED DR. ANGELASTRO'S CONDITION WAS EVEN WORSE THAN EXPECTED.

HE HAD A BLOOD VESSEL THAT NEEDED TO BE OPENED ALL RIGHT, BUT IT WAS IN A LOCATION WHERE A STENT OR ANGIOPLASTY WOULD NOT WORK.

WITH EVERY SECOND COUNTING, DR. NICK WAS RUSHED STRAIGHT INTO BYPASS SURGERY.

>> THEY WERE ASKING ME WHO I WOULD LIKE TO PERFORM THE SURGERY.

THAT WAS ANOTHER, YOU KNOW, BIG SHOCK.

IT WAS A PRETTY INTENSE FEELING.

VERY HUMBLING, VERY SCARY.

>> DR. NICK HAS FULLY RECOVERED FROM HIS BYPASS SURGERY TWO YEARS AGO.

HE'S RETURNED TO HIS ACTIVE LIFESTYLE AND IS BACK IN THE E.R. AS BUSY AS EVER.

>> IT'S GOING TO NEED SURGERY.

>> BUT THIS VETERAN DOCTOR IS ALSO CERTAIN HIS OWN UNPLANNED VISIT TO THE HOSPITAL HAS MADE HIM A BETTER PHYSICIAN.

UNEDITED REALTIME CLOSED CAPTIONING

>> I'D LIKE TO THINK THAT WHEN I'M TALKING TO PEOPLE ABOUT CHEST PAIN AND SHORTNESS OF BREATH AND OTHER VAGUE THINGS THAT WORK AROUND, THAT I'VE JUST GOT A HEIGHTENED SENSE OF AWARENESS NOW BECAUSE I KNOW IT CAN BE A LITTLE SUBTLE. YOU JUST HAVE TO GO BY YOUR GUT FEEL.

>> DR. KULP SAYS HE'S HAPPY TO SEE HIS OLD FRIEND DOWN IN THE EMERGENCY ROOM DOING SO WELL.

>> HELPING TO DEVELOP THE PROGRAM ALSO MADE IT EASIER TO GET HIM UP HERE.

SO IT WORKED OUT WELL.

>> FOR THE DOCTOR WHO NOT ONLY HEALS OTHERS, BUT ALSO PLAYED A ROLE IN SAVING HIMSELF, LIFE IS GOOD.

>> I FEEL LUCKY TO BE ALIVE.

I'M VERY LUCKY TO BE ALIVE.

>> PROGRAMS SIMILAR TO SARASOTA MEMORIAL'S D.A.S.H. ALERT ARE BECOMING THE STANDARD OF CARE AT LEADING HOSPITALS IN THE TAMPA BAY AREA.

THEY MAY GO BY DIFFERENT NAMES, BUT ALL HAVE A COMMON GOAL, REDUCING THE AMOUNT OF TIME IT TAKES TO OPEN A BLOCKED ARTERY AND TO RESTORE NORMAL BLOOD FLOW TO THE HEART.

WELL, WE ALL WANT TO DO WHAT WE CAN TO PREVENT HEART ATTACKS OR CANCER OR OTHER ILLNESSES.

DOCTORS TELL US A YEARLY PHYSICAL IS ONE WAY TO KEEP TABS ON OUR HEALTH.

WE'RE FINDING SOME OF THOSE EXAMS HAVE GONE HIGH-TECH.

UNEDITED REALTIME CLOSED CAPTIONING

FANCY EXECUTIVE-STYLE PHYSICALS HAVE COME INTO VOGUE,
COMPLETE WITH FULL-BODY SCANS AND A DIZZYING ARRAY OF
ELABORATE AND EXPENSIVE TESTS.

BUT DO WE REALLY NEED ROUTINE EXAMS?

SOME RECENT RESEARCH SUGGESTS THOSE BODY SCANS AND EVEN SOME
OF THE MOST BASIC TESTS IN A ROUTINE PHYSICAL MAY NOT BE ALL
THAT NECESSARY.

MAYBE IT'S TIME THE ANNUAL PHYSICAL GETS A CHECKUP.

FOR FRITZ EICHELBERGER, GETTING A REGULAR PHYSICAL IS A
NO-BRAINER.

>> PERFECT.

DOWN NOW TO ABOUT 114/75.

LOOKS GREAT.

>> I ALWAYS GET A PHYSICAL EVERY YEAR TO MAKE SURE THINGS
ARE GOING WELL.

AND IT'S JUST A THING YOU WANT TO DO.

>> IT WAS DURING ONE OF THOSE CHECKUPS THAT HIS FAMILY
DOCTOR CONVINCED HIM TO CHANGE HIS LIFE.

NOW HE'S LOST MORE THAN 60 POUNDS.

>> I'LL SHOW YOU.

THIS WEIGHS ABOUT FIVE POUNDS.

I'VE LOST OVER 12 OF THESE IN THE LAST NINE MONTHS.

>> FRITZ TOOK CONTROL OF HIS EATING, AMPED UP HIS EXERCISE
PROGRAM AND BEGAN TO FOCUS MORE ON HIS OVERALL HEALTH, ALL
WITH GUIDANCE FROM DR. LISA KOCHER.

>> YOUR CHOLESTEROL LOOKS REALLY, REALLY GOOD.

OH, I'M THRILLED WITH FRITZ.

I'M HAPPY BECAUSE HE'S FEELING SO MUCH BETTER.

>> THE GREATEST THING YOU CAN HOPE TO GET FROM A DOCTOR IS HONESTY, SOMEONE WHO IS WILLING TO LISTEN, TO LOOK AT YOU, LOOK AT THE RESULTS AND SHARE THEIR WISDOM, SHARE WHAT THEY KNOW.

>> BUT WILL DOCTORS SOON BE SHARING LESS?

THE TRADITIONAL PHYSICAL EXAM IS BEING, WELL, REEXAMINED.

RESEARCH FROM THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE SUGGESTS THAT SOME OF THE TESTS COMMON IN ROUTINE PHYSICAL EXAMS LIKE COMPLETE BLOOD CELL COUNTS AND URINALYSIS HAVE NOT BEEN SHOWN TO IMPROVE PATIENT OUTCOMES AND MAY NOT BE NECESSARY.

AND THE FEDERAL AGENCY FOR HEALTH CARE AND RESEARCH QUALITY ALSO REPORTS THERE'S LITTLE EVIDENCE MANY COMMON TESTS, LIKE TESTICULAR, PELVIC, AND RECTAL EXAMS MAKE MUCH OF A DIFFERENCE FOR PEOPLE WITH NO SYMPTOMS.

SO, DO WE EVEN NEED THAT ANNUAL CHECKUP?

>> DEFINITELY I THINK EVERYBODY SHOULD STILL BE COMING IN FOR ROUTINE PHYSICALS.

>> DR. KOEHLER SAYS THE TRADITIONAL CHECKUP IS STILL IMPORTANT FOR DETECTING CONDITIONS AND DISEASES BEFORE THEY CAUSE MAJOR DAMAGE.

HIGH BLOOD PRESSURE AND HIGH BLOOD SUGAR, FOR EXAMPLE, MAY

PRESENT NO SYMPTOMS, BUT IF THEY ARE NOT CAUGHT EARLY, CAN LEAD TO HEART ATTACK AND STROKE.

BUT DR. KOCHER SAYS THE PHYSICAL EXAM SHOULD NOT BE ONE-SIZE-FITS-ALL.

>> WE'VE BEEN TAUGHT SORT OF TO TREAT PATIENTS ALL THE SAME, AND THAT NEEDS TO CHANGE.

>> FINDING A DOCTOR WHO IS TUNED INTO YOUR PERSONAL AND FAMILY HISTORY IS CRITICAL TO GETTING THE EXAM THAT'S RIGHT FOR YOU.

THERE ARE STANDARD SCREENING TESTS THAT ARE IMPORTANT BESIDES THE BLOOD PRESSURE CHECK.

THEY INCLUDE MAMMOGRAMS AND PAP TESTS FOR WOMEN, PROSTATE EXAMS FOR MEN AND REGULAR CHOLESTEROL SCREENINGS.

BUT WHAT CAN YOU AFFORD TO DO WITHOUT?

FOR STARTERS, YOU MAY WANT TO PASS ON THE FULL BODY SCANS.

>> LOOKING FOR WHOLE BODY CAT SCANS TO TRY TO FIND THAT ONE PERSON WHO MAY HAVE AN EARLY TUMOR TENDS TO CAUSE A LOT OF FALSE POSITIVES WHERE THE PATIENT GETS VERY NERVOUS, MAY UNDERGO UNNECESSARY TESTING JUST TO FIND A NEGATIVE RESULT.

>> AND AS FOR THE TREADMILL STRESS TEST, YOU MAY WANT TO WALK AWAY.

>> ROUTINE TREADMILL EXERCISE STRESS TESTING IS NOT MUCH MORE ACCURATE THAN A FLIP OF A COIN.

>> THERE ARE NEWER SCREENINGS THAT MAY BE WORTH ASKING YOUR DOCTOR ABOUT, SOMETHING CALLED AN ADVANCED LIPID PROFILE MAY

ACTUALLY KEEP YOU FROM BEING PRESCRIBED MEDICINE YOU DON'T NEED.

>> SOME PATIENTS WHO THEIR TOTAL CHOLESTEROL MAY SEEM QUITE HIGH, THEY MAY NOT NEED MEDICATION ONCE YOU DO THAT PANEL. YOU MAY LOOK AND FIND THAT IT'S ALL THE TYPE OF LDLs THAT ARE LESS LIKELY TO CAUSE PLAQUE.

>> ANOTHER TEST CALLED THE FASTING INSULIN TEST CAN HELP CHECK FOR INFLAMMATION IN THE BODY.

>> INFLAMMATION IN GENERAL IS PROBABLY THE ROOT OF ALMOST ALL DISEASE.

>> YOUR PHYSICIAN CAN TALK TO YOU ABOUT WHICH NEW TESTS ARE IMPORTANT FOR YOU AND WHICH ONES YOU CAN SKIP.

OF COURSE, TO DO THAT, YOU HAVE TO SHOW UP AND GET TO KNOW YOUR DOCTOR.

>> YOU JUST SAW THE STORY OF A MAN WHO WAS INSPIRED TO LOSE WEIGHT BY HIS FAMILY DOCTOR, BUT FOR MANY, WEIGHT LOSS ISN'T THAT EASY.

THEY STRUGGLE THROUGH A LIFETIME OF UNSUCCESSFUL DIETING AND EXPANDING BELTLINES.

ONE OPTION BECOMING INCREASINGLY POPULAR IN THE FIGHT AGAINST OBESITY IS A FORM OF LAPAROSCOPIC SURGERY CALLED BANDING.

BUT WHAT ARE WE LEARNING ABOUT LAP-BAND SURGERY THAT WE DIDN'T KNOW JUST A FEW YEARS AGO?

CLEARLY, WHEN IT COMES TO WEIGHT LOSS, THERE'S NO SUCH THING

AS A SIMPLE SOLUTION.

JANICE GEORGIADIS HAS MADE A DECISION SHE'S CERTAIN WILL CHANGE HER LIFE.

SHE'S GOING TO HAVE SURGERY TO LOSE WEIGHT.

>> I REALLY WANTED TO MAKE A CHANGE AND DO SOMETHING TO HAVE A BETTER FUTURE THAN WHAT I'VE HAD IN THE PAST.

>> IT WASN'T AN EASY DECISION.

FOR MOST OF HER LIFE, JANICE NEVER HAD A WEIGHT PROBLEM. BUT IN RECENT YEARS, SOME HEALTH SETBACKS LED TO RAPID WEIGHT GAIN AND CRIPPLING DEPRESSION.

AS THE POUNDS CAME ON, HER ENERGY AND SELF-ESTEEM PLUMMETED.

>> YOU CAN'T REALLY INTERACT WITH PEOPLE IN THE WAY YOU WANT TO AND YOU ALWAYS FEEL LIKE YOU'RE PUTTING ON A SMILE AND TRYING TO MAKE THINGS BETTER, BUT THEY ARE REALLY NOT INSIDE.

AND IT'S JUST A DAILY STRUGGLE.

>> JANICE NOW HOPES AN AGGRESSIVE APPROACH TO WEIGHT CONTROL WILL HELP HER REDISCOVER THAT PERSON SHE'S LOST.

SHE CHOSE SOMETHING CALLED LAP-BAND SURGERY.

IT'S A LAPAROSCOPIC PROCEDURE WHERE A BAND IS PLACED AROUND THE UPPER PORTION OF THE STOMACH RESTRICTING THE INTAKE OF FOOD.

THE BAND CAN BE TIGHTENED BY INJECTING FLUID THROUGH A PORT ATTACHED TO THE ABDOMINAL WALL.

>> ONCE IT FILLS UP HERE, YOU GET THE FEELING, OKAY, I'M

FULL.

STOP EATING.

>> JANICE'S DOCTOR, DR. LEE GROSSBARD SHOULD KNOW.

NOT ONLY HAS HE PERFORMED 2,000 LAP-BAND SURGERIES, HE'S
ALSO HAD THE SURGERY HIMSELF.

HE'S LOST MORE THAN 100 POUNDS.

>> IT HAS TRULY GIVEN ME MY LIFE BACK.

IT'S ALLOWED ME TO DO THINGS OTHERWISE I WOULDN'T HAVE BEEN
ABLE TO DO.

>> ON THIS MORNING, JANICE IS HOPING FOR A SIMILAR OUTCOME.
IT'S HER SURGERY DAY.

>> IT'S LIKE I'VE MADE A DECISION, AND HERE I AM.
I'M READY.

>> HER DAUGHTER AGAPE IS NERVOUS, BUT BEHIND HER MOM 100%.

>> SHE'S BEAUTIFUL ON THE INSIDE AND THAT'S ALL THAT MATTERS
TO ME AND MY DAD.

I TOLD HER TO NOT CARE ABOUT WHAT OTHER PEOPLE THINK.
BUT I UNDERSTAND WHERE SHE'S COMING FROM.

SO I THINK THIS IS A GOOD THING FOR HER, YOU KNOW.

>> IT WILL TAKE US ABOUT 25 MINUTES IN THE OPERATING ROOM.
SO THERE'S A TOTAL OF FIVE INCISIONS.

THE LAP-BAND, ESSENTIALLY, IS PUT IN AFTER WE GET INTO THE
ABDOMEN WITH SCOPES.

>> THE LIGHTS GO DOWN, AND A TINY LAPAROSCOPIC CAMERA HELPS
GUIDE THE SURGICAL TEAM ON THIS FANTASTIC VOYAGE THROUGH THE

ABDOMINAL CAVITY.

>> THIS IS THE PATIENT'S SPLEEN.

THE THING BEATING UP THERE ON THE OTHER SIDE OF THE CHEST,
THAT'S THE HEART.

>> LAP-BAND HAS BECOME A POPULAR CHOICE PARTLY BECAUSE IT'S
LESS INVASIVE THAN GASTRIC BYPASS SURGERY.

>> IT IS SAFER.

IT IS ADJUSTABLE, AND IT IS REVERSIBLE.

>> BUT SURGEONS HAVE ALSO LEARNED MORE ABOUT THE RISKS AND
COMPLICATIONS OF LAP-BAND SINCE IT WAS APPROVED BY THE FDA
IN 2001.

THEY INCLUDE POSSIBLE INFECTION, NAUSEA AND VOMITING,
BLOCKAGE IN THE UPPER STOMACH AND BLOOD CLOTS.

IN ABOUT 1% OF PATIENTS, THE BAND ERODES INTO THE STOMACH
AND MAY HAVE TO BE REMOVED.

A MORE COMMON OCCURRENCE IS BAND SLIPPAGE AFTER SURGERY.

>> SLIPPAGE OF THE BAND IS NOT THE BAND SLIPPING, BUT
ACTUALLY THE STOMACH BELOW THE LEVEL OF THE BAND SLIPPING UP
THROUGH THE BAND AND GETTING TRAPPED ABOVE THE LEVEL OF THE
BAND.

THAT CAN BE AN EMERGENCY.

IT USUALLY IS NOT, BUT IT CAN BE AN EMERGENCY.

>> THESE ARE AMONG THE RISKS JANICE HAD TO WEIGH BEFORE SHE
MADE THIS SERIOUS DECISION.

WITHIN A FEW MINUTES, DOCTORS HAVE NAVIGATED THEIR WAY

AROUND HER STOMACH, AND ARE SECURING THE BAND INTO PLACE.

>> AND LIGHTS ON, AND WE'RE DONE.

>> DOCTORS NOW SUTURE THE PORT TO THE ABDOMINAL WALL BENEATH THE SKIN.

THE PROCEDURE IS A SUCCESS.

>> THIS WENT GREAT.

YOU COULDN'T ASK FROM A TECHNICAL PERSPECTIVE FOR THIS TO HAVE GONE ANY EASIER.

>> JANICE IS WHEELED INTO RECOVERY AND ON HER WAY TO A NEW, THINNER WAY OF LIFE.

ONE MONTH AFTER SURGERY, WE CHECK IN ON JANICE.

SHE TELLS US SHE WAS SURPRISED BY SOME PRETTY INTENSE PAIN RIGHT AFTER SURGERY.

>> THE FIRST THREE DAYS WERE A LITTLE ROUGH, BUT AFTER THAT, EVERY DAY WAS A BETTER DAY.

AND YOU'RE LIKE, WHEW, GOT THAT BEHIND ME.

>> BUT GETTING PAST THE SURGERY IS ONLY THE BEGINNING.

NOW JANICE MUST COMMIT TO A RADICAL LIFE-STYLE CHANGE WHEN IT COMES TO EATING.

SHE WON'T TAKE IN MORE THAN A FEW OUNCES OF FOOD AT A MEAL.

WHAT YOU SEE HERE IS HER ENTIRE MEAL PLAN FOR THE DAY.

SHE BEGINS WITH A CUP OF HERBAL TEA.

AN HOUR LATER, MAYBE HALF OF THIS SMALL CONTAINER OF SOUP.

>> TWO TO THREE HOURS LATER, THIS WOULD BE LUNCH.

>> FOR DINNER, SOME SIPS OF A PROTEIN SHAKE AND A FEW BITES

OF PUREED SWEET POTATOES.

THE CHOCOLATE BROWNIE SHE LOVES AS WELL AS HEAVY BREADS AND MEATS ARE OFF THE MENU FOR NOW, MAYBE FOREVER.

>> I JUST KNOW I HAVE TO DO THIS FOR ME TO FEEL AND BE WHERE I WANT TO BE AND HAVE THE FUTURE THAT I WANT TO HAVE.

>> JANICE HAS LOST MORE THAN 40 POUNDS SO FAR, BUT SHE'S FOCUSING LESS ON WHAT SHE'S LOST THAN WHAT SHE'S HOPING TO GAIN ONE STEP AT A TIME.

>> I FEEL LIKE THERE'S REALLY A PEACE THERE NOW IN MY HEART THAT I'M MOVING FORWARD AND MY LIFE WILL BE BETTER THAN IT HAS BEEN, AND IT'S GOING TO BE WORTH IT.

>> IT'S IMPORTANT TO NOTE, SOME PEOPLE DON'T LOSE WEIGHT AFTER LAP-BAND SURGERY OR THEY LOSE WEIGHT AND THEN GAIN IT BACK OVER TIME, EVEN WITH THE BAND IN PLACE.

REPUTABLE SURGEONS HAVE PATIENTS UNDERGO PSYCHOLOGICAL EVALUATIONS BEFORE SURGERY TO TRY AND MINIMIZE THAT POSSIBILITY.

SUPPORT GROUPS ARE ALSO A BIG PART OF THE FORMULA FOR SUCCESS.

FROM THE BATTLE OF THE BULGE TO A MUCH MORE SERIOUS ONE, THE VERY REAL BATTLE TAKING PLACE IN IRAQ.

ADVANCES IN MEDICAL TREATMENT ON THE BATTLEFIELD ARE CREATING A NEW BREED OF SOLDIERS, VETERANS WHO IN THE PAST WOULD LIKELY HAVE DIED, TODAY ARE COMING HOME ALIVE BUT WITH LIFE-ALTERING INJURIES.

UNEDITED REALTIME CLOSED CAPTIONING

THAT REQUIRES A NEW AND MORE INTENSE APPROACH TO REHAB, ONE THAT NOW INCLUDES LESS CONVENTIONAL METHODS THAN IN WARS PAST.

WATCH AS AN UNLIKELY DUO IN TAMPA JOINS FORCES TO CONVINCE TOUGH, SOMETIMES SKEPTICAL SOLDIERS THE ANCIENT PRACTICE OF YOGA CAN HELP IN THEIR RECOVERY.

THIS UNLIKELY PAIR, A SASSY, PETITE BLOND YOGA INSTRUCTOR AND A TOUGH, 6'2" RETIRED ADMIRAL AND FORMER NAVY SEAL HAVE COME TOGETHER TO SHOW THE BENEFITS OF YOGA TO WOUNDED WAR VETERANS.

>> IT'S A TOOL TO CONNECTING TO THEIR BODY, MAYBE IN WAYS THAT THEY DIDN'T THINK THEY WERE GOING TO BE ABLE TO.

>> ANNIE OKERLIN FIRST INTRODUCED ADMIRAL TOM STEFFENS TO YOGA MORE THAN A DECADE AGO WHEN HE WALKED INTO HER STUDIO ON A WHIM AFTER INJURING HIS BICEP.

HE WAS HOOKED.

>> ONE OF THE GENERALS I WORKED FOR HAD HEARD THAT I WAS DOING YOGA.

AND HE TURNED TO ME AND SAID, "YOGA?"

>> THAT'S THE SAME REACTION MOST INJURED SOLDIERS HAVE WHEN THEY ARE FIRST ASKED TO TRY YOGA.

ANNIE AND ADMIRAL TOM ARE A PRETTY CONVINCING TEAM.

ON THIS DAY, THREE VETERANS WITH TRAUMATIC BRAIN INJURIES AND PARTIAL PARALYSIS ARRIVE AT ANNIE'S YOGA STUDIO.

THEY ARE ON A WEEKLY EXCURSION AS PART OF THE JAMES HALEY

UNEDITED REALTIME CLOSED CAPTIONING

VETERANS HOSPITAL HEROES PROGRAM, WHICH HELPS SOLDIERS
TRANSITION FROM HOSPITAL TO HOME.

>> I WAS BURNT BAD, MY FACE.

>> 25-YEAR-OLD LEE JONES, AN ARMY STAFF SERGEANT, BURNED
OVER 50% OF HIS BODY.

>> I WENT TO IRAQ, AND I GOT BLOWN UP.

I WAS ON FIRE.

THREE DIED BUT ME.

I WAS HAPPY TO BE ALIVE.

>> I LOVE YOUR SMILE!

>> 22-YEAR-OLD BRANDON BURNS JOINED THE MARINES RIGHT OUT OF
HIGH SCHOOL.

HE WAS IN IRAQ FOR FIVE MONTHS WHEN HE WAS SHOT IN THE HEAD
DURING A BATTLE IN FALLUJAH.

>> NOVEMBER 9th, 2:45 P.M., I WAS SHOT.

>> THAT'S BRANDON'S ALIVE DAY, WHAT SOLDIERS CALL THE DAY
THEY DEFY DEATH.

>> I DIED FIVE TIMES ON THE WAY TO -- I AM LUCKY TO BE ALIVE
FROM THE COMA FOR FOUR WEEKS.

>> AND 26-YEAR-OLD DAVE SCHOSSER, A NAVY PETTY OFFICER WHO
OVERDOSED ON A PRESCRIPTION DRUG AFTER RETURNING FROM IRAQ.

>> THEY GAVE ME ONLY A 10% CHANCE TO LIVE.

THEY SAVED MY LIFE.

>> THANKS FOR COMING OUT TODAY.

>> NOW THESE YOUNG MEN ARE LEARNING A NEW WAY TO DEAL WITH

UNEDITED REALTIME CLOSED CAPTIONING

THEIR DISABILITIES.

ANNIE AND ANOTHER YOGA INSTRUCTOR, BOBBIE CASS, WILL GUIDE THEM.

>> WE'LL PRACTICE THE INITIAL BREATH WORK, WHICH IS CALLED UJJAYI.

IT MEANS VICTORY BREATH.

ALL IT IS IS BREATHING IN THROUGH THE NOSE AND OUT THROUGH THE NOSE.

IN MY LITTLE WAY, THIS IS MY WAY OF SHARING THANKS AND TRYING TO BRING THEM TO A SPACE OF COMFORT.

>> YOGA HELPS BRING INCREASED CIRCULATION, FLEXIBILITY, PHYSICAL STRENGTH, AND RELAXATION.

>> STRETCHING.

>> FIND MY BALANCE AND HOLDING IT.

>> BREATHING.

>> RELAXING.

VERY RELAXING.

>> TOTALLY RELAXING.

>> THE STRETCHES ARE NOT ALWAYS EASY, BUT THEY ARE POWERFUL TOOLS FOR REHAB.

YOU CAN SEE THE TRANSITION AS THE CLASS GOES ON.

>> I WATCH THE FACES AND THE SHOULDERS, THEY ALL COME IN AND THEY HAVE THAT TOUGH DUDE THING.

AFTER A WHILE, THE BREATH KICKS IN AND THEY GO, OH, I CAN RELAX.

I CAN RELAX MY BELLY A LITTLE MORE.

NOBODY IS JUDGING ME.

>> IT'S NOT A TEST.

I DON'T HAVE TO PROVE MYSELF TO ANYBODY.

I'M JUST TRYING TO PROVE MYSELF TO MYSELF.

>> ANNIE SAYS IT'S IMPORTANT TO NOTE THAT YOGA IS NOT A
SUBSTITUTE FOR THE INTENSE PHYSICAL THERAPY THAT TAKES PLACE
AT THE HOSPITAL.

THE WOUNDED VET YOGA CLASS IS AN IMPORTANT SUPPLEMENT TO THE
CORE REHAB THAT TAKES PLACE HERE AT THE JAMES A. HALEY
VETERANS HOSPITAL.

SEVERAL MILLION DOLLARS IN NEW FUNDING HAS MADE IT POSSIBLE
FOR HALEY TO BUY THE LATEST IN STATE-OF-THE-ART TECHNOLOGY
TO HELP THESE VETS GOING THROUGH REHAB.

MACHINES LIKE THE LOKOMAT.

A QUARTER MILLION DOLLAR ROBOT-LIKE MACHINE THAT HELPS
SOLDIERS WITH SPINAL CORD INJURIES SIMULATE WALKING ON A
TREADMILL.

>> I HAVE TO LEARN TO BRING UP MY LEG AND POWER IT, AND STEP
THROUGH.

>> AND THIS REVERSE STATIONARY BIKE USED LYING DOWN WHERE
THE ARMS PROPEL THE LEG.

>> I'M JUST USING THE STRENGTH IN MY ARMS TO MOVE MY LEGS
AND MY HANDS.

I DON'T REALLY HAVE FUNCTION IN MY FINGERS.

>> BASICALLY, YOU'RE DEVELOPING PATTERNS OF MOVEMENT IN THE
BRAIN AS YOU DO THAT.

AND THE BRAIN THEN STARTS TO RELEARN.

AND AS YOU CONTINUE TO DO THAT REPETITIVELY, IT BECOMES
AUTOMATIC.

>> HALEY'S CHIEF OF REHAB MEDICINE, DR. STEPHEN SCOTT, SAYS
THESE ADVANCES IN TECHNOLOGY OFFER NEW HOPE TO VETS.

>> HOW DOES IT FEEL TO BE UP AND WALKING?

>> IT FEELS GREAT.

FEELS GREAT.

I WAS TOLD I WOULDN'T WALK AGAIN.

>> IT WAS VISITING SOLDIERS GOING THROUGH REHAB JUST LIKE
THESE THAT ADMIRAL STEFFENS FIRST GOT THE IDEA OF USING YOGA
TO HELP WOUNDED WAR VETS.

HE CALLED ANNIE IN FOR BACKUP.

>> I WAS WALKING THROUGH THE HALLS OF THE REHABILITATION
WARD SAYING, COME DO YOGA.

HEY, YOU LOOK STRONG.

I BET I COULD BEAT YOU DOING YOGA.

AND THEY ARE LOOKING AT ME LIKE WHO IS THE PEANUT AND WHO
BROUGHT HER?

>> AND SO THE IDEA WAS BORN.

THIS UNEXPECTED PAIR SOMETHING TOGETHER WITH PURPOSE,
CONVINCING THE MILITARY YOGA COULD HELP.

>> AS YOU REST HERE, KEEP FOCUSING ON THE SENSATION OF YOUR

BREATH AS IT PASSES THROUGH YOUR NOSE.

>> AS THEY WIND DOWN THE YOGA CLASS, THE MOOD IS NOTICEABLY
LESS TENSE.

SO MUCH SO THAT, YES, LEE FELL ASLEEP.

>> FOR HIM TO SNORE, FOR HIM TO GET TO THAT PLACE, TO BE SO
GELATINOUS THAT HE'S SO COMFORTABLE IS HUGE.

GOOD MORNING, LEE.

>> THE LAUGHTER, TOO.

THAT'S IMPORTANT.

>> THEY ARE ENJOYING THEMSELVES, AND THEY ARE LITERALLY
RELAXING EVERYTHING.

THEIR GUARD HAS COME DOWN.

>> USED TO THINK IT WAS FOR SISSIES, BUT I'LL DISAGREE.

>> IT WAS GREAT.

>> IT WAS TOUGH, BUT IT WAS WORTH IT.

>> IT'S A TRIUMPH OF THE HUMAN BODY AND THE HUMAN SPIRIT.

>> GETTING THEM OUT OF THEIR CHAIR, OUT OF THEIR PROSTHETIC,
OUT OF THEIR BRACES, OUT OF THEIR SLING, GETTING THEM BACK
COMFORTABLE INTO THEIR BODY THE WAY THAT IT IS AND SHOWING
THEM YOU'RE WHOLE, TOTALLY WHOLE.

>> AND AS FOR THOSE SKEPTICS SHE'S HEARD OH, SO MANY TIMES.

>> YEAH, YEAH, YOU SHOULD TRY IT.

I'M NOT GOING TO TRY IT.

JUST TRY IT, AND WE'LL TALK TO YOU WHEN YOU'RE DONE.

>> THE SMILE SAYS IT ALL.

ANNIE AND ADMIRAL TOM STARTED THE WOUNDED VET YOGA PROGRAM
AT WALTER REED WITH THE HELP OF FUNDING FROM ENABLE AMERICA,
A NATIONAL NONPROFIT BASED HERE IN TAMPA.

THE PROGRAM IS NOW EXPANDING TO INCLUDE SOLDIERS AT HALEY
AND POSSIBLY OTHER VETERANS' HOSPITALS NATIONWIDE.

AN INNOVATIVE APPROACH WITH A CENTURY'S OLD TRADITION, OUR
WOUNDED WARRIORS FINDING PEACE AND BALANCE WITH YOGA.

FOR "SMART HEALTH," I'M ANGIE MORESCHI.

THANKS SO MUCH FOR WATCHING.

REALTIME CAPTIONING BY AMERICAPTION, INC.

>> THE JOY MCCANN FOUNDATION THROUGH ITS GENEROUS ENDOWMENT
FUND AT WEDU HAS PROVIDED FUNDING FOR THIS PROGRAM.

THIS PROGRAM IS ALSO BROUGHT TO YOU IN PART THROUGH A
GENEROUS GIFT FROM THE COWLES CHARITABLE TRUST.

