Nearly 40 community members visited the first annual Wills and Trusts Seminar this spring. The seminar featured a complimentary luncheon and a presentation by Jim Brown, President of the Western Adventist Foundation and a financial planning expert.

As a result of the seminar, community members Joe and Mavis Beckner set up Ukiah Valley Medical Center's (UVMC) first charitable gift annuity in the amount of $20,000.

**What it is**

A gift annuity is a simple contract between a donor and a charitable organization in which a donor gives a gift to the organization and the organization pays the donor an amount based on the value of the gift.

“It’s great because it’s a gift for the hospital, but payments are sent to our bank automatically every month,” Beckner says. “It’s a great way to give a gift but also plan for the future. Since I was in private practice as a dentist, there was no retirement plan. My wife and I had to think ahead.”

Charitable gift annuities are typically funded with cash or from the sale of securities, real estate or other property. As you receive the annuity payments, a portion of each one is treated as capital gain income and taxed at a rate of 15 percent throughout your life expectancy. Additionally, a portion of each payment is tax-free, although the tax-free portion is smaller than when an annuity is funded with cash.

**Create a Legacy**

“Originally we had our savings in federal securities,” Beckner says. “But we took the money out because the interest rates weren’t very good, and we set up gift annuities instead.” The Beckners set up their first gift annuity 20 years ago. Their annuity with UVMC is their ninth so far.

The American Council on Gift Annuities meets periodically to determine and recommend the maximum amount annuities should pay out. The rate also takes your age into account; the older you are, the higher the rate. Rates also increase with deferred annuity plans, in which you give now but agree to receive payments later.

The annuity can be set up to continue for a survivor when a donor dies. This is known as a “two-life” gift annuity. Annuity rates will be slightly higher for a one-life gift and lower for a two-life gift.

“It was really easy to set up, and it’s a great advantage for us,” Beckner says. “We’ll have monthly payments until we die. And then when we’re both gone, the rest goes to the hospital as a gift.”

The transaction can usually be completed within a few days. Please call UVMC’s Development Department at (707) 463-7606 to find out more about setting up a charitable gift annuity.

The Mendocino Winegrowers Alliance (MWA) for making Ukiah Valley Medical Center (UVMC) one of the beneficiaries of this year’s Wine Affair. The eighth annual event was held at Parducci Winery on Friday, June 23, and continued on Saturday at Fetzer Vineyards’ Valley Oaks.

A live auction on Saturday raised close to $90,000. The two-day event drew more than 1,000 people.

Fifty local wineries participated in the event, and the live auction included elaborate private dinner parties and getaways at exclusive inns. The biggest auction lot of the evening, the Kentucky Derby lot, sold for $19,500 and included VIP tickets for the 2007 race, complete with a four-day stay, box seats, airfare and invitations to all the VIP parties.

“ать certainly an honor to be chosen by the MWA as a charity of choice,” says Jarrod McNaughton, UVMC Administrative Director of Marketing and Development. “We’re delighted and privileged to work with the MWA to continue our mission of serving all who come to us for care.”
REACHING OUT

Kiah Valley Medical Center (UVMC) employees reached beyond the boundaries of county and country this spring when they traveled to Africa on a mission trip. Administrative Director of Marketing and Development Jarrod McNaughton and Medical and Surgical Charge Nurse Brad Morrison, R.N., M.P.H., returned from Nigeria in mid-June. The two were part of an 11-member team that journeyed to the country on May 27.

MEETING WITH ROYALTY
The team visited four cities in Nigeria: Abuja, the capital city of the country; Kaduna, a heavily Muslim-populated region; Benin City, the oldest city in Nigeria; and Lagos, the largest city in the country.

McNaughton and Morrison met with the king of Kaduna and the king of a tribe near Benin City. “We’re trying our best to improve relations with tribal officials in Nigeria to make it even easier for us to continue our medical outreaches that will end up serving thousands of Nigerians,” says McNaughton.

HEALTH CARE CRISIS
“The trip was a nursing experience of a lifetime,” says Morrison. “It was exciting to help people who essentially had nothing, and see how happy and grateful they were.”

Nigeria is the largest country in Africa, with more than 120 million people in an area about twice the size of California. (Over 250 tribal languages are spoken in the country.) More than 3.6 million Nigerians have HIV/AIDS, according to the Centers for Disease Control and Prevention.

“We want to touch as many lives as possible to help educate and treat the people of Nigeria,” says McNaughton. “We are so grateful that UVMC donated supplies and equipment for the project, along with several other health care providers and drug companies.”

THOUSANDS BENEFIT
The team visited hospitals throughout Nigeria and worked with local officials to provide nine medical outreach tribal clinics that impacted over 2,000 patients.

“It’s thrilling to see a team of doctors and nurses from around the country come together for the goal of helping those in need,” says Morrison.

“We go because the need is so great,” says McNaughton. “Each year our team treats thousands of people for everything from malaria to large-scale infections. It’s exciting to go on a trip where the only goal is helping our global neighbors and showing people that there is a God who loves them very much.”

To learn more, visit www.cogm.org/faithmediplex.htm.

OUR DINING SERVICE CAN SERVE YOU WELL

You expect many things during a hospital stay—most notably, expert medical care. What you might not expect is hospital food that is exceptional enough to make you want to return—for another meal, at least.

But exceptional food paired with personalized service is exactly what you’ll find at our hospital. That’s because our new, expanded dining service is now available for patients and their visitors.

Flexibility is a hallmark. At every meal, patients can select from a wide range of new menu options. Thus, the food served reflects each patient’s tastes and nutritional needs.

Our staff members visit every patient and return within 45 minutes with an individually prepared meal.

A wider selection of food is available than ever before. Among your options: hot and cold entrees, fresh fruits and salads, warm breads and soups, snacks and desserts.

All the food served in our hospital is prepared in our own kitchen by our specially trained employees.

We’re committed to serving quality food that is reasonably priced.

So don’t be surprised if you come back for seconds. In fact, we expect you to.
YOUR PREGNANCY QUESTIONS: HELP FOR FIRST-TIME MOMS

If you're pregnant for the first time, your tummy isn't the only thing that will grow bigger. So will your curiosity.

Your doctor or midwife is the best source of information. But what follows may also help.

Q Why is prenatal care so important?
A Early and regular care can increase your chances of having a healthy baby. These visits give your practitioner the opportunity to keep close tabs on your health and your baby's growth—and to detect and treat any problems as early as possible.

Q How much weight should I gain?
A Of all the questions pregnant women ask, this is one of the most frequent and important. Women who don't gain enough weight risk delivering low-birth-weight babies, who are prone to health problems. Conversely, women who gain too many pounds risk having overly large babies, making vaginal delivery difficult.

To determine what's appropriate for you, your practitioner will probably consider what you weighed before you were pregnant. Women who were underweight should typically gain between 28 and 40 pounds, normal-weight women should aim for 25 to 35 pounds, and overweight women should add between 15 and 25 pounds.

This formula changes, however, if there's more than one crib in your future. If you're expecting twins, allow yourself 35 to 45 extra pounds during pregnancy. Triplets call for a 50-pound weight gain.

Q What's the best way to eat for two?
A First, be aware that "eating for two" isn't an invitation to overeat. A pregnant woman needs only about 300 more calories every day to nourish her growing baby—and those calories add up quickly.

If you've gained weight too rapidly, don't overreact by skipping meals or skimping on calories. Your baby grows around the clock and therefore needs a steady supply of nutrients.

More than ever before, strive for a healthy and varied diet; this is the best way to see that you and your baby get all the nutrients you both need.

Q Are there things I shouldn't drink?
A Alcohol—of any kind and even in tiny amounts—is off-limits. It can increase your risk of miscarrying or delivering prematurely, and it can also cause birth defects. Because no one knows how much alcohol it takes to harm a developing baby, it's safest to avoid alcohol completely during pregnancy.

Despite some bad press, coffee is OK to have while you're pregnant, as long as you limit yourself to small amounts—one or two cups daily.

Check out Tea for Two, UVMC’s free prenatal education program. See page 8 or call (707) 463-7564.

Q What are some exercise dos and don'ts?
A Do make it a point to be active, even if you didn't get much exercise before you were pregnant. If you were a couch potato, start with low-intensity, low-impact activities (such as walking or swimming) and build your endurance.

As for don'ts, never ignore your body while exercising. If you feel dizzy or faint—or if you have vaginal bleeding, increasing shortness of breath, chest pain or less fetal movement—stop exercising and alert your practitioner.

Q How can I ease morning sickness?
A You may feel less queasy if you eat dry toast or crackers before you get out of bed in the morning or if you eat small meals every two or three hours. Drinking lemon-ade or ginger ale may also calm your tummy.

Q Is smoking really that bad for my baby?
A Yes—because when you smoke, you deprive your baby of oxygen, increasing the risk of stillbirth and other pregnancy complications. Even though you're already pregnant, it's not too late to quit. And the sooner you do so, the more you protect your baby.

BREASTFEEDING PROTECTS YOUR BABY

Breastfeeding does all this and more. Breast milk contains antibodies to protect infants from bacterial infections, such as strep throat, E. coli., salmonella and staph infections. It also contains viral antibodies, which provide resistance to common viruses.

According to the World Health Organization (WHO), “In countries with a high infant mortality rate, artificially fed infants are at least 14 times more likely to die from diarrhea than are breastfed infants, and four times more likely to die from pneumonia.”

GET THE FACTS “Families need to be able to make a truly informed choice about feeding their babies,” says UVMC lactation consultant Bonnie Bruce, R.N., I.B.L.C.

"If a mother chooses to bottle feed, her choice should be respected, but based on receiving clear and complete information about both methods of feeding.”

UVMC’s Family Birth Center is committed to providing accurate information so families can make this choice. This commitment includes acquiring a certificate of intent from the WHO to recognize it as a "Baby-Friendly Hospital.” To that end, staff education is ongoing, with an emphasis on providing consistent information about the benefits of breastfeeding. More important, UVMC staff members provide education to new mothers and assistance if breastfeeding problems arise.

Part of being baby-friendly is involvement with the Loving Support Program, a collaborative effort between UVMC, the Mendocino County Health Department, La Leche League and WIC to provide all mothers and babies with breastfeeding information and help.

Loving Support offers a breastfeeding resource line in both English and Spanish to help direct mothers to breastfeeding assistance. Call (707) 472-2744.
EMERGENCY DEPARTMENT
WHERE THE ACTION IS

The phone is ringing. A child’s cry pierces the air. The woman in Room 2 complains of chest pain as the copy machine spits out orders at a sickening pace. Nurses walk briskly to their patients as two doctors discuss an emergency surgery. It’s Friday at 6:48 p.m. in the UVMC Emergency Department (ED), and it’s a slow night.

By the time people settle into prime-time television, the ED crew has taken care of broken bones, stomach flu and the aftermath of a miscarriage. The hospital itself settles into its night rhythm as lights shut off and doors lock. The only way into the hospital is through the ED.

SMALL TEAM, BIG JOB “It’s a different world at night,” says Sonny Thompson, R.N. “There aren’t extra people. When we need something like x-rays or pharmacy, we have to call.”

With a normal day shift of nine, the night shift skeleton crew of four operates in an extremely independent mode, as the rest of the hospital support staff has gone home.

“It’s an island at night,” says Tim Rohan, R.N., UVMC Director of Emergency Services. Departments that are available during the day are closed at night, including Medical Imaging, Case Management and Administration. If those services are needed, on-call personnel are paged and respond immediately.

“During the day shift, there’s a lot more support,” says Nanci Goodacre, R.N. “But at night, when it’s busy, you play multiple roles. You’re the nurse, the tech and everything in between.”

“We really have to work together and depend on each other,” says ED physician Mark Luoto, M.D.

Upon observation, the ED operates like a choreographed ballet, with people performing their parts independently to make the whole operation appear seamless.

“It’s a cooperative environment,” says Lisa Bagshaw, L.V.N. “Everyone’s accessible. There’s definite camaraderie.”

EMERGENCY OR NOT? It’s this well-oiled machine that accommodates the sometimes huge influx of patients. Visits to EDs nationally reached a record high of nearly 114 million, according to the Centers for Disease Control and Prevention data for 2003, the most recent data available. Of those visits, 55 percent were for low-acuity, non-emergent conditions, which cost two to three times more when treated in the ED compared with a physician’s office.

In the ED, critically ill patients are seen first, which means less critically ill patients may wait. In most cases a triage nurse will assess the severity of a patient’s condition upon arrival, based on symptoms, medical history and vital signs.

“People come into the ED for all sorts of reasons that aren’t life-and-death—their feet hurt, their stomach hurts, they have the flu, etcetera,” says Thompson. “They may not seem like emergencies at the time, but if we don’t treat the problems, they may become emergent for the patients.”

“People get frustrated when they have to wait in the ED,” says Dr. Luoto. “But I don’t think patients have to wait as long in a rural hospital like UVMC.”

Indeed, the average time spent in an ED nationally in 2003 was 3.2 hours per visit. For 2005 the average time spent by all patients at UVMC was 2.6 hours. In larger hospitals in areas such as San Francisco and Los Angeles, some patients may spend 8 to 10 hours waiting to see a doctor.

SELFLESS SERVICE “Our team gives the very best care to patients as quickly, compassionately and effectively as possible,” Rohan says.

“I find that when someone’s hurting, I don’t think about it,” says Goodacre. “You don’t think about how it’s affecting you. You put the patient first.”

“This job constantly puts life into perspective, seeing what people can tolerate with their living condition while still having an amazing spirit,” Dr. Luoto says.

HOW TO AVOID INJURIES

There’s no way to predict when and where you will be injured. But chances are good that the injury will occur while you’re at home, in a motor vehicle or playing sports.

Even though there is no sure way to prevent injuries, take these steps to help keep safe.

HOME SAFETY Each year, doctors treat about 21 million people in the United States for unintentional injuries that happen in the home, reports the Home Safety Council. Many of those injuries are preventable.

To make your home safer, the council says you can:

◆ Place smoke alarms on every level of your home. Test them monthly.
◆ Develop a fire escape plan and hold practice drills.
◆ Keep all stairways and walkways uncluttered and well lit. Make sure all stairs have secure handrails.
◆ Install grab bars in bath and shower stalls. Use nonslip mats or adhesive safety strips in bathtubs and showers.
◆ Install child locks on all cabinets used to store pesticides, cleaners, matches, lighters and household chemicals.
◆ Keep your water heater set at 120 degrees or less.
◆ Avoid playing when you are very tired or in pain.
◆ Warm up before and after exercise.
◆ Wear the appropriate protective equipment for your sport.
◆ Never leave your child unattended.
◆ Wear appropriate protective equipment, such as a helmet. Use athletic equipment properly.
◆ Always warm up before playing.
◆ Avoid playing when you are very tired or in pain.

VEHICLE SAFETY According to the American College of Emergency Physicians, more than four of every 10 traffic deaths involve alcohol, and nearly one of three fatal crashes is related to speeding.

On the other hand, safety belts are estimated to save nearly 12,000 lives and prevent 325,000 serious injuries in the United States each year.

To travel safely in a motor vehicle, you should:

◆ Never drink alcohol and drive.
◆ Wear your safety belt on every trip, no matter how short.
◆ Always wear your lap and shoulder belts correctly.
◆ Place children in the back seat of a motor vehicle, and always have them use a safety belt or ride in a child safety seat, depending on their size and age.
◆ Obey all speed limits.

SPORTS SAFETY Sports-related injuries send millions of Americans to the emergency room or a doctor’s office every year. The American Academy of Orthopaedic Surgeons says you can reduce your risk of such an injury if you:

◆ Keep yourself in good physical condition.
◆ Wear appropriate protective equipment, such as a helmet.
◆ Use athletic equipment properly.
◆ Always warm up before playing.
◆ Avoid playing when you are very tired or in pain.
**Community News at www.uvmc.org**

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**100,000 Lives Campaign**

**Improving Patient Care and Preventing Death and Illness**

After 12 months of participation in the Institute for Healthcare Improvement’s landmark 100,000 Lives Campaign, Ukiah Valley Medical Center (UVMC) is dramatically improving how patients are cared for when they are at most risk for infection, complications and adverse outcomes.

Initially launched in December of 2004, the 100,000 Lives Campaign is the first-ever national campaign to promote saving a specified number of lives in hospitals by a certain date (June 14, 2006) through the implementation of proven, evidence-based practices and procedures.

**New Safety Practices**

UVMC has implemented or is in the process of implementing the following practices, which will achieve the subsequent results:

- Activate a rapid response team at the first sign that a patient’s condition is worsening and may lead to a more serious medical emergency.
- Prevent patients from dying of heart attacks by delivering evidence-based care, including appropriate administration of aspirin to prevent blood clots and beta-blockers to prevent further heart attacks.
- Prevent medication errors by ensuring that accurate and continually updated lists of patients’ medications are referenced during their hospital stay, particularly at transition points.

“I’m Proud our hospital was part of this historic program.”

—Mark E. LaRose, UVMC President and CEO

- Prevent patients who are receiving medicines and fluids through central lines from developing infections by following five steps, including proper handwashing and cleaning the patient’s skin with chlorhexidine (a type of soap).
- Prevent patients undergoing surgery from developing infections by following a series of steps, including the timely administration of antibiotics.
- Prevent patients on ventilators from developing pneumonia by following four steps, including raising the head of the patient’s bed between 30 and 40 degrees.
- Prevent patients from dying of heart attacks by delivering evidence-based care, including appropriate administration of aspirin to prevent blood clots and beta-blockers to prevent further heart attacks.
- Activate a rapid response team at the first sign that a patient’s condition is worsening and may lead to a more serious medical emergency.
- Prevent medication errors by ensuring that accurate and continually updated lists of patients’ medications are referenced during their hospital stay, particularly at transition points.

‘A huge impact’

The accomplishments of the 100,000 Lives Campaign nationally have included the enrollment of over 3,000 hospitals—comprising an estimated 85 percent of the acute care hospital beds in the country—and the creation of a national infrastructure of campaign field offices that offer resources and support to participating hospitals throughout the U.S.

“We are delighted to be part of this exciting program,” says UVMC President and CEO Mark E. LaRose. “There is no doubt that the 100,000 Lives Campaign has had a huge impact on the country, and I’m proud our hospital was part of this historic program.”

The 3,000 hospitals participating in the campaign are located in all 50 states and the District of Columbia. Please visit www.ihi.org/campaign to learn more about the campaign or to see a full list of participating hospitals by state.

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**Seeing Stars**

**UVMC Receives Three Customer Service Awards**

Ukiah Valley Medical Center (UVMC) is a 2005 Professional Research Consultants, Inc., (PRC) Medical Staff Satisfaction Award winner. UVMC received a five-star Customer Service Award for Emergency Services, a five-star Customer Service Award for Pathology Services and a four-star Customer Service Award for Anesthesia Services.

“We are very pleased to receive these commendations,” says UVMC President and CEO Mark E. LaRose. “We work hard to provide our community with the highest level of care, and these ratings help validate the outstanding efforts of the physicians and staff at UVMC.”

The five-star awards are presented to those hospitals that score in the top 10 percent of PRC’s 2005 medical staff norms, which are based on their “excellence percentage.” The four-star awards are presented to those hospitals that score in the top 25 percent of PRC’s 2005 medical staff norms.

This is the third year UVMC has participated in the medical staff telephone survey, conducted by PRC professionals. The survey contains 117 questions asked to 74 randomly selected UVMC medical staff members. Survey results are compared against PRC’s national database, which compiles results from 250 participating hospitals throughout the U.S.

Professional Research Consultants, Inc., is the nation’s leading market and customer research firm dedicated to the health care industry. It has been years of experience assisting over 1,200 health care organizations with projects ranging from PRC’s Medical Staff Satisfaction Study to training hospital managers in leadership skills. For more information, visit www.pronline.com.

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**Community News at www.uvmc.org**
Thank you, donors, for your profound generosity and concern for our community. Thanks to your gifts, we are able to continue living out our mission.

Platinum donors: $10,000 or more
Gold donors: $5,000 to $9,999
Silver donors: $2,500 to $4,999
Platinum donors: $10,000 or more
Gold donors: $5,000 to $9,999
Silver donors: $2,500 to $4,999
Bronze donors: $1,000 to $2,499
Sponsors: $500 to $999
Friends: $1 to $99
CATARACT SURGERY

CLEARING AWAY THE CLOUDS

When you think of clouds, you may envision white, fluffy cumulous clouds creating animals in the sky. But when those clouds are in your eyes and not in the sky, there’s a problem.

That’s where ophthalmologist Geoffrey Rice, M.D., and his colleagues, Randall Woensner, M.D., and Jack Mason, M.D., at Ukiah Valley Medical Center (UVMC) come in.

Cataracts can be described as a clouding of the eye’s lens. The normally clear lens can become cloudy because of several factors—age, medical conditions such as diabetes, physical injury or smoking—ultimately causing blurred vision and glare. But with special equipment, ophthalmologists at UVMC can use microsurgical techniques to remove the cataracts with a high success rate.

THE BEST EQUIPMENT UVMC has one of the most state-of-the-art surgery suites in northern California, which sees over 800 cataract surgeries a year.

“It’s the best, most up-to-date facility,” says Dr. Rice. “There’s no place better, not even down in the city [San Francisco].”

With specialized equipment, such as a phacoemulsifier and a high-tech microscope, Dr. Rice says, “UVMC has the best equipment for cataract surgery.”

With nearly 5,000 cataract surgeries under his belt, Dr. Rice has been practicing in his Ukiah office since 1985. “The ability to give someone back their vision with something as reliable as cataract surgery is very satisfying,” he says.

The decision to proceed with cataract surgery should be made after consulting with your physician. Please visit our Web site at www.uvmc.org and click on “Physicians” to find a doctor near you.

TIPS for healthy eyes
1. Avoid smoking.
2. Always wear eye protection when playing sports or dealing with flying debris.
3. Wear sunglasses to block UV light.
4. Eat a healthy, balanced diet that includes lots of fresh vegetables and fruit.
5. Get your eyes checked every couple of years (adults).

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