THE HOLIDAYS
Make them merry, healthy and safe

Whatever your winter holiday celebration—Christmas, Hanukkah, Kwanzaa, the winter solstice—chances are you’ll be brightening the days with lots of lights, food and good cheer. Help keep those times festive and fun with these suggestions for a safe and healthy season.

AROUND YOUR HEARTH
From Yule logs to Hanukkah candles, from oil lamps to luminarias, fire lights up many winter celebrations. To safely enjoy the glow:
- Decorate with candles wisely. Place them where drafts, children or pets can’t topple them—and well away from anything flammable (like curtains). Stow matches where kids can’t find them.
- Man the lights. Turn decorative lights off whenever you aren’t home and before going to bed each night. An electrical short in a string of bulbs could start a fire.
- De-clutter the fireplace. If you open gifts near a fireplace, clean up after you’re done. Paper, ribbons, bags and bows can ignite near a flame.

AROUND YOUR TABLE
What’s a holiday without delicious (and often fattening) food? Mind your family’s waistlines by serving plenty of fruits and vegetables along with smaller portions of traditional treats.
Also, reduce the risk that an unwanted guest—food poisoning—will visit after you’ve cooked and served that fabulous fare:
- Make sure kitchen helpers wash their hands often, and remind them to keep all surfaces squeaky clean.
- Don’t follow Grandma’s example of thawing meat on the counter—thaw it in the refrigerator instead.
- Close down the buffet after two hours. Perishable foods need to be packed up and put in the refrigerator promptly at that time.

AROUND YOUR HEART
The winter holidays warm hearts, but they can also trigger anxious feelings. To help keep stress to a minimum:
- Be honest with your kids and other family about your gift budget, particularly if money is a little tight this year.
- Ask for help. Holidays are more fun when everyone participates.
- Be lighthearted. Look for humor in the inevitable holiday muddles. A perfect dessert is nice today, but you’ll laugh for years about the time the whole pumpkin pie fell on the dog. When you meet holiday challenges with humor, your kids receive an invaluable gift: a life lesson in flexibility and resilience.
- Finally, turn down the lights at a reasonable hour and get a good, long winter night’s sleep.

Sources: American Psychological Association; Centers for Disease Control and Prevention; U.S. Consumer Product Safety Commission.
Heart disease? Get a flu shot

The flu can be nasty and uncomfortable for anyone, but it can be downright dangerous if you have heart disease. That’s because heart disease weakens your body, making it hard for you to fend off the flu.

The combination of having heart disease and getting the flu can:
- Increase your risk of having a heart attack.
- Make your heart disease worse.
- Make you more vulnerable to potentially serious complications from the flu, like pneumonia.

That’s why it’s important to avoid the flu in the first place. The best way to do that is with an annual flu vaccine.

Roll up that sleeve Because you have heart disease, you should opt for the traditional flu shot, not the nasal spray. The shot contains dead flu viruses; the spray has weakened viruses. Even weakened strains can cause problems for people with heart disease.

In addition to getting the flu shot, other ways to guard against the flu include washing your hands frequently and avoiding sick people. You should also stay out of crowds as much as possible.

If you have flu symptoms—such as fever, chills, body aches and fatigue—talk with your doctor right away. He or she can prescribe antiviral medications that, when prescribed early, can narrow the esophagus and make swallowing difficult.

You can often help relieve symptoms of GERD with these lifestyle changes:
- Losing weight, if necessary.
- Avoiding large meals and not eating for two to three hours before bedtime.
- Raising the head of your bed about two to three hours before bedtime.

Are you feeling that heat—a lot? You may have more than garden-variety heartburn

If your meals sometimes leave a bitter taste in your mouth, it might not be the food. Heartburn occurs when stomach acid washes back into your throat, and it not only tastes sour but also can cause a burning feeling in your lower chest.

Occasional heartburn is common, and it can often be relieved with over-the-counter antacids. But if it occurs more than twice a week, you could have a more serious condition called gastroesophageal reflux disease (GERD).

Beyond heartburn People with GERD may also have a dry cough, a sore throat or a hoarse voice. According to the National Institutes of Health, untreated GERD can cause bleeding or ulcers. Tissue damage can narrow the esophagus and make swallowing difficult.

You can often help relieve symptoms of GERD with these lifestyle changes:
- Losing weight, if necessary.
- Avoiding large meals and not eating for two to three hours before bedtime.
- Raising the head of your bed about 6 to 8 inches.
- Not smoking or drinking alcohol.
- But don’t ignore symptoms that persist; see your doctor. There are medications that can help.

Afraid of needles? Device makes blood draws and IVs less painful

You’ve probably heard stories about people who endured multiple needle sticks or blown veins by healthcare professionals trying to get blood or administer an IV during hospital visits.

Patients at Citizens Medical Center can rest a little easier about needlesticks, thanks to the purchase of the VeinViewer® device. It projects a visual road map to the patient’s vessels directly onto the surface of the skin by using harmless, near-infrared light and other patented technologies to produce the image. This device has been clinically proven to reduce the time and number of attempts needed to start an IV by 50 percent.

“The typical mindset of patients is that any procedure involving a needle is scary and is going to hurt,” says Madonna Coughenour, Citizens’ Chief Nursing Officer. “VeinViewer is truly changing the way we provide care here. It helps put the patient at ease, and it helps our nurses get through pre-, during and post-access more quickly and efficiently.”

Reducing patient risk of hospital-acquired infection is another advantage provided by the VeinViewer. Nurses can locate viable veins ahead of time, which improves peripheral IV access and helps avoid unnecessary central lines that are prone to infection.

“Top-quality patient care is our priority at Citizens Medical Center,” Coughenour says. “We see the integration of this technology as a win-win for the hospital and our patients. With VeinViewer, we are able to approach an IV or blood draw with a more informed decision, which reduces the number of sticks, thus enhancing quality of care and reducing patient stress and pain. That’s what we want for our patients.”

VITAMIN D MAY PROTECT AGAINST FIBROIDS Getting enough vitamin D may reduce a woman’s risk of developing fibroids, according to a study from the National Institutes of Health.

Adequate levels of vitamin D have been associated with a reduced risk of several diseases, including heart disease and colon cancer. But this is the first study to examine the link between vitamin D and fibroids. These noncancerous tumors of the uterus are the leading cause of hysterectomies in this country.

Researchers used blood tests to determine the vitamin D levels of 1,036 women ages 35 to 49. They found that women with vitamin D levels above 20 nanograms per milliliter—typically considered an adequate amount—were 32 percent less likely to develop fibroids than women with vitamin D below this level.

Foods fortified with vitamin D, such as milk and cereal, are good sources of this vitamin. The body also makes vitamin D when skin is exposed to sunlight.

MORE SLEEP MAY HELP KEEP TEENS SLIM Getting more shut-eye might keep teens from putting on weight during their high school years.

Researchers from the University of Pennsylvania tracked more than 1,000 high school students for four years. They found that teens who got more sleep had smaller changes in their body mass index (BMI) from age 14 to 18. BMI is based on height and weight. Every additional hour of sleep helped teens at every level of the BMI scale. But the benefit was strongest among overweight and obese teens. They, too, gained less if they slept more, according to the study.

If teens increased their sleep from 8 hours a day to 10 hours a day, the U.S. might have 500,000 fewer adolescents who are overweight, the researchers noted.
Keep your child safe from bullying

You know or strongly suspect that your child is being bullied. What should you do?

First, take this threat to your child’s well-being very seriously. Bullying in any form—whether it’s repeated name-calling, malicious rumors spread online or actual physical abuse—harms children. Compared to kids who aren’t bullied, children who are bullied are more likely to be anxious and depressed, lose self-confidence and skip—or even drop out of—school.

This means your child clearly needs your support. Here’s how to provide it:

● Tell your child that he or she has done nothing wrong. It’s the bully who’s at fault.
● Teach your child how to respond. Tell your child to stay calm and not to react to the bully, particularly by giving in to demands. Bullies rely on intimidating their victims, so a child who cries or becomes visibly upset when picked on only encourages the bully.

If ignoring the bully fails, your child should be assertive. Tell your child to look the bully straight in the eye and say loudly and firmly something like this: “Stop it right now. If you don’t, I’ll report you to the principal,” or “Do not talk to me like that—and put your fists down now. I am not going to fight.”

● Tell your child to walk away from the bully and to get help from a teacher or other adult, especially if the situation is getting dangerous.

And what if the bullying persists? Keep a written record of each incident, and alert your child’s teacher, school principal or guidance counselor, even if you’re worried becoming involved might embarrass your child. Your child deserves to feel safe.

Source: American Academy of Pediatrics

Depression

Men at risk

Even a tough guy goes to the hospital if a tree falls on his head. So why won’t men seek medical help when their world comes crashing down on them, as it can with depression? Nearly 6 million American men experience depression each year, yet few seek treatment.

Perhaps men don’t realize that depression is a disease and not a weakness. Or maybe they’re not aware that successful treatments exist. No matter the reason, depression is a disease that shouldn’t be ignored by anyone—including men.

Recognizing depression The vast majority of people who seek treatment for depression end up feeling better.

That’s why it’s a good idea to visit your doctor if you’re experiencing these signs and symptoms of depression:

● Loss of energy or increased fatigue.
● Restlessness, anger or irritability.
● A lack of interest in favorite activities, such as sex.
● Sleep problems—either sleeping too much or too little.
● Changes in appetite that lead to weight loss or gain.
● Excessive feelings of sadness, worthlessness or guilt.
● Difficulty concentrating, remembering or making decisions.
● Thoughts of, or attempts at, suicide.

Your doctor can check to see if physical problems are affecting your emotional health. Plus, he or she can refer you to a therapist or counselor who will work with you—using talk therapy or medications—to relieve your symptoms.

It may not be easy to talk about how you’re feeling. But depression can seriously interfere with your work and personal life. Acknowledging it and getting treatment can help you get your life back to normal.

Healthwise

Chronic pain

An alternative source of relief

If you’re living with chronic pain, you probably have an open mind when it comes to finding out what might help you feel better. From backaches to migraines, pain that is chronic can linger for months or even years. And it can be a challenge to treat.

So when your neighbor mentions an herbal remedy or a treatment for pain, such as acupuncture, you might be curious. And you’re not alone. Many people turn to complementary and alternative medicine (CAM)—treatments that aren’t part of standard medical care.

What works? Research into CAM therapies is ongoing. And evidence is often limited, the National Center for Complementary and Alternative Medicine (NCCAM) reports. Still, some therapies might help with certain types of pain. For example:

- **Back pain.** Acupuncture, massage therapy and spinal manipulation (adjustments performed by chiropractors and other health professionals) may help. In fact, two major medical groups now list these as options for when back pain doesn’t improve with measures such as self-care.
- **Neck pain.** Spinal manipulation and acupuncture might offer some benefit in easing this type of pain.
- **Arthritis.** One review of studies found that acupuncture may provide a small improvement in pain and joint function. And there’s some evidence that the supplement devil’s claw might help too. And what about glucosamine and chondroitin? In a large study, the popular dietary supplements didn’t relieve arthritis knee pain for all participants. They did help a small subgroup, though.
- **Headache.** For people who have migraine or tension headaches, acupuncture might help reduce the number and severity of headache episodes.

Seek advice Be sure to talk with your doctor about any therapies you’re considering. Find out if they’re useful and safe. Even supplements labeled natural can cause side effects or interact with other medicines. You can also learn about CAM therapies at www.nccam.nih.gov.

And while your doctor may agree that some therapies might be helpful, you’ll be advised not to use them as a replacement for your regular care.
DADDY DO’S

A guy’s guide to the next 9 months

SURE, SHE’S THE ONE sporting that baby bump. But you, too, have important work to do in the months ahead.

As a father-to-be, you play a key role in supporting your partner and helping to ensure a healthy pregnancy.

IT TAKES TWO Here are some of the ways experts say you can be more involved.

Find out what it’s all about. From books to websites, try to learn more about pregnancy, childbirth and parenting. You and your partner might quiz each other and share pointers.

Go to her prenatal care visits. At one of the earlier appointments, you may hear your little one’s heartbeat. Later, you can even see the baby—and perhaps learn whether you’re having a girl or a boy.

Enroll in childbirth classes at the hospital. It’s a great way to learn what will happen during labor and delivery and how you can help your partner when the time comes.

Don’t light up. If you smoke, you may never have a better reason to quit. Secondhand smoke can harm your baby even before he or she is born. In the meantime, be sure not to smoke around your partner. And talk to your doctor if you need help quitting.

Help her have a healthy pregnancy. There are a lot of other ways you can help your partner and the baby stay healthy. For example:

● Eat a healthy diet together, and avoid alcohol and illegal drugs so that it’s easier for her to do the same.

● Take walks together, as long as it’s OK with her doctor. It’s a great way to bond and help her get some healthy exercise.

● Help her steer clear of things that may be especially harmful to her now, such as harsh chemicals. If you have a cat, don’t let her empty the litter box.

Help prepare for the new arrival. You and your partner can decide how to set up the baby’s sleep area. And you might shop together for a crib, baby clothes and other items you’ll need for the baby. You can even put your mechanical skills on display by installing an appropriate infant safety seat in your vehicle well before your precious cargo’s first ride home.

Sources: March of Dimes; American College of Obstetricians and Gynecologists; U.S. Department of Health and Human Services.

BENIGN PROSTATIC HYPERPLASIA

WHEN SURGERY IS NEEDED

The most common operation for BPH is called TURP

BIGGER ISN’T ALWAYS BETTER.

That’s something you know all too well if you’re a man with benign prostatic hyperplasia (BPH). This condition, which causes your prostate gland to enlarge, can result in frequent trips to the bathroom, difficulty starting urine flow and decreased strength of urine stream.

It’s a nuisance but one you can do something about. Often, medication or minimally invasive procedures are first-line treatments.

But if they don’t relieve your symptoms or the symptoms are especially bothersome, a surgical procedure may be recommended. The most common is transurethral resection of the prostate (TURP).

HOW IT’S DONE While you’re under anesthesia, doctors insert a tool called a resectoscope through the tip of your penis into your urethra—the tube that carries urine away from the bladder.

On the resectoscope is an electrical loop. It cuts away some of the prostate tissue and helps seal blood vessels. Fluid, which is also delivered through the tool, carries the pieces of removed tissue back to your bladder, where they’re flushed from your body once surgery is complete.

Most men will then have a catheter in place for several days after surgery.

The procedure takes up to 90 minutes to perform and usually requires at least a one-night hospital stay. TURP typically has a shorter recovery period than other types of BPH operations.

There are certain risks associated with TURP. One is the potential for retrograde ejaculation. This problem occurs when semen flows into the bladder—rather than out through the penis—during sexual climax. But it usually doesn’t affect the sensation of orgasm.

The important thing is that most men notice real improvement in their BPH symptoms after having TURP.

Ask your doctor if TURP might be right for you.

Source: National Institute of Health

DIABETES AND SEX

WHAT MEN SHOULD KNOW

IF YOU’RE A MAN WITH DIABETES, here’s one more reason why you want to keep the disease under control: It may spare you some problems in the bedroom.

Diabetes damages nerves and small blood vessels, two sets of structures essential for a man’s healthy sex life. But men who manage their diabetes well can reduce their risk for these complications.

A common diabetes-related sexual problem for men is erectile dysfunction (ED), which occurs when a man is unable to have an erection sufficient for sex. It can be caused when diabetes damages nerves and blood vessels in the penis.

ED is also a side effect of some medications, including blood-pressure-lowering drugs, that men with diabetes may take. And unhealthy habits—such as smoking or being inactive or overweight—are also linked to both ED and diabetes.

TALK TO YOUR DOCTOR If you have ED, it’s important that you tell your doctor about your symptoms and medications and if you’re feeling any additional stress, anxiety or fatigue, which can also contribute to ED.

ED treatment may include taking pills, using a vacuum pump to draw blood into the penis, or inserting or injecting medicine into the penis. Surgery may also be an option.

Source: American Diabetes Association; National Institutes of Health
IRRITABLE BOWEL SYNDROME

SOME FOOD FOR THOUGHT

**IF YOU HAVE** irritable bowel syndrome (IBS), you’re likely been bombarded with dietary advice on how to relieve your symptoms.

- Eat more fiber. Eat less fiber. Avoid milk. Have you tried yogurt?

There’s a reason why advice about diet and IBS is wide and varying. It’s because the triggers for IBS symptoms differ from person to person. Even sometimes from day to day.

That doesn’t mean you can’t alleviate symptoms with dietary changes. On the contrary, small adjustments in how and what you eat may be the best path to relief.

**Step 1:** The first line of treatment for most people with Crohn’s disease is **Resection.** In this procedure, diseased sections of the bowel are removed. The healthy ends of the intestines are joined together.

**Step 2:** The second line of treatment for many people with Crohn’s disease is **Medications.** These can include anti-inflammatories, cortisone, steroids and antibiotics. Medicines that suppress the immune system or that destroy TNF are used too.

**Step 3:** The third line of treatment for most people with Crohn’s disease is **Surgery.** Surgery is needed when medicines don’t work or problems arise.

**WHAT IS IT?**

Crohn’s can cause inflammation, swelling and ulcers anywhere in the digestive tract, from the mouth to the anus. It can extend deep into tissues, creating scars, narrow spots, sores and blockages.

Diarrhea, cramping and abdominal pain are common symptoms. Urgent bowel movements, bleeding, bloating and weight loss are too.

Complications can include:

- Developmental problems, including stunted growth.
- Anemia, because of bleeding.
- Bone weakness, sometimes tied to medicines.

When surgery for Crohn’s is needed

Surgery is usually not the first line of defense for someone with Crohn’s disease. But over time, it becomes more likely. In fact, up to 75 percent of people with Crohn’s will have surgery at some point in their lives. Some people choose it. For others, it’s an absolute necessity.

Common procedures include:

- **Strictureplasty.** In this procedure, parts of the colon that become too narrow are reshaped by cutting and restitching the colon without removing any of the intestines.
- **Resection.** In this procedure, diseased sections of the bowel are removed. The healthy ends of the intestines are joined together.
- **Ileostomy.** This removes the colon, the anus and the rectum. Surgeons create a stoma—a hole about the size of a quarter—in the abdomen. The end of the ileum is brought through the stoma. Stool drains out of the stoma into a small plastic pouch called an ostomy bag, which is emptied several times a day.

**Malnutrition,** because nutrients aren’t absorbed well.

- **Fistulas,** ulcers that break through the intestinal wall. Exactly what causes Crohn’s disease remains a mystery for now. Stress and diet aren’t to blame. Genetics and an immune system gone awry are two possibilities.

Researchers also are looking at what role tumor necrosis factor (TNF) might have. It’s a chemical found in people with Crohn’s.

Crohn’s is often diagnosed in teens and young adults, 13 to 30. But it can develop at any age.

**Need a colonoscopy?** Have your doctor schedule your procedure at Citizens Medical Center.

**DIAGNOSING AND TREATING CROHN’S**

There’s no single test for diagnosing Crohn’s disease.

Doctors may do blood work and take stool samples to look for anemia, infection or inflammation. They also do tests that look inside the intestines. These may include colonoscopy, an upper endoscopy, CT scans, MRIs or x-rays. The first line of treatment for most people with Crohn’s disease is medicines. These can include anti-inflammatories, cortisone, steroids and antibiotics. Medicines that suppress the immune system or that destroy TNF are used too.

Surgery is needed when medicines don’t work or problems arise.

Crohn’s is not a one-size-fits-all disease. Treatment plans are highly individualized and must be tweaked and tailored as time goes on.

**LIVING AND LOVING LIFE**

Crohn’s disease is a lifelong, serious illness. Some people enjoy years of remission. Others face ongoing, life-threatening problems.

Treatments are complicated, so building a strong, trusting relationship with a health care team is extremely important.

Quitting smoking is also a must. Smoking seems to make symptoms worse, and surgery more likely, for people with Crohn’s.

The unpredictable—and sometimes severe—nature of Crohn’s can make the disease hard to live with. But people with Crohn’s can and do flourish. They can live full and productive lives, balancing family and careers and enjoying their favorite activities and passions.

Sources: Crohn’s and Colitis Foundation of America; National Digestive Diseases Information Clearinghouse

**A LIFELONG CHALLENGE**

**MANY PEOPLE** haven’t heard of Crohn’s disease, but almost three-quarters of a million people in the United States have it. It’s a serious disease that affects the long, twisting intestinal system that helps us digest food.

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Sources: Crohn’s and Colitis Foundation of America; National Digestive Diseases Information Clearinghouse
Testing, testing
7 diabetes checkups you can’t pass up

Do you have your diabetes under control?
- Absolutely.
- I think so.
- I don’t know.

No matter which box you checked, the real answer may be ‘I don’t know’ if you’re not current with some of the key tests and exams needed for the disease.

Staying up-to-date with these medical must-do’s is one of the most effective ways to prevent, or at least delay, some of the complications of diabetes—complications like stroke, heart disease, or kidney or eye damage.

The examinations listed are performed in medical offices. Some should be done every time you see your doctor. Others can be checked every few months or even just once a year.

But all of them are in addition to—not instead of—your own daily blood glucose (sugar) tests.

The list includes the what, why and frequency of each test or exam. The target numbers recommended by the American Diabetes Association (ADA) are added where appropriate. Your doctor may suggest different goals for you.

Citizens will offer free glucose testing on Nov. 20. See “Diabetes Drive-Thru” in calendar on the back page for details.

<table>
<thead>
<tr>
<th>TEST OR EXAM</th>
<th>WHY YOU NEED IT</th>
<th>HOW OFTEN YOU SHOULD HAVE IT DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C (or eAG, for estimated average glucose)</td>
<td>Your blood cells carry the memory of high glucose contents. The A1C determines average glucose levels from the past few months. It can help determine how well your treatment plan is working for you. A1C results are reported as percentages; eAG results use the same measuring unit as your glucose meter. The ADA recommends:</td>
<td>Have an A1C test when your diabetes is first diagnosed or when treatment begins. Repeat the test at least every 3 to 6 months.</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>High blood pressure, or hypertension, measures the force of blood moving through your vessels. Too much force can damage vessels and arteries over time, raising your risk for heart attack, stroke and other problems. Most adults with diabetes have high blood pressure. Blood pressure is reported in two numbers: systolic (top number) and diastolic (bottom number). The ADA recommends:</td>
<td>Your blood pressure should be checked at every doctor visit.</td>
</tr>
<tr>
<td>Cholesterol (lipid profile)</td>
<td>This test measures the amount of various fats (lipids) in your blood. LDL cholesterol is a bad fat that can clog and narrow your arteries, causing heart disease. HDL cholesterol is good because it essentially cleans LDL from your arteries. Triglycerides are a different type of blood fat that can also raise your risk for heart attack and stroke. The ADA recommends:</td>
<td>Your cholesterol levels should be checked at least once a year.</td>
</tr>
<tr>
<td>Urine microalbumin (or urine albumin)</td>
<td>Most protein should remain in your blood. This test looks for small amounts of a protein (albumin) in your urine, suggesting leakage from your kidneys. The test can be an early alarm bell for kidney problems. Too much protein over time can damage your kidneys to the point of failure. The ADA recommends:</td>
<td>Type 2 diabetes: Have this urine test at diagnosis since you may have had diabetes for years without knowing it. Get tested once a year after that. Type 1 diabetes: You should have your first test 5 years after diagnosis. Then once a year after that.</td>
</tr>
<tr>
<td>Foot exam</td>
<td>A foot check looks for injuries, sores or blisters. A comprehensive foot exam checks the skin on your feet, your foot muscles and bones, and blood flow to the feet. Nerve damage from diabetes often begins in the feet. Ask your doctor for a basic foot check at every visit. Have a comprehensive exam once a year or more often if you have foot problems.</td>
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<tr>
<td>Dilated eye exam</td>
<td>An eye doctor puts drops in your eyes that enlarge your pupils. This lets him or her see the retinal tissue at the back of your eye. Having diabetes puts you at high risk for eye problems, including diabetic retinopathy. Finding eye problems early, however, can help prevent serious complications that may lead to poor vision or blindness. See an optometrist or ophthalmologist—not an optician—at least once a year.</td>
<td></td>
</tr>
<tr>
<td>Dental exam</td>
<td>People with diabetes are at increased risk for gum disease.</td>
<td>See a dentist every 6 months or as often as recommended by a professional.</td>
</tr>
</tbody>
</table>
Taking good care of your diabetes is an everyday goal—at home and wherever you go. But like most changes in your routine, a hospital stay can throw a twist into your usual way of managing the disease. However, when you know what to expect and play an active role in your care, it’s easier to help keep control of your diabetes safely on track. So if a hospital stay is in your near future, talk with your doctor or diabetes educator. Also consider the following suggestions for when you’re in the hospital:

1. **Speak up about diabetes.** Your diabetes team should work with your hospital team. But it’s good to remind everyone involved in your care that you have diabetes—and to wear your medical identification bracelet too. Also, find out how your diabetes will be managed, such as how often and when your blood sugar will be checked and what changes will be made to your diabetes plan. If you start to feel blood sugar highs or lows, let your hospital nurse know.

2. **Talk about your medicines.** Tell your doctor if you’ve had any past reactions to a medicine, and find out how any new medicines or anesthesia might affect your glucose control. Also ask questions about your diabetes medicines, including what to do if you’re sick to your stomach or can’t keep your medicine down.

3. **Discuss your diet.** Talk to the hospital dietitian about your meal plan and the foods you like to eat. Find out if your meals will be adjusted to help keep your blood sugar in your target range and how your glucose will be managed if you can’t eat well.

4. **Help prevent infections.** Diabetes can make you prone to infections. To help reduce your risk, remind caregivers to wash their hands (remember to wash yours too) and ask family and friends to call you—not visit you—if they have a cold, flu or other illness.

5. **Know what to expect at home.** Make sure you understand what to do when you leave the hospital. For example, ask your health care team how your diabetes control might be affected during your recovery and what symptoms should prompt a call to your doctor. Also, be sure you know the time and date of your next medical appointment.

**Source:** The Joint Commission
**TORN MENISCUS**

**HEALING A TEAR TO YOUR KNEE**

**AS YOU CUT TO THE HOOP** during your weekly basketball game, you feel a pop in your knee. You hobble to the bench in pain. Over the next few days, your knee begins to stiffen and swell.

The likely culprit: a tear in one of the shock absorbers in your knee.

Each of these shock absorbers is known as a meniscus. They are tough and rubbery, but over time, they can weaken and tear, according to the American Academy of Orthopaedic Surgeons (AAOS).

**WHAT IS IT?** The meniscus is a crescent-shaped piece of cartilage located between your thighbone and your shinbone.

There are two types of menisci in each of your knees. The medial meniscus is located on the inside of your knee. The lateral meniscus is located on the outside of your knee. Together, they cushion and stabilize your knee joint.

To find a board-certified orthopedic surgeon who can treat knee problems, call 572-5112 and ask for a Citizens physician directory.

**HOW DOES IT TEAR?** Meniscal tears are among the most common knee injuries. Anyone at any age can tear a meniscus. But athletes who play contact sports face the highest risk, reports the AAOS.

In younger athletes, meniscal tears usually occur as the result of some type of trauma to the knee—like twisting it or taking a direct hit to it.

With older athletes, a torn meniscus can be caused by squatting or twisting the knee or through repetitive activities that stress the knee joint, such as running.

As you get older, cartilage in your knee also weakens and wears thin. Simply getting up out of a chair and twisting your knee awkwardly may be enough to cause a tear, notes the AAOS.

Along with feeling a pop, other symptoms of a torn meniscus may include: ● Pain. ● Stiffness and swelling. ● Catching or locking of the knee. ● Weakness. ● Loss of range of motion.

**TREATING IT** To diagnose a torn meniscus, your doctor may put your knee through a series of tests that involve bending and straightening it. X-rays and magnetic resonance imaging (MRI) tests may also be used to detect a tear.

How a torn meniscus is treated depends on the type of tear, its size and location, and your age and activity level. Treatment may include:

- **Using the RICE protocol:** Rest your knee, ice it down, compress it with a bandage and elevate it.
- **Taking medications:** Such as aspirin and ibuprofen, to reduce pain and swelling.
- **Having surgery:** To trim or repair the tear.
- **Taking nonsteroidal anti-inflammatory medicines:** Ibuprofen or naproxen are over-the-counter options.

If these remedies don’t help, see your doctor. He or she may recommend special shoe inserts, physical therapy or injections. In rare cases, surgery may be needed.

**Arthroscopy:** A simpler type of knee surgery

A knee injury can be a major setback to your active lifestyle. But a few minor incisions may be all that’s needed to correct the problem and get you back on your feet.

Knee arthroscopy is a procedure done through small incisions in your knee. It is used to diagnose and treat a variety of knee problems.

According to the American Academy of Orthopaedic Surgeons, knee arthroscopy can be used to:
- Remove or repair torn meniscal cartilage.
- Reconstruct a torn anterior cruciate ligament.
- Trim torn pieces of articular cartilage.
- Remove loose fragments of bone or cartilage.

During the procedure, your surgeon will insert a thin instrument with a camera into your knee through a small incision. The surgeon uses the camera to view the inside of your knee on a television screen.

To make repairs, the surgeon inserts tiny instruments—such as scissors, motorized shavers or lasers—into your knee through additional small incisions.

Because small incisions are used, arthroscopic knee surgery is usually less painful and the recovery is much faster than traditional open knee surgery.

To learn more about knee arthroscopy, talk to your doctor.

**STAND UP TO HEEL PAIN**

**WHEN YOUR HEEL HURTS**, the cause is usually not much of a mystery. Most of the time it’s plantar fasciitis, experts say.

But putting a name to a pain is only the beginning. What you really need to know about this unusual-sounding condition goes deeper. What are the symptoms? Who’s at risk? And, perhaps most important, how do you get over it?

**KNOW THE ANATOMY** The plantar fascia is a long, thin ligament that runs along the bottom of the foot, connecting the heel to the base of the toes.

It supports the arch and absorbs stress on the foot. Too much stress can lead to tears in the ligament, which can then become inflamed and sore.

People at risk for plantar fasciitis include those who:
- Have very high arches or flat feet.
- Are on their feet for long hours.
- Are obese.
- Often barefoot or wear nonsupporting shoes.
- Overdo an activity, such as running.

Typically, the pain from plantar fasciitis extends along the bottom of the foot, especially near the heel. But it’s seldom constant.

Pain is more likely as the inflamed ligament tightens up. Because of that, the soreness is often worse with the first steps in the morning or after sitting for an extended period.

By the same token, people with plantar fasciitis may be pain-free during exercise—when the ligament is stretched and loose—but feel pain again once the activity ends and tissues tighten up again.

**TREAT THE PAIN** Since pain is often related to tightness, exercises that stretch the plantar fascia and the calf muscles can help. Other treatments include:

- **Using ice.** Apply for 20 minutes at a time, three to four times a day.
- **Limiting activity.** Cut back on exercises that make the pain worse. You may need to completely stop activities in which your feet pound on hard services, such as running.
- **Taking nonsteroidal anti-inflammatory medicines.** Ibuprofen or naproxen are over-the-counter options.

If these remedies don’t help, see your doctor. He or she may recommend special shoe inserts, physical therapy or injections. In rare cases, surgery may be needed.

Sources: American Academy of Orthopaedic Surgeons; American College of Foot and Ankle Surgeons.
In addition, certain medications known as ototoxic drugs can damage your inner ear and make you feel off-balance. For example, some medicines in each of these categories may be ototoxic: antibiotics, chemotherapy drugs, heart medications and mood-altering drugs. Ask your doctor if any drugs you take could affect your balance.

If you are having balance problems, your primary care doctor may refer you to a specialist called an otolaryngologist (an ear, nose and throat doctor), who may order tests to determine what’s causing the difficulty.

BACK IN BALANCE Depending on the cause of the problem, treatments may include:

- Medication to control infection or disease.
- Careful movement of your head and body by a doctor to dislodge calcium crystals.
- Specially designed exercises to improve balance.
- Diet and lifestyle changes, such as reducing sodium, avoiding caffeine and alcohol, and maintaining a healthy weight.
- Adjusting medications that may harm your ears.

Try these tips to foil falls

More than 1 in 3 older adults in the U.S. falls every year. To help stay steady on your feet:

- Keep your body strong. Try an exercise program, approved by your doctor, to improve your strength, agility, balance and coordination. Ask if you might benefit from some sessions with a physical therapist.
- Make your home clear and bright. Remove tripping hazards, such as loose rugs, and add extra lighting to help yourself move safely around the house.
- Talk with your doctor about treating any conditions that may raise your risk for a tumble, such as hearing loss, nerve damage, heart and blood pressure irregularities, or arthritis.
- Attach handrails and grab bars on stairs and in the bathroom, and use a cane or walker if necessary.

IT’S GOOD TO HAVE A HOSPITAL you can count on when you’re dealing with a serious illness or injury. But it’s twice as nice when you can get medical care and still sleep in your own bed.

That’s the case with home health care, a type of medical assistance delivered in your home by nurses, therapists, aides and others. According to the National Association for Home Care & Hospice (NAHC), this care is intended for people who prefer to be at home but have medical or other needs that cannot be easily met by family or friends.

Home health care might include:

- Dressing changes by a registered nurse.
- Physical therapy for a stroke survivor.
- Bathing assistance to help a senior maintain her or his independence.

All services are determined by people’s individual circumstances and tailored to their needs.

The Home Health Compare website, www.medicare.gov/homehealthcompare, created by the Centers for Medicare & Medicaid Services, has information about the quality of care provided by Medicare-certified home health agencies throughout the nation. Home Health Compare can help you choose a quality home health agency that has the skilled services you need. The information on Home Health Compare:

- Helps you learn how well agencies care for their patients.
- Shows you how often each agency used best practices when caring for their patients.
- Shows you what other patients said about their recent home health care experience.

Citizens Medical Center Home Health Agency has a good record of quality care and patient satisfaction. For the past seven consecutive years, they have received the HomeCare Elite award for being one of the top home health agencies in the United States. Citizens Home Health Agency has an excellent Home Health Compare score for reducing hospital admissions and visits to the emergency room. For more information about Citizens Home Health, call 579-1105.
**IT’S NO SECRET:** America has a weight problem. Millions weigh more than they should, and about a third of all adults are obese, according to the Centers for Disease Control and Prevention.

The health implications are troubling. Among other things, obesity is linked to heart disease, diabetes, cancer and stroke.

If you’re severely obese—you’re about 75 pounds overweight or you have a body mass index greater than 35—and diet, exercise and medications haven’t worked, it may be time to consider a newer type of weight-loss (bariatric) surgery called sleeve gastrectomy.

**WHAT IS IT?** There are a number of bariatric procedures to choose from. Some limit the amount of food you can eat. More complicated procedures restrict food intake and limit food absorption.

Sleeve gastrectomy falls into the first category. This technique involves surgically reducing a person’s stomach by 85 percent, according to the American Society for Metabolic and Bariatric Surgery.

The procedure permanently converts the stomach into a narrow sleeve that significantly limits how much food can be eaten at one time. People who have had this surgery find even a very small meal to be satisfying, reports the Obesity Action Coalition.

A smaller stomach may also curb appetite by limiting the production of ghrelin, a hormone that sparks feelings of hunger.

Dean McDaniel, DO, director of Citizens Bariatric Center, says sleeve gastrectomy is a good surgical option for many obese patients without diabetes. Gastric bypass surgery continues to be the most effective tool for people with diabetes, due to the high incidence of remission.

**HOW IS IT DONE?** Sleeve gastrectomy is performed laparoscopically, a method where the surgeon makes a few small incisions instead of one large opening. (The smaller cuts heal faster, cause less pain and have fewer complications than traditional surgery.)

The surgeon inserts a laparoscope—a thin tube with a tiny video camera attached to one end—into one of the incisions. The camera sends images of the stomach and surrounding tissue to a monitor. While viewing the monitor, the surgeon uses specialized instruments to reduce the size of the stomach.

A similar, even newer sleeve gastrectomy technique uses only one incision—through the belly button. This method leaves no visible scars, and it further limits pain and speeds recovery. However, it does require even more specialized instruments and greater surgical skill than standard sleeve gastrectomy surgery, according to studies published in the journal Obesity Surgery.

**IS WEIGHT-LOSS SURGERY RIGHT FOR YOU?** According to Dr. McDaniel, to be considered for sleeve gastrectomy, patients need to be at least 75 pounds or more overweight, with weight-related health issues. They should have had no success with other traditional methods of weight loss like diet and exercise. They should also be willing to commit to healthy lifestyle changes necessary for long-term success. Severe obesity is very similar to other chronic illnesses, which require a lifetime of care for good results.

If traditional weight-loss methods aren’t working, ask your doctor if sleeve gastrectomy—or another type of bariatric surgery—is a viable option for you.

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**SINUSES**

**WHEN YOU NEED SURGERY**

**WHEN SINUSES BECOME INFECTED,** medicine is the first line of defense. Nose drops, saline washes, steroid sprays, antibiotics and other medications often help reduce swelling and knock down infections.

But some people develop sinus problems that become chronic. Months—or years—of headaches, pain and misery can follow. Uncontrolled infections can travel to sensitive areas near the sinuses, including the eyes and brain.

So if aggressive use of medications fails, your doctor may suggest sinus surgery.

**THE GOAL OF SURGERY** If sinuses don’t drain properly, pus and secretions can build up and become infected. Air also needs to move freely through the sinuses, or it can become trapped or cause a vacuum. Any of these conditions can lead to pressure and pain.

The goal of surgery is to improve drainage and reduce blockages so that the complex pathways between the sinuses and the nose work better. Surgery helps by:

- Enlarging the natural openings of the sinuses.
- Correcting anatomical problems.
- Removing growths, called polyps.

**TYPES OF SURGERY** Today sinus surgery is usually done entirely through the nose, with no external scars. Surgeons use techniques that cause much less pain and downtime than older surgical techniques.

Sinus surgery options include:

- Functional endoscopic sinus surgery (FESS), which involves inserting a very thin, lighted tool called an endoscope through the nose. This allows the surgeon to see and nasal anatomy.
- Balloon catheter sinuplasty, a minimally invasive technique that uses a soft, flexible wire threaded through the nose to reach the sinuses. A small balloon attached to the wire is then gradually inflated to gently reshape the blocked areas.

Used alone, sinuplasty doesn’t require cutting, so it preserves the original nasal tissue. But depending on the location, extent and cause of sinus problems, doctors may use a hybrid approach, combining sinuplasty with other sinus surgery techniques for the best results.

**WHAT’S THE PROGNOSIS?** Patients typically return to their regular activity within a few days after sinus surgery, reports the American Rhinologic Society.

According to the National Institute of Allergy and Infectious Diseases, most people have fewer symptoms and better quality of life after sinus surgery, although surgery may not completely eliminate sinusitis.

As with any surgery, there are risks involved with sinus surgery. Your doctor will consider many factors before recommending surgery, including your medical history and nasal anatomy.
THE ANATOMY OF SMOKING
HOW TOBACCO AFFECTS YOUR BODY

IF YOU’RE A SMOKER, you may know you should stop. That’s a good start toward quitting.

But you need a powerful reason to quit for good. Knowing the truth about how smoking harms your health may be what it takes.

It’s a fact that smoking is bad for nearly every part of your body. Some places smoking does damage are at right.

And smoking raises your risk for eye disease and dental problems.

Women who smoke tend to have more problems with pregnancy. These include:

- Premature births.
- Low-birth-weight babies.
- Stillbirths.

And their babies are more likely to die of SIDS (sudden infant death syndrome) than babies whose mothers don’t smoke.

TURN YOUR RISKS AROUND On the bright side, there are many benefits to giving up smoking. They are listed at www.morehealth.org/quit/four.oldstylegood. There you’ll also find a guide to help you quit.

Why wait? If you quit now, your health risks start dropping now too. And they keep going down, no matter how long you’ve smoked.

The National Tobacco Quitline can also help you quit for good. Call 800-QUIT-NOW (800-784-8669).

Source: Centers for Disease Control and Prevention; American Academy of Orthopaedic Surgeons

The Great American Smokeout is Nov. 21. Make it the day that you quit for good! Go to cancer.org/smokeout to learn more.

Airways
When you smoke, the soft tissues in your lungs are inflamed. This can lead to serious disorders. One is chronic obstructive pulmonary disease. Smoking can also bring on cancer in your:

- Lungs.
- Throat.
- Mouth.

Bones and tendons
Smoking raises the risk for osteoporosis in both men and women. This is when bones grow weak and are more likely to break.

Smokers are also at higher risk of:

- Overuse injuries, like tendinitis.
- Traumatic injuries, such as sprains.

IF WE TRULY wore our hearts on our sleeves, doctors would have no trouble examining our tickers. However, to get a good look at this crucial organ, you need to see inside the heart itself.

Cardiac catheterization offers one way to do that.

In this procedure, a doctor places a thin tube called a catheter inside a large artery (blood vessel) that leads to the heart. Through the catheter, the doctor can check for many types of heart problems, including blockages that hurt blood flow and could trigger a heart attack.

Traditionally, the catheter is placed in the femoral artery—a large artery in the groin that leads to the heart. Doctors in the U.S. are beginning to place the catheter in the radial artery, which is located in the wrist. The majority of heart catheterizations in many countries are radial.

Studies have shown benefits to entering the heart through the wrist. Bleeding complications are reduced and patients may experience less discomfort because they can sit up, walk and eat immediately after the procedure.

As with any procedure, radial cardiac catheterization has some risks. Arterial spasms and blood clots may happen in a few cases. Generally, however, the procedure has low complication rates.

WHO NEEDS IT AND WHY Your doctor may recommend a cardiac catheterization for a variety of reasons. He or she may want to:

- Check out why you’re having chest pain.
- Look for a heart defect.
- Examine your heart before surgery.
- See how well your valves are working.
- Take samples of your heart muscle.

According to Tywaun Tillman, MD, FACC, Medical Director, Citizens Medical Center Cardiac Cath Lab, interventional cardiologists at Citizens have performed an increasing number of radial cardiac catheterizations in the past few months for patient comfort and ease and rapidity of discharge. He says although the new procedure may get you back on your feet quicker, in some cases, the femoral approach is still the best to fix the problem.

Ask your doctor which catheterization method—through the groin (femoral) or the wrist (radial)—is best for you.

Source: American Heart Association; National Heart, Lung, and Blood Institute
HealthWISE provides corporate health services to area employers, promoting healthy individuals and businesses in a way that benefits our entire community.

572-5064