

Florida Wellcare Alliance, LC

Healthy Living

complimentary healthcare information for patients

Volume 15, Number 2

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Raynaud's Disease

Raynaud's disease is a rare disorder of the blood vessels, usually in the fingers and toes. It causes the blood vessels to narrow when you are cold or feeling stressed. When this happens, blood can't get to the surface of the skin and the affected areas turn white and blue. When the blood flow returns, the skin turns red and throbs or tingles. In severe cases, loss of blood flow can cause sores or tissue death.

Primary Raynaud's happens on its own. The cause is not known. There is also secondary Raynaud's, which is caused by injuries, other diseases, or certain medicines.

People in colder climates are more likely to develop Raynaud's. It is also more common in women, people with a family history, and those over age 30. Treatment for Raynaud's may include drugs to keep the blood vessels open. There are also simple things you can do yourself, such as

- Soaking hands in warm water at the first sign of an attack
- Keeping your hands and feet warm in cold weather
- Avoiding triggers, such as certain medicines and stress

Courtesy of NIH: National Heart, Lung, and Blood Institute

SURGICAL SITE INFECTIONS

Denis W. Grillo, D.O., F.O.C.O.O.

Infections after surgery are uncommon but do occur. Currently there is a lot of information about superbugs – bugs that are resistant to bacteria, MRSA – methicillin-resistant Staphylococcus aureus, is one often mentioned, and can be acquired in nursing homes and hospitals. Patients have some reason for concern, but there are some steps that can be done to prevent surgical site infections. Things can be done by both doctor and staff, as well as the patient to reduce the risk of infection and decrease the chance of hospital stay, readmission or even death after surgery from infection. Surgical site infections are a complex problem and there are multiple factors that influence this situation and cause it to occur.

Typically, if you have surgical site infection, you will notice reddening of the skin. There is a normal bit of irritation from the surgery and some pinkness because of increased blood supply to the area of repair after surgery, but excessive redness, warmth, pain or tenderness and of course any discharge from the site that are not expected should be examined by your doctor. Many times a drain is placed in the wound to remove fluid from the surgical site.

At the time of surgery, doctors and nurses perform many preventative measures; they use an antimicrobial, antibacterial soap to wash the site. They used to shave the skin clean, but they now know that shaving causes little micro tears in the skin and these

tears can cause bacteria that lives on the skin to get underneath the skin, so shaving close is no longer the routine.

Antibiotics are used before the surgery, during the surgery and after the surgery but a shorter duration is used now because of well-known possibilities of the bacteria becoming resistant to the drug if there is long exposure.

There are devices to keep the body warm since cold temperatures in the OR that fight bacterial growth are not necessarily good for the patient. Oxygen is given to increase the oxygen level in the blood. This lowers the chance of having postoperative complications.

What are some of the things that you can do to cut down your chance of having a postoperative infection? There are several and they are very easy to do. First of all, if you are a smoker, you should quit two weeks before the surgery and for two weeks after the surgery (This is a great time to quit smoking altogether. As you know it is a major health and cancer risk.) Toxins in the cigarette smoke affect red blood cells and constrict the blood vessels and decrease blood supply to areas. This includes the surgical site which needs a good blood supply to heal. *Continued on page 2*

Surgical Site Infections

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Let the surgical staff do any hair trimming. Do not do that on your own. Do not drink alcohol as that can elevate blood sugars and hinder healing. If you are diabetic, make sure you maintain good blood sugar control as diabetic patients who are out of control run a higher risk of problems with wound healing, including surgical site infections. A healthy diet high in protein before the surgery is very helpful for wound healing. Let the doctor know if you have a tendency to get sick and nauseous and vomit easily as sometimes the anesthetic agents can cause that and postoperative nausea and vomiting cause dehydration, and decreased absorption of nutrients, which can delay wound healing.

Two other things that can be helpful but you need to discuss with your surgeon before doing: One is showering and shampooing with an antibacterial soap the night before surgery and the morning of surgery to make sure you have clean skin and proper hygiene. Also, some doctors will culture the inside of the nose for methicillin-resistant *Staphylococcus aureus* and sometimes place a special type of antibiotic ointment in the nostrils before surgery. The reason is that methicillin-resistant *Staphylococcus aureus* is commonly found in the nose and it is well-documented that people touch their face multiple times a day and without thinking touch other areas, and this can include the wound site. So, sometimes this is done as a precaution.

These are a few things that might help avoid a post-operative infection if you are contemplating surgery. Always discuss your plans with your surgeon first.

Dr. Grillo is Board Certified in Otorhinolaryngology and Facial Plastics. He has been practicing in Citrus County since 1998 at Crystal Community Ear, Nose and Throat in Crystal River.

Counting Carbs? Understanding Glycemic Index and Glycemic Load

Some studies suggest that sticking to foods with a low glycemic index may help prevent diabetes, cardiovascular disease and cancer. Some claim it helps with weight loss.

The Glycemic Index and Glycemic Load concern carbohydrates. Carbs with a simple chemical structure are called sugars. Sugars are found naturally in foods like fruits, vegetables and milk products and are added to many foods and drinks. Complex carbs, like starches and fiber, are found in whole-grain breads, cereals, starchy vegetables and legumes.

Your digestive system changes carbs into glucose, a type of sugar that your body uses for energy. Simple carbs are more quickly digested and absorbed than complex ones, so simple carbs can raise your blood glucose levels faster and higher.

People with diabetes need to manage their blood glucose levels. High blood glucose can damage tissues and organs. It can lead to heart disease, blindness, kidney failure and other problems. If you have diabetes, controlling your blood glucose will prevent or delay these health complications. So it's important to understand how foods and drinks affect your blood sugar.

"The evidence seems to support the concept that the more complex carbohydrates will lead to better blood sugar control than the more simple sugars," says Dr. Staten, an NIH diabetes expert. Researchers developed the Glycemic Index to measure the quality of carbs in foods. It shows how carbs in different foods raise blood sugar. White rice, for example, has a higher Glycemic Index than brown rice, which has more complex carbs.

But it's not just the types of carbs that matter. The more carbs you eat, the more your blood sugar rises. "The Glycemic Index doesn't take into consideration how much you eat," explains Dr. Mahabir, who studies cancer risk at NIH. That's why researchers came up with the concept of Glycemic Load. It captures both the types of carbs in a food and the amount of carbs in a serving. Essentially, it shows how a portion of food affects your blood sugar. Many things affect the Glycemic Load, including food processing, how ripe a fruit is, how a food is prepared and how long it's been stored.

Studies of people who use these concepts to guide their diets have found mixed results. "There's evidence to show that Glycemic Index and Glycemic load are not associated with body weight," says Dr. Catherine Loria, an NIH expert on nutrition and heart health. "There's really not enough evidence to show if Glycemic Index is related to heart disease." A possible link to cancer is also being explored.

Glycemic Index and Glycemic Load aren't things you'll see on a label, so they're not easy to use. But labels do show helpful information: calories, total carbohydrates, sugars and fiber. "It makes sense for everybody, not only diabetics, to eat the more complex carbohydrates because they will be more gradually absorbed, and blood sugar highs and lows will be smaller," Staten says. Whole foods with complex carbs will give you more minerals and vitamins, too, and are usually good sources of fiber.

Courtesy of NIH

Stevens-Johnson Syndrome

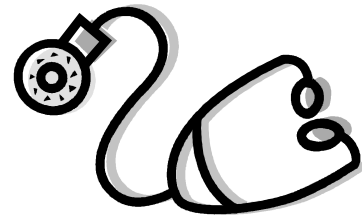
Stevens-Johnson Syndrome is a rare, potentially deadly disorder in which your skin and mucous membranes react severely to a medication or bacterial infection. Another form of the disease is called Toxic Epidermal Necrolysis, and this also usually results from a drug-related reaction. One drug, the cox-2 inhibitor Bextra, is already linked to these disorders. Other drugs that have been linked to Stevens-Johnson Syndrome include some other NSAIDs (non-steroid anti-inflammatory drugs), Allopurinol, Phenytoin, Carbamazepine, barbiturates, anticonvulsants and sulfa antibiotics. In some cases there is no known cause for the onset of Stevens-Johnson Syndrome.

While Stevens-Johnson Syndrome can affect any age group, it occurs most commonly in older people because they tend to use more of the drugs associated with the disease. People who have AIDS are also at an increased risk. It is vital that those taking drugs that could result in these skin diseases can identify the symptoms associated with these problems. The earlier the symptoms are recognized, the faster treatment can be begun.

Often, Stevens-Johnson Syndrome begins with flu-like symptoms such as cough, aching, headaches, and fever, followed by a painful red or purplish rash across the face and the trunk of the body. The rash can continue to spread to other parts of the body and forms blisters. It eventually causes the top layer of skin to die and peel.

Stevens-Johnson Syndrome presents a medical emergency that usually requires hospitalization. Treatment focuses on eliminating the underlying cause, controlling symptoms and minimizing complications. With Toxic Epidermal Necrolysis the most common cause of death is infection. This disease can leave the skin looking as though it has been burned, and areas where skin has peeled can seep and become infected.

Treatment is done in the hospital, and if the cause of the problem is drug related, then those drugs are stopped, with immediate effect. You will need to permanently avoid the medication and all others related to it. Recovery after Stevens-Johnson Syndrome can take weeks to months, depending on the severity of the condition. Surviving patients are treated intravenously to replace lost fluids, and the skin is left to re-grow on its own. The chances of survival depend on the level of damage and the degree of infection acquired by the patient.



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Secondhand Smoke

Secondhand smoke is a mixture of the smoke that comes from the burning end of a cigarette, cigar, or pipe, and the smoke breathed out by the smoker. It contains more than 7,000 chemicals. Hundreds of those chemicals are toxic and about 70 can cause cancer.

Health effects of secondhand smoke include:

- Ear infections in children
- More frequent and severe asthma attacks in children
- Heart disease and lung cancer in adults who have never smoked

There is no safe amount of secondhand smoke. Even low levels of it can be harmful. The only way to fully protect nonsmokers from secondhand smoke is not to allow smoking indoors.

Courtesy of Centers for Disease Control and Prevention

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Crohn's Disease Research Trial

Crohn's Disease affects many Americans. Physicians in your area are currently seeking volunteers to participate in a clinical research study evaluating an investigational medication for people with Crohn's Disease. You may be eligible if you

- Are between the ages of 18 and 75
- Have a diagnosis of Crohn's Disease by a physician
- Have taken OR could not tolerate OR have not had an adequate response to an anti-TNF medication (such as Humira®, Remicade®, Enbrel®, Cimzia® or Simponi®)
- Have not had bowel surgery within the past 3 months

Qualified participants may receive study related medication and study related medical exams at no cost for up to 11 months. Compensation for time and travel is available for qualified participants.

For more information call:

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CHRONIC CONSTIPATION?

Nature Coast Clinical Research is conducting a clinical research study evaluating the safety and effectiveness of an investigational drug in treating people with chronic constipation.

You may qualify for this research study if you:

- Are 18 years or older
- Have fewer than 3 bowel movements per week
- Straining, Lumpy or hard stools, Sensation of incomplete evacuation after a BM

Qualified participants will receive study related medical exams and study related medications at no cost. Insurance is not needed. Participation includes up to 11 visits to the study center. Compensation for time and travel is available for qualified participants.

For more information call:
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Do you currently suffer from moderate to severe Ulcerative Colitis?

Ulcerative Colitis (UC) is a lifelong condition that can seriously affect quality of life for thousands who suffer from this painful condition. Unfortunately, current treatments only help manage the symptoms—not the disease.

We are currently looking for volunteers to participate in a clinical research study to evaluate treatment and safety of an investigational medication compared to placebo (*an inactive look-alike substance*) in patients who have not received or not responded to other therapy in relieving moderate to severe UC.

All study medication, placebos (*an inactive look-alike substance*) and study-related examinations and procedures are provided at no cost. Qualified participants may be eligible for reimbursement for time & travel.

You may be qualified to participate if you:

- are between 18 and 65 years of age
- have a positive histological diagnosis of ulcerative colitis
- are willing to participate in the study, complete participant assessments and attend scheduled clinical visits
- satisfy all of the eligibility requirements

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411 W. Highland Blvd.
Inverness, Florida 34452
Phone: 352 341-2100
Fax: 352 341-0363

NCCR Crystal River Office
6122 West Corporate Oaks Dr.
Crystal River, Florida 34429
Phone: 352 563-1865
Fax: 352 563-2169

www.naturecoastresearch.com

CONTACT THE OFFICE NEAREST YOU FOR MORE INFORMATION!

Clinical Trial Information Form

Please call me with more information about...

INVERNESS OFFICE

CRYSTAL RIVER OFFICE

- Chronic Constipation
- Chronic Liver Disease/Liver Cirrhosis
- Constipation Induced by Pain Medication
- Crohn's Disease
- Diabetic Gastroparesis
- Diabetes—Type 2
- Hepatitis C
- High Cholesterol
- High Triglycerides
- Irritable Bowel—Constipation
- Irritable Bowel—Diarrhea
- Shingles Vaccine in Patients With Cancer History
- Ulcerative Colitis
- Weight Loss with Cardiac History

- Acute Coronary Syndrome (ACS) (post heart attack treatment)
- C-diff Vaccine Prevention
- Chronic Obstructive Pulmonary Disease (COPD)
- Constipation Induced by Pain Medication
- Endometriosis
- Glaucoma
- Gout
- High Cholesterol
- High Triglycerides
- Hot Flashes
- Irritable Bowel—Diarrhea
- Secondary Amenorrhea
- Uterine Fibroids
- Weight Loss with Cardiac History

COMPLETE AND MAIL THIS FORM

Name _____

Address _____

Phone _____