Welcome once again to my medical report. We will continue the series on Type-2 diabetes complications, surgical bladder issues, and because of the length of the report I will discuss spine issues next month. I hope you have had a great summer with family and friends. This is the third most rain we have had in history in the mountains. If mold is a problem for you, you better stay on allergy meds. Very soon a cortisone nasal spray will be available over the counter (Nasocort), which is a great preventative.

Subjects this month:

1. **Screening for lung cancer** in high risk smokers; Air pollution and lung cancer; cigarette taxes, pot smokers
2. **More on doctor’s training** and how it will affect you
3. **Governmental help** for financial issues
4. **Celiac disease** and risk of lymphoma
5. **More on complications of Type-2 diabetes**—vascular-heart and stroke
6. “The irony of it all”
7. Ticks and **Lyme Disease**
8. Follow up on Adult **Sleep Apnea**-dental appliances
9. Surgery for **incontinence and pelvic prolapse**-a complicated issue
10. **Spices** from foreign countries contaminated with Salmonella
1. Screening for lung cancer in high risk smokers; Air pollution a significant cause of lung cancer

Screening guidelines for lung cancer were developed earlier this year by the American Cancer Society's National Committee on Screening Guidelines, of which I am humbled to be a member, and we recommended low dose CT scans of the lung for smokers who have smoked for 30 pack years (meaning 1 pack a day for 30 years or 2 packs a day for 15 years, etc.). These Americans are at much higher risk for lung cancer, so with evidenced based data, we came out with these recommendations. These low dose CT scans have saved 20% of these high risk patients from dying of lung cancer. Keep in mind, that lung cancer does not have clear cut symptoms early, as does pancreatic, esophageal, and ovarian cancer. Consider there are 94 million smokers in the USA, and lung cancer accounts for 28% of deaths from cancer in men and 24% in women, this is a huge saving of lives. There is a downside to the tests, and that is false positive results requiring lung biopsies, and repeat radiation exposure and surgery to define the disease, but the risk/benefit ratio is worth it. Although not in these guidelines, if I knew I was exposed to a lot of harsh inhalants at work or radon (20,000 lung cancers are caused by the gas radon, which is in the soil especially of older houses under the house), I might be talking to my doctor about this program. For the high risk smokers who have quit in the last 10 years, or are still smoking, it is a no-brainer. Talk to your doctor!!

**Chest X-Ray**

**CT Scan showing cancer**
Medscape has announced that, in fact, air pollution is a major factor as a contributing cause of adenocarcinoma of the lung. Add smoking and an unhealthy lifestyle, and it is no wonder that lung cancer is still a leading menace for the world.

Industrial pollution, water pollution from chemical plants, mercury levels in our seafood, GMOs (genetically engineered vegetables), and pesticides that prevent loss of crops, foods from polluted waters (especially from the Orient), hormonal stimulation of poultry, meats, and dairy products with added antibiotics all are potential causes of cancer. There is even the pollution of water from lawn pesticides, and that is just the short list. Air pollution must be added to the list. Clean air is a serious commodity in industrial areas of the country and metro areas. Yet, do we turn our back on our natural resources? These are huge ethical and moral questions. Early cancer in photo from CT.

We are killing ourselves without regulations on our industries, and yet what is the balance between having adequate food for the world and consuming bad sugars, fats, and gaining too much weight? Is it no wonder that, as we try to prevent disease, have better treatments, that the cost of medical care continues to consume our GDP. It is a question we must ask and address in this new century. Technology keeps us alive longer, but AT A SERIOUS PRICE. How do we address all of this with a government that is persuaded to turn their heads because of special interest lobbying, and self-preservation by our Congress? Do they have our health interests at heart???

Also, while we are on the subject, here is some more brand new information:

**Action Points**

- Cigarette tax hikes were correlated with a lower number of binge drinking bouts among male smokers and lower amount of alcohol consumed when they did drink.

Compared with male smokers who were not hit with any cigarette tax increases, those who were hinged seven fewer times a year -- a 22% drop -- and drank 11% less -- roughly a third of a drink -- per “episode,” according to a study published online in *Alcoholism: Clinical and Experimental Research*.

Excessive drinking costs the U.S. about $234 billion each year, noted Sherry A. McKee, PhD, of Yale University School of Medicine and colleagues.

"We were surprised at the strength of the associations between increases in cigarette taxes and reductions in alcohol consumption," McKee told *MedPage Today*.
And finally, a study came out that has dismissed linking pot smoking and lung or throat cancer. Go figure!!! It would still be an unwise choice for anyone with allergies, lung trouble, and young people, as it clearly leads to smoking cigarettes and taking heavier drugs. As a medical drug, it is very helpful.

2. Follow up to the reporting on doctor’s training

Last month, I reported that the number of hours allowed for residents in training work was reduced in hopes of decreasing the number of mistakes made on hospital patients. Recent studies have disproved this hypothesis, and now it is reported that the 16 hours first year surgical residents are allowed to work has cut their experience in surgery by 25%. It was stated in Medpage that this will likely increase the number of years of training because of less surgical experience per year. It also means doctors just out of training need more supervision.

Residencies for surgical specialties are already 4 and 5 years long. If a doctor wants to receive extra training in a subspecialty fellowship, that can add another couple of years. After 4 years of college, I spent 4 years in medical school, 1 year in an internship, 1 year in General Surgery residency, and 3 years in ENT, Head and Neck Surgery, and Facial Plastic/Reconstructive Surgery. That is 13 years of sacrificing, working incredible numbers of hours (back then), and I added 2 years in the Air Force as a flight surgeon during the Vietnam War....15 years before I went into private practice. Sacrifice can go on only so long, and then doctors have to face the prospect of making little more than those in other professions that were 5-7 years in training. Add an average of $350,000 debt to pay off. Expect a different kind of doctor in the future, with doctors working shifts essentially, hospitalists (not a bad thing) instead of your own doctor taking care of you in the hospital, seeing whoever is on call, and less doctor-patient relationships. It is a shame! Don’t let the government make the doctor the bad guy. There are bad apples in every profession, and they get the publicity. I know of no profession that is more dedicated to
helping those that they serve. Be kind to them and their staff, and hopefully it will be returned to you.

The latest news from the government is that doctors are not walking away from new Medicare patients. So far, they still need Medicare to sustain their practice, and Medicaid will soon pay the same as Medicare (still a small % of the bill). I don't see that changing really, because the aging of our population continues, and that means Medicare and now Medicaid patients will increase in numbers. In the future I will report on “Concierge doctors”. You can sign up for Obamacare in October.

One last thing! This is what Wellpoint Healthcare says about Obamacare. By the way, in 2000 the medium income was $54,841 and it is now $50,054. Ref: CENSUS BUREAU. This impacts the cost of healthcare once Obamacare starts in October. This huge health company plans on making millions more because of increased premiums.

WellPoint sees Obamacare as cash-generator
Shares of locally based WellPoint Inc. are trading near their all-time highs just as the Affordable Care Act, once seen as a threat to its bottom line, begins to take effect. In fact, WellPoint CEO Joe Swedish predicts the health care law known as Obamacare will boost the company's operating revenue 27 percent to more than $90 billion over the next three years. WellPoint's profit margins would likely shrink under Obamacare—since government plans like Medicaid and Medicare don't pay as handsomely as employer-sponsored insurance plans and since highly regulated exchanges and new profit caps pinch per-customer profits. But volume is on pace to offset lower margins. The company provides health benefits for almost 35 million Americans. USA TODAY's J.K. Wall has the story.

3. Governmental help for financial issues

Help for Difficult Financial Times
If you're having financial struggles, consider looking into government programs that may help.

To guide you, we've highlighted some resources on our page Help for Difficult Financial Times, including information on:

- Housing counseling and mortgage relief
- Grants, loans, and financial aid
- Free or low-cost health insurance
- Education and training opportunities
- Food assistance programs
4. Celiac disease and increased risk of Lymphoma

Celiac disease is from gluten allergy. The small bowel has loss of the lining (villi) and therefore can’t absorb necessary nutrients. Recently, it has been found that because of this loss, the immunologic abnormalities, and possibly the medications taken to fight the disease has increased the risk of non-Hodgkins lymphoma. I have previously reported on all these immunologic bowel diseases, and to refresh your memory on this disease, I refer you back to # 14 on my website www.themedicalnewsreport.com

Don’t forget: be sure you are getting foods that are GLUTEN FREE. The FDA is getting involved with this, and issued guidelines. I suspect, the food industry will quit cheating the public with products are not really without any gluten. READ THE LABELS CAREFULLY! Just because it say gluten free, is not necessarily so.

It should have no more in the food! than 20 parts per million

5. Type 2 diabetes continued-diabetic complications—part 2—vascular (heart, stroke, hypertension)

Type 2 diabetes comes with serious complications. Last month I reported eye and skin complications. This month, I will report on vascular complications. Diabetes is a classic disease that needs to be prevented by improving behaviors including the diet, with ideal weight, regular exercise, and strict diabetic control. The July 4th edition of the NEJM has shown that there is only a modest improvement in vascular complications such as cardiovascular
disease and stroke. Losing 7-8% of body weight will improve the control or even stop the need for anti-diabetic meds. Once the diabetes begins, which frequently goes undetected in children and adults for some months or years, will create the environment to enhance the progression of these vascular diseases. Heredity plays a role as well. Most diabetics are hypertensive.

Glucose build up in the blood will key inflammatory markers that start or enhance atherosclerosis, the primary process that causes hardening of the arteries, blockage, heart attacks, strokes, hypertension, and peripheral artery disease in the legs. The #12 report examines the symptoms of heart attack, and the #4 report defines the signs of stroke. I have reported on hypertension too. You need to review that on the website by clicking on this link www.themedicalnewsreport.com

Peripheral artery obstruction will be discussed next month, but understand there is no other disease like diabetes that sets up vascular complications in such a high percentage. Fighting diabetes is fighting vascular disease! There is new data about guidelines for the use of clot busters (t-PA) for heart attack and stroke. I will get to these important issues in the future including cardiac arrest and CPR.
6. The irony of it all!

Today’s Lesson in Irony.

The Food Stamp Program, administered by the U.S. Department of Agriculture, is proud to be distributing this year the greatest amount of free Meals and Food Stamps ever, to 46 million people.

Meanwhile, the National Park Service, administered by the U.S. Department of the Interior, asks us "Please Do Not Feed the Animals." Their stated reason for the policy is because "The animals will grow dependent on handouts and will not learn to take care of themselves."

Thus ends today’s lesson in irony.

7. Tick borne Lyme Disease

The eastern borne tick is the cause in our part of the US. These ticks bite infected animals (deer and mice) and become themselves infected with *Borellia burgdorferi*, which bites humans and give them a disease called Lyme Disease. Not all ticks are infected, and not all humans bitten get Lyme Disease. In fact, the longer the tick feasts on you, the greater the chance. DEET in insect spray is the best chemical to put on your skin, and permethrin is best to spray on your clothes. Examining your pets and yourself is a must to see if these ticks are present. If they are, be sure and use a tweezer and carefully pick them off (see photo).

Once you become infected, a classic bulls-eye rash occurs at the site. If not treated, the rash will extend.

Symptoms of a flu-like syndrome occur in a few days to weeks, and if not treated in 1-4 months serious symptoms occur (severe fatigue, muscle pain, numbness and weakness of the legs, heart rhythm trouble, heart muscle inflammation, arthritis, memory and cognition issues, headache, pain, facial muscle weakness, and confusion. You can imagine if the rash was not discovered, how a multitude of diseases would have to be ruled out.
Blood tests (ELISA, Western Blot) can diagnose the disease, but it takes 3-4 weeks before the test will be reliably positive).

Fortunately, there are good antibiotics to treat the illness (doxycycline, amoxicillin, cefuroxime 2-4 weeks. Severe cases may need IV ceftriaxone.

Of the 10-20% that continue symptoms described above, these patients need to treated just as chronic fatigue syndrome, and fibromyalgia (see my previous reports for these autoimmune diseases). The chronic form of Lyme disease acts like an autoimmune disease. The good news is over months to a few years, most of these patients get gradually get well. (ref: CDC, NEJM). However, a small percentage continue with debilitating symptoms.

8. A follow up on Sleep Apnea (CPAP, dental appliances, surgery)

Sleep study
Tongue blocks airway
one example

Dental prosthesis forces the lower jaw forward bringing the tongue off the back of the throat and relieving the blockage
A suggested list of steps to find out about and treat obstructive sleep apnea

1. See your doctor and get a consult with an ENT doctor or pulmonary specialist (these 2 specialists know the most)
2. Get a sleep study (polysomnogram) from a certified Sleep Center
3. See your specialty doctor again about the severity and type (not all sleep apnea is obstructive). Know if you have an impaired nasal and or oral airway that needs correcting
4. If severe enough (apnea index needs to be known), get advice about treatment, weight loss, allergies, and dental/jaw abnormalities
5. Options should always start with a non-surgical method (check with insurance company about coverage):
   a) CPAP—continuous airway pressure machine is the most helpful
   b) Dental appliances to bring the lower jaw forward during sleep
   c) Calibration of the CPAP machine is necessary to be sure the obstructive apnea is being fixed with the proper pressure
   d) A dental appliance should be tested in the sleep lab as well to be sure it is dropping the number of apneic episodes and snoring to a safe level (several adjustments over a few weeks or months will be necessary)—be sure you are seeing a dentist who is experienced in these appliances
   e) If the CPAP does not work for you or you can’t tolerate it, try the dental appliance (do not buy anything over the internet)
   f) If neither work, return to an experienced ENT surgeon who does nasal and/or oro-pharyngeal surgery for apnea (uvulopharyngopalatoplasty). Severely obese patients may need a tracheostomy to treat their apnea.

Remember I have reported extensively on sleep apnea, so consult the website or open the sleep apnea attachment from last month's report. These are my thoughts...since this was part of my specialty.
9. Bladder Incontinence/Pelvic Organ Prolapse—surgical correction

There are 5 things to remember about helping to control mild urinary incontinence. With 32 million Americans with incontinence, it is a good idea to follow these recommendations:

1. Keep your weight ideal
2. Don’t smoke
3. Work out and tone your muscles, especially do Kegel exercises
4. Minimize bladder irritants (caffeine, alcohol, carbonated beverages, artificial sweeteners-aspartame is in most but Stevia, spicy foods, citrus fruits and juices)
5. Don’t strain with bowel movements

For those who have pelvic organ prolapse with incontinence there is surgical repair. Hysterectomy would help. It would be the first organ to go if past the child bearing era. Bladder suspension and pelvic prolapse surgery have been around a long time. What was once accepted lost its appeal because of apparent easier surgeries with mesh implants. Now because of complications of mesh implants, especially placed through the vagina, the previously popular surgeries were updated and improved with laparoscopic approaches. Here is normal pelvic anatomy (photo below, left), and the second photo (right) shows what happens when the rectum prolapses (compresses urethra and vagina).

Pelvic Anatomy

Rectum prolapse compressing urethra
For pelvic muscle relaxation, with multiple births, weight gain, inactivity, etc., gravity plays a major role along with other factors to create both urinary and fecal incontinence, pain, and a host of other symptoms. The bladder, uterus, and rectum all play a role in prolapse. Surgery demands several things before surgery, and the results won’t last long without proper preoperative preparation, like weight loss, exercise, Kegel and pelvic exercises (see photos below). Actually a physical therapist would be a good suggestion before considering surgery.

**Pelvic exercises a must!**

**Variety of pessaries for mild symptoms**

The muscles can’t be replaced, so mesh implants became popular either through the abdomen or trans-vaginally. Either approach can be successful. However, extrusion of the mesh can occur, especially the transvaginal approach, which was much easier to perform (have you seen the lawyer ads?). The FDA warns about the mesh extrusions. The slings and Burch types of sling and suspensions are now becoming popular again, because they create fewer complications. You must consult a very experienced uro-gynecologist. Two surgeons have a clinic in Atlanta and Beverly Hill, California, and you should go to their website and check it out (see below). I don’t know them from Adam, but uro-gynecology is a very sub-specialized small group of surgeons, and I would certainly consider the most experienced surgeons if my wife had these problems.

**Burch Urethropexy**

**Suspension of bladder and Urethra to pubic bone**
Shown as bulge in vagina

Mesh implant placed to support organs

Mesh implant placed through the Abdomen

Robotic endoscopic surgery is one technique to consider

This group in Atlanta is the type of surgeon you should consult, but start with the doctors you trust that have nothing to gain by recommending specific doctors.

There are many types of pelvic issues and types of incontinence with many options to treat.

10. Salmonella contamination in spices from foreign countries
The NY Times reported that there is significant Salmonella contamination in spices found in open markets in Mexico. There is no reason to believe that holds for other countries from coriander to basil. If you bring back these spices, do not use unless you are heating the spice up, as cooking should kill the bacteria. Don’t trust uncooked spices, that sits in those pretty piles for all bugs to contaminate. Forget bringing back pepper, unless you only cook with it. BUYER BEWARE!

THANK YOU FOR READING THIS REPORT. I will continue to report on the spine, diabetic complications, healthcare issues, and add new information on migraine headache, and perhaps other subjects if they are in the news. Enjoy your families, vacations, and watch out for the heat. School just started back, and so we must watch out for the little ones. Also, there is a new street drug that is going around the school called “Molly”. I will report on it next month.

IT IS FOOTBALL SEASON! Dr. Sam

Dr. Sam