

CENTRAL FLORIDA'S

# Health & Wellness<sup>®</sup> MAGAZINE

November 2017

Lake/Sumter Edition - Monthly

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**AMERICAN  
DIABETES  
MONTH**

Tired of Your On-Again,  
Off-Again Relationship  
with Reading Glasses?



# Village Dermatology

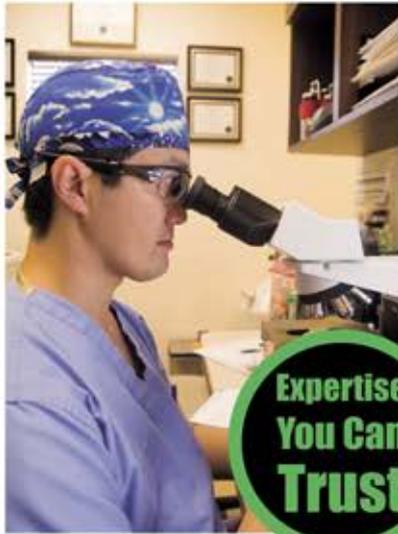
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## The ABCDEs of MELANOMA

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:

- A - Asymmetry** – One half is unlike the other half
- B - Border** – Irregular, scalloped or poorly defined border
- C - Color** – Varied from one area to another; shades of tan and brown, black; sometime white, red or blue
- D - Diameter** – While melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, they can be smaller
- E - Evolving** – A mole or skin lesion that looks different from the rest or is changing in size, shape or color 1 in 5 Americans will develop skin cancer in their lifetime



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# TREATMENT OF VENOUS DISEASE/ VARICOSE VEINS

## TIRED & ACHING LEGS?

If you suffer from varicose and spider veins, you are not alone.

## WHAT ARE VARICOSE VEINS?

Although veins and arteries are both part of the circulatory system, they work in very different ways from each other

## WHAT CAUSES VARICOSE VEINS?

Some predisposing factors include aging, standing occupations, and leg injury or trauma.

## WHEN AND HOW ARE VEINS TREATED?

The most commonly asked questions are:

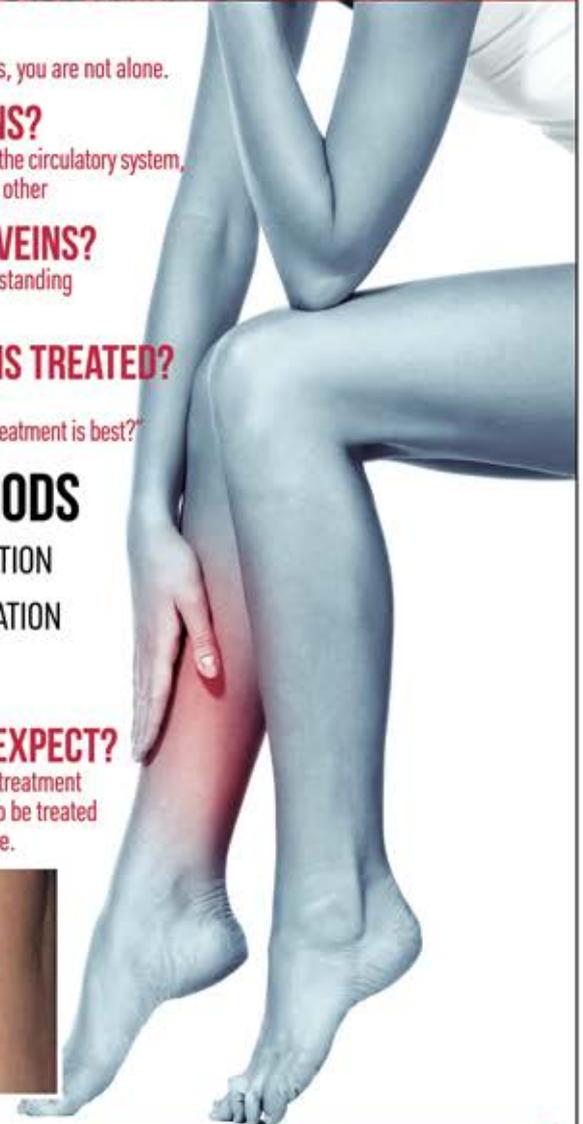
"Do veins require treatment?" and "What treatment is best?"

## TREATMENT METHODS

- ENDOVENOUS THERMAL ABLATION
- ENDOVENOUS CHEMICAL ABLATION
- SCLEROTHERAPY

## WHAT RESULTS CAN YOU EXPECT?

Technological advances in evaluation and treatment methods allow spider and varicose veins to be treated more effectively and safely than ever before.



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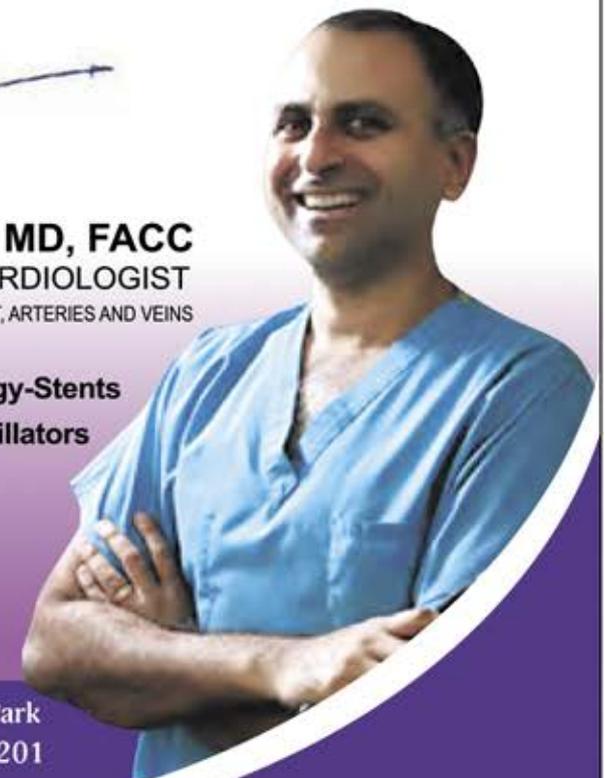
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# TIRED OF YOUR ON-AGAIN, OFF-AGAIN RELATIONSHIP WITH READING GLASSES?

*It might be time to meet Raindrop®, a solution you can enjoy fulltime.*

Raindrop is an FDA-approved near vision inlay that helps correct age-related near vision loss, a condition called presbyopia. Near vision loss occurs in most people once they hit their 40s or 50s, and happens to everyone eventually as the eyes inevitably lose elasticity. Smaller than an actual drop of water, Raindrop is composed of bioengineered nutrients and about 80% water suspended in a soft, transparent, biocompatible inlay that is a mere 2mm in diameter and 3 times thinner than a piece of paper. Because it is completely transparent, Raindrop allows light to pass through, enabling near vision correction even in low light. Once placed, it is completely invisible.

#### How Does Raindrop Work?

Raindrop is designed to be used in the non-dominant eye. The dominant eye, the one that is able to see distances without correction, is left untreated to preserve distance vision. Because the brain uses both eyes to create one image, it quickly adapts to having the dominant eye capture distant images and having the Raindrop-treated eye focus on close-up tasks, like reading and using a cell phone. The cooperative action of the eyes makes shifting from near to far immediate and seamless. Most patients report little to no adjustment period, especially since this difference in vision, called monovision, exists in many people naturally.

Once inserted, the Raindrop inlay gently reshapes and nourishes the cornea, renewing its elasticity and improving close-up vision. Within the following week, the average patient gains five lines of near vision on an eye chart, and vision continues to improve in the weeks to come, greatly reducing or eliminating the need for reading glasses. If desired, the Raindrop can be easily removed and most patients return to their pre-procedure vision.



#### What is the Procedure?

First, your Lake Eye ophthalmologist will apply numbing drops to prevent any discomfort. Then your doctor will place the inlay just beneath the surface of the near vision eye. In just about ten minutes, this outpatient procedure is complete. You will need someone to drive you home, but most patients can return to everyday activities the following day. You will be instructed on how to use eye drops to encourage rapid healing and optimal comfort.

#### Are You a Candidate for Raindrop?

The Raindrop near vision inlay is not suitable for people with poor distance vision in both eyes, people who have had cataract surgery, LASIK or other surgical eye procedures, or have been diagnosed with dry eye, poor eye health or certain other eye conditions. Raindrop is an elective surgery and therefore not covered by insurance.

If you're ready to quit your on-off relationship with reading glasses, talk to your Lake Eye ophthalmologist about whether the Raindrop procedure might be right for you.



A HISTORY OF BRILLIANT VISION  
DEFINING THE FUTURE OF EYE CARE

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**ON, OFF, ON, OFF**  
*relationship with reading glasses?*



**Meet Raindrop<sup>®</sup>, a solution you can enjoy full-time.**

Presbyopia, or age-related near vision loss, occurs when the eye's lens loses moisture and flexibility, necessitating an annoying, on-again, off-again routine with reading glasses.

Now there's Raindrop, a tiny, transparent near vision inlay. Smaller than a drop of water, the FDA-approved Raindrop fits just beneath the eye's surface, invisibly providing elasticity to the eye to improve near vision, even in low light. Placed by your Lake Eye ophthalmologist in about 10 minutes, Raindrop can restore near vision long-term.

Lake Eye is the only regional provider offering Raindrop, so contact us to find out if you're a candidate for this quick, safe, in-office procedure. It might be the last time you need to find your "cheaters" to read a menu or make a phone call. Wouldn't that be refreshing?



**A HISTORY OF BRILLIANT VISION**  
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What is  
*Raindrop<sup>®</sup>*  
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*Inlay?*

How Does  
*Raindrop<sup>®</sup>*  
*Work?*

Are You A  
*Candidate?*  
*for Raindrop<sup>®</sup>*



# InterCommunity Cancer Center Promotes Lung Cancer Awareness Month By Recommending Screening For People At High Risk

**N**ovember is Lung Cancer Awareness Month, and InterCommunity Cancer Center, a leading provider of advanced radiation therapy, is encouraging people who are at high risk for the disease to talk to their doctor about screening, as well as understand risk factors and preventative measures they can take to reduce their chances of developing the disease.

There are two major types of lung cancer, small cell lung cancer and non-small cell lung cancer. Together these two diseases comprise roughly 13 percent of all new cancers diagnosed and approximately 27 percent of all cancer deaths. Non-small cell lung cancer (NSCLC) is the most common type of lung cancer. It usually grows and spreads more slowly than small cell lung cancer. Small cell lung cancer (SCLC) typically starts near the center of the chest in the bronchi and is rare in non-smokers.

Lung cancer is more common in older people, and roughly two-thirds of newly diagnosed patients are 65 or older, while less than 2 percent are below the age of 45.

In 2015, an estimated 158,000 deaths in the U.S. occurred from lung cancer, according to the American Cancer Society (ACS). Here in Florida, 12,000 people are expected to die from the disease this year, and more than 17,000 new cases will be diagnosed. More people die from lung cancer every year than from colon, breast and prostate cancers combined. Obviously, this is a disease that touches many families.

## ARE YOU AT RISK?

InterCommunity Cancer Center encourages all adults, not just smokers, to learn more about the various risk factors that can increase the odds of developing lung cancer. Smoking is at the top of the list, and according to the ACS, roughly 80 percent of lung cancer deaths are smoking-related. A smoker's risk is several times higher than a non-smoker, and the risk is greater the longer a person smokes. Dr. Catalano at ICCC advises that, "Quitting smoking is easier today with novel new methods now available." Secondhand smoke can also increase the risk of developing the disease by as much as 30 percent.



The second leading cause of lung cancer, and the primary cause among non-smokers, is exposure to radon, a colorless, odorless, tasteless radioactive gas that occurs naturally as a decay product from the breakdown of uranium in soil and rocks. Other factors can also increase the chances of developing the disease, such as:

- Exposure to asbestos
- Chemicals in the environment
- Arsenic in drinking water
- Air pollution, and
- A family history of lung cancer.

## HIGH RISK PEOPLE SHOULD BE SCREENED

"Lung cancer is a very challenging disease for patients to battle," said Dr. David Catalano, radiation oncologist at ICCC in Lady Lake, Fla. "Like all cancers, early detection can lead to a better outcome, so we encourage all people who are at high risk to talk to their doctor about getting screened. If detected early, the 5-year survival rate can be as high as 55 to 75 percent, a significant increase compared to diagnosis at later stages."

A recent study found that low-dose computed tomography (LDCT) screening followed by two more annual screens decreased lung cancer mortality by 20 percent. Based on the encouraging findings from this study and other credible research, in 2015 Medicare coverage was approved for low-dose CT lung cancer screening for long time smokers and other high risk patients with no signs or symptoms of the disease.

"This is a significant benefit for high risk people in the Medicare population, as we can now be proactive with this group in trying to detect the disease in its early stages," noted Dr. Catalano.

Today exciting new targeted therapies and advanced radiation treatments are helping lung cancer patients become long-term survivors. The cancer specialists at InterCommunity Cancer Center have deep expertise in treating lung cancer, and the practice is at the forefront of bringing the very latest cutting-edge radiation therapies for lung cancer to the region, providing hope and healing to patients in our community who are battling this difficult disease.

For more information about InterCommunity Cancer Center, visit [www.usoncology.com](http://www.usoncology.com).

## ABOUT INTERCOMMUNITY CANCER CENTER

*InterCommunity Cancer Center (ICCC) has more than 30 years of experience providing quality, personalized cancer care in the Lady Lake and Leesburg communities and has treated more than 10,000 patients. Medical Director and Radiation Oncologist Dr. David J. Catalano has particular expertise in treating prostate, breast, lung, gynecologic, skin and many other cancers.*

*ICCC is an affiliate of The US Oncology Network ("The Network"). This collaboration unites ICCC with more than 1,400 independent physicians dedicated to delivering value-based, integrated care for patients — close to home. Through The Network, these independent doctors come together to form a community of shared expertise and resources dedicated to advancing local cancer care and to delivering better patient outcomes. The US Oncology Network is supported by McKesson Specialty Health, whose coordinated resources and infrastructure allow doctors in The Network to focus on the health of their patients, while McKesson focuses on the health of their practices. For more information, visit [www.usoncology.com](http://www.usoncology.com).*

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# American Diabetes Month

By Amy Freeman, RDN, LDN, CDE, ACE-HC  
Certified Diabetes Educator | Sodexo at Ocala Health

**Meet Paul\*.** Paul woke up three weeks ago, had his eggs and bacon for breakfast, brushed his teeth, took a shower, put on his favorite and most comfortable shirt and shorts and drove to his doctor's appointment. The nurse practitioner, Roberto, enters the exam room and informs Paul, "Your blood work shows that your blood sugars are still too high; you have type 2 diabetes." Roberto continues to explain the medication Paul will need to take and how Paul will have to start using a glucometer to check his blood sugars at home, but all Paul can think about is "I have diabetes? I have the disease that killed my Dad?"

If you have recently been diagnosed with diabetes type 2, perhaps you are feeling overwhelmed or frightened. What will the future look like if you have to take insulin or monitor your blood sugars? Perhaps you have a family member like Paul who has had a devastating health event related to diabetes type 2. However, what if you were told diabetes is a manageable condition and with planning and forethought does not need to drastically impact your life? Let's continue our journey with Paul. Paul left his appointment with Roberto feeling upset, confused, and utterly frustrated. However, while leaving the appointment, Roberto gave him some information and phone numbers of a local support group and a local diabetes self-management education class. Paul called those numbers to find out what he could do to take control of his diabetes.

Diabetes type 2 is a condition of insulin resistance. Insulin resistance is the reduced response of cells in the body to the function of insulin. Insulin is a hormone, a chemical messenger, sent from the pancreas through the blood stream to the body's cells. Insulin's action allows the sugar in the blood to enter into the cells. Insulin resistance results in higher levels of sugar in the blood and over time to the diagnosis of diabetes type 2.

When the "fasting" blood sugar, also called "before breakfast" blood sugar, is above 125 mg/dl on two different blood draws, type 2 diabetes is diagnosed. Normal fasting blood sugar is less than 100 mg/dl. Another way to diagnose diabetes is with a blood test called hemoglobin A1C (referred to as A-1-C). Hemoglobin is the part of the blood cell that carries oxygen



and nutrients in the blood stream. When too much sugar is attached to the blood cell, the level of detectable hemoglobin A1C increases. Diabetes is diagnosed with an A1C of 6.5% or higher, a normal level being less than 5.7%.

**So, what happens after a diagnosis of diabetes?** Remember Paul? Paul took the advice of his nurse practitioner, Roberto, and made a few phone calls to see what education opportunities were in his community. The same information can be found on the American Diabetes Association website, at [diabetes.org](http://diabetes.org). To find your local diabetes education classes, visit [diabetes.org](http://diabetes.org), select the "in my community" option and scroll down to "diabetes education in your area" (on the right side of the screen) and submit your zip code. The Villages area has four different diabetes education providers, they are all local teams providing programs recognized by the American Diabetes Association.

While your physician or nurse practitioner is a vital member of your diabetes management team, you are the primary manager of your diabetes. Below are some helpful ways to assist you in managing diabetes type 2:

### 1. Be aware of the risks

- The risk of low blood sugar – know how to recognize and treat low blood sugar
- The risk of high blood sugar – know what causes high blood sugar and how to stabilize your blood sugar

### 2. Be aware of the risk of ignorance

- Know what you need to do to improve your long-term health with diabetes such as:
  - When to get your eyes examined
  - When to get your feet examined by a physician and when you should examine your feet
  - When to get routine blood work
  - The side effects of your medications (not all diabetes medications work the same and some non-diabetes medication can also impact your blood sugar)
  - When to check your blood sugars at home, if your physician or nurse practitioner prescribed this for you

### 3. Be aware when you need to ask for help

Support is part of living with diabetes: friends, family, healthcare providers, on-line or face-to-face support groups can play an instrumental part in making your life with diabetes less stressful.

The final "risk" is the risk of being frightened. Yes, diabetes can be a scary place to be: new medications, perhaps a new eating plan and a new focus on being more active. That can be scary. You are encouraged to seek out the guidance and experience of your local certified diabetes educator and your local diabetes support group. Thirty million Americans, 9.4% of the population, is living with diabetes – you are not alone.

Let's visit Paul one more time. Last Thursday Paul attended a local diabetes support group. There he met 12 other people living with type 2 diabetes who were once in Paul's shoes. Paul made some new friends, joked with the group about how scared he was feeling, and left the support group feeling confident he could move forward with treating his diabetes type 2. This morning, Paul made an appointment with a certified diabetes educator at the local diabetes education program (even better, their office is just three miles from his home)!

\*Please note that the client's name has been changed to protect his privacy.



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# TRIGEMINAL NEURALGIA

## A Complex Name for Complex Facial Pain

**T**rigeminal neuralgia (TN) is a potentially serious neurological disorder involving one or more branches of the trigeminal nerve that serve the face. TN is most often caused by compression of the trigeminal nerve by an encroaching facial vein or artery, but sometimes the cause cannot be determined. Whatever the cause, TN is typically marked by the sudden onset of very severe and recurring stabbing pain in the face and/or jaw. Because of its location, TN is often misdiagnosed as a temporomandibular disorder (TMD, TMJ) or even as a psychosomatic disorder, but TN is very real and painful enough to be life-altering. TN often remits and recurs without warning, and left untreated, can shift from being intermittent to constant, and become so severe it causes permanent physical damage, so early diagnosis and appropriate intervention is important. "An accurate diagnosis is key in addressing TN," says Ocala Neurosurgical Center's Board Certified neurosurgeon Dr. Antonio DiSclafani. "Our team of neurosurgeons has extensive experience accurately evaluating, diagnosing and treating TN. We can differentiate it from TMD and other disorders causing facial pain."

The first course of action is always specific prescription medications proven to address TN pain. However, the relief they provide may not last. "As many as 50+% of patients develop resistance to the drugs and the pain returns," says Dr. DiSclafani. "Therefore, most TN patients who develop resistance to medication or are under age 60 when TN first strikes are candidates for effective neurosurgical treatment. Generally speaking, the sooner in the course of the disease we can intervene, the better the long-term outcome."



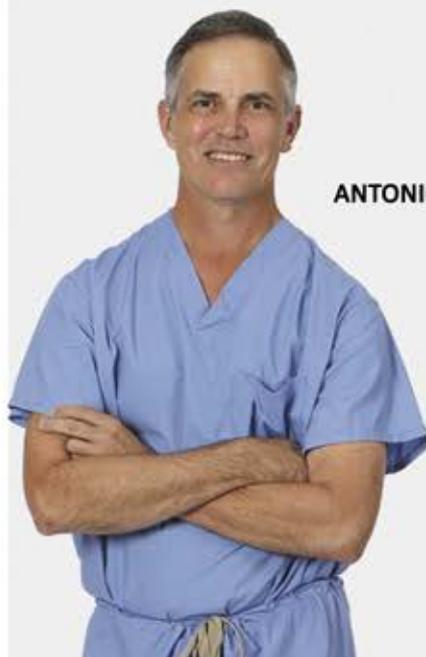
**Surgical treatments provided by ONC include:**  
**Microvascular Decompression – MVD** is the most common surgical approach to treating TN. Entering through a small surgical incision behind the ear, your surgeon will move the imposing artery or vein away from the trigeminal nerve, relieving pressure, and insert a small Teflon pad between the nerve and the compressing vessel. The pain relief provided by this procedure is highly effective and lasting for about 80% of patients, and delivers the best chance to reduce or eliminate medication. Because it is major surgery involving creating a small hole in the skull, patients typically remain in the ICU overnight and in the hospital for several days afterward. Patients are told to rest for four to six weeks following surgery.

### ANTONIO DISCLAFANI, MD

- In practice of neurosurgery since 1988. Joined Ocala Neurosurgery Center in 1993
- Board Certified in Neurological Surgery by the American Board of Neurological Surgery
- Medical Degree from the University of Texas Health Science Center in Houston
- Residencies at the University of Tennessee & St. Jude Hospital in Memphis
- Member, Alpha Omega Alpha Honor Medical Society
- Fellow, American College of Surgeons
- Fellowships in neuro-oncology, University of California at San Francisco & St. Jude Hospital in Memphis
- Certified by the National Board of Medical Examiners
- On staff at Munroe Regional Medical Center & Ocala Regional Medical Center

*Dr. DiSclafani is a member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, the Florida Neurological Society and the Marion County Medical Society.*

*Dr. Antonio DiSclafani, his partner neurosurgeons, Dr. Daniel Robertson, Dr. Mark Oliver and Dr. Jacob Freeman, and their talented support team are dedicated to providing unsurpassed diagnostic and therapeutic care for a range of neurological and spinal disorders. Our foremost mission is to help you return to a life of health, comfort and vitality.*



ANTONIO DISCLAFANI, MD



JACOB FREEMAN, MD | DANIEL ROBERTSON, MD | ANTONIO DISCLAFANI, MD | MARK OLIVER, MD

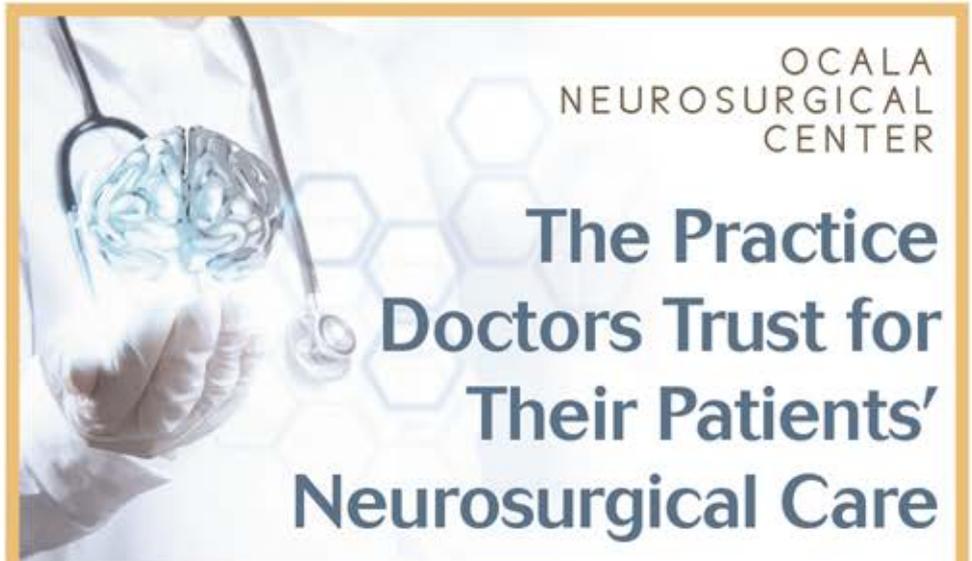


**Radiosurgery** – Also known as Gamma Knife surgery, radiosurgery is the least invasive direct treatment option, and is performed as an outpatient procedure. Because it involves no cutting, it is not actual surgery, but rather the delivery of a targeted beam of radiation to the trigeminal nerve where it enters the brainstem. Radiosurgery doesn't treat the cause of TN, but it can help to relieve its symptoms by damaging the trigeminal nerve and reducing its pain signals. More than 80% of patients find relief from Gamma Knife treatment, but it may take weeks or even months for significant relief to be achieved, so most patients will continue to remain on prescribed medication for at least three to six months afterward. Once full relief is reached, many patients are able to go off medication. Some patients find pain relief to be permanent, but for some pain may return as the nerve restores itself.

**Radiofrequency Rhizotomy** – Radiofrequency rhizotomy (also known as radiofrequency lesioning) is typically indicated for high-risk patients for whom open surgery is contraindicated, and for people suffering from multiples sclerosis, whose TN is often caused by MS instead of nerve compression. Radiofrequency rhizotomy is like radiosurgery in that it addresses pain by reducing the pain signals transmitted by the trigeminal nerve, but instead of using radiation, radiofrequency rhizotomy is performed by guiding an electrode through the cheek to the trigeminal nerve and numbing it with electric shocks. 9 out of 10 radiofrequency rhizotomy patients experience immediate pain relief, but facial numbness and a return of facial pain in the two to three years following the procedure may occur. Still, its safety compared open surgery make it a better option for high-risk patients who no longer respond to medication and whose TN is severe and/or constant.

If you suffer from facial pain, there is help. For more information about trigeminal neuralgia diagnosis and treatment options, please contact the helpful, knowledgeable staff at Ocala Neurosurgical Center.

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# The Diabetes and Heart Disease Correlation

**H**igh blood sugar and cardiovascular disease have more in common than most people are aware. In our country nearly 30 million people have diabetes, and a vast majority of our population unknowingly has what's known as prediabetes, which quickly escalates into the disease within a short amount of time.

The heart and the issue of high blood glucose are very closely associated because of many risk factors contributing to what's known as metabolic syndrome.

Metabolic syndrome is a condition in which the high insulin and leptin levels are resistant causing high blood pressure, high cholesterol, high triglycerides and visceral fat to become significant risk factors for heart disease and coronary disorders.

Insulin is a hormone that helps move sugar into the blood for energy, in the case of an insulin resistant person, they have too much sugar, and the body cannot adequately utilize the source. This leads to weight gain, obesity, and subsequently, a more sedentary lifestyle. Leptin is a hormone that helps regulate body weight by sending signals to the hypothalamus in the brain. When the signals are damaged, the body becomes leptin resistant, and a person may often feel extremely hungry and irritable, which contributes to a vicious cycle of overeating foods that are high in sugar and unhealthy fats.

In recent years, metabolic syndrome has become a commonly identified risk factor for cardiovascular disease because a vast amount of Americans are overweight and their bodies become inflamed; this inflammatory response affects their vascular structures. When the vessels are circulating high-glucose blood, atherosclerosis occurs at a greater intensity. Atherosclerosis is a build-up of plaque and causes a hardening of the arteries.

Unfortunately, Sugar has become a major staple in the American diet. The normal fasting blood sugar levels should be around 70-99 mg/dl. The normal A1C, which measures the blood glucose level, should be below 5.7%. With diabetes and even prediabetes, these levels are at an unhealthy height and can be very hard to lower without a major intervention with medication, exercise, dietary changes and a lifestyle overhaul.



Once you have metabolic syndrome, you must lose weight, lower your lipid levels, and reduce hypertension and combat stress. At this point, merely lowering your blood glucose is not enough. This is precisely the reason why so many people with diabetes that reduce their blood sugar, still are at high risk for cardiac episodes.

#### Metabolic Syndrome Affects

- High Lipid Counts
- Being Overweight
- Poor Diet (Sugar Cravings)
- Visceral fat
- Abdominal fat
- High blood pressure
- Lack of exercise

**If you have diabetes, it's critical that you see a cardiologist because it's not a matter of, "Will I have heart issues", but rather when?**

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# Pelvic Organ Prolapse

Until recently, pelvic organ prolapse (POP) was rarely addressed because women were reluctant to discuss the embarrassing symptoms. Because of our increasing life expectancy, POP has become one of the most common disorders women will face in their life-times. Today, many gynecologists and primary care physicians routinely screen women for symptoms, and a new surgical specialty of urogynecology has arisen to treat pelvic organ prolapse and the incontinence that often accompanies this problem.

Pelvic organ prolapse is a term used to describe the drop-ping of a pelvic organ through or out of the vagina. Pelvic organs include the bladder and urethra, the rectum and anus, and of course the uterus and vagina itself. Pelvic organ prolapse is an unfortunately common problem, with childbirth, age, menopause, and hysterectomy being the most common causes and smoking, chronic coughing or heavy lifting, chronic constipation, diabetes, and obesity being common risk factors. With our aging population, POP is expected to affect half of all women and 1 in every 9 will undergo surgical treatment to correct prolapse.

Think of the vagina as though it were an empty pillowcase that can turn inside out in the wash. Prolapse is like the pillow case trying to turn inside out because the support structures of the vagina and pelvis have weakened and are not holding the tissues and organs in place anymore. Anything that can stretch or break these support structures (ligaments and muscles) can cause POP.

**Symptoms** – Sometimes a patient doesn't even know she has prolapse until her doctor points it out during her exam. However, many patients experience discomfort with a range of symptoms, including:

**Pain and Pressure:** lower back discomfort or pressure sensation in the vagina that gets worse by the end of the day or during bowel movements.

**Urinary Symptoms:** urinary frequency, stress incontinence or difficulty starting to urinate.

**Bowel Symptoms:** constipation, accidental loss of stool or pressure or pain during bowel movements  
**Sexual Difficulties:** pain with intercourse due to irritated vaginal tissue.

**Treatment:** Women with mild to no symptoms don't need treatment, but should avoid risk factors that could worsen the problem such as smoking, lifting heavy weight or being overweight. If you are experiencing major discomfort, POP can be successfully treated using many different modalities, from exercise to medicine to splints (pessaries) to surgery. Let's summarize these treatments.

- Pelvic Floor Exercises have the advantage of being noninvasive, and in mild cases can help to relieve some symptoms of discomfort or maybe leaking. Prolapse is not reversed using this treatment.
- Medicine, like vaginal estrogen creams, can also alleviate some symptoms, but also do not reverse the prolapse.
- Pessaries are excellent in keeping the pillow case (vagina) from turning inside out by taking up space in the vagina like a pillow does in a pillow case. A pillow case can't turn inside out if the pillow is in it! Pessaries are great for temporary control of the pro-lapse or for people who cannot proceed with other treatments. They can provide permanent relief of the symptoms of prolapse, but must be maintained and cleaned periodically.
- Surgery is the treatment for any hernia in the body. With surgery the prolapsed organ will be repositioned and secured to the surrounding tissues and ligaments. When the benefits of surgery outweigh



the risks, surgery may be the best choice. Surgery involves anesthesia and recuperation time, but may be the best long term option. Many surgeries for POP can be done on an outpatient basis.

If you've been diagnosed with POP understanding your treatment options is extremely important. All treatments have their advantages and drawbacks, which should be thoroughly discussed with your urogynecologist before decisions are made. Make sure your urogynecologist is Board Certified and has extensive experience in dealing with your specific problem.



**Uzoma Nwaubani, MD,**  
FACOG, FPPMRS  
Fellowship Trained and Board Certified  
Urogynecologist and Pelvic  
Reconstructive Surgeon

## Uzoma Nwaubani MD - "Add Life To Your Years"

Dr. Nwaubani is a Nigerian born medical doctor. She obtained her medical degree (MD) from the University of Nigeria and completed an OB/GYN residency at New York University, followed by a Fellowship in Urogynecology/Pelvic Reconstructive Surgery at Mt. Sinai College of Medicine. Prior to starting her residency training, she worked as an Obstetrician and Gynecologist in the Caribbean Island of Trinidad and Tobago, and also as a Clinical Instructor in Histology/Pathology at St. Georges' University School of Medicine.

Dr. Nwaubani's professional interest include Urogynecological surgery, minimally invasive pelvic surgery, prolapse and incontinence management, Gynecological evaluations and surgery, female pelvic medicine and wellness, menopausal medicine and urogynecological research and education.

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## November is Diabetes Awareness Month

# LINK BETWEEN OBESITY AND LOW TESTOSTERONE

**O**besity, a condition linked to heart disease and diabetes, now appears to be associated with another health problem, but one that affects men only -- low testosterone levels.

In a study conducted by the University at Buffalo endocrinologists, researchers discovered that about 40% of obese participants had lower-than-normal testosterone levels. The percentage escalated to 50% among men who also had diabetes. It also was found that as body mass increase levels rose, testosterone levels dropped. Given the fact that about one-third of the United States' population is obese, this news is concerning for men.

### Effects of Low Testosterone

A decrease in testosterone levels is a normal part of the aging process for men. For every year beyond age thirty, male testosterone levels decrease by about one percent. Currently, over thirteen million men have low testosterone levels.

Low testosterone levels can affect sexual functioning including a reduced desire for sex, fewer spontaneous erections, and infertility. The ADA maintains that 70% of men with low testosterone levels have erectile dysfunction, and 63% have experienced a decrease in sex drive. One study showed that men who lose significant amounts of weight reported having better sexual functioning.

Physical changes may also present such as increased body fat, decreased strength and muscle mass, fragile bones, decreased body hair, hot flashes, and increased fatigue.

Low testosterone levels can also cause sleep disturbances such as insomnia and emotional changes such as sadness or depression.

### Age is Not Always the Deciding Factor

As previously noted, testosterone levels naturally decrease in men as they grow older, but obesity seems to be an important factor for decreased testosterone levels regardless of a person's age.

A study that was published in the 2012 journal *Clinical Endocrinology* found that obese teenage boys were not only at greater risk for diabetes and heart disease but also had testosterone levels that were between forty and fifty percent lower than their normal weight peers.

Controlling for age, physical maturity, and medical factors, 25 obese males and twenty-five normal weight males between the ages of fourteen and twenty were blood tested to measure total and free testosterone levels. Free testosterone is testosterone that is not chemically bound and thereby available to the body.

Mean testosterone levels were found to be 50% lower in the obese young men and mean free testosterone levels were found to be 46% lower.

With our waistlines expanding, the results could speak to many American men. In view of the fact that almost one-third of the U.S. is obese, these observations have profound pathophysiological, clinical, epidemiological and public health implications.

### Weight loss increases testosterone levels.

It goes without saying that weight loss can improve testosterone levels, or other hormone imbalances in men.

If you have struggled with weight management and would like medical assistance, Lifestyle Solutions offers a free assessment of your nutrition and fitness levels. We can then customize a weight loss plan tailored to your individual needs, aspirations, and lifestyle. Physician supervised weight loss has proved to be an effective way for many men to lose the weight they have



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struggled with for years. If needed, prescription weight loss medications or fat burning injections can be given to assist with your weight loss. Our experienced weight loss physician, attends to every patient, providing guidance and support at every step along the way.

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# Learn How You Can Feel Better, Look Better & Perform Better

## Energy Medical—A Therapeutic Health Center

### You Are Amazing!

The message is loud and clear! Our bodies are amazing! We read stories & hear testimonies all through out our lives of amazing physical accomplishments, health recoveries, athletic performances, artistic masterpieces, etc. Is there a secret?

Remember when you were young and how quickly you recovered from injuries and sickness? Remember how much energy you had? What changed?

### The Fountain of Youth Is Within You!

Your body should be producing over 2,000,000 new stem cells every second of every day. This only happens when you have enough energy! How can we increase our energy levels? How can we harness the fountain of youth within us?

### Your Amazing Ability To Heal!

The truth is, we have an amazing ability to heal from virtually any kind of disease or injury but only when we have enough energy for our cells to function in a normal fashion. We have amazing abilities to perform, mentally and physically; but only when we have enough energy.

What energy, you ask? The same energy measured by doctors with EKG, EMG, EEG and Nerve Conduction tests. Electro-Cardiograms, Electro-Myograms, Electro-Encephalogram tests, measure the electrical energy of the heart, muscles, brain and nerves. Cellular energy (ATP) is generated in the mitochondria of every cell.

Electrical energy is an intricate part of our overall general health and well-being. Exercise, diet, massage, yoga, chiropractic, supplements, acupuncture, drugs, surgeries, etc. etc., will only take you so far. Why? – because our whole body runs on electricity. Are you ready to have more energy?

### You Are Amazing. You Can Even Be Better!

There is a technology that when applied to the skin causes every cell in the body to shine at its brilliance

with increased energy. Increased energy levels means increased strength, endurance, mental clarity, focus, blood-flow, performance levels, detoxification, accelerated natural healing and much, much, more.

AMT, (Acuscope, Myopulse Technology) is a unique, artificial intelligence, micro-current delivery instrument which helps optimize the very same electrical energy measured with EKG, EMG, EEG, & Nerve Conduction devices. AMT increases ATP production through-out the entire body! It sounds complicated but it's as simple and pleasant as a massage, a wonderfully, unique massage.

### Electro-Massage – The Ultimate Therapeutic Experience

EMed's unique Electro-Massage is a futuristic, amped-up version of traditional massage utilizing AMT technology. The Electro-Massage allows energy to flow right through your therapist's fingers, penetrating muscles, nerves, organs and skin. You will experience pain relief, melting-muscle knots, increased energy levels, enhanced blood-flow, improved collagen production, detoxification and much more. A 2 hr Full-Body Electro-Massage really is the Ultimate Therapeutic Massage Experience.

### Benefits Of Electro-Massage

- Measurable pain relief in muscles and nerves
- Improved blood flow, oxygen & nutrient delivery to cells
- Increased energy levels, strength & endurance levels
- Improved mental clarity, focus & concentration
- Improved lymph drainage & detoxification
- Dramatic stress reduction & relaxation
- Overall performance enhancement
- Improved overall health & accelerated natural healing
- Increased collagen production for optimal skin conditioning
- And much more...

energy therapies and detoxification quickly becomes apparent when you enter the futuristic health and skincare center.

EMed's unique AMT technology has an amazing history. For more than 30 years it has been used as a secret weapon in the back room of many Olympic and professional sports teams. Acclaimed by Sports Illustrated as the "Miracle Machine." AMT is based on physics. Physical science controls chemistry. All the functions of the body can be optimized with AMT. An AMT Electro-Massage is the ultimate therapeutic experience.

### How Can EMed, AMT and Electro-Massage Help You?

- Helps you look better, feel better and perform better
- Provides highly effective, fast and lasting results
- Increases energy levels, blood flow, natural healing and detoxification
- Utilizes advanced artificial intelligence, electromagnetic, pulsed-frequency waveform technologies to safely restore health without drugs or surgeries

EMed also offers an entire wellness program into their patient care that synergistically combines traditional massage and anti-aging therapy facials with electro-massage, electro facials, and mental clarity treatments.

**Facials** using the AMT technique are amplified. Referred to as the Bio-Energetic Face Lift, micro-current facials stimulate collagen production, blood flow and lymph drainage on an accumulative basis. Normal, healthy skin will naturally optimize oxygen, nutrient absorption, and moisture levels.

Decades ago, micro-current treatment was used exclusively for Hollywood's elite celebrities to help their skin and facial muscles tighten through non-invasive micro-current treatments. It was reserved only for the stars that could afford its high price and secrecy at the time. Fortunately, times have changed and now this fantastic technology is available for everyone to enjoy.

**Mental Clarity** treatments are also available in their wellness package. This process involves the technologist utilizing AMT to stimulate the brainwaves and to help alleviate anxiety through the clarifying method of micro-current stimulation.

Since cell regeneration is proven unmatched with AMT therapy, EMed's facial, massage, mental clarity, and performance enhancement packages normalize the condition of the skin and cells - to return and regenerate damaged cells to their own natural, healthy state.

EMed now offers Corporate, Individual and Family Wellness program packages. These various levels of wellness are not only affordable but contain a number of wellness services and performance enhancement options.

You really can Look Better, Feel Better and Perform Better without drugs or surgery. Call Energy Medical today and schedule your Electro-Massage and free consultation at 352-552-1889 or visit [EnergyMedical.net](http://EnergyMedical.net)

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**Energy Medical (EMED)**, is the leader in the field of electric medicine; specializing in pain relief and accelerated healing. They understand the importance of normalizing tissue at a cellular level for optimal health. Nutrition, exercise, energy and detoxification are the foundational building blocks for optimal cellular health. EMed's expertise in

# Healthy Skin

By Patricia Spitzer, PA-C in collaboration with Thi T. Tran, DO  
Village Dermatology & Cosmetic Surgery, LLC

**H**ow do I know if my skin is healthy or not? This is one of the most common questions directed at us in Dermatology. There are several questions to ask yourself when assessing the overall health of the skin that will help you determine if it meets the bar or not. Is my skin smooth or bumpy? Is it hydrated? Is my skin color even or do I have new spots?

The overall consensus is that skin texture matters in terms of assessing health of the skin. Skin that is bumpy, rough, tight or dry may need some work. Smooth skin of uniform texture is thought to be a sign of proper hydration. Certain skin condition, such as acne, keratosis pilaris, and eczema can cause the skin to be rough and appear unhealthy. Hyper or hypo pigmented spots on the skin can be a sign of the aging process or evidence of sun exposure damage over time. Dark circles and "bags" under the eyes are a common complaint and can be due to loss of collagen and elastin in the dermal layer of the skin or lack of sleep. Sleep is important for overall health and lack thereof can be evident on the skin. When you don't get enough sleep Cortisol is released leading to overall degradation of the collagen and elastin over time. Another tip to avoid wrinkling changes, on the face especially is to be careful in the way they apply makeup, moisturizers, sunscreens, etc as rubbing and pulling on the skin leads to wrinkling changes due to breakup of collagen fibers. The earlier one can implement these changes the better. It's important to note that genetics plays a large part in the overall health of the skin as well. There are several hereditary conditions that can cause drier, itchier skin or if you have fair, freckled skin you may be more susceptible to damage from UV radiation and thus be more at risk for skin cancers.

## Tips For Healthy Skin:

- Drink Enough Water
- Wear Sunscreen and Minimize UV radiation
- Moisturize
- No Smoking
- Diet High in Antioxidants, Fatty Acids, Selenium, Vitamin C, Vitamin A
- Sleep



## Diet and Healthy Skin

Over the years, we have learned that diet is important when it comes to healthy skin. What foods should I consume and which should I avoid? Foods high in anti-oxidants such as, blackberries, blueberries, strawberries and plums, are great for healthy skin by fighting *free radicals*, which are typically due to sun exposure. They help to protect the cell's DNA from damage. Fatty acids, Omega-3 and Omega-6 are another huge proponent of healthy skin. Fatty acids found in fish, walnuts and flaxseed oils help to remove toxic waste from the cell membrane as well as protect against heart disease. Why does heart disease matter in Dermatology? It matter's because there are certain skin conditions, such as Stasis Dermatitis, that are directly caused by poor circulation which can be a result of heart disease. Selenium is important to protect against oxidative damage as well and possibly protects against sunburn and the damage of UV damage to the cell's DNA especially when combined with other nutrients. Green tea is another highly important element to maintaining healthy skin as it provides protection against UV light thus it is hypothesized that it may help prevent skin cancer.

## Sun Protection

One of the most important factors for maintaining nice, healthy skin is to make sure to protect it from harmful UV radiation. Sun damage leads to the breakdown of Elastin which is an essential fiber we need to maintain the firmness of the skin. Elastin breakdown shows up as wrinkling changes and loose, fragile skin that bruises easily. UV radiation leads to precancerous growths called actinic keratosis as well as skin cancers. How does this happen? Skin cancer occurs due to increased production of abnormal skin cells. The sun causes damage to our skin's DNA allowing tumors (cancerous and benign) to flourish. Cumulative damage also leads to pigmentation changes and thus overall the skin does not have that uniform, healthy appearance. Basal cell carcinoma and squamous cell carcinoma are typically due to cumulative sun damage however melanoma is more likely to develop out of areas of severe sunburns with blistering, however any combination is possible. The use of a broad spectrum sunscreen blocks both the harmful rays of UVA and UVB radiation. It's important to note that sunscreen should be applied every two hours and used whenever sun exposure is going to be a factor. Even driving in the car!

Drinking plenty of water is essential to maintaining healthy, supple skin via hydration. Water helps to remove toxins from the skin cells and helps improve the overall texture and smoothness of the skin. It's amazing the difference you will see if you significantly increase the amount of water you consume daily. Moisturizing the skin with a gentle, creamy product is essential to hydration of the skin. It's most beneficial to apply a moisturizer such as CeraVe, Cetaphil or Vanicream when the skin is damp to allow maximum penetration and hydration. Make sure to avoid extended exposure to water, especially hot, as this will dry out the skin, leaving it itchy and unhealthy.

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# THE ALZHEIMER'S AND DEMENTIA EPIDEMIC IS RISING

**I**t may seem unbelievable that the statistics for Alzheimer's and Dementia are skyrocketing. Will you be, or have you or a loved one already been diagnosed with this devastating disease state?

Forgetfulness, agitation and frustration, social withdraw, difficulty with daily tasks, these are all symptoms of Dementia. Every 66 seconds someone develops Dementia in the U.S. Did you know that nearly 5.2 million Americans have Alzheimer's and that number is expected to triple by 2050? Experts estimate that the number will be close to 15 million people by mid-century.

## What is Alzheimer's/Dementia?

Alzheimer's is the most progressive form of dementia. The "tangles" in the Alzheimer's brain become unattached and disrupt the communication in the brain. Excessive plaque buildup causes oxidative disruptions to the brain. These disturbances coincide with the tangles that are present. This plaque is known as atherosclerosis. Atherosclerosis can occur anywhere in the body, but once it ravages the brain, the patient will experience many symptoms of forgetfulness and changes in personality, especially in the short-term memory region of the brain.

With Dementia, there are several different types, but one common and often overlooked type is vascular dementia, which usually affects individuals that have suffered a stroke or mini-stroke(s). Vascular dementia injures the brain in the area that controls memory, problem solving and speech. This type of dementia progresses at a slower pace, but with nonetheless frustration and self-consciousness for its sufferers.

## The Symptoms

The signs and symptoms of dementia are different for every patient, but common indicators are as follows:

- Forgetfulness, especially short-term memory
- Change in personality
- Agitation/Frustration
- Difficulty with daily tasks
- Social withdraw
- Aphasia (speech disorders)
- Sundowning/Sleeplessness/Restlessness, especially in the evening

## The Treatment

Some medications can slow the progression of the disease, but these are unfortunately not a curative treatment method. What we know that helps the patients suffering are the following:

- Dietary guidance
- Physical activity
- Cognitive training and socialization
- Intensive monitoring and management of metabolic and vascular risk factors

## Staying off Alzheimer's and Dementia

Eating a nutritious diet, such as the Mediterranean or Dash diet provides essential nutrients for the brain's health. There have also been many studies on high doses of vitamin C and antioxidant therapy that help to protect cognition.

Staying social is also an impactful method to keeping your brain active. Along with socialization, staying physically active is imperative to keeping your oxygen-rich blood pumping and for warding off Alzheimer's and dementia.

## Osprey Lodge

In addition to their luxurious senior lifestyle with exceptional amenities, Osprey Lodge is also one of the most highly sought after facilities, due to their exclusive memory care wing with experienced practitioners to help patients with dementia or other cognitive disorders attain their best quality of life.

## Memory Care Features

- A unique, homelike setting with an outdoor courtyard
- 24-hour staffing & security
- Wireless pendant emergency response system available
- Three nutritious, chef-prepared meals served daily
- Snacks & beverages available throughout the day
- Monthly blood pressure & weight checks
- Interior & exterior maintenance
- Social, cultural, entertainment, educational & fitness programs
- Caregivers specifically trained in memory loss behaviors
- Monthly support groups for family members
- All utilities (except personal phone)
- Fun family gatherings
- Private & semi-private apartments

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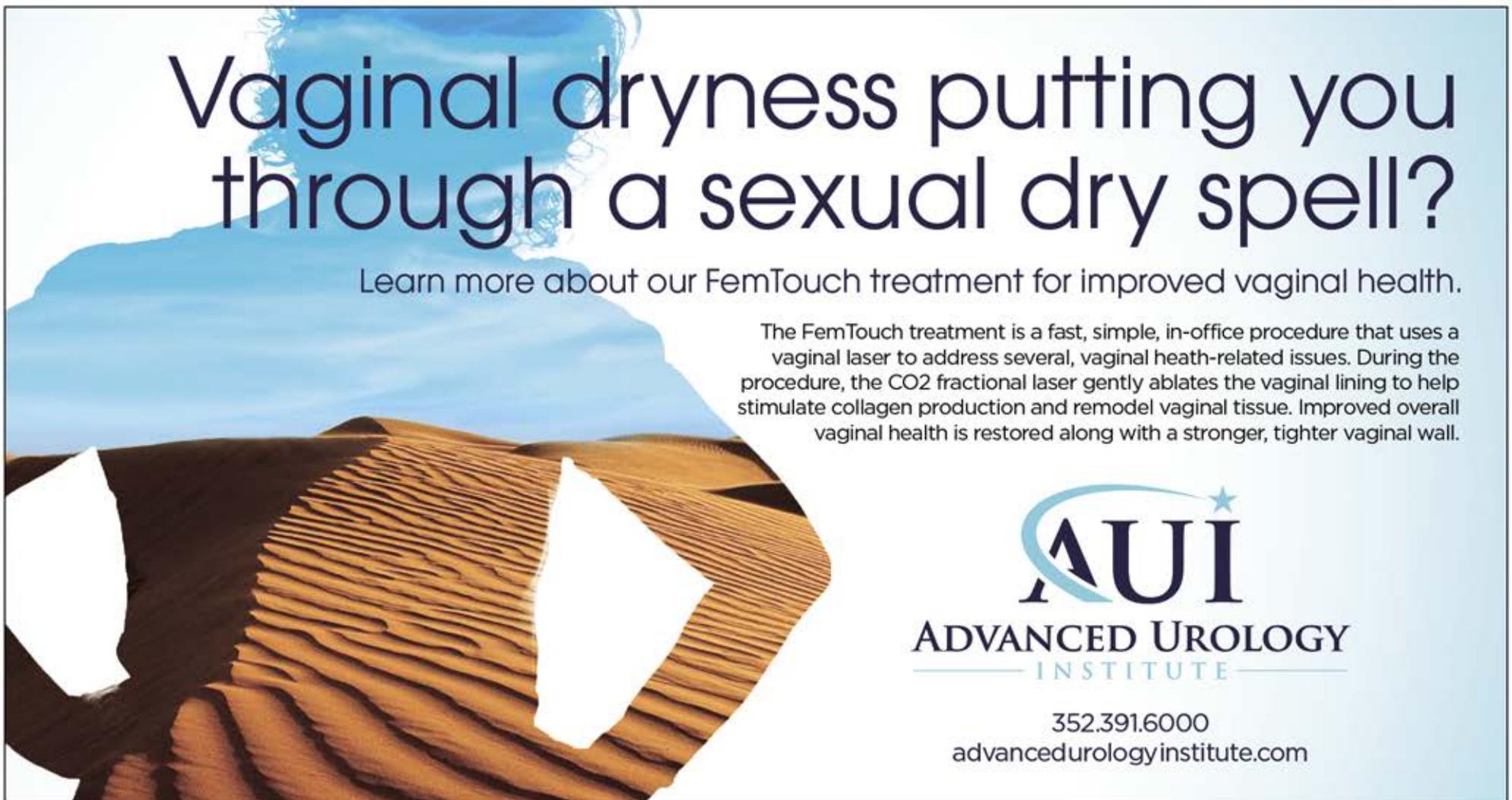
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# Florida Hospital Orthopaedic Institute's Research Team Leading Innovative Research Study for Treatment of Knee Osteoarthritis

**A** research team at the Florida Hospital Orthopaedic Institute is looking for people to take part in a trial for an innovative, non-surgical, investigational treatment for knee pain and function loss caused by osteoarthritis.

The trial will focus on people with osteoarthritis (OA) in one knee, and will study the potential to alleviate their pain, restore their knee function and possibly have the tissue inside the joint repair itself by using an autologous injectable treatment, instead of pharmaceuticals or surgery.

The researchers are exploring new, non-surgical ways to treat OA, the most common type of arthritis, which is a progressive disease of the joints and often referred to as "wear and tear" arthritis. (1,2) The problem affects approximately 26.9 million adults in the United States alone, including more than one-third (33.6%) of people over the age of 65, according to the U.S. Centers for Disease Control and Prevention. (3)

OA occurs when the top layer of cartilage, the slippery tissue that covers the ends of the bones in a joint and helps absorb the shock of movement, breaks down and wears away. As cartilage breaks down, the level of inflammatory cytokines, a small protein molecule in the blood, rises causing increased breakdown of cartilage (4).

With baby boomers getting older, doctors expect the rate of people with advanced arthritis will only increase, and demand for treatments that provide improved mobility and quality of life will grow to match. (5)

To improve joint function, patients today are encouraged to maintain a healthy body weight and often are treated with pain medications, massage, supplements and heat/cold compresses to offer pain relief. Doctors also often treat patients suffering with osteoarthritis by giving them injections of cortisone and/or hyaluronidase solutions, along with other natural biologics.

The Florida-based researchers are working on this study in hopes of offering an alternative treatment that uses an autologous protein solution (APS). The APS contains growth factors and proteins found in the patient's own blood to reduce inflammation and promote cartilage repair (6). The process involves drawing a small sample of the patient's blood and

putting it into a centrifuge multiple times to concentrate the beneficial components. The concentrate is then injected back into the knee.

To investigate this treatment, the research team is conducting a double-blind study called the PROGRESS IV clinical trial, sponsored by Zimmer Biomet, a global medical device company. The PROGRESS IV clinical trial is testing a device called the nSTRIDE® APS Kit for people who have OA in one knee.

Researchers are evaluating the safety and clinical effectiveness of autologous protein solution (APS). According to in vitro and animal studies, this concentration may decrease inflammation and promote tissue repair within the joint. (7, 8) It is hoped that the treatment can delay cartilage breakdown, reduce OA pain, and improve joint function.

The use of APS to treat cells involved in the degenerative process of OA is innovative. As a result of that treatment, researchers believe the cell's function may change, by signaling a decrease in inflammation instead of promoting inflammation. It is a more advanced approach than other treatments, such as stem cells or Platelet-Rich Plasma (PRP), which only concentrates the cells and growth factors, but does not specifically target the inflammation. The APS process parallels another injectable treatment for arthritis and injuries that big name athletes travelled to Germany to receive. This treatment, Orthokine, cultures the blood serum and passes cells over etched glass beads to cause an effect so that white blood cells produce a natural anti-inflammatory solution (9). It is hoped that through this research study, the APS treatment will become available here in the U.S.

The study has inclusion and exclusion criteria that must be met in order to qualify for participation. Conditions, other than OA, that affect the ability to ambulate or other untreated joint injuries may exclude patients from the study. Eligible patients are enrolled and randomly selected with a 50/50 chance to receive the APS treatment or saline.

For anyone who does not meet the criteria for the study, Dr. Cole's practice will work with them to find alternative treatment options for managing their osteoarthritis. People may or may not benefit from taking part in the trial, but information learned in the study may help patients with osteoarthritis in the future.



## NOW ACCEPTING PATIENTS

Florida Hospital Orthopaedic Institute's Research Team and Dr. J. Dean Cole are honored to have been selected as an investigational site.

For further information regarding the study, or to determine if you meet eligibility criteria, **text 1KNEE** to the number **87888**, call **(773) 313-3077**, or visit [www.zimmerbiomet.com/nstridetrial](http://www.zimmerbiomet.com/nstridetrial).

**Dr. J. Dean Cole** specializes in orthopaedic traumatology and joint replacements at the Florida Hospital Orthopaedic Institute Fracture Care Center. For more information, go to [www.FractureCareCenter.com](http://www.FractureCareCenter.com) or call **407-895-8890**.

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IF YOU HAVE KNEE OA, YOU MAY QUALIFY FOR THE PROGRESS IV CLINICAL TRIAL

## PROGRESS IV CLINICAL TRIAL

### ASK YOURSELF THESE QUESTIONS:

- 1 Do you have symptomatic osteoarthritis in only one knee?
- 2 Is your body mass index less than or equal to 40kg/m<sup>2</sup>?
- 3 Have you had at least one prior conservative OA treatment without satisfactory pain relief?

If these statements apply to you, please contact your healthcare professional to learn more about osteoarthritis (OA). To see if you qualify for the PROGRESS IV clinical trial, visit [zimmerbiomet.com/nstridetrial](http://zimmerbiomet.com/nstridetrial), text 1KNEE to 87888 or call 773-313-3077.

This material was created by Zimmer Biomet and is intended for informational purposes only. Please see your healthcare professional for individual medical advice.



Sponsored by Zimmer Biomet, the PROGRESS IV clinical trial is investigating a device called the nSTRIDE® APS Kit for people who have osteoarthritis (OA). The goal of this trial is to evaluate the safety and clinical effectiveness of autologous protein solution (APS), prepared from a small sample of a patient's own blood with the investigational nSTRIDE APS Kit, on pain and function associated with knee osteoarthritis.

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## 7th Annual Survivor's Reunion

Friday, November 17, 2017  
5PM to 7PM

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Please join us to celebrate our survivors.  
Food and entertainment will be provided.

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# Meet the Medical Director of MIT

**M**y decision to develop a multi-modality imaging center in the tri-county area is influenced largely by my passion to provide top quality medical imaging and interventional care to a community which I have called home for nearly 20 years. As a resident of Lake County, and the son of a long-term Villages resident, I am acutely aware of the needs of the senior community, and the demand for a boutique-style, state-of-the-art radiology and vascular center, where patients can actually consult and develop a personal relationship with their radiologist physician, who will help formulate an individualized treatment plan.

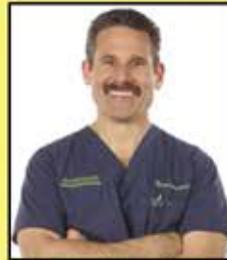
Having worked as an interventional radiologist in the tri-county area since 1997. I have served on numerous hospital committees, including the board of directors of both Leesburg and The Villages hospitals, I have established enduring relationships with many local business leaders, hospital administrators, and hundreds of local physicians. In addition, prior to opening MIT in 2013, for 5 years I performed onsite diagnostic and interventional radiology at nine hospitals in central and southwest Florida, and provided tele-radiology support to several additional hospitals throughout Florida, Kentucky, Ohio and Pennsylvania. First-hand exposure to a multitude of healthcare systems has allowed me to incorporate a variety of the most desirable attributes of each, into a practice of my own. Through my travels, I have personally come to know many of the region's top medical specialists with whom I have developed an extensive professional network; an invaluable resource to my patients and referring physicians.

I am confident that my proven track record of providing outstanding diagnostic and interventional radiology to the Central Florida region, as well as my intimate familiarity with the local medical climate, affords me the unique opportunity to provide an exceptional level of personalized service in a warm and inviting setting. Our constellation of customer service oriented staff, leading-edge technology, and unwavering focus on the patient, allows MIT to consistently deliver the 'highest definition' care.

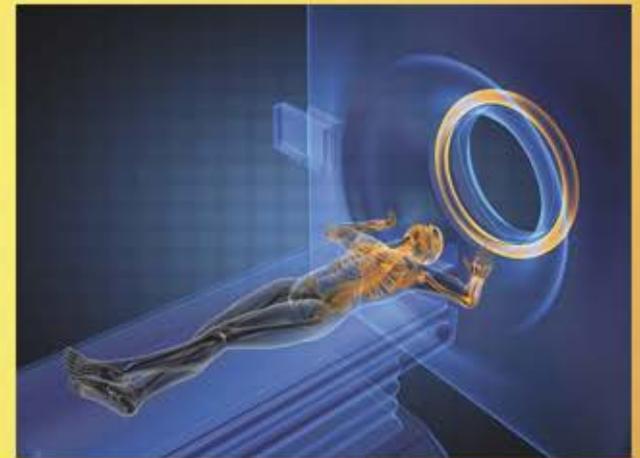
Many of you may not be familiar with the term Diagnostic Radiology. Until recently, a diagnostic radiologist was mainly known in hospital circles as the physicians' physician. In other words, the specialist other doctors call upon to help determine what is wrong with the patient. How does this occur? We interpret MRI, CT, Ultrasound, X-ray and other medical images, review clinical and laboratory data and interview patients to determine what symptoms they are experiencing, so that the pieces of the puzzle can be put together in context, establishing the proper diagnosis and allowing for development of an appropriate treatment plan.

Oftentimes, treatment can also be provided by Interventional Radiologists, performing minor procedures utilizing imaging guidance, or the assistance of a real-time X-ray machine, called a C-Arm, or an MRI, CT or Ultrasound. This is the beauty of my profession. I can diagnose and treat as well! My subspecialty is vascular and interventional radiology. What does all this mean? First I am a diagnostic radiologist. I attended College, and then medical school for 4 years, and completed a 4-year residency in diagnostic radiology to learn all about disease processes in the body and how they can be visualized in the images produced by various machines. I need to know how they correlate with symptoms and health history to create a story. Furthermore, after a year of training in surgery and a year of fellowship in vascular and interventional radiology, I earned the title of Interventional radiologist and am board certified in both specialties. Few people have heard of this subspecialty because we are typically found in hospitals, working "behind the scenes" using fine needles and guidewires with the guidance of imaging equipment to perform cutting edge procedures which were once open surgeries requiring extensive recoveries. Interventional radiologists pioneered many of the procedures you are familiar with today, such as vein ablation, angioplasty and stenting, and biopsies of organs deep inside the body, just to name a few. If you research Interventional radiology in Wiki-pedia, you will be astonished by the devices, procedures and technology this specialty has developed in the last 50 years, truly revolutionizing medicine.

Interventional Radiologists pioneered endovascular surgery, which has become the alternative to open vascular procedures, using guidewires and real-time image guidance to achieve excellent outcomes with fewer complications and shorter recovery times. Oncologists refer patients for biopsies, port placements, drainages of abnormal fluid collections and for interventional therapies known as thermal ablation to treat a variety of primary and metastatic tumors. Neurologists use Interventional Radiology for the treatment of stroke, carotid artery stenosis, spine fractures and to obtain spinal fluid for testing. OB/GYNs send women for treatment of uterine fibroids, pelvic congestion syndrome, and procedures such as hysterosalpingograms and fallopian tube recanalization to evaluate and treat infertility. Nephrologists use interventional radiologists to treat renal artery stenosis, place dialysis catheters and nephrostomy tubes and to keep dialysis fistulas and grafts functioning. These are just a few ways in which an interventional radiologist can offer patients non-surgical treatment options. As the specialty continues to evolve, modern Interventionalists are now able to provide direct patient care by performing in-office procedures that were once only available in a hospital setting.



Dr. Mark Jacobson



At MIT, not only do we perform diagnostic imaging, but we are uniquely set up to also perform a multitude of in-office interventional procedures. These procedures are performed by expert hands, and with the safest imaging equipment, utilizing extremely minimal or no radiation while communicating with you and your other doctors. Our down to earth team is devoted to your physical and emotional well-being and will take the time to explain every test, process, and option, so you'll know that you are among trusted, experienced, professionals who genuinely care about you. We welcome any partners, family or friends you wish to include in your healthcare decision making if it helps you feel more comfortable and safe.

MIT opened its doors in 2013, and is one of the few independently owned (not owned by a hospital) Interventional Radiology centers in the country to offer such procedures outside of a hospital. Advantages include avoiding the risk of hospital acquired infection by drug resistant organisms - a huge plus for immune compromised patients - as well as time-efficient scheduling and delivery of services, at considerable cost savings. Furthermore, all our physicians are American trained and Board Certified.

Our center is certified by the Florida Department of Health Board of Surgery, and Accredited by the American College of Radiology. Our latest achievement, after just 3 years in service, is to have been selected to be as a training center for Interventional Radiology Fellows from Shands University of Florida Medical Center.

**MIT Medical Imaging & Therapeutics**  
 Center for Diagnostic and Interventional Radiology  
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# Shoulder Joint Replacement

## Groundbreaking Procedures from The Advanced Orthopedic Institute

**L**iving in Florida provides abundant fair weather for all residents throughout the entire year. By way of good weather, adults are staying much more active as they age. In our sunshine state, older individuals are golfing, playing tennis, pickleball, kayaking, swimming and the list goes on and on; but with all of that healthy activity comes injury and wear and tear.

Whether you have had trauma to your shoulder from an accident, or have pain due to advanced arthritis, degenerative joint disease, or soft tissue and ligaments disorders, shoulder pain can be debilitating. If you have tried all of the pain medications, alternative methods, physical therapy and still are having difficulty with range-of-motion or impingements and discomfort, it may be time to speak to your orthopedic surgeon about shoulder replacement surgery, or otherwise known as shoulder arthroplasty.

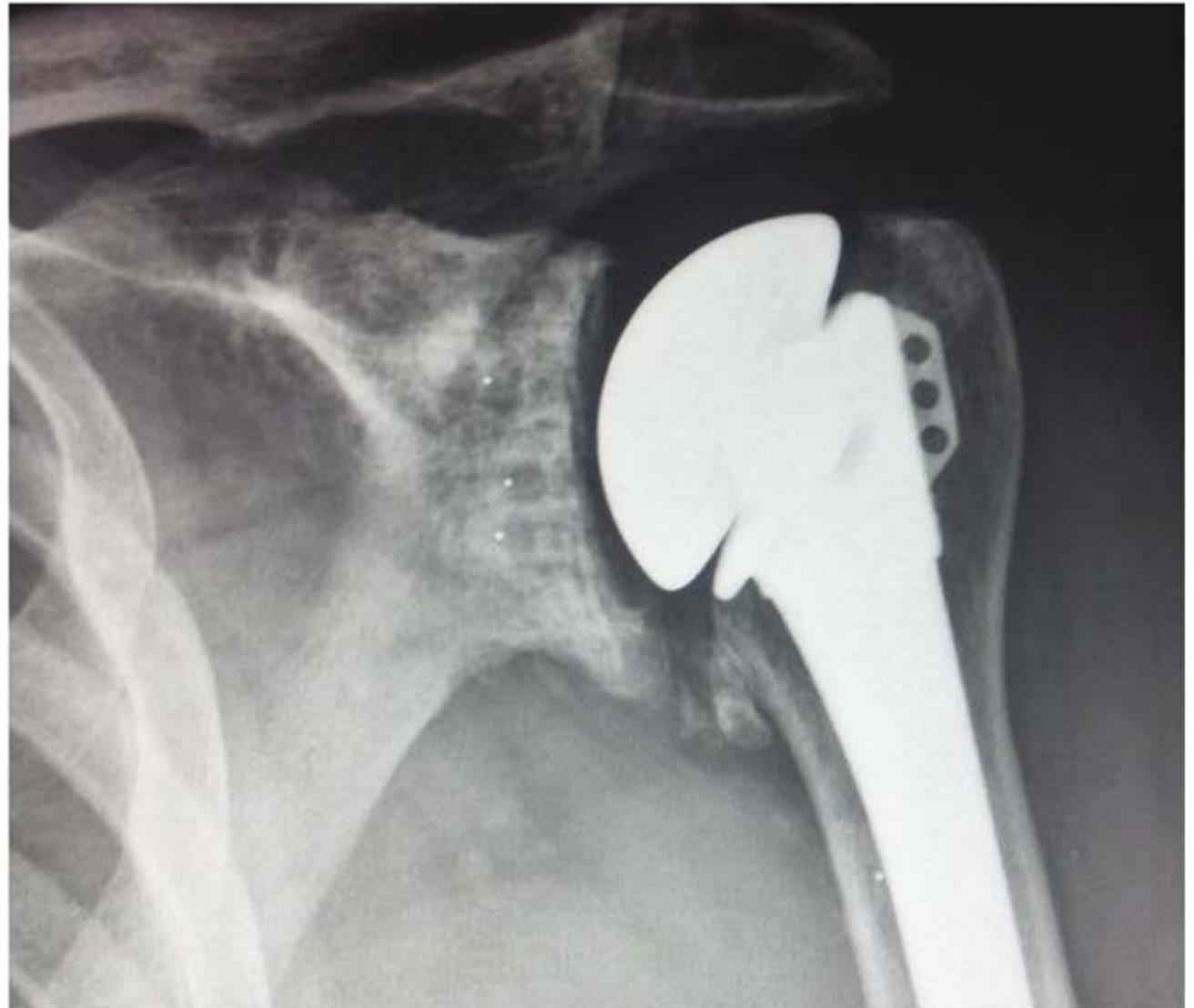
### Typical Shoulder Replacement Surgery

During the standard shoulder replacement procedure, the surgeon will cut off part of the top of your humerus bone, which is located in the joint of the shoulder. The Surgery consists of reshaping the shoulder joint and placing a metal stem (a few inches long) into the shaft of the humerus bone. A metal or plastic plate is then attached to the glenoid socket. These two connected devices will then take the place of the "ball and socket" in the upper shoulder area. Over time, the new joint replacement will allow the shoulder to move more freely and to be free from the excruciating pain that the individual was accustomed to on a daily basis.

### Enhanced Shoulder Replacement Surgery

At the Advanced Orthopedic Institute, they have implemented a new procedure, which is an innovative shoulder replacement procedure that is recommended for certain patients that have more of an active lifestyle. This new shoulder system is stemless and allows for more natural movement.

The surgical method that your surgeon suggests will be based upon your condition and the overall health of the bones and joint in the shoulder. The determination will support your best-case scenario and preeminent outcome.



### Shoulder Arthroplasty Recovery

After your surgery, your initial recovery time usually takes about six weeks, but full recovery can take a few months up to a year. Many patients report feeling no pain, and also having an increased range-of-motion very soon after surgery. Your surgeon will also provide you with an exercise and stretching program, along with physical therapy for an allotted period of time.

Advanced Orthopedic Institute (AOI) handles all aspects of orthopedics, with specialization in total joint replacement. Dr. Alfred J. Cook, Jr., specializes in sports medicine, including shoulder surgery and replacement, rotator cuff repairs, knee procedures and arthroscopy. Dr. John T. Williams, Jr., is a total joint replacement surgeon who specializes in hip and knee replacements and revisions.

Both doctors also use early intervention treatments for arthritis.

To find out more about stemless arthroplasty, or your other orthopedic needs, please call Advanced Orthopedic Institute at (352) 751-2862



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# Lose Weight Fast with No Exercise with Physician Assisted Weight Loss!

**D**r. Compton and his office in The Villages, FL is now the exclusive provider of the Ideal Protein weight loss system which provides you pre-packaged meals coupled with your own groceries that will have the weight falling off of you in no time. Ideal Protein is a scientifically researched solution to safe weight loss with a four-stage, low carbohydrate, ketogenic diet. Currently more than 3,000 medical practitioners in the U.S. and Canada offer the Ideal Protein protocol to their patients to lose weight and reverse metabolic syndrome - the cluster of conditions that are associated with heart disease, stroke and diabetes.

Compton Chiropractic Care has three chiropractic physicians and two weight loss coaches, all with backgrounds in nutrition and medicine to help facilitate a specialized plan to ensure your health is optimized. Each patient's health conditions, medications, bloodwork, recent cardiovascular and metabolic paneling is reviewed before starting the Ideal Protein protocol.

### The Initial Consult

At Compton Chiropractic Care, your initial consult will be a focused medical evaluation for diseases related to obesity and causative factors, along with a physical examination. In addition, we will obtain a weight history, which includes past diet attempts, and conduct thorough goal and expected outcomes. Many patients come to the clinic with undiagnosed diabetes, high cholesterol, thyroid disorders, abnormal liver tests or obstructive sleep apnea. On your initial visit if you have not had recent bloodwork or an EKG performed, our medical staff will ensure these tests are completed before starting the protocol so that you may safely begin the program.

### Overall, Compton Chiropractic Care's Ideal Protein Weight Loss Protocol will include:

- Weekly progress measurements and one-on-one nutrition counseling with a weight loss consultant
- Behavior Modifications
- Pre-packaged Meal Replacement Plans



## It Just MAKES SENSE!

### Here's what you can expect

- A nutrition program which includes a wide variety of of delicious food
- Sensible, Physician-Supervised weight loss protocol that takes your current medical conditions into consideration
- Reductions in weight have significant health benefits for high blood pressure, cholesterol reduction, metabolic disease management, diabetes and lowering A1C levels
- Expert guidance and professional support under the tutelage of your personal weight loss coach
- Unlike fad diets, the Ideal Protein Protocol has a beginning and an end
- Four distinct and unique stages help assist you in making permanent lifestyle changes, facilitating your optimal health

### Attend a Free Workshop!

Free, no obligation workshops offered twice per month at Compton Chiropractic Care. This is a great way to discover the Ideal Protein Weight Loss Method in a friendly, no pressure environment.

Please call us for workshop times and to reserve your spot today as space is limited! 352-391-9467

**BEFORE**



**CHRIS**

**LOST OVER 60 POUNDS IN UNDER 20 WEEKS**

**IN PROGRESS**

**BEFORE**



**CHRISTINE**

**LOST OVER 50 POUNDS IN UNDER 20 WEEKS**

**IN PROGRESS**



**Diet**

The Ideal Protein weight protocol is a medically derived protocol developed and refined over a twenty year period. Dieters are provided 65% of their weekly groceries in convenient, pre-packaged meals. Dieters will also have a choice of vegetables and lean meat each day to round out their dietary needs. Women typically average between 3 to 5 pounds of weight loss per week, while men can range between 5 to 7 pounds per week. The long term success for dieters is realized through the one-on-one coaching, designed to motivate and educate, ensuring the knowledge and confidence to make better lifestyle choices once Phase Four has been reached. With over 3,000 medical practitioners in the U.S. and Canada offering the Ideal Protein protocol to their patients to lose weight and reverse metabolic syndrome, Compton Chiropractic Care has chosen to align our overall goal for meeting our patient's needs with this highly regarded and successful plan.

**Activity Levels**

While physical activity is an important addition to any diet as it boosts metabolism and increases weight-loss - it is not necessary on the

Ideal Protein program. Our philosophy is the more healthy you begin to feel once you are experiencing a reduction in weight, the more your energy levels will increase and your need to create and comply with daily activities will simply become a part of your routine. Ideal Protein has specified emails that will help encourage dieters to move as their energy levels increase, but there is no set daily exercise requirement for the protocol.



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Compton Chiropractic Care, LLC. is an independently owned and operated and authorized to sell Ideal Protein products and services. Ideal Protein disclaims any express or implied statement of weight loss performance or other benefits that are not made by Ideal Protein. See [www.idealprotein.com](http://www.idealprotein.com) for more details.



*"Putting your families health in our families hands"*



**Dr. Brett Compton**  
• Doctor of Chiropractic Medicine  
• Palmer Graduate  
• B.S. in Human Nutrition  
• 12 Years Army & National Guard Veteran  
• Medical Director



**Dr. Brent Compton**  
• Doctor of Chiropractic Medicine  
• Palmer Graduate  
• B.S. Pre Professional Biology



**Dr. Daniel Taylor**  
• Doctor of Chiropractic Medicine  
• Palmer Graduate  
• B.S. in Molecular & Microbiology

Providing Quality Chiropractic Care to patients in and around The Villages, Florida.

**Our Philosophy**

- Treat patients as individuals identifying their unique needs and set of problems
- Perform a thorough Orthopedic and Neurologic examination with all new patients
- Use the highly reliable and world-renown Palmer "hands on" technique of Chiropractic care
- Provide patients with non-surgical alternatives to pain
- Avoid long-term treatment plans or large out-of-pocket expenses

**Our Facility Offers**

- Medicare accreditation for DME bracing
- State-of-the-art treatment tables
- On-site digital x-ray
- Physical Rehab suite with cold laser, ultrasound, electrical stimulation, Graston, Kinesio tape, and mechanical traction therapies, blood and urine testing
- Clinical Nutrition
- Quality care without the wait

**Accepting**

- Medicare • Medicare Replacement Plans
- Blue Cross Blue Shield • Cigna • Humana
- United Health Care plans • Personal Injury
- Medicaid • Workers Compensation

# Traveling Tips for Venous Insufficiency

By Bryan Carter, MPA-C, Phlebology-Surgery

It's that time of year again; when we hit the road or the sky and travel for vacations, relaxing getaways, spending time with family and taking the kids or grandkids to their favorite destinations.

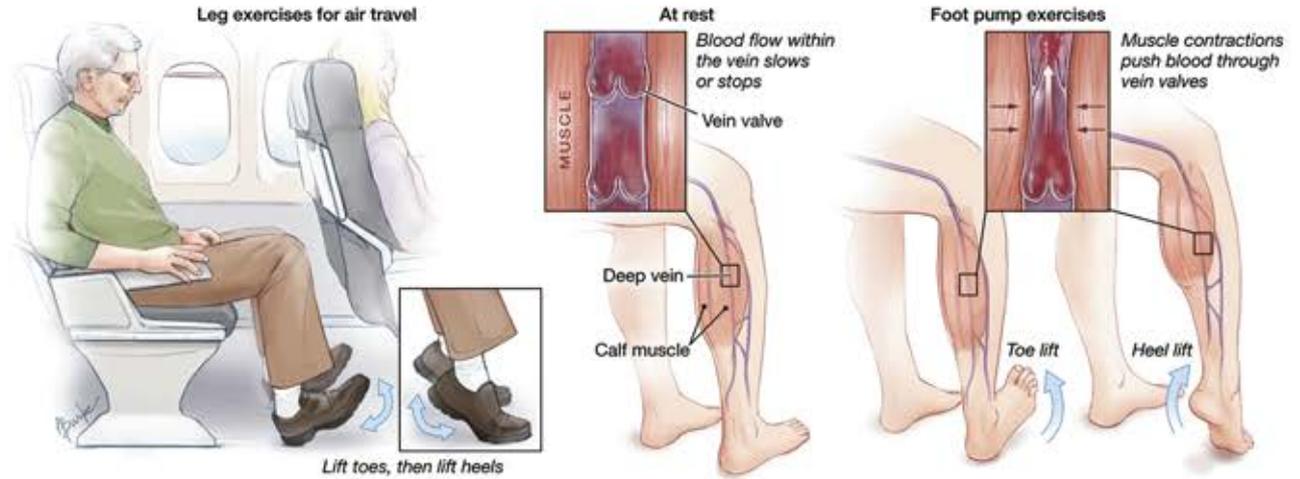
The hottest days are upon us during the upcoming summer months, so it's imperative that everyone stays hydrated, especially the elderly and children. Because we come in all shapes and sizes, drinking at least ½ your body weight in ounces is the recommended amount for each person. So if you are 200 lbs., you should consume 100 ounces of water per day, which is approximately 3 liters.

If you suffer from any venous insufficiency issues, it's critical to keep moving your toes, ankles, and calves while sitting for an extended periods of time in a car, train or when on a plane. This will help the blood to keep moving and pumping back to the heart instead of pooling into the feet. If you ever get swollen feet or legs after sitting for long periods of time, you should see your physician about ways to control your venous insufficiency and to get a full check up for your overall health.

## What is venous insufficiency?

Various forms of venous issues affect 25 million Americans. Their legs are swollen, achy and they have a heavy sensation. When our veins are working properly, they pump blood back to the heart. Valves in the veins are made to open and close in one direction. If these valves or the wall of the veins are damaged, the blood is unable to work against gravity, and the result is a pooling of the blood in our legs. This pooling is called stasis and can present significant risks to our health.

Sometimes venous insufficiency is more of a cosmetic issue and poses little health concerns. This is usually noted in spider veins, which is when the tiny capillaries are damaged, but when the veins are damaged, this can cause varicose veins, which can lead to a much more severe health issues. Neither of these should be taken lightly. A medical professional will be able to report whether or not your symptoms are superficial, or dangerous and in need treatment.



## Symptoms of venous insufficiency:

- Swollen legs
- Discoloration on skin (brown or red)
- Tingling/burning/itching sensations
- Heaviness
- Aching
- Cramping

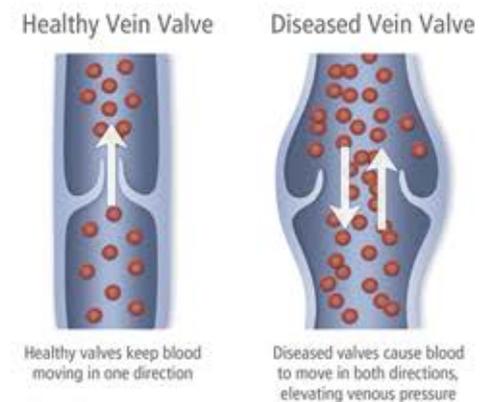
One of the easiest ways to better control and improve your legs blood flow is to wear compression stockings, but beware, not all compression stocking are the same.

Sure big box stores sell them by the thousands, but they fail in comparison to medical grade and personally fitted stockings.

It's important to understand what compression stocking do. They are tight fitting long socks that go up to your knee and create gradient pressure throughout your foot and legs to help push the blood back to the heart.

Medical grade compression stockings are measured in millimeters of mercury (mmHg). The highest compression available is 30-40 mmHg, then 20-30 mmHg, 15-20mmHg and the least or lightest compression is 8-15 mmHg.

The major differentiating factor between a medical grade stockings and the generic version is the precise measuring that is done to make certain you are wearing the appropriate compression volume. Getting the correct dimensions consist of first measuring around the smallest part of the ankle above the ankle-bone. Second, a measurement is taken of the largest part of the calf circumference, and lastly, at a 90-degree angle, a measurement is taken from the distance of the bend in the knee to the floor. Speaking to your physician is vital if you or a loved one have any of the venous symptoms.



## Treatment Options for Venous Insufficiency Include:

- Compression Stockings
- Gradient Compression Devices
- Increased Exercise
- Medications
- Surgery (non invasive thermal and chemical ablation performed in the office)

If you have any questions or concerns call and schedule appointment today with Mr. Carter. He has been treating vein circulation problems for 15 years.



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# Advanced Treatment for OVERACTIVE BLADDER

**H**ave you tried treatment for overactive bladder and still suffer from any of the symptoms below?

- ✓ Urgency to get to the restroom in time
- ✓ Increased frequency of urination
- ✓ Getting up at night 2 or more times to urinate
- ✓ Wearing adult protective undergarments or pads
- ✓ Inability to empty your bladder completely
- ✓ Curbing your usual activities because you must be near a restroom at all times

If you are a man or woman who said yes to any of these, then you should know about some of the advanced therapies that are available and can drastically improve your quality of life.

Commonly used therapies such as behavioral modification, bladder training and medications are a first line of therapy for overactive bladder (OAB). Unfortunately, in many patients, these do not work or don't work well enough. Some patients may even be unable to tolerate the common side effects of medications such as dry mouth, dry eyes or constipation. If you or someone you know has OAB, the use of sacral neuromodulation or Botox may be the answer. In a specialty trained urologists' hands these treatments can succeed where others have failed.

## SACRAL NEUROMODULATION

Sacral neuromodulation (SNM) allows regulation of the nerves that go to the bladder. This works by sending messages back to the brain to regulate the "on-off" switch for bladder function. A simple way to think of SNM is as a pacemaker for the bladder. It can help to bring your bladder function back to normal function if it is too active or even underactive.

SNM is approved by the FDA for the treatment of refractory OAB, urge incontinence and urinary re-tention. Currently one company (Medtronic Inc., Minneapolis) produces this SNM device for international use under the name InterStim®. In Europe, it is also



used successfully to treat bowel dysfunction including severe constipation, fecal urgency, frequency and fecal soiling. This is possible because there are nerves in the pelvis that work on both the bladder and bowel.

SNM is a very appealing option to patients due to its high success rate (up to 80%) and a unique trial phase. This trial phase of 3 to 7 days is called a percutaneous nerve evaluation (PNE) and is a simple procedure that places a thin temporary lead next to the nerve that controls bladder function. This can be placed using local anesthesia or light sedation and takes minutes to perform. This gives the patient the ability to "test drive" the device without going through the full implant. It also helps patients to gain insight on just how much the InterStim could help them. At the end of the trial, the leads are removed in the office without damaging the nerve.

  
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If the PNE is successful in reducing symptoms, it is likely that the full implant will work in these patients. The InterStim uses an implantable lead and small battery that are placed for long-term treatment of OAB or urinary retention. Once placed, the InterStim can last up to ten years depending on its use. The battery can be easily changed under local anesthesia. After implan-

tation, the InterStim is virtually undetectable even in a bathing suit. This device can drastically improve a patient's quality of life.

## BOTULINUM TOXIN (Botox)

Botox injections are another option in the treatment of OAB. The Botox is placed directly in the bladder muscle for treatment of OAB and urge incontinence.

This is done with a simple cystoscopy (small telescope) and can be done under local anesthesia or sedation. It works by binding to nerve endings allowing for relaxation of the bladder muscle. This has been shown to improve symptoms in up to 70% of patients and up to 60% of patients will have complete resolution of their OAB or urge incontinence. Botox, however, only lasts 6 to 9 months and needs to be repeated. The FDA considers this an off-label use even though it has been used successfully for years. Use of Botox in the bladder carries no greater risk to the patient than cosmetic procedures.

These are only a few of the many options that can significantly improve quality of life. A full range of treatments for OAB and any other urologic concerns are offered at Advanced Urology Institute.

# NATIONAL HOSPICE AND PALLIATIVE CARE MONTH

If you were a European warrior or religious pilgrim on the way to Jerusalem during the Middle Ages, chances are you lodged at a "hospes house" on the arduous journey. The holy orders of knights such as the Hospitallers and Templars ran these travel lodges named after the Latin word that means both "guest" and "host." Over time, hospes houses expanded to offer care for the sick and dying. Derived from "hospes," our modern-day word "hospice" is known as a place for the dying or the practice of end-of-life care.

Part of hospice services may include palliative (pronounced pal-ee-ey-tiv) care, the medical specialty of alleviating pain and improving the quality of life of the seriously ill. Hospice care begins after health treatment for an illness has stopped and the patient is considered terminal. Palliative care can begin as soon as a patient is diagnosed with a serious illness and can continue while the individual pursues a cure. November is National Hospice and Palliative Care Month to help raise awareness of the skilled, compassionate care that both disciplines offer. The campaign's 2017 theme is "It's About How You Live."

## How Does Hospice and Palliative Care Work?

Hospice providers alone care for more than 1.6 million Americans and their families annually. While hospice does involve caring for the terminally ill, hospice care is more than seeing someone through their final days. An integrated team of healthcare professionals and trained volunteers work together to manage pain, control symptoms, and bolster emotional and spiritual needs. Hospice teams ensure patients and their loved ones find support, respect and dignity along the difficult path of a life-limiting illness.

Interdisciplinary palliative care teams are typically comprised of doctors, nurses, social workers, chaplains, and physical and occupational therapists who assist with the pain of cancer, kidney failure, chronic obstructive pulmonary disease, congestive heart failure and other chronic diseases or disorders.

"Hospice and palliative care are a vital means of comfort and support but are not synonymous," said Glenn Fechtenburg, RN. Right at Home The Villages, Lake & Sumter Counties. "Palliative care offers a holistic approach to helping reduce the suffering of anyone with a serious, chronic or life-threatening illness, not just those who are dying. As death draws near, palliative care often segues into hospice."

Hospice serves those with a terminal diagnosis in their homes or at freestanding hospice centers, nursing homes, in-patient care facilities and hospitals. Hospice teams primarily serve in a patient's home because most end-of-life individuals prefer to pass in their own home surroundings. Hospice care is available to any patient of any age, race, religion or illness. The National Hospice and Palliative Care Organization notes that hospice services "focus on caring, not curing" and

"hospice is not 'giving up,' nor is it a form of euthanasia or physician-assisted suicide." Instead, hospice care helps patients and their families embrace life as fully as possible. In some cases, hospice patients rally to make a full recovery.

## Who Qualifies for Hospice and Palliative Care?

Most Medicaid, Medicare and private health insurance plans cover palliative and hospice services. Hospice care covered by Medicare requires that a person receive a prognosis of living six months or less, but there is not a six-month limit on hospice care services. A patient with a doctor's certification of terminal illness may receive hospice support for as long as necessary.

Any person with a serious illness can benefit from palliative support, which emphasizes the quality of life for the whole person including one's relationships. Palliative care may include educating family members and caregivers on the patient's illness, treatment plans and medications. Palliative services ease the symptoms or side effects of an illness including:

- Pain
- Sleep difficulty
- Nausea
- Shortness of breath
- Lack of appetite
- Fear and anxiety
- Depression and hopelessness

"The majority of U.S. medical schools now offer hospice and palliative care programs and are instructing medical students in these specialized branches of pain management and end-of-life care," explained Fechtenburg, RN. "It is important to work alongside a care client to develop and tailor a care plan and strategy that meets their own goals, values and needs. Our Right at Home caregivers support a range of hospice and palliative services for everyday needs, such as personal care, meal preparation and light housekeeping. Hospice and palliative medicine means skilled, compassionate teams working together for the good of the care client and the family."

For more information on palliative and hospice care, contact the Right at Home office at 352-409-8011.

## About Right at Home

Founded in 1995, Right at Home offers in-home companionship, personal care and assistance to seniors and disabled adults who want to continue to live independently. Right at Home's global office is based in Omaha, Nebraska, with offices located in 45 states nationwide and throughout the world. For more information on Right at Home, visit About Right at Home at <http://www.rightathome.net/about-us> or read the Right at Home caregiving blog at <http://www.rightathome.net/blog>. To sign up for Right at Home's free adult caregiving e-newsletter, Caring Right at Home, visit <http://caringnews.com>.



## About Right at Home of The Villages, Lake and Sumter Counties

The Villages, Lake and Sumter Counties office of Right at Home is a licensed home health agency that specializes in helping seniors stay independent in their home. All caregivers are directly employed and supervised, each of whom is thoroughly screened, trained, and bonded/insured prior to entering a client's home. Our services range from providing transportation to and from appointments to full one on one nursing care for you or your loved one. For more information, contact Right at Home of The Villages, Lake and Sumter Counties at [WWW.RAHFL.com](http://WWW.RAHFL.com), 352-835-0101 or by email at [Info@rahfl.com](mailto:Info@rahfl.com)

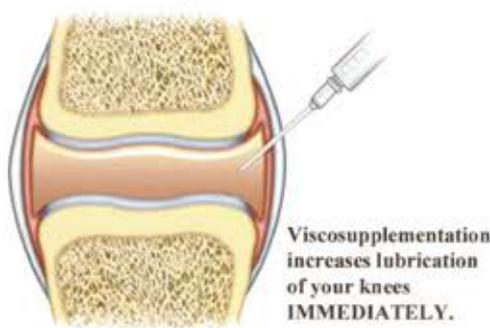
# End Knee Arthritis Pain with FDA Approved Joint Injections

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When injected into the knee, the Viscosupplementation solution helps to cushion and lubricate the knee joint, nourishing knee cartilage for natural pain management. The solution helps to restore normal function to the joint, including its natural lubrication. Patients experience less pain and are able to enjoy a more active lifestyle.



### What are the risks associated with the Viscosupplementation treatment?

The most common side effects are minor, and include mild bruising, swelling or pain at the injection site. In extremely rare cases an allergic reaction may occur, only in those suffering from avian (bird) allergies. A rash, hives, itching and difficulty breathing characterize an allergic reaction. While rare, an allergic reaction requires prompt treatment. The majority of our patients, however, experience little to no side effects from treatment.

### When will I feel results?

Though results may vary, most patients feel an immediate reduction in pain and return to normal activities in weeks.

### Will my insurance cover this treatment?

Yes, most major insurances and Medicare will pay for this treatment.

### Who is a good candidate for this treatment?

Do you wake up with knee pain? Does your knee pain keep you from certain activities? Have you been told you need a knee replacement? Are you active and sometimes suffer from sore knees? Do you take medications for knee pain? Do you have difficulty going up and down stairs? Are you considering surgery to alleviate your knee pain? Have you tried everything to get rid of your knee pain without success?

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# Am I a Candidate for Dental Implants?

By Lucia Roca, DDS, MDS, Board Certified Periodontist

**G**enerally speaking, if you have lost teeth you are a candidate for dental implants. It is important that you are in good health, however, as there are some conditions and diseases that can affect whether dental implants are right for you. For example, uncontrolled diabetes, cancer, radiation to the jaws, smoking, alcoholism, or uncontrolled periodontal (gum) disease may affect whether dental implants will fuse to your bone. It is important to let your dental surgeon know all about your medical status (past and present) together with all medications you are taking, whether prescribed, alternative (herbal) or over-the-counter.

Where and how implants are placed requires a detailed assessment of your overall stomato-gnathic system ("stoma" – mouth; "gnathic" – jaws), within which the teeth function. This will necessitate compiling records that include study models of your mouth and bite, and specialized radiographs (x-rays), which may include 3D scans known as computerized tomograms (CT scans). Planning with the help of computer imaging ensures that dental implants can be placed in exactly the right position in the bone.

## How and why is bone lost when teeth are lost?

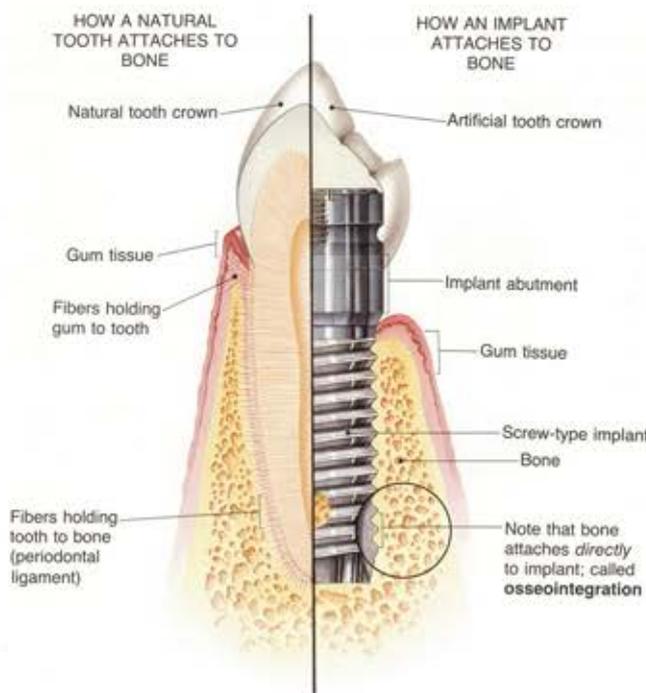
Bone needs stimulation to maintain its form and density. In the case of alveolar (sac-like) bone that surrounds and supports teeth, the necessary stimulation comes from the teeth themselves.

When a tooth is lost, the lack of stimulation causes loss of alveolar bone. There is a 25% decrease in width of bone during the first year after tooth loss and an overall decrease in height over the next few years.

The more teeth lost, the more function lost. This leads to some particularly serious aesthetic and functional problems, particularly in people who have lost all of their teeth. And it doesn't stop there. After alveolar bone is lost, the bone beneath it, basal bone — the jawbone proper — also begins to resorb (melt away).

## How can bone be preserved or re-grown to support dental implants?

Grafting bone into the extraction sockets at the time of tooth loss or removal can help preserve bone



bone volume needed for implant placement. Surgical techniques are also available to regenerate (re-grow) bone that has been lost, to provide the necessary bone substance for anchoring implants. In fact, a primary reason to consider dental implants to replace missing teeth is the maintenance of jawbone.

Bone needs stimulation to stay healthy. Because dental implants fuse to the bone, they stabilize it and prevent further bone loss. Resorption is a normal and inevitable process in which bone is lost when it is no longer supporting or connected to teeth. Only dental implants can stop this process and preserve the bone.

## How are dental implants placed and who places them?

It takes a dental team to assess and plan dental implant placement and restoration — the fabrication of the crowns, bridgework or dentures that attach atop the implants and are visible in your mouth. The dental team consists of a dental surgical specialist — a periodontist, oral surgeon, or a general dentist with advanced training in implant surgery; a restorative dentist, who plans and places the tooth restorations; and a dental laboratory technician who fabricates them.

Placing dental implants requires a surgical procedure in which precision channels are created in the jawbone, often using a surgical guide. The implants are then fitted into the sites so that they are in intimate contact with the bone. They generally require two to six months to fuse to the bone before they can have tooth restorations attached to them to complete the process.

*At Laurel Manor Dental, they are highly trained in treating receding gingival tissue, and they take great pride in your getting you to your most advantageous dental and oral health. Laurel Manor Dental goes one step further because they have an onsite specialist in periodontal disease. Her name is Dr. Lucia Roca, and she is also certified in the Pinhole Technique.*

*After receiving her Doctor of Dental Surgery degree, Dr. Roca spent an additional three years studying at the University of Connecticut School Of Dental Medicine. She was then accepted into the University of Medicine and Dentistry of New Jersey/Rutgers where she performed clinical research, completed her periodontics residency and earned her Masters of Dental Science degree.*

*As a member of the American Dental Association and the American Academy of Periodontology, Dr. Roca has worked tirelessly to help bring dental care to those in need from the city streets of Newark, NJ to the rural villages of Guatemala. Her dedication and continual interest in acquiring new dental knowledge have deep ties, as Dr. Roca's parents are both dentists, and she herself is now married to a dentist. Dr. Roca takes satisfaction in clarifying the best treatment options for her patients in English, Spanish or Italian!*

*If you or someone you love is in need of a dental consultation for any of the issues mentioned above, or for other general dental needs or concerns, please call Laurel Manor Dental at (352) 430-1710, or visit laurelmanordental.com*



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# Investing in Your Future

**Meg Black**  
Financial Advisor

"Anytime you are making a decision that has financial implications, you should consult with an expert to discuss the risks and rewards involved with that decision," says financial advisor Meg Black with Edward Jones, 8483 Mulberry Lane in The Villages.

**Meg's advice to any new investor, or if you are in need of an investment broker change for whatever reason:**

1. A great time to see an advisor is when you are determining how much to save for retirement or if you have another major life change; for instance, if you're getting divorced, buying or selling a home, or changing jobs.
2. If you start a new position, instead of rolling over a previous 401(k) into your new company's plan, you may save a substantial amount of money and realize an improved return by using a financial advisor who offers you more investment options by rolling into a new IRA.
3. When you are thinking about when to retire and trying to determine if you are ready, an advisor can help you decide what your income stream is going to look like for life, which sheds light on whether working a few more years provides the financial benefit you want, or if you are ready to retire now."

**The Edward Jones Difference**

Edward Jones is a full-service financial firm, handling savings plans for retirement and education, CDs, annuities, stocks, bonds, mutual funds, and life and long term care insurance. The well-established firm has offices nationwide and over 14,000 advisors. Their advisors use an established process to create a customized plan for each client to help them reach their financial goals.

"At Edward Jones, we have a team behind each advisor that helps them be an expert in whatever area their client needs," Meg says. In addition, the firm does a lot of retirement planning in The Villages, a 55 plus community. But Meg emphasizes Edward Jones also works with small business owners who want to provide benefits to their employees, parents who are saving for college, and higher income earners who want to reduce taxes.

**What you should expect from your financial firm:**

When looking around for a financial advisor and firm, consumers should be looking for an advisor who is upfront about their costs and fees and the client needs to make certain the investment company is reasonable. Meg states, "I always perform a complimentary financial review and a written retirement income plan when I meet with a prospective client. So, even if you only want a second opinion or just want to ask some questions, I'm happy to sit down with you at no cost. My favorite client is one who I provide information and education to and then we partner together to make decisions to reach their goals."



Consumers should also look for two important attributes when choosing an advisor. "The most critical quality is that you are comfortable with your advisor and feel like you can be honest with them about your concerns and that they are honest with you," Meg states. "Second of all, the firm that your advisor is with is important; it must be a trusted organization that supports your advisor with a full team so that they can be extremely knowledgeable about your particular situation."

If you or someone you know is need of financial investment advice, or has questions about their options, please contact Meg Black at Edward Jones Investments today.

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# Is it Safe to Take **Fish Oil** Before Surgery & Medical Procedures?

By Anne-Marie Chalmers, MD

**L**ast week a woman called me and said, "I'm having a colonoscopy, and I was told that I need to get off all blood thinning medication, aspirin and fish oil. What's the deal?"

These admonishments have been standard protocol before any medical procedure for many years. After all, omega-3 fish oil and cod liver oil have a blood thinning effect – one of the properties that make these oils useful in blood clot prevention.

Because of this effect, it has long been believed that fish oil may cause a person to bleed more easily, especially if consumed at higher doses. However, clinical trials have not found much evidence to support it. And just like the longtime airline industry rule about turning off all electronic equipment during a flight, some researchers and physicians are now questioning whether the precaution is valid.

Bill Harris, one of the leading authorities in omega-3 research, doesn't think so (1).

In 2007, Harris reviewed 19 clinical studies involving 4387 surgical patients who were taking fish oil supplements in doses ranging from 1.6 g EPA/DHA per day (the equivalent of taking about 4 fish oil capsules or 1.5 teaspoons of a liquid fish oil, like Omega Cure®) to 21g EPA/DHA per day. In 16 out of 19 studies, the patients were also taking aspirin. And in three of the studies, patients were taking heparin, another common blood thinning drug. The review concluded that the risk of problematic bleeding was virtually nonexistent, even when combined with other medications known to increase the risk of bleeding (2).

Another review from 2008 reached the same conclusion. This review stated that no published studies had reported clinically significant bleeding episodes among patients treated with antiplatelet drugs and fish oil at a dose of 3g to 7g per day (2).

A more recent review, published online in March of 2017, agreed again. This review found it safe to consume omega-3 supplements, even at large doses of up to 10g of EPA/DHA per day in the short term (3). To put that dose in perspective, it would be same as swallowing almost ¼ cup of Omega Cure, or taking 30 fish oil capsules daily. That's significantly more omega-3 than anybody takes on a regular basis.



## The Benefits of Fish Oil Before and After Operations

When fish oil supplements are used as clinically indicated, the potential benefits outweigh the theoretical excessive bleeding risks for the vast majority of people. For instance, let's look at how omega-3 could impact the risk of infections, heart complications, and overall hospital stay — common concerns for patients facing surgery.

One meta review analyzed the data on omega-3 supplementation on patients with colon cancer before and after operation. Colon cancer operations are especially dreaded because of the high risk of postoperative infections. The authors of the meta analysis found that omega-3 supplementation was associated with fewer post-surgical infections, as well as a shorter hospital stay (4).

In another review, the authors looked at how omega-3 supplementation impacted cardiac surgery patients. Here again, the authors found that omega-3 supplementation reduced the length of the hospital stay as well as the risk of atrial fibrillation (5).

## Ask Your Doctor

You and your physician should decide whether or not it is necessary for you to stop using fish oil supplements before having a medical procedure or surgery.

As Harold E. Bays, MD, recommended in the American Journal of Cardiology, when it comes to fish oil, "the theoretical increase in bleeding risk" needs to be weighed against the potential benefits of using fish oil (6).

When your doctor gives the go ahead, continue taking your full dose of fresh fish oil every day. As the research above indicates, getting an effective omega-3 dose can help speed up your road to recovery.

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## About Anne-Marie Chalmers, MD

**Anne-Marie Chalmers, MD**, is the co-founder and president of Omega3 Innovations. Born and raised in the United States, Dr. Chalmers graduated from Brown University and completed her medical training at the University of Oslo in Norway. In Norway, Dr. Chalmers practiced emergency, family, and preventive medicine for many years. Her research and development work has included nutraceuticals (especially omega-3) and medical delivery device systems to facilitate ingestion of multiple medication combinations.



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# HOW TO DECREASE YOUR RISK OF PROSTATE CANCER

By Michelle Haessler, M.D.

One in six men will develop prostate cancer in their lifetime. Whereas, many men will have a type of nonaggressive prostate cancer that is referred to as “low grade” and never need treatment, many will develop a more aggressive form of prostate cancer, which will require treatment.

**T**his treatment could consist of hormonal treatment, surgery, radiation treatment or a combination of these modalities. These treatments can be costly not only financially but they can have numerous comorbidities associated with them. Wouldn't it be preferable to never develop this disease?

Prostate cancer and numerous other cancers, are inversely related to UV light exposure. The more sunlight a person gets the lower the cancer rates. Even living closer to the equator lessens your risk of cancer. Also, prostate cancer mortality in the US has been shown to be lower with more UV exposure. Why is this? Vitamin D levels are higher with more UV exposure. Unfortunately, Americans are quite deficient on this vitamin.

The National Health and Nutrition Survey 2005-6 showed that overall in the U.S. 41.6% of Americans were deficient in this vitamin. African Americans fared the worst with 82.2% being deficient and Hispanics were 69.2% deficient. The reason is that people with more pigment in their skin absorb less sunlight and therefore less vitamin D is produced.

A study in *Journal of Clinical Cancer Research* took vitamin D blood samples from 700 men. Half were of European ancestry and half from African American ancestry. Low Vitamin D levels were associated with a more aggressive (higher grade) form of prostate cancer as well as a more advanced prostate cancer in all men. African Americans were also found to be at a higher overall risk of developing prostate cancer.

Another study presented at the 2005 American Chemical Society studied men with prostate cancer who choice to undergo prostatectomy with subsequent Vitamin D supplementation or active surveillance with the addition of Vitamin D. Men who had undergone surgery showed a decrease in inflammatory processes when they took vitamin D. Men who had undergone surveillance and Vitamin D supplementation at 1 year showed a decrease in the number of positive biopsy cores (less cancer) at repeat biopsy but no change in PSA.

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## What are the ways to get vitamin D?

The human body must obtain vitamin D from outside sources. Fortified milk products, fatty fish, mushrooms and egg yolks are the main sources of dietary supplementation. Sunshine is a good source and is actually the main source for humans. Whereas, sunshine is wonderful source, if you have darker skin you simply do not absorb as much and are most likely deficient in this vitamin. If you have light skin then you are at risk for skin cancer with excess sun exposure. As a matter of fact, there have been more skin cancers diagnosed in the last 30 years than all other cancer combined.

The answer is to supplement with vitamin D and get the levels up to a therapeutic level. I would recommend a blood level of 40-60ng/ml. As to decreasing skin cancers the answer is nicotinamide. In 2015 the New England Journal of Medicine published a randomized phase 3 study looking at taking nicotinamide at a certain dose twice a day. What they found was amazing. At one year the total amount of skin cancers was reduced by 23%, basal cell carcinomas were reduced by 20%, squamous cell carcinomas by 30% and actinic keratosis (precancers) by 11%.

An easy and convenient way to get both of these vitamins is in a new product CoVitale-7. It not only has the recommended doses of Vitamin D and Nicotinamide but also Curcumin which has been shown to decrease cell proliferation and piper nigrum which enhances its effects. CoVitale-7 was developed by The Ola Kino Company, LLC. The Co-Founders of The Ola Kino Company are Michelle Haessler M.D., a Board Certified Radiation Oncologist with more than 25 years in practice and Kacie Van Colen, RCPHT.

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# Five Tips to Help Florida Residents Prepare for Open Enrollment and Save on Health Care Costs

**B**etween October 15 and December 15, 2017 more than 235 million people will select or switch their health benefits plan during open enrollment. Now is the time to prepare for this important decision.

While more than 70 percent of Americans say they are prepared for open enrollment, most people struggle to understand basic health insurance terms, according to a recent UnitedHealthcare survey. Only nine percent of survey respondents could successfully define all four basic health insurance concepts: plan premium, deductible, co-insurance and out-of-pocket maximum.

Pete Clarkson, CEO for UnitedHealthcare's Medicare & Retirement Division in North & Central Florida, shares five tips to help you make the most out of your health benefits and better understand how to use your health care dollars.

## 1. Know your open enrollment dates

Open enrollment isn't the same or at the same time for everyone, so there are key dates to keep in mind depending on your situation:

- For the more than 177 million Americans with employer-provided coverage, many companies set aside a two-week period between September and December when employees can select health benefits for the following year.

- For the more than 58 million seniors and other people enrolled in Medicare, that open enrollment runs from October 15 to December 7 each year.

- Health insurance marketplace or individual state exchange open enrollment runs from November 1 to December 15, 2017.

For most people, changes made to coverage during open enrollment take effect January 1, 2018.

## 2. Take time to review your options

Every person or family has unique health and budget needs, so there is no one-size-fits-all approach to selecting a health plan. Take the time to explore your options and understand the benefits and costs of each plan so you can find the coverage that works best for you and your family members.

- Check if your current coverage still meets your needs and if your benefits will change next year.
- Determine if the plan is a good fit for your budget and pay attention to more than just the monthly premium. You should also understand other out-of-pocket costs, including deductibles, copays and coinsurance.

- Make sure your medications are covered. Even if you don't expect to change plans, it's important to ensure your drugs will still be covered next year.

## 3. Make sure your doctor is in your plan's care provider network

Even if you don't make any changes to your health insurance this year, it's still a good idea to ensure that any doctor you see regularly – or plan to visit in the coming year – is in your benefit plan's care provider network. If you plan to visit a doctor or hospital outside of the network, be sure to understand how your costs will differ from a network care provider because those costs will most likely be higher.



For the more than 58 million seniors and other people enrolled in Medicare, open enrollment runs from October 15 to December 7 each year. UnitedHealthcare is encouraging everyone to take the time to research options and prepare for this important decision.

Also, check if your plan includes 24/7 telehealth services for consultations on minor health issues. Often, telehealth – defined as online, or virtual, visits with a doctor over a computer, tablet or mobile phone – is available to people enrolled in employer-sponsored health plans and group Medicare Advantage plans, as well as select individual Medicare Advantage plans. Virtual visits may provide convenient and affordable access to care for minor medical issues, including allergies, bronchitis and seasonal flu.

## 4. Don't forget about additional benefits

Additional benefits such as dental, vision, accident or critical-illness insurance are often affordable options that can protect you and your family from head to toe. For people enrolled in Medicare, many are surprised to find that Original Medicare doesn't cover prescription drugs and most dental, vision and hearing services. But many Medicare Advantage plans do, often at a \$0 monthly premium beyond the premium for Original Medicare.

## 5. Take advantage of wellness programs.

Some health plans offer discounts on gym memberships and provide financial incentives for completing health assessments, signing up for health coaching programs, lowering your cholesterol, losing weight, meeting walking goals or stopping smoking. Programs are designed to reward people for making healthy choices and being more engaged in improving their health.

For help navigating open enrollment, visit [UHCOpenEnrollment.com](http://UHCOpenEnrollment.com) for articles and videos with easy-to-understand information about health benefits and health insurance terms.



Health insurance marketplace or individual state exchange open enrollment runs from November 1 to December 15, 2017. Every person or family has unique health and budget needs, so take the time to explore your options and understand the benefits and costs of each plan.

# The Pastor, The Widow, and The Doctor

By Alex Anderson,  
Senior Associate Pastor at Bayside Community Church

A pastor went to visit a widow. She greeted him with a warm smile. She invited the pastor in and offered him a cup of coffee. As they sat at the kitchen table in her modest home and talked the pastor began to realize how poor the widow was. Not only was the home in need of repair, which included a new roof, but she wore clothes that were very clean and neat, like the inside of her home, but were tattered and in need of replacing.

The pastor was moved with compassion for the widow and felt bad for even drinking her coffee. He began to pray in his heart how he could help the widow.

Under the circumstances, she was surprisingly buoyant. She never complained and had a smile on her face.

Her husband died less than two years earlier. He had been a blue-collar worker all of his life and made very little income. He did not leave any money for retirement nor did he have life insurance.

Out of compassion, he asked how she was doing financially knowing that she was not able to work due to health problems. As a small crease formed on her forehead she paused and looked into her coffee cup and hesitated but with a little more nudging from the pastor she shared her financial situation.

Her only income was a little less than \$500 per month from Social Security and she obviously had no savings. In addition to her home needing thousands of dollars in repairs, she owed thousands of dollars in medical bills. Her words began to settle into the pastor's hearts with an uneasy sick feeling. "How could anybody live on less than \$500 per month" was his first thought and the second was, "What could be done about it?" His internal prayer to God was "This has to be fixed, Lord. She must not live like this any longer."

The pastor thought, "The moment I get in my car I'll call the church treasurer and immediately have money given to her." He also decided to leave her



with the hundred dollars in twenties he had in his wallet, hoping to leave it in a way that she would find after he left.

As they continued to talk the pastor had a thought that he knew came from the Father in Heaven but he wrestled with the very idea. He decided to obey Holy Spirit and asked the widow a very personal question that could have seemed inappropriate and taken the wrong way under the circumstances. So he asked her permission first to ask the question since it could be a very sensitive issue. She said she trusted that he heard from God and would like to hear the question.

So he asked, "Do you tithe?"

For a moment she just sat and stared at him. And after gathering herself she looked him in the eye and said, "No. Not really. In the past my husband and I would give a little here and there but we did not honestly give God ten percent of our income. Why do you ask?"

The pastor, who know the real reason God instituted tithing, began to teach the widow. After about thirty minutes had gone by the widow's eyes lit up

and she said, "Do you mean to tell me God uses the tithe as a way of getting the things I need to *me* and He's not trying to get something *from me*?" The pastor smiled and said, "Of course. The truth is God doesn't really need the money for Himself. Yes, the tithe is used by the church for expenses and to help others, but it so much more than that."

The pastor could see a glimmer of hope in the widow's eyes. After they had finished talking the pastor prayed for the widow and as he was leaving quickly put his cash in his empty coffee cup while the widow was looking the other way.

The widow began to tithe that week and over the following months, a young doctor learned of her needs and, after talking with his wife, kind of adopted her. With great joy, the doctor and his wife replaced the widow's roof, bought her a newer model car, and helped her with many other financial needs. The doctor even reported that his own practice began to experience record growth shortly after he began to help the widow.

I know the pastor in this story very well and it gave me great encouragement to learn of how the Lord had responded to the widow and the young doctor's faith. With our natural mind, it makes no sense to give when you don't have enough, but the difference is to whom it is given.

There once was a credit card commercial that had the tagline, "What's in your wallet?" So my question is, "What's in your hand?" And if you put it in God's hand with a small amount of faith, what could happen?

*To your spiritual health,*

**Alex E. Anderson**

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*"I was visiting the springs in Ocala when I was involved in a four car accident on HWY 27 near downtown. I was ejected from the car and landed on the pavement. A nurse from Ocala Regional Medical Center saw the accident, had her daughter call 911 and the nurse performed CPR on me. I came to Ocala Regional Medical Center as a trauma alert and went into surgery for hours. I was in the hospital for almost a month and the list of my injuries is so long but every single day is getting better. So many people at Ocala Regional supported me and worked diligently to maintain my vitals so I would survive. I feel very blessed and feel like I have a second chance at life."*

**-Tommy, age 23**

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**Ocala Health**

See Tommy's full story and learn more about our Level II Trauma Center at [OcalaHealthSystem.com/trauma](https://OcalaHealthSystem.com/trauma)