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March 2014

Manatee/Sarasota Edition - Monthly

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The Heart Truth for Women

By Jessica Babare D.O.
CardioVascular Solutions Institute



As a doctor who specializes in the treatment of heart and blood vessel diseases, I am often surprised by the number of women I encounter who do not know about the dangers of heart related illnesses or that most American women will die as a consequence of heart disease. Despite the wealth of knowledge available to us in today's modern life, most women do not know that heart disease is their own greatest health risk. Most people are surprised to learn that heart disease is the number one killer of American women. Ask most women what disease she is most at risk for, and she will likely reply, breast cancer. In actuality, however, heart disease kills more women than all forms of cancer combined.

Learning about the risks of heart disease is important because it can permanently damage a person's heart, shorten ones life, and rob a person of years of health and vitality. In spite of the severe complications that can arise if heart disease occurs or goes untreated, the good news is that heart disease is largely preventable. The goal of this article is to educate women, and the men who care about them, about the risk and prevalence of heart disease so that more women might take action to protect their hearts.

Although there are many forms of heart disease, coronary artery disease is the most common type. Coronary artery disease begins with atherosclerosis, a process whereby plaque builds up inside the arteries, eventually limiting the flow of blood to the heart and other organs. Atherosclerosis has been shown to begin in our youth, and is a disease that usually develops over many years. In severe cases, atherosclerosis progresses to significant narrowing in the artery, resulting in chest pains called angina or, in the most severe cases, heart attack.

Heart attacks occur when blockages formed in the heart arteries and cut off blood flow, preventing oxygen and nutrient-rich blood from reaching heart tissue. Heart attacks often lead to damage of the heart's muscle, and, in some cases, other heart

structures like the heart's valves or electrical conduction system. Heart attacks can predispose a person to a weak heart and a condition called congestive heart failure, a disease which occurs when the heart cannot pump blood effectively, sometimes leading to severe disability and loss of life.

You may be aware that procedures like coronary stent implantation or bypass surgery can reopen a blocked artery, but it is very important to understand that procedures do not "fix" a damaged heart. All currently-available procedures meant to open heart arteries can do is to help stabilize the heart's blood supply despite the atherosclerosis and are not able to make the atherosclerosis go away. It's critical to realize that there's no quick fix for heart disease and that a diagnosis of coronary artery disease will require ongoing medical care and lifestyle modification in order to prevent further heart artery blockages from forming.

There is excellent news, however, in that heart disease can be prevented and controlled. Prevention includes healthy lifestyle changes, and, sometimes, medications prescribed by a doctor. Women of all ages should take steps to protect their heart health, but young women especially so, since heart disease develops gradually and can start at a young age. Beginning to live heart-healthy in our youth, gives us the greatest power of prevention!

As it turns out, atherosclerosis begins to form in our arteries when we are still young, and, even in our youth, we can make healthy lifestyle choices that will positively affect us for the length of our life. It often takes many years of accumulation for the blockages to become severe, causing our risk for coronary heart disease to rise in women ages 40 to 60. Risks increase when estrogen levels drop during menopause or following surgical removal of the ovaries, leading to even greater risk of heart disease and heart attacks in post-menopausal women. It is also during these years of life that many women develop one or more risk factors for heart disease, further compounding their risk for heart disease.

Risk factors for heart disease are health problems that, especially when grouped

together, work to synergistically alter the health of the coronary arteries, leading to atherosclerosis and, eventually, blocked arteries and heart attacks. There is a synergy or multiplier effect when it comes to risk factors for coronary artery disease. Having one risk factor doubles your risk. Having two risk factors quadruples your risk, and three or more risk factors can increase your risk even more than tenfold. Risk factors are described as either modifiable or non-modifiable, based on whether or not the patient can control the problem.

The good news is that, by doing just four powerful things— eating right, being physically active, not smoking, and keeping a healthy weight — you can lower your risk of heart disease by as much as 82 percent!

Modifiable risk factors for coronary artery disease include:

- Smoking
- High blood pressure
- High blood cholesterol and high triglycerides
- Being overweight or obese
- Physical inactivity
- Diabetes and pre-diabetes
- Metabolic syndrome, a condition where a person has elevated blood glucose, blood triglycerides, and an enlarged waist line.
- Sleep apnea, a problem often caused by obesity
- Stress or depression
- Too much alcohol
- Birth control pills (particularly for women who are over age 35 and smoke)
- Anemia
- Unhealthy diet

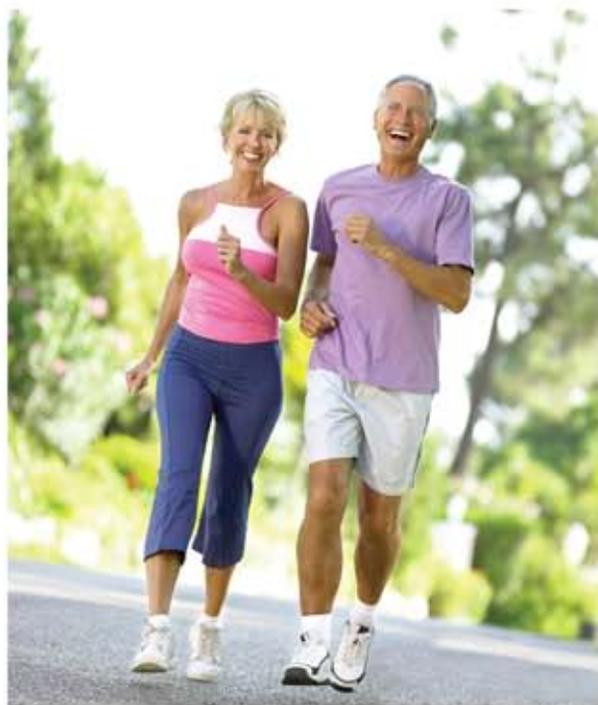
Non-Modifiable risk factors for coronary artery disease include:

- Family history of early heart disease in a close relative such as a parent or sibling.
- Advanced Age (55 and older for women)
- History of preeclampsia during pregnancy

What else should you do in order to learn more about your risk for heart disease and heart attacks? First of all, schedule an appointment with your doctor to discuss your risks. Ask your doctor which risk factors you have and whether or not you are up to date with screening tests to look for health problems.

Ask whether your weight and blood pressure are in normal range, and what you can do to get them under control if they are not. To make the most of your time with the doctor, prepare a list of questions to ask while the doctor is with you, and take a pen and note paper so that you can write down what the he or she says. Talk to your health care provider about lifestyle behaviors, such as smoking or being physically inactive and ask for recommendations about how you might lead a healthier lifestyle.

In many cases, your doctor will need to do some basic tests to evaluate your risk for heart disease. At every visit, your doctor will check your blood pressure and guide you about your risk for hypertension, one of the most common, and easily treated cardiovascular risk factors. In adulthood, we need to have our blood cholesterol (total: HDL, LDL, triglycerides) checked at least once a year. Our health-



care providers will screen us for diabetes by checking a fasting plasma glucose level. By assessing our weight and height, our doctor can determine our body mass index (BMI) and waist circumference, both indicators of our cardiometabolic risk.

If indicated, our doctor can do other, more advanced, testing to evaluate the function of our cardiovascular system, such as perform an Electrocardiogram or even send us for a stress test. If the risk appears great enough, your health care provider may even recommend that you see a Cardiologist, a doctor like myself who specializes in the care of heart and vascular diseases.

So, despite the tremendous power that women have over controlling their risk for the development and progression of heart disease, you may wonder why many women don't take action about their heart disease risk. For some women, they may think that heart problems are just a man's disease. Unfortunately, for a lot of women, they don't make their health a top priority, often putting the needs of their families and others above their own. Some women don't think that they are old enough to be at risk, not realizing that the first stages of atherosclerosis begin in our youth. Women often feel too busy to make changes in their lives or feel overwhelmed and confused about what steps to take.

I hope that this article has been for you a wakeup call to help you realize that you and your health are a top priority. It is only when you take good care of yourself that you can be there for your loved ones. As leaders in their households and workplaces, women can set an example for others that they care about so that they too might live heart-healthy lives. By taking steps to improve the quality of their own heart health, women often influence the health of the people they love the most.



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Jessica Babare, DO



Jessica Babare, DO, is board certified cardiologist who recently completed her training as an Interventional Cardiologist. In looking for a post-fellowship cardiology position, Jessica had a specific idea of the type of cardiology practice and

colleagues she wanted to join, and has happily found that match with Dr. Gino Sedillo, Stacey Royce, PA-C, and the rest of the Cardiovascular Solutions Institute team members.

Dr. Babare planned to attend the University of Illinois Medical School with an emphasis on training rural family practitioners. However, during the application and interview processes something drew her interest and attention to Nova Southeastern College of Osteopathic Medicine in Fort Lauderdale, a place where she could train to be an osteopathic physician. Osteopathic Medicine is a medical approach which emphasizes treating the "whole patient," an approach to health care that Dr. Babare has found key to her success as a physician. She holds board certifications in Internal Medicine, General Cardiology, Integrative and Holistic Medicine, and is board eligible in Interventional Cardiology.

Becoming a highly skilled Interventional Cardiologist has long been one of Dr. Babare's goals, and she is thrilled to have crossed this recent milestone. Dr. Babare believes the ability to adequately diagnose and treat patients with cardiovascular diseases begins with her own personal wellness. She uses meditation, voracious reading, a plant-based diet, yoga, and exercise to help accomplish this. She is a doctor whose truest desire is for every patient to be restored to his or her fullest potential for wellbeing.

URGENT CARE OR EMERGENCY ROOM?

Who can better serve your medical needs?

By Eric M. Folkens, M.D., Family Medicine
Bradenton/Lakewood Ranch/Sarasota Urgent Care Walk-In Clinics

Where do you go when it is after hours and your primary care doctor office is close when you get injured or experience a sudden illness? You have two options these situations. You can go to an Urgent Care or you can choose to go to the nearest Emergency Room. Which option is best for you? How do you decide which place to go to receive healthcare services? The choice you make affects the care you receive, speed of service, and overall cost to the national economy.

It never fails that accidents and illness occurs when your doctor is not available. Many people are faced with the above decision. To ensure you are prepared for unexpected medical needs, it is important to know the difference between an Urgent Care and the Emergency Room – and the services each provide.

When you have a life-threatening situation, such as chest pain, or a sudden and severe pain, the emergency department of the nearest hospital is the only option. If you went to an Urgent Care clinic, they'd just send you on to the ER in an ambulance. But if your condition is less serious, but still requires immediate attention, choosing an Urgent Care facility can save you loads of time and money, as well as keeping the Emergency Room free to handle more serious situations.

If you have a sprained ankle, or an ear infection, you may end up waiting for many hours in the emergency room and paying hundreds of dollars. Most urgent care centers are open for extended hours, and will be able to accommodate you more quickly.





When you need to go to the Emergency Room:

If you have a serious condition - stroke, heart attack, severe bleeding, head injury or other major trauma - go straight to the nearest ER. Don't take a chance with anything life-threatening. The ER is the best place for these and other critical conditions, including:

- Chest pain
- Difficulty breathing
- Severe bleeding or head trauma
- Loss of consciousness
- Sudden loss of vision or blurred vision

When an Urgent Care Center can better meet your needs:

- Minor burns or injuries
- Sprains and strains
- Coughs, colds, and sore throats
- Ear infections
- Allergic reactions (non life-threatening)
- Fever or flu-like symptoms
- Rash or other skin irritations
- Mild asthma
- Animal bites
- Broken Bones

When in doubt, call ahead. If the Urgent Care clinic in question can't accommodate your condition, they will advise you to go the nearest emergency facility.

Remember, Urgent Care clinics are also a resource for flu shots, and physicals for sports or school.

Did You Know?

- There are more than 9,000 Urgent Care centers nationwide, and the number of centers continues to increase by about 300 per year.
- Of the roughly 4,500 Emergency Rooms, nearly 50% of urban hospitals ERs are "at" or "over" capacity.
- The average cost per Urgent Care Visit in 2011 was \$184.55, meanwhile the average cost of an ER visit was \$969.00 in 2010.
- An estimated 14% - 27% of ER visits could take place at an Urgent Care center, saving an estimated \$4.4 billion each year.
- 88.6% of Urgent Care patients are served within 1 hour or less, while only about 12.5% of ER patients are served within an hour.

Urgent Care centers continue to grow because of their affordability, ease of access, and lower wait times to be seen by a physician. Today, Urgent Care centers meet the demands of patients who need immediate treatment for non-life-threatening conditions.

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THE FIRST ANNUAL GUY EXPO, Presented by Urology Partners, Was a Huge Hit!!!!

By Dr. Sean A. Castellucci, Urology Partners



"The Guy Expo 2014" brought the standard health fair to new heights. The concept of pairing activities with health providers reached a segment of the community that would not be found at a typical health fair. This may well become the 'new standard'! The 'bar' has been raised!!

*Michael A. Kehoe, CEO
CARES Outreach Services, Inc.*

What a wonderful event for the attendees as well as the vendors / businesses. This show was a huge success for our doctor and you can definitely count us in for next year. Bravo! Janet and Linda, Corrective Care Chiropractic

With over 2,800 participants and 72 local practices and vendors the event was a huge hit. Guys, and gals, all got to have a bunch of fun, get some screenings done and listen to some great lectures on health topics such as: "What's

a prostate and why should I care?" by Dr. Alan Miller, "Supplements, Nutrition & Hormonal Maintenance" by Dr. Mitchell Yadven, "PSA, To Screen or Not to Screen that is the Question" by Dr. Edward Herrman, "Sex and the Heart" by Dr. Sean Castellucci, "Prostate Cancer: Myths and Truths", by Dr. Mark Weintraub and "The Facts about Testosterone" by Dr. Austin Hill.

What was The GUY Expo, presented by Urology Partners, you ask? Well....

On Saturday, February 1st, the GUY Expo was all about getting men healthy in our community. Urology Partners is passionate about all individuals taking control of their lives and being as healthy as they can be. We noticed that there seems to be far more venues for women to evaluate their health throughout the year, but not a lot focused on men's health in general. Let's face it; there just is not as much opportunity for men to participate in health fairs, medical screenings and related events. This is typically the case, since men, as opposed to women, do not take an active role in their own health and wellness.

So how do you get more guys to do those annual screenings? It is no secret that guys, for the most part, are reluctant to go to the doctor when they feel sick, let alone healthy. Therefore, we thought, "What do guys like to attend?" Our answer: Guys like car shows, boat shows, and sports events, etc. Why not just bring all of those

things into one place for one great day and, at the same time, have expert lectures about timely health issues and preventative medicine? At The GUY Expo, we decided to pair up the fun guy vendors with local medical practices from different specialties within our community. Who knew taking care of your health could be this much fun? After all, without your health there is no fun!



Urology Partners has been serving this area for well over 20 years and the community has been great to us. Sponsoring this event, was our way of giving of giving back. Whether you are a full time or a part time resident, you are this community and we want all Manatee and Sarasota men and women to be able to live healthier lives. A big part of accomplishing this is early detection. It is the single most important tool we have in medicine. It means better outcomes and faster recoveries. With simple annual screenings and preventative measures, many potential life-threatening diseases can be identified and treated at early stages before they become severe and difficult to manage. We will host the GUY expo every year right around the beginning of the year, so watch for the ads and commercials announcing the next event. If you have any suggestions for topics you would like to learn more about in lectures or screenings that you would like to see at the expo next year please contact Kara Schlick at kschlick@pmmfla.com.



Dr. Sean A. Castellucci



Dr. Sean Castellucci earned his medical degree from the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania. He completed his clinical internship at Mercy Catholic Medical Center in General Surgery followed by a general surgery and urologic surgical residency at Albert Einstein Medical Center, and Hahnemann University Hospital, where he was chief resident. Dr. Castellucci has also completed a clinical externship at Memorial Sloan Kettering Oncology Center during his residency. His most recent position was at the Urology Center of Columbus in Columbus, Georgia where he served as Medical Director.

Dr. Castellucci is interested in all aspects of Urology services and research. His specialties are in: Erectile Dysfunction, Bladder Cancer, Prostate Cancer, Kidney Stones, Female Pelvic Organ Prolapse Repair, Kidney Cancer, Low Testosterone, Urinary Incontinence, and minimally invasive therapies including laparoscopic surgery and the utilization of DaVinci Robotics.

Dr. Castellucci is very involved in research which has earned him both national and international recognition, including many publications in peer reviewed journals. His investigations focused on new innovations in urologic, oncologic surgery including the first single port access laparoscopic adrenalectomy performed; as well as research in other fields of urology including prostate cancer.

He has presented at numerous, internationally recognized meetings including the American Urologic Association, the European Association of Urology, and the World Congress of Endourology. His research has also earned him various distinguishing awards including the Robert C. Erwin literary award, as well as the Leonard Finkelstein award in Urology.

Dr. Castellucci's diverse professional interests and responsibilities have enhanced and complimented his role as both husband and father. He is happily married to his wife Dania and has two children Madison and Hailey.

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What You Should Know About the Most Common Cancer

By Ted F. Kadivar, M.D., F.A.C.S.

Skin cancer is the most commonly occurring cancer in the United States and eighty percent of those are basal cell carcinoma. In fact each year there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon. One in five Americans will develop skin cancer in their lifetime.

It is well known that basal cell carcinoma is usually caused by exposure to the sun, but it is important to remember that ultraviolet (UV) radiation also comes from tanning booths and sunlamps. Twenty percent of basal cell carcinoma occur in areas not heavily sun exposed, such as the chest, back arms, legs and scalp. The face is the most common area for basal cell carcinoma lesions and half of those occur on the nose.




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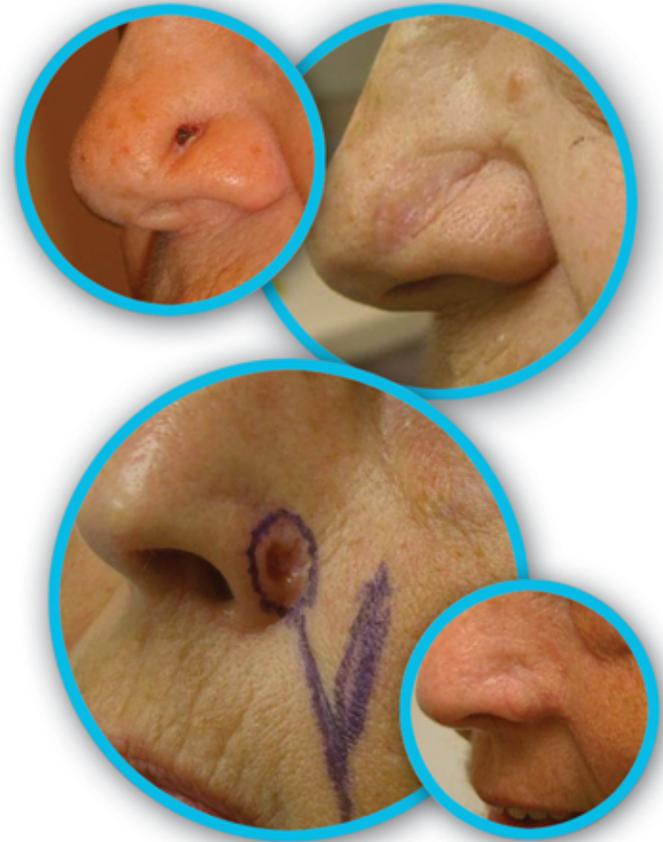
Basal cell lesions can be flat or raised. When they are flat, they are pink or red and rough to touch. When they are raised, they tend to be pearly white and have small blood vessels visible on the surface. Unlike most cancers, spread to distant sites is very rare, but basal cell carcinoma can damage and disfigure the eye, ear or nose as it slowly grows nearby.

In the vast majority of cases surgical excision is the treatment of choice and curative. This is usually easily accomplished in the office using local anesthesia in the area of the lesion. If the diagnosis is in doubt prior to an excision a biopsy can be done first by taking a small sample. In some areas, like on the nose, the skin may not be loose enough to pull the surrounding skin together. In those situations advanced closure techniques are required. These include various flaps in which additional incisions are made to swing skin from nearby to cover the surgical defect. Another option is a skin graft. A donor piece of skin is removed from a separate site and sewn in place at the original surgical site. For the nose, for example, commonly skin from right in front of or right behind the ear will match the color and thickness of the nose well.

The prevention of basal cell carcinoma, like all skin cancers, involves limiting UV ray exposure.

- limit sun exposure during peak hours (10am-2pm)
- use sunscreen of 30SPF or higher and reapply often
- wear broad brimmed hats and tightly woven protective clothing
- annual skin exam

Once a basal cell carcinoma is diagnosed, that individual has a forty percent chance of another lesion in the next five years, so vigilance is important for those patients.



GOT MOLES?

New Moles after the age of 40 could be **SKIN CANCER** and should be checked by a Physician.

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Ted F. Kadivar,
M.D., F.A.C.S., Board Certified Surgeon
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Dr. Greg Fluharty
Owner and founder of The Animal Clinic, an active and contributing community leader who believes in the "TEAM" concept.

Dr. Debbie Marks
is now back at The Animal Clinic. Her special interests include wellness and geriatric care, internal medicine, and dentistry.

Dr. John Rand
is a Punta Gorda native and UF graduate. His special interests include clinical pathology, exotic animal medicine, and diagnostic imaging.

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Is There a Link Between Nutrition and Cancer?

By Dwight Fitch, MD

While many questions in life are debatable, some things, like the link between nutrition and cancer or the pure awesomeness of The Incredible Hulk (who is reportedly a HUGE broccoli fan) can't be argued.

To understand the link, one must first understand what cancer is. It is the uncontrolled growth of abnormal cells in the body. Damage to the DNA of these cells causes them to become a cancer. Carcinogens are substances that can damage DNA and are present everywhere in our environment- food, air, even within our own bodies at times.

So carcinogens damage DNA, which then increase the chance for cells to become cancerous. Different foods that we eat help to decrease the amount or impact of these carcinogens in several ways. For instance, while dietary fiber won't stop bullets or speeding trains, it can help stop the development of colon cancer. It is thought that fiber accomplishes this by helping to move carcinogens through the colon faster. Population studies show that countries with diets high in fiber have low colon cancer rates. Those with high fiber diets also have a lower incidence of breast cancer, likely as a result of binding with excess estrogen in the intestinal system.

Another source of protection is provided by antioxidants.

Antioxidants achieve this by helping to neutralize and deactivate carcinogens called "free radicals." Some common antioxidants include vitamins A, C, and E. Others include minerals such as selenium or flavonoids, which are phytochemicals that are found in the pigment of colorful fruits and vegetables. Some of the best sources of these flavonoids are carrots, cabbage, kale, cauliflower, and turnips. They can also be found in some teas, wines, and even beer. Yes, beer. Score! These same vegetables are also great sources for vitamins A, C, and E. Many citrus fruits are also great sources for vitamin C.





While having fiber and antioxidants in your diet can help to lower your cancer risk, having a diet high in fats can increase your risk. The exact mechanism isn't known, but it is clear from population studies that countries with high fat diets, such as those that have a lot of red meat, have much higher rates of several cancers, including breast and colon. Some studies suggest that vegetarians have about half the risk of developing cancer as meat eaters. However, this doesn't mean that eating red meat in moderation isn't ok. (I don't want to cause a riot within the National Beef Association.) The key is to eat it in moderation, and make fruits and vegetables a larger part of your diet.

While drinking alcohol can increase your risk of cancer, it may also help lower heart disease. Wait, huh? What sorts of shenanigans am I trying to pull here? (I love using the word shenanigans. It is so seldom appropriate.) Moderation is the key! Moderate alcohol consumption may be beneficial for heart disease, but excessive alcohol can increase the risk of several cancers. There is no clear definition of "moderate" drinking, but most guidelines suggest 1 drink daily for women and 2 drinks for men. This recommendation is not meant to be an average over several days however. Therefore having 14 drinks on Saturday night and claiming you drink in "moderation" is not entirely accurate.

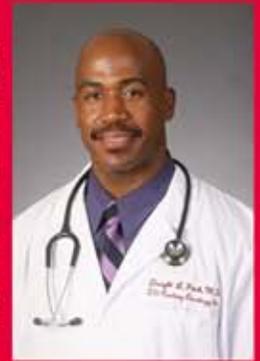

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At this point I'm sure you're thinking to yourself, "I'm sure glad I buy all those vitamins and supplements! I'm set!" Well, not exactly. While it makes sense in theory, simply taking vitamin A, C, E or selenium pills doesn't give the same benefits as eating the whole foods that contain these cancer fighting agents. The same is true of the flavonoids or phytochemicals. My sincerest apologies to GNC or any other vitamin superstore, but I'm not making this up! It doesn't mean that some people don't need to supplement the amount of certain vitamins and minerals they need, due to some deficiencies, but it does mean that taking a handful of pills is not a substitute for having a plateful of colorful vegetables and/or tasty fruits for snacks. Most researchers now believe that it is the complex interplay between the antioxidants, minerals, and phytochemicals in plant-based foods that provide the protection.

In conclusion, a cancer prevention diet is one that is high in fiber, low in animal fats and has generous portions of fruits and vegetables. Alcohol in moderation is ok, and even has some health benefits, while alcohol in excess is bad, bad, and bad. There is no proof that taking vitamins or supplements can replace having a balanced, healthy diet, no matter which celebrity, superstar, or magazine ad suggests it. As with most things, it seems that Mom was right after all when she said, "EAT YOUR VEGGIES!!" (And I'm sorry, but french fries don't count as vegetables. I checked.)

Dwight Fitch, MD

Dr. Fitch is a native of Detroit, MI, and received a BS degree in Chemical Engineering from the University of Michigan, in Ann Arbor. During his undergraduate years he worked on a variety of projects at Dow Chemical Company, ranging from reducing air pollution from hazardous waste incinerators to developing new computer drives. After realizing that his heart was really with direct patient care, he went on to receive his medical degree from the University of Michigan. Dr. Fitch performed both his internship and radiation oncology residency at William Beaumont Hospital, in Royal Oak, MI, serving as Chief Resident during his final year.



Dr. Fitch is specially trained in advanced radiation therapy techniques including; high dose rate (HDR) brachytherapy- a special type of implanted radiation that delivers high doses of radiation locally and safely; intensity modulated radiation therapy (IMRT)- a technique which allows the safe delivery of higher doses of external radiation to a tumor, while limiting radiation dose to normal tissues, which in turn decreases side effects; and image guided radiation therapy (IGRT)- the latest technique available to further ensure proper tumor localization and treatment.

Dr. Fitch is the author of many scientific articles published in peer-reviewed journals and has spoken at multiple medical conferences. The patient, however, is the focus of his concern and attention. He is committed to utilize 21st Century Oncology's cutting edge technology to serve patients with compassion and kindness.

He enjoys exercise, golf, basketball and spending time with his family. He is also a volunteer/mentor at various community organizations such as Big Brothers/Big Sisters, Boys and Girls Club, and the Police Athletic League.

Controversial USPSTF Decision on PSA Screening Worries Patients and Physicians

By John Sylvester, M.D.

There has been a great deal of attention in the media recently about PSA screening. The United States Preventative Services Task Force (USPSTF) came out with recommendations that PSA screening should not be done. They recommend no routine PSA blood tests for prostate cancer screening. These recommendations may lead Medicare and private insurance companies to refuse to pay for PSA tests.

Many prostate cancer experts were surprised and frankly upset by the USPSTF recommendations. We feel the USPSTF made some major errors. They made these recommendations after reviewing several articles published in the medical literature. They primarily based their decision on one article published in the New England Journal of Medicine (NEJM) in 2009 "Mortality Results from a Randomized Prostate-Cancer Screening Trial" (the PLCO trial). This paper evaluated whether patients randomized to PSA screening versus "usual care" experienced a reduced risk of death from prostate cancer. It was a poorly run study with major flaws and should not have been used to make any recommendations.

Problems with PLCO Article:

- Only 85% of men in PSA screening arm actually got PSA tests
- At least 52% of men in non-screening arm received PSA screening
- Length of follow-up was too short to show a survival advantage
- PSA cut-off was too high to detect many cancers when they are most curable

Why the USPSTF chose to ignore these major problems was not explained. Moreover, the USPSTF chose to ignore the positive findings in the PLCO study. The "healthy" men who participated in the PLCO were 44% less likely to die of prostate cancer with screening. The 10% of men in the study that had 1-2 PSA checks prior to entering the PLCO trial had a 25% reduction in prostate cancer deaths.



Positive Studies

Other, cleaner randomized studies have been published on PSA screening. The European randomized study from the same issue of the NEJM as the PLCO study was much larger, had less contamination and showed a 20% reduction in prostate cancer deaths initially, and with longer follow-up now shows a 31% reduction in prostate cancer deaths with PSA screening. The smaller but even better run Goteborg randomized trial showed a 44% reduction in prostate cancer deaths with PSA screening (Lancet 2010). Why the USPSTF chose to de-emphasize these better run positive studies was, again, not explained.

During the PSA era, prostate cancer mortality in the USA has dropped ~40-45%, and the percentage of men being diagnosed with metastatic (incurable disease) has dropped ~75%. The USPSTF suggests evaluation and biopsies be considered when men develop symptoms of prostate cancer. Every cancer doctor knows it is usually incurable at that point. But, the USPSTF had no cancer doctors on the panel.

PSA Blood Test

The PSA blood test is simply another piece of information a doctor can discuss with his/her patient. Having a rise in PSA does not necessarily mean you need a biopsy. A short course of antibiotics may make the PSA fall, in which case a biopsy may not be needed.

If a biopsy is done and found to be positive for cancer, many options are available to the individual patient. These options include active surveillance, Radical Prostatectomy, Image Guided Intensity Modulated Radiation Therapy (IG-IMRT),

Radioactive seed implantation (brachytherapy), hormonal manipulation, Cryotherapy, etc. If a relatively healthy man is found to have an aggressive cancer, treatment is indicated. If an older less healthy man is found to have a low volume low risk cancer, active surveillance may be the best option. These treatment decisions are best decided by the patient and his physician, not by some government panel that did not even include any prostate cancer doctors.

Less Aggressive Therapy with Screening Detected Cancers

The USPSTF has made mistakes, it recommended against screening mammography a few years ago for women aged 40-49. This recommendation has subsequently been proven wrong. In Radiology, 2012;262:797-806, Judith Malmgren from the University of Washington in Seattle published that women age 40-49 with screening mammographically detected breast cancer have a lower cancer recurrence rate and require less aggressive therapy than women whose cancer was not detected with screening mammography. In men with PSA detected prostate cancer, we can often treat with less aggressive therapy which results in fewer side effects.

Breaking News (Reported in AMA Wire)

Eliminating prostate-specific antigen (PSA) testing for prostate cancer could result in three times more men with advanced prostate cancer, according to research published in the journal Cancer. They predict metastatic prostate cancer will rise from the current level of 8,000 new cases per year to 25,000 a year if PSA screening is abandoned.

Confusion Regarding New AUA Guidelines:

(Commentary by William J Catalona, MD)

"In May of 2013 the AUA released new guidelines recommending PSA screening for men aged 55-69. The reason the AUA did not recommend screening in average-risk men prior to age 55 is because PSA screening has not been adequately tested in a randomized clinical trial (RTC), and there is little evidence from RCTs concerning benefits or harms of PSA testing in men younger than 55. Although the fine print in the AUA guidance document explains that the Panel does not recommend against PSA testing for men 40 to 55 years old, the actual guidelines statement uses the language, "we do not recommend." Rather, it should read, "there is insufficient evidence to recommend for or against early detection in men younger than 55. The AUA does not recommend routine PSA testing in men older than 69, despite the fact that 50% of prostate cancer deaths occur in men diagnosed after age 75. Age 70 is too young to stop testing in otherwise healthy men who have a 10-15 years or more life expectancy. Therefore, PSA testing in men over 70 should be performed on an individual basis with shared decision making between physicians and patients"

The Bottom Line

While the PSA blood test is not perfect, it is much more sensitive than the digital rectal exam alone in detecting prostate cancer at a stage when it is still potentially curable. PSA screening saves the lives of thousands of men every year. Radical prostatectomy, external beam radiation therapy (IG-IMRT) and brachytherapy (seed implantation) continue to improve. Side effects are falling and cure rates rising.

For example, in the medical journal *Cancer* in 2011, I published a 99.1% cancer-free survival rate with brachytherapy +/- IMRT. Other experts are publishing similar numbers. We are making major strides in beating this disease. PSA screening needs to continue; otherwise we could be put back to where we were 30 years ago. To learn more or to schedule an appointment, please contact Lakewood Ranch Oncology Center at 941-907-9053 or visit us online at www.LWROncology.com.

**Dr. John Sylvester**

Dr John Sylvester is A Radiation Oncologist with 21st Century Oncology in Bradenton/Sarasota, FL. Previously he was co-founder and Director of The Seattle Prostate Institute and Director of the Puget Sound Tumor Institute. He has published over 70 articles in medical journals on prostate cancer, and multiple medical textbook chapters. He is lead investigator in multiple prostate cancer trials. He co-wrote the American Brachytherapy Society Prostate Cancer treatment guidelines and The Prostate Cancer Treatment Book. He is a member of the American Brachytherapy Society (ABS), The American Society of Therapeutic Radiation Oncology (ASTRO), The AMA, The Florida State Medical Society, and the American College of Radiation Oncology.

Dr. John Sylvester completed both his Medical Degree and specialty training in Radiation Oncology at UCLA. He is board certified in Radiation Oncology by the American Board of Radiology. He was awarded the American Cancer Society Fellowship during his year as chief resident at UCLA. He began performing prostate brachytherapy with Dr. Blasko in 1987, and joined the Seattle team full time in 1988. Dr. Sylvester co-founded the Seattle Prostate Institute and served as the Director of Education and Training for 8 years. He ran the internationally renowned monthly program which trained more physicians in prostate cancer treatment than any other program in the world, and the highly regarded Annual Seattle Advanced Prostate Brachytherapy Conference. Dr. Sylvester was the Director of the Seattle Prostate Institute from 2006-2008. He was in charge of the ABS Fellowship rotation at the Seattle Prostate Institute, a highly competitive and desired Fellowship program for residents in Radiation Oncology throughout North America. These programs trained the lead genitourinary Radiation Oncologists at UCSF, Harvard, MDAH, UCLA, Univ. Chicago, Emory, Rush, Cleveland Clinic, Wake Forest, Duke, Princess Margaret, British Columbia Cancer Agency, virtually all of the prostate brachytherapy programs in Australia, New Zealand, England, and South America. Until his move to Florida in 2010, he was the Chief Medical Officer of Procura, an organization developed by the Seattle team, focused on improving the quality of permanent prostate brachytherapy throughout the world.

Over the past 2 decades, Dr. Sylvester has performed over 4000 prostate brachytherapy procedures. He has developed, and assisted in the development, of several technical improvements in the prostate cancer treatments including:

- How to better visualize the urethra during the procedure.
- How to optimally utilize R.A.P.I.D. strand.
- He was the first physician in the U.S. to use I-125 Echo Seed, a more visible (on ultrasound) radioactive seed.
- He was the lead Seattle investigator in a gene therapy protocol for salvage of external beam radiation therapy failures.
- He initiated the image-guided intensity modulated radiation therapy (IG-IMRT) approach used at the Swedish Cancer Institutes' Radiation Oncology centers, for more precise Intensity Modulated Radiation Therapy (IMRT) for prostate cancer.
- He treated the first patient in the world with the first commercially available Calypso 4-D real-time image guidance unit for prostate cancer IMRT.
- He co-authored the white paper on Calypso 4D IG-IMRT.
- He worked with Oncura/General Electric to help create THINStrand, a new seed that is 42% thinner than standard sized seeds (less trauma) and is the first physician to use that new seed.
- He is the lead investigator in a multi-institutional protocol evaluating the quality of life outcomes of patients treated with IMRT plus a Cesium seed implant boost.
- Dr. Sylvester worked with the lead Brachytherapists at MDAH and Princess Margaret Hospital on an updated brachytherapy outcomes nomogram evaluation that invalidated the inaccurate brachytherapy nomogram currently on the MSKCC website.
- He is the first physician in the USA to use SpaceOAR in IG-IMRT prostate cancer patients as part of a randomized FDA protocol hoping to reduce side effects of treatment.
- He is one of the four clinicians who wrote the ABS guidelines used by prostate cancer radiation oncologists worldwide.
- Named in Sarasota Magazine as a Top Doctor in radiation oncology 2012, 2013

The above work has led Dr. Sylvester to being called upon to present at national and international conferences on prostate cancer on a regular basis including: the World Congress of Endourology (Holland), American Society of Clinical Oncology, Urologic Society of Australasia (Melbourne), and European Association of Urology Conference in Germany, GEC-ESTRO/WCB conferences in Europe, and multiple times at the Annual American Society of Therapeutic Radiation Oncology (ASTRO) Conference, the Annual ABS (American Brachytherapy Society) Conference, The Annual Scottsdale Prostate Cancer Symposium, and The Annual Seattle Prostate Institute Advanced Brachytherapy Conferences. He was chosen to debate prostate cancer treatment techniques at the 2011 ABS meeting.

Dr Sylvester recently moved to Sarasota and now is a member of 21st Century Oncology at the Lakewood Ranch Radiation Center in Bradenton, FL where he continues cutting edge research in both prostate brachytherapy and IG-IMRT.

In his free time he enjoys the company of his wife and children, and swimming on the USMS and YMCA National Champions Sarasota Sharks Masters Swim Team.



Natural Health is Within Your Reach!

Natural Health Treatments are a Viable Alternative to Traditional Medicine

By Carolyn Waygood, Certified Natural Health Professional, Diabetes Educator and Weight Loss Coach

Natural Health origins date back to the Greek physician Hippocrates, known to many as the Father of Modern Medicine. Naturopathic approaches to health focus on supporting the body's own ability to heal, and uses an integrated and holistic approach to disease analysis, treatment, and prevention. It considers the whole body when addressing disease, and uses natural substances rather than synthetic pharmaceuticals to re-balance the body and restore optimal health. For those who may be frustrated with chronic health issues that have been unresolved by traditional medicine, such as long-term digestive issues, chronic constipation or IBS, weight gain or the inability to lose weight, chronic pain and inflammation, high blood sugar and insulin resistance, or nerve damage and associated pain, natural health alternatives provide a viable and effective solution.



\$11.95 for a 3-Day Trial, \$29.95 for a 7-Day Trial, or \$114.95 for a 30-Day Supply!

Plexus Worldwide, based in Scottsdale, Arizona, is a manufacturer and distributor of natural health products formulated to address some of today's most prevalent health concerns. Their flagship products, Plexus Slim & Accelerator, are designed to improve glucose metabolism, and increase the body's insulin sensitivity.

"Many health professionals understand the link between insulin resistance and pre-diabetic symptoms", explains Carolyn Waygood, CNHP. "Current medical studies are identifying insulin resistance in children as young as 5 years old. This is a major reason for America's growing weight problem, and by improving the body's ability to metabolize glucose and restore insulin sensitivity, we can help fight many blood sugar disorders." Blood sugar isn't the only health concern Plexus natural products have focused on, but it seems to be the most popular to consumers. "Simply put, most of

America's health concerns are related to excess weight", notes Ms. Waygood. "When a person can lose excess weight and restore healthy metabolism, risk of cardiovascular disease, stroke, diabetes, and even gout and gallstones can be diminished." If you're carrying around extra pounds, you face a higher-than-average risk of over 50 different health problems!

Natural Weight Loss

Plexus Slim & Accelerator were originally formulated to help Type 2 Diabetics better manage blood glucose, and therefore are designed to fight excess weight at the core of the problem: how sugar is processed and how fat gets stored! A natural formula, Plexus Slim & Accelerator help breakdown fat cells, and inhibit fat storage utilizing plant-based extracts (phytonutrients) proven safe and effective at addressing the most common causes of excess weight. Plexus Slim & Accelerator help you lose weight & maintain long-term healthy weight management by:

- 1. Controls the Appetite:** Plexus Slim & Accelerator contains powerful phytonutrients proven to help control the appetite! As a result, food portions are naturally reduced making a reduction in calories easy, and weight loss more successful.
- 2. Increases Basal Metabolic Rate:** Plexus Slim & Accelerator increases the resting metabolic rate so you burn more calories throughout the day! Plexus contains ingredients that naturally raise the metabolism, even in the absence of thyroid hormones, enabling the body to burn more calories even at rest!
- 3. Increases Fat Metabolism:** Plexus Slim & Accelerator contains plant extracts that target fat cells, and metabolizes/dissolves them! This makes drinking more water an important component of the Plexus weight loss program in order to help the body eliminate resulting by-products, and inhibiting the re-absorption of fat contents.
- 4. Balances Blood Sugar (preventing peaks & drops in glucose) Levels:** Plexus Slim & Accelerator supports healthy glucose metabolism, and helps

balance blood sugar throughout the day! The formula contains low-glycemic natural sugars (such as stevia) that maintain long-term glucose levels which results in less spikes in insulin production. As a result, food cravings are reduced, and energy levels are increased!

5. Works with the Liver to Inhibit Fat Storage: Plexus Slim & Accelerator contains the power of gracinia cambogia, an extract from the melon of the same name, which has proven to work with the liver to better process glucose, and inhibit the storage of glucose as fat!

6. Decreases/Eliminates Food Cravings (e.g., sugar or carb cravings): The comprehensive Plexus product set reduces food cravings by supplying the body with the natural glucose (energy) it needs, providing longer-burning glucose to prevent dips which may initiate cravings, and adding effective appetite control nutrients.

7. Increases Insulin Sensitivity: Plexus Slim & Accelerator contains ingredients known to improve insulin sensitivity, such as stevia, which improves the cellular metabolism of glucose, and inhibits fat storage. As a result, energy levels are increased, and blood glucose decreases!

8. Increases Energy Levels: Plexus Slim & Accelerator helps increase energy, supporting more activity throughout the day! As energy levels increase, physical activity is naturally encouraged, and the body burns additional calories!

9. Lowers Bad Cholesterol Levels: Plexus contains chlorogenic acids, such as those found in certain fruits and green coffee beans, help reduce LDL cholesterol thus improving cholesterol ratios. The vanadium chelate (a plant extract) contained in Plexus Accelerator has been shown to be useful in lowering LDL cholesterol levels, and inhibiting fats from being stored along arterial walls.

10. Helps Maintain Healthy Blood Pressure: Ingredients in Slim and Accelerator that specifically address healthy blood pressure levels include

beet root and grape skin extracts, a rich source of potent antioxidants, along with healthy heart minerals such as magnesium, sodium, potassium and vitamin C. Beetroot juice has been shown to lower blood pressure and thus help prevent cardiovascular problems.

11. Contains Natural Healthy Ingredients: The Plexus product line contains only natural ingredients which are better utilized by the body and result in more rapid health improvements!

12. VERY Effective at Maintaining Long-Term Weight Loss! Because Plexus Slim and Accelerator work to change the way the body processes glucose, controls the appetite, and metabolizes fat, the Plexus approach to weight loss yields longer-term healthy weight loss that can be maintained even after you stop taking the products!

Natural Pain Relief

Looking for a natural approach to chronic pain? Plexus has an effective product set that addresses inflammation and associated pain, too! "The second most common health issue people battle today is inflammation and pain", says Ms. Waygood. "And since chronic inflammation is often the precursor to many diseases, it's important to reduce



\$39.95 for the cream, \$44.95 for the capsules, or \$79.95 for both!

inflammation and relieve pain before it causes more damage." Many scientists now believe that most - or perhaps all - chronic diseases may have the same trigger: inflammation. This fiery process has been linked to everything from heart attacks and strokes to type 2 diabetes, Alzheimer's and even cancer.

The Plexus Fast Relief Pain System, which includes a topical cream and a daily supplement, are formulated using a unique, proprietary blend of natural ingredients proven effective at promoting proper inflammatory mechanisms, soothe swollen and damaged joints and tissues, and protect the body's cells, tissues and joints from discomfort. Among other natural substances, both products contain ETARol™, a patented, highly purified extract of the New Zealand green lipped mussel, known to provide anti-inflammatory support, pain relief, and promote tissue regeneration.

Don't take our word for it,...read what others have to say about the life-changing benefits of Plexus products and the power of natural health!



Before Plexus Slim & Accelerator



After Plexus Slim & Accelerator

After the death of my mother in law and then my oldest son, food became an emotional resolution for me. As you can see from the pictures that has changed! I now control my food instead of it controlling me. I have lost 70 pounds. I am down 6 pants sizes! The most incredible change for me has been with the health results. I have rheumatoid arthritis with severe joint swelling, painful nodules, fluid retention and chronic fatigue. I was taking 13 medications for my RA and one for hypothyroidism. NOW... I no longer take ANY medications for rheumatoid arthritis! Not even an ibuprofen and I was on methotrexate (chemo type drug) and several other medications to counter those side effects. No joint swelling, no pain, no fluid retention! - Lisa Callahan

I started to gain weight in 2006. I also had noticed a small lump in my throat and had been having scratchy throats and trouble with my voice for 2 years. I was advised I had Hashimotos disease, Hypothyroidism, and a thyroid tumor. I had surgery, then 3 months later 5 more tumors, radiation, and more surgeries! It all resulted in 70 lbs of added weight! I was told to accept the new me. Depression set in, and I couldn't sleep at night. I became a hermit. I went nowhere. No family gatherings, no community function, and even no church... nowhere! I was tired of looking past my size 6's hanging in the closet just to grab the size 18/20's. I also developed blood pressure problems,

and ended up in the ER this summer for a possible heart attack. My blood pressure was 191/122! At that point, I prayed to God for three things: to get healthy, to lose weight, and find a better paying job. After many prayers God sent me Plexus! In two and a half months I had lost 43 pounds, and 39 inches! I am now in a size 8! I became a Plexus Ambassador, and began to earn extra income sharing my success, and the amazing Plexus products, with others, and after only two months, I was able to pay both my mortgages! Plexus has changed my life! - Rhonda Langdon



Before Plexus Slim & Accelerator



After Plexus Slim & Accelerator

Call Carolyn today and see what Plexus can do for you!

To purchase your Plexus natural health products, visit www.Waygood.MyPlexusProducts.com today! For more information about Plexus products contact Carolyn Waygood, CNHP, at (941) 713-3767 or email her at Carolyn@BeSmartGetHealthy.com. Ms. Waygood provides FREE health education seminars to groups of all sizes, and free weight-loss and diabetes coaching to Plexus customers. To schedule a FREE fun and informative natural health seminar for your office or community association, contact Carolyn today! Product tastings are provided, and free health education material is available at all events!

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Hernia Repair

Minimally Invasive Technology Transforms the Way Doctors Perform This Surgery

By Gary M. Bunch, M.D., F.A.C.S.

What is a Hernia?

The word Hernia means 'something coming through.' A hernia is simply a hole through which something can protrude, usually intestine or the fat around the intestine. It is the swelling or lump that is there when you stand or cough which goes away when you lie down. This is the most common and obvious sign of a hernia.

The most common location for a hernia is the abdomen. The abdominal wall holds in the abdominal contents, primarily the intestines. If a weakness should open up in that wall, then what pushes against it from the inside (the intestines) simply pushes through the window. The ensuing bulge, often visible against the skin, is the hernia and is a potentially serious problem.

Both men and woman can get hernias and they can develop at any age. Hernias may result from birth defects, previous incisions, heavy lifting, obesity, pregnancy, persistent coughing, or straining with bowel movements.

How Do You Know if You Have a Hernia?

If you have pain directly in the muscle of the stomach, feeling sore to the touch when you press on it, then it is more likely you have sprained or strained this muscle. This commonly occurs because of vigorous exercise or vigorous physical activity, such as lifting heavy objects.

Intestinal or abdominal pain is deeper and more aching in character, whereas muscle pain is more superficial. A hernia generally presents as soreness in the groin. There may also be a bulge or a swelling in the groin or, if you are male, in the scrotum. Often the bulge can be made larger by straining the abdominal muscles.

Hernias in adults do not get better or simply go away. The hernia will almost certainly enlarge with time, becoming more of a problem. Any symptoms, such as discomfort and pain will also

worsen, affecting your quality of life and ability to work. Delaying surgical repair and allowing the hernia to enlarge could make the later operation more complicated when you do eventually have surgery. There is always the possibility of strangulation (approximately 5%), where the bowel becomes trapped in the hernia and loses its blood supply, requiring emergency surgery.

Types of Hernia

The most common hernia is the Inguinal or Groin hernia and can occur on the left, right or both sides of the lower abdomen. Surgical repair of the Inguinal hernia is extremely common with over 600,000 cases being performed in the United States.

A Hiatal or Diaphragmatic hernia develops in a small opening in the diaphragm where the esophagus or food pipe joins to the stomach. A Hiatal hernia allows part of the stomach to move up into the chest and stomach acid can flow back into the esophagus causing heartburn.

Umbilical hernias occur in and around the belly button or naval. They are usually present from birth but may not be noticed until later in childhood or even into adulthood. While Umbilical hernias in infants usually close without any intervention, this is not the case in adults. Over time they tend to enlarge and become more problematic.

Minimally Invasive Repair of Hernias

Minimally invasive technology and techniques are transforming the way many doctors perform surgery. In the past, open surgery was the only option available when doctors needed to see inside a

patient's body or remove or repair organs or tissue. Patients who have conventional open surgery typically face large incisions, significant hospital stays, lengthy recoveries and the risk of complications. That's no longer the case. Today, surgeons make small incisions or "ports" and perform minimally invasive procedures whenever possible. These procedures can accomplish the same results as traditional surgery but can be much less traumatic to patients.

At Bradenton Surgical Group, we use minimally invasive surgery to repair most hernias. In a laparoscopic hernia repair procedure, our surgeons will make several tiny incisions (each about the size of a pencil eraser) through which they insert surgical instruments and a small video camera. Our surgeons are then able to locate the hernia and surgically close the weak area using a prosthetic mesh. The mesh reinforces the area of weakness and reduces the tension on the repair. A tension free repair is less likely to allow the hernia to reoccur.

The advantage of this laparoscopic approach over more traditional open methods is that because the incisions are much smaller than traditional methods, there is less discomfort and faster recuperation. Also, it is often possible to repair bilateral hernias (those on the left and the right of the abdomen) during a single procedure using laparoscopic methods.

A Full Range of Minimally Invasive Procedures

We offer a full range of minimally invasive procedures that address problems in nearly every part of the body. In addition to Hernia surgery, some of the most common procedures we perform are: Abdominal, Colorectal, Hemorrhoid, Adrenal and Parathyroid Surgery. To learn more about Hernia or any of the procedures we provide, please call Bradenton Surgical Group at 941-744-2700 or visit us online at www.bradentonsurgicalgroup.com.



Dr. Gary M. Bunch, M.D., F.A.C.S.

Dr. Bunch is a board certified general and vascular surgeon specializing in advanced minimally invasive surgery with over 10 years of experience. He is board certified by the American Board of Surgery and is a Fellow of the American

College of Surgeons. Dr. Bunch served as an associate professor of surgery at East Tennessee State University and is a graduate of the University of Kentucky College of Medicine. He completed his surgical residency at the University of Tennessee Health Sciences Center in Memphis.

Bradenton Surgical Group

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March is Red Cross Month

Every March, the American Red Cross celebrates Red Cross Month and the Tennessee Volunteer Region is urging all to get involved.

This March, the American Red Cross would like to recognize the nation's Everyday Heroes who reach out to help their neighbors when they are in need. These everyday heroes are our volunteers who help disaster victims get on the road to recovery. They give blood to help someone in the hospital. They brighten the day of an injured service member in a hospital far from home. They take our classes and step forward to help someone having a heart attack or to save a drowning child.

History of Red Cross Month

March is Red Cross Month is an annual proclamation that began in 1943 with President Franklin D. Roosevelt. For more than 70 years, all of our country's presidents, including President Barack Obama, have designated March as Red Cross Month to recognize how the American Red Cross helps people across the country and around the world.

Clara Barton and a circle of her acquaintances founded the American Red Cross in Washington, D.C. on May 21, 1881. Barton first heard of the Swiss-inspired global Red Cross network while visiting Europe following the Civil War. Returning home, she campaigned for an American Red Cross and for ratification of the Geneva Convention protecting the war-injured, which the United States ratified in 1882. Barton led the Red Cross for 23 years.



Ways We Help

The Red Cross responds to nearly 70,000 disasters of all sizes big and small in this country every year. It provides 24-hour support to members of the military, veterans and their families – in war zones, military hospitals and on military installations around the world; collects and distributes about 40 percent of the nation's blood supply and trains millions of people in first aid, water safety and other life-saving skills.

Become a Part of the Red Cross

Red Cross Month is a great time for people to become part of the Red Cross. Red Cross encourages everyone to discover their inner hero by giving time to help a neighbor, make a financial or blood donation, work on a preparedness plan for your household so you will be ready for emergencies, become a volunteer or take a Red Cross class in First Aid and CPR.

The Red Cross is not a government agency and relies on donations of time, money and blood to do its work. An average of 91 cents of every dollar given to the Red Cross is invested in helping people in need.

Red Cross Month is observed in dedication of everyone who supports our mission. We are grateful to people throughout the nation for their generosity.

For more information or to find your local chapter, visit redcross.org.





Helping Your Child Choose the Best College While Selecting the Best Financial Options

By Dr. Christine Davis - Edison State College

As your son/daughter prepares to enter college, you will have plenty of questions. Which college should they attend? What should they select as their major? How will we pay for college? Luckily, there are many options and resources available to assist in making these decisions.

When deciding on the college that would work best, there are three important things to consider.

The first is cost of attendance. This is more than the tuition rate. Additional expenses like books, lab materials, parking, transportation and housing should be included in your evaluation. Will your son/daughter live at home (commuting back and forth), on campus, or in an apartment? Also take into account basic living expenses such as food and clothing and compare tuition rates for in-state and out-of-state institutions.

When it comes to college costs, there are several options to help finance their education. At Edison State College, we strongly encourage all prospective and current students to complete the FAFSA, which is the Free Application for Federal Student Aid and it can be found at www.fafsa.ed.gov. This site also offers good information about grants, loans and work-study funds.

Additionally, when your son/daughter has selected a college to attend, always explore the website of that institution. Many have areas dedicated to financial aid and scholarships specific to their institutions, and usually have a 'net price' calculator to help calculate costs. Most colleges



and universities also have a foundation which can assist with scholarships, so it is highly recommended to explore those offerings as well.

If your son/daughter is still in high school, make sure to speak with their high school guidance counselor about scholarship and grant information. These individuals are a great resource for navigating the college application and cost process.

The second thing to consider when selecting a college is what to study. What does your son or daughter plan to study? What career does he/she have in mind? Many of the colleges and universities offer specialized and specific training for certain career fields, and if your son/daughter knows what they would like to focus on, narrow your college search to institutions that offer excellent training

for that field. They need to choose a major that upon graduation will have career options and job prospects that offer a great 'Return on Investment' (ROI). There should be a balance between the salary your son/daughter would like to earn and the level of enthusiasm and interest he/she has in that career.

And finally, the third thing to consider is 'fit'. Once you have found some colleges that will suit the determined budget, and offer the major that your son/daughter wants, the next step is to take the time to visit all of the campuses. Colleges offer open house events and campus tours on a regular basis. By attending events like these, you can get a better sense of the atmosphere, the academic offerings and the student life that is available. While on campus, make sure you meet current students and ask them questions about their professors, the size of the classes and clubs, and activities they enjoy.

Edison State College Events

January 24 through March 29, 2014 – Yoko Ono "Imagine Peace" Art Exhibit
(call 239.489.9313 or visit RauschenbergGallery.com with questions)

March 3 to 9, 2014 – Spring Break
March 22, 2014 – GreenFest will take place from 10 a.m.-3 p.m. on the Collier Campus on the green behind Building M

March 27, 28, 29 & April 3, 4, 5 at 8PM with a 2PM matinee on the 29th and 5th theater performance "Neighborhood 3 Requisition of Doom" by Jennifer Haley, at Black Box Theater on the Ft. Myers Campus, L-119B, Tickets are \$5 students, \$10 General Admission at www.brownpapertickets.com

March 20, 2014 – Humanities colloquium "Education for A New Humanity: The Price and Promise of Progress" with Guest Artist Gregory Green in the Rush Auditorium on the Ft. Myers Campus. 4:30 - 6:00 pm

April 1, 2014 – Humanities colloquium "Eating to Thrive" in Building U, Room 102 on the Ft. Myers Campus starting at 5:00 p.m.

April 2, 2014 – Humanities colloquium "Designing to Thrive" in Building AA, Room 177 on the Ft. Myers Campus from 12:00-6:00 PM

April 7-10, 2014 – Spring Open House Week! Visit www.edison.edu/openhouse for details

April 10, 2014 – Edison State College Symphony Orchestra and Edison State College Choir, 7:30pm in the Barbara B. Mann Performing Arts Hall

April 10-24, 2014 – The Student Art Exhibition displayed in the Bob Rauschenberg Gallery.

April 15, 2014 – Job Fair from 12pm to 2pm on Fort Myers Campus

April 17, 2014 – Edison State College Jazz Ensembles, 7:30pm in the Barbara B. Mann Performing Arts Hall

April 24, 2014 – Edison State College Band and Wind Ensemble, 7:30pm in the Barbara B. Mann Performing Arts Hall

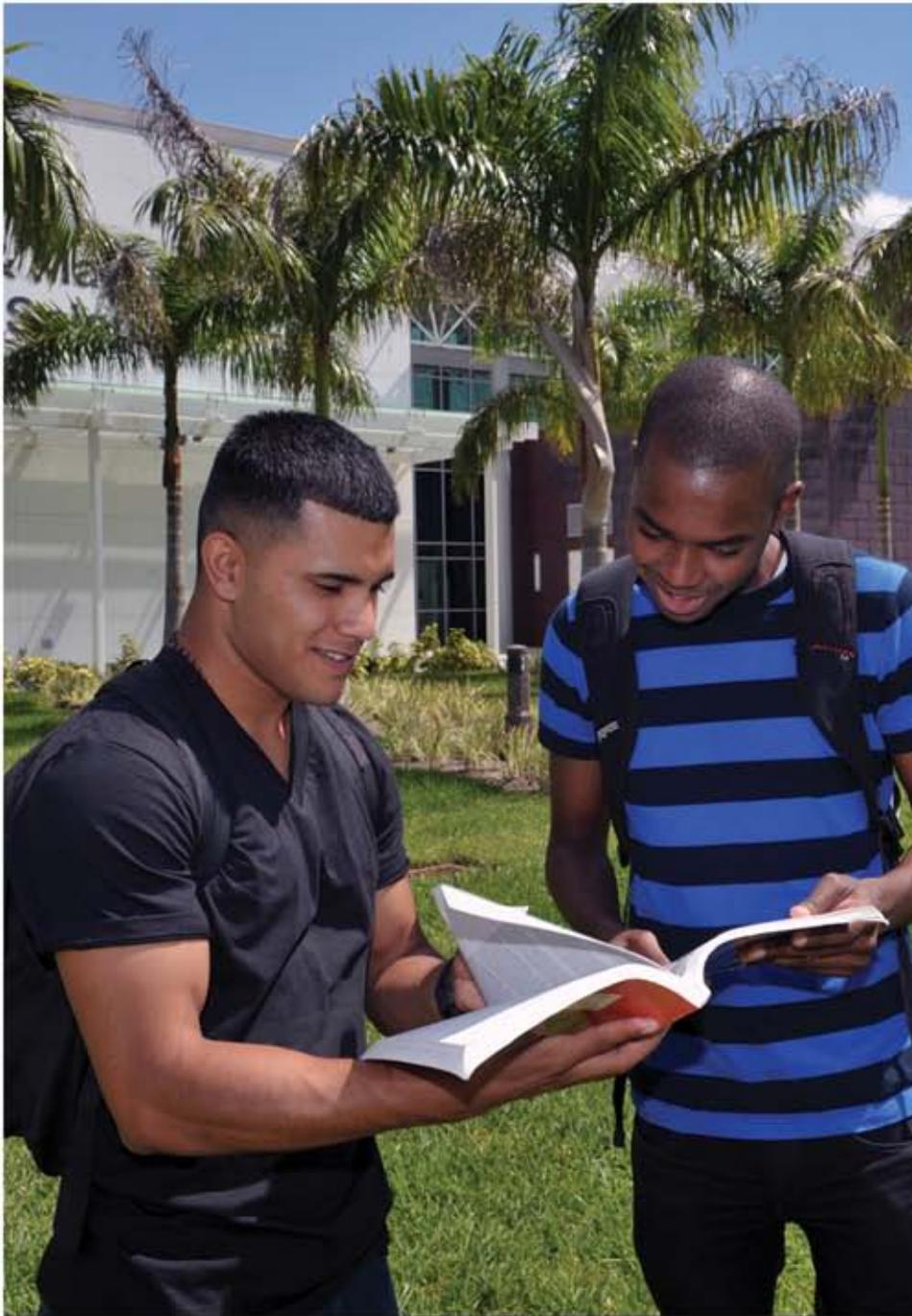
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A few other things to consider when selecting a college are:

- What services are available to support students?
- What does the institution do to help with student retention?
- What are the graduation rates?
- How long does it take for a student to earn a four-year degree?

What if your son/daughter is truly undecided about a major or career path?

There are additional options to explore, like starting at a two-year institution and then transferring to a four-year college/university. The class sizes tend to be smaller and your son/daughter wouldn't necessarily have to declare a major. You will want to ask about the transferability of credits. If your son/daughter has narrowed the choices and is still undecided, then these questions should help:

- Can I afford this?
- Is this a good investment?
- Is my return on the investment good for me?
- What are my career paths with this choice?

In preparation for that first day at college, make plans to help your son/daughter set up a budget to help plan for living expenses. This includes things like internet service, cable/TV service, phone service, laundry, food, entertainment, clothing, personal items, car payment/insurance, gas, transportation/travel, health insurance and any other expenses your child may have. Some of these expenses could potentially be covered with scholarship money.

College is an exciting opportunity for your son/daughter. Choosing the right one will help your child to fulfill their career goals. As Derek Bok, who was president of Harvard University from 1971-1990 once said, "If you think education is expensive, try ignorance."

Dr. Christine Davis is the VP for Student Affairs and Enrollment Management at Edison State College where she leads a division which includes Admissions, Academic Advising, Placement Testing, New Student Orientation, Student Activities, Residence Life, Career Services, and Disability Services.

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Causes For Limb Swelling

By Alyssa Parker

Finding the source of your edema is vital to getting the proper medical care. Chronic edema left untreated without a clinical diagnosis may lead to a variety of problems. Patients with chronic edema may start the day out with painless swelling in their limbs that progress's throughout the day leading to a sensation of heaviness in the limb by the evening. Common condition's where edema may be a symptom is venous insufficiency, post-operative trauma, infection, and lymphedema. These conditions can be easily misdiagnosed as acute and minor swelling followed with minimal treatment. Pneumatic compression devices are one of the most highly recommended treatments for these conditions and are recognized by Medicare.

Lymphedema and Chronic Venous Insufficiency

Lymphedema is the body's inability to transport lymph fluid through the lymphatic system resulting in chronic swelling. Lymphedema may manifest after a surgical procedure cancer or non-cancer related (example hysterectomy or gallbladder removal) ; due to its slow progression it may take years or months to recognize. When left untreated common complications include cellulitis or lymphangitis, skin changes such as skin thickening, restricted movement of a limb, or chronic wounds. Aside from surgical procedures and radiotherapy for cancer other known triggers for lymphedema include vein stripping, peripheral vascular surgery, trauma, inflammation, infection, and insect bites.

Chronic venous insufficiency is another condition that causes swelling in the legs along with open wounds. CVI occurs when the valves in the veins that normally channel the blood to the heart become damaged which then leads to pooling of the blood in the lower extremities. Discoloration of the skin, referred to as hemosiderin staining, is identified by a reddish staining of the lower limb is outcome of venous insufficiency as well as other cardiovascular diseases. Venous insufficiency may cause secondary lymphedema when the lower region of the leg becomes permanently swollen



from the trapped protein rich fluid which may then begin to harden. Patient's with Venous Insufficiency who experience severe and persistent edema overtime can lead to trapped protein rich fluid. The lower region of the leg may then become permanently swollen and may start to harden.

It is imperative that any type of limb edema is treated quick and effectively, regardless of the severity. Individuals have shown the best results when treatment is started when the first sign of a edema is present . Many patients use diuretics or compression stockings receiving temporary reduction in swelling. If your compression stockings get worn out over time many patients aren't receiving the needed compression. Diuretics may be harmful over time if your edema is a symptom of chronic venous insufficiency or lymphedema.



Treatment

A widely recognized and highly effective treatment is using a compression pump. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb and can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. The compression pump is a gentle massaging technique that compresses in a rythmatic cycle, similar to that of a normally functioning lymphatic system that has not been damaged. This is a great treatment option for patients who have tried compression stocking, elevation, diuretics, or massage with little or no relief.

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Remember, ANY swelling is an indication of an overloaded Lymphatic system. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition. For more information and articles on this topic, Google "Acute Wound Care," visit www.AcuteWoundCare.com, or call 239-949-4412 and speak with a specialist. Remember, nothing heals faster than an educated patient.

What is Carpal Tunnel Syndrome (CTS)?

By Michael A. King, M.D.

Every year, a significant number of patients see a physician complaining of hand numbness, tingling and pain. Many of these patients are assumed to have nerve compression in the neck area and come to the doctor's office with an MRI of the cervical spine. Some may even have had surgery performed in the neck area with little or no relief. The reason the pain persists may be because they have been given the wrong diagnosis.

What they might really be experiencing is known as Carpal Tunnel Syndrome (CTS), caused by compression of the median nerve at the wrist. The carpal tunnel is a pathway made of ligaments creating a tunnel through which the nerve travels. In addition to the median nerve, tendons also travel alongside the nerve. If the carpal tunnel becomes narrowed for any reason, this will cause compression on the nerve and tendons. For example, if any of the ligaments forming the tunnel get swollen, inflamed or thickened, this will limit the space available for the nerve and tendons to go through and the person may become symptomatic. It is commonly considered to be an occupational condition due to repetitive movements at the wrist.

■ Symptoms Associated with Carpal Tunnel Syndrome

At the beginning, a feeling of numbness and /or tingling in the hands is a very common symptom of CTS. Patients often complain that this sensation wakes them up at night. The symptoms are improved by shaking their hands or hanging them over the side of the bed. Others report dropping things or having trouble opening jars or making a fist. When patients wait too long to seek treatment, they can develop muscle loss in the hands with weakness of the thumb.

■ Several Ways to Diagnose CTS

The Neurosurgeon will initially evaluate the patient by getting a medical history and conducting a physical exam. If CTS is suspected, an electromyogram and nerve conduction velocities test will be done to confirm the diagnosis.



■ Treatment Options

If CTS is caught early enough, treatment with a wrist splint or a course of hand therapy may be all that is necessary. For those patients that have not responded to non-operative measures, outpatient surgery may be required. The goal of surgery is to relieve the pressure on the nerve by cutting the tissues responsible for the compression, thereby opening the carpal tunnel. The operation is performed on an outpatient basis under sedation or nerve block and usually takes no longer than 10 minutes. The risks are minimal, the recovery time is short and the success rate is excellent as long as the procedure is performed before permanent nerve damage has occurred.

■ Don't Suffer Any Longer

If you or someone you know suffers from pain possibly related to CTS, please call Neurospinal

Associates at 941-794-3118 to set up an appointment for an evaluation, or visit their website at www.nsadoctors.com.

Neurospinal Associates offers two convenient locations to serve their patients. In Bradenton, they are located in the Riverwalk Professional Park at 200 3rd Avenue West, Suite 200, directly west of Manatee Memorial Hospital and just North of the Bradenton Herald. Their Sun City location is located at 3909 Galen Court in Suite 104.

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March is National Nutrition Month

20 Ways to Enjoy More Fruits and Vegetables

Building a healthy plate is easy when you make half your plate fruits and vegetables. It's also a great way to add color, flavor and texture plus vitamins, minerals and fiber. All this is packed in fruits and vegetables that are low in calories and fat. Make 2 cups of fruit and 2 1/2 cups of vegetables your daily goal. Try the following tips to enjoy more fruits and vegetables every day.

1. Variety abounds when using vegetables as pizza topping. Try broccoli, spinach, green peppers, tomatoes, mushrooms and zucchini.

2. Mix up a breakfast smoothie made with low-fat milk, frozen strawberries and a banana.

3. Make a veggie wrap with roasted vegetables and low-fat cheese rolled in a whole-wheat tortilla.

4. Try crunchy vegetables instead of chips with your favorite low-fat salad dressing for dipping.

5. Grill colorful vegetable kabobs packed with tomatoes, green and red peppers, mushrooms and onions.

6. Add color to salads with baby carrots, grape tomatoes, spinach leaves or mandarin oranges.*

7. Keep cut vegetables handy for mid-afternoon snacks, side dishes, lunch box additions or a quick nibble while waiting for dinner. Ready-to-eat favorites: red, green or yellow peppers, broccoli or cauliflower florets, carrots, celery sticks, cucumbers, snap peas or whole radishes.

8. Place colorful fruit where everyone can easily grab something for a snack-on-the-run. Keep a bowl of fresh, just ripe whole fruit in the center of your kitchen or dining table.

9. Get saucy with fruit. Puree apples, berries, peaches or pears in a blender for a thick, sweet sauce on grilled or broiled seafood or poultry, or on pancakes, French toast or waffles.

10. Stuff an omelet with vegetables. Turn any omelet into a hearty meal with broccoli, squash, carrots, peppers, tomatoes or onions with low-fat sharp cheddar cheese.

11. "Sandwich" in fruits and vegetables. Add pizzazz to sandwiches with sliced pineapple, apple, peppers, cucumber and tomato as fillings.

12. Wake up to fruit. Make a habit of adding fruit to your morning oatmeal, ready-to-eat cereal, yogurt or toaster waffle.

13. Top a baked potato with beans and salsa or broccoli and low-fat cheese.

14. Microwave a cup of vegetable soup as a snack or with a sandwich for lunch.

15. Add grated, shredded or chopped vegetables such as zucchini, spinach and carrots to lasagna, meat loaf, mashed potatoes, pasta sauce and rice dishes.

16. Make fruit your dessert: Slice a banana lengthwise and top with a scoop of low-fat frozen yogurt. Sprinkle with a tablespoon of chopped nuts.

17. Stock your freezer with frozen vegetables to steam or stir-fry for a quick side dish.

18. Make your main dish a salad of dark, leafy greens and other colorful vegetables. Add chickpeas or edamame (fresh soybeans). Top with low-fat dressing.*

19. Fruit on the grill: Make kabobs with pineapple, peaches and banana. Grill on low heat until fruit is hot and slightly golden.

20. Dip: Whole wheat pita wedges in hummus, baked tortilla chips in salsa, strawberries or apple slices in low-fat yogurt, or graham crackers in applesauce.

*See "Color Your Plate with Salad" at www.eatright.org/nutritiontipsheets for more tips on creating healthy salads
Source: eatright.org



eat right. Academy of Nutrition and Dietetics
The world's largest organization of food and nutrition professionals.

PATIENT PROTECTION AND AFFORDABLE CARE ACT-2013

By Frank D. DeMarco

For us to understand the Patient Protection and Affordable Care Act we must understand the history of healthcare in our nation.

The first set of Codified Laws in Society and the manner that society functions can be found as early as 62 BC with the Code of Hammurabi. The Code was inscribed on a large tower located in Babylon, which is now present day Iraq. In that Code, interpretations described how society was to act and to function as its own entity. Many of the writings mentioned were to help those in need and provide care inclusive of health, long term care, workers' benefits (compensation), and death.

With that in mind, let us focus on the history of national health care in the United States, beginning with initiatives as early as 1883. At that time the Federal Government relinquished authority to each state to create, implement, fund and enforce such programs. This philosophy continued until the early 20th Century when many labor reformers were trying to develop and implement social reform for the Labor Class. President Theodore Roosevelt's philosophy for a national health care policy was in order for the "nation to be strong."

The American Association of Labor Legislation Bill of 1915 enacted guidelines for health insurance for the working class and families. All costs for healthcare were to be shared between workers, employers and the individual state. Ironically, the American Medical Association supported efforts to have compulsory health insurance for all as early as 1917.

As health care costs escalated in the 1920's, the nation saw a need for increased health care coverage.

From 1920 until 1965, when the Medicare Act was enacted numerous Presidents attempted to enact a National Health Care Policy for the nations' citizens.



On March 23, 2010, the Patient Protection and Affordable Care Act was passed by the Congress of the United States and enacted into Law with provisions being phased in for a period of March 2010 through 2020. This is what many contemporaries, critics and supporters have come to label as "Obama Care."

I prefer to identify it as the Legal Title and not politicize the law for political purposes.

The premise for the entire Patient Protection and Affordable Care act include the following:

A. No health insurance carrier may exclude individuals or persons from coverage based upon pre existing conditions, and the same premium price is to be offered to all applicants by the insurer regardless of gender or pre-existing conditions excluding tobacco use.

B. Minimum Standards for health insurance policies are established.

C. All individuals are to secure an approved private insurance policy or pay a penalty, unless the individual is covered by an employer sponsored health plan, Medicare, Medicaid, or other public insurance program. If the individual does not have an exemption, or not a member of a protected status, a penalty may be levied for failure to comply with the mandate. The mandate also provides for individuals with low incomes for subsidies to offset the expense of the insurance.

D. Businesses do not have to comply with the law until 2015.

All health insurance policies with an effective action date of January 1, 2014 and subsequent dates thereafter, there are no health insurance qualifiers required to be approved for a plan.

Each individual health insurance program must have 10 Essential Health Benefits included in the plan. These benefits include and are not limited to the following: prescription coverage, mental health coverage, well being programs which include preventive care, dental care for children, and routine medical diagnostic tests.

Individuals who do not select a program in compliance with the Act after March 31, 2014, will be penalized monetarily as little as \$ 95.00 or 1% of gross household income. The penalties will increase each year for a maximum of 3 years.

Based upon the subsidy levels, individuals should inquire of the Affordable Care Marketplace to determine subsidy eligibility. However, the computer program has not functioned since its implementation and has been under increased criticism since its implementation.

Another manner to determine subsidy eligibility is to complete an approved paper application. I have found this to be an easy and more effective manner to expedite the process. Once the subsidy is approved, then the applicant will be able to determine which health care program will benefit them and the premium cost.

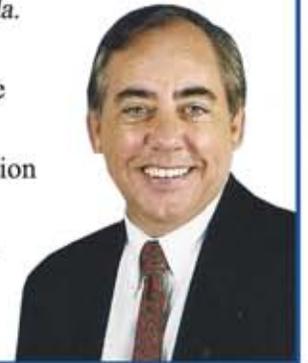
The subsidy work in two ways.

1. The insured can elect to use the subsidy as a Tax Credit at the end of the tax year.
2. Can elect to have the subsidy remitted to the insurance carrier as part of the premium payment.

At the time of this writing, I have received no clarification or information as to how the subsidy payments will be remitted to the insurance carrier. One of the most equitable benefits of the law is that each health insurance carrier must spend at least 80% of all premiums on the insured's' health care. Otherwise, excess premiums must be returned to the premium payer.

Frank D. DeMarco, is an independent licensed life, health and annuity agent in the State of Florida, with 12 years of experience serving the community for their personal insurance needs. In addition to this experience, Mr. DeMarco possesses a Graduate Degree in Management with experience as a Part Time faculty member for a major Catholic University lecturing in course subjects to include Management, Financial Management, Government and Business Ethics, and Public Policy Administration. Mr. DeMarco is currently certified by the Department of Health and Human Services, Centers for Medicare and Medicaid Services to market, and enroll eligible persons into all approved Medicare and Affordable Care Act Programs within the State of Florida.

The referenced article are his opinions and are not reflective of this publication or any entity that is affiliated with the writer.



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As an Independent Representative dealing in the Health Care arena, I am capable of aiding in the explanation and research of an individuals' subsidy level, assisting in the completion of appropriate paperwork at this significant point in our society.

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Do You Know Someone Who Could Use A Visit From The Angels?

Our memory is the attainment and preservation of information we take in each day. Memory plays a major role in our daily lives. An alarming statistic is that there are approximately 24 million people living with some form of memory loss; many of these people are senior citizens (Lorne). Though this knowledge may be unnerving, there are preventative measures that can help reduce this number. In fact, a simple cause of memory loss that often goes undetected is dehydration. With severe dehydration, especially within our older population, memory loss can be a significant side effect.

Have you ever experienced a constant thirst? Has this led you to feel light headed and dizzy, yet unable to sweat? Have you ever witnessed a loved one show these warning signs? These are just a few indicators of dehydration. Dehydration can easily be overlooked because its symptoms don't always start out very severe. Those that are less obvious include fatigue, headaches, and possible confusion. Over time, going without water can lead to more overt symptoms such as vomiting, weight loss, diarrhea, high fevers, and limited urine production ("Dehydration In Adults"). Signs as prominent as these, may lead to hospital visits. The more a person becomes dehydrated, the more they are likely to suffer from memory loss.

As our loved ones age, making sure that their basic needs are being met can be quite worrisome. Visiting Angels, a provider of elder care service to families, has been filling that role for many families across the United States and Canada since 1998. Assurance of basic needs being met is only one of the benefits of having an agency like Visiting Angels assist in the care of our parents and grandparents. Since prevention is key, proper hydration is one of the items that their agency looks out for. Not only does dehydration cause memory loss, but it can also lead to many other conditions including weight loss and kidney dysfunction. Water makes up seventy percent of our muscles, organs, and tissue. Without receiving the water we need, there can be a negative impact on our bodies (Freedman). One may ask, "How much water should I drink each day?" A general rule of thumb is to drink 6 to 8 eight ounce glasses of water per day ("Hydration: Why It's So Important").



However, that amount may change depending on variables such as exercise, medical conditions, and general diet. In fact, the older we become our brain becomes less able to sense dehydration, sending us fewer signals that we need fluids. That is why an extra pair of eyes is always good to have around.

Visiting Angels is not an assisted living facility or nursing home. The reason that many people choose Visiting Angels, or similar agencies, is that they provide the benefits of supervision while maintaining their clients' dignity. How? They come into their clients' homes, allowing them to continue their lifestyle in the most comfortable manner possible. Emphasis on independence

is just as important to the caregivers at Visiting Angels as assuring their clients' basic needs. Visiting Angels work hard to build positive relationships with those in their care. It is not rare for the elderly to forget basic essentials such as drinking, eating, and taking their daily medications. Those with Visiting Angels in their home enjoy the assurance of their basic needs being met. They deliver friendly companionship, help with hygiene, meal preparation and planning, light housekeeping, medication reminders, laundry assistance, personal care, and contribute in running errands. Visiting Angels can help avoid senseless confusion in our loved ones lives; in today's hectic world, there is enough of that already.

800-365-4189
www.visitingangels.com

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Spiritual Wellness

Deal with the Fear First

By Alex Anderson
Senior Associate Pastor at Bayside Community Church

Not long ago I asked my wife a drilling question, "What would be the most important advice you could give to another person who 'just found out' that they had cancer?" She went completely silent for a few moments, then looked straight into my eyes and without a hint of hesitation said, "Deal with the fear first."

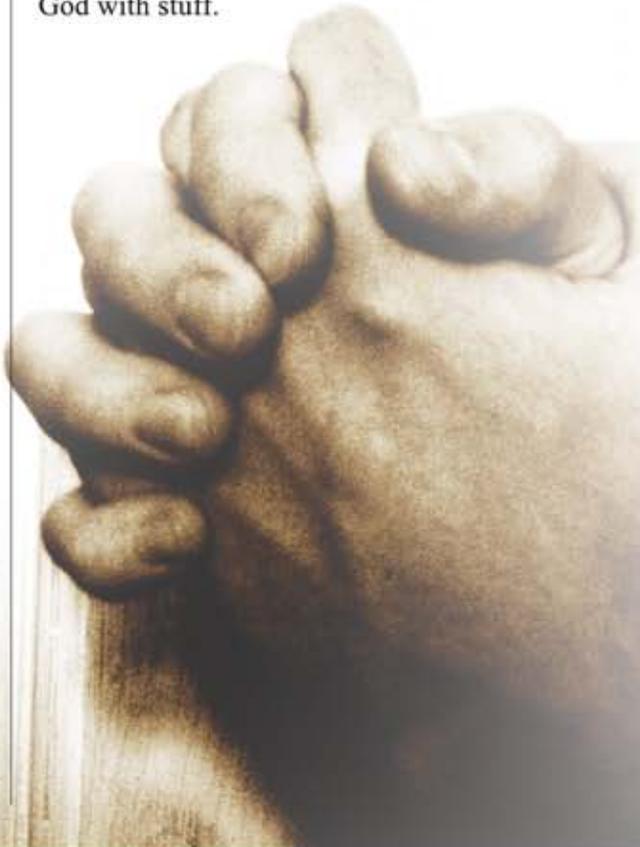
She is now 4 years 7 months cancer free herself. When she and I found out she had cancer, it was a crushing blow. For a short time, we both went into a state of shock. At the time we were in our forties and very healthy people for the most part. On the way home from the doctor's office we were just silent. We sat letting all of the questions run through our minds. What does this all mean? What were her chances of survival? How would it affect her daily life? On and on the mind-numbing thoughts just rolled...until it became obvious to us that we were letting ourselves be led down the primrose path of fear. Before we got home, somewhere on I-75, we prayed.

"Lord, we know we live in a 'fallen world' and that sickness and disease is prevalent, however we refuse to give in to the fear it can bring. We now stand against not only this disease but also the paralyzing emotions that are trying to take over our minds. Give us courage and clarity to follow the steps that we are trusting that you will set before us. Health is a divine blessing. Now use our good doctors as well as your miraculous hand to bring healing and restoration to my wife's body."

What we have learned during this almost five-year journey is: "faith, hope and love" gives us an unfair advantage over fear. Fear doesn't stand a snowballs chance in the face of great certainty or faith. When you know inside of your heart that you are going to win, then hope springs up. Not like a daisy in the cracks of your driveway but like an oak tree in the

backyard where the kid's swing hangs. All this is possible when you have a loving relationship with God. I mean come on. Think of how you feel when you know that "special someone" is always calling and wanting to hang out with you. You know that love is strong with that one. It brings confidence and puts a little spring in your step...a little "zippity" in your "dooda." Well, when trouble comes your way, you are going to call those who love you the most, right? And the bigger your loved ones the bigger the mountain you can move with them. Well if you cultivate that kind of relationship with God, then when you have a big mountain, you have big help.

In our case, not to brag, but we have been hanging out with God in a loving relationship, full of a lot of trust, for decades. The mountain-moving kind of trust and love didn't happen overnight, but it did grow year after year as we would go to our God with stuff.



The point here is that some people try to rely on their own knowledge, wealth, contacts, and influence and most of the time it's enough to navigate the rapids of life. But on rare occasions more is needed- a lot more- to handle the death dealing, dirty little secrets life can throw at us. Sometimes we need God's help and he loves to do his part.

God got quite busy with us. He lined up some of the finest physicians as well as a host of others to help us. But that's not all he did. The biggest miracle of all was his peace and guidance. I mean we could tell inside of our hearts when to say "yes" to that and "no" to something else even though logically it made all the sense in the scientific world. What all our doctors and our friends and loved ones could not do was to "hear" from God for us. Nor could they own the mountain of potential life and death decisions we had to make.

With God's loving help we were somehow able to see the end from the beginning and that made all the difference when it came to dealing with fear and the disease that had viciously attacked my wife's body. We held onto it with all the faith, courage and tears we could muster...and it worked. Not because we were magically directing our destiny, but because we trusted someone much bigger than us who, from His perspective, could see it finished in our favor. And we trusted Him with that. Our best interest is always His first interest.

We are no more special than you. If you just got "the news," then stop what you are doing right now...yes in the middle of all the fear and emotions screaming in your ears, and pray. Don't pray a nice little Sunday School prayer. Pray a dangerous prayer like we prayed. It doesn't mean you will instantly have all the answers, but by God it will put fear on notice that you will not give in to its trickery and you will not lay down and just let "this," whatever this is, win.

"With God, all things are possible to him that believes" ~Jesus Christ

And remember,

Be Life Giving

Alex Anderson

Alex Anderson is a Senior Associate Pastor at Bayside Community Church, Bradenton, Florida. To read other life-giving articles by Pastor Alex, go to <http://beliefgiving.blogspot.com/>.

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