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Health & Wellness[®] MAGAZINE

November 2014

Charlotte/South Sarasota Edition - Monthly

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Diabetic Eye Disease

A Leading Cause of
Blindness and Vision Loss

Ebola SCARE

The Evolving Future of Disease

Living with COPD

Swollen, Achy Legs?

Alzheimer's

Are You at Risk?



ARE YOU AT RISK FOR TYPE 2 DIABETES?



Diabetes Risk Test

- 1** How old are you? Write your score
in the box.
- Less than 40 years (0 points)
40—49 years (1 point)
50—59 years (2 points)
60 years or older (3 points)
- 2** Are you a man or a woman?
- Man (1 point) Woman (0 points)
- 3** If you are a woman, have you ever been diagnosed with gestational diabetes?
- Yes (1 point) No (0 points)
- 4** Do you have a mother, father, sister, or brother with diabetes?
- Yes (1 point) No (0 points)
- 5** Have you ever been diagnosed with high blood pressure?
- Yes (1 point) No (0 points)
- 6** Are you physically active?
- Yes (0 points) No (1 point)
- 7** What is your weight status?
(see chart at right)

Write your score
in the box.

Add up
your score.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
You weigh less than the amount in the left column (0 points)			

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009.
Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit us at www.diabetes.org or call 1-800-DIABETES

Visit us on Facebook
[Facebook.com/AmericanDiabetesAssociation](https://www.facebook.com/AmericanDiabetesAssociation)

Lower Your Risk

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life.

If you are at high risk, your first step is to see your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.



RTR Urology welcomes Dr. Carl G. Klutke Board Certified Urologist-Fellowship trained in Female Urology, Female Urologic Surgery and Voiding Dysfunction for Males and Females

Carl G. Klutke is a Board Certified Urologic Surgeon, a member of the American Urologic Association and the International Continence Society. He received his medical education at the University of Michigan and completed his Surgical Internship and Urologic Residency at the Henry Ford Hospital in Detroit, Michigan. He subsequently completed a Fellowship in Female Urology and Urodynamics at the University of California at Los Angeles. Following Fellowship, Dr. Klutke's career brought him to Washington University in St. Louis, Missouri where he attained the academic rank of Professor of Surgery in the Division of Urology. At Washington University he was the Director of the Female Urology and Incontinence section. He also served as Chief of Staff at the Barnes West County Hospital.

Dr. Klutke has specific expertise in the field of Voiding Dysfunction, Female Urology and Urodynamics. He has published over 100 journal articles and written numerous textbook chapters on these topics as well as the surgical and non-surgical treatments of these conditions. He was listed in Best Doctors in America, 2005-2013 (Best Doctors, Inc.) and America's Top Doctors, 2003-2012 (Castle Connolly Medical Ltd.) "In medical school, I thoroughly enjoyed taking care of both urologic patients as well as gynecologic patients, ultimately I found Urology was where I wanted to be but I still liked to manage gynecologic conditions." Dr. Klutke sought out specialized training in "Female Urology" after his Urology Residency where he could combine his interest in both areas. "My Urology residency gave me the tools to treat urologic conditions ranging from cancer of the urinary tract to conditions of erectile dysfunction and benign prostate issues. The further training in fellowship has allowed me to understand and treat complex conditions that are more specific to the female patient such as incontinence and prolapse as well."

Dr. Klutke was born in Detroit and raised in Dearborn Michigan. As a youth, Dr. Klutke was heavily involved in the sport of Fencing and was Michigan state champion as well as captain of two NCAA championship winning teams. Presently, in his leisure time he enjoys cycling, tennis and spending time with his wife Britta and their three children.

Dr. Klutke will join RTR in November 2014

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CONTACT US

OWNER / ACCOUNT EXECUTIVE
Cristan Gensing
cristan@gwhizmarketing.com

DISTRICT MANAGER
Kara Schlick
kara@tampabay.rr.com

OWNER / CREATIVE DIRECTOR
Sonny Gensing
sonny@gwhizmarketing.com



Publishing • Advertising • Web Design • Graphic Design

EDITOR - Lisa Minic EDITOR - Lorrie Ritchie

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G WHIZ Marketing, LLC | 1630 Caxambas Court | Marco Island, Florida 34145

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An Orthopaedic Surgeon Can Make a Tremendous Difference in the Quality of Your Foot and Ankle Care!

An orthopedic surgeon specializing in foot and ankle problems can make a huge difference. I am Dr. Myles Rubin Samotin, M.D., an orthopedic surgeon fully trained in taking care of all extremities from the shoulders to the fingers, from the hips down to the toes.

In addition to a very lengthy training and specialization in orthopedics, I am subspecialty and fellowship trained in foot and ankle problems, and for the past 17 years in Southwest Florida, I have taken care of everything from the simplest to the most complex foot and ankle problems. I am originally from New York City, trained at some of the best orthopedic institutions in the world including Columbia, SUNY Downstate in Brooklyn, Maimonides Medical Center, and the Hospital for Joint Diseases, a world-renown orthopedic institution located in New York City. I am currently Board Certified, and I recently passed my recertification examination with flying colors.

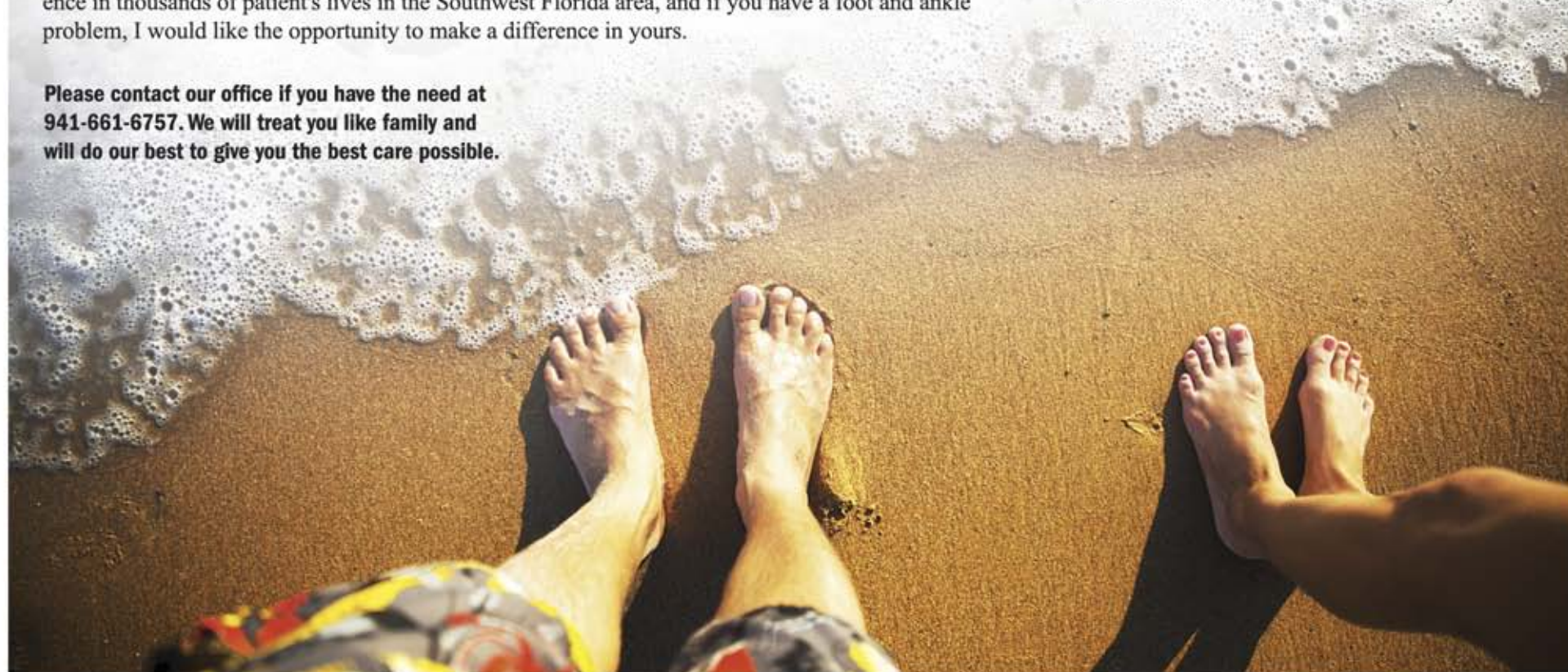
I am a member of the American Academy of Orthopedic Surgeons and I am in excellent standing. In my younger years, I attended the Julliard School of Music and have been a serious pianist for many years. Today I mostly play the piano for my private fun and relaxation, but every year I participate in the physician's talent show in Collier County and not only donate my time but also a lot of money to helping the underinsured get the health care that they need. I grew up seeing my grandmother lose both of her legs as a result of rotten care given to her by a podiatrist. This was the kernel that inspired me to specialize in foot and ankle problems, and through my orthopedic training, I have shown that there is an alternative that can do very well for patients.

More than 50% of the foot and ankle surgeries that I do are fixing the botched up surgeries that are done in this area. No surgeon's results can be perfect, but my results are excellent. My infection and complication rate have always been and continue to be extremely low. I handle everything from bunion and hammer toe correction to neuroma excision to advanced arthritis in the foot and ankle, tendon disorders, flat foot deformity, Achilles tendon problems, fracture work. I have made a difference in thousands of patient's lives in the Southwest Florida area, and if you have a foot and ankle problem, I would like the opportunity to make a difference in yours.

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Swollen, achy legs? It could be your veins.

By Joseph Magnant, MD, FACS, RPVI

Jean,

a 45 year old cath lab scrub tech had been suffering with progressive leg swelling for at least 15 years. Although she did have a history of varicose veins in her sister, she initially did not have any signs of varicose veins, and had been told by a number of medical professionals that her excess weight was the main problem. Compression hose offered temporary and incomplete relief. Exercise was difficult due to the heaviness, achiness and discomfort she had after standing all day in the cath lab. Other symptoms included heaviness in the legs, night time leg cramps and frequent nighttime urination. Ultrasound evaluation confirmed severe bilateral great saphenous vein insufficiency and subsequent radiofrequency endovenous ablation was performed on both legs 2 weeks apart with excellent results. She was seen for her 9 month follow-up the other day and was elated with the relief of her heaviness and resolution of her night time urination.

Heart failure, kidney failure, excess salt intake and obesity are typically at the top the list of causes of swollen and achy legs. However, when one looks across the spectrum of patient ages, the most common cause and most treatable cause of lower extremity swelling and achy legs is venous insufficiency, or venous reflux disease. For many years venous insufficiency was typically referred to as “varicose veins” and if no varicose veins were present the possibility of venous insufficiency was not further considered.



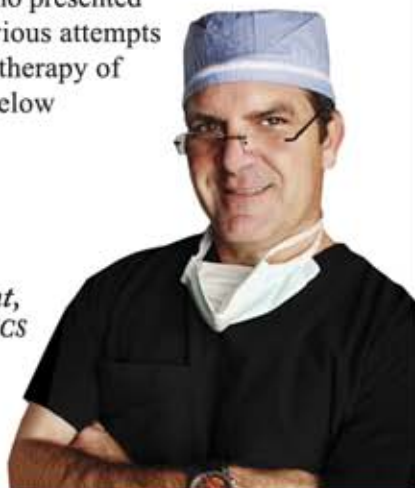
Unfortunately for many patients this is often still the case today. The diagnosis of venous insufficiency as the potential cause for patients’ swollen and achy legs should not be dismissed based solely on the absence of visible varicose veins. To further clarify this point, let it be plainly stated that all patients with varicose veins have some degree of venous reflux disease or venous insufficiency, but not all patients with venous reflux disease or leaky vein valves or venous insufficiency have varicose veins. What this means for the average patient with

swollen, achy legs is that the most common cause of their problem, from a statistical perspective, is venous insufficiency, not congestive heart failure, kidney failure, lymphedema, excess salt intake or any other obscure cause. Common things affect people commonly. With approximately 40 Million adults in the USA affected with severe superficial venous insufficiency, many of these patients may have edema or swelling based on increased venous pressure in the legs without “obvious” external signs such as varicose veins, skin color changes or ulcers.

Leaky valves in the superficial veins of the legs lead to increased venous pressure downstream in the calf region. The thin walls of the veins in the legs are only built to withstand 10-15 mm of mercury (mm Hg) pressure, and when the valves are faulty, pressures of 50-70 mm Hg may exist for prolonged periods (8-12 hours/day for many years), resulting in the accumulation of fluid and protein in the skin, fat and muscles of the calves. This fluid and protein actually leaks through the thin walls of the veins into the soft tissue of the legs. Patients may complain of heaviness, achiness or tiredness in the calves usually worse at the end of the day and improved with elevation and rest. Others may also complain of swollen ankles, tight fitting shoes and problems with their legs swelling after long auto or plane trips which make take 3-5 days to resolve. Over time patients may notice that a constant swollen state exists. When one considers that the amount of time we spend upright, either sitting or standing, greatly exceeds the amount of time we spend lying down (as in sleeping), there is a gradual build up of fluid in the legs of patients with venous reflux disease or venous insufficiency. This may also lead to damage of the lymphatic channels in the legs (secondary lymphedema) which may be errantly diagnosed as primary lymphedema. The lymphatic channels normally serve a scavenging function, returning this type of leaked fluid back to the venous circulation via the complex system of lymphatic channels which coalesce into the thoracic lymphatic duct which joins the left internal jugular vein just deep to the left medial collar bone. The build up of protein-rich fluid (serum) in the skin from any cause may lead to an orange skin appearance of the leg skin ("peau d'orange" in French).

Another good example of a patient with swelling as their primary sign of venous disease is a 35 year old healthy woman who presented with multiple previous attempts at injection sclerotherapy of her spider veins below the knee.

*Joseph Magnant,
MD, FACS*



On brief visual inspection, her legs appeared to be "tubular" below the knees. She reported pain, heaviness and achiness at the end of the day and worsening of these symptoms during her menstrual cycle. Her family history was positive for severe venous disease in her mother manifest as terrible varicose veins. She underwent ultrasound evaluation and was found to have severe, correctable superficial venous insufficiency without the more obvious varicose vein presentation. Teachers, nurses, homemakers, auto mechanics, pharmacists, retirees, students may all be affected by leg swelling and aching caused by undiagnosed venous insufficiency merely because they do not have the classic "varicose veins" which many primary and specialty physicians still believe is a requirement for the diagnosis of venous insufficiency. The take home advice for the general public is to remember that lack of varicose veins does not mean lack of venous insufficiency. So if you have swollen achy legs, unexplained lymphedema (usually unilateral), heavy and fatigued legs worse at the end of the day and improved with elevation and rest, night time leg cramps (especially after in bed), restless leg syndrome or nocturnal urination, insist on a venous insufficiency evaluation by a dedicated and well trained vein specialist. A run of the mill ultrasound looking only for clots will not suffice. Venous insufficiency can and should be effectively evaluated and stratified by location and severity by specially trained vascular ultrasound technologists. The modern treatment of venous insufficiency with endovenous

sealing using LASER or radiofrequency energy is an effective, minimally invasive and time tested technique which continues to offer hope for millions of patients with symptomatic superficial venous insufficiency. The diagnosis needs only be first considered in those many patients without varicose veins.

Leaders in Vein Treatment

The modern evaluation and treatment of venous insufficiency is the singular focus of Dr. Magnant and his professional and compassionate staff at Vein Specialists at Royal Palm Square in Fort Myers, FL. He can be contacted either by calling **239-694-8346** or through his website, www.weknowveins.com, where patients can submit their request for an appointment. He encourages readers to review his website which is specifically written for his patients and also take the time to view his photo gallery. Venous disease is not a laughing matter, but sometimes it is only through humor that some of us are motivated to act.

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COPD Care at Home

According to the National Heart, Lung and Blood Institute, an estimated 12 million adults have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), and many more may be living with the disease without knowing it. While there is no cure for COPD, there are treatments that can effectively ease symptoms, cut the risk of complications, and improve a patient's quality of life. Visiting Angels is experienced at working with COPD patients and their family members to manage symptoms and ensure that the patient's home is a safe and symptom-free environment.

Visiting Angels is committed to teaching patients with COPD the skills they need to manage their disease at home. Our Angels are dedicated to improving patients' quality of life and preventing repeated hospitalizations due to COPD exacerbation. This involves the coordination of nursing and occupational therapy visits with COPD patients in their home.

Our experienced Angels administer respiratory needs. They also educate patients and their families on nutrition, medication and offer additional resources that can help them manage the disease.

The therapy component to our COPD home care service entails experienced Angels educating patients on breathing techniques that will minimize shortness of breath and other COPD-related signs of distress. Providing patients with energy conservation training and helping them organize their activities for daily living minimizes fatigue and maximizes independence. The home environment is also an important element that is taken into consideration in our COPD home care service. By administering home assessments, Visiting Angels is able to evaluate the home setting (e.g. furniture set-up, layout of rooms and walking paths) and make recommendations to improve in-home safety and make the home environment an easier terrain for homebound COPD patients.



Visiting Angels believes people with COPD can lead active and full lives. By diagnosing the disease early, treating symptoms, reducing the risk of complications and educating patients and families about COPD, our home care staff aims to improve patients' quality of life. Our goal is to help people with COPD take charge of their breathing and regain or maintain control of their lives by becoming actively involved in the management of their disease.

Contact Visiting Angels to learn more about the benefits of in-home care for individuals with COPD.

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The Importance of Vaccinations

The debate over vaccines has caused a bit of a firestorm lately. The controversy usually revolves around the safety of use in infants or children. Lately, however, adults and seniors have been thrust into this debate as well. It seems that everyone has an opinion on the matter without much, or any, research. Vaccines have a significant and interesting past, as well as a promising future. To understand their true benefit, you should be knowledgeable of both sides of the vaccine debate.

Why do some question Vaccinations?

A few years back, a British physician named Andrew Wakefield started what is now commonly called the "vaccine debate". While observing a dozen children that were in treatment for a bowel disease, he realized half of them were autistic and that all of those had the MMR vaccine (measles, mumps, and rubella vaccine). He drew the conclusion, strictly from this one observation, that the vaccine is what caused the autism. For parents of children with autism, this was difficult to hear. Thus, the suspicion of vaccines was created. Even after the Institute of Medicine declared through many studies and research that the MMR vaccine did not cause autism, the speculation remained. Parents are advised to speak with their physicians and become educated on the pros and cons of getting their children vaccinated. Only facts will help you decide what is best for your child.

How have Vaccinations shown their worth?

Back in the early 1950's, Polio was a terrifying epidemic. It was one of the worst outbreaks in United States history. There were over 3,000 deaths in 1952 alone and that number was only growing. Shortly after the peak of Polio, there was finally a vaccine perfected to eradicate the disease. The last known case of Polio in the United States was back in 1979. Without the vaccine, hundreds of thousands, even millions more would have been affected by the crippling disease. In those days there were no questions whether it was safe to be vaccinated or not; the fear of Polio eliminated any hesitation by parents to vaccinate their children. Those vaccines proved to do exactly what they were designed to do, prevent further polio outbreaks.

Does my Age affect which Vaccinations I should get?

As we grow older we tend to put many things behind us, some good and some bad. There is a notion that getting shots is for the younger generation. Some believe getting older means being less susceptible to diseases, when in fact it is just the opposite. There are certain diseases that seniors are actually more prone to; such as Shingles, Pneumococcal Diseases, and Influenza.



• **Shingles** is actually caused by the same virus that creates Chicken Pox. Shingles is a painful rash that triggers water blisters on top of the epidermis layer of the skin. Outbreaks from this disease can last a few months or even years. Immunization for shingles is recommended for people 60-years-old or older. Receiving the vaccine for Shingles has been shown to cut the percentage of occurrence by 50%.

• **Meningitis, Pneumonia, and Bacteremia** are all classified in the Pneumococcal Disease category. All can be very serious, and even deadly, to the elderly. PPSV (Pneumococcal Polysaccharide Vaccine) protects against 23 types of pneumococcal bacteria. This vaccination is recommended for all adults 65-years-old or older. It has a success rate against Pneumococcal Diseases of 60-80%.

• **Influenza**, or the *flu*, has also been a problem for the elderly. Getting the flu at an older age, when the immune system is not as strong, means it may last longer and have a more harmful impact. Flu Shots do not truly start to work until a few weeks from the time of immunization, when it becomes fully developed in the body. The Flu shot should be taken a few weeks, to a month, before National Flu Season, which occurs in November.

While there are always two sides to every topic, we have some of the most credible and educated physicians right here in Southwest Florida. Contact your local physician to learn your options and understand the facts about certain vaccinations. Receiving vaccines can protect you or a loved one from numerous complications.

Banyan Assisted Living wants you to be knowledgeable about vaccinations and their importance to the elderly. They are devoted to bringing the elderly a healthy, happy, quality lifestyle. For more questions regarding their upscale senior living community call (941) 412-4748. They are located near the Gulf of Mexico at 100 Base Avenue East, Venice, FL 34285.

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Living with COPD

You may live with it, and not even know it!

Nurse On Call, joins the National Heart, Lung, and Blood Institute's COPD Learn More Breathe Better® campaign in observance of National COPD Awareness Month, this November, by hosting a series of educational workshops and screening. COPD (chronic obstructive pulmonary disease) is a serious lung disease that over time makes it difficult to breathe. Also known as emphysema and chronic bronchitis, the disease develops slowly and worsens over time — causing many to dismiss symptoms and delay seeking diagnosis and treatment until COPD is in its late stages. According to the Centers for Disease Control and Prevention, COPD is now the 3rd leading cause of death in the United States, COPD is estimated to affect 24 million people nationwide, yet as many as half remain undiagnosed.

"We often see symptoms of COPD, such as a chronic cough or shortness of breath, mistaken as a normal sign of aging or being out of shape. That is why this November, during National COPD Awareness Month, Nurse On Call is providing community seminars and screenings to raise awareness of COPD and encourage individuals who may be at risk to talk to their health care provider," said Denise Handlin, Respiratory Therapist for Nurse On Call.

Many people who suffer from COPD may visit their doctor regularly but not mention the symptoms — either because they don't think it matters or they forget they even have the symptoms. Raising awareness of the signs and symptoms of COPD is critical to getting patients and providers talking in the exam room — and ultimately to facilitating earlier diagnosis and treatment.

Symptoms of COPD include shortness of breath, chronic coughing or wheezing, producing excess sputum, or feeling unable to take a deep breath. COPD most often occurs in people age 40 and over with a history of smoking (either current or former



smokers). However, as many as one in six people with COPD have never smoked. Long-term environmental exposure to things that can irritate your lungs as well as certain genetic conditions can also play a role.

Nurse On Call is so committed to COPD and other respiratory ailments that they added a Respiratory Therapy Team. This is a non billable service designed to improve the quality of life and patient outcomes. Nurse On Call is one of the very few Home Health agencies in the country who has a full time RT to assess and individualize patients needs based on diagnosis and disease process. The therapist helps patient with breathing techniques, medication management, educating caregivers, teaching caregivers on trach patients and troubleshooting bipap/cpap patients. Therapist can even perform pulmonary rehab in the home for the COPD patient.

The Pulmonary Rehab and education management process may include a variety of different disciplines along with the Respiratory Therapist such as, Home Nursing, Psych Nursing, Physical and/or Occupational Therapy visits and Social Services. For more information about Nurse On Call's COPD specialty services please contact your local branch at:



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There Are New Treatments for Incontinence in Both Men & Women!

By Dr. Carl Klutke

There are two types of incontinence that affect both men and women. Stress and urge incontinence but there are new treatments available that are covered by your health insurance.

Stress incontinence is leakage that occurs with physical stress, such as a cough or strain – especially during exercise like gardening or golf!

Urge incontinence symptoms can include a sudden, uncomfortable need to urinate with or without urine leakage. Initial treatment combines muscle relaxers, and learning new techniques that include timing voiding intervals, reducing fluid intake and exercising pelvic floor muscles. Newer, and less invasive, procedures now provide an interim step, such as sacral nerve stimulation and Botox injections.

Sacral nerve stimulation is used to quiet an overactive bladder by sending controlled pulses of electrical energy to the nerves. This concept is similar to a pacemaker. Usually, after seven days of test stimulation, an outpatient surgery can be scheduled to implant the pacemaker, using local anesthesia with sedation.

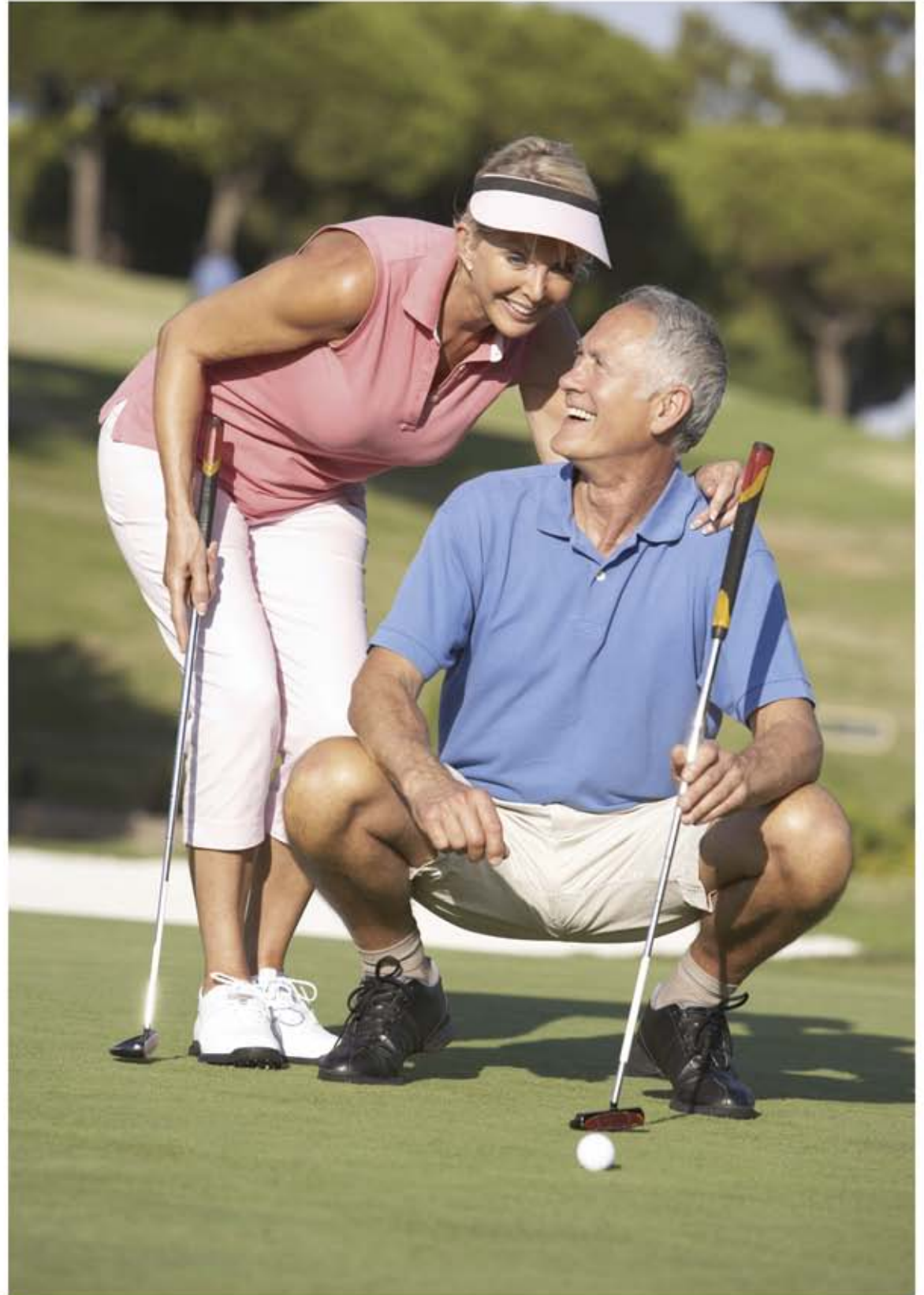
Botox is a neuromuscular blocker used for bladder relaxation in cases that are un-responsive to medication. Botox blocks the nerve endings to the bladder, thereby preventing spasms that cause the urinary urgency and incontinence. These injections have been shown, in numerous published studies, to be very effective, lasting six to eight months. Subsequent injections normally prove to be as successful as the initial treatment.

For stress incontinence, when medication, and/or either of the non-invasive treatments are not successful, there is a procedure that has been refined over the past twenty years, the urethral sling. This outpatient procedure is done under local anesthesia and requires minimal recovery time.

All of the above treatments are covered by Medicare and most commercial health insurance plans. All procedures are pre-authorized for payment.

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Hearing Resources Part 2

By Dr. Noël Crosby, Au.D.

Another great resource for hearing aid users are hearing loop systems. The technical name for these systems is Audio Frequency Induction Loop System. In its most simple form, this system utilizes a loop of copper wire around the perimeter of an area that is connected to an induction hearing loop amplifier. A looping system allows the sounds coming from a public address system to be received directly to hearing aids that have a T-coil. This technology expands the functionality of the hearing aids and picks up all the sounds coming from the stage. Always look for this symbol. If you don't see this symbol you should ask if a looping system is present.

What is a telecoil? A telecoil is just a tiny coil of wire inside your hearing aid that picks up electromagnetic signals given off by various devices including loop systems and telephone handsets. The loop wire is the transmitting half of the loop system. The receiving half is the telecoils in your hearing aids. There are a variety of names by which people refer to telecoils. They may call them T-coils, T-switches, telecoils, telephone coils or audio coils. It doesn't matter. All these names refer to the same thing—a tiny coil of wire in your hearing aid. In order to use a loop system, you must have hearing aids equipped with telecoils. Unfortunately, a good number of hard of hearing people do not even know if their hearing aids have telecoils installed or not. When purchasing a hearing aid you should insist that it has a telecoil. Telecoils got the name "T-switch" from the switch on the analog aids that typically switched between "M" for microphone, and "T" for telephone. Now, it is your hearing aids' job to convert this magnetic signal into sound you can hear. When you switch your hearing aid from its microphone to its telecoil, all you are doing is connecting a small coil of wire to the input of the hearing aid's amplifier instead of its microphone. This tiny coil of wire is sensitive to nearby magnetic fields such as the one produced by the loop system. The changing magnetic field in the room loop induces a corresponding electrical signal into the telecoil. The hearing aid amplifier then amplifies this signal and you hear a faithful reproduction of the original speech signal. This technology works better than Bluetooth technology because there are several factors that act as limitations to Bluetooth.

First, Bluetooth is not built into hearing aids (it's in the remote) because it uses too much power and drains the hearing aid's batteries too fast. You must have a remote with you in order to use Bluetooth with your hearing aids. In contrast, t-coils don't use any extra power, and don't require any extra items to be hung around your neck in order to use them either.

Second, Bluetooth was designed to be paired with one other device at a time for privacy issues. For example, no one could connect to, and overhear, your phone call. If Bluetooth were provided, only one person in the entire church or meeting could pair to the Bluetooth system; this would leave all the other hard of hearing people without any help. In contrast, as many people with t-coils in their hearing aids as can fit into the looped room can use a loop system at the same time.

Third, Bluetooth has a very limited range. The theoretical limit is 33 feet. Thus, in a large room, unless you sit within 20 to 30 feet of the Bluetooth transmitter, you will not be able to hear. A loop system allows you to sit anywhere in the looped room and hear wonderfully well.

Two other types of listening systems are Infrared and FM. The US has chosen to use more Infrared and FM systems, while Europe has been using loop technologies for 40-50 years; however, there are disadvantages to using Infrared and FM systems: both systems require the use of a special headset; neither are compatible with hearing aids. Infrared suffers quite badly from shadowing, this means that the signal is lost when there is no direct line of sight from the receiver to the transmitter. FM's suffer from loss of signal and privacy issues. FM also requires a different frequency for each venue, this means that a different headset is required at each location. These systems require the use of a headset; this makes it obvious that a person needs assistance. Sound may leak out of the headset and disturb others around the wearer.

The most important aspect of a Loop System for a hearing instrument user is the fact that they can continue to wear their hearing instruments and have the sound broadcast directly into their ears. Hearing aids have a prescriptive value and are programmed

to allow the wearer to have clearer hearing. The hearing aid delivers customized sound to address a person's own unique hearing loss. If a person has to remove them to wear a headset, they lose that prescription. It would be like taking off prescriptive eyeglasses to wear non-prescription sunglasses.

There is a website that you can visit that will let you enter a location and it will find which venues are looped near that location. This website is <http://www.alldlocator.com>.

Coming Next Month: Hearing Resources Part 3: Brain Fitness & Local Support Groups.



PROFESSIONAL BIO

Dr. Noël Crosby, Au.D., owner and practicing audiologist at Advanced Hearing Solutions in Englewood, FL is an experienced professional whose career has been devoted to helping people of all ages hear and understand more clearly.

With over 23 years of experience, Dr. Crosby's career path is marked by the pursuit of advanced education. After completing her undergraduate requirements, she received her Bachelor and Master of Science degrees from Florida State University and her Doctorate in Audiology from the University of Florida.

Her credibility as an authority grew during her tenure as the Director of Audiology at the Silverstein Institute in Sarasota, FL from 1991-1998. Today, in addition to managing a successful audiology practice, Dr. Crosby just completed her second term as president of The Florida Academy of Audiology.

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Noël has been in the audi-
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years. Having received her
doctorate in Audiology
from UF, Noël has applied
that knowledge to her work
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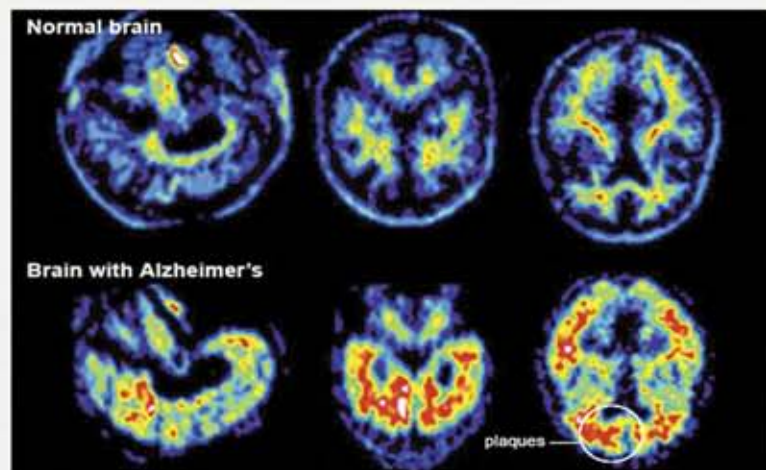
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Alzheimer's Disease Are You at Risk?

By Advanced Imaging of Port Charlotte

Alzheimer's is the most common type of dementia that can cause problems with thinking, memory, and behavior. Fifty to eighty percent of dementia cases are patients with Alzheimer's. The disease progressively gets worse, interfering with daily tasks. The disease is fatal and there is currently not a known cure. Although Alzheimer's mostly affects people 65 and older, it is not just a disease of old age. Close to four percent (or 200,000) of Americans, with the disease have early onset, also known as younger-onset, which appears when they are in their 40s or 50s. In the early stages of Alzheimer's, memory loss is mild. However, as the disease progresses it can cause a person to lose their ability to respond to their surroundings and lose their ability to carry on a conversation. Alzheimer's is the sixth leading cause of death in the United States. On average, people live eight years after their symptoms are noticeable to others. However, survival can range from four to 20 years depending on age and other health concerns. (Source: www.alz.org)





Not everyone will experience the same symptoms or progress at the same rate. However, Barry Reisberg, MD, clinical director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center, created a 7 stage framework for the disease:

- Stage 1: No impairment. The person does not have any memory problems
- Stage 2: Very mild cognitive decline. Person may feel as if they have memory lapses, but can't be detected by an exam.
- Stage 3: Mild Cognitive decline. Family, friends, and co-workers begin to notice difficulties like remembering names, the right word, losing valuable objects, trouble organizing, etc.
- Stage 4: Moderate Cognitive decline (early-stage Alzheimer's). Medical interview should be able to detect it. Symptoms include: forgetfulness of recent events, impaired ability to perform challenging mental arithmetic, forgetfulness about one's own personal history, moody, and greater difficulty performing daily tasks.
- Stage 5: Moderately severe cognitive decline. Gaps in memory and thinking are noticeable and they begin to need help with day-to-day activities. At this stage, they will not be able to recall their own address; they are confused about what day it is; and they need help choosing clothes.
- Stage 6: Severe cognitive decline. Memory continues to get worse, personality changes get worse, and they need extensive help with daily activities.
- Stage 7: Very severe cognitive decline. They lose the ability to respond to their environment, to carry on a conversation, and eventually to control movement. (Source: www.alz.org)

An important aspect of treatment is early detection. The FDA approved a new technology to detect Alzheimer's, called Amyvid. Its radioactive dye is used with positron emission tomography (PET) to visualize amyloid plaque buildup in the brain. It's designed to be used on adult patients with cognitive impairment. A negative Amyvid scan shows scarce plaques and is inconsistent with a diagnosis of Alzheimer's. It also reduces the likelihood that a patient's cognitive impairment is caused by Alzheimer's. A positive Amyvid scan indicates moderate to frequent amyloid neuritic plaques; neuropathological examination has shown this amount of amyloid neuritic plaque is present in patients with the disease, but may also be present in patients with other types of neurologic conditions along with older people with normal cognition. In other words, if a patient with dementia does not have amyloid buildup, then the cause of dementia is likely not to be Alzheimer's. (Source: www.alz.org)

Advanced Imaging of Port Charlotte is currently the only area imaging facility that offers the Amyvid exam. Advanced Imaging strives to provide the residents of Port Charlotte and the

surrounding communities with superior diagnostic testing performed on the highest level equipment. Advanced Imaging, headed by Thomas Fabian, MD, Medical Director has been the premier imaging facility in Port Charlotte since 2005. Advanced Imaging has the distinction of being ACR accredited and is staffed by only board certified radiologists. Testing available includes: MRI, CT, DaTScan's, Breast MRI, Digital Mammography, Interventional Radiology, Nuclear Medicine, Prostate MRI, Ultrasound, Cardiac PET, CT Angiography (CTA), DEXA (Bone Density), Digital X-ray, MRA and PET scans and Amyvid exams. For your convenience Advanced Imaging is open Monday thru Saturday from 7-7. Advanced Imaging is a participating provider with Medicare and all major insurances. Any questions, please call 941-235-4646.

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The Path Towards **Diabetes**: How to **Avoid** America's Newest Epidemic

Education & Prevention is Your Best Protection

Written by Carolyn Waygood, Certified Natural Health Professional and Plexus Health Ambassador

With diabetes diagnosis on the rise, and excess weight and elevated glucose/insulin levels linked to a higher risk of serious illnesses (see "Complications" box), it is important everyone learn how to better maintain healthy blood sugar and insulin levels. The two primary forms of diabetes – **Type 1** (once referred to as *Juvenile Diabetes*) and **Type 2** (once referred to as *Adult-Onset Diabetes*) – are associated to vastly different physical issues, but share a common thread: the body's inability to process blood sugar which results in elevated glucose levels.

Complications from Diabetes

- Cardiovascular Diseases (hypertension, heart attack, and stroke)
- Eye Complications (including blindness)
- Kidney Disease (Kidney Failure)
- Nerve Damage & Neuropathy
- Skin Complications (such as infections, sores, and slow wound healing)

Different Forms of Diabetes

Today, most health professionals avoid reference to 'juvenile diabetes' and 'adult-onset diabetes' because these diseases are now affecting people of all ages, and for different reasons. What was once a disease seen only in adults, Type 2 diabetic symptoms are now seen in children as young as 5 years old! Type 1 Diabetes, typically diagnosed in children, occurs when the pancreas is incapable of producing insulin – the hormone required to escort glucose into the cells where it can be used for energy - thereby causing chronically high blood sugar levels. Why is the pancreas dysfunctional in these cases? It could be due to genetics, injury from a childhood illness, or other catalyst that damages the beta cells of the pancreas responsible for manufacturing insulin. By contrast, in Type 2 Diabetes, the pancreas is able to produce insulin, but either not enough to meet the high demands of high blood sugar levels, or not enough to overcome a resistance to insulin by the body's



cells. Although physically different, Type 1 and 2 Diabetes can both lead to chronically elevated glucose levels which may become toxic to the body.

The Threat of High Blood Sugar

The link between excess weight and high glucose/insulin levels to the increased risk of breast, prostate and other cancers was widely publicized throughout October, Breast Cancer Awareness Month. Why? "In the case of postmenopausal women", explains Carolyn Waygood, CNHP and a local breast health specialist, "the primary source of estrogen in the body is fat cells, and estrogen plays a key role in the development and growth of breast, prostate, and other cancers." Fat, and the estrogen by-products these cells produce, is not the only problem. Women with high blood glucose and insulin levels, something often seen in overweight people, have a **283% greater risk** for breast cancer than those who maintain healthy glucose/insulin levels. High blood sugar and insulin levels have also been directly linked to an increased risk of prostate cancer in men.

The International Diabetes Federation (IDF) recently published new data indicating the enormity of the diabetes epidemic, stating "the disease now affects a staggering 246 million people worldwide, with 46% of all those affected in the 40-59 age group." According to IDF President-Elect Martin Silink, "The diabetes time bomb has been ticking for 50 years, and it's been getting louder. Despite the warning, successive generations of world leaders have largely ignored the threat."

Preventing the Progression

"Type 2 Diabetes", explains Ms. Waygood, "is a progressive disease that may take years, or decades, to develop. Early signs are referred to as *Metabolic Syndrome*, or *Syndrome X*, which when left untreated progresses to pre-diabetes, which progresses to full-blown diabetes as the body continues to wear down." According to the American Diabetes Association, the development of Type 2 Diabetes is characterized by a decline in β -cell function (the pancreatic Beta-cells responsible for producing insulin) and the worsening of insulin resistance. Natural supplements and food sources that help reduce the amount of sugar in the body (and thus support healthy levels of insulin), strengthen the functions of the liver and pancreas, as well as increase cellular sensitivity to insulin can all help reduce a person's risk of these, and other, sugar-related diseases. "Many of these natural substances", notes Ms. Waygood, "are included in the effective formula of Plexus Slim, and its companion product, Plexus Accelerator or BOOST, which work synergistically to help the body better manage blood sugar while also providing the added benefits of appetite control, increased insulin sensitivity, support for healthy cardiovascular functions, weight loss, and more. By stopping the progression of diabetic symptoms, we can reduce the number of diabetes diagnosis!"

Plexus Slim was initially formulated to help Type 2 Diabetics naturally regulate blood sugar, and better metabolize & utilize carbohydrates which are broken down into glucose. A natural powdered drink mix derived from plant-extracts, the Plexus Slim formula yields other health benefits including lowering LDL (bad) cholesterol, balancing blood pressure, reducing

Plexus Slim & Accelerator/BOOST provide a natural approach to glucose & insulin management, as well as weight loss.

3-Day Trial: \$15
7-Day Trial: \$30
30-Day Supply: \$99.85

excess body fat & inhibiting fat storage, helping control the appetite, and improving metabolism. The end result: **healthier glucose and insulin levels, and more permanent weight loss!** Why more permanent? Since Plexus works at the cellular level re-programming bodily functions to better process sugar and control food portions, more long term weight management becomes a natural function of the body. The body simply starts to process sugar better requiring lower levels of insulin.

Managing Glucose & Insulin is the Key

“How your body processes sugar plays a vital role in maintaining healthy insulin levels”, explains Ms. Waygood, who is also a Diabetes Educator and Weight Loss Coach. “While some people have optimal sugar-burning processes, others find themselves challenged in breaking down ingested sugars, managing the glucose levels in the blood, and getting glucose into cells where it is used for energy rather than stored as fat.” Multiple processes have to work properly in order to effectively process sugar in your body. Breaking down sugar sources (the process of digestion) into usable glucose, and then turning glucose into energy (the process of metabolism) are functions that are often deficient in pre-diabetics. Plexus Worldwide just released a 3rd product in their weight-loss arsenal, called Plexus BLOCK, which contains white kidney bean extract and a proprietary blend of seaweed that inhibits the process of turning carbohydrates into glucose (sugar). By slowing the conversion of carbs to glucose, BLOCK leaves behind less glucose for the body to turn into fat. When one combines the powers of Slim, Accelerator/BOOST, and BLOCK - all formulated with over two dozen phytonutrients that help the body turn glucose into energy, inhibit fat storage, control the appetite, enhance the action of insulin and increase insulin sensitivity - the result is a biochemical tune-up of the body that leads to healthy glucose/insulin management and more permanent weight loss.



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1 bottle: \$39.95



Ronnie Grubbs, Owner of Ronnie Grubbs & Associates, an independent insurance agency in Bradenton, Florida, with Carolyn Waygood, CNHP and Plexus Representative.

“Plexus made a lot of difference in my life!”

Ronnie Grubbs, LUTCF, owns and operates an independent insurance agency in Bradenton, Florida, and has struggled with managing diabetic symptoms most of his adult life. Working long hours to build Ronnie Grubbs & Associates, located on 26th Street West in Bradenton, and entertaining clients frequently, led Ronnie to a life of unhealthy food choices, over-sized portions, and Type 2 Diabetes. Recently, Ronnie turned 80 years old and celebrated because he lost over 65 pounds, and reduced his diabetic medication using the Plexus weight loss products. “Plexus helped me overcome my food cravings, and has enabled me to make healthier food choices”, explains Ronnie. After drinking Plexus Slim and taking one Accelerator or BOOST capsule daily for almost a year, Ronnie met his weight loss goals, feels great, has incredible energy, and has been able to reduce his blood pressure medication. “I never imagined I would feel this good when I began the Plexus program”, Ronnie admitted. “The Plexus products have truly changed my life!”

Who wouldn't want more energy? By helping the body maintain healthy levels of blood glucose and insulin, people can achieve greater energy, as well as lower their risk of diabetes and other diseases significantly. Plexus Slim, Accelerator or BOOST, and BLOCK provide a natural and more complete approach to glucose & insulin management, as well as weight loss, than any other product on the market! Using Plexus products as her guide, Ms. Waygood has helped countless local residents better control diabetic symptoms, and improve their overall health.

For more information about Plexus products contact Carolyn Waygood, CNHP, at (941) 713-3767 or email her at Carolyn@LoseWeightFL.com. You can also visit www.WAYGOOD.MyPlexusProducts.com or www.LoseWeightFL.com where you can learn more about Plexus products. Ms. Waygood provides **FREE health education seminars** to groups of all sizes, and free weight-loss and diabetes coaching to Plexus customers.

Visit with Carolyn at the Plexus Super Saturday Health Event on Nov. 15th at 3:00 PM hosted at Ancient Ways Martial Arts Academy, 3405 Cortez Road West, Bradenton, FL 34210. R.S.V.P. and receive a FREE gift upon arrival!

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New Advances in Compression Therapy for Limb Swelling

By Alyssa Parker

A common challenge faced in the medical field is finding the cause of an individual's limb swelling. Any limb swelling may be your body's way of letting you know there is a potential underlying condition that can cause even more damage if left untreated. When swelling in a limb becomes chronic, pinpointing the origin is vital to getting proper treatment. Some of the most common diagnosis are venous insufficiency and lymphedema.



Fluid accumulation can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. Recent studies show that nearly 7 million people in the United States suffer from venous disease. While 2 to 3 Americans suffer from secondary lymphedema.

Chronic venous insufficiency (CVI) is when blood is unable to circulate from the lower limbs back to the heart. CVI is caused by incompetent valves and venous hypertension, in both parts of your venous system. The venous system is comprised of two parts, deep circulation and superficial circulation which are interconnected by perforating veins. Your venous system is an important component to delivering blood to the heart, then passing it through the lungs to obtain oxygen. The oxygenated blood is then delivered to the lower limbs.

Venous hypertension leads to secondary Lymphedema from the lymphatic system's inability to keep up with an abnormally high demand of protein rich fluid. Lymphedema is chronic swelling from protein-rich fluid accumulation in the tissue. Lymphedema occurs secondary to CVI when the lymphatic system is obstructed causing damage, blockage, or abnormal development. Primary Lymphedema can be hereditary or congenital, where an individual is born with a compromised lymphatic system.

Risk Factors

Once your circulatory system has been obstructed leading to venous insufficiency or lymphedema this may lead to an interruption in the venous and lymphatic flow. Both diseases are manageable and treatable however there is no cure for either one.

Risk factors may include:

- Unknown swelling of a limb
- Family history
- Invasive surgical procedure i.e. radical cancer surgery
- Chronic open wounds
- Decreased mobility
- Infections such as cellulitis/ lymphangitis
- Skin changes such as discoloration or hardening



Management: Compression Pump

Understanding the ongoing management of both venous insufficiency and lymphedema are important in preventing irreversible damage to the body. Compression therapy along with proper nutrition a healthy diet and exercise are the foundation of a treatment plan. Compression stockings are often difficult to get on with little results for chronic swelling. Diuretics may be harmful for long-term treatment. Compression devices are widely recognized and highly effective treatment. 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.

A pneumatic compression device mimics the muscle contraction that naturally occurs when performing a cardiovascular activity. A compression device is used for both acute care (short term in the hospital) as well as chronic care (long term in the home). The compression pump increases blood flow and lymphatic flow. By increasing the circulation in the affected limb many painful symptoms will be alleviated. When compression treatment is used on a limb the excess fluid is removed and worked back into the lymphatic system the natural way. For patients with chronic ulcers using a compression device will help heal the wound from the inside out, by increasing the circulation in the return of the blood from the heart. The heart delivers oxygen rich blood back to the legs and the tissue speeding the recovery time.

For patients who many have Chronic venous insufficiency a test called a vascular or duplex ultrasound may be used to examine the blood circulation in your legs.

The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual commercial insurance policies. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in treating swollen limbs and chronic wounds.

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For more information and articles on this topic, Google "Acute Wound Care" or visit www.AcuteWoundCare.com or call

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and speak with a specialist.



An Evolving Future of Disease

By Patrick R. Handley, EMS Clinical Coordinator,
Florida SouthWestern State College, Charlotte Campus

Ebola has been an extremely hot topic in the news during the last month. The media loves to sensationalize just about every hot topic that enters the forefront of our minds. Is Ebola another over-sensationalized topic? Or is there merit to the perceived concerns to this "emerging" disease? What is the chance that outbreaks will emerge in our country? What is the fatality rate of this "deadly" disease? There seems to be more questions than answers -- especially one that has been around since the 1970s, but has not really "knocked on our door" until now. Let's examine some of the facts.

The first case of Ebola occurred in 1976 in what is called the Democratic Republic of Congo, near the Ebola River, hence its name. It is currently unknown as to what the source host was, but based on current research, it is believed to have come from fruit bats in the area. There are five different strains of the virus. Four of the five strains currently exist in primate hosts, including humans, apes and monkeys. Since its emergence, there have been many outbreaks in different countries, including Gabon, South Sudan, Ivory Coast, Uganda, South Africa and Liberia.

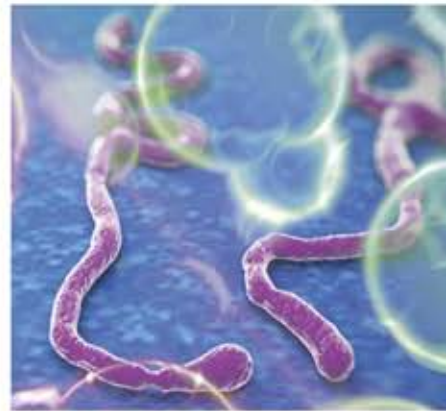
How do we identify this disease in others? Initial symptoms of this disease present with fever, weakness,

muscle pains and aches, headache, and sore throat. These symptoms are not much different from any influenza contracted currently and generally occur within eight to 10 days following exposure. The next symptoms to develop include abdominal pain, vomiting and diarrhea. Then the late signs of coughing up blood, bloody diarrhea, blood oozing from the gums, eyes, nose and ears occur late in the disease process.

Laboratory findings in blood work generally discover a low white blood cell count, a low platelet count and an increased liver enzyme count.

Transmission of Ebola occurs through direct contact with broken skin or mucosal membranes by the infected patient's blood or body fluids (i.e. - urine, saliva, sweat, feces, vomit, breast milk and semen). Contaminated needles can also be the vehicle of transmission. Given these routes of transmission, healthcare workers can best protect themselves by utilizing medical masks, goggles, gloves, gowns, safe injection practices, thorough hand washing and good general hygiene.

There is no current vaccine or medication that has been FDA-approved for the treatment of Ebola. With a



fatality rate of approximately 50 percent of all cases, it is imperative that we find a treatment. There are currently, however, two potential vaccines being worked on that are currently in the human safety testing phase. For now, treatment that produces the best survival rates are early re-hydration of fluids, electrolytes and general symptomatic treatment.

Hopefully you can derive a sound judgment on this disease based on the facts presented in this article. Despite the sensationalistic personality of our media, it would appear there is sound evidence to be concerned about this disease. High fatality rates, no medication, no vaccine and flu-like symptoms early in the disease process all add up potentially devastating results. Our best defense for now may be accurate information about the disease and keeping abreast of movements and outbreaks of Ebola. Stay informed.

Florida SouthWestern State College (FSW) OPEN HOUSE
week from 3-6 p.m. on
November 3, 5 and 6.

All events are free to attend and will be held at FSW's four locations. Attendees are encouraged to register online at www.FSW.edu/openhouse to ensure a quick check-in process. The dates and locations are:

November 3 – Hendry/Glades Center, 1092 E Cowboy Way, LaBelle, Building A

November 3 – Charlotte Campus, 26300 Airport Rd., Punta Gorda, Bell Tower

November 5 – Collier Campus, 7505 Grand Lely Dr., Naples, Building M

November 6 – Thomas Edison (Lee) Campus, 8099 College Pkwy., Fort Myers, Building U

Biography
Center for Disease Control website,
www.cdc.gov/vhf/ebola

WebMD website, www.webmd.com/a-to-z-guides/evola-fever-virus-infection

World Health Organization website,
www.who.int/mediacentre/factsheets/fs103/en/

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By Dr. Joseph Farag

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You can then watch your dentist design your new restoration on a computer screen, right beside the dental chair using the 3D image created by the camera. The virtual filling is then transferred into reality, again using CEREC. A solid block of porcelain ceramic is inserted into the CEREC milling unit. Special tools then sculpt your restoration to the finest detail based on the restoration designed on the CEREC computer.

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The Lost Art of Play

By Tara Moser, LCSW, RPT-S

Your child comes home and is full of energy. Homework needs done, you have work to do, the laundry is waiting, and you feel as if your child is going to destroy the house with the tornadic energy being experienced. Our society has become so fast paced and full of multi-tasking that play no longer seems to come naturally to adults or children, let alone seem important. Most schools have cut out recess and other outlets in which energy could be expelled to add more time for test preparation. Therefore many homes have reduced extracurricular sports and activities as well as free play in the neighborhood to make room for homework and tutors. It is important to incorporate play into daily activities.

Many parents and caregivers have admitted to not knowing how to play or feeling as if they do not play properly with their children. In order to engage in playing with those loved ones, it is important to consider your definition of play. There is no right or wrong answer to this and I encourage you to take a minute while reading this to stop and write down your definition before continuing to read.

Ok, now that you are back with your definition, I will share with you what the Oxford definition of play is: a verb; to amuse oneself, sport, frolic, or employ oneself in a game. My definition, as a counselor practicing play therapy, is: play is a child's work where toys are utilized as tools--in children; it is supposed to be a pleasure filled activity.

There is much that can be learned to understand play, such as the two different categories (recreational/free play and structured/filial play) and four types of play (imaginative, constructive, creative, and physical). Good toys are an important issue to discuss because "good toys" are not the latest X-Box® or mini-motorcycle. Toys must be able to fit in small hands, be durable, be manipulable, and appeal to the senses. As a parent, ask yourself "will I play with it?" If the answer is "no" or "I'm not sure", then don't buy it. Expensive is not always the answer and sometimes the play can come in the crafting of the toy. For example, making your own noisemaker by filling a bottle with beads appeals to three senses of the child and



also allows a process of creation and pride toward the toy being created. Toys can be made with everyday items in the home, such as cardboard boxes, paper towel rolls, and baking products (to make things like slime and play-doh).

Keep in mind, that there is not always one correct way to do something. I have found that this thought is one of the hardest for parents to accept because it causes disorder—and most people do not like disorder. Toys come with directions and games with rules, which lead many people to believe that is the only way to use the toy and game. Learning that you can stop caring about realism while engaging in play with your child is one of the best lessons to be learned. What does it hurt to use a play vacuum on the table or wall instead of the carpet? Why can't a doll wear one sock and two different shoes? Children learn and grow through play and will begin to feel restricted and unable to please their parents if parents cannot let go of the need for perfection and correct use of toys. If the game or toy is age appropriate and a lesson can be learned from it, such as a game of memory that encourages learning of the alphabet or numbers, then teach them to play, however be open to allowing other times of play where everyone can change the rules to appeal to each individually.

The final tip I have for parents is to not lead during playtime. Children unconsciously copy adults and older children while playing and tend to not always use their imagination if that opportunity is restricted. I would like to encourage you, as the parent, to refrain from giving an opinion, even if the child seeks it. For example, if a child asks her mother if she should paint the tree blue or green, the mother should ask her daughter which color she would like to paint the tree and encourage

self choice. Children ask questions such as these because parental approval is important to them. It is important to remind ourselves that the child already knows what they want to color the tree, but wants to make sure approval is there or she will not go with her original instinct.

By allowing your inhibitions to go and scheduling play time with children, you will increase your closeness and encourage self expression. At times you may learn something through your child's play that they haven't told you. Please do remember that children spend most of their day in structured learning activities, so it is important to play at home before doing homework. Please take time to play as an adult, with other adults as well and this will increase your own energy and value toward your child's play.

.....
Tara Moser, LCSW, RPT-S specializes in working with children, adolescents, and families. She has a Master's Degree in Social Work from the University of Central Florida, is a Licensed Clinical Social Worker in the State of Florida (#SW8379), and a Registered Play Therapist Supervisor through the Association for Play Therapy. Tara also specializes in Play Therapy with children 2 -18 years old, as well as incorporates pet-assisted play therapy into some of her clinical work utilizing her two dogs Abbey and Bode.

Tara has worked in a variety of therapeutic roles including foster care, non-profit family counseling, non-profit individual counseling, elementary school based counseling programs, adolescent drug prevention/intervention, behavioral therapy with autism, domestic violence counseling, and supervised visitation, in addition to her private practice.

Tara's counseling approach is client centered in that each session is unique to meet the client's needs and utilizes tools that are most effective for the client such as play, music, pets, and art. More often with the younger children, non-directive and directive modalities of play therapy are utilized. Cognitive-behavioral approaches and family system approaches are also utilized.

Learn more on our website at
www.deltafamilycounseling.com

Tara Moser, LCSW, RPT-S

239-540-1155

ABC's of MEDICARE!

Answers to help you make the right decisions.

The annual election period runs from October 15 through December 7. During this time, those on Medicare have to make decisions and select options that will affect their health and financial wellbeing.

In the weeks leading up to October, Medicare beneficiaries will receive between five and ten pounds of printed materials, all containing information about Medicare benefits and options. Most of this unsolicited mail is required by the Center on Medicare and Medicaid Services (CMS), to inform beneficiaries of any changes to the plans they currently have and to reinforce the basic benefits of original, or standard, Medicare.

Medicare does not lend itself to simple explanation. With the influx of information pouring in, many people become overwhelmed and can get easily confused when it comes to making decisions about Medicare and supplement coverage.

Medicare does not lend itself to simple explanation. Like all health insurance coverage, little appears to be in black or white, with gray areas dominating specific landscape. Sifting and sorting through all of the Medicare paperwork is a daunting task, most people simply want to know where they can easily find answers to their specific questions and concerns about their coverage.

The best place to start is at the beginning, which is original Medicare, often referred to as standard Medicare. Original Medicare consists of two parts, A and B, both of which carry annual deductible amounts that the patient must meet before Medicare coverage begins.

Part A covers services of medical entities: hospitals, skilled nursing care facilities, home health care and hospice care treatment. Part A does not have a cost for those that have worked over 40 quarters and contributed into the fund.

Part B is optional but it non-institution expenses, like doctor office visits, inoculations, medical tests and other outpatient services. This optional coverage currently

costs \$104.90 per month, unless your income exceeds \$85,000. For those receiving monthly Social Security payments, the government will deduct this premium for you.

Generally, original Medicare will pay 80% of the approved medical bills, leaving the beneficiary to pay the balance out of pocket. This is where the need to make informed decisions begins. And this is where the typical beneficiary needs assistance to sort through the stack of printed material on the kitchen table.

There are currently three different choices for Medicare recipients:

1. A popular choice is to do nothing or add an Rx plan, called Part D, to reduce the cost of prescription drugs. Part D coverage can be a wonderful benefit for seniors who must continue a regimen of expensive medications on a regular basis.

2. Another is to enroll in a supplement plan. Supplement plans are offered by independent insurance companies and regulated by CMS. Supplements are identified by alphabet codes (A, B, C, H, K, L, N, etc., etc.) adding to the confusion. Each letter defines what the plan pays for and how much the beneficiary is responsible for. For example, all Plan F supplements cover the balance that original parts A & B do not cover, no matter which insurance company offers it. However, regardless of which insurer offers a supplement, all plans with the same alphabetic designation are the same in benefits although they may not be priced the same. This is an area where a trusted, unbiased advisor can offer great assistance.

3. A third choice, rapidly gaining in popularity is Part C, or Medicare Advantage Plan. These plans, offered by independent insurers under CMS regulation, most times offer a combination of Parts A, B and D. The advantage plans offer a lower cost of reducing the medical expenses because CMS pays a major part of the premium to the private insurer. Part C enrollment is increasing because it effectively replaces Parts A and B and it contains additional services like dental and vision as well.

Here is just one example of how a Part C plan helped a particular client save substantial out of pocket expenses. This person was hospitalized for over 30 days, the bill was over \$600,000 but after his Advantage Plan benefits, he was personally responsible for less than \$3,000 and he has no monthly premium.

If you or a loved one have any questions about the different parts of Medicare and their costs, please don't hesitate to speak up and ask questions. As you can see, from the above example, the right decision can affect both health and wellbeing for years to come.

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November is Diabetic Eye Disease Awareness Month

DIABETIC EYE DISEASE - A LEADING CAUSE OF BLINDNESS AND VISION LOSS

By Jonathan M. Frantz, MD, FACS

Diabetic Retinopathy, a condition occurring in people with diabetes, causes progressive damage to the retina, the light sensitive lining at the back of your eye. It is a serious sight-threatening complication of diabetes.

Local Ophthalmologist Jonathan M. Frantz, MD, FACS, joins the American Academy of Ophthalmology in reminding those who have diabetes or are at risk for the disease—especially people with black, Latino, Native American or Pacific Islander heritage — that having an annual dilated eye exam is an important step toward protecting your eyes and vision, along with proper medical care, careful glycemic (blood sugar) control, and other lifestyle choices that reduce the health impacts of diabetes.

According to Dr. Frantz, medical director of Frantz EyeCare, “The earlier diabetes is caught and appropriate lifestyle changes and treatment begin, the better the chance of avoiding vision loss and other health consequences.”

Symptoms of diabetic retinopathy include:

- Seeing spots or floaters in your field of vision
- Blurred vision
- Having a dark or empty spot in the center of your vision
- Difficulty seeing well at night



Dr. Robert Sherman and Dr. Oren Plous, retina specialists at Frantz EyeCare, work closely with the other doctors at Dr. Frantz’s practice and area primary care doctors to provide quality, patient-focused eye care that is so important to patients with diabetes. Prolonged periods of high blood sugar may lead to the accumulation of fluid in the lens inside the eye that controls eye focusing.

This changes the curvature of the lens and results in the development of symptoms of blurred vision. The blurring of distance vision as a result of lens swelling will subside once the blood sugar levels are brought under control. Better control of blood sugar levels in patients with diabetes also slows the onset and progression of diabetic retinopathy.

An eye doctor is an important member of the diabetes health care team. Often there are no visual symptoms in the early stages of diabetic retinopathy. Part of living with diabetes and successful eye care is having a comprehensive dilated eye examination on at least an annual basis – more often for people with existing eye issues or more serious retinopathy. Early detection and treatment can limit the potential for significant vision loss from diabetic retinopathy.

.....
Jonathan M. Frantz, MD, FACS, is named in The Guide to America’s Top Ophthalmologists. He and his team of doctors at Frantz EyeCare offer a broad spectrum of patient-focused comprehensive care from eye exams and eyewear to bladeless laser cataract surgery, treatment of eye diseases, bladeless LASIK laser vision correction, and eyelid surgery with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.

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GERD Awareness Week Nov. 23-29, 2014

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about the symptoms and complications

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to find out if you have GERD

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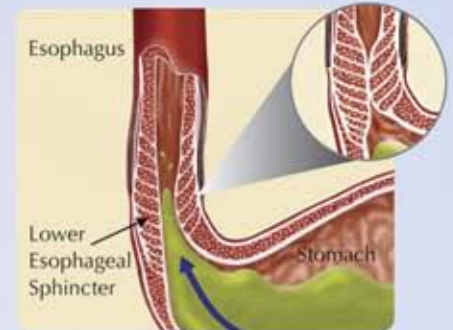
FAST FACTS



GERD affects
up to
1 in 5
U.S. adults!

About
40% of patients on GERD
medication **still**
have symptoms!

CAUSE



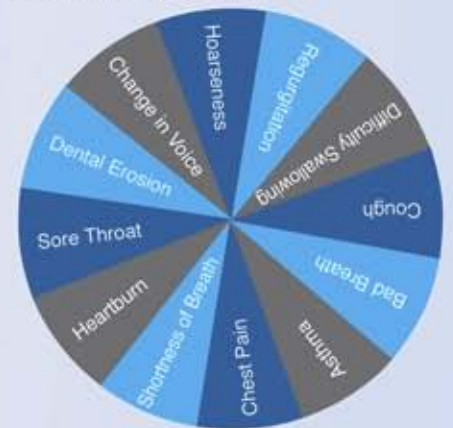
GERD is caused by a weak muscle in the esophagus called the lower esophageal sphincter (LES).

Medications do not address
the cause of GERD
or prevent GERD.



SYMPTOMS

Heartburn is the most common symptom of GERD, but **not the only one**. Which symptoms do you suffer?



RISKS

Complications of GERD can include:

- ▶ Esophagitis ◀
- ▶ Stricture ◀
- ▶ Barrett's esophagus ◀
- ▶ Esophageal cancer ◀

Health Insurance – 2015 Open Enrollment and Annual Election Periods can be very confusing this fall.

By Dee Merritt

Medicare enrollment period is now called **Annual Election Period** which runs **October 15th to December 7th 2014 for January 1st 2015 effective date.** Medicare is for adults that are 65 or older, or others that are on Medicare due to disability. In September each year Medicare Advantage Plan Member 's and Medicare Part "D" Prescription Drug Plan member's receive a copy of their upcoming year summary of benefits and any changes that are being made to their current plan. During this time you should review the new plan and make sure it still suits your needs. You can compare plans, if you make changes your last selection you made by the end of the day on December 7th, this will be your new plan for the following year. Some agents represent multiple insurance carriers and will reduce the amount of time you will need to compare 2015 plans. If you miss this window you can dis-enroll from a Medicare Advantage Plan and go back to regular Medicare and a Prescription drug plan Jan. 1st – Feb. 15th 2015, then you are in a lock-in period until next year unless you have a special election period (i.e. loss of group coverage, move out of service area, carrier plan cancels, Low Income Subsidy, Dual Eligible, etc.) please visit www.Medicare.gov for more information.

For others that are not on their employers group plan or mediocre there is now also an enrollment period. The law under the **Patients Protection and Affordable Care Act (PPACA)** - (Obama Care) the **Open Enrollment Period** is **November 15th to February 15th**, those that enroll between **November 15th to December 15th** will have a **January 1, 2015 effective date**; **Dec. 16th – Jan. 15th eff. Feb. 1, 2015**; **Jan. 16th – Feb. 15th Mar. 1st 2015.** After that you will not be permitted to purchase health insurance that meets the government standards that avoids the tax penalty unless you have a special election period, please visit. <https://www.healthcare.gov> for more information. The PPACA plans have no medical under writing; short term policies are still available but currently still require medical underwriting which means you might be turned down if you have pre-existing conditions.

I am finding that many people think that the Affordable Care Act is only for people that are seeking government subsidy and that is not correct. The law affects just about every type of health insurance in the USA. In order to qualify for government subsidy you need to go through the Market Place or if the insurance carrier offers seamless applications through their platform it can be done that way as well.



To see if you qualify for tax credit you can check the IRS website at www.irs.gov/uac/The-Premium-Tax-Credit. If you do not qualify for subsidy you can still purchase your plan through the Market Place or the Insurance Company. If you have an insurance policy for many years and drop that plan you will not be able to get it back as the plan will no longer exist to be re-purchased. Many insurance carriers are allowing their policy holders to keep their current plan. Before you cancel what you have make sure that you check your doctors and totally understand the plans summary of benefits. Cost is important but not only the cost of the plan you choose but also make sure you can afford the out of pocket cost when you need to use the plan, sometimes raising the premium a little it may make it easier to visit the doctor more often as needed. There is a lot to know and I would recommend that you work with a licensed insurance professional that is Market Place Certified that can help you through the enrollment process and explain the different insurance policies available to you in your area.

*To learn more about Health Care Reform or schedule an appointment contact:
Dee Merritt - Logical Insurance Solutions at 239-362-0855
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CIRCUMSTANCES FOR UPDATING ESTATE PLANS

By Steven J. Gibbs, Esq.

Hello Friends & Colleagues!

I was recently chatting with a colleague who is an outstanding divorce attorney about the "revocation" of a revocable living trust following a divorce. This reminded me of the different life changes that occur and how they require changes to your estate plan?

By "estate plan" I am talking about your estate planning documents such as your wills, durable powers of attorney, advance medical directives and guardianship documents. You may also have a revocable living trust as part of your plan and this is atop the list of documents that may need to be updated due to changes in circumstances.

So below are the 10 most common circumstances which are not in any order of importance and which to my knowledge most often give rise to updating your estate planning documents.

1. DIVORCE

In the event of divorce, a new revocable living trust is needed due to substantial changes in the estate plan. The updated plan must recognize the changes in the estate assets as well as changes in the beneficiaries upon death and the change may require removal of the former spouse's beneficiaries. Also, a change in your fiduciary appointees is also often necessary due to the former spouse's role in the estate.

2. DEATH OF DISABILITY OF ONE SPOUSE

Often times an additional successor trustee due to the inability of the spouse to serve as successor trustee or to accommodate a change in distributions upon the surviving spouse's death. Often distributions that have been made due to the first spouse's death so future distributions would not include those same beneficiaries.

3. BIRTH OR ADOPTION OF CHILDREN OR OTHER DEPENDENTS

New children tend to arrive on the scene and the documents should generally be updated to reflect this joyful change in either natural birth or adoption situations. Changes can also become an issue in the cases where grandchildren have been adopted directly by grandparents due to the adult child's inability to care for their children. Similarly, if there is a new adult dependent such as an elderly parent who merits consideration in the plan, the revocable trust may need to be updated to accommodate their care.

Steven Gibbs founded the Gibbs Law Office in January 2009, committed to providing client-centered legal services.



Steve as he would rather be called, is not your typical attorney. If you appreciate the staunch egotistical mannerism of most firms, you will be delighted with Steve's unpretentious approach to educating and then assisting his client. Instead of giving you his complacent and lofty ideas, he would rather pursue your expectations with professional conversation about resolving your concerns under the Law. It's your life and it's his job to make your legal expectations come true while using years of his guidance and knowledge.

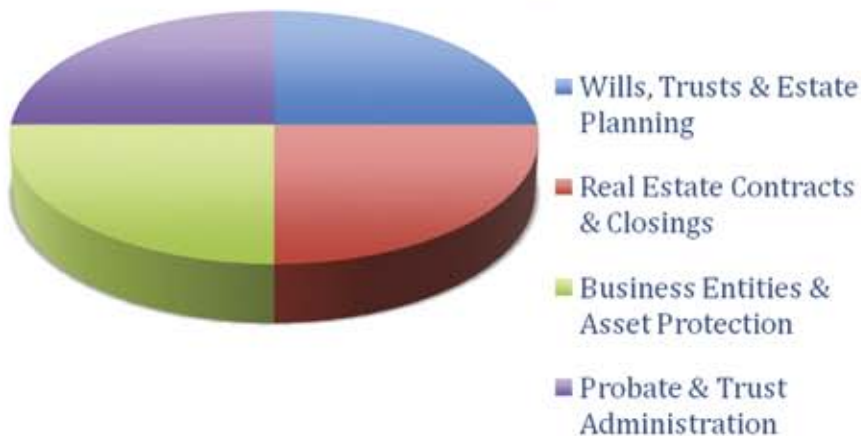
Steve was admitted to the Minnesota Bar in 1999, the Florida Bar in 2007 and was recently admitted to the California bar. Keeping abreast of law changes in these three States, as well as the United States, assists him in all aspects of the types of law the firm practices.

Along his career path, he was an associate attorney for an insurance defense law firm; an in-house real estate negotiator for Target Corporation; and corporate counsel for Civix, LLC and Vice President for North American Properties where he was responsible for various real estate transactions, including legal issues and negotiating unresolved business issues. Prior to opening Gibbs Law Office, PLLC, he was an associate with the firm of Roberts & Engvalson, P.A. where he gained his knowledge of trusts, estate planning and Wills. He opened his own firm in 2008 and now focuses on laws that will enrich the needs of his clients throughout their lives and those of their children. The firm has developed a practice dealing only with Trusts and Estate Planning, Wills, Medicaid Planning, Elder Law, Real Estate, Business Law and Probate.

Quoting from Steve "I decided to practice in areas that families will need as they progress down life's path. To help them with a solid foundation that will carry them throughout there lives is a rewarding experience for me and my staff."

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4. RELOCATION TO A NEW HOME STATE OF RESIDENCE

For a new Florida resident, it is important to realize that the old estate planning documents may at best be difficult to interpret in and enforce under Florida law. At worst, old documents may be simply unenforceable where there are attestation problems and/or witnesses cannot be located. Forms like Durable Powers of Attorney are subject to unique state laws and should be reviewed for compliance with Florida law and in any event these documents should be updated regularly.

5. ADULT CHILD FACING ADDICTION OR PERILOUS FINANCIAL CIRCUMSTANCES

If an adult child would be harmed due to receiving an outright sum of money because of their personal life circumstances, there are trust options that can be adopted to protect that sum of money by holding it in trust for their benefit.

6. CHANGES IN YOUR FINANCIAL CIRCUMSTANCES

If you win the lottery or receive an inheritance, your old estate plan may be rendered obsolete. Substantial estate tax planning will need to be looked at to avoid a financial disaster. If you've recently suffered financially, a simplified plan with new fiduciaries may be in order.

7. CHANGES IN ASSET HOLDINGS OR NEW BUSINESS OR INVESTMENTS

If you've started a new business venture, there will be numerous succession planning concerns that must be addressed such as who is authorized to sell or continue the business. Another common update is to assure that your company shares have been transferred to your revocable trust.



8. DEATH OR DISABILITY OF A FIDUCIARY APPOINTEE

If your old trustee or power of attorney is no longer able to serve, this change must be made to your estate plan or your plan will not work.

9. PET ADOPTION

Many retirees with empty nests now have a household that includes a lovable pet. There are trust options available to make sure your little friend is well cared for and this may necessitate changes to your current plan.

10. CHARITABLE INTENTIONS

Your charitable organization of choice would need to be specifically added to your plan and it is important make this clear for all parties concerned.

Suffice to say, life changes of any nature often necessitate updates to your estate plan and it is advisable to explore what is needed at each pivotal stage of life.

As always friends, please contact us with any questions. I hope this is helpful.



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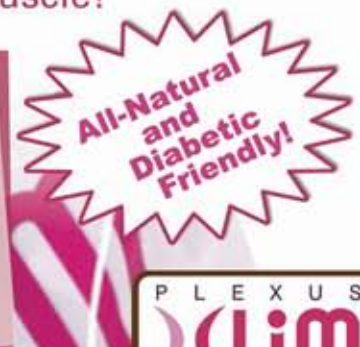
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Canine Diabetes Awareness

By Dr John Rand, D.V.M.

Based on various population surveys, somewhere between 1 in 100 and 1 in 500 dogs will develop diabetes mellitus. Dogs most commonly develop diabetes due to an auto-immune destruction of the beta cells of the pancreas, the cells responsible for insulin production. After >90% of these cells are gone, the dog will start to show signs of diabetes. This destruction is permanent and leads to an absolute insulin deficiency. This lack of insulin is akin to Insulin Dependent Diabetes Mellitus in humans. The inability to secrete sufficient insulin following a meal results in high blood sugar.

The normal blood sugar ranges for dogs are similar to those of humans, usually around 80-120 mg/dL. Common signs of diabetes in dogs include excessive thirst and urination, increased hunger, and weight loss. Sugar spills over from the blood into the urine, predisposing diabetic animals to urinary tract infection. At the time of diagnosis, somewhere around 50% of dogs with diabetes will have an asymptomatic bladder infection that will also have to be addressed. If not already present at the time of diagnosis, cataract formation and subsequent blindness is usually inevitable, even in well-regulated dogs.

Most dogs that are diagnosed with diabetes are middle aged to older (6-9 years), but juvenile onset can rarely occur. Female dogs are three times more likely to be diabetic than male dogs. While any breed can develop diabetes, schnauzers, beagles, poodles, and German Shepherd dogs seem to have higher prevalences than most.

Treating diabetes in dogs is all about regulating as much of their day to day life as possible.

Diabetic dogs should be fed exactly the same every day; same food, same volume, same times. Diabetic diets should contain a good quality protein, low fat, and complex carbohydrates with high fiber contents for slower glucose absorption.

The food should also be selected and rationed such that the pet is at an ideal body weight. Dogs are most effectively regulated when they are neither fat nor skinny. Obese dogs often have some degree of insulin resistance, necessitating higher doses of insulin and larger blood sugar fluctuations.

While exercise can help a pet to lose weight and otherwise keep them happy and healthy, exercise in diabetic dogs must be regulated. Strenuous or prolonged exercise can drastically affect the action of the insulin you are administering.

The more regularly you can monitor your pet's blood sugar, be it at home or with your vet, the less risky the condition becomes, and the better prognosis becomes. Be sure to speak in depth with your veterinarian to know if you are doing everything you can to manage your dog appropriately. New advances and recommendations in diabetic monitoring and treatment are being made every day.

Disclaimer: No article, journal, webpage, breeder, or friend of a friend can take the place of personalized, veterinary medical advice. If you have any questions, always consult with your veterinarian.



THE ANIMAL CLINIC

3300 Tamiami Trail, Suite 103
Suite 103 • Port Charlotte, FL 33952
(941) 625-0742 • www.theanimalclinic.net

Spiritual Wellness

Henry

By Alex Anderson
Senior Associate Pastor at Bayside Community Church

Henry killed people...for a living. Oh, it was perfectly legal. He worked for the government. His specially trained unit could get in and out almost without a sound. No weapons fired and no sensational acrobatics or choreographed Kung Fu moves, just the silent taking of another human being's life.

Another human being's life! Sounds non-personal... like a video game or Bruce Willis movie.

Henry was 63 years old when I met him. He was an electrical engineer. We had business to do together. He was doing a load calculation for a 3-Phase electrical panel installation. I met him at the docks of the harbor where he kept his boat, which doubled as his home and office. Henry lived alone. I had many meetings with Henry, but one in particular was different.

I liked Henry. He was humble, soft spoken and a very good engineer. I never had an issue with his work. That day we hung out and talked a little longer than usual, not about the project, but about life in general. I noticed that I never saw Henry with anyone except those he worked with; contractors, vendors, engineers and other project managers like myself. He told me he once had been married but that didn't work out and he had no children.

What broke my heart for Henry was that he seemed to be "completely" alone...except for his big red Irish Setter...Fred. With a concerned tone, I asked, "Did you have a church family?" Henry looked at me, grinned and said, "I'm not much on God." I told him I wasn't trying to pry. I was just wondering if he had a community of caring folks in his life. I was just about to invite him to my church when I heard these words fall from his lips like a judge pounding a gavel in a courtroom, "Naw...God wouldn't have the likes of me in a million years." To which I asked, "Why would you say that Henry?"



That's when Henry proceeded to tell me of his "past life" and retirement from "Government work" using his fingers to create quote marks in the air. I learned that he had been a Navy Seal and then later in some unnamed intelligence branch of the government. His words were not laced with arrogance or bravery, but with a distinct sense of regret and sadness.

He admitted to being an adrenaline junkie in his younger years, which drove him to achieve black belts from multiple disciplines as well as learn proficiency with many types of weapons. Even now in his sixties, once a year he would head to some place close to Brownsville, Texas and go wild boar hunting with some "Old Timers" as he called them. Their only weapon would be...a knife.

Henry was a true patriot and loved serving his country, but his heart was deeply troubled with all the lives he had taken, both young and old. He was also deeply concerned about what God thought about all the "Human Blood" on his hands, to use his words.

Like many, Henry thought God's love and acceptance was a condition of how good or bad he had lived his life. Henry believed a well known...lie, about God.

I spent the better part of that afternoon sharing with Henry how much God loved him and all of mankind. How God had proven it by sending his Son Jesus to get that message across to us, both in His life and His death.

I shared the very well read story that is unfortunately misunderstood and inappropriately named, "The Prodigal Son" (Luke 15:11-32 NIV). The story is not about the sins of the sons, but about an amazing father who represents God, and whose love knows no bounds and whose grace knows no end.

The story, as I shared it with Henry, is not about the actions of the two sons, but about the heart and actions of the father. Most people get caught up in either the younger son's issue; believing he is not good enough anymore to be his father's son (due to wasting his inheritance)...or...the older son who believes his father owes him something because he has served his father his whole life without asking for anything.

The story is about the father's unconditional love...that's it.

We can never be "good enough" for God anyway...so why try. Just settle into the love he already provides. I know it may take a bit to get comfortable being loved without "strings" attached, but give it a try. Just tell God you accept His unconditional love and see how He responds.

He won't bite, I promise, and who knows, you might even like it.

And remember to Be Life-Giving,

Alex Anderson

Alex Anderson

To read other life-giving articles by Pastor Alex, go to <http://belifegiving.blogspot.com/>.

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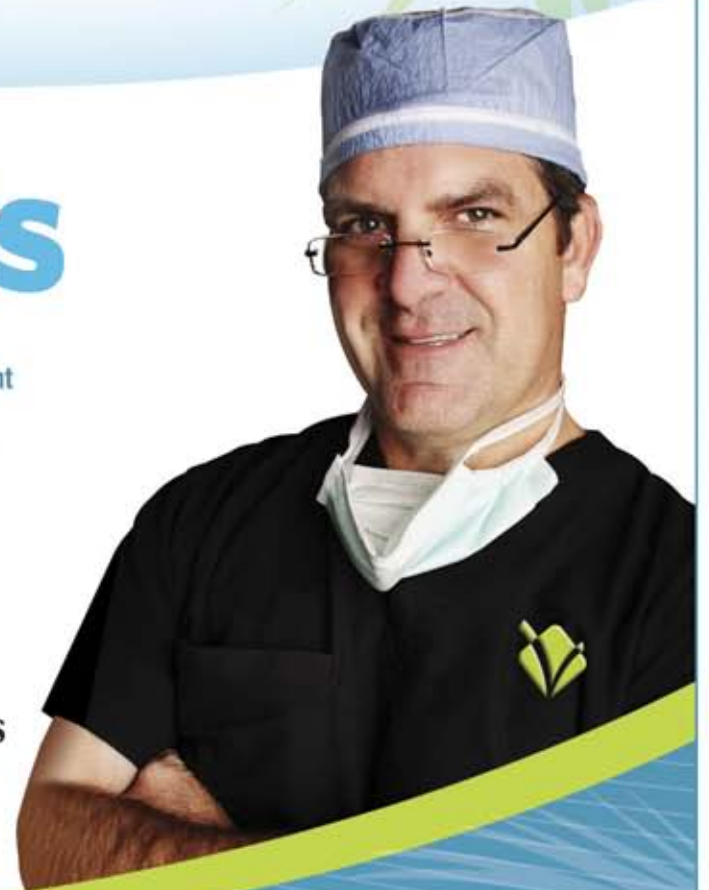
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