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January 2015

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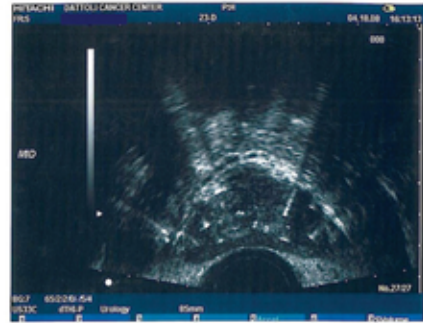
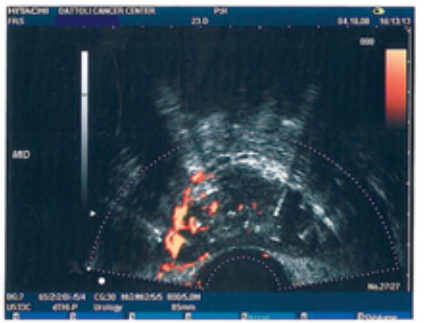


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Cervical Cancer Awareness Month

ROUTINE SCREENINGS PREVENT CERVICAL CANCER DEATH



Medical science has made some rapid advances in recent years and none more so than the ability to be able to prevent and treat cervical cancers in adult women.

Cervical cancer is cancer of the cervix (the lower part of the uterus that connects to the vagina). Cervical cancer usually forms slowly over many years, but occasionally it happens faster. The purpose of the Pap test is to detect abnormal cells in the cervix. When abnormal cells are found and treated early, cervical cancer can be prevented or cured. Pap test screening as recommended by your health care provider can prevent the majority of cervical cancers.

Prevention and Early Detection Thanks to widespread screening, the incidence of cervical cancer has decreased significantly. Pre-cancer lesions can be detected and removed before they become malignant.

Most cervical cancer is caused by a virus called the human papillomavirus, or HPV, which is spread through sexual contact. Abnormal cervical cells rarely cause symptoms, but detection of the earliest changes leading to cancer development is possible through the use of Pap tests.

Those who are vaccinated against HPV prior to becoming sexually active can significantly lower their risk of cervical cancer. HPV is a group of more than 100 related viruses. HPV is passed from one person to another during skin-to-skin contact. HPV can be spread during sex, making abstinence your best form of prevention.

Screening and Detection The American College of Obstetrics and Gynecologists (ACOG) recommends that women ages 21 to 30 be screened every two years using the standard Pap test or liquid-based cytology. Women age 30 or older who have had three consecutive negative test results may be screened once every three years.



Women with certain risk factors may need more frequent screening. Talk with your doctor to see when you should begin cervical cancer screening and how often you should be screened.

Those at Risk:

Infection with HPV may cause cells in the cervix to grow out of control and become cancerous. However, it is important to note that not every HPV infection is destined to become cervical cancer. Many HPV infections resolve without treatment. Smoking increases the risk of cervical cancer as well as advancing age since cervical cancer grows very slowly over time. Poverty is a risk factor for cervical cancer. Many women with low incomes do not have readily available access to adequate healthcare services, including Pap tests. This means they might not get screened or treated for pre-cancerous cervical diseases. ☒ If a mother or sister has cervical cancer, a woman's chances of developing the disease increases by two to three times.

Modifying risk factors that are within your control and vaccinating against high-risk HPV are the best ways to avoid getting cervical cancer. Pursuing and sticking to a recommended cervical cancer screening program including the use of PAP and HPV tests are important ways to detect the disease early and ultimately, to make oncologists less busy...and that's a good thing!



Prostate Cancer – A Challenging Diagnosis

By Virginia Carnahan, APR, CPRC
Director of Development

With the hustle-bustle of the holidays behind us, perhaps it is time to refocus our attention on health and happiness for this New Year. This message is meant for men, but the information it contains is also good for women to know.

First, men need to recognize that regardless of how healthy they think they are, there are some health challenges that they face simply because they are men. The biggest of these is prostate cancer, or prostate issues such as BPH (an enlarged prostate gland) and prostatitis (infection of the prostate).

Statistics tell us that **one in six men** will develop prostate cancer in his lifetime. This is an even larger threat than breast cancer is to women! Some men are at greater risk than others. These include any man who has a family history of prostate cancer (a father, uncle or brother who has been diagnosed with prostate cancer); any man who has been exposed to Agent Orange (Vietnam era veterans); and African Americans (six times greater incidence). There are also hundreds of thousands of men who don't fall into these categories who develop prostate cancer each year.

Why does a man develop this cancer? The answer is the same for why women develop breast cancer, or uterine cancer or ovarian cancer. The simple explanation is that there is something in the human DNA that causes cells to spontaneously mutate with age into rogue (cancer) cells. This is particularly evident in organs that are hormone dependent. Much effort and many research dollars have been invested in trying to learn how this happens, in hopes of being able to stop or slow this mutation. Until the key is found to turning off this mutation, our best hope lies in finding these diseases when they are early in the development and at a treatable stage.

If there is a "good thing" to prostate cancer, it is that the disease produces an antigen that can be detected in the blood and considered a "red flag" that something abnormal is going on in the gland. This is the "PSA" (prostatic specific antigen) level that should be part of every man's annual health exam starting at about age 50. However, if there is a family history of the disease we recommend annual screening at age 40.



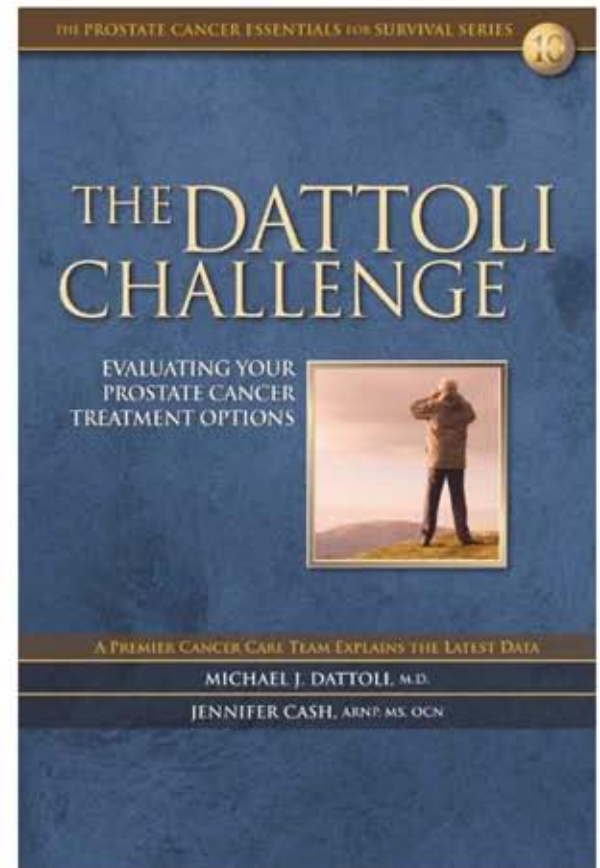
There is a "normal" PSA level that when surpassed serves to alert physicians of a potential problem. The PSA (like blood pressure and cholesterol levels) should be tracked overtime to accurately understand the relative health of the prostate gland.

Prostate cancer, however, is a very tricky diagnosis. While PSA (and a digital rectal exam) can tell the physician a great deal about the prostate gland, it takes an invasive procedure to actually diagnose the disease. A biopsy is required to diagnose prostate cancer (as well as any other type of cancer). There are several methods available to perform the biopsy. The objective is the same – to extract tiny cores of prostate tissue that can be examined under a microscope by a pathologist in order to identify cancerous cells.

Unfortunately the biopsy is not an exact science. When random samples are extracted there is a high likelihood that none of the 6 or 8 or 12 cores actually penetrate an area where cancer is growing. In this case, the man may be told his biopsy was negative, when in fact there are cancer cells growing in the gland. This man has gotten a "false negative." Next year when he gets his annual checkup his PSA may be even higher and he will undergo another biopsy. Sometimes it takes 5 or 6 biopsies before the random sample happens to find where the cancer has been growing.

Once a diagnosis has been made, the man begins a journey he wishes he didn't have to take. He, along with his doctor, will need to decide if the cancer should be treated now or ever, depending on the stage of the cancer, the man's age, his other health issues and other factors. If he elects to be treated, another challenge is at hand – which treatment should he choose?

Currently there are about a dozen different types of treatment for prostate cancer that are found in the mainstream of modern medicine. There are also dozens of unproven "internet" suggestions that can be a total waste of money, and worse can mask the PSA so that the man thinks he is defeating the cancer while it is still growing.



To learn more about prostate cancer and the recommended treatment options, we offer a booklet entitled "*The Dattoli Challenge: Evaluating Your Prostate Cancer Treatment Options.*" If you are interested in receiving a complimentary copy, please give us a call. We can also send you a helpful chart describing all the current types of treatment available for prostate cancer.

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Baby Boomers Know When It's Time to Consider Joint Replacement!

With 76 million Baby Boomers still thriving and active, many are rejecting the sedentary lifestyle of their parents' generation (remove comma) and are using advances in technology and surgical techniques that enable them to keep on running, cycling, skiing and engaging in other sports, while maintaining very active lifestyles.

The 45-64 age group accounted for more than 40% of the more than 906,000 total knee or total hip replacement surgeries in 2012, the last year for which figures were available from the American Academy of Orthopedic Surgeons. Baby Boomers will account for a majority of these joint replacements in 2014, according to a study done by Drexel University.

The study projects the 45-64 age group will account for a 17-fold increase in knee replacements alone, to 994,000 by 2030. Active Boomers often accelerate the arthritis which wears down their joints, and obesity is yet another factor.

"The majority of total hip and knee replacements are completed in patients aged 65 years and older, but the volume is increasing dramatically among 45-64 year-old patients," said Daniel Harmon, DO, of Orthopedic Center of Florida in the Lee and Collier County area. Dr. Daniel Harmon completed his five year orthopedic surgery internship and residency at The Cleveland Clinic Foundation/South Pointe Hospital in Cleveland, Ohio and then completed a fellowship in Adult Hip and Knee Reconstruction at Allegheny General Hospital in Pittsburgh, PA.

The majority of joint replacements are done for osteoarthritis, which is an arthritis that is developed over time from wear and tear. Nonetheless, Daniel Harmon claimed, "Regardless of age, the decision to pursue a total joint replacement is a decision made between the patient and physician with quality of life a determining factor. Obviously all conservative attempts at treatment must fail prior to surgical intervention. If surgery is an option, minimally invasive surgical techniques for

reconstruction of the hip and knee have improved post-operative pain and allowed for a more rapid recovery." One reason that there has been a surgical boom of joint replacements among Baby Boomers is that active Boomers have been proactive in opting to have replacement surgery sooner in order to experience less pain and a faster rehabilitation afterward.

Today's patients have greater expectations about activity and recovery," says Daniel Harmon, who specializes in minimal invasive joint replacements, and is an experienced instructor of the Anterior Total Hip Replacement procedure. "With implant companies turning their focus to longevity of the materials used, this has allowed us to consider joint replacement in younger patients in need of surgery. Current literature suggests that implants we use will last for 20 years or more." This means doctors will consider doing joint replacement on younger patients who are in otherwise good health, but suffer from pain and a decrease in function, when conservative nonsurgical methods have failed and x-rays support the surgical option.

Baby Boomers don't have to live with "Achy Breaky" parts and they are choosing not to. "It was an easy decision for me, when I learned the procedure was very likely to achieve benefits and very unlikely to have adverse effects, the decision was more about assessing the relative importance of quality of life factors," said Louis Libby, who had a hip replacement done this past July.



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CONCIERGE MEDICAL SERVICES: Private Personalized Care Without Limits

By Joseph Kaminski, D.O.

Personalized health care is the keystone to any concierge medicine practice. Concierge medicine was created as an alternative to the traditional model, which leaves many doctors overwhelmed and many patients unsatisfied. Concierge doctors provide you with the time you deserve, the time to create your personal plan for a long, healthy life.

Concierge medicine may also be referred to as private medicine, membership medicine, concierge healthcare, cash only practice, direct care, direct primary care, direct practice medicine, and boutique medicine. These all share the same basic theme, advanced personalized health care. The basic elements of modern concierge medicine are personalized care, direct care, quality care, and affordable care.

Concierge medicine focuses on the whole you, with personalized preventive care programs that ensure your future health without the limitations of a third party. Traditional healthcare and concierge medicine differ dramatically in their potential effects on your overall health and the type of care you receive. Traditional healthcare provides treatment when you are sick and is often controlled by what is, or is not, covered by your healthcare insurance plan.

The Traditional Treadmill

Traditional medicine practices treat you when you are sick, addressing the symptoms as they are presenting to your doctor at the moment. Traditional medical practices often rely heavily on reimbursement from healthcare insurance companies to survive. The result is often overcrowded waiting rooms, difficulty obtaining treatment, and short office visits focused only on the illness that is presenting itself at the moment. Traditional physicians are often forced to keep turning patients over quickly to maximize the amount of patients treated each day to keep their practice afloat. Many physicians today are finding themselves suffering from burnout due to the high paced environment and low reimbursement rates, while patients are questioning the availability and quality of their care.



The Concierge Medicine Alternative

An alternative exists to the traditional model of healthcare. Concierge medicine was created to deliver the highest level of personalized care and ensure healthcare access to patients, while allowing a concierge physician to maintain a viable practice. Concierge doctors provide patients with the time they need, when they need it, allowing the concierge doctor to have a greater opportunity to catch illnesses early on and decrease the chance of future hospitalization. A concierge medicine practice is optimized to ensure the highest level of patient-centered care.

More Time For You

Concierge doctors have fewer patients than traditional practices, and therefore have more time to spend with you. An average doctor at a traditional practice may see 3,000 to 4,000 patients per year, whereas a concierge doctor manages dramatically reduced patient community. The reduction in the amount of patients allows the concierge doctor to expand the services to the concierge medicine patients, and therefore spend much more valuable time with each patient.

Freedom To Heal

Time is the key benefit to concierge medicine. The concierge doctor dedicates more time to his patients, and from time, flows benefits. This time allows the concierge physician to: allow direct access to patients, consider all the relevant factors to a patient's health, implement plans of treatment free from third party dictations, and create truly personalized care.

Concierge medicine provides concierge doctors a greater opportunity to catch illnesses, control existing conditions, and reduce the incidence of hospitalization. Let us not forget that a smaller practice also means the end of crowded waiting rooms, and the welcomed option of same day visits or phone consultations.

The Future of Healthcare

Modern concierge medicine provides affordable, personalized healthcare programs with expanded access, at affordable rates. These programs are designed to ensure the highest level of care, while making them available to more patients. Concierge doctors are now offering these affordable solutions through direct-pay or membership programs across the country.

Concierge medicine will continue to grow and gain popularity among patients that value the direct access, personal care, and patient-centered focus that a concierge doctor provides. Traditional healthcare will face many challenges as The Affordable Care Act reaches full implementation nationwide. Forecasts predict that current existing shortage of physicians will continue to grow as new patients enter the marketplace under The Affordable Care Act. Patients who find themselves dissatisfied with the access to, or quality of, their healthcare will have an alternative solution. Concierge medicine will offer them a high-quality choice for their healthcare.

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Low Testosterone

By Dr. Mitch Yadven

Hormones are chemicals made in your body that act on another part of the body after traveling through the bloodstream. Testosterone is a hormone which is naturally produced in both men and women but is found in much higher levels in men. The majority of testosterone is made in the testicles in men with a small portion of it being made in the adrenal glands. In women it is made in the adrenal glands and ovaries.

Testosterone has been thought to be predominantly a “sex” hormone with the function of improving sex drive and helping maintain erections in men. Recent research has now shown testosterone to also have many other functions, including effects on metabolism, maintenance of bone strength, muscle integrity, cardiovascular health and support of the brain and cognition and mood, in both men and women. Additionally, evidence suggests testosterone deficiency can lead to other hormonal changes, which may then contribute to the development of type 2 diabetes. Lack of testosterone is also associated with decreased bone density and contributes to osteoporosis and osteopenia. Anemia, muscle weakness; impaired cognitive function, decreased motivational drive, fatigue, lethargy, and an overall decreased sense of well being can also be seen in testosterone deficiency. Low testosterone levels are associated with increased mortality.

Circulating testosterone levels do fall with age; however, the rate of decline can be quite variable amongst different individuals. A large number of men won't have their testosterone levels fall until the 70th th decade, whereas other men's levels will decline at a much younger age. For example, 20% of men older than 55 years of age will have low levels of testosterone. Bioavailable testosterone is the active form that has actual activity on the body's organs, which is only about 2% of a person's total testosterone. When bioavailable testosterone is measured, however, 50% of men above 50 years are defined as having low testosterone. This is why it is important to measure bioavailable testosterone when making clinical decisions about testosterone replacement.



Men May Experience the Following Secondary to Low Testosterone:

- Decreased Sex Drive
- Impotence
- Decreased Muscle Mass and Strength
- Increased Body Fat
- Memory Dysfunction
- Decreased Appetite
- Decreased Hair Growth
- Bone Weakness
- Decreased Red Blood Cells

Once the diagnosis of low testosterone (hypogonadism) is made, further testing should be pursued to help to determine the cause of the deficiency. Some causes can be:

- Aging
- Chronic Medical Conditions
- Acute Illness
- Alcohol Abuse
- Birth Defect
- Testicular Infection
- Testicular Trauma
- Head Trauma
- Medications
- Problems with the Pituitary Gland
- Environmental Toxins
- Chemotherapy
- Type 2 Diabetes
- Sleep Apnea

There is even evidence that nutritional deficiencies can contribute to low testosterone.

The medical history for evaluating low testosterone includes questioning about sexual desire, reduced nocturnal and morning erections, loss of drive, decreased physical energy, fatigue, depressed mood and irritability and even alterations in memory. One must realize that these symptoms as well as others reported by men with low testosterone, such as depression, difficulty concentrating, irritability, and insomnia are non-specific and may be related to other medical conditions as well.

Physical examination for this evaluation may or may not be helpful in making the diagnosis, as findings of low testosterone such as muscle weakness, reduced body hair, and abdominal obesity may also be seen in men with a number of other medical conditions. Additional findings may be small testicular size or poor consistency, abnormal hair distribution, and enlarged breasts.

After history and physical examination is done, the next step in the evaluation would be laboratory testing. Historically, two early morning blood samples drawn prior to 10AM when blood levels are highest, are used to confirm the diagnosis of low testosterone.

Testosterone measurements can also be checked via saliva and urinary levels. The total testosterone can be used to calculate the free or bioavailable testosterone that is thought to be the active form of testosterone. Low levels can prompt the need for additional lab testing to check for potential causes of the low testosterone that may be correctable without testosterone replacement.





Testosterone can be converted to other hormones by different tissues in the body. These major hormones of interest are estradiol and dihydrotestosterone.

Estradiol

In peripheral fatty tissues testosterone can be converted by the enzyme aromatase to estradiol which is a primary form of estrogen. This is one of the reasons overweight men may have enlarged breasts. Significantly elevated estradiol levels in men has been linked to increased mortality and to diabetes.

DHT

Another hormone converted from testosterone is dihydrotestosterone (DHT). In adult males the two actions of DHT are on the prostate where it causes the growth enlargement and sometimes obstruction as is noted in the disease benign prostatic hypertrophy (BPH). DHT also effects the scalp where it causes hair loss as is seen in male pattern baldness. The enzyme that converts testosterone to DHT is called 5 alpha reductase and it has been targeted by medications like Proscar and Avodart to reverse prostate growth. On average, Proscar and Avodart reduce prostate size by 20 – 30 % and can greatly reduce urinary frequency and urgency in many men.

DHT levels are checked after starting testosterone replacement and if they are markedly elevated drugs like these that inhibit the formation of DHT can be utilized to prevent urinary symptoms that are associated with BPH and an enlarged prostate.

DHEA is another hormone that has some similar effects as testosterone. The majority of this hormone is made in the adrenal glands and it also diminishes with aging and can be depleted by chronic stress. DHEA has been shown to protect against heart disease, osteoporosis, diabetes, cancer, memory loss, lupus, and rheumatoid arthritis. It can increase energy levels, libido, memory and immunity.

Replacement

Once the diagnosis of low testosterone has been made, replacement options can be reviewed and a decision made about how to raise testosterone levels. Unfortunately oral testosterone replacement is not an option due to the breakdown by the liver when it is swallowed and can cause liver toxicity. Other options include IM injections, patches, pharmaceutical gels, compounded creams, and implanted Testosterone pellets. Although they all will deliver testosterone to the body, they each have their own pros and cons that can be reviewed by your doctor.

In younger patients a potential “kick start” may be needed to restart the body's own natural testosterone production and this can be done with injections of the popular weight loss medication which is also a natural hormone HCG or the medication clomiphene.

After Testosterone replacement has been started it is very important to follow up and monitor testosterone levels as well as check other bloodwork to assure no possible complications arise. One such lab is PSA which is used as a screening test for prostate cancer.

Although there is an association between prostate cancer and testosterone, it is an old belief that testosterone administration could increase the risk of developing prostate cancer. In reality there is no evidence to support this and in fact now the medical community is investigating an association between low testosterone levels and prostate cancer.

It is still believed that if there is active cancer of the prostate whether localized or metastatic testosterone can promote cancer growth. Therefore the presence of active prostate cancer is a reason not to use supplemental testosterone.

PSA still needs to be monitored closely during testosterone replacement therapy especially in someone with a family history of prostate cancer. In cases of localized prostate cancer years after successful treatment, with no evidence of active disease as noted by PSA and examination it is very reasonable to initiate testosterone therapy as long as very close follow up is maintained.

Testosterone is a naturally occurring hormone and replacement with its bioidentical form to restore physiologic levels can support a normal and happy sex life as well as improve well being, quality of life and enhancing longevity.



Dr. Mitchell Yadven

Dr. Yadven was born and raised in the Bronx, New York. He received his undergraduate degree from Emory University in Atlanta, Georgia and a Masters degree in Molecular Biology from George Washington University in Washington D.C. After college, Dr. Yadven worked as a marine biologist for the Smithsonian Institute in both Washington, D.C. and the Caribbean. He then received his Medical Degree and General Surgery training at George Washington University. Wanting to return to the South, Dr. Yadven completed his Urology Residency at Tulane University in New Orleans, Louisiana. He is

Board Certified by the American Board of Urology. Dr. Yadven has been in private practice in Bradenton, Florida since 1997 and is happy to call Florida his home.

Dr. Yadven practices all aspects of general Urology, with particular interest in prostate disease, urinary stone management and minimally invasive therapies. He has developed products for the management of urinary retention resulting in a U.S. patent.

In his free time, Dr. Yadven enjoys photography and digital art, NFL football (he is a huge New York Giants and New Orleans Saints fan), computers, water sports and fun at home with his wife Sharon, his two children Sarah and Maxwell and his family's animal menagerie.



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is a procedure performed in Europe for years which was recently approved by the FDA in the United States. It is a minimally invasive procedure which allows for aortic valve replacement in patients who were previously considered too high risk for conventional open heart surgery.

The procedure allows for the aortic valve to be replaced with an artificial valve by one of two ways. One method is by the trans-femoral approach. This is done through a small puncture in the groin (femoral artery) and is the least invasive of the two options. The second approach is by a trans-apical method, where a key-hole opening in the chest is made, through which the valve is replaced. Neither method requires the patient to have their sternum (breast bone) split and neither requires the patient to go on to a cardio-pulmonary bypass machine. In most cases, a two day hospital stay is required after the procedure. Most patients can expect a quick recovery time.

Who qualifies for this procedure?

Currently, only patients with severe aortic stenosis (narrowing) who are felt to be too high risk for conventional open heart surgery qualify for this procedure. Some factors that make a patient high risk patients include the following:

- Previous open heart surgery
- Severe advanced lung disease (COPD)
- Advanced age or frailty
- Weak heart muscle

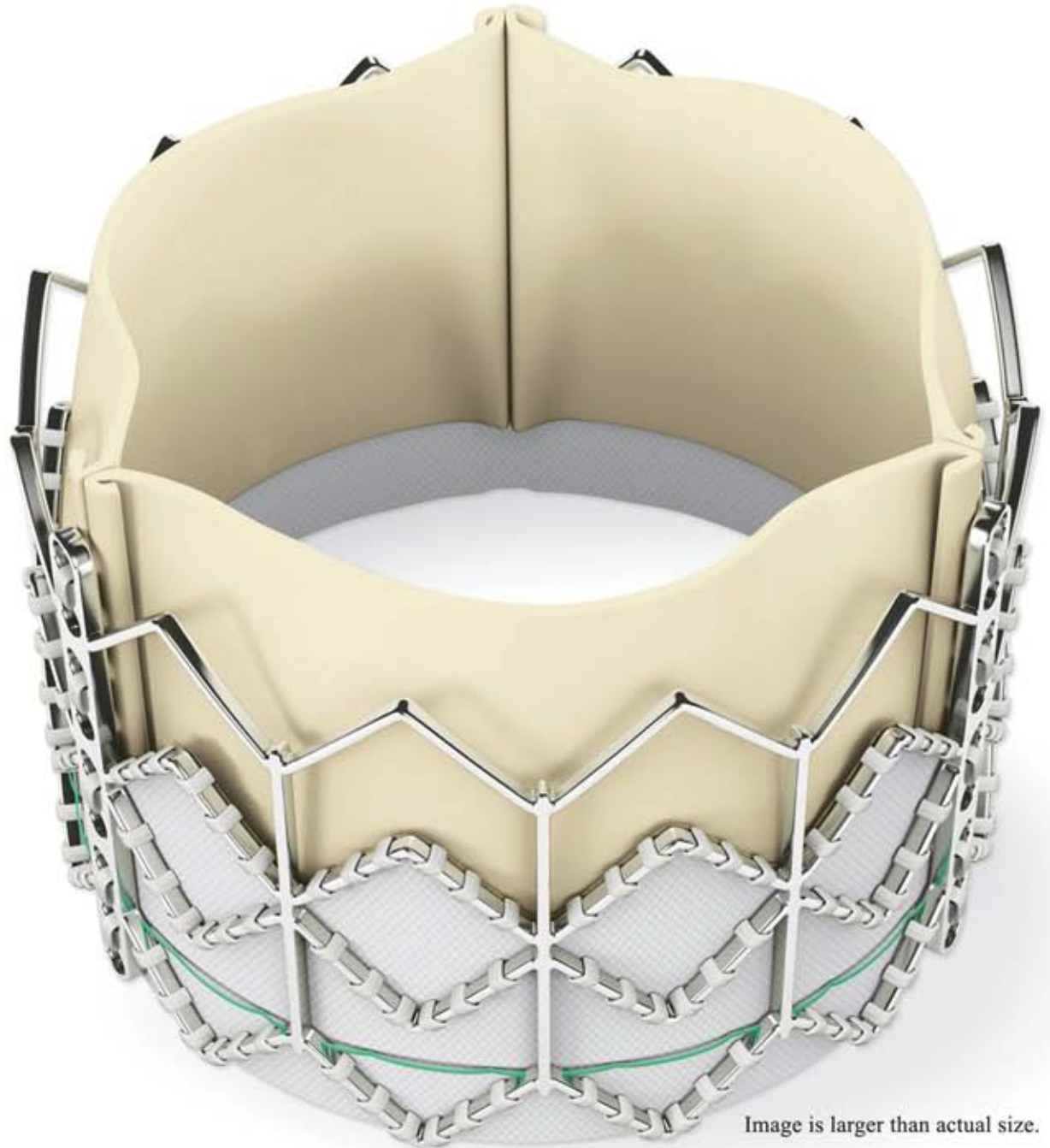


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**CARDIOVASCULAR
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How would you benefit from the new TAVR procedure?

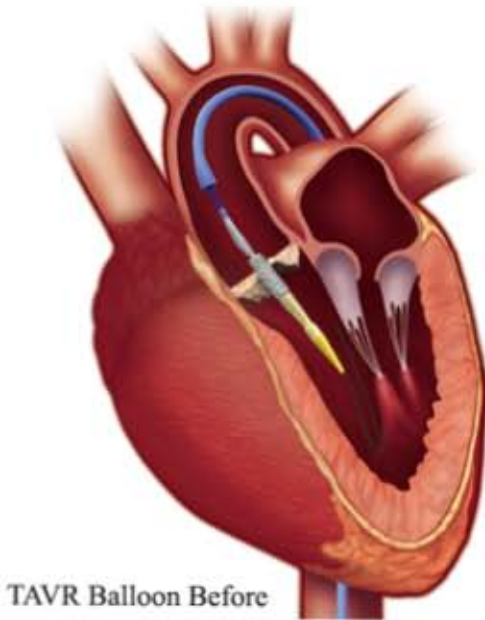
People with severe aortic stenosis often experience symptoms of shortness of breath, fatigue, dizziness etc. Many patients report feeling better and experience relief of symptoms shortly after the procedure. Most importantly, TAVR patients can live longer with a better quality of life.

How does your physician diagnose heart valve disease?

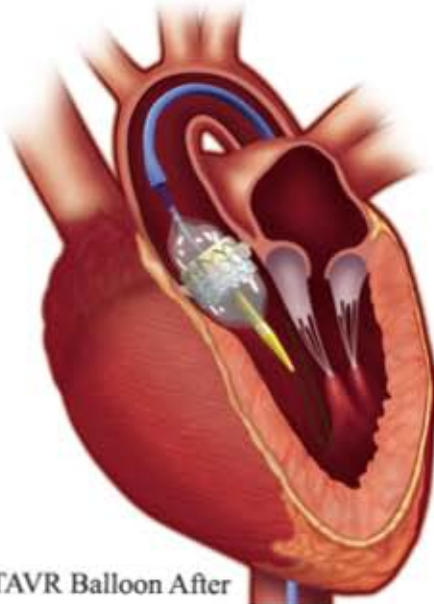
Though many people may experience no symptoms in the early stages, most patients with severe aortic stenosis experience symptoms like chest pain, tiredness, shortness of breath, light-headedness, and loss of consciousness. Some of the tools that your doctor may use to diagnose heart valve disease includes:

- Physical exam—your physician will take a careful and detailed history from you and will perform a thorough physical exam. During this, your doctor will listen for evidence of heart failure or a heart murmur.
- Electrocardiography (EKG)—an EKG can show the heart’s rhythm, the heart’s rate, and the strength and timing of the electrical currents. This can prove useful for doctors trying to uncover a patient’s underlying symptoms that may be signs of heart disease.
- Chest x-ray—used to diagnose diseases of the heart and lungs as well as to evaluate placement of pacemakers, defibrillators etc.
- Echocardiography—a test used to evaluate the walls and valves of the heart. An echo can evaluate for heart weakness and whether the heart valves function properly.
- Cardiac catheterization (angiography)—used to determine if a patient has coronary artery disease or any blockages in the artery which are contributing to the patient’s condition

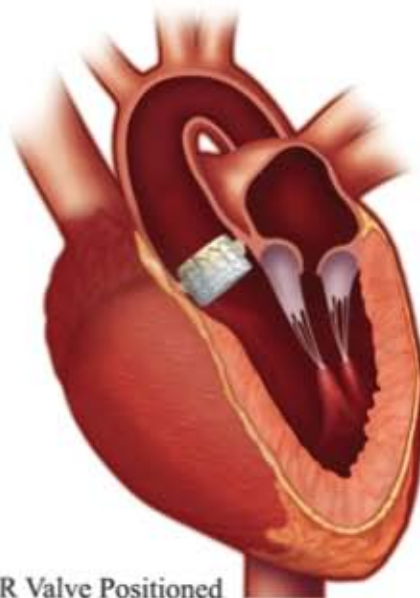
If you think that you or someone you love may be suffering from severe aortic stenosis and may benefit from this revolutionary procedure, feel free to call our office to find out more or talk to your doctor to learn more about your heart condition.



TAVR Balloon Before



TAVR Balloon After



TAVR Valve Positioned

Dr. Gino Sedillo, M.D. F.A.C.C.

Dr. Gino Sedillo, M.D. F.A.C.C. Born in Albuquerque, New Mexico, Dr. Sedillo is Board Certified in Internal Medicine, Cardiovascular Diseases and Interventional Cardiology, and has been a member of the American College



of Cardiology since 1996. He completed his residency training for Internal Medicine at the University of Texas, where he was voted Intern of the Year and was selected Chief Medical Resident. He completed his Cardiology training at the Texas Heart Institute/ St. Lukes Hospital in Houston, Texas. He was elected Chief Interventional Fellow. Dr. Sedillo received additional specialization in Coronary and Peripheral Vascular Intervention as well as Pacemaker Implantation.

After 15 years of training, Dr. Sedillo started working for the Bradenton Cardiology Center in 1995. While there he performed more than 1,000 procedures per year and he began teaching procedures and techniques to other practicing cardiologists, vascular surgeons, and interventional radiologists. He served as Director of the cardiac catheterization lab at Manatee Memorial Hospital.

Most recently, in May 2011, Dr. Sedillo founded his independent practice, CardioVascular Solutions Institute, with offices in Sarasota and Bradenton. Since then Dr. Sedillo has been named director of the Percutaneous Coronary Intervention program at Doctors Hospital in Sarasota.

When he’s not seeing patients, teaching other physicians or doing clinical research, Sedillo cherishes time with his three children.

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Steven Pulcinella - 20/15 after LASIK

"LASIK changed my life" is something we often hear after LASIK. Imagine what it would be like to wake up and read your alarm clock or take a swim in the gulf without glasses. Whether you are near-sighted, farsighted or have astigmatism, we have a vision correction procedure that can improve the way you see the world.

What is LASIK?

LASIK is an outpatient procedure that uses a computer controlled "cool" laser to precisely reshape the cornea. The beam gently changes the curvature of the cornea so that images can more sharply focus on the back of the eye; thereby giving you clearer vision. The actual procedure takes less than 60 seconds and most patients report immediate visual improvement.

Look Before You LASIK

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The outcome and the safety of LASIK primarily depends on determining whether a patient is a good surgical candidate in the first place. The fact is that not everyone is a good candidate for LASIK. That's why it's so important to choose a surgeon that you trust to help you make the right decision.

Dr. Cathleen McCabe is a highly skilled cataract and LASIK surgeon with many prestigious awards. She was named on the PS250 List of the leading innovators in premium IOL cataract surgery and is a LASERVISION Top 100 Surgeon for her vast experience and excellent outcomes in LASIK and refractive surgery.

Dr. Brian Foster is a Fellowship Trained Corneal Specialist experienced in the latest innovations in LASIK and he brings the highest and most up-to-date level of training and knowledge to The Eye Associates. Dr. Foster is also on the cutting edge of other procedures such as corneal transplants, DSAEK, DALK and cataract surgery.



THE EYE ASSOCIATES

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Other Vision Correction Procedures

Some patients seeking LASIK discover that their corneas, although healthy, are too thin for LASIK surgery. There are a host of other advanced vision correction treatments, including Clear Lens Replacement, LASEK, PRK, and Epi-LASEK, that may allow patients who were told they were not candidates in the past to experience the same great benefits provided to millions worldwide.



Clear Lens Replacement (CLR)

Clear Lens Replacement is another surgical procedure designed to reduce or eliminate the need for glasses or contact lenses. Unlike LASIK that changes the shape of the cornea, CLR corrects your vision by removing the natural crystalline lens in the eye and replacing it with a new artificial lens. This is much like what happens in cataract surgery. However, in cataract surgery the removed lens, called a cataract, is clouded, whereas in CLR, the removed lens is clear.

Since Clear Lens Replacement is best suited for people over 50, the high tech lens implants are a great match for this procedure. Most people at this age begin to lose "accommodation" and their ability to focus from near to far without the need for reading glasses, bifocals, or progressive lenses. But now with the FDA approved high tech lens implants, The Eye Associates is able to offer patients the possibility of improving their vision to a level perhaps not experienced even before the surgery. AND once you have had CLR, you will never have to worry about getting a cataract and having cataract surgery.

The only way to find out which procedure would be best for you is to come in for an appointment with one of our experienced physicians who will carefully analyze your eyes. For a **FREE LASIK or CLR Screening**, call 1-866-865-2020 to schedule an appointment.



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Cathleen McCabe, MD



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- LASIK & Clear Lens Replacement Surgeon
- Bladeless LASER Cataract Surgeon

Brian Foster, MD



"My passion is to improve my patients' vision and quality of life."

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FAQ Thyroid Awareness

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

What is the thyroid gland?

The thyroid gland located in the neck produces thyroid hormones which help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working normally.

How important is my thyroid in my overall well-being?

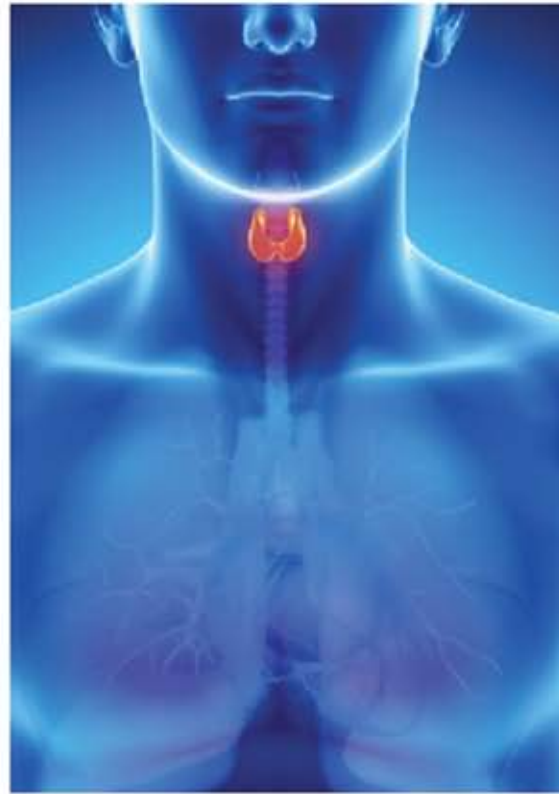
The thyroid gland produces thyroid hormone, which controls virtually every cell, tissue and organ in the body. If your thyroid is not functioning properly, it can produce too much thyroid hormone, which causes the body's systems to speed up (hyperthyroidism); or it can create too little thyroid hormone, which causes the body's systems to slow down (hypothyroidism).

Untreated thyroid disease may lead to elevated cholesterol levels and subsequent heart disease, as well as infertility and osteoporosis. Research also shows that there is a strong genetic link between thyroid disease and other autoimmune diseases, including types of diabetes, arthritis and anemia.

Simply put, if your thyroid gland isn't working properly, neither are you.

How can I tell if my thyroid is working properly?

Both an underactive and overactive thyroid gland can cause symptoms. If you are experiencing symptoms such as fatigue, depression or anxiety, changes in sleep, changes in weight, intolerance to hot or cold temperature, hair loss, dry skin, muscles aches or tremors, or menstrual irregularities, you may have a thyroid problem. Additionally, symptoms of thyroid enlargement such as a swelling in the neck, hoarse voice, or increased discomfort wearing neckties or turtlenecks, should prompt a thyroid investigation. Ask your doctor to test your thyroid function if you are experiencing any of these symptoms.



What is thyroid disease?

Thyroid disease encompasses a large variety of problems with the thyroid. The thyroid can be become underactive (hypothyroid) or overactive (hyperthyroid) for many different reasons. Blood tests are usually the first step in diagnosing thyroid disease. The thyroid can also become enlarged (goiter) or develop nodules (growths within the thyroid). Based on physical exam and blood tests your doctor can determine if other studies are needed such as ultrasound, thyroid scan, or biopsy and the appropriate treatment.

How common is thyroid disease?

Thyroid disease is more common than diabetes or heart disease. Thyroid disease is a fact of life for as many as 30 million Americans – and more than half of those people remain undiagnosed.

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What causes hyperthyroidism?

Hyperthyroidism, or overactive thyroid, can be caused by a number of conditions affecting the thyroid. Common causes of hyperthyroidism include Graves disease, toxic nodule, toxic multinodular goiter, thyroiditis, excess TSH secretion, taking excess thyroid hormone, or excess iodine intake.

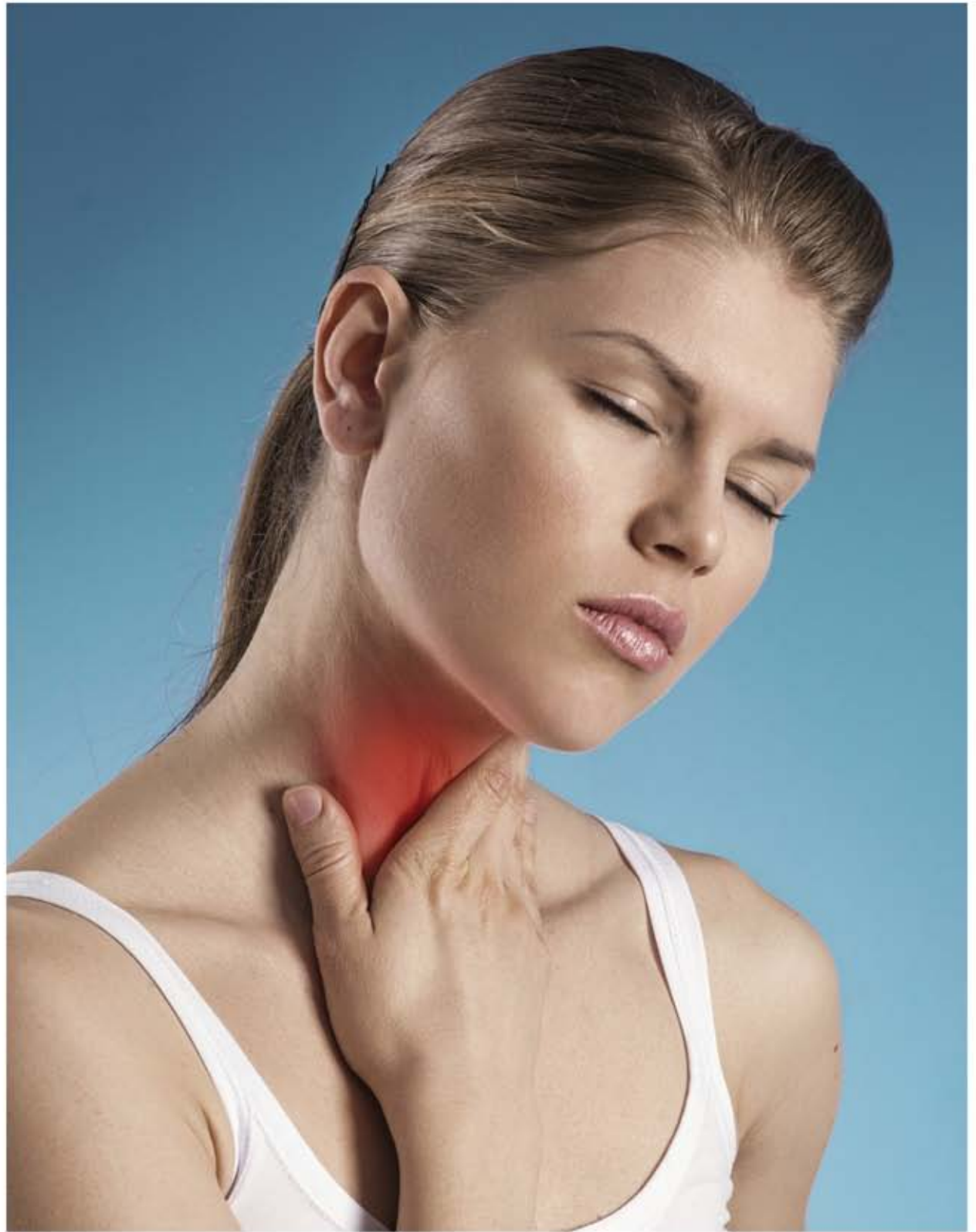
Graves disease is an autoimmune disorder characterized by generalized overactivity of the thyroid gland. It is more common in women and may be hereditary. Alternatively, the overactivity may be centered in areas of overgrowth, called nodules. When there is one or more overfunctioning nodules, this is called a toxic nodule or toxic multinodular goiter. Thyroiditis, or inflammation of the thyroid, may be associated with both hyper and hypothyroidism. Thyroiditis may occur following a viral infection or after pregnancy. Rarely, excess TSH secretion from the pituitary gland in the brain may cause hyperthyroidism. Excess iodine intake is also rare, and may be due to specific drugs, such as amiodarone.

What causes hypothyroidism?

Primary hypothyroidism is caused by an underlying disease of the thyroid.

The most common causes of primary hypothyroidism are autoimmune thyroiditis (i.e. Hashimoto's thyroiditis or lymphocytic thyroiditis), surgical removal of the thyroid (i.e. thyroidectomy), radioactive iodine treatment, or certain medications such as Lithium, Amiodarone.

Secondary hypothyroidism is a much less common problem. It is caused by diseases that affect the pituitary gland's ability to make and release TSH (which regulates thyroid hormone production). Specific problems include pituitary tumors, postpartum pituitary necrosis (Sheehan's syndrome — an uncommon problem where all or part of the pituitary dies after childbirth), trauma, or tumors that grow into the pituitary gland.

**When should I get tested for thyroid dysfunction?**

The thyroid gland is an important organ that secretes a hormone (thyroid hormone), which controls the body's metabolism. Thyroid hormone affects many bodily functions including heart contractility, gastrointestinal motility, and bone mineralization/turnover, among others. These functions are increased in patients who have hyperthyroidism, and decreased in patients with

hypothyroidism. Symptoms of hyperthyroidism include palpitations, insomnia, or weight loss, while hypothyroid patients may have fatigue, weight gain, dry skin, or constipation. If you have any of these symptoms, you should go to your healthcare provider for a thorough history and physical exam. Your provider will use information gained from such an evaluation to determine if testing is right for you.

Solving the Weight Loss Puzzle

Frustrated with excess weight? Find out why your body holds on to excess fat!

Written by Carolyn Waygood, Certified Natural Health Professional

Let's shed some light on the misconception that excess weight is simply caused by too many calories and too little exercise. Most "diets" focus on calorie deprivation, while most "diet programs" are focused on restricting calorie consumption and increasing physical exercise. While improving your food choices and participating in 20 minutes of exercise each day can benefit all of us, in most cases there's other factors which lead to excess weight than diet and exercise alone. If you're one of those people who "have tried everything", and still don't see weight loss results – you're not alone.

With statistics indicating that 2 out of 3 Americans face excess weight issues, the topic of healthy eating – and everything else related to excess weight – has to be addressed. "In my opinion", notes Carolyn Waygood, Certified Natural Health Professional and Diabetes Educator, "the health and medical industries aren't doing a good job educating the public on the many causes of weight gain, and more importantly, how to solve the excess weight puzzle." There are many factors that contribute to excess body weight. While one of the main culprits is our diet, it's not the complete picture.

"Before you embark on a weight-loss program, understand that everybody's weight challenges are different" suggests Ms. Waygood. "Just because your friend lost 50 pounds following one diet program, doesn't mean you will be as successful. Your excess weight could be caused by something completely different, and your body will respond to health alterations at a different rate." No one has a crystal ball, or a tool to look inside you and determine the cause (or causes) of your weight problem. Solving your personal weight loss puzzle takes awareness, patience, and commitment. Changing the body, repairing faulty processes, and building healthy habits doesn't happen overnight.



"It usually takes at least 3 months to experience a positive health change", explains Carolyn, "and may take as long as 6 or 9 months before a person notices their health is improving". So if someone tries to tell you "it's easy", well, it's not. The weight loss puzzle is a complicated one with many facets. Finding out which piece (or pieces) you need to solve your weight challenge takes time and consideration. Take a look at some of the pieces below, and determine if any may be impacting your ability to achieve optimal weight levels.



If you, or someone you know, battles with one or more of the health concerns listed below, it could be affecting your overall health and impacting your ability to achieve optimal weight levels. Contact Carolyn Waygood, CNHP today to schedule a FREE 30-minute phone consultation to help you understand these categories better by calling (941) 713-3767 today. Carolyn is an Independent Representative of Plexus Worldwide, a U.S.-based manufacturer of natural wellness products formulated to help people address a variety of different health concerns. Ms. Waygood has helped many people achieve healthy weight loss, blood sugar control, improved energy, appetite control, improved digestive health, relief from muscle and joint soreness, and improved nutrition. Read more about the positive health benefits individuals have achieved using Plexus products.

POOR NUTRITION	SLOW METABOLISM
IRREGULAR ELIMINATION	IMBALANCED DIET
ACIDIC BODY PH	ENDOCRINE HEALTH
MUSCLE & JOINT SORENESS	LACK OF SLEEP
LACK OF EXERCISE	INCOMPLETE DIGESTION
POOR HYDRATION	LACK OF OXYGEN
IMBALANCED HORMONES	PRESCRIPTION MEDICATIONS
TOO MUCH STRESS	INTESTINAL HEALTH

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"I started taking Plexus Slim with Accelerator 4 months ago and I have lost 26 pounds. I went from a size 12 to a size 8. Even during the Holidays when the food craving was at its worst, I was able to enjoy and eat what I wanted without gaining a pound!" - Hope S.



"When I started taking the Plexus products I weighed 185 pounds and was wearing a size 14. I used Plexus for five months and lost a whopping 52 pounds. I am in a size 5 now. I feel great thanks to Plexus Slim. And the best part is that I haven't gained a single pound back. What an amazing product. I would recommend this to anyone." - Rochelle D.



"At first I was skeptical about the Plexus products. However, I went ahead and tried them and I am very blessed that I did. I have gone from a size 22 (211 pounds) to a size 14 (174 pounds). I have lost a total of 32 inches." - Brandi S.



"I decided to try Plexus on October 24, 2013. I really needed to lose a few pounds and only 10 weeks later my results far exceeded my expectations! Not only did I lose a lot of weight and inches, I am no longer sick! These Plexus products have given me my life back and I will never stop taking them, they really do work! They are changing the lives of my family and friends and for this I am so grateful!" - Sabra McCraw



"I started my Plexus journey on October 3rd, 2013. Since then, my blood pressure has gone down, I'm sleeping better, I have less weight on my bum knee, and have more energy! Within 4 months I was down 64 pounds. I went from a size 54 pants to a size 38!" -David Kempen

To read more customer testimonials, and learn more information about the health benefits associated with Plexus products, visit www.WAYGOOD.MyPlexusProducts.com.



Ms. Waygood provides FREE health education seminars to groups of all sizes. Contact her today to schedule a health seminar for your organization, church, or office!



"I prayed to God for three things: get healthy, lose weight, and find a better paying job. In two and a half months I had lost 43 pounds, 39 inches! I am now in a size 8! I'm getting healthy, I'm losing weight and have a great job that I love! Plexus was the answer for all three of my prayer requests." - Rhonda Langdon

Try a 3-Day Trial Pack of Plexus Slim & BOOST for only \$11.95 (with FREE shipping & handling!), and see for yourself how you can achieve more balanced blood sugars, improved energy, and better appetite control! Order yours today at www.WAYGOOD.MyPlexusProducts.com!

Want to kick off the New Year with healthy goals? Contact Carolyn today to register for a FREE wellness seminar in your area! "Natural Health in the New Year", an informative 55-minute health seminar, is scheduled in Tampa, Saint Petersburg, Bradenton, Sarasota, North Port, and Fort Myers throughout January, 2015! This is a great opportunity to learn more about natural health alternatives, and the Plexus products in a no-pressure sales, educationally-focused environment! Call Ms. Waygood today for more information at (941) 713-3767.



What do Varicose Veins, high blood pressure, high cholesterol and diabetes mellitus have in common?

By Joseph Magnant, MD, FACS

If you have been told by your physician that your varicose veins are cosmetic or pose no immediate threat or that your swollen achy legs are just something you are going to have to live with, you might want to reconsider your options. A number of patients have presented in the past months with complications of their varicose veins including clotting off of the veins (thrombosis) with progression to DVT and or with external bleeding from their varicose veins: one patient bled on the pool deck, another bled on the floor in Walmart, and a third bled in her bathtub. What all these patients and scores of other share in common is the fact that until the specific complication occurred, they had no severe **pain** or real disability from their varicose veins. Most did complain of achy or swollen legs, itching, heaviness, throbbing and heat over the veins, although none had what they would call "**pain**". Most had physicians who knew about their vein problems and either had not made any specific recommendations or had suggested conservative therapy until real "**pain**" or other pressing complications (thrombosis, bleeding?) occurred. With the modern, minimally invasive technique of endovenous ablation available for the treatment of these patients' problems, I believe it is time to change the way we approach venous insufficiency.

Many patients have traditionally been told by their primary care physicians that as long as their swollen, discolored legs don't hurt or their varicose veins are not painful, clotted or bleeding that they should leave them alone. So, is one to conclude that active treatments should be offered only for medical conditions which are painful or have progressed to the point of complications? **Hypertension** has earned the nick name of "**the silent killer**" due to the fact that many patients with high blood pressure are unaware of their condition until a screening blood pressure reveals a high reading. Untreated or undiagnosed high blood pressure

leads to premature heart attack, kidney failure, stroke and death. Similarly, active treatment of **high cholesterol** through weight loss, dietary modification, exercise and medication when appropriate has been shown to reduce the risk of stroke, heart attack and deaths related to hardening of the arteries. Screening blood tests for high cholesterol are routinely performed a part of an annual medical evaluation after the age of 40. Physicians are **not likely** to advise their patients with high cholesterol that they should wait until their first heart attack or stroke before considering active therapy. The same can be said for the treatment of diabetes mellitus. Tighter blood sugar control with dietary modification, increased physical activity and medications when needed has been shown to slow the progression of a variety of complications of diabetes including retinopathy (eye problems), nephropathy (kidney failure), neuropathy (numbness and tingling in the feet) as well as atherosclerosis (hardening of the arteries). Logic dictates a proactive approach to patients with diabetes to reduce the chances of these complications.

Venous insufficiency

is a medical problem, much like the abovementioned conditions and I believe it is time we start treating it as such rather than wishing it away with unfilled compression hose prescriptions or compression hose still in their boxes. Earlier diagnosis and intervention where appropriate will reduce the long term consequences and complications of venous insufficiency such as thrombosis, bleeding, skin changes and ulceration. The modern, minimally invasive technique of endovenous ablation has made this possible.

Of the estimated 35-40 million adults in the U.S. who suffer from symptomatic superficial venous



insufficiency, or venous reflux disease, the majority have symptoms and signs which cause significant discomfort. Until 2000, the only treatments available for patients with significant saphenous vein insufficiency were compression hose, high ligation or high ligation and stripping. The latter two treatments were often considered too invasive for patients with symptoms other than bleeding veins or non-healing leg or ankle venous ulcers.

Thus most patients with venous insufficiency were advised to wait until the end complications occurred before considering anything more than compression hose. The landscape of venous insufficiency treatment was transformed dramatically by the introduction of endovenous ablation (sealing veins with heat rather than vein stripping) in 1999. The radiofrequency catheter system was the first system approved by the FDA in 1999 and the LASER system for endovenous ablation received FDA approval in 2001.

Over the past decade, our understanding of venous insufficiency has been greatly improved as endovenous ablation has been applied with excellent results to patients with some of the more advanced stages of venous insufficiency. Superficial veins other than the great saphenous vein, such as the small saphenous vein, intersaphenous



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.

vein, anterior accessory saphenous vein and perforating veins are now treatable with endovenous ablation. Modern ultrasound evaluation of the lower extremity venous system by experienced vascular technologists accurately identifies which veins are insufficient (leaking) and stratifies the severity of reflux. Ultrasound directed sealing of the abnormal veins under local anesthesia has yielded far superior results than vein ligation or stripping. The net result has been relief for millions of patients worldwide and for hundreds of thousands of patients in the USA. Ulcers are being healed in record time, stasis dermatitis changes are being reversed and leg swelling and pain is receding in thousands of patients once thought to be untreatable.

So the question

is when to consider getting your vein problems evaluated and whether it is wise to leave varicose veins alone until complications like superficial venous thrombosis (clotting of the varicose veins) with possible progression to deep vein thrombosis(DVT), hemorrhage(bleeding) or ulceration occur. The next time someone tells you to wait for one of the above occur before to seeking evaluation or treatment of your venous problem, reflect back on the goals of treatment in patients with other medical diseases such as high blood pressure, high cholesterol and diabetes. The common goal is quite simply prevention of long term complications, not necessarily relief of "pain". It has been 11 years since the introduction of endovenous ablation as the preferred treatment of patients with symptomatic venous insufficiency and it is time to shed the light of this safe, effective and minimally invasive treatment on the mass of patients still suffering from venous insufficiency.



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Joseph Magnant, MD, FACS
Board Certified Vascular Surgeon

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Thyroid Disease in Cats

By Dr John Rand, D.V.M.



Thyroid disease is the most common endocrine disease of cats. As in people, the thyroid paired glands usually located just below the voice box. They produce various hormones that affect essentially every cell in the body. These hormones regulate the body's metabolism of fats, carbohydrates, and proteins, heat production, and also increase the sympathetic nervous system (fight or flight response). In contrast to dogs whose thyroid levels are too low, cats with thyroid disease have excessive amounts of these hormones usually from hyperplasia or a benign tumor of the glands (70% of the time both glands are affected). While cats may present with any number of clinical signs as a result of thyroid dysfunction, many owners notice significant weight loss even though they have an excellent appetite. Weight loss with a good appetite is also commonly seen with many other equally common diseases of older cats, though (chronic kidney disease, diabetes, various cancers, etc.). Thankfully, for the majority of the time, the diagnosis is fairly straightforward with routine lab work.

Losing weight and eating a ton sounds like a dream come true for some pet owners. What is so bad about that? Many hyperthyroid cats also develop chronic vomiting and diarrhea and can become debilitated quite quickly. Sometimes, though, the unseen damages are of the biggest concern. Recalling that thyroid hormones affect virtually every cell in the body, we can see significant, varies, and very significant problems arise with excess hormones in circulation – the most significant of which are high blood pressure and heart disease.





The unchecked damage wrought from these two processes can cause anything from kidney failure, blindness, heart failure, and sudden death. With early diagnosis and treatment, however, these effects can be managed or abolished outright.

Several options exist for the treatment of hyperthyroidism in cats. The most common way that cat owners today manage the disease is with twice daily administration of a medication called methimazole. Administration can be by mouth (with pills or liquid) or by applying a small amount of gel to the skin of the ear. As with all medications, side effects can occur, but are rare and typically mild. Once the pet is started on the medication, frequent lab results and blood pressure checks are needed to assess the thyroid levels and response to therapy.

A cure can be achieved with a single dose of radiation performed at a specialty facility. Initial costs are high, but the long term benefits are clear. Side effects are extremely rare. This treatment can only be used for cats that have not already developed secondary damage to their heart and kidneys. So, early detection and action is very important. The other method for a cure is with surgery to remove the thyroid gland(s) affected. Fewer and fewer owners elect this option, as the costs and risks do not outweigh the benefits of the other treatment modalities.

The newest means of managing hyperthyroidism in cats is with dietary therapy. Since thyroid glands require iodine to make their hormones, maintaining EXTREMELY LOW levels of iodine in the diet can prevent their overproduction. Until fairly recently, the means of preparing a diet with such specific requirements had been impossible. A prescription diet exists now that can treat these cats effectively. We see the same excellent results that we can attain with the medical management of methimazole, but with none of the side effects and without twice daily medication.

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.

Similar, semi-regular blood pressure and blood tests are needed for monitoring purposes, as this dietary therapy will fail if the cat eats anything except for the prescription food. This means NO table scraps, no treats, no hunting bugs, lizards, frogs; the cat can eat nothing but the special diet. This can be difficult in multi-pet households or for owners who cannot stand the idea of their cat going without treats.

As with so many diseases, the combination of early detection and treatment with regular monitoring of thyroid disease should allow for a good to excellent prognosis for many pets.



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Put Out the Smoke and Heal Your Wounds

It's that time of year again. The time to make resolutions and try our best to keep them. Many people set personal goals of losing weight, spending more time with family, or eating better. Another popular New Year resolution for many is to quit smoking. Keeping resolutions is oftentimes difficult for many people, life gets busy and we resort back to our old ways. We all know there are numerous health risks of smoking, but did you realize that if you are a smoker and you have chronic wounds you could be prolonging the healing process. Make this year, the year you finally stop smoking for good!

Today in 2015, there should be no question that tobacco use is one of the worst things you can do to your body. There have been hundreds of scientific studies. This subject is extremely well documented.

From the Centers for Disease Control and Prevention (CDC) alone:

- Smoking harms nearly every organ of the body.
- Smoking causes many diseases and reduces the health of smokers in general.
- Smoking causes more than 480,000 deaths each year in the U.S. That's about one in five deaths.
- Cigarette smoking causes most cases of lung cancer.
- Blockages caused by smoking can also reduce blood flow to your legs and skin.
- Smoking damages blood vessels and can make them thicken and grow narrower. This makes your heart beat faster and your blood pressure go up. Clots also form.

The bullet points go on, but we can already see the connection between smoking and poor wound healing. Essentially, healing depends on the body's ability to transport freshly oxygenated blood and nutrients to and from a wound site. If you're smoking, you are basically de-oxygenating your blood and robbing the wound site of the oxygen it needs to heal. Worse, you're replacing the fresh oxygen you would normally be breathing with a deadly mix of more than 7,000 chemicals, of which hundreds are toxic and about 70 can cause cancer.



How Smoking Impairs the Body's Ability to Heal Wounds

Nutritionally, smokers tend to eat less healthfully, do fewer physical activities and consume more alcohol. All of these have an adverse effect on wound healing.

First, the body needs tremendous amounts of energy/calories to heal wounds. But since nicotine is a proven appetite suppressant, smokers have an increased potential to take in fewer calories, resulting in delayed or impaired wound healing.

The full physical effects from the newer e-cigarettes are not known, though the liquid nicotine they feature is certainly a poison and can be lethal. It can be harmful when inhaled and it can also be harmful when ingested or absorbed through the skin. In fact, less than one tablespoon of the e-cigarette liquid on the market may be enough to kill an adult, and as little as a teaspoon could kill a child.

And although liquid nicotine's effects on wound healing are unclear at this time, the CDC is clear about nicotine dependence. Nicotine is the drug in tobacco products that produces dependence and most smokers are dependent on nicotine.

As wound care professionals, we must continue to educate our patients about the connection between smoking and poor wound healing. Smoking can either cause or exacerbate the five underlying conditions that inhibit wounds from healing: poor circulation, infection, edema, poor nutrition and repetitive trauma.

Are you suffering from a wound, or have you recently had a surgical procedure and require specialized wound care? Proper wound care supplies and techniques are essential to reduce the chance of infection and improve healing. With Acute Wound Care, your treatment plan will include the best clinical practices, supplies and equipment for successful wound cleaning, management, dressing, and healing. Having support, someone to encourage you to quit smoking and who can reinforce the benefits of stopping is important and can make a big difference in your wound healing and your overall health. Call today for a free consultation.

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239-949-4412

and speak with a specialist.

AS WE AGE WE NEED TO MAKE CHANGES TO STAY SAFE

More than one in three seniors over age 65 fall each year, and the National Institute on Aging (NIA) says **80 percent of these falls are in the bathroom.** Due to the multitude of unforgiving and slippery surfaces, bathrooms can be very hazardous for seniors.

You see, bathrooms are very dangerous places even though most of us never really think of them that way. All you have to do is a quick internet search and you would clearly see how many slips and falls occur in a bathroom every year. This number is even more startling when you look at the number of seniors.

According to research from the Centers for Disease Control and Prevention, 1.6 million older adults seek emergency care each year for fall-related injuries, fractures or head trauma. In addition to potentially losing their independence, seniors 65 years old and up have a 25 percent chance of dying within six months to a year if they fall and break a hip. An estimated 95% of hip fractures are a result of falling

A fall can significantly change your life. If you're elderly, it can lead to disability and a loss of independence.

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.

Fortunately, falls are a public health problem that is largely preventable. As our health changes and our risk of falling increases, we must make changes to minimize our chances of falling and potentially suffering from a serious injury.

Falls and accidents seldom "just happen." Taking care of your health by exercising and getting regular eye exams and physicals may help reduce your chance of falling. Getting rid of tripping hazards in your home and wearing nonskid shoes may also help.

Another preventative method recommended by physicians is immediately addressing any changes within the home that will help prevent falls. One of the most recommended additions to the bathroom, is a shower or tub built around the unique needs of elderly adults. There are a variety of products available that can significantly reduce the risk of falling while bathing, some of these include: walk-in shower unit with foldable chair, flexible shower wand, grab bars, and ultra-low step up.



Knowing how to get in and out of tubs and showers properly and equipping homes with necessary safety precautions can reduce senior falls, keep them out of the emergency room and possibly extend their life.

A senior living in a safe home is able to live more independently with a better quality of life. Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.

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A NEW YEARS RESOLUTION TO KEEP: YOUR ANNUAL INVESTMENT REVIEW

By Sandy Keir, CFP®, Suncoast Advisory Group

"Happy New Year!" I woke up to that greeting from my husband, Bob, this morning and quickly remembered that today is the first day of 2015. I always have mixed feelings on January 1. I'm a little bit sad that another year has passed, nostalgic about all the fun things that I did last year and excited (and a little bit anxious) about what the new year will bring.

Once all of the college bowl games are over, the last of the cookies have been eaten and the decorations put away, I'll start receiving year-end statements from banks, brokerage firms and insurance agencies where I have my accounts. That signals the start of my own annual account review, as well as the account review meetings that I hold with each of my clients.

If you aren't in the habit of reviewing your investments every year and you're not sure how to get started, here's a guide for what to look at:

1) Mutual Funds – What do your funds invest in (i.e., stocks, bonds, alternatives, etc.)? Did your account go up or down this year? How did your funds do relative to similar funds and to the market in general? Are you going to get hit with a large, taxable capital gains distribution this year?

One of the largest mutual funds in the world lost its manager this past year and has experienced a large outflow of money. Although most of my clients weren't aware of the change, I made sure that their money was moved somewhere else until we have a better idea about the future of the fund.

2) Annuities – What kind of annuities do you own (i.e., variable, fixed, fixed index)? What did you earn on them last year? Did your interest rate stay the same or go down? If you're already receiving income, did it stay the same or change?

Not all annuities are created equal and they can be complicated and confusing. I make it a habit to review all of the features and benefits with my clients every year so they know what they own.

3) Life Insurance – most people don't know that they need to review their policies regularly. They put their contracts in a safe place and never look at them again until they're needed. Did you know that, even if you're making your premium payments on time, policies can lapse and won't be in force when you need them most—when a family member passes away?

Life insurance costs have come down quite a bit over the last few years and you may be able to save money on your premiums if you upgrade to a newer contract. It's worth it to check several highly-rated companies to see if you can save money or even increase your coverage for the same premium.

4) 401(k), 403(b), SEP and Simple IRAs – How are your contributions being invested? Have you made any changes in the past year? Is your employer making matching contributions? Do you know how much you're paying in fees? Contribution limits for 401(K) and 403(b) plans increased for 2015, so make sure you're putting in as much as you can afford.

If you're interested in learning how Sandy can help you plan for the future, call her at 941/201-1231 or email her at sandy@suncoastadvisorygroup.com.

I always make a point of reviewing my client's retirement plans every year to make sure they're well diversified, not exposed to more market risk than necessary, don't overlap with other investments they already hold and aren't paying excessive fees.

5) CDs – It's no secret that interest rates have been near zero for the last few years, largely due to the Federal Reserve's efforts to jump start the economy and bring unemployment down after the recent recession. That's made it very difficult for some of you to maintain your lifestyle. Make sure you're not just letting your CDs renew at the end of the term without shopping local banks for rate specials. Also make sure you're checking the internet for competitive rates at national banks and brokerage firms for yields on brokered CDs. If you're a little less risk averse, you might want to check out individual bonds or income mutual funds.

The financial markets change every day and can be affected by unexpected economic and political changes anywhere in the world. That's why it's important for you--and your family—to invest wisely and make changes when necessary. Take time this January to review your accounts and make sure you're invested for a happy, prosperous 2015!

Sandy is a CERTIFIED FINANCIAL PLANNER™ with Suncoast Advisory Group in Sarasota. She works with people who want to make sure they have enough money to live the life they desire and then invests their money accordingly. If you're interested in talking to Sandy about your investment goals and having her review your accounts, call her at 941/201-1231 or email her at sandy@suncoastadvisorygroup.com. Your meeting is complimentary if you mention this article.

Investment advice and advisory services offered through Suncoast Advisory Group, a Registered Investment Advisor.

**Join Sandy's next Financial Life Planning workshop
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Sandra "Sandy" Keir, CFP®, CRPC, CLTC

Sandy's "aha" moment came at an early age. She had a wonderful childhood in Duluth, Minnesota. Her father was a good provider. Her mother was a devoted wife and mother. But when it came to the household finances, her father was the decision-maker. Sandy made the connection that the breadwinner was the boss. Money was power. "I decided that I always wanted to be in control of my own destiny," she says.

A lifelong wealth advisor, Sandy's passion is to help other women pursue the financial independence she has gained. "As women, many of us are going to be on our own at some time in our lives," Sandy says, "so we either need to gain an understanding of money and finances or we need to partner up with a financial advisor who can guide us. Many of the decisions we make, such as when to start taking Social Security, are irrevocable. However, only about 30 percent of women currently seek advice before making those decisions."

During her 25 years in the wealth management industry, Sandy has worked for such companies as Merrill Lynch, Lincoln Financial Group and Transamerica Capital. She lived in Sarasota for 15 years before moving to Pennsylvania in 2009, to become the Regional Sales Manager of Western Pennsylvania for Kades-Margolis Corp. She returned to Sarasota in 2014 to join Suncoast Advisory Group.

In addition to being a Certified Financial Planner, of which only 23 percent are women, she holds the Chartered Retirement Planning Counselor (CRPC) and Certified in Long-Term Care (CLTC) designations. She earned her bachelor's degree in Political Science from the University of Minnesota in Minneapolis.



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It's been an unpredictable year for the markets and there's uncertainty about what 2015 will bring.
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“ How am I going to live today in order to create the tomorrow I'm committed to? ”
-ANTHONY ROBBINS

Prepare for a Healthy New Year!

For many people, the approach of a new year often means a renewed focus on how to make things healthier for their families. Eating a healthy diet, getting enough sleep, and practicing other healthy habits are an important part of keeping your family healthy and happy in the coming year.

As 2014 comes to an end and 2015 beckons you forward, take the time to review and look back at the year that has passed.

Are you at a healthy weight?

Do you exercise enough each week?

Do you select healthy food choices?

Do you spend quality time with your family and friends?

Have you met the career goals you set for yourself?

Do you have a positive, optimistic attitude about life?

Are you financially stable and secure?

Once you evaluate where you stand now, look toward the new year and make plans now for what you want.

Here are several helpful tips on how you can have a healthier, more positive New Year:

Get a checkup with your doctor. Find out how you're doing health-wise so you can set goals to improve your health with proper diet and exercise.

Set some personal health goals. Write your goals into a notebook and keep it handy. Track your progress of reaching your goals.

Get moving. Exercise is vital at any age. Explore local health clubs, gyms, personal trainers as well as at-home equipment to help you get fit and healthy.

Quit smoking. Smoking is connected to many chronic diseases and you can save a lot of money over the next year if you quit smoking.

Reduce the stress in your life. Stress includes daily events like deadlines at work, long drive times with excess traffic, and more activities.

The New Year has long been a time for reflection on the personal changes we want to make as we look forward to a year of healthy possibilities. Health-related goals are popular New Year's resolutions, but sometimes we may not know where to begin. By following the above tips, you will be well prepared to successfully achieve your health resolutions for 2015.



5 Heart Healthy Resolutions for the New Year

By Julia Rodack

The New Year is a perfect time to reflect on the past 12 months and assess what habits you want to take with you, and what you want to leave in 2014. Yes, resolutions can both feel and be hard to keep, but they don't have to be. "Usually when people fail to accomplish their mission for a healthier life, they don't set achievable goals and have a lack of commitment," says Maribet Rivera-Brut, nutritionist and American Heart Association volunteer. "And 'commitment' is the key word here."

It takes 21 days to make a habit and only one day to break it, says Maribet, so keep your focus. To ensure success, follow these rules:

- **Create realistic goals and strategies.** "Set a goal you know you can keep," says Maribet. "If you are trying to eat more vegetables, don't start by gorging yourself. Pace yourself."
- **Keep it simple.** If you aren't used to eating something, try gradually adding it to your diet, suggests Maribet. Not a fan of greens? Try mixing a small amount of frozen spinach to smoothies. Not sure you'll like quinoa? Add a scoop to salads to help get used to the taste and texture.
- **Be patient.** "We need to accept the fact that we followed the same lifestyle for a very long time," says Maribet. "Changing it isn't always easy. And remember, it's OK to slip up sometimes – just remember to get back on track."

Ready to get started? Here are five easy, heart healthy resolutions for every lifestyle.

1. Drink more water

You've heard it time and again, but the fact remains: Drinking the right amount of water is a key ingredient in staying healthy. If you're drinking more water, you'll have less room for sugary sodas – which is a good thing. "More than half of the calories we consume every day comes from sweetened beverages," says Maribet. "Many people forget the cheapest drink is readily available in our houses – known as water."

2. Go green

Make 2015 the year of the kale chip – not the tortilla chip. By keeping your cabinets stocked with heart healthy fruits and vegetables, you are in better shape to stick to your resolution. And if fresh doesn't work with your schedule or habits,

remember you can get frozen or canned. Just be sure to rinse canned fruits and vegetables, as they may contain added salts and sugars.

3. Eat seasonally

Good for your budget and waistline, eating seasonally means you are getting food at its peak performance and flavor level. Additionally, you'll be supporting your local community and farmers, which is always a great resolution as well.

4. Cut out processed food

Just do it. Decide that 2015 is going to be the year you say no to aspartame, high fructose corn syrup and hydrogenated oil. In addition to chemicals your body doesn't need or want, processed foods are full of added salt. Higher salt intake puts you at risk for high blood pressure. In fact, 75 percent of the salt in the average American diet comes from salt added to processed food and restaurant food, according to the American Heart Association. So take control and cut out salt where you can.

5. Eat more fiber

Crucial to heart health and reducing the risk of heart disease, fiber is easy to add to your diet. Whole grains are filled with fiber, which makes digestion easier and helps you feel fuller when you're done eating – both key factors in weight management.

Julia Rodack is a NYC-based writer and editor. She loves food, fashion and alliteration. Her work has appeared in Time Out New York, The Brooklyn Downtown Star and various online publications.

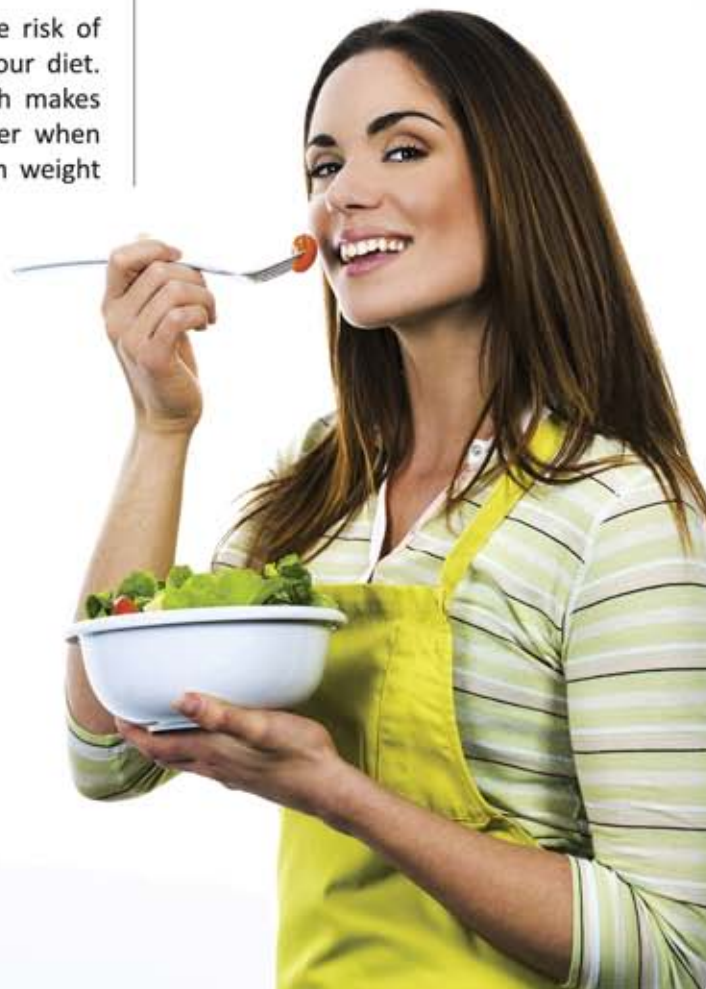


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CARING FOR THE CAREGIVER

How Does Caregiving Put Caregivers at Risk?

By Lynn Schneider, Director of Community Relations, Park Royal Hospital

Having a spouse who is battling a serious illness can bring about a multitude of emotions. Estimates have shown that families provide 80% of the long-term care for chronically ill individuals in the United States. When someone has a spouse who is suffering from a serious illness, he or she often finds him or herself taking on the role of primary caregiver. These people want to be there for their loved ones in their time of need, but they do not always realize the immense amount of physical and psychological stress that they are imposing on themselves by doing so.

Studies have shown that caregivers consistently report experiencing greater feelings of depression and other mental health conditions than do individuals who are not providing care for loved ones. Additionally, research has shown that between 40% and 70% of caregivers display clinically significant symptoms of depression, with approximately half of those individuals meeting diagnostic criteria for a clinical diagnosis of depression. When caregivers are suffering from depression, they are highly susceptible to experiencing other emotional and behavioral disturbances. These individuals are more likely to experience the onset of coexisting mental health conditions, such as an anxiety disorder. Additionally, people who are depressed and who are responsible for providing care to their spouse may find that they can experience a sense relief from their own symptoms by using drugs and/or alcohol.

Caregivers also consistently report feeling extreme levels of stress as a direct result of having to provide ongoing care for their loved ones. In many cases, in addition to caring for their spouses, these individuals are also responsible for financially supporting their loved ones. These people often have to maintain steady, full-time employment in order to keep their families financially afloat. In such instances, these people have no choice but to work full-time, only to then come home and once again take on the role of caregiver. The amount of

pressure that these individuals are under can understandably elicit ever-increasing levels of stress. They ultimately find that they do not have any time to relax, which leads to their feeling overwhelmed and exhausted. Not only does this affect them psychologically, often increasing their feelings of depression and anxiety, but it can also begin to negatively impact them physically. The presence of chronic stress, in addition to lacking the ability to rest, can ultimately result in the onset of physical illnesses. Yet, despite becoming physically ill, the responsibilities that these individuals have placed on them do not cease, meaning that they continue to provide care for their loved one. The physical strain of continuing to provide care despite being sick can further perpetuate the feelings of stress, depression, and anxiety.

Another trial that caregivers face is that they often begin to question their own ability to provide care to for their loved one. When they are consistently caring for their spouse and do not see any positive results from that caregiving, they can easily begin to feel as though they are failing their loved one. Now, in addition to the stress, depression, and anxiety that these individuals experience from the actual task of caregiving, they are faced with decreasing feelings of self-worth and uncertainty as they doubt their own effectiveness at helping their spouse. Such feelings ultimately exacerbate the already present feelings of emotional distress.



Additionally, as caregivers witness the suffering that their loved one is going through, their own level of distress is heightened. They may begin to blame themselves that they are unable to relieve their loved one's suffering.

So what can be done to help alleviate some of the pressure that caregivers are under? Perhaps the biggest thing for these individuals to remember is that there is no shame in asking for help. Because they are caring for their spouse, they may feel as though it is solely their responsibility. However, seeking out support from other family members or other individuals in your loved one's life can make a monumental difference in regards to alleviating some of the stress that they are under. Additionally, it is imperative that caregivers take care of themselves. If symptoms of anxiety and depression are present, seeking treatment from a mental health professional is the most beneficial way of addressing such concerns.

Park Royal Hospital, a premier provider of behavioral healthcare services, offers a number of treatment options for individuals who may be suffering from the distressing emotional symptoms that may arise as a result of being a loved one's primary caregiver. With a holistic approach to treatment, the highly trained and qualified staff at Park Royal can help these individuals address their concerns, find relief from their distress, and ultimately work towards rebuilding their sense of self-worth, allowing them to be the best help, support, and source of caregiving for their loved one.



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The Scariest Thing I Have Ever Done

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

I want to share a recent email from a friend. I warn you it may cause some spiritual discomfort.

Hi Pastor Alex,

I was thinking today of how amazing it is that you just sent a *Dangerous Prayers* email lesson on this subject.

My husband and I have led a small group based on your book, *Dangerous Prayers* and it was awesome! I am excited for your new book, *Prayer Killers*, because it is so important that we look in our heart to see if we are holding on to anything that could be a prayer killer! I pray a lot for the people God places on my heart. I usually ask God to show me anything in my heart that is not pleasing to Him: Pride, Judgment, Bitterness, anything that is not right as King David did in Psalm 51:10.

Well, many months ago God placed someone I personally knew on my heart to pray for. Someone from back home, a former boss' husband; a police officer that had done things that landed him on the wrong side of the law and went to prison. He was released a few years later and his wife faithfully stuck by his side. So for some odd reason I got up that morning and I felt like I needed to Google his name, "weird," I thought, but proceeded to do it and his story was there. It was an amazing story of how God had helped him and I thanked God for the encouraging story.

Around two months later he was back on my heart, but this time as an urgent prayer for him. I didn't know why, so I Googled him again, and he had been arrested again for very similar charges as before. What he did was so wrong and I personally knew some of the people he hurt, including his family. This time I struggled, but I decided to pray for him and his family.

As I prayed, I felt something cold in my heart. Something foul was in my soul. I was unsure of what it was, but knew that holding on to something crummy would not be good. And it seemed like my prayer was being smothered. I wondered if it was something towards the man. I asked God, "What's wrong? Am



I just mad at this guy? I mean you asked me to pray for him, but something feels disconnected... I know he is your son and you love him no matter what." God was clear, "You are holding on to bitterness and judgment towards someone else." I was? Who? As I asked another person's face started materialize in my mind. And it was not one person, but two faces! Ugh! I realized then that I had started my prayer by asking God to cleanse my heart, and so He was.

Buried bitterness toward these two people was inside of me... so deep that I had even convinced myself that it was not there. "God forgive me for holding on to this foul selfishness for so long and help me forgive myself."

After that I thought, "Great, all is well, right?" NOT! God said, "You need to speak to these people and let them know that you have been judging them and ask them to forgive you." What? I can't do that. I knew God was stretching my love towards Him and others. But can I be honest Pastor, it was very scary.... probably the scariest thing I had ever done.

I decided to seek counsel and they said I really needed to confront this. So with some God-given courage, I was transparent with them about our past painful interactions that caused my buried hatred for them. I was afraid...but I experienced an amazing life-lesson.

I felt like a piece of me that was not good just left; like a dead branch of my life had been trimmed! I knew inside of my heart that now I had room...room for more life and more fruit!

You see Pastor, I have an issue and it's my mouth. I can be very direct, and though my words are honest, they can be biting and well... not very life-giving. God has been working on that. I am glad that I did follow through with the confrontation because I learned that I was bitter over something that I was partially responsible for with my own tongue. Now I am learning to speak life, and to confront things, with an "I am seeking to understand attitude." What an eye-opening experience!

I'm very sorry for the long email, but I wanted to share this after reading your last email lesson, *Prayer Killer*.

Thanks again Pastor, Kerri.

To your spiritual health,
Alex E. Anderson
 Author of the book, *Dangerous Prayers*
www.dangerous-prayers.com



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