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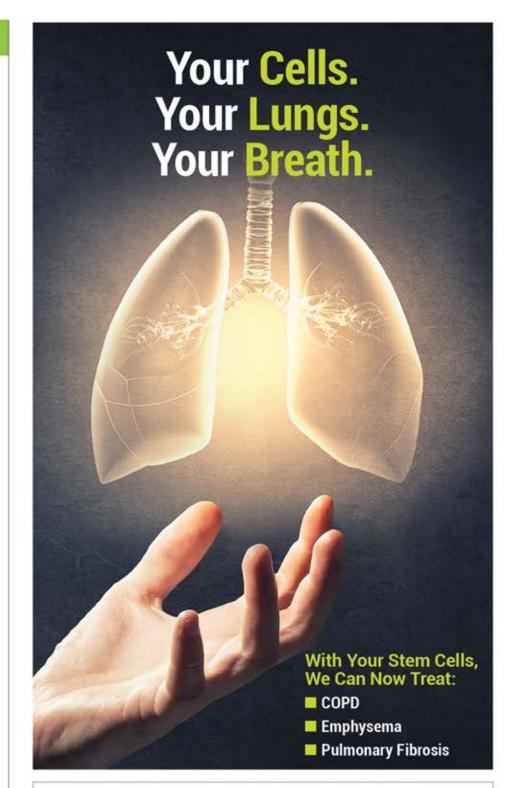
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# YOUR "ARCH" ENEMY

By Myles Rubin Samotin, MD - Board Certified Orthopaedic Surgeon, Fellowship Trained in Foot and Ankle



The signs and symptoms of flatfeet problems can include lower leg pain and weakness, pain around the inside ankle, sometimes with swelling.

You may have weakness inverting (pointing the toes inward) the foot. You may find that you have uneven shoe wear and notice that your regular shoes seem to be collapsing. You may also find that you have the inability to stand on your toes. Some-

times flatfeet can contribute or exacerbate other problems such as plantar fasciitis, posterior tibial tendonopathy, achilles tendonitis, shin splints, bunions, stress fractures and calluses.

ook down at your feet right now! Do they seem different from ten years ago? Does your foot arch look the same as it did, or are you imagining that it has changed? Does your arch seem flatter to you? Well, maybe it has become flatter. And quite possibly that flatness may result in a lot of severe foot problems for you.

First, try the wet test. Wet your feet, then go and stand on a flat, dry surface that can leave an imprint of your foot. A normal footprint has a wide band connecting the ball of your foot to the heel, with an indentation on the middle, inner side of your imprint. A foot with a high arch has a large indentation and a very narrow connecting band, and conversely, a flatfoot leaves a nearly complete imprint with almost no curve.

There are several reasons for having flatfeet. They can be present at birth (congenital), caused by ongoing stresses to your foot, obesity, diabetes, Osteoarthritis, Rheumatoid arthritis, hypertension, or traumatic injury to your foot or ankle.

You may have flatfeet and be pain free. But you must understand that the arch in your foot is there to help distribute your weight across your entire foot. Painless flatfeet can deteriorate over the years and become painful. By that time, it may be too late to treat conservatively.

#### So how should you treat this?

First, you should be properly evaluated by a Foot and Ankle Orthopaedic Specialist who will review your medical history and examine your feet, and if necessary, your gait.

#### Why an orthopaedist?

Simple!! The foot has twenty eight bones that need and should be evaluated by a bone doctor!!! Be sure to bring your regular shoes so that these may be examined. X-rays of both feet should be done for comparison and to determine, if it exists, the severity of the flatfoot. Muscle and tendon strength should be evaluated by your Orthopaedic Foot and Ankle Specialist.

Treatment can vary depending upon the cause. Conservative treatment can include shoe modifications, arch supports and custom orthotics. An injection of corticosteroid may be used to calm an inflammatory pain in your flatfoot. Resting and icing the involved extremity can help. Physical therapy may be necessary to strengthen and stretch the surrounding tissues, helping to alleviate the stress placed on to your affected foot.

However, frequently the only way to correct your painful foot is through surgery. Surgical procedures can help reduce or eliminate the pain and can improve bony alignment. They can include Arthrodesis, or welding (fusing) two bones together, Osteotomy or cutting or reshaping a bone to correct alignment, Excision or removal of extra bone or spurs, Synovectomy or cleaning the sheath of a tendon, and/or Tendon Transfer, to replace a worn or ruptured tendon.



Having flat feet can be a very serious matter. If you are experiencing foot pain and think it may be related to flatfeet, see an Orthopaedic Specialist as soon as possible. This is a problem that often worsens over time with treatment becoming more and more complicated. With 28 bones in your foot, you need to be evaluated by a Board Certified Orthopaedic Surgeon with a Sub-specialty, Fellowship Trained in Foot & Ankle surgery. In fact I am the only surgeon with these qualifications in our area. I believe this makes me uniquely able to deal with these problems in a state-of-the-art atmosphere and method that will keep you in good hands and provide you with the most desired result.

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# Your Mouth is a Window to Your Overall Health

By Dr. Alexander Gaukhman

id you know that your oral health can offer clues about your overall health — or that problems in your mouth can affect the rest of your body? Understand the intimate connection between oral health and overall health and what you can do to protect yourself.

#### What's the connection between oral health and overall health?

Like many areas of the body, your mouth is teeming with bacteria — most of them harmless. Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, can keep these bacteria under control. However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease.

In addition, certain medications — such as decongestants, antihistamines, painkillers and diuretics — can reduce saliva flow. Saliva washes away food and neutralizes acids produced by bacteria in the mouth, helping to protect you from microbial invasion or overgrowth that might lead to disease.

Studies also suggest that oral bacteria and the inflammation associated with periodontitis — a severe form of gum disease — might play a role in some diseases. In addition, certain diseases, such as diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe.

#### What conditions may be linked to oral health?

Your oral health might affect, be affected by, or contribute to various diseases and conditions, including:

- Endocarditis. Endocarditis is an infection of the inner lining of your heart (endocardium). Endocarditis typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to damaged areas in your heart.
- Cardiovascular disease. Some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.
- Pregnancy and birth. Periodontitis has been linked to premature birth and low birth weight.



- Diabetes. Diabetes reduces the body's resistance to infection — putting the gums at risk. Gum disease appears to be more frequent and severe among people who have diabetes. Research shows that people who have gum disease have a harder time controlling their blood sugar levels.
- HIV/AIDS. Oral problems, such as painful mucosal lesions, are common in people who have HIV/AIDS.
- Osteoporosis. Osteoporosis which causes bones to become weak and brittle — might be linked with periodontal bone loss and tooth loss.
- Alzheimer's disease. Tooth loss before age 35 might be a risk factor for Alzheimer's disease.
- Other conditions. Other conditions that might be linked to oral health include Sjogren's syndrome an immune system disorder that causes dry mouth and eating disorders.

Because of these potential links, be sure to tell your dentist if you're taking any medications or have had any changes in your overall health — especially if you've had any recent illnesses or you have a chronic condition, such as diabetes.



#### How can I protect my oral health?

To protect your oral health, practice good oral hygiene every day. For example:

- · Brush your teeth at least twice a day.
- · Floss daily.
- · Eat a healthy diet and limit between-meal snacks.
- Replace your toothbrush every three to four months or sooner if bristles are fraved.
- Schedule regular dental checkups.

Also, contact your dentist as soon as an oral health problem arises. Remember, taking care of your oral health is an investment in your overall health.



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# Staying a Step Ahead of COPD

Chronic Obstructive Pulmonary Disease (COPD) has grown in prevalence over the last decade and is now the third leading cause of death in America. When diagnosed with an incurable chronic illness, people tend to search for alternatives to traditional medicine. The quest for treatment options can leave a patient feeling overwhelmed. Anxiety and depression can exacerbate symptoms, creating a vicious cycle. Despite the grim outlook a COPD diagnosis can produce, alternative ways exist to treat not only the symptoms of COPD, but the disease itself.

#### **Coping Strategies**

#### Stay Positive

Talk with someone when feeling anxious or depressed, whether it's a friend or a professional. Enjoy favorite activities, and explore alternative forms of stress management like yoga, tai chi and meditation. These produce mental benefits as well as physical. Find reasons to laugh often. Maintaining a positive outlook can improve overall quality of life.

#### Bolster Resilience

Choose activities that create a sense of accomplishment. For those who, for instance, love gardening but feel short of breath, a container garden could bring a goal within reach. If the pots are too heavy, a friend could help, and the results could be healthy, growing plants and a new gardening friend.

#### Pulmonary Rehabilitation

Consider a pulmonary rehabilitation class to address the disease head-on by improving lung capacity and blood oxygen levels. Rehab also involves nutrition. A good diet for someone with COPD includes ironrich foods, such as red meat and green, leafy vegetables that promote oxygenation of the blood.

#### Alternative Therapy

There are many things people can do every day to stay a step ahead of COPD, but to treat the disease, rather than only the symptoms, alternative therapy using the patient's own stem cells has shown potential. The same cells that repair a simple cut on the skin, properly harnessed, can promote healing in damaged lung tissue. Adult stem cells do this naturally, only not at a rate fast enough to keep up with degenerative lung disease.



Don't just treat the symptoms. Treat the disease itself.

One medical clinic, the Lung Institute, is using adult, or autologous, stem cells, harvested from patients' blood or bone marrow, to boost the body's natural healing process. The Lung Institute's Jack Coleman, Jr., MD, recently released a white paper outlining a study showing that stem cell therapy in patients with lung diseases has the potential to improve pulmonary function and quality of life.

Dr. Coleman's white paper, titled "Autologous Stem Cell Therapy and its Effects on COPD: A Pilot Study," mentions that he tested approximately 100 patients with COPD. Within three months of therapy, 84 percent of patients found their quality of life improved, with an average improvement of 35 percent.

Coleman said in a press release, "COPD is currently the third leading cause of death in the United States, and we give our patients an alternative that doesn't just mask the symptoms."

People hear things like, "COPD is a chronic illness that is both progressive and terminal," and hear that the traditional options all consist of prescription medications, supplemental oxygen and a highly invasive lung transplant. People are dissatisfied with this prognosis. With a rise in alternative options like stem cell therapy, revolutionary medical advancements to better address COPD could be just around the corner.

If you or a loved one suffer from a chronic lung disease, the specialists at the Lung Institute may be able to help. You can contact the Lung Institute at 800-921-4631 or visit lunginstitute.com/health to find out if you qualify for these new treatments.

# Need an Alternative to the Emergency Department?

Visit Millennium Physician Group's Walk-in Medical Center

By Kara Sabatino

eeling sick during the week and can't get in to see your primary care doctor? There's a new alternative to the busy Emergency Department!

Millennium Physician Group's Venice Walk-in Medical Center is a wonderful alternative to a busy Emergency Department for life's minor health problems.

The Venice Walk-in recently opened in February 2016 and is open weekdays, 7 a.m. – 5 p.m., with plans to extend hours into the evenings and weekends. The Venice Walk-in Center, near the corner of Center Road and the U.S. 41 Bypass, will be available for your minor health emergencies all week long.

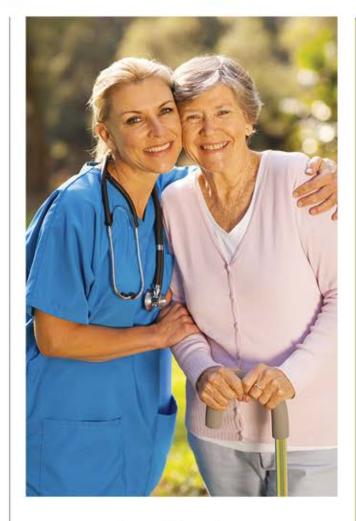
There are no appointments necessary and wait times are much shorter than a typical Emergency Department. The Walk-in is now accepting new patients, and you don't have to be an established Millennium Physician Group patient to utilize the convenient services. Most insurance plans are accepted and self-pay patients are always welcome.

Millennium's family-friendly Walk-in Medical Center provides treatment for all of your urgent care needs, such as colds, sore throats, flu, rashes and earaches. Our physicians also treat non-life threatening emergencies like sprains, abrasions, and burns.

Drs. Constantine Georgiadis, D.O. and Manoj Dhariwal, M.D., will be on staff to care for residents of Sarasota County. Our Walk-in Medical Center team knows that when you visit our Center, you want to feel better quickly and without a lot hassle.

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The Venice Walk-in Center is conveniently located at our existing Millennium Physician Group primary care office on the U.S. 41 Bypass near Center Road.



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# Swollen, achy legs? It could be your veins.

By Joseph Magnant, MD, FACS, RPVI

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.

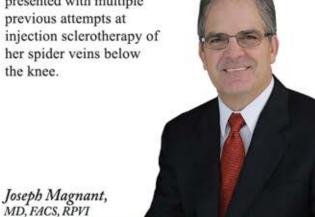


Unfortunately for many patients this is often still the case today. The diagnosis of venous insufficiency as the potential cause for patients' swollen and achy legs should not be dismissed based solely on the absence of visible varicose veins. To further clarify this point, let it be plainly stated that 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



before laser closure after laser closure varicose veins left calf

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.

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The modern evaluation and treatment of venous insufficiency is the singular focus of Dr. Magnant and his professional and compassionate staff at Vein Specialists in Fort Myers and Bonita Springs, 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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### What Your Untreated Hearing Loss is doing to YOUR Brain...



By Dr. Noël Crosby, Au.D.

earing loss is a fact of life for more than 48 million Americans. According to the Hearing Loss Association of America, this fact may increase the risk of cognitive problems and even dementia. "The general perception is that hearing loss is a relatively inconsequential part of aging," says Frank Lin, an otologist and epidemiologist at Johns Hopkins University in Baltimore. He also says that "recent findings suggest that it may play a much more important role in brain health than we've previously thought."

As part of the Baltimore Longitudinal Study of Aging, 126 participants underwent yearly magnetic resonance imaging (MRI) to track brain changes for up to 10 years. Each also had complete physicals at the time of their first MRI in 1994, including hearing tests. At the beginning, 75 had normal hearing, and 51 had impaired hearing, with at least a 25-decibel loss. After analyzing their MRIs over the following years, Lin and his colleagues, say those participants whose hearing was already impaired at the start of the substudy had accelerated rates of brain atrophy compared to those with normal hearing. Overall, the scientists report that those with impaired hearing, lost more than an additional cubic centimeter of brain tissue each year compared with those with normal hearing. Those with impaired hearing also had significantly more shrinkage in particular regions, including the superior, middle and inferior temporal gyri; the brain structures that are responsible for processing sound and speech. If you want to address hearing loss well," Lin says, "you want to do it sooner rather than later. If hearing loss is potentially contributing to these differences we're seeing on an MRI, you want to treat it before any brain structural changes take place."

The brain becomes smaller with age; however, the shrinkage seems to be more rapid in older adults with hearing loss, according to the results of a study by researchers from Johns Hopkins and the National Institute on Aging. Their findings add to a growing list of health consequences associated with hearing loss, including increased risk of dementia, falls, hospitalizations, and diminished physical and mental health overall.

P. Murali Doraiswamy, M.D., a professor of psychiatry and medicine at Duke University School of Medicine and coauthor of The Alzheimer's Action Plan, says that while the link between hearing loss and milder cognitive problems has been questioned by some, it is becoming increasingly accepted. "Every doctor knows that hearing loss can result in cognitive problems, but they still don't focus on it as a priority when they evaluate someone with suspected dementia — which is a big missed opportunity. The benefits of correcting hearing loss on cognition are twice as large as the benefits from any cognitive-enhancing drugs now on the market. It should be the first thing we focus on."

There also was a study done at the University of Colorado's Department of Speech Language and Hearing Science that looked at how neuroplasticity affects how the brain adapts to hearing loss. Neuroplasticity is the brain's ability to change at any age. Conventional thinking used to view the brain as static and unable to change; we now know that this is not the case. In the case of hearing loss, the part of the brain devoted to hearing can actually become reorganized, i.e. reassigned to other functions. The study was designed to answer two questions: How does the brain adapt to hearing loss and what are the resulting implications? The researchers found that when hearing loss occurs, areas of the brain devoted to other senses such as vision or touch will actually take over the areas of the brain which normally process hearing. This is a phenomenon called cross-modal cortical reorganization; essentially, the brain adapts to a hearing loss by rewiring itself. This can have a very serious detrimental effect on cognition.

Hearing loss system significantly reduces the brain's ability to process sound, this can then affect a person's ability to understand speech. Even a mild hearing loss can cause the hearing areas of the brain to become weaker. What can happen next is that the areas of the brain that are necessary for higher level thinking compensate for the weaker areas. They essentially take over for hearing, which leaves them unavailable to do their primary job.

This compensatory brain reorganization could explain why age related hearing loss is strongly correlated with dementia. This should be taken seriously, even in the early stages of hearing loss, the brain begins to reorganize.

Finally, it also seems very likely that hearing loss, which tends to isolate people from others has long been recognized as a risk factor for cognitive decline and dementia

If you have hearing loss, it makes sense to get it treated as early as possible. It is widely believed that less than 15 to 20 percent of those with a clinically significant hearing loss use hearing aids. Early treatment for hearing loss could prevent long term cognitive issues down the road. The solution could be as simple as an early hearing loss screening program for adults.

With that being said, Advanced Hearing Solutions would like to help you with your hearing health by offering a Complimentary \*Hearing Screening and miniconsultation. Call today to set up your appointment 941-474-8393.

\*A Hearing Screening is only a Pass or Fail, it will only tell us if there is a loss but not the degree or type of loss. Further testing will be necessary.

#### **PROFESSIONAL BIO**

Dr. Noël Crosby, Au.D., owner and audiologist at Advanced Hearing Solutions in Englewood, FL is a licensed professional whose 26 year career has been devoted to helping people of all ages hear and understand more clearly. Dr. Crosby received her BS and MS degrees from FSU and her Doctorate in Audiology from UF. 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 is involved in creating hearing loss awareness through her jewelry and accessory company AuDBling.com. She has served and is serving on various professional boards and committees and was president of the Florida Academy of Audiology in 2000 and 2010. She has been married to Michael for 23 years and has one daughter.

Advanced Hearing Solutions
Where Better Hearing Happens

# 



By Dr. Carl Klutke

### Prolapse-It's not something you have to live with.

ave you ever felt like there is an unusual "fullness" in your vagina or pelvis, or felt a fleshy mass where you have never seen one before? Some women describe this feeling as "sitting on a ball"! You may have a pelvic prolapse. This is nothing to be alarmed about as you can overcome pelvic prolapse.

It is difficult to talk about intimate health problems but this condition affects millions of women. Many women delay or never ask their PCP or Urologist what treatments are available to help!

As we age, our pelvic muscles, and ligaments, are weakened (not necessarily by childbirth), making us unable to hold the pelvic organs in place. When this happens, the organs may fall or shift down creating the heaviness or bulge that you will feel.

Pelvic prolapse occurs when the vaginal wall, or the uterus descends (prolapses) below its natural position. In severe cases, it may cause the vaginal wall or the cervix to push beyond the vaginal opening, leading to bladder and bowel problems, painful intercourse, and other complications. Don't lose hope, however, because help is available.

"Pelvic prolapse is more than a cosmetic problem. It has a functional impact that can be overwhelming," says Carl G. Klutke, MD, board-certified Urologist on staff at Venice Regional Bayfront Hospital. "It's also very common, affecting 50 percent of all women over age 50 to some degree. One in ten women will have at least one surgery for the prolapse sometime in their lives. By offering the right treatment, we can make a difference in many women's lives."

#### **Treatment Options**

Over the years, a number of treatments have emerged and proven to be effective ways to manage or overcome pelvic prolapse. Here are the options available at RTR Urology.

Watchful waiting-Women who don't experience symptoms may prefer to leave pelvic prolapse untreated until it begins to interfere with their lives.

Pessary—A silicone device (pessary) is inserted into the vagina to support the vaginal walls. It requires no surgical intervention, but must be changed, and cleaned, frequently. The pessary can usually be easily inserted and removed by the patient themselves.

Surgery—A variety of surgical interventions are available to treat pelvic prolapse. Starting with securing the vagina within the pelvis, to repositioning the urethra, bladder and rectum. These surgical options can meet a variety of needs, often through minimally invasive techniques.

"Following the successful treatment of pelvic prolapse, patients are thrilled with their improved quality of life and their ability to return to their everyday activities," Dr. Klutke says. "As treatment methods continue to evolve, RTR Urology will be on the cutting edge of these advancements."

Dr. Carl Klutke is a Board Certified Urologist who is Fellowship trained in Female Urology, Voiding Dysfunction and Urodynamics for males and females. RTR Urology is proud to add his decades of experience to their leading edge treatments with a caring touch.





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If you would like a brochure on pelvic prolapse, please call (941) 684-3216 and we will be happy to mail you one!

# Three Robotic-Assisted Surgical Systems, One Hospital in Charlotte County

atients often resist or delay necessary surgery because of the toll it takes on their body and their lifestyle. At Bayfront Health Port Charlotte, it's possible to have complex procedures but with less pain and a faster recovery time—thanks to the revolutionary Robotic-Assisted Surgical Systems. These innovative systems allow surgeons to perform minimally invasive procedures through tiny incisions, which may result in less pain, shorter hospital stays and quicker recoveries for patients.

#### How does the Robotic-Assisted Surgical System work?

The system consists of three integrated components: a console at which the surgeon sits while performing the procedure, a patient-side cart with the robotic arms, and a video tower with a large monitor so that the entire operating room staff can view the surgery.

During surgery, the surgeon sits at the console and looks through a lens that is 10 times more powerful than the human eye. In fact, the visual is so clear, the surgeon can see the weave of the suture thread. The lens displays high-definition images and has 3D capabilities.

Also at the console are the controls the surgeon uses to manipulate the robotic arms which are the centerpiece of the system. The robotic arms translate the surgeon's hand, wrist and finger movements into precise movements of the miniaturized instruments at their ends. Each is equipped with an endoscopic camera that transmits a high definition 3D image of the surgical site. Through tiny incisions, the arms move with remarkable precision and steadiness, make finer movements and allow greater range of motion and dexterity than the human hand and wrist. The robotic arms can reach areas of the body that no human hand can. The surgeon is able to adjust the sensitivity of his hand movements to the corresponding micromovements of the instruments.



While the robotic-assisted surgical system is robotic, it is not a robot. The system is incapable of being programmed to make movements on its own—it is totally dependent on the directions relayed from the console. The robotic-assisted surgical system is a tool, like a scalpel, that a skilled surgeon uses. The surgery is performed entirely by the doctor.

#### Benefits for the Patient

One of the most appealing advantages of roboticassisted surgery is the size of the incision. Each robotic arm needs a puncture only one or two centimeters in diameter—about the thickness of a pencil.

Although individual situations may vary, most patients experience the following:

- Smaller incision
- Less pain
- Less scarring
- · Less risk of infection
- Less blood loss
- Fewer transfusions
- · A shorter hospital stay
- · Faster recovery
- · A quicker return to normal daily activities.

Patients interested in robotic-assisted surgery must discuss their condition and health concerns with their physician. Surgeons at Bayfront Health Port Charlotte are specially trained and have experience with a variety of robotic-assisted procedures, including:

- Single-site gallbladder surgery Using the roboticassisted surgical system, surgeons at Bayfront Health can perform this procedure through a single incision in a patient's belly button. Patients who choose single-site technology at Bayfront Health experience a virtually scar-free procedure with shorter recovery times.
- Gynecological procedures Robotic-assisted surgeries provide another alternative for women seeking minimally invasive surgery for fibroid tumors, endometriosis and pelvic prolapse, or for those considering hysterectomy.
- Colorectal surgery Those diagnosed with a colorectal condition—colon cancer, rectal cancer, diverticulitis, and inflammatory bowel disease (ulcerative colitis and Crohn's disease)—can look forward to a few small incisions instead of the large abdominal incision used in open surgery.
- General surgery procedures Other procedures and conditions also benefit from minimally invasive robotic-assisted surgery: cholecystectomy (removal of gallbladder through navel) performed from a single-site; hernia repair; nissen fundoplication (treatment for severe GERD); and colon repair.



For more information about Bayfront Health's robotic-assisted surgical systems, visit BayfrontCharlotte.com.

Call 844-ROBOT-BH (844-762-6824) for a free physician referral.

The robotic-assisted surgical system makes it possible for these surgeons at Bayfront Health Port Charlotte to perform the same delicate and complex operations as with traditional open surgery, but with increased precision, better vision and improved dexterity:

Alvaro Bada, M.D. – single-site gallbladder removal, multi port gallbladder removal, multiple hernia procedures, and multiple colon procedures.

**Domingo Galliano, M.D.** – single-site gallbladder removal, multi port gallbladder removal, multiple hernia procedures, and multiple colon and colorectal procedures.

**Ruben Guzman, M.D.** – removal of fibroid tumors, ovarian cysts, and hysterectomy.

Charlene Okomski, D.O. – pelvic prolapse, removal of fibroid tumors, ovarian cysts, and hysterectomy.

Geoffrey Roelant, M.D. - partial gastrectomy, gastric tumor resection, nissen fundoplication (for acid reflux), hiatal hernia repair, hernia repair, sleeve gastrectomy, colon resections for cancer or diverticulitis, sigmoidectomy and rectopexy for rectal prolapsed.

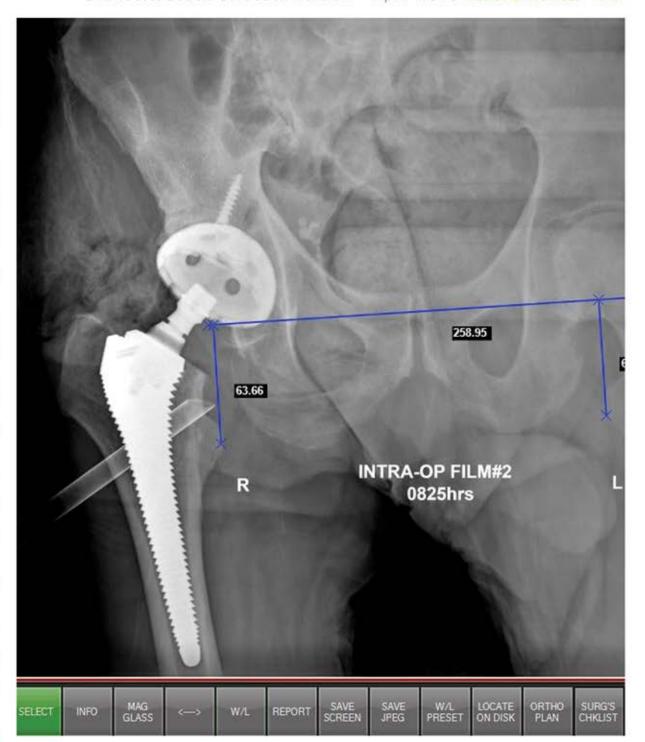
Bayfront Health is also home to the only robotguided technology for partial knee replacement and total hip arthroplasty. Orthopedic surgeons **Nicholas Connors, M.D.** and **Ronald Constine, M.D.** currently perform the following:

#### **Robot-Guided Partial Knee Replacement**

The entire procedure only requires a four to six inch incision over the knee. Tactile, intelligent robotic arm technology and three-dimensional visualization of the knee guides the surgeon in controlled resurfacing of the pre-defined area, saving as much of the patient's healthy bone and surrounding tissue as possible.

Using CT scan data, the surgeon follows a three dimensional computer model of the patient's presurgical plan. During the procedure, real-time visual, tactile and auditory feedback facilitates ideal implant positioning and placement.

It is this level of planning and surgical accuracy in treating earlier stage knee osteoarthritis that can result in a more natural feeling knee and motion.



#### **Robot-Guided Total Hip Arthroplasty**

Robotic arm technology provides your surgeon a patient-specific 3-D model to pre-plan your hip replacement. During the procedure, tactile, visual, auditory feedback, and real-time data assists your surgeon in preparing the hip joint and placing the implants in the desired orientation with more accuracy.

If your surgeon determines that you are a good candidate for the procedure, he or she will schedule a CT scan of your hip one or two weeks prior to your surgery date. This is used to create your unique surgical plan for optimal implant placement.

For more information about Bayfront Health's robotic-assisted surgical systems, visit BayfrontCharlotte.com. Call 844-ROBOT-BH (844-762-6824) for a free physician referral.



## 2016 Parkinson's Disease Patient's Forum

s scientists and medical researchers continue to make progress searching for the cause(s) of Parkinson's Disease (PD), and ways to eventually "cure" this illness, the treatment has become not only more effective, but more specialized, requiring from both: patients and treating neurologists, a more comprehensive understanding of the different aspects of this complex disease. The amount of information in the field of PD and related disorders that becomes available every day is overwhelming, but exciting and encouraging. It seems as if every area of investigation is leading to a better quality of life (QOL) for patients and family members.

At the Parkinson's disease Treatment Center of SW FL, there is a firm commitment to bring state of the art treatment and cutting edge technology to our community. Striving to perfect our assessments and provide more individualized management, has never been more solid than today. For over 20 years we have empowered our patients and families, with the strongest tool of all: "Education."

This year our April "Parkinson's Awareness Month Symposium," will bring to the audience a dynamic and interactive update in the conventional rehabilitation modalities. In each presentation, you will notice how the boundaries between "traditional" forms of therapies and "unconventional therapies" are becoming more difficult to separate. We have a group of well-known speakers, with whom most of you have interacted in the past.

Sergio Valdivia, PT, DPT will explain how patients can optimize their balance and significantly reduce the risk of falls, which are often associated with injuries and worsening of OOL. It is critical to remind patients that loss of postural reflexes in PD is unavoidable. As long as a patient lives long enough, this will eventually occur. The most effective treatment is to delay this complication with early interventions to optimize our physical fitness, endurance, flexibility and balance. Sergio will demonstrate how Tai Chi and dancing can help you achieve these goals. The International Parkinson's Disease and Movement Disorders Society and the American Academy of Neurology have published many papers supporting the fact that Tai Chi is the most effective modality of exercise that can help reduce the number of falls in PD patients.



We could not miss the opportunity of having one of the finest, world-wide recognized, Speech Pathologists as part of our Faculty: Mary Spremulli, MA, CCC-SLP. She will be speaking about the advances in research and treatment of speech disturbances in PD. Mary reminds us that: "Approx-

imately 70-90% of individuals with Parkinson's disease will experience a PD-related voice/speech disorder, which has been shown to affect overall QOL ratings. The LSVT® LOUD (Lee Silverman Voice Treatment), an intensive, high effort voice training program, has been shown to benefit PD-related voice impairment. However, cognitive and psychomotor dysfunction may also contribute to speech disorders, and for this reason, some patients may fail to carryover therapy techniques to every day conversation, or fail to maintain the improvements made in speech beyond formal therapy." Mary will discuss and demonstrate a few of the available device interventions. and after-therapy programs, including Voice Aerobics® and Hi-VOLT® 4 PD.

Very few professionals in the field of Occupational Therapy have the clinical experience in managing PD that Sally Thimm, OTR/L, has accumulated over the past 20 years. She has worked hand in hand with many of our patients in SW FL. In her presentation: "Home Management Tips for People living with Parkinson's", Sally will review a number of ways to make the daily routine of living with PD, a little bit easier. She will discuss medication organization and management, ways to make bathroom and bedroom mobility easier, and make some suggestions to manage dressing and bathing. "It's all about staying as independent as possible and keeping the Caregiver happy!"

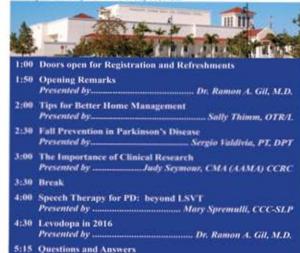
Clinical research is the corner stone on top of which we built the progress in the management of PD. Without it we would still be facing a devastating illness with a lifespan of 7 to 10 years from the time of diagnosis. Our Senior Clinical Research Coordinator at the PD Treatment Center of SW FL, Judy Seymour, CMA (AAMA) CCRC, will review the benefits of participating in clinical trials and the importance of helping in the process of bringing new, more effective and better tolerated drugs, to the forefront.

Finally, I will review the evolution of the most commonly used and effective symptomatic drug for the treatment of PD: Levodopa. The journey from the 1960's to 2016 is nothing but fascinating, and after 50 years of using this drug, in 2015 the FDA approved two new formulations: Duopa® and Rytary®. New delivery systems for Levodopa are currently in clinical trials: an aerosol inhaler and a "patch". The cure is not here yet, but closer than ever. Join us to learn more. Become a more educated, confident and successful patient and care partner team.

#### 2016 Parkinson's Disease Patient's Forum

Wednesday April 27, 2016

at the Charlotte Harbor Event and Conference Center 75 Taylor Street, Punta Gorda, Florida





Specialized in Parkinson's Disease and other Movement Disorders, Dr Gil believes that every patient diagnosed with a movement disorder deserves the most comprehensive team of healthcare providers aimed

at improving quality of life. We work together with experts from all related fields including: Physical, Occupational, and Speech therapy, Neuropsychologists, and Neurosurgeons. Dr.Gil's practice is also dedicated to clinical research, and outreach programs, dedicated to promoting the mission of the practice.

#### Ramon A. Gil, M.D.

Medical Director, Parkinson's Disease Diplomate, American Board of Psychiatry and Neurology Parkinson's Disease Treatment Center of SW Florida Call 941.743.4987

Cancer Nutrition Drink is a Must Have

By Dr. Stan Headley

# 20-40% of cancer patients actually die from malnutrition (cachexia) and not cancer itself!

s a physician I am shocked and alarmed by that factual statistic. How can that be in this day and age of advanced medicine you might ask? The answer is simple - pharmaceutical companies have invested billions into advancing cancer medicines but medical nutrition for cancer patients has been massively neglected in comparison – until now.

I'm going to share two quick stories with you that at first will seem unrelated, but later they come together to change the world!

Story 1. Cancer is without a doubt the fight of your life, and it's the one fight that you didn't ask for. That was the case for my wife when she was diagnosed with stage III ovarian cancer 7 years ago. Right now is a good time to tell you that I am both dual credentialed as both an MD and a ND (Naturopathic Physician) with 24 years of nutritional medicine behind me. We fought the fight but I lost her to cachexia (severe weight loss) in the end – and thus began my mission to find a solution.

Story 2. The founder and CEO of an international pharmaceutical company (47 countries) received the news of his brother being diagnosed with throat cancer. His brother was young, tall and very handsome - but the fight he didn't seek came to him. He beat the cancer, but he lost the fight due to severe weight loss (cachexia) and passed away. This was a life-changing moment for the CEO and he vowed to change the world of cancer forever – and thus began his mission to find a solution. This is a good time to mention that the CEO's degree was in dietetics and he just happened to work with some of the world's best cancer experts.

Fate would bring myself and the CEO together and allow me to see things never done before in nutritional medicine which are giving cancer patients more than just a fighting chance! The must have product for cancer patients that was developed is called Cell-Assure. Cancer is one fight that you do not want to face alone, and CellAssure makes sure you have nutritional medicine fighting for you every single day from your day of diagnosis to the day you are cancer free!

CellAssure is a simple once a day drink created from direct requests by physicians, dietitians and patients battling cancer. CellAssure includes ingredients clinically proven to:

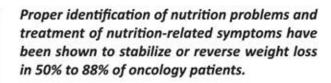
- · Demonstrate Anti-Cancer / Anti-tumor effects
- Provide needed nutrition for cancer patients with zero sugar in formula
- · Improve immune system response
- · Maintain or increase appetite
- Increase LBM (lean body mass)
- · Reduce stress / anxiety and lower cortisol levels
- · Provide relief with nausea/vomiting and diarrhea
- · Mitigate anemia and improve my liver function

Cancer is a multi-faceted disease that attacks the body in many ways causing multiple serious side effects, each which needs to be addressed strongly in order for the patient to maintain their health. CellAssure's mission is simple – keeping cancer patients as healthy as possible so their oncologist can kill their cancer with the least amount of side effects/health issues/problems.

Cancer weight loss is associated with poor outcomes for cancer patients—reduced response to therapy, reduced ability to deliver full doses of chemotherapy, stoppages of cancer therapies, increased toxicity, more complications and infections, lower quality of life, and reduced survival.

CellAssure gives patients the essential daily medical nutrition needed to maintain their bodyweight and allow their body to better withstand the rigors of cancer treatments. Remember – staying as healthy as possible allows you to fight cancer without having to stop critical oncology therapies and protocols.





#### When do I start taking CellAssure?

While most people think that their 'Day of Diagnosis' is when their battle with cancer begins – we know better. The fact is on the 'Day of Diagnosis' their body has already been compromised by the cancer and their nutritional challenges have already started. Cancer has already started waging war and the need for additional nutritional medication is now. It is recommended that you start taking CellAssure from your day of diagnosis forward. Proper nutrition is something helpful regardless of where you are in the cancer process. Of course following a healthy diet along with CellAssure makes the most sense and your healthy eating should continue even after you've won your battle against cancer!

CellAssure is scientifically formulated to help "Fuel the Fight Against Cancer". CellAssure delivers on a level that brings smiles to patients, their families, as well as the physicians taking care of them — and as cancer patients we need a reason to smile. We need a reason to believe that we can overcome, conquer and beat cancer head on.

CellMark Biopharma™ is the leader in advanced medical nutrition for all cancer patients offering science-based products for cancer nutrition/cachexia (CellAssure), and chemo brain (Cognify) which are physician and pharmacist recommended.

For more information visit:

CellMarkBiopharma.com or call 888-444-7992.

# OCCUPATIONAL THERAPY HELPS INDIVIDUALS LIVE LIFE TO ITS FULLEST



pril is a month designated to celebrating Occupational Therapist. Occupational therapy enables people of all ages live life to its fullest by helping them promote health, prevent—or live better with—injury, illness, or disability. It is a practice deeply rooted in science and is evidence-based, meaning that the plan designed for each individual is supported by data, experience, and "best practices" that have been developed and proven over time.

Occupational therapists and occupational therapy assistants focus on "doing" whatever occupations or activities are meaningful to the individual. It is occupational therapy's purpose to get beyond problems to the solutions that assure living life to its fullest. These solutions may be adaptations for how to do a task, changes to the surroundings, or helping individuals to alter their own behaviors.

When working with an occupational therapy practitioner, strategies and modifications are customized for each individual to resolve problems, improve function, and support everyday living activities. The goal is to maximize potential. Through these therapeutic approaches, occupational therapy helps individuals design their lives, develop needed skills, adjust their environments (e,g., home, assisted living facilities, or work) and build health-promoting habits and routines that will allow them to thrive.

By taking the full picture into account—a person's psychological, physical, emotional, and social makeup as well as their environment—occupational therapy assists clients to do the following:

- · Achieve goals
- · Function at the highest possible level
- · Concentrate on what matters most to them
- · Maintain or rebuild their independence
- Participate in daily activities that they need or want to do.

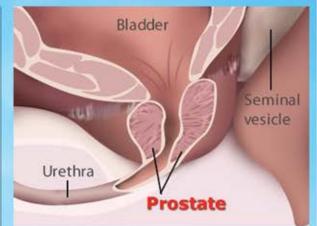
Qualifying Medicare recipients can qualify for an occupational therapist to come into the home to evaluate, educate, provide rehabilitation treatments, and modalities to improve functional independence. This service may be appropriate for but not limited to seniors that are deconditioned, secondary to acute or chronic orthopedic and/or neurologic disorders, have memory or cognitive impairment or suffer from low vison. Each patient is evaluated to determine their condition and an appropriate care plan is designed to meet that patients goals. If you have questions about occupational therapy and specialty services please contact Nurse On Call at (941) 627-1650.

# **Spring Cleaning and Prostate Cancer?**

pring cleaning is done and now it's time to be ready for summer. What better way to prepare than to perform the same spring cleaning to your health and body. Throughout the year, we focus on so many other issues in our lives that the one thing that usually gets overlooked is our own body. Now is the time to be proactive and have the tests that have been put off. Focus on yourself to be a better you for yourself and those around you. Men and women approach healthcare differently, but both need to be aware of the issues that may affect them, and be aware of the risk factors associated with the diseases including lifestyle choices and genetic factors. One of the topics that have recently gained recognition is prostate cancer which affects 1 in 6 men which means more men are diagnosed with prostate cancer than women with breast cancer.







In 2010, there were approximately 220,000 newly diagnosed cases of prostate cancer with approximately 32,000 deaths. Advanced Imaging can offer solutions for your imaging needs such as MRI exams with CAD evaluation, Prostascint scans, and Fluorine bone scans. Advanced Imaging offers the most comprehensive imaging in Charlotte County and is fully accredited by the ACR. Speak with your doctor regarding your imaging needs. Remember, you have the ability to choose your imaging facility, so make it The Clear Choice™ by going to Advanced Imaging of Port Charlotte.

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# **Dry Eye Center of Excellence at** Frantz EyeCare Offers Most Advanced **Treatment in Southwest Florida**

By Jeffrey B. Robin, MD

he majority of the patients sitting in eye doctors' waiting rooms today are suffering from some sort of dry eye issue. Over the last few years, researchers have discovered that "dry eyes" is much more than insufficient production of natural tears. In fact, the majority of dry eye cases are now known to be the result of rapid tear evaporation, usually caused by chronic blockage of critical oil-producing glands (called meibomian glands) in the eyelids which help control tear evaporation.

Frantz EyeCare has revolutionary new technologies that offer residents of Southwest Florida the most advanced and effective ways of treating their chronic dry eye problems.

These latest advancements include the LipiView, which evaluates the structure and function of these eyelid oil-producing glands by providing a high definition image of the meibomian glands; the LipiFlow Thermal Pulsation System, an innovative technology that removes blockages of the meibomian glands and restores normal gland function; and the BlephEx, a device that exfoliates and deep cleans the eyelids to remove the debris that is frequently contributing to the chronic obstruction of the meibomian glands. These technologies have been demonstrated to be safe and painless.

Frantz EyeCare is one of only a handful of practices in the State of Florida to intensively focus on this new understanding of dry eyes and devote the personnel, resources and wide array of advanced treatments through a dedicated Dry Eye Center of Excellence.

As a LASIK and Dry Eye Specialist I head up the team at Frantz EyeCare who will work directly with patients to determine the cause of their dry eye and then plan the best course of treatment. Dry eyes can



occur when there is too little aqueous (salt water) tear production and/or too rapid tear evaporation, which often results in chronic, lowgrade inflammation of the eyelids and particular oil-producing meibomian glands in the lids

When managing a patient's dry eye complaint, we must first identify the type of dry eye they are experiencing - meibomian gland dysfunction, aqueous deficiency, allergy-related, contact lens



related, or blepharitis related. There's not one test or procedure alone that can properly diagnose and distinguish between the types of dry eye.

In June 2013 Frantz EyeCare introduced the TearLab Osmolarity test, which measures and assesses the health and stability of the patient's tear film. Although we were able to provide some relief for our dry eye patients by prescribing Omega 3 supplements, lid cleansers, tear replacement drops, punctual plugs, and oral antibiotics, we decided we needed to take the next step and add these more advanced technologies. So many of our patients suffer from dry eye and it frequently affects not only their eye comfort but even their quality of vision. If left untreated, it profoundly impacts their quality of life.

Symptoms of dry eye disease include; redness, burning, itching, fluctuation in vision, blurred vision, feeling of sand in the eye, contact lens discomfort, light sensitivity, or the eye feeling watery or tired.

If you know you have chronic dry eye problems or you think you may be experiencing the symptoms of dry eye, call our Punta Gorda office at 941.505.2020 or visit our website at www.BetterVision.net.

Jeffrey Robin, MD, is a LASIK and Dry Eye Specialist who practices ophthalmology with Jonathan M. Frantz, MD, FACS. He and the team of doctors at Frantz EyeCare offer a broad spectrum of patientfocused comprehensive care from eye exams and eyewear to bladeless laser cataract removal, treatment of eye diseases, bladeless WaveLight LASIK laser vision correction, and facial and body rejuvenation with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.

## PREVENT KNEE REPLACEMENT SURGERY

By Physicians Rehabilitation

he knee is notorious for pain and injury. Knee pain can occur from an injury or a condition like osteoarthritis, and can impact activities of everyday life. There are many remedies for this condition, including rest, anti-inflammatory medications and using knee braces. For individuals whose knee pain progresses or does not respond to other types of treatment, injections may be an option to help relieve pain and discomfort without requiring surgery.

When regular treatments are not working well enough such as medication management with nonsteroidal anti-inflammatories, intra-articular injections can be a great option.

There is a substance known as hyaluronic acid that is naturally found in the synovial fluid of human knee joints. It works to lubricate and cushion the knee joint, being the human equivalent of "motor oil". In 1997 the FDA approved the first hyaluronic acid preparation made from rooster combs for usage in knee injections for osteoarthritis.

Currently there are multiple FDA approved hyaluronic acid preparations, which are extracted from rooster combs, and there are some synthetically grown products for those with avian allergies. They have trade names such as Supartz and Orthovisc.

These injections are also called viscosupplementation as they restore the normal viscoelastic properties to synovial fluid. This can help protect cartilage,



lubricate the joint and the improve shock absorbing effect of the knee. It is also suspected that hyaluronic acid injections may protect cartilage

cells and actually promote the formation of more cartilage. This is the subject of a lot of speculation and has not been definitively proven.

Numerous clinical studies have been performed regarding the effectiveness of hyaluronic acid formulations. One of the largest studies in the US showed beneficial effects in 80% of patients for over six months. It appears that the combination of joint lubrication along with the anti-inflammatory effects that come from hyaluronic acid, work together to create such effective results.

Knee injections are typically extremely effective. A recent study on our website, shows the injections, which are as painless as a flu shot, when done under fluoroscopic guidance to ensure the hyaluronic acid passes through the synovial membrane, combined with physical therapy focused on painless strengthening of your knee area, and proper bracing to allow the fluid to move freely throughout the joint space, creates the highest level of pain reduction, with over 99% of patients we treat achieving an average pain reduction of 77%. These results are often good enough to delay the need for a knee replacement surgery and avoid it altogether.



If you suffer from pain due to osteoarthritis, rheumatoid arthritis or post traumatic arthritis, Physicians Rehabilitation can help.



941-467-1666 | www.PhysiciansRehabilitation.com

3380 Tamiami Trail, Unit C. Port Charlotte, Fl. 33952







# Proper Planning Takes the Stress Out of Buying a Home

By Lori Ann Mertens, REALTOR®

hether downsizing or up sizing in homes over the holidays can be a trying situation for everyone involved.

But if you have a proper plan; the transition into your new home can be as smooth as possible.

Sometimes you just need a tax break for the year when you are moving in or out of a location. NOW is the time to plan.... Winter, Spring, Sumer or Fall. We have the plan for them all. Planning is the most important part of moving.

Many families make decisions to move over the holidays; my family included has made many snowy trips across town and across country.

It was hard being in school, leaving friends, family, and everything familiar. To make it easier, we always planned our moves to occur during school breaks. Limiting the amount of schedule disruptions during the school year is best for children.

Christmas breaks, Spring breaks and even Summer breaks. Are ideal times for relocating when you have school-aged children. As long as plans are in place, you can successfully do it!

During regular schedule breaks, you can visit the possible new location and experience the lifestyle of the area, view the housing options, and research schools. When considering a move, my family visited the amazing culture that is South West Florida and we fell in love. We lived up north and enjoyed our visit to the south so much, after returning home we developed a plan that would allow us to move to Paradise in South West Florida.

Our plan was straightforward. First, sell the home up north. Decide what to do when it sells. Determine who, personal and professional, we could count on to get us through the entire process.

We had to consider packing, changing schools, careers, and changing lifestyles.



Plan time for packing. Families take different approaches to packing, some pack their own belongings, others hire professionals to pack for them, while others may choose to hire a company to pack and transport everything.

When determining where to move to, many families make school options for their children a priority. Changing schools requires planning as well. Completing the necessary paperwork to remove students from their old school and enroll them in their new school. Transferring school, medical, and dental records. If planned properly, changing schools can be easy.

Changing careers is another aspect of relocating that needs to be addressed. Are you simply transferring with your current employer? Will you have to search for a new career? What is the job market like for your field of work in the new location? Are the organizations to join, or networking opportunities that can make securing a new job easier? Again, planning for this helps minimize the stress during a move.

If you've read this far, you realize that planning is the key to make your move as smooth and enjoyable as possible. Lori Ann Mertens, REALTOR® is here to help you through the life journey of moving from start to finish. Moving is an exciting time for couples and families, but if not planned properly it can easily and quickly become a stressful chain of events. Lori Ann can ensure that you and your family experiences the joy of moving.

If you have questions or would like tips on moving, call 941-457-7072 today. It is never too late or early to make plans.

Planning ahead is not only important for relocating, it is also important to prepare for the holidays. Planning ahead will minimize the stress that sometimes comes with the busy holiday season.

Whether you are planning to move or not this holiday season, here's to hoping your dreams come true as you enjoy Paradise. Be safe while traveling to both local and across country destinations. Give back to those in need. Always remember to put a smile on your face and it will give positive vibes out to those around you, even if you never speak to them. Your actions will get a reaction.



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# SAME SEX MARRIAGE AND ITS IMPACT ON REAL ESTATE, DEATH AND TAXES

By James W. Mallonee

uring the summer of 2013, the U.S. Supreme Court ruled on the concept of marriage equality. Following that ruling, the court went on to decide that State laws banning same sex marriages were unconstitutional. That decision was born out of a New York case called Windsor v. United States. It involved a same sex American couple who were married in Canada. Ms. Windsor's same sex spouse died and was forced to pay federal estate tax for the deceased spouse. She sued the federal government claiming that New York recognized same sex marriages and therefore the Federal Government must refund the imposed tax. The IRS said it did not have to refund anything because the federal government did not recognize same sex marriage based on the 1996 Defense of Marriage Act (DOMA). The U.S. Supreme Court ruled otherwise stating that DOMA violated the Equal Protection Clause of the Constitution of the United States. The history and decision by the Supreme Court concerning that dispute resulted in the recognition of same sex marriage in all fifty states.

The question then becomes what impact does that decision have going forward in time and how does it affect past decisions made by same sex couples.

Let's start with IRA rollovers. It is well known when a holder of an IRA dies their IRA can rollover to their spouse without any creditor or tax implications. However, if the recipient of the IRA is not a spouse, there are limitations and possible creditor problems that can arise. The problem now is, what about those IRA's that were transferred to a same sex married couple prior to the Supreme Court ruling where the recipient's receipt of the IRA proceeds were subject to tax and creditors because of the lack of being a recognized spouse. Can that event be reversed such that the receiving same sex spouse be put back into the position they could have held at the death of the non-surviving spouse. Moreover, can the taxation of the inherited IRA be reversed back to the moment of death and treated as a rollover IRA? As of this writing, no



formal decision or ruling has been determined regarding these types of conditions. No doubt the problem of having to go backward in time to fix these situations will create a quagmire for the financial institutions holding your IRA and pension funds.

What about the availability of the Portability of Taxation entitlement at the death of the first spouse to die. Prior to the Supreme Court decision, an opposite sex marriage had the ability to port their applicable exclusion of estate taxes to the surviving spouse. The portable amount could give the surviving spouse a total of \$10 million to exclude from federal estate tax. However, a same sex couple could not port their applicable exclusion because their marriage was not recognized. As a result, they would be limited to a \$5 million estate tax exclusion. Now that same sex marriage is recognized, can the surviving spouse go back and obtain a refund of any taxes paid by the decedent for estate taxes and will the government recognize the unused portable amount of the deceased spouse to the surviving same sex spouse? Once again, no one presently knows the answer but it is likely the government will allow refunds and amendments to the ability to port any unused applicable exclusion.

What about jointly owned property? Generally speaking there are three forms of property: real estate, bank accounts and personal property. In Florida, when a married couple purchases real estate property, they traditionally take it as "Husband and Wife." When this occurs, the property is considered to be held as Tenants by the Entireties. This label provides huge creditor protection from judgments. Prior to the Supreme Court decision, same sex couples would have to title property as Joint Tenants with Right of Survivorship. The legal purpose of titling the property this way was to provide a means of transferring such property to the other by operation of law should one of them die. However, the protection against creditors would not exist. It was possible that a judgment creditor could force the sale of such property against the same sex judgment debtor. With the Supreme Court ruling, can that same judgment debtor reverse the forced (non-homestead) real estate sale and show the property was in effect held as Tenants by the Entirety; and, thereby recoup the proceeds from the forced sale of the property delivered to the Creditor in satisfaction of the debt? It is doubtful that an allowance to a forced sale will be allowed; however, there have been no known Florida cases ruling on this subject and the legislature has not introduced a bill to solve this potential pitfall.

The gifting of property presents its own problems. Under federal guidelines, a married couple can gift to each other an unlimited amount of assets without having to report such transfer to the IRS; but non-married couples are limited to an annual \$14,400.00. Any amount that exceeds the \$14,400.00 threshold must be reported to the IRS for gift tax purposes. With same sex marriages now recognized, the limitation of gifting (for purposes estate planning and Medicaid planning) is unlimited. It also opens up the availability to prepare a (QTIP) qualified terminable interest property trust whereby the decedent can provide for the same sex spouse for the remainder of their life and at his or her death direct those funds to the children of the first to die without any tax implications. It is highly likely that the government will grant an amendment to a person's taxes should a gift between same sex married couples exceed that amount allowed in the year of marriage. The issue will be how far back will the IRS allow an amendment to be made.

Going forward, the biggest challenge concerning same sex married couples deals with parentage. The issue will focus on a child born to or by one of the spouses during the same sex marriage. Should the same sex marriage end in a divorce will the spouse who did not bear the child have visitation and maternity rights to the child? Consider the situation where the two parents are men who obviously cannot bear a child. One of them father's a child by sperm donation or via surrogate during the same sex marriage. The question concerns the other male spouse, will he be considered a second legal father?

What about those same sex individuals who prepared a co-habitation agreement? Now that their union can be recognized and they do in fact



marry, will the cohabitation agreement become null and void should they not enter into a prenuptial agreement prior to their eventual marriage.

As of this writing, there are no hard policies or decisions in place to address the above in Florida. The legal recognition of same sex marriage in the United States has created a whole new world. The potential problems that arise looking forward and backward are almost limitless.

Looking forward, however; those individuals who were married outside or in the State of Florida are highly advised to have their estate, property, powers of attorney, title to property and health directives discussed with the attorney of their choice. This is especially true when dealing with health care surrogates and directives. A health institution may be reluctant to discuss with a same sex spouse the health needs of the other without a directive. More importantly, tax implications, property protection and possible creditor issues should be discussed and a plan drawn up that best suits the same sex married couple.

This article is intended for informational use only and is not for purposes of providing legal advice or association of a lawyer client relationship.

#### **About the Author:**

James W. Mallonee (Jim Mallonee) is a graduate with a B.A. degree from the University of South Florida and a Master of Science degree from Rollins College in Winter Park, Florida. He obtained his Juris Doctorate from the University of the Pacific, McGeorge School of Law in Sacramento, California. Prior to returning to Florida to practice law, Mr. Mallonee was employed by Intel Corporation for 22 years in such locations as New Jersey, Florida and California.

In addition to being a member of the Florida Bar since 2003, Mr. Mallonee serves on the Charlotte Community Foundation Committee for asset allocation and teaches Business Law at State College of Florida. Mr. Mallonee is also on the Board of Directors for the Military Heritage Museum located in Charlotte County, Florida.

His firm practices law in the following areas: Probate, Wills & Trusts, Guardianships, and Litigation in the areas of Real Estate, Guardianships and Estates. The firm has two locations in Venice and Port Charlotte, Florida.

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# Dangers in the Home

ftentimes, living alone can prove to be dangerous for seniors.

Senior citizens, like all of us, wish to stay in their home as long as possible and maintain their independence. According to an AARP survey conducted in 2011, 90% of seniors agreed. When someone is having difficulty with day to day tasks, it may seem like an easy choice to move into an assisted living facility. By doing so, seniors can live in a safe environment, maintain a social life and have their health continuously monitored. Still, looking at it from the individual's perspective, this decision can be a very difficult and emotionally draining. However, there has been a move away from the institutional feel of traditional assisted living centers. In fact, a local senior residence, Banyan Residence Assistant Living has designed their entire facility to provide safety and assistant without losing the sense of home.

### First, what are some of the hazards that an aging population might experience?

- 1. Stairs. Climbing stairs can become very problematic for seniors. 30% of people over the age of 65, and 50% over the age of 80 will fall down at least once in the next year (Aging Parents Authority). Many times when a senior falls down the stairs, they suffer with a hip fracture. 25% of seniors with a hip fracture will lose their life within one year.
- 2. Shower/Bathtub. Something as simple as getting in and out of the shower/bathtub can be a challenging task for seniors. Roughly 33% of people sixty and older have trouble doing this, even with safety equipment installed (University of Michigan Health System). Many will trip, fall, and harm themselves in the process. A study has shown that bathroom injuries treated in emergency rooms rapidly increase after the age of 65 (New York Times).
- 3. Throw Rugs/Carpeting. Though, only meant for a house decoration, throw rugs can become dangerous to seniors. Without the rugs being secured safely to the floor, it is easy to catch your foot on one and trip. Falling is a leading cause of unintentional injury for seniors over the age of 65. Research has shown that throw rugs and carpeting is one of the most common environmental hazards in senior's homes. There are unsecured throw rugs in 78% of all homes. These homes will average eleven rugs that do not have nonslip backing.

While these are all hazards, being alone is the greatest danger of all. If any of these accidents were to happen, the senior would not have anyone there to help him or her. Recently, a former paramedic relayed an incident in which his crew had found a senior in her home that had been lying on the floor for three days. She had no way to contact anyone for help. Living in a residence that was staffed by trained professionals would have made all the difference. Situations like this occur more often than most of us are aware. To avoid these risks, and any concerns about safety, it may be time to consider a change in living arrangements.



Banyan Residence Assisted Living Resort was created with the principals of safety and security in mind. However, it was important to the designers to accomplish this without losing the senior's sense of freedom and mobility. To avoid the "caged in" feeling, all of the apartments are located in a one story building. Also, beautiful gardens are scattered throughout the courtyard. Residents are free to experience the free flowing layout; while knowing that there is always assistance nearby if it is ever needed.

If you have any questions about this new approach to assisted living, please contact Banyan Residence at (941) 412-4748 to schedule a visit.

Banyan's residents enjoy a sense of both community and independence. This home is located at 100 Base Avenue East in Venice, FL.



#### www.abanyanresidence.com

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- Walking Club
- Waterfall
- Physical fitness activities
- Salon Room
- Custom Shuttle Bus
- · Koi Fish & Duck Pond
- Butterfly Garden
- Special Events: Annual Red Carpet Fashion Show

## **Compression Devices for Limb Swelling**

By Alyssa Parker

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 proteinrich 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 cellulitus/ 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 mimic's 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.

Contact Acute Wound Care today by calling 239-949-4412 to learn more about the benefits of compression devices and the other in-home services available.

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Ramon A. Gil, M.D.

Diplomate, American Board of Psychiatry and Neurology Diplomate, American Board of Internal Medicine Former Clinical Associate, National Parkinson Foundation



### To Bridge or Not to Bridge, That is the Question!

You don't need a three tooth solution for a single tooth problem.

By Dr. Joseph Farag

here is no doubt that when a tooth is lost due to infection, decay or trauma, many factors of oral health are affected. In addition to those factors, cosmetics may also be affected if a front tooth is lost. Common causes of tooth loss are decay, periodontal disease, failed root canal therapy, and traumatic injury. Modern dentistry has improved the chances of restoring these teeth to function but there are many cases when an extraction is the only option.

#### Options for the Loss of One or More Teeth

When a patient is faced with the loss of one or more teeth, modern dentistry can offer two options of non-removable "fixed" replacement. The first option is a fixed or cemented bridge; the second non-removable option would be a dental implant. Of course, the removable dentures and partial dentures remain as options, but these removable appliances are the least desirable by most patients. For the purposes of this article, we will only compare the differences between the non-removable options.

#### A Dental Bridge

The first most common replacement for a missing tooth or teeth is the dental bridge. A bridge can be made of metal, porcelain or a combination of the two. Bridges are designed from two main components, retainers (supporting teeth), and pontics (replacement teeth). The typical lifespan for a dental bridge ranges from 5 years on the low end to over 15 years on the higher end. Factors that can affect the life of a bridge are recurrent decay, periodontal disease (bone loss), and porcelain fracture. A bridge requires the reduction or reshaping of the



Missing tooth prior to bridge



Preparation of adjacent teeth and fabrication of a three-unit bridge.

supporting teeth which may not be such a problem for teeth that may already have a large filling or fracture. Although, when the adjacent teeth have never had a filling or do not have decay or fracture, a more conservative solution may be worth looking at.

#### **Dental Implants**

Dental implant therapy has improved dramatically since it was first offered to patients. Unfortunately, patients have a perception of dramatically higher cost and painful procedures when discussing dental implants. These perceptions need to be changed; in many cases the dental implant option to replace a single missing tooth is less expensive, less painful, and less complicated than an alternative three-unit bridge. Some of the advantages of placing a dental implant as opposed to a bridge are; no need to alter the remaining teeth, ease of flossing between teeth, preservation of remaining bone, and a more natural sensation of function.

The typical lifespan of a dental implant is longer than that of a bridge, since they are not vulnerable to decay which is the leading cause of dental bridge failure. When replacing a single missing tooth, a dental implant can add new support and restore complete function, whereas a bridge would use the existing dentition to support the replacement tooth.

To learn more or to schedule an appointment, please call Dr. Joseph Farag at Port Charlotte Dentalcare, 941-764-9555.



Final fitting of three-unit bridge. The end result appears as three teeth fused together.



Missing tooth prior to implant placement, adjacent teeth are not affected.



After dental implant placement, the final tooth is a separate unit and can be flossed normally.



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# Alcohol Awareness Month

By Justin Long Director of Housing and Residence Life at Florida SouthWestern State College

pril is Alcohol Awareness Month, and it is important to take a step back to learn some important facts about the impacts of alcohol specifically with young adults (18-24 years of age). This annual event "...was established in 1987 to help reduce the stigma so often associated with alcoholism by encouraging communities to reach out to the American public each April with information about alcohol, alcoholism and recovery."

(Source: https://ncadd.org/about-ncadd/events-awards/alcoholawareness-month)

#### Though college students may feel invincible, drinking can be dangerous.

The National Institute of Alcohol Abuse and Alcoholism has provided an alarming set of annual statistics that paint the picture of just how much of an impact drinking has on college students, their families, and the college community as a whole. Research shows that:

- . 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor vehicle crashes.
- Over 696,000 students between the ages of 18 and 24 are assaulted by someone who has been drinking.
- Over 97,000 students between the ages of 18 and 24 report that they have experienced alcohol-related sexual assault or date rape.

(Source: http://www.niaaa.nih.gov/alcohol-health/specialpopulations-co-occurring-disorders/college-drinking)

#### USA Today highlighted five facts to keep in mind as we learn more about alcohol awareness this month.

- 1. "Binge Drinking" is less drinks than you'd guess 4+ drinks for women during a single occasion and 5+ drinks for men during a single occasion
- 2. The legal American drinking age is 21
- 3. Drinking can be dangerous check out the stats in this article
- 4. Signs of alcohol poisoning from the CDC: when you binge drink, your body can no longer process the alcohol, which leads to issues that can range from minimal impairment to coma/death
- 5. Drinking responsibly is actually pretty easy enjoy everything in moderation

(Source: http://college.usatoday.com/2015/04/01/5-facts-toknow-for-alcohol-awareness-month/)



#### Programming is often provided for young adults on a college campus.

As higher education professionals in Housing and Residence Life at Florida SouthWestern State College, it is important for us to continuously develop and grow programming initiatives that will allow us to educate and provide awareness to our students about the effects of alcohol consumption on and off campus. These programing efforts are always the most successful when we are able to feature other campus departments such as the Office of Public Safety and the Office of Student Life.

During one of our most effective educational programs, our residential students wore "beer goggles" to play water pong (the level of intoxication changed with each successful shot). This activity provided a sense of impaired judgment as someone participates in rapid consumption alcohol related games. We go beyond just the physical impacts when we use this type of program as we also educate students through alcohol related questions and facts with each successful shot. During this process we would also provide alcohol related facts to the students based on which cup they scored in.

Another of our most wildly popular events is an improv show titled "Shot of Reality." This annual show brings to campus a nationally recognized improv group for an hour long interactive show that hits on hard alcohol related topics such as binge drinking, DUI's, and sexual assault.

These activities are just two great examples of how college systems are looking to educate young adults on being smart if and when they choose to consume alcohol.

Make sure that you stop and check your habits when it comes to alcohol this month. Now is as good of a time as any to determine if you need to scale back on your beverage intake. For more information on Alcohol Awareness, visit any of the source sites in this column, or speak with your doctor for other resources.

#### Important Dates

at Florida SouthWestern State College

**FSW Open House** April 11-14, 2016

3pm-5:30pm Visit www.fsw.edu/openhouse for more information

Priority Summer Application Deadline April 15



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## **Smoking-The Breath Blocker**

#### **Respiratory Diseases**

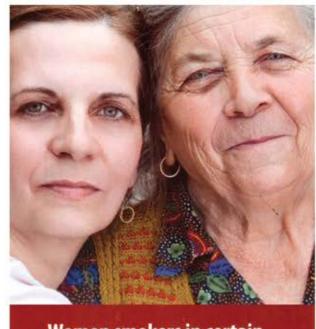
The chemicals in cigarette smoke cause immediate damage to cells and tissue in the human body, including those on the path from the mouth to the lung's air sacs-the final target of the smoke. Delicate lung tissue damaged by chemicals in cigarette smoke doesn't have a chance to heal if it is exposed to these chemicals in large amounts day after day. The result is a wide range of deadly lung conditions.

#### **Chronic Obstructive Pulmonary Disease**

Smoking causes chronic obstructive pulmonary disease (COPD). COPD includes several underlying lung diseases, such as emphysema and chronic bronchitis, in which the airways are damaged and can never completely heal, and the lungs lose their elastic properties. People with COPD suffer from shortness of breath, coughing, difficulty exercising, air trapped in their lungs, swollen airways, and scar tissue. As a result, they may even have trouble with routine activities such as walking and dressing. Their quality of life can drop significantly. Over time, COPD cause low oxygen levels in the body. People with COPD are at high risk for many other serious diseases, including lung cancer and heart disease. The disease has no cure. Women are now dying from COPD in about the same numbers as men, and women appear more susceptible to developing severe COPD at younger ages. Women smokers in certain age groups are more than 38 times as likely to develop COPD, compared with women who have never smoked.

#### **Tuberculosis**

Tuberculosis (TB) is a common infection worldwide that usually attacks the lungs. TB is spread through the air when people with the disease cough or sneeze. It was once a leading cause of death in the United States, but advances in public health have made TB far less common here. However, it remains a serious health issue elsewhere in the world. According too the World Health Organization, TB caused 1.4 million deaths worldwide in 2011. There is now enough evidence to conclude that smoking increases a person's risk of getting TB disease and dying from it.



Women smokers in certain age groups are more than 38 times as likely to develop COPD, compared with women who have never smoked.

#### Other Respiratory Damage Caused by Smoking

More than 11% of high school students in the United States have asthma, and studies suggest that youth who smoke are more likely to develop asthma. Breathing someone else's smoke also triggers asthma attacks in nonsmokers. Children exposed to secondhand smoke have more respiratory infections than children who are not exposed. Although the body has ways to prevent or lessen the severity of injury caused by agents inhaled into the lungs, these defenses are overwhelmed when the body is exposed to cigarette smoke over and over again. People who stop smoking begin to breath higher levels of oxygen in the body, and lower their risk of respiratory disease compared to those who continue to smoke.

Source: Surgeon General's Report cdc.gov/tobacco



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## Spiritual ) Jellness

# Super-size Mine, Please!

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

ime for a bible lesson...I promise it will not be boring.

This is how I understand Ephesians 3:20 after I have studied it in the Interlinear Bible.

"To the one who has power over all things and constructs, beyond our present situation, that we ask or think through the physical power that is active in us..."

And this is how it reads in the New American Standard version of the bible.

"Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us..." Ephesians 3:20

Not bad huh? I'd even say very encouraging. Think about what the verse is saying. The one who has power over all things (that would be God), constructs or makes for us the things we ask for (this is called prayer) or think about (another form of prayer).

Not only do the things we ask for or think about get "built", they get built bigger than they currently are (beyond our present situation).

I also think it is very interesting that it doesn't say that these things are good or bad; it just says they get bigger than they currently are.

That bothers me. Does it bother you?

What if what I'm asking or thinking is not what I really want? Does it get bigger too? Maybe this is what happens to those of us who don't stop to think about what we "say and think."

Things like, "No matter how hard I work I just seem to get farther and farther behind," or "I always get sick about this time of year."



I know there could be a lot of natural causes behind both of these situations, but what about the person who just seems to be lucky all the time. I do believe that 99% of the time, the harder we work the luckier we get. But what about that unexplainable 1% of those who seem to never have any good fortune?

#### Life or Death?

I believe that God is a spirit (John 4:24), indwells Christ-followers (1 Corinthians 6:19), and is standing by to take our prayers, dreams and imaginations to another level. That's what I believe Ephesians 3:20 is saying to us.

I don't believe that God takes our negative words, thoughts and imaginations and amplifies them so they hurt us. Satan will do that (John 10:10).

So it all boils down to which stream we play in. The river of life or the river of death, and that seems to be about our words and thoughts (Proverbs 18:21).

The title of this lesson is "Super-size Mine, Please." My way of saying, "Immeasurably more." What do you want immeasurably more of? Would that be what you are currently living? If so, is there a connection to your words, thoughts and imagination?

#### Try this!

What if you wrote "My Negative Word Count" on one side of a 3x5 card and on the other side, "My Positive Word Count." Now here's the fun part...for one day, you get to define what a negative or positive word is based on if you feel good when you say the word. Then start counting by writing those words on the appropriate side of the card.

At the end of your twenty-four hours, read over both sides of the card and see how you feel. If you feel great, then you probably have more positive words than negative ones. If you feel rotten, well, then you can count the words and see what happened.

It's just a thought, but if you want to have a better day the next day, add more positive words to your spoken diet...on purpose.

I know this takes a little intentional effort, but it works. As a matter of fact, it will work "immeasurably more than all you could ask or imagine," because, well, that's the way it works; through what you ask and imagine.

#### Self-talk

The secret seems to be the realization that when we are "self-talking," we are also asking. And we picked our self-talk up as children. We got it from those big people in our lives. We pick up things like "Don't you know money doesn't grow on trees?" And as silly as that sounds, it can stick to our soul and when we grow up, cause us to have a "poverty" mentality.

Now before you go throwing those big people under the bus, consider that they aren't around now making you think, imagine or say that stuff. So you can quit any time you want. Just saying.

I do have a novel idea about what to do about that. What if you take control over the self-talk they gave you and create your own? Don't you think that's a great idea? Me too!

As matter of a fact I did it myself. Yes sir...in my twenties, I decided to create my own self-talk. I started using life-giving scriptures and quotes from famous and successful people I admired.

It changed my whole life...even my bank account went up.

So if you would like "immeasurably more" in your life of some of the better things in your life as opposed to more of the same, change your thoughts and words on purpose. There is a living power inside you that's listening and wants to help.

To your spiritual health, Pastor Alex Anderson

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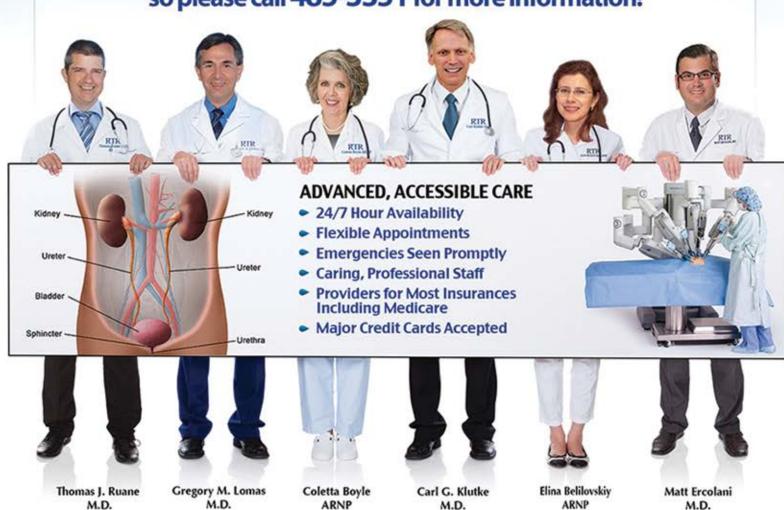




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