

S O U T H W E S T F L O R I D A ' S

Health & Wellness[®] MAGAZINE

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Charlotte/South Sarasota Edition - Monthly

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FALLS CAN
BE DUE TO
BLURRED
EYESIGHT

HEALTHY
AGING
MONTH

PERIPHERAL
ARTERIAL
DISEASE (PAD)
AWARENESS
MONTH

IT'S TIME TO
PRIORITIZE
SCREENING FOR
PROSTATE
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DIABETES
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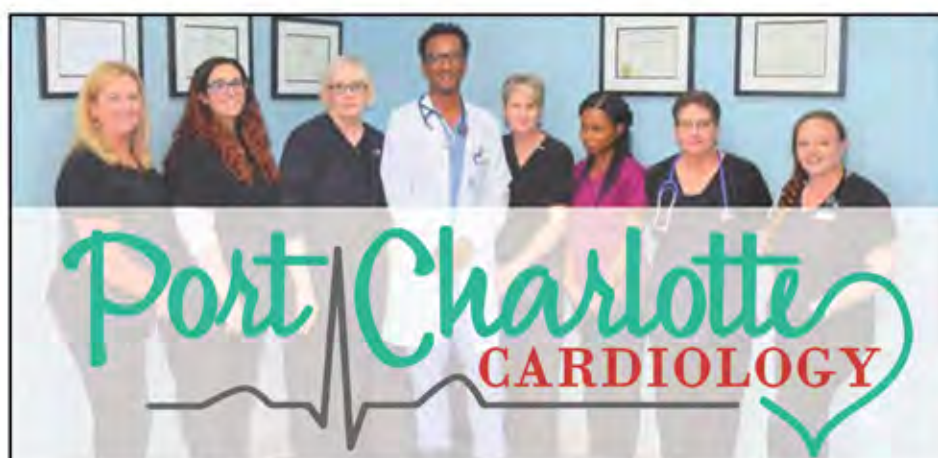
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DIABETES CLINICAL TRIAL

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clinical trial is evaluating an investigational oral insulin capsule compared to placebo that may help manage your blood glucose levels.

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Lenita Hanson MD, F.A.C.E., CDCES, CPI

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IT'S TIME TO PRIORITIZE SCREENING FOR PROSTATE CANCER

By Todd A. Pezzi, M.D., M.B.A.

During National Prostate Cancer Awareness Month, which is observed each year in September, Advocate Radiation Oncology is raising awareness about the importance of proactive screening for prostate cancer in men aged 50 and above.

According to The American Cancer Society, roughly **one in nine men are diagnosed** with prostate cancer in their lifetime. Prostate cancer is the **second leading cause of death for men in the United States**. Men whose family members have been diagnosed with the disease are at a higher risk for developing symptoms, and should begin screening at age 40.

Additionally, older men are more susceptible to the development of prostate cancer, which means the risk for diagnosis increases as one ages. Approximately 60% of cases are diagnosed in men 65 and older, with **an average diagnosis age of 66 years old**.

While these statistics may seem alarming, they demonstrate the crucial role of cancer screening for men's health. An individual's treatment options for prostate cancer depend in part on how soon the diagnosis is uncovered. Annual screenings make early diagnosis more likely by detecting issues before they cause debilitating symptoms. An early diagnosis also increases the chances of a successful treatment outcome.

What You Should Know About Prostate Cancer Screening

The primary test that is commonly used to screen for prostate cancer is called a prostate specific antigen (PSA) test, which measures the level of PSA in the blood. PSA is a substance that is made by the prostate and found in increased amounts in the bloodwork of men who have prostate cancer. A high level of PSA can also indicate a prostate infection or inflammation, an enlarged prostate, or negative drug interactions stemming from prescription medication.



This is the most effective way to detect early-stage prostate cancer. While the screening may cause temporary discomfort, it allows patients to pursue a greater number of treatment options and achieve higher survival rates than those who discover prostate cancer in its latest stages. The American Urological Association (AUA) strongly recommends consideration of PSA testing in men aged 55-69 years of age, recognizing that the greatest benefit of screening is within this age group.

What If Prostate Cancer Screening Results in a Diagnosis?

When you receive a prostate cancer diagnosis, it is important to partner with a health care professional who will put the patient's needs first. Therefore, the best first step is to seek medical advice and compassionate treatment from highly skilled, experienced professionals who are leaders in their field.

At Advocate Radiation Oncology, our team of board-certified radiation oncologists have trained at some of the nation's most prestigious institutions. As the region's premier locally-owned and operated radiation oncology practice, we combine decades of experience with advanced technology and world-class technique as we work closely with each patient in developing a personalized treatment plan.

This is because there are many types of treatment protocols that are successful for prostate cancer. In addition to surgery, radiation therapy is the most common treatment for prostate cancer – and is generally considered to be of equal effectiveness. In fact, radiation therapy often helps minimize the side effects of treatment for patients who want to return to their daily lives after each treatment. At a medical practice like Advocate Radiation Oncology, which uses industry-leading machines to treat patients, it is possible to complete a full course of radiation with little inconvenience due to highly effective methods of prostate cancer treatment.

As a result, there is no "best" option or general treatment that suits all patients. Instead, a personalized approach is necessary to determine which approach and type of prostate cancer treatment will best address an individual patient's needs. And, it all starts with proactive screening.



About the Author

Dr. Todd Pezzi serves as a radiation oncologist at Advocate Radiation Oncology, practicing in Naples and Bonita Springs, Florida.

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SEPTEMBER IS PERIPHERAL ARTERIAL DISEASE (PAD) AWARENESS MONTH

By Dr. Isin Mustafa, DPM, MSHS, DABPM, FACPM

The following Foot Health Facts on PAD are provided by the American College of Foot and Ankle Surgeons, a specialty medical society of more than 7,800 foot and ankle surgeons:

What Is Peripheral Arterial Disease?

Commonly referred to as poor circulation, Peripheral Arterial Disease (PAD) is the restriction of blood flow in the arteries of the leg. When arteries become narrowed by plaque (the accumulation of cholesterol and other materials on the walls of the arteries), the oxygen-rich blood flowing through the arteries cannot reach the legs and feet.

The presence of PAD may be an indication of more widespread arterial disease in the body that can affect the brain, causing stroke, or the heart, causing a heart attack.

Signs & Symptoms:

Most people have no symptoms during the early stages of PAD. Often, by the time symptoms are noticed, the arteries are already significantly blocked.

Common symptoms of PAD include:

- Leg pain (cramping) that occurs while walking (intermittent claudication)
- Leg pain (cramping) that occurs while lying down (rest pain)
- Leg numbness or weakness
- Cold legs or feet
- Sores that will not heal on toes, feet or legs
- A change in leg color
- Loss of hair on the feet and legs
- Changes in toenail color and thickness

If any of these symptoms are present, it is important to discuss them with a foot and ankle surgeon. Left untreated, PAD can lead to debilitating and limb-threatening consequences.

PAD Risk Factors:

Because only half of those with PAD actually experience symptoms, it is important that people with known risk factors be screened or tested for PAD.

The risk factors include:

- Being over age 50
- Smoking (currently or previously)
- Diabetes
- High blood pressure
- High cholesterol
- Personal or family history of PAD, heart disease, heart attack or stroke
- Sedentary lifestyle (infrequent or no exercise)

PAD Diagnosis:

To diagnose PAD, the foot and ankle surgeon obtains a comprehensive medical history of the patient. The surgeon performs a lower extremity physical examination that includes evaluation of pulses, skin condition and foot deformities to determine the patient's risk for PAD. If risk factors are present, the foot and ankle surgeon may order further tests.

Several noninvasive tests are available to assess PAD. The ankle-brachial index (ABI) is a simple test in which blood pressure is measured and compared at the arm and ankle levels. An abnormal ABI is a reliable indicator of underlying PAD and may prompt the foot and ankle surgeon to refer the patient to a vascular specialist for additional testing and treatment as necessary.

General Treatment of PAD:

Treatment for PAD involves lifestyle changes, medication and, in some cases, surgery.

- **Lifestyle changes.** These include smoking cessation, regular exercise and a heart-healthy diet.
- **Medications.** Medicines may be used to improve blood flow, help prevent blood clots or control blood pressure, cholesterol and blood glucose levels.
- **Surgery.** In some patients, small incision (endovascular) procedures or open (bypass) surgery of the leg are needed to improve blood flow.

PAD & Foot Problems:

Simple foot deformities (hammertoes, bunions, bony prominences) or dermatologic conditions, such as ingrown or thickened fungal nails, often become more serious concerns when PAD is present. Because the legs and feet of someone with PAD do not have normal blood flow—and because blood is necessary for healing—seemingly small problems, such as cuts, blisters or sores, can result in serious complications.

Having both diabetes and PAD further increases the potential for foot complications. People living with diabetes often have neuropathy (nerve damage that can cause numbness in the feet), so they do not feel pain when foot problems occur. When neuropathy occurs in people with PAD, ulcers can develop over foot deformities and may never heal. For this reason, PAD and diabetes are common causes of foot or leg amputations in the United States.

Once detected, PAD may be corrected or at least improved. The foot and ankle surgeon can then correct the underlying foot deformity to prevent future problems should the circulation become seriously restricted again.

Avoiding PAD Complications:

Getting regular foot exams—as well as seeking immediate help when you notice changes in the feet—can keep small problems from worsening. PAD requires ongoing attention.

To avoid complications, people with this disease should follow these precautions:

- **Wash your feet daily.** Use warm (not hot) water and a mild soap. Dry your feet—including between the toes—gently and well.
- **Keep the skin soft.** For dry skin, apply a thin coat of lotion that does not contain alcohol. Apply over the top and bottom of your feet but not between the toes.
- **Trim toenails straight across and file the edges.** Keep edges rounded to avoid ingrown toenails, which can cause infections.
- **Always wear shoes and socks.** To avoid cuts and abrasions, never go barefoot—even indoors.
- **Choose the right shoes and socks.** When buying new shoes, have an expert make sure they fit well. At first, wear them for just a few hours daily to help prevent blisters and examine the feet afterward to check for areas of irritation. Wear seamless socks to avoid getting sores.
- **Check your feet every day.** Check all over for sores, cuts, bruises, breaks in the skin, rashes, corns, calluses, blisters, red spots, swelling, ingrown toenails, toenail infections or pain.
- **Call your foot and ankle surgeon.** If you develop any of the above problems, seek professional help immediately. Do not try to take care of cuts, sores or infections yourself.

Disclaimer: This content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition.

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Isin Mustafa, DPM, MSHS, DABPM, FACPM

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REDUCE YOUR RISK OF LUNG CANCER

While the number of cases and the number of deaths from lung cancer have declined dramatically over the past decade, lung cancer is still the leading cause of cancer deaths in the United States in both men and women. According to the American Cancer Society, more people die of lung cancer in a year than from breast, prostate and colon cancer combined.

Risk Factors for Lung Cancer

Lung cancer forms in the tissues of the lungs, most often in the cells that line air passages, and occurs when these cells start to grow and multiply uncontrollably.

Approximately 85% of all lung cancers occur in people who smoke or who are exposed to secondhand smoke. Tobacco in all forms increases the risk of various types of cancer, and lung cancer in particular. The carcinogens in tobacco and tobacco products can potentially damage nearly every organ in the body.

Other risk factors include exposure to asbestos, nickel, arsenic, chromium or other chemicals, and some petroleum products, or living in an area with high levels of air pollution.

It is important to note that about 20% of lung cancer deaths occur in people who never smoked. Researchers are working to understand how and why this occurs. We do know that nonsmokers who develop lung cancers experience a different and unique set of genetic changes than smokers do.

An Ounce of Prevention . . .

There are ways to reduce your risk of lung cancer.

It stands to reason that one of the best ways to reduce your risk is to never begin smoking, or, if you do smoke, to stop as soon as possible. Many programs and community resources are available and can assist with smoking cessation. Discuss these and other options with your doctor to determine which method is best for you.

EARLY DETECTION SAVES LIVES

Although there have been many promising treatment advances, the average five-year survival rate for lung cancer in the U.S. is only 22%, unless it is detected early, according to the American Lung Association. If lung cancer is detected early, while it is still localized within the lungs, the five-year survival rate soars to 56%.

Unfortunately, only about 16% of all lung cancer cases are diagnosed at an early stage. Why? Because often there are no symptoms; a tumor may not be detected until it becomes very large.



Symptoms to be alert for include:

- Coughing up blood or a cough that doesn't go away
- Recurrent episodes of pneumonia or bronchitis
- Wheezing or shortness of breath
- A high-pitched whistling-type sound when breathing in or out, or a hoarseness to your voice

Because symptoms can be so vague, it's important to pay close attention to any warning signs and contact your health care provider right away. If you are a current smoker or if you have ever been a heavy smoker for longer than 15 to 20 years, regular screenings are important.

Through the use of low-dose spiral computed tomography (CT) scans of the chest, lung cancer can often be detected in its early stages. This type of screening can detect early-stage cancers that cannot be seen on traditional chest X-rays. Check with your primary care physician to see if you could benefit from a CT lung scan.

The importance of early detection cannot be emphasized enough. If detected early, the chances of surviving lung cancer with a high quality of life are three times greater than when cancer is detected in a later stage.

IMPROVEMENTS IN THE TREATMENT OF LUNG CANCER

Many advances in the treatment of lung cancer have occurred in the past decade. These include the development of targeted therapies, medications that interfere with certain processes that cancer cells use to grow and spread, and immunotherapies, a type of targeted therapy that boosts the body's immune system to fight cancer. These drugs have given oncologists many more options in treating lung cancer and have made treatment safer and more effective, with fewer side effects for patients.

Sometimes, chemotherapy is also used in combination with targeted therapies, and this protocol has been shown to improve survival rates. Clinical trials are looking at newer combinations of chemotherapy drugs to determine which are the most effective.

While there is still much research needed to develop even more effective treatments for lung cancer, the good news is that many more people are surviving the disease than ever before.

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Recognized by the American Society of Clinical Oncology with a national Clinical Trials Participation Award, Florida Cancer Specialists & Research Institute (FCS) offers patients access to more clinical trials than any private oncology practice in Florida. The majority of new cancer drugs recently approved for use in the U.S. were studied in clinical trials with FCS participation.* Trained in prestigious medical schools and research institutes, our physicians are consistently ranked nationally as Top Doctors by U.S. News & World Report.

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DIABETES MANAGEMENT

HANSON CLINICAL RESEARCH CENTER

By Lenita Hanson MD, F.A.C.E., CDCES, CPI

Diabetes is a chronic health condition that affects millions of men, women, and children globally. Managing diabetes requires awareness of your own body and knowing what makes your blood sugar rise and fall. Controlling these day-to-day factors is the key to living a long and healthy life.

There are many ways to educate oneself on diabetes management. Participating in programs that focus on teaching management strategies is a good place to start. Diabetes centers offer lifestyle classes that include helping you learn skills to manage your diabetes more effectively by checking blood sugar regularly, eating healthy foods, being active, taking medicines as prescribed, and handling stress.

Let's look at some of the basics of managing your diabetes.

DIET

Healthy eating is a key component in a healthy life for everyone, but for those living with diabetes, it becomes paramount. Learning how certain foods affect your blood sugar is important and then knowing how much to eat and what combinations to eat is also important.

1. Counting carbohydrates and controlling portion size are two keys to eating with diabetes. Learning to count carbohydrates will have the greatest impact on managing your diabetes because they have the biggest impact on your blood sugar. For those who take insulin at mealtime, counting carbohydrates determines the proper insulin dose.

It is also important to learn what portion of each food type is appropriate. Using a scale or measuring cups can be quite helpful in getting the proper carbohydrate count.

2. Meal planning is also helpful. As much as possible, plan for every meal to have a good mix of starches, fruits and vegetables, proteins, and fats.

Pay attention to the types of carbohydrates you choose. Some carbohydrates are better for you than others. Fruits, vegetables, and grains are low in carbohydrates and have fiber. Fiber helps keep your blood sugar levels more stable.

3. Sugar sweetened beverages can be dangerous. Try to avoid them as much as possible since they tend to be very high in calories and offer little nutritional value. These drinks can be useful during a low blood sugar episode because they raise the blood sugar quite quickly. However, drinking them on a regular basis should be avoided.

EXERCISE

Make physical activity part of your daily routine. Set a goal to be more physically active. Try to work up to 30 minutes or more of physical activity on most days of the week. Taking a quick walk and swimming laps at the pool are good ways to move more.

Ask your doctor to help you establish a plan that is right for you. Most people try to shoot for 30 minutes of aerobic activity a day 5-7 days a week. Remember to check your blood sugar levels before, during, and after exercise. Exercise can lower blood sugar levels for up to a full day after the activity. Look for warning signs like feeling shaking, weak, tired, or confused and monitor your blood sugar frequently. Always be prepared with a small snack or glucose tablets handy.

MEDICATION

Insulin and other diabetes medications are often necessary when diet and exercise aren't sufficient for managing your diabetes. The effectiveness of these medications depends on the timing and dosage. Other medications can affect your blood sugar as well. That's why it is important to talk to your medical team about any new medications and how they can affect you.

It is also important to always store your insulin properly. Do not use insulin that has passed its expiration date and remember that insulin is extremely sensitive to temperature. Improper storage can result in loss of effectiveness.

ALCOHOL

The liver releases stored sugar to combat low blood sugar levels. If you are drinking alcohol, however, the liver is otherwise occupied. While it is busy metabolizing the alcohol you consume, your blood sugar may not get its necessary boost. For this reason, it is important to monitor closely your alcohol consumption.



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It is best for diabetics not to drink any alcohol. It can aggravate complications that generally accompany diabetes such as eye disease or nerve damage. However, if your diabetes is well controlled and your doctor gives the okay, moderate alcohol consumption is allowed. Be sure not to drink on an empty stomach and to choose your drinks wisely. Light beer and dry wine have fewer calories and carbohydrates and will have less of an effect on your blood sugar.

WORK WITH YOUR HEALTH CARE TEAM

It is true that "there is no I in team", but in the case of your health care, YOU are the most important member of the team. You must advocate for the "I" in your team. Though you may have excellent doctors, nurses, dietitians, pharmacists, etc., none of them will know your body better than you. It is important to advise each new medical professional you see about your diabetes and ask them pertinent questions about how a new condition or new medication will affect your situation. Be prepared with a list of questions so that you don't forget in the moment.

Remember that managing diabetes isn't easy, but it there are many steps you can take to make your life more comfortable and freer. The more you know about diabetes management, the easier it will be.



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ARE YOUR SYMPTOMS RELATED TO ATRIAL FIBRILLATION (AFIB)?

By Dr. Aneley Yegezu Hundae, M.D., FACC

Afib is an irregular heart rate that is often rapid with palpitations and causes insufficient blood flow. More than 6 million individuals in the United States have Afib. An electrical disruption to the top chamber of the heart, prompting the heart's rhythm and rate to fluctuate, causes an arrhythmia.

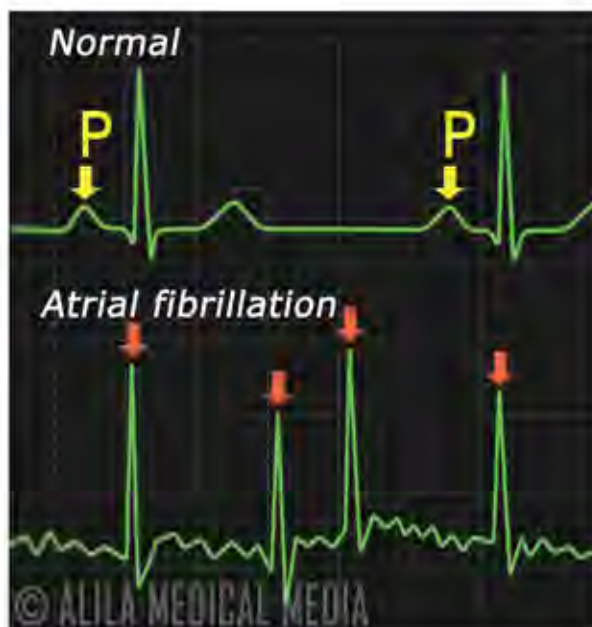
The two sides of the heart work in opposition to each other. The right side of the heart takes in deoxygenated blood from the body and feeds them to the lungs; the left side carries the oxygen and nutrient-rich blood from the lungs and feeds it back to the body. Four chambers make up the heart. The top chambers are called the atria, and the lower are the ventricles. In atrial fibrillation, the two atria quiver instead of pumping. Without proper functioning, the heart will begin to cause adverse effects very quickly.

Most of us are very familiar with symptoms of coronary heart disease, but Afib symptoms often go overlooked and are not taken as seriously as they should be. Atrial Fibrillation takes over 130,000 lives each year.

The symptoms of an atrial heart arrhythmia are:

- Dizziness
- Shortness of breath
- Racing heart
- Fluttering heart
- Palpitation
- Uneven heartbeat
- Chest pain

If left untreated, Afib can cause blood clots to form in the heart. These clots are produced due to the restricted pumping of the chambers, which causes the blood to pool in the atria and form clots. If the blood clots break off, they can reach the brain and cause a stroke. Patients with AFIB are seven times more likely to have a stroke than those with normal heart rhythm.



Risk factors for Afib include:

- Advancing age
- High blood pressure
- Obesity
- Obstructive sleep apnea
- European ancestry
- Diabetes
- Heart failure
- Ischemic heart disease
- Valvular heart disease
- Hyperthyroidism
- Chronic kidney disease
- Heavy alcohol use
- Enlargement of the chambers on the left side of the heart

Treatment for Afib

- Medications to regulate the heart's rhythm (antiarrhythmic drugs, calcium channel blockers, beta blockers)
- Blood thinners to reduce the risk of stroke (Anticoagulants)

- Procedures (i.e. Catheter ablation, electrical cardioversion, implanted pacemaker, left atrial appendage closure, Watchman Device)
- Surgery (MAZE surgery creates scar tissue is created to block the abnormal electrical impulses)

It's critical to seek medical attention from a respected cardiologist if you are experiencing any of the symptoms related to atrial fibrillation. DO NOT wait, the heart muscle, rhythm, rate, and ability to pump correctly, is what is keeping you alive.



Dr. Aneley Yegezu Hundae, M.D., FACC

**INVASIVE CARDIOLOGY
AND ADVANCED HEART
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Dr. Hundae received his Premedical and Doctor of Medicine Degree from Jimma University School of Medicine. He completed his Internal medicine Residency at Mercer University School of Medicine. His Heart Failure/Heart Transplant fellowship at the University of Miami Cardiovascular Fellowship Program. Cardiovascular fellowship at Baylor University Medical Center.

Board certifications

- Cardiology
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To Celebrate We Are Offering a Free Mini Hydrafacial and Aesthetic Consultation

By Lindsay Bullman, MSN, APRN, FNP-BC

Summer is over. It's back to the daily grind for most of us. That alarm clock is going to sound each morning and we'll all have to stumble to the bathroom and get the day started. As we look in the mirror, some of us will note that our "sun kissed" faces are a little uneven in color and we might even see a few brown spots here and there.

We love the summer, but its effects on the skin can be damaging. So, what do we do if we were a little too careless with the sunscreen this summer? Can we reverse the damage that's been done this year and all of those previous summers we loved so much at the beach and pool? The answer is a resounding YES! Thanks to breakthrough technology we have access to a non-invasive treatment called the HydraFacial.

What is HydraFacial and how does it work?

A HydraFacial is a facial treatment using a patented device to deliver exfoliation, cleansing, extraction, and hydration to the face. During the treatment, water is used to clean and exfoliate the outer layer of skin which removes dead cells and excess oil. Next, the application of a chemical solution further cleanses and loosens the debris that clogs pores. Any remaining impurities are then suctioned away, leaving the pores debris-free and prepared to absorb a customized hydrating serum.

The cleansing, exfoliation, chemical peel, and facial muscle relaxation provided by a HydraFacial treatment help to combat many of the beauty issues individuals face on a daily basis, including large pores, wrinkles, and breakouts. It provides consistent results regardless of aesthetician (qualified professional) and can be used on all skin types.

What will happen during the procedure?

Step 1 - CLEANSING AND EXFOLIATION

A vortex cleansing and hydra peel tip will be used on the skin. This removes dead skin cells and sebum (oil) while gently opening pores. The sensation has been compared to having an electric toothbrush pressed lightly against your face. It is painless.

Step 2 - CHEMICAL PEEL

The aesthetician will change the tip of the wand and use a mix of non-irritating acids (salicylic and glycolic) for a peel that is both gentle and effective. This loosens the debris deep inside the pores of the face. This gentle mix will not have the same skin-irritating effect as other chemical peels that leave the face red for hours.

Step 3 - EXTRACTION

The device will work as a vacuum to suction out blackheads and other impurities from the pores.



Step 4 - HYDRATION

The wand will now be used to apply a serum rich in antioxidants, peptides, and other hydrating nutrients. This will detoxify and hydrate the skin, leaving it feeling and looking rejuvenated like never before.

What are the benefits of a HydraFacial?

REDUCES REDNESS

One important benefit is that a HydraFacial can help to improve and even out skin tone. It soothes patches of redness and gives the skin a more uniform tone. This is due to the mixture of acids that are used during the exfoliation process. Dull, lifeless skin is often caused by the buildup of dirt and dead or damaged skin cells. The exfoliating action of this treatment buffs away this layer of impurities, revealing the brighter, clearer skin beneath.

REDUCES THE APPEARANCE OF ENLARGED PORES

The acid peel solution that is applied as part of a HydraFacial treatment serves to clean out and dissolve the excess dirt, oil, and dead cells that are trapped inside pores. The vacuum suction attachment then draws out these impurities, deep cleaning and unclogging pores. These clear pores will reduce in size, making them less noticeable.

REDUCES ACNE

Having clean skin and clear pores will result in fewer breakouts. The combination of cleansing, exfoliating, and extraction present in this procedure helps to reduce the appearance of acne and prevent future eruptions.

REDUCES FINE LINES AND WRINKLES

The removal of layers of thin, dry, aging skin and the stimulation provided by the exfoliation process will result in collagen production. The combination of this newly produced collagen and the nourishment provided the hydrating serum used will result in firmer, smoother, and younger looking skin.

Hydrafacial treatments are gentle and nonabrasive, unlike the majority of other resurfacing treatments. The Hydrafacial is a treatment that is suitable for all skin tones and requires no downtime. In fact, your complexion will likely look better walking out the door. Many patients report seeing visible skin refinement and even, radiant skin tone after just one treatment.

If you are interested in finding out more about how to get THE BEST SKIN OF YOUR LIFE – detoxify + rejuvenate + protect, contact the team at Joyce Vein & Aesthetic Institute.

Hydrafacial Launch Special - To show you the amazing effects of the HYDRAFACIAL we are offering a free mini hydrafacial and aesthetic consultation.

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Lindsay Bullman, MSN, APRN, FNP-BC
Advanced Practice Registered Nurse, Aesthetics



JVAI would like to welcome Lindsay Bullman as our new aesthetic nurse practitioner. Lindsay graduated from West Virginia University and spent her career as a registered nurse working in multiple intensive care units between West Virginia and Florida. Lindsay continued to further her education and became a master's prepared, board-certified family nurse practitioner. During her clinical rotations Lindsay fell in love with aesthetics and immediately started working in the field upon graduation. Now Lindsay brings her 7 years of nursing experience and expertise in aesthetics to JVAI where she'll specialize in injectables, RF microneedling, Hydrafacials, Emsculpt Neo, Emsella, and laser hair removal.

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FALLS CAN BE DUE TO BLURRED EYESIGHT

By Elizabeth Schwartz, O.D., Quigley Eye Specialists

Falling is one of the greatest health risks older adults face. Each year, one in four Americans 65 and older experiences a fall, the leading cause of injury among older adults, and impaired vision more than doubles the risk, according to the National Academies of Sciences.

Every second, an older adult falls and every year there are 36 million falls among those age 65 and older, according to the Centers for Disease Control and Prevention. One out of five falls cause serious injury such as broken bones or a head injury.

Vision impairment may be to blame in many of these cases. Blurred vision may cause you to not see objects in your path as clearly as you once did, which will increase your chances of falling. In some cases, other eye conditions such as undiagnosed near-sightedness, an out-of-date eyeglass prescription, eye infections, glaucoma or macular degeneration can increase the risk of falling.

That's why the ophthalmologists at Quigley Eye Specialists recommend that all people, but especially those 65 and older, receive a comprehensive eye exam every year. Changes in your vision can be monitored and treatment can be started as soon as the first signs appear. We also assess your risk of falling and make recommendations on how you can make your home safer.

Here are some tips to help:

- Small throw rugs are a tripping hazard and should be rolled up and put away.
- Clear the clutter. Random items left on the floor make it more difficult to have a clear path for walking.
- Use bright bulbs where they are needed most, but especially at room entrances and the top and bottom of stairs.
- Wear rubber-soled shoes around the house to gain traction.
- Use hand rails in the shower since slippery surfaces make you more prone to falling;

About Quigley Eye Specialists

Dr. Elizabeth Schwartz is an optometrist with Quigley Eye Specialists with locations throughout Florida. Quigley Eye Specialists specializes in cataracts, laser cataract surgery, glaucoma, LASIK, dry eye, eyelid surgery, facial plastic surgery, retina, cornea conditions, optical and routine eye care. For more information, call (855) 734-2020 or visit www.QuigleyEye.com.



Blurred vision may cause you to not see objects in your path as clearly as you once did, which will increase your chances of falling.
GETTY IMAGES PHOTOS

- Watch your balance, which decreases as you age. Exercises are available to help maintain and improve balance.
- Know where your pets are located at all times. We all love our pets, but they can be tripping hazards if you're not aware that they are running across your path.
- Review your medications with your doctor. Some medications for arthritis, high blood pressure, heart disease and sleeping can cause dizziness. Your doctor can recommend alternatives.
- Consider a fall detection device that will alert help should you need it.
- Limit alcohol consumption. Older adults cannot process alcohol as easily as they did when they were younger which can produce dizziness and light-headedness even 24 hours later.

Your primary care physician also should be consulted. Blurred vision can be a sign of diabetes, high blood pressure, and arthritis. One of the first things that an arthritis flare-up might affect is the eyes. Impaired sight can be a direct result of the inflammation that comes from arthritis and affects the rest of the body from there.



Older adults cannot process alcohol as easily as they did when they were younger which can produce dizziness and light-headedness even 24 hours later.

The important thing to remember is that falls are preventable. Quigley Eye Specialists is here to work with you to gain the best vision possible and keep you safe from falling.



(855) 734-2020

www.QuigleyEye.com

For more information, call (855) 734-2020
or visit www.QuigleyEye.com.

Treating Venous Ulcers at Joyce Vein & Aesthetic Institute

Venous dysfunction in the legs can lead to painful chronic skin ulcers that will not heal. To resolve this kind of problem correctly, there's only one solution: consult someone with extensive expertise in the field like Douglas H. Joyce, DO, founder of Joyce Vein & Aesthetic Institute in Punta Gorda.

"There are two systems of veins in the leg," explains Dr. Joyce. "The main system, in the middle of the muscles, is called the deep system. The other system is made up of all the veins you see under your skin, and are called the superficial veins. These two systems are connected by perforator veins. If you picture a ladder, with the superficial system being the left rail and the deep system being the right rail, the perforator veins are the rungs on the ladder going across between the two sides. The superficial side of the ladder is under low pressure, and the deep system side is under high pressure. Each perforator vein has a one-way valve. When you relax, the perforator valves open, and blood passively drains from the superficial into the deep system. When you walk, the deep system is compressed, generating the high pressure that returns blood back to the heart against gravity. All the valves in the perforators snap shut, so that the high pressure blood does not move out to the skin veins. "When perforator veins malfunction, each leg movement causes blood to flow backward at high pressure into the superficial system. This increases the pressure in the superficial system dramatically causing damage to the delicate superficial veins and skin. We call this problem chronic venous insufficiency and it is the cause of venous ulcers. Severe intractable ulcers can make life nearly unbearable. Patients suffer with painful, draining wounds which will not heal despite skin grafts and compression. The answer is to remove the reasons for the increased skin vein pressure by treating the dysfunctional perforator veins themselves."

Dr. Joyce has developed a non-invasive laser treatment called single needle ablation to accomplish this. Done in the office setting this procedure is performed through a small needle stick and takes



less than fifteen minutes. "Combined with our other venous laser treatments, we can reverse serious venous disease and heal "untreatable" ulcers that have been present on some cases for over a decade," states Dr. Joyce.

"It's tremendously rewarding to help these patients," adds Dr. Joyce. "Relatively few physicians treat this level of venous disease. We are pleased to be able to provide this care through The Ulcer Center at JVAI, not only to residents of Florida, but also to others who travel from around the country and even overseas to benefit from these procedures.

For more information and to schedule an appointment, call Dr. Joyce at 941-575-0123 or visit www.jvai.com

PATIENT TESTIMONIAL

I saw my leg had a little ulcer. It is not going away unless you fix it internally. Dr. Joyce understands this disease. He is always interested in you the patient. I was eager to come here because I wanted it done and I wanted it done right.

Michael C.



Dr. Douglas H. Joyce, DO, FACOS, FACPh
Cardiovascular & Thoracic Surgery

SPECIALITY

Triple Board Certified Phlebology (Venous Disease) Cardio-Thoracic & Vascular Surgery, and General Surgery

DEGREES

Bachelor and Masters of Science The University of Michigan, Ann Arbor

Doctorate Michigan State University, College of Osteopathic Medicine, East Lansing

Diplomate American College of Phlebology
American College of Osteopathic Surgeons International College of Surgeons

TRAINING

Internship and Surgical Residency Lansing General Hospital, MI

Surgical Fellowship Cardiovascular Thoracic Surgery, Cleveland Clinic Foundation, OH Special Fellow, Department of Cardiopulmonary Perfusion, Cleveland Clinic Foundation, OH Special Fellow, Congenital and Adult Cardiovascular-Thoracic Surgery, Deborah Heart and Lung Center, Browns Mills, NJ

Former Assistant Clinical Professor of Surgery Department of Osteopathic Medicine, Michigan State University College of Osteopathic Medicine UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ



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AS OUR NEW AESTHETIC NURSE PRACTITIONER.



Lindsay graduated from West Virginia University and spent her career as a registered nurse working in multiple intensive care units between West Virginia and Florida. Lindsay continued to further her education and became a master's prepared, board-certified family nurse practitioner. During her clinical rotations Lindsay fell in love with aesthetics and immediately started working in the field upon graduation. Now Lindsay brings her 7 years of nursing experience and expertise in aesthetics to JVAI.

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*A screening does not replace an exam with an optometrist or ophthalmologist. Evaluations are not free. Free screenings are limited to one per person. THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT.

THE HARMS OF TOBACCO USE

Each year, in the United States alone, there are 480,000 deaths due to tobacco-related illness. This is only the tip of the iceberg when it comes to the impact of tobacco use in our country. For each death caused by tobacco, there are at least 5 people living with a serious tobacco related illness. **Tobacco use is the number one preventable cause of death and leads to disease and disability.**

Tobacco can lead to many different cancers and chronic health issues throughout the body. In fact, **tobacco harms nearly every organ system of the body**, from the top of the head all the way down to the tip of the toes. Some of these cancer and chronic conditions include:

- Asthma
- Buerger's Disease
- Lung Cancer
- Oral Cancer
- Popcorn Lung
- Pneumonia
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Gum (Periodontal) Disease
- Heart Disease
- Stroke
- Reduced fertility
- Vision Loss and Blindness
- Osteoporosis
- Poor Wound Healing
- Secondhand Smoke
- Higher Risk for COVID-19
- And More

The good news is that it is never too late to quit using tobacco. Quitting tobacco reduces the risk of tobacco-related diseases in the future, slows the progression of existing tobacco-related disease, and improves life expectancy by an average of 10 years. When a tobacco user quits, the body starts to get healthier almost immediately.

Help with quitting tobacco is free! Gulfcoast South Area Health Education Center (GSAHEC), as part of the Tobacco Free Florida AHEC Cessation Program—offers free tobacco cessation sessions that are available to help someone quit all forms of tobacco. These group cessation sessions, held virtually and in-person, provide information about the effects of tobacco use, the benefits of quitting, and will assist you with developing your own customized quit plan. **Free** nicotine replacement therapy in the form of patches, gum or lozenges (*if medically appropriate and while supplies last*) are provided with the session. Attendees will also receive a participant workbook, quit kit materials, and follow up support from a trained tobacco treatment specialist.

Contact us today at 866-534-7909 or visit

www.tobaccofreeflorida.com/groupquitcalendar to schedule a class or learn more about the program!

References:

Tools to Quit: Area Health Education Center (AHEC) Cessation Program Participant Toolkit. Area Health Education Centers. 2018.



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CAREER OF A LIFETIME

By Dr. Nashat Abualhajja, Ph.D., MSN, RN

Do you like helping people? Do you want to do work that is exciting and rewarding? Do you want a career that has a high job satisfaction rate? Do you want to work in a field that is greatly respected? Do you want to be in a career that is in demand and stable? Do you want work in a career where you can choose your specialty?

If you answer yes, then nursing is a great career choice.

According the Bureau of Labor Statistics (BLS), the average salary in Florida for a nurse is \$72,000, and Florida is in the top five for employing nurses.

Hodges University's Thelma T. Hodges Bachelor of Science in Nursing (BSN) program is accelerated. You are immersed in gaining the knowledge and skills needed to earn your bachelor's degree and be prepared to take the NCLEX exam for your Registered Nurse license. And this is done in four semesters.

You'll learn from faculty, nurses themselves, who bring the added real life expertise that goes beyond classroom materials. With that knowledge, you'll apply it in our advanced nursing simulation suite, starting with the basics of patient care to advanced scenarios. You'll practice on SIM patients that include newborns, mothers giving birth, children, and adults.

"Tory" is a life-like high-fidelity newborn that weighs just over eight pounds. She can breathe, cry, grunt, open and close her mouth, blink her eyes and move her arms and legs. "Tory's" skin feels like a real newborn and her skin tone can change to become pale, jaundice or cyanotic. Our students can listen to her heartbeat, lung and abdominal sounds, feel her pulse and fontanelles, and assess her muscle tone. She can also suffer seizures if that is part of the simulation scenario. Students can also practice starting IVs on the newborn, perform CPR, and ECG monitoring."

"Hal" is a pediatric patient that can simulate lifelike emotions and phrases. Pediatric "Hal's" emotions, include anger, worry, anxiousness, crying, yawning, and being quizzical and amazed. This helps our



students learn how to communicate with young patients in a variety of settings. For example, if "Hal" is lethargic, his eyelids will droop and his head movements slow, and he may yawn. When he cries, he sheds real tears to further enhance the student learning process related to pediatric patients and communication. Our students practice multiple skills to assess "Hal's" condition, including trauma, neurological diseases, and respiratory distress. His eyes will track when students enter the room and his pupils can dilate and constrict when a penlight is shined on them. Our students can also listen to his heart, lung and bowel sounds, and detect any abnormal respiratory patterns. Students can also practice using airway support devices and hem thorax procedures.

Several adult "Susie" mid-fidelity simulators provide our students the opportunity to learn and practice their clinical skills. Some of the skills taught in the Hodges University nursing skills lab include obtaining vital signs and listening to heart,



lung and bowel sounds. Students can also practice tracheostomy care, nasogastric tube insertion, feeding and care, patient catheterization, correct placement of ECG electrodes, and CPR. "Susie" can also suffer from medical conditions that include a heart attack, heart failure, acute respiratory distress, asthma, chronic obstructive pulmonary disorder, fluid and electrolyte imbalance, hypoglycemia, new onset diabetes, pneumonia and sepsis.

Adult "Hal" gives our students the opportunity to practice connecting monitoring devices for EKGs, defibrillators, oximeters, capnographs and NIBP monitors. Hodges University students can practice various skills, including nasal/oral intubation, surgical airway, feeling carotid, femoral, popliteal, brachial and pedal pulses, listening to airway, bowel and heart sounds, and visualizing tongue edema, pharyngeal swelling, and more. Students can also practice IV insertion and monitoring, intramuscular access, catheterization, and needle decompression.

With classroom and simulation experience, our students graduate prepared, and confident, to be the nurses our community needs.

Dr. Nashat Abualhajja, Ph.D., MSN, RN, is the Director of the Nursing program at Hodges University. His research foci include transcultural nursing (especially examining cultural competence among health-care professionals, leaders, and systems; evaluating cultural competence among nursing students and faculty), men's health disparities, and student-centeredness and active learning approaches in nursing academia.



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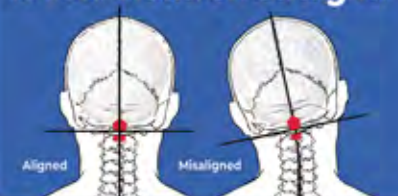


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Early Detection of Prostate Cancer Saves Lives

Prostate cancer is a fairly serious blip on the male health radar as the second leading cause of cancer death in American men. Chances are you know someone who has battled prostate cancer because statistically speaking; one in seven men will be diagnosed with prostate cancer during his lifetime. The average age of diagnosis is 65, in fact 60% of those diagnosed are 65 and older.

Prostate cancer – and other prostate issues – can cause considerable discomfort, pain and even death, if they are left undiagnosed and untreated. No man looks forward to the annual prostate exam; but if you're smart, you'll bite the bullet and go anyway because early detection can save your life.

Regular screenings cannot only save you a lot of pain and discomfort – they may just save your life.

What is the prostate – and why does it need to be examined?

The prostate gland is a doughnut-shaped organ that is part of the male reproductive system. A healthy prostate in a younger man is only about the size of a walnut. The prostate sits just under the bladder and is wrapped around the beginning of the urethra. It is surrounded by nerves that control erections and its primary function is to produce a liquid that enriches and protects sperm.

Unfortunately, as men get older this little organ tends to act up. At times, some of the symptoms are simply a sign of aging; however, in many cases prostate trouble is an indication of a more serious problem. Prostate cancer is a primary concern, but other prostate disorders can be just as uncomfortable and a serious concern for male health.

So if you are experiencing symptoms like difficulty or discomfort while urinating, reduced ability to get an erection, blood in your urine or semen, or painful ejaculation, it's important to have your prostate checked out. Even if you aren't experiencing any symptoms, it's still wise to be screened from time to time, as you can pre-empt and prevent problems before they crop up.

Regular screenings ensure that problems are caught quickly. Catching a prostate problem right at the start, means that it can be treated and cleared up with far less difficulty.



So men, don't wait around till you run into trouble. A little momentary discomfort is a worthwhile trade for a long, happy, healthy life surrounded by your family and friends. Do yourself a favor and get your prostate checked out.

If there is concern as a result from the routine annual prostate exam, diagnostic imaging will be ordered. There are different imaging screenings available, the 3T wide bore MRI provides that best image quality in a non-invasive way.

Men travel from across the United States for advanced imaging with our Phillips 3T wide bore MRI.

Radiology Associates of Venice and Englewood is pleased to offer 3T wide bore MRI scans for obtaining superior-quality MRI images for diagnostic accuracy and exceptional comfort in an expanded range of patient scenarios.

What is a 3T MRI?

The term "3T" stands for "3 Tesla." Tesla is the name given to a measurement unit that expresses the strength of the electromagnetic energy field that MRI devices use for generating images. Standard MRI scanners operate in the range of about 1.5 Tesla. This means that our 3T MRI operates at approximately twice the electromagnetic energy level of a standard MRI.

Benefits of 3T MRI

Our wide bore 3T MRI scanner combines the superb diagnostic image quality gained through a stronger electromagnetic field with the exceptional patient comfort of a wide-bore configuration—70 cm in diameter, a full 10 cm larger than standard MRI scanners. The scanner is also shorter in length than conventional MRI scanners. These factors make this scanner less confining to patients, reducing symptoms of claustrophobia. Additionally, large patients who have trouble fitting into conventional scanners can have their scans done in this machine, which can accommodate patients weighing up to 500 lbs.

The stronger magnetic field allows the machine to detect stronger signals from the patient during the imaging. This increased signal strength can be used to generate more detailed pictures or reduce the total imaging time. Often the imaging protocols are designed to generate better pictures while still saving time compared to other types of MRI scanners, giving patients the benefit of a shorter exam without sacrificing diagnostic quality.



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Low Dose IV Ketamine for OCD

Obsessive-Compulsive Disorder is a mental health disorder that affects 1 in 100 people and occurs when a person gets caught in a cycle of obsessions and compulsions. The distress that comes with the anxiety, urges and abnormal compulsions plague the majority of their day.

O- Obsession
C-Compulsions
D-Distress

Types of OCD

- Checking
- Contamination
- Mental Contamination
- Hoarding
- Ruminations
- Intrusive Thoughts

One example of “checking” OCD symptoms include checking to make sure the stove is off repeatedly and worrying that when you leave the house, you have forgotten to check it or aren’t sure it was really off. Along with checking throughout the day, it’s not uncommon for those suffering with “checking” disorders to have to come back home to check on an issue multiple times, or to get out of bed to check.

OCD can be triggered by stress, abuse, trauma, depression, or crisis. One in seven people with obsessive compulsive disorder attempt suicide.

In the case of OCD, hyperactivity causes certain areas of the brain and neurotransmitters to become overstimulated. It is thought that glutamate plays a large role in circuitry stimulation. It’s difficult to treat OCD with pharmacological and behavioral standard. Roughly one-third of patients with obsessive-compulsive disorder (OCD) fail to experience significant clinical benefit from first-line interventions such as pharmacotherapy with selective serotonin reuptake inhibitors (SSRI) or cognitive behavioral therapy (CBT).¹

The drug Ketamine is a glutamate receptor and offers greater reduction in obsessive behaviors with low-dose administration.

In 2013, the first Ketamine IV clinical trial for OCD patients showed that after just one low-dose ketamine IV treatment, half of the patients (out of 15), showed reduction in obsessive behaviors (35



percent or greater reduction in the Yale-Brown Obsessive Compulsive Scale, or Y-BOCS, one week after infusion).¹ And those results lasted for several weeks. Because of the remarkable results, the lead researchers are now calling for a larger trial for patients with OCD and the effect of Ketamine IV therapy.

Ketamine IV Therapy

For many years, Ketamine has been studied in patients with severe depression and PTSD. It is now also being studied for its effectiveness in treating alcohol and substance use disorders. A rapid, instantaneous effect takes place immediately upon the drug being dispensed intravenously. When a well-trained physician administers Ketamine, it can help with symptoms associated with depression such as like moodiness, decreased concentration, low self-esteem, impaired sleep, decreased sexual desire, diminished appetite, addiction, and can even alleviate suicidal thoughts. During the treatment, the initial infusions usually take place over approximately two weeks, with six infusions that are administered every other day.

Gulf Coast Ketamine Center

Gulf Coast Ketamine Center works closely with a therapist well-versed in Ketamine therapy to maximize the benefits of the therapy in patients who are appropriate for this particular treatment.

Sources:

1. <https://www.treatmyocd.com/blog/dr-carolyn-rodriguez-ocd-expert-interview/>

The uses of IV Ketamine keep expanding as far as the mental health field is concerned; selecting a practitioner with a significant amount of Ketamine experience who follows and practices evidence-based medicine, and who tailors each patient’s individual protocol as best suited to their clinical situation is essential.

Dr. Steven Reichbach states, “In our opinion, IV Ketamine infusions are the gold standard for patients with severe mood disorders or those suffering from chronic pain. It is now purported as viable option for those that suffer from addictions as well.

“IV ketamine provides 100% bioavailability meaning that 100% of the drug administered, gets where it needs to go (the brain). This provides easier titration and a higher likelihood for a positive response. At the end of the day, the out of pocket cost to the patient may be more than the IV infusions depending on an individual’s insurance coverage, not to mention the time convenience advantage for the patient of the IV ketamine infusions.”

Steven Reichbach, MD, Board-Certified Anesthesiologist, specializes in pain management. For more information, please contact their office today at 941-213-4444, or visit their website at www.findpainrelief.com.



Steven Reichbach, MD
 Board-Certified Anesthesiologist
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CHELATION THERAPY ADDRESSES HIGH CHOLESTEROL BY IMPROVING YOUR BLOOD FLOW

By Amanda Tezyk, APRN, BSN, RN

When metals like lead, mercury, iron, and arsenic build up in your body, they can be toxic. Chelation therapy is a treatment that uses medicine to remove these metals so they don't make you sick. Chelation therapy uses special drugs that bind to metals in your blood. You get the chelating medicine through an intravenous (IV) tube. Once the drug has attached to the metal, your body removes them both through your urine. Chelation therapy has been around for over 60 years. The medical industry prefers not to recognize a simple over-the-counter procedure that can prevent unnecessary surgery and suffering. Heart disease is a very big and profitable business. It's easier to pay the overhead on a large medical facility when the operating rooms are constantly filled with heart patients.

Chelation therapy as practiced in Florida has been proven to increase blood flow and remove plaque build-up in the arteries. Chelation therapy is a safe and effective method of eliminating scale or plaque, which is the primary cause of cardiovascular disease. Other benefits of chelation therapy are the reversal of arteriosclerosis, prevention of heart attacks and strokes, and eliminates the need for bypass surgery and angioplasty.

Chelation comes from the Greek word *chele* meaning "to claw" or "to bind". The use of chelation therapy goes back to the 1950s when it was found to be effective in the removal of lead. Studies published in reputable medical and scientific journals have repeatedly confirmed the effectiveness of I V (intravenous) chelation therapy. Over five hundred thousand patients in the United States during the last 40 years have used chelation therapy safely. Even though the FDA has not approved chelation therapy for cardiovascular problems over 1000 physicians recommend and administer chelation.

EDTA chelation therapy might directly remove calcium found in fatty plaques that block arteries, thus breaking up the plaques. Chelation therapy may stimulate the release of a hormone that in turn causes calcium to be removed from plaques or causes a lowering of cholesterol levels. Chelation



therapy may reduce the damaging effects of oxygen ions (oxidative stress) on the walls of the blood vessels, which could reduce inflammation in the arteries and improve blood vessel function.

Despite the lack of scientific proof that chelation therapy can effectively treat problems other than proven heavy metal poisoning, the 2007 National Health Interview Survey, conducted by the Centers for Disease Control and Prevention, found that 111,000 adults 18 years of age and older used chelation therapy as a form of complementary or alternative medicine in the previous 12 months.

The National Center for Complementary and Alternative Medicine (NCCAM) and the National Heart, Lung, and Blood Institute, both arms of the National Institutes of Health, are completing a five-year study of chelation therapy as a treatment for heart disease. The protocol for the trial is used worldwide by chelation therapy practitioners; it is being used in the study to ensure that the most widely practiced method of delivering EDTA chelation therapy is rigorously tested. In the study, EDTA chelation therapy or a placebo solution is delivered through intravenous infusions administered over a 28-month course of treatment. The first 30 infusions are delivered every

week and the last 10 are delivered bimonthly. In announcing the study, NCCAM noted that EDTA chelation therapy as practiced today often includes the administration of high doses of antioxidant vitamin and mineral supplements and suggested that any positive effects of the therapy might be due to these supplements.

The most common side effect of chelation therapy is a burning sensation at the site where the EDTA is injected into the vein. Rarely, side effects can include fever, headache, nausea, and vomiting. Serious and potentially fatal side effects, which are very rare, include heart failure; a sudden drop in blood pressure; abnormally low blood levels of calcium; permanent kidney damage; and bone marrow depression (meaning that blood cell counts fall). Infrequently, reversible kidney injury has been reported. Other serious side effects can occur if EDTA is not administered by a trained health professional.

The American Board of Clinical Metal Toxicology (originally the American Board of Chelation Therapy) establishes qualifications for practitioners who wish to be trained in chelation therapy, authorizes and approves training seminars, and administers examinations for board certification, and grants board certification to qualified applicants. In addition, the American College for Advancement in Medicine offers a training course in chelation therapy and certification for physicians, naturopathic doctors, and nurse practitioners who have completed the course and passed a qualifying examination.



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HOW OFTEN SHOULD I REPLACE MY HEARING AIDS?

By Dr. Noël Crosby, Au.D.

My patients often ask me: "How often should I replace my hearing aids?" The answer to this question can depend upon a number of important factors. Some of these factors are:

1. Are your current hearing aids functioning well?
2. Are your current hearing aids fully meeting your hearing needs?
3. Are your current hearing aids 4-6 years old?
4. Is it worth upgrading to take advantage of new hearing aid technology?

1. Are your current hearing aids functioning well?

For hearing aids to work correctly they require regular maintenance and an occasional repair. Hearing aids are worn on the body, and they go wherever you go. Hearing aids are exposed to rain, high humidity, extreme temperatures, dust, dirt, etc. Also, the ear is a very hostile environment and at least a portion of every hearing aid sits inside the ear canal. Ear canals contain moisture and earwax and these two things can have the result of a hearing aid not working well or not even working at all. Without regular maintenance, the performance of your hearing aids may change gradually over time because microphones, speakers, and other important components become "clogged up" with moisture, wax, and other debris. If your hearing aid begins to need frequent repairs, it might be time to look into purchasing new devices. If your hearing aids have been repaired multiple times and they keep breaking, this may be a sign for you to replace them.

2. Are your current hearing aids fully meeting your hearing needs?

Age-related hearing loss is a degenerative condition, it usually gets worse as you get older. If you're not getting good performance from your hearing aids, it may be time to see your hearing care professional for an adjustment or to find out if your hearing has changed to the point where it's beyond the range of your current hearing aids. You may need to upgrade to a more powerful hearing aid that is capable of meeting your changing needs. If you believe your hearing and hearing aids are working at peak performance one way you can validate it would be to ask family and close friends their opinion too. Sometimes family and friends don't want to tell you that they have noticed changes in a loved one's hearing until that loved one asks!

3. Are your current hearing aids 4-6 years old?

Hearing aids generally tend to work at their best until they are about 4-6 years old. After this time frame, internal parts can begin to wear out and the overall performance of your hearing aids won't be as good as it was during the first few years. If your hearing aids have been repaired multiple times and they keep breaking, this may be a sign for you to replace them. Consult with your hearing care professional to find out if it is the same problem that keeps occurring, or if it is a different problem every time before you decide to buy new ones. Sometimes the problem can be solved with a repair as minor as an easily replaced part.

4. Is it worth upgrading to take advantage of new hearing aid technology?

Hearing aid companies are technology companies and their technology seems to improve every couple of years. A hearing aid that is 5 years old is most likely at least two generations of technology behind what you are currently wearing. Recent advances in hearing technology have introduced a lot of features that weren't available just a few years ago. They can connect easily to many of the new electronic devices that surround us, computers, smartphones, audio equipment and more. Today there are more options than ever for size and fit. There are more colors, completely invisible devices, and newer more comfortable external hearing aids. It pays to keep up to date with advances in hearing technology, regardless of how well your current hearing aids are performing. It is always worth checking with or asking your hearing care professional if there is anything new that could be worth trying.

All these factors are important to consider if you are thinking of purchasing new hearing aids. If you would like to have more information about new hearing aids, please contact my office to schedule a complimentary consultation.

There are many ways to pay for hearing aids now.. including:

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Doctor of Audiology



FINALLY, THERE'S REAL RELIEF FOR LOWER BACK PAIN

By Omar Henriquez, M.D.

When you're dealing with chronic low back pain, it's difficult to focus on anything other than your discomfort. The agonizing and sometimes debilitating pain can cause us to lose out on the important things, like spending time with our families, being productive at work, and even the simplest daily activities can require monumental strength to muster through them.

The statistics are overwhelming. Millions of individuals that suffer from low back pain and are not getting the relief that they could simply because their condition is often misdiagnosed. One of the most widespread causes of low back pain known as sacroiliac joint instability demands a specially trained health care provider to diagnose and treat the condition.

Sacroiliac (SI) joint instability, also known as SI dysfunction is very often undiagnosed because most physicians are not trained in this ligament sprain or joint malalignment disorder. The sacrum is the bottom portion of the spine, and its L-shaped vertebrae are fused together. The Ilium are the two large bones on each side of the sacrum that form the pelvic region. Very often, this area is misaligned, and the joints are under extreme tension and/or are offset.

The Symptoms of SI Joint Instability:

- Pain with sitting, standing, lying down or walking
- Numbness or tingling
- Pain that permeates down the legs
- Sciatic pain
- Groin and hip pain
- Pain just under the tailbone
- Gait issues
- Constant pain

Sacroiliac Joint Instability Causes

The most common cause of SI dysfunction is injury or trauma. If you've been in an auto accident or fallen on your hip or buttocks, you may have sprained or misaligned your SI joint. Transition syndrome also causes SI issues.

Other causes of Sacroiliac joint instability are, no precise cause at all. Some individuals are uncertain of how they may have injured themselves or why they have SI joint pain, and it takes an expert to diagnose and treat their condition properly. For women, being pregnant can cause some issues with joint pain due to

the hormonal release that causes the pelvic region to relax and stretch as it prepares to make room within the birth canal. Other issues that cause SI dysfunction are spine misalignment, stenosis, and leg length discrepancies to name a few.



Instead of masking the pain with addictive medications or undergoing risky, unnecessary surgery, Dr. Henriquez, with Family Spine and Pain Care Institute, has been offering patient's real relief and a restorative effect for their SI dysfunction. His technique, methods, and experience are the answer that many individuals have been waiting for to alleviate their back pain.

For SI Joint Instability, Dr. Henriquez performs the following techniques: radiofrequency denervation, regenerative treatments (as non-surgical options), and minimally invasive SI joint fusion.

Family Spine and Pain Care Institute, utilizes the most advanced, innovative methods from radiofrequency to spinal stimulation to treat pain from surgical complications as well as the following:

- Back and neck pain, including herniated discs, spinal stenosis, tumors and fibrositis.
- Cancer Pain.
- Neuropathic Pain.
- Complex regional pain syndrome (also known as reflex sympathetic dystrophy or RSD).
- Muscle and joint pain.
- Disorders of the nervous system, including shingles and trigeminal neuralgia (facial pain).
- Chronic abdominal pain and pelvic pain.
- Pain from traumatic injuries including auto accidents
- Pain associated with osteoporosis and vertebral compression fractures.
- Sports related injuries.

Family Spine and Pain Care Institute
WELCOMES PATRICK PAGE, M.D.
double board certified in
Anesthesiology and Pain Management

At Family Spine and Pain Care Institute, we want our patients to feel right at home.

From our warm and friendly staff to our most advanced up-to-date medical treatments, we strive to give our patients the highest quality of comprehensive care available. We understand that pain is debilitating, and that it can lead to a vicious cycle of depression, inactivity, fear, and anxiety, which can severely affect the lives of our patients and their loved ones.

No one deserves to live a life of pain. Our goal is to help our patients break the cycle of pain, so you can take back control of your life, and start doing what you love most. Trust, compassion, communication, and care formulate the core foundations of our beliefs. Our team wants each one of our patients to feel like they are part of our family.

Omar Henriquez, M.D.

Dr. Henriquez is double board certified in Anesthesiology and Pain Management by the American Board of Anesthesiology.

He is well versed in the use of fluoroscopy and ultrasound guidance to perform many spine and joint procedures such as epidurals, facet blocks, spinal cord stimulators, kyphoplasty for vertebral fractures, nerve blocks, migraine headaches, joint injections, and much more. He is very passionate about the new innovative field of regenerative medicine and has dedicated much of his time to learning and researching the best options out there for his patients.

"The one thing missing in the medical field today is being able to take the time to listen and understand our patients. It is through this process where we can formulate a comprehensive plan to produce the best possible outcomes." – Dr. Omar H. Henriquez

Dr. Henriquez is a true Florida native having lived most of his life in Florida. When he is at home he enjoys spending time with his wife and four children, exploring their city, and playing outdoors. They are very excited to have chosen Sarasota County as their home and continue their journey as a family and helping out in the community through charities and fundraisers.



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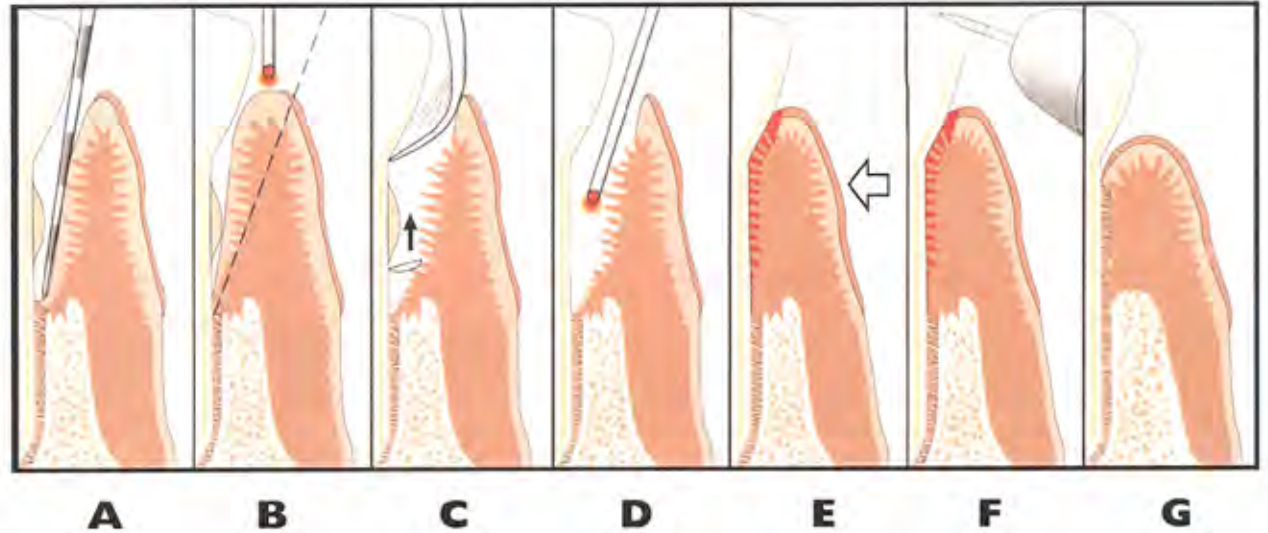
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What is Laser Periodontal Therapy?

By Dr. Joseph Farag

Finally, there's good news for those of you who suffer from gum disease (gingivitis and periodontitis). We now offer an exciting laser based technique for treatment of periodontal disease called Laser Periodontal Therapy™. Through the use of Millenium Dental Technologies, Inc., PerioLase® Laser, designed especially for Laser Periodontal Therapy™, we can treat your moderate to severe gum disease and you can quickly return to your normal routine! There's no incision (scalpel) and no stitches (sutures). You heal naturally with full retention of your gums. If you suffer from tender, red, swollen, or bleeding gums, call us today for an appointment to evaluate your condition.



Laser Gum Surgery Steps:

- Periodontal Pockets are measured
- Laser fiber optic is inserted into gum pocket and removes inflamed diseased tissue with light energy.
- Ultrasonic instruments are used to "scrub" root surfaces below the gum line and remove tartar and plaque.
- Laser is reinserted into clean pocket and used to disinfect and sanitize the pocket, a fibrin "bandage" is formed in the pocket.
- Healthy connective tissue is readapted to the root and the healing process begins.
- Teeth are adjusted to eliminate premature contact and heavy contact points, bite is equilibrated.
- After teeth have been stabilized and approximately 3-4 months after treatment, new attachment of the gum tissue to the tooth and regeneration of the bone is evident.



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HEALTHY AGING: WHAT DOES IT REALLY REQUIRE?

Regenerative Medicine May Play a Larger Role in Healing Than Most People Realize

By Physicians Rehabilitation

We hear so much about Blue Zone centenarians' lifestyles and thoughts on how they age so well without major disease or illness, but when it comes to healthy aging, it's not just about what we eat, exercise, and socialization, although these are definitely critical. However, it is important to mention that the medical treatment you receive is highly subjective to your outcomes, overall health and wellness.

What do we mean by that? Many doctors over prescribe medications to mask your symptoms but these usually fail to get to the root cause of your disorder. If you are injured or suffer from chronic pain, many surgeons will tell you surgical intervention is necessary, but is it? Often these treatment plans leave people sicker, with multiple other symptoms and surgery many times, doesn't relieve the problem long term.

Regenerative medicine is different because it helps the body heal from within on multiple levels. It is never a bandage approach, and it aims to treat the root cause of your condition.

If you want to age well, you might want to reconsider your thoughts on standard treatment. In the case of musculoskeletal conditions, it's always best to start with conservative approaches. Surgery is permanent; there is no going back once you have a knee or shoulder replacement. While those might be necessary in severe cases, they can be treated with regenerative therapies that offer significant optimal restoration.

Regenerative Medicine

The purpose of Regenerative medicine is it to utilize the body's own ability to regenerate cells and tissues that have been damaged back to full functionality. When used in orthopedics, the goal is to regenerate soft tissues, cartilage, muscles, and tendons. Regenerative Medicine should be the first recommendation, and in many cases, it is the only treatment necessary when dealing with muscle strains, tears. When it comes to joint dysfunction or tears such as with sports injuries, physical therapy is also extremely beneficial as an add on treatment.



AT PHYSICIANS REHABILITATION THE TWO PRIMARY REGENERATIVE MEDICAL THERAPEUTICS FOR MOST SPORTS INJURIES ARE VISCOSUPPLEMENTATION AND PLATELET RICH PLASMA (PRP) THERAPIES

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Viscosupplementation is an injectable substance that mimics the synovial fluid found naturally in the joint. Synovial fluid is a high concentration of Hyaluronic Acid (HA) and is used to help protect the joint, act as a cushion and protector against damage and most importantly acts as a lubricant to enable smooth function of the joint. As you age, your body supplements with less Hyaluronic Acid (synovial fluid) and an increasingly less viscous Hyaluronic Acid replaces your thick and very well lubricating HA. This lack of fluid creates dried out joints which leads to cartilage, tissue, muscle, and bone breakdown – leading to Osteoarthritis and making it easier to have tissue and muscle damage within and around the joint.



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The procedure can be done in our office and only takes a few minutes. After locally numbing the area of concern, the procedure is monitored under a fluoroscopic image, which is a live X-ray. This allows us to see the inside of your joint while it is in motion and during the injection process. Using the fluoroscope, the practitioner will have the ability to see exactly where the Hyaluronic Acid is being placed to make sure it is in the joint space – because if it is not, it will do NO GOOD! You'll receive approximately five injections at one week apart. The results of the cartilage enhancement will last for around six months or longer. Physicians Rehabilitation has become the expert on providing great results when this process is paired with physical therapy. Many of our patients report feeling pain relief immediately, while others cumulatively see results within a few short weeks.

PRP (Platelet-Rich Plasma)

Fortunately for our patients today, advances in science have allowed us to find new and targeted approaches to treating degeneration and injuries. Platelet-rich plasma or PRP is an "autologous blood therapy" that uses a patient's own blood components to stimulate a healing response in damaged tissues. PRP provides an alternative to surgery by promoting safe and natural healing by spiking your body's natural ability to heal by using your own growth factors and proteins in your blood!

Research studies and clinical practice have shown PRP therapy to be very effective at relieving pain and returning patients to their normal lives. Both ultrasound and MRI images have shown definitive tissue repair after PRP therapy, confirming the healing process. The need for surgery can also be greatly reduced by treating injured tissues before the damage progresses and the condition is irreversible.

Physicians Rehabilitation

Physicians Rehabilitation is a patient-focused practice that provides comprehensive care to eliminate your pain non-surgically. We evaluate each patient and implement an individual care plan specifically designed to alleviate your pain and dysfunction. Trained and licensed providers, with years of clinical experience, work together to provide this plan of care that addresses the specific concerns and problems of each patient.

ARE REAL ESTATE PROFESSIONALS REQUIRED TO INVESTIGATE UNKNOWN DEFECTS TO PROPERTY?

By James W. Mallonee

Are real estate sales personnel required to investigate defects in a residential property before listing it? The answer is yes and no. There is certainly a responsibility to investigate if you are aware of such defects and expose those defects in non-commercial properties. But just when is that disclosure to be made and by whom.

In 2021, the first District Court of Appeals helped settle that rule in the Busuttil v. Certified Home Inspections, LLC, John McDonald and Vanguard Realty, Inc., case. The case arose from the sale of residential property. Prior to the sale of the property, Mr. McDonald stated that the roof was only a year old and had a warranty which was transferrable to a new buyer.

As is normal in most residential home sales, an inspection was ordered and the inspection company (Certified) was unable to find any issues with the roof following their inspection. The sale and closing took place; however, months after the purchase the new owner discovered roof leaks. The leaks were occurring at the rear of the residence. There was water damage to the ceiling and walls. After investigation, it was determined that the leaks were the result of an addition that was added to the rear of the residence. The interesting part of the investigation is that the addition was never permitted prior to its construction. This brought on amendments to the initial complaint regarding negligence and misrepresentation. A trial occurred and the following is the outcome of that trial.

The court determined that Florida Statutes do not impose a duty upon real estate agents nor their brokers to perform extensive research consisting of inspecting such property to determine the existence of any latent conditions affecting real property or conditions that materially affect the value of such property. However, if the defects and its existence is known or readily observable to a buyer then there is a duty to inform the buyer of such defects. The trial court disagreed with the buyer's advocacy stating that at the time of the sale and purchase, such defects were not readily observable, which resulted in the buyer filing an appeal to the First District Court of Appeals.

At the appeals hearing, Busuttil advocated that the seller and its agent owed a duty to investigate encumbrances, potential defects, permitting issues, code violations and to disclose these problems to the buyer at the point of sale. The court disagreed with the buyer stating the statute as written does not support a requirement that a Realtor has additional duties such as research and investigation where such defects are not readily observable. Instead, the Appellant court held that real estate agents have a duty to disclose all known facts that materially affect the value of residential real property including those that are not readily observable (but are known). The court went on to state that if the legislature wanted real estate professionals to investigate latent defects, it would have included it in the statute (which it did not).

Recently, this author was involved in defending an owner that sold property to a buyer involving mold to their residential property. One year following the sale of such real estate, the buyer noticed mold appearing and sued for failure to disclose the fact that the owner knew about previous bouts involving mold.

The case never went to trial, but was settled when it came to be known that the residential properties removal of rain water was ineffective causing water to seep beneath the slab and be wicked up into the living space of the residence. Nobody knew this was happening, it was an impossible observable discovery without watching the flow of the roof's runoff and seeing where the water flowed.

The message to be taken from this case is that an investigative examination of residential property by a Realtor is not a requirement. Disclosure is a requirement provided that knowledge of a defect is observable or is known by the Realtor. It is important to note that such defect must, in most cases, affect the value of the property. However, in this author's experience, you are better off disclosing all defects and let the buyer determine whether the defect affects the value of the property to the point of terminating its purchase.

If you have a real estate purchase or sale and you are not sure if disclosure is needed, contact the attorney of your choice and have that discussion. It could save a great deal of expense in money, time and energy.

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

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OVARIAN CANCER: A SILENT KILLER

By Jennifer Fernandez, APRN

Ovarian Cancer is one of the deadliest cancers that women can face. Each year, nearly 22,000 women will be diagnosed with ovarian cancer in America. It is estimated by the World Health Organization IARC department that there are over 238,000 new cases diagnosed annually and nearly 152,000 deaths worldwide.

This cancer typically occurs in women in their fifties and sixties with the median age being 63. Many women who are diagnosed with Ovarian cancer have a genetic history that may include carrying the BRCA mutation gene and having a strong family history of ovarian cancer.

Symptoms

Unfortunately, many women don't seek help until the disease has begun to spread. However, if detected at its earliest stage, the five-year survival rate is more than 93%. The symptoms of ovarian cancer are often subtle and easily confused with other ailments.

Symptoms may include:

- Abdominal bloating or swelling
- Quickly feeling full when eating
- Weight loss/weight gain
- Discomfort in the pelvic area
- Fatigue
- Back pain
- Changes in bowel habits, such as constipation
- A frequent need to urinate
- Shortness of breath

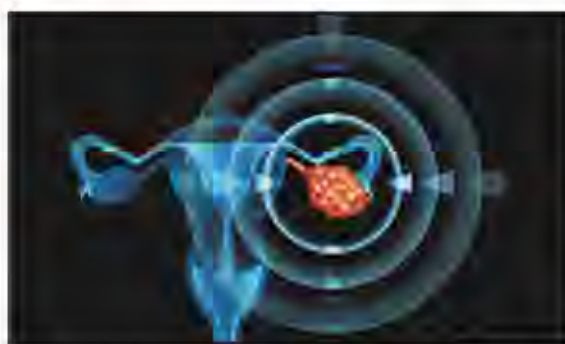
Diagnosis

Your doctor may order the following tests:

- **Physical examination** – Your doctor will palpate your abdomen to look for discomfort and tenderness or abnormal fluid.
- **Pelvic examination** – Yearly visits to the gynecologist are crucial.
- **Blood Test** – Your doctor may order a CA-125 blood test. This test measures CA-125 in the blood. CA-125 is found on the surface on ovarian cancer cells and also normal tissue. A high CA-125 level may indicate ovarian cancer or other conditions.
- Ultrasound
- Biopsy

Stages of Ovarian Cancer

There are four stages of ovarian cancer. Your doctor will determine the stage you are in upon diagnosis. Ovarian cancer is treated differently depending on which stage you are diagnosed with.



The four primary stages are:

Stage I: The cancer is completely contained within the ovary or ovaries.

Stage II: The cancer is in one or both of the ovaries and has spread to additional organs located in the pelvis such as the bladder, colon, rectum or uterus.

Stage III: The cancer is in one or both ovaries and has spread to the lining of the abdomen and/or the lymph nodes.

Stage IV: The most advanced stage of cancer. The cancer has spread from one or both ovaries to additional organs such as the liver or lungs, or there may be cancer cells in the fluid surrounding the lungs.

Ovarian Cancer Risk Factors

Ovarian cancer does not discriminate. It can strike a woman of any race or at any age. We do know that women with certain risk factors may have a greater chance of developing ovarian cancer.

These risk factors include:

- Family history of breast or ovarian cancer
- Personal history of cancer
- Women over the age of 55
- Women who have never been pregnant
- Women on menopausal hormone replacement therapy

Studies have found that women who have a mother, daughter, or sister with ovarian cancer have an increased risk of developing this disease. Women with a family history of breast cancer, uterine cancer, colon cancer or rectal cancer many also have an increased risk.

Women with the BRCA 1 or BRCA 2 gene have an increased risk of developing ovarian cancer.

Source: ovariancancerawareness.org

Like all cancers, the ripple effects of ovarian cancer extend beyond the people who receive the diagnosis. It affects family, friends, colleagues, and neighbors. By coming together, we can raise awareness, research funding, and provide support for people living with ovarian cancer and their loved ones. That's why it's so important to get involved in Ovarian Cancer Awareness Month. Pin on a teal ribbon, learn about local organizations in your area, and get ready to take action.



Jennifer Fernandez, APRN

Jennifer is an Advanced Practice Registered Nurse who relocated to Florida from Illinois after obtaining her Master's degree in nursing.

Jennifer obtained her Bachelor's of nursing from Rivier University and her Master's degree from Herzing University.

While obtaining her Masters degree she completed a clinical rotation internship with Dr. Devine. This is where her interest in Women's Health began. After graduating from her Masters degree program with a degree in Advanced Practice Registered Nursing she then began working in Urology. This eventually brought on the opportunity to work with Dr. Devine once again.

Jennifer joined the Center for Urogynecology and Female Pelvic Health in June 2022. She brings nearly 20 years of experience in the medical field to the practice ranging from Urology to outpatient surgery. Jennifer is offering her patients a personalized non-invasive approach to their common urologic and pelvic floor disorders with an emphasis on counseling/education, pelvic floor therapy, pessaries, hormone balancing, and other treatment modalities, as well as general gynecology.

The Center for Urogynecology and Female Pelvic Health in Venice, Florida, provides comprehensive and personalized care in a relaxed, spa-like office. Under the care of John Devine, MD, a fellowship-trained urogynecologist, the practice specializes in women's pelvic health and urogynecology, providing care for women of all ages, from adolescents to adults.

For patient-centric care from an experienced physician with friendly and accommodating staff, call **The Center for Urogynecology and Female Pelvic Health**, or request an appointment today. Please call 941-457-7700.

Hope and Optimism

By Pastor Timothy L. Neptune

Hope is confidence in God...not wishful thinking. To have hope is to trust in God to meet our needs...even in the midst of difficult times. When we do go through tough times our confidence in God can get a little rattled, as the Old Testament figure Job experienced. In the midst of his pain and heartache he cried out, "Where then is my hope? Who can see any hope for me?" (Job. 17:15)

Ultimately, hope comes from God. The Scriptures say, "May the God of hope fill you all with joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit." (Romans 15:13) Hope is an essential element of the Christian's life. In 1 Corinthians 13 the Apostle Paul included hope as one of the top three qualities of a person's life: "And now these three remain: faith, hope and love. But the greatest of these is love." (1 Cor. 13:13)

As followers of Christ, we are called to be dispensers of hope. We should exude a confidence and trust in God that demonstrates that we have hope. Yet I pose the question, "Can a person be filled with hope without being filled with optimism?" According to the encyclopedia, optimism is "to anticipate the best possible outcome." Can we demonstrate hope in God without anticipating the best possible outcomes of the situations we face?

I believe we can. In fact, I think hope is best exemplified when it is demonstrated in the face of negative circumstances. There are many times when hope and optimism go hand in hand. David had both when he faced Goliath. He had confidence in God and he expected the best possible outcomes...Goliath's defeat and an Israelite victory over the Philistines. And yet, there are many examples of people who had hope in God but did not anticipate the best possible outcomes.

Simon Peter is a good example. He and the disciples had been fishing all night and had caught nothing. They had worked so hard and yet still had nothing to show for their labors. And then Jesus tells them to cast out the net one more time. Simon did not expect to catch any fish. He was pessimistic. But, he had confidence in Jesus, so he cast the net. Though the circumstances did not look promising, his hope in God made up for his lack of optimism.

Esther is another good example. She had confidence that God would ultimately provide deliverance for the Jews but as she prepared to go before the King she said, "...I will go to the king, which is against the law; and if I perish, I perish!" (Esther 4:16) She demonstrated hope but not necessarily optimism.

The point is this: hope and optimism are not the same thing. You can still be hopeful even if you are not optimistic. You can still be a dispenser of hope even if you think you are going to face hard times ahead because you know that God will meet your needs.

Jesus didn't sound very optimistic when he said, "These things I have spoken to you, that in Me you may have peace. In the world you will have tribulation (a rather pessimistic view); but be of good cheer (maintain your hope), I have overcome the world (which is the basis of our hope)." (John 16:33)

Hope doesn't mean that the best possible situations will always occur, but it does mean that in some way God will bring something good or useful out of the situation. As we look into the future, we may not always be filled with optimism, but we must always be filled with hope...God is still in control!



Tim Neptune is the lead pastor of Venture Church in Naples, Florida. Venture Church meets on the campus of FSW State College on Lely Cultural Blvd. in East Naples. For times and directions, visit www.venturenaples.com.



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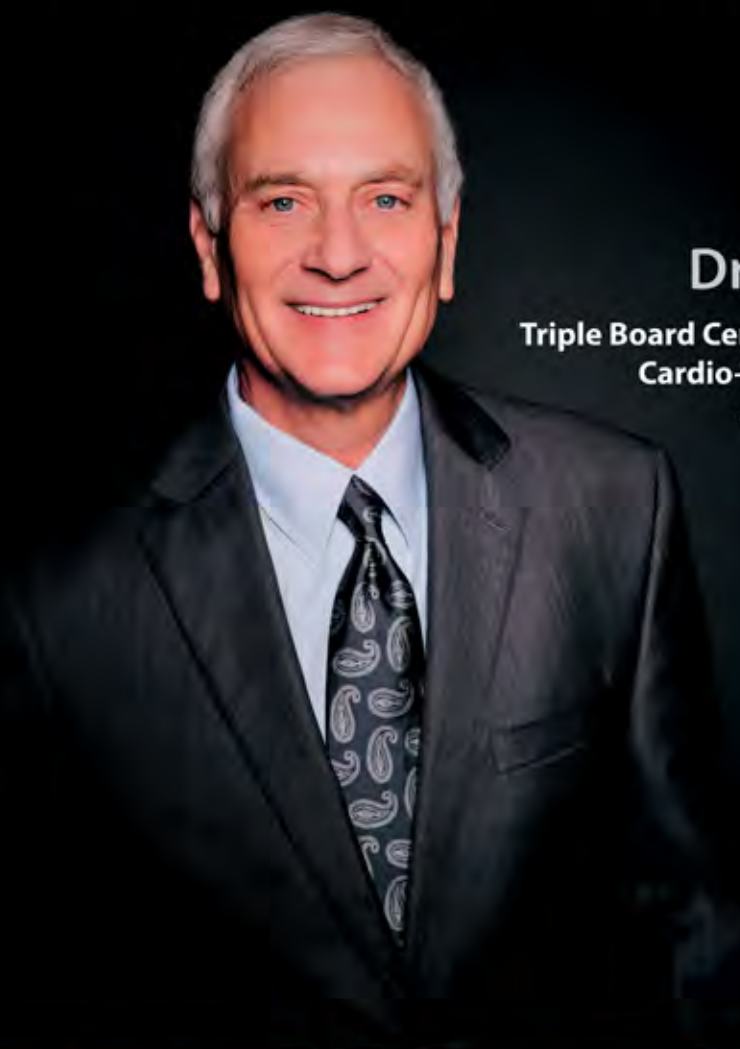


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