

ASK THE EXPERTS

Comfort Care

Q What is Palliative Care?



Colette Broekemeier, RN
Autumn Winds
Comfort Care Administrator

A. Palliative care is specialized medical care for people with serious illnesses. It is provided by a team of professionals, including doctors, nurses and social workers. There may also be chaplains, pharmacists, nutritionists, physical, occupational, and speech therapists. This team works together with a person's other doctors to provide an extra layer of support and continuity of care. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

The team spends as much time as necessary with you and your family. They become a partner with you, your family and your other doctors. They support you and your family every step of the way, not only by controlling your symptoms, but also by helping you to understand your treatment options and goals. The Palliative care team provides: close communication, expert management of pain and other symptoms, help navigating the healthcare system, guidance with difficult and complex treatment choices, and emotional and spiritual support for you and your family.



Yankton, SD • 605-689-0382

Urological

Q Can diet play a role in preventing prostate cancer?



Dr. Joseph Boudreau
MD, F.R.C.S.

A. The following is a short list that summarizes dietary aspects of risk factors for prostate cancer:

1. Keep your Vitamin D levels normal. Low Vitamin D is a risk factor for prostate cancer growth in bone.
2. Diet high in fruit and vegetables and low in carbs can lower risk of prostate cancer.
3. Low fat diet.
4. High dietary intake of Calcium has been identified as a possible risk factor.
5. Soy milk or protein can lower ones PSA level and possibly lower risk of prostate cancer.
6. Lycopene rich foods are good (tomatoes, tomato paste, watermelon, papaya, mango, oranges)
7. Moderate exercise and weight control
8. Any use of grape seed supplements in one study reduced the risk of prostate cancer by 41%. Other supplements including chondroitin, coenzyme Q, fish oil, garlic, ginkgo biloba gensing, glucosamine or raw palmetto, did NOT reduce the risk of prostate cancer.
9. More aggressive Vitamin D supplementation should be considered in obese cancer patients with a body mass index (BMI) greater than 30kg/m
10. High intake of protein from dairy products might increase the risk of prostate and breast cancer by increasing the body's production of insulin-like growth factor. Dairy is ok in moderation however
11. Keep your cholesterol levels normal
12. Red meat cooked well done has been associated with increase risk of prostate cancer. Therefore less barbecuing and less processed meats are advised. Don't cook your occasional steak or hamburger to well done. While meat (chicken) was not associated with a higher risk of prostate cancer.
13. Green tea is good
14. Cruciferous vegetables (broccoli etc.) is good
15. Omega 3 fatty acid is good.

Yankton Urological Surgery, Prof., L.L.C. 2009 Locust, Yankton • 689-1100
www.yanktonurology.com

Family Medicine

Q Infectious Mononucleosis



Brad Adams, PA-C

A. Infectious mononucleosis, or mono, is often caused by the Epstein-Baer virus. Mono usually is not serious, but some people with mono feel very tired and have pain in their joints that lasts for several weeks.

The virus is spread by contact with the saliva of someone who had the infection within the past few months. Mono can be spread by kissing a person who is infected or by sharing a glass, bottle, or eating utensils.

People with mono usually have a sore throat, fever, swollen glands, and pus on their tonsils. Their liver and spleen might be tender and larger than normal.

The most important thing you can do when you have mono is get plenty of rest and drink enough liquids. You may want to take a pain reliever such as acetaminophen or ibuprofen. Do not give aspirin to children with mono. If your throat is very sore or if your tonsils are swollen, your doctor might prescribe medications called corticosteroids. Because mono is caused by a virus, antibiotics would not help you get better.

Most people with mono feel better after one month. Some people feel tired and sleep more than normal for as long as six months.

Sometimes mono can cause serious problems. In people with mono, sometimes the spleen grows very large and could rupture. This happens to only about one in 1,000 people with mono. About one half of these ruptures happen during contact sports, such as football. If you get mono, you should not play sports for at least four weeks. Your doctor might want you to have an ultrasound test before you return to sports.

Mono can also affect your liver. If you have mono, you should not drink alcohol while you are sick. If you notice a yellow color to your skin, or if you begin to bruise easily, see your doctor.

The best way to keep from getting mono is to avoid contact with the saliva of infected people. Do not share bottles, cans, glasses, plates, or eating utensils. Do not kiss a person who has had mono recently.

If you or family members are concerned about mono, contact Lewis and Clark Family medicine, 260-2100.

2525 Fox Run Pkwy., Lewis & Clark Medical Plaza, Yankton • 260-2100



Chiropractic

Q What can chiropractic do for my sinuses?



Sheila Fitzgerald, DC

A. A common complaint that sinus sufferers have is the congestion that develops in the frontal and maxillary sinuses. The chiropractic adjustment of the upper neck helps impact several mechanisms that help the sinus region respond. The drainage and lymph flow is enhanced. The muscle tension of the neck and head is improved. The nervous system's response to the adjustment increases activity of the immune system. Then, there are some individuals who also choose to use acupuncture for sinus related problems, and have a lot of success and improvement. For the most part, chiropractic has a very beneficial effect with sinus problems and is a very safe alternative treatment.



2507 Fox Run Parkway,
Yankton, SD, 665-8073

Ear, Nose & Throat

Q Dr. Rumsey, I am having a terrible time understanding conversations. It is really beginning to interfere with some friendships. I am so tired of asking people to repeat themselves. What can I do?



Matthew Rumsey,
Au.D. CCC-A

A. This is a question I hear frequently and most of the time a decrease in hearing is to blame. Typically, trouble understanding conversation is the first sign of hearing loss. The sounds first affected are the sounds we need to separate sit from fit or time from dime. Unfortunately, this loss can really drive a wedge in our relationships. Often time, people begin to feel embarrassed and frustrated when they cannot keep up with the conversation, ultimately resulting in withdrawal from social interactions. The solution is easy. See an audiologist to have your hearing tested. He or she can help you identify a possible hearing loss and help point you in the right direction toward better communication.

David Wagner, M.D.
Matthew Rumsey, AuD., CCC-A
Professional Office Pavilion,
Suite 2800, 409 Summit, Yankton
665-6820 • 888-515-6820 • www.yanktonent.com



Fitness/Health

Q I am 60 years old and I notice I am not as flexible as I used to be. Why is that?



Angie O'Connor
Clinical Exercise
Specialist

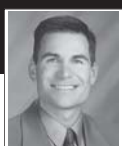
A. A decrease in flexibility is generally a natural phenomenon for most as we get older but we can slow it down. As we age the elasticity of our muscle fibers and connective tissue decreases. When those muscle fibers atrophy they are replaced with fatty and fibrous tissue that stiffen the tissue and make it less pliable. Another contributing factor is the loss of a significant portion of our body water between the ages of 30 and 80. In large part being less active as we age contributes significantly as well. If we can continue to maintain our muscle and work on our flexibility and joint range of motion by being more active we slow this process significantly. If you are not working on this now, get moving! You can work to slow the progress and make improvements, it's not too late.



501 Summit, Yankton • 665-9006

Podiatry

Q Why do I have heel pain on the back and on the bottom of my heel?



Terence Pedersen, D.P.M.

A. While most heel pain is still a result of a biomechanics condition or predisposition in the foot, guidelines have been expanded to help podiatrists distinguish cases that are more neurological, traumatic or arthritic in nature and require more specialized care. A thorough assessment is key to proper diagnosis and treatment.

The most common diagnosis related to heel pain remains plantar fasciitis, a condition caused by chronic inflammation of the connective tissue extending from the heel to the toes, but heel pain can also be a result from other conditions such as a Haglund's deformity, which is a bony enlargement on the back of heel which can cause the soft tissue near the Achilles tendon to become irritated when it rubs against shoes.

Bursitis, which is inflammation of the bursa, can also be a result of abnormal heel bone shape, often caused by the rubbing of a Haglund's deformity against a shoe.

In most cases, these forms of heel pain can be treated with anti-inflammatory medications, padding and strapping, shoe modifications, physical therapy, cortisone injections, and surgery. The vast majority of patients with these types of heel pain improve without surgery, but early intervention is critical for optimal success. If improvement occurs, the guideline specifies that initial therapy should continue until the pain is resolved. But if no relief is experienced, the patient should receive special tests to further evaluate the heel, and to rule out other conditions such as circulation problems, arthritis, neurological conditions or stress fractures.



Avera Sacred Heart Hospital Professional Office Pavilion
409 Summit St., Ste. 2600, Yankton • 668-8601

Pharmacy/Nutrition

Q My son has been drinking a lot of energy drinks lately. Is this safe?



Shona Jussel
Hy-Vee Pharmacist

A. You are right to be concerned. There has been a 10 fold increase in emergency room visits related to these drinks, including some deaths. These drinks contain varying amounts of caffeine (anywhere from 90mg to 500 mg per serving and sometimes containers have more than one serving). The amount of caffeine is not always on the label and some products also contain guarana, an herbal source of caffeine. The effects of too much caffeine can be insomnia, heart arrhythmias, anxiety and jitteriness, as well as impaired judgment and reaction time while driving. These drinks should not be combined with alcohol, as caffeine can mask the effect of alcohol, leading to drunk driving and binge drinking. Caffeine in moderation is recommended, no more than 400mg per day for adults or about 1.1mg/lb per day for teens. As an example, for a 150 pound teenager, the limit would be 170mg of caffeine per day.



Pharmacy • 665-8261

EMPLOYEE OWNED