Muriel Giovanni knew it was now or never for her knee. "I was having a lot of problems with it," she explains. "It got to the point that it was bothering my back, and that's pretty bad."

After consulting several doctors, Muriel accepted the fact that she would require a total knee replacement. The trick, she says, was finding a surgeon she could count on.

"I went to another doctor in Naples, and he said, ‘Sure, I can do it, but I can't do it for another four months.’"

Muriel was exasperated. "I said, ‘In four months, I won't be walking! I mean, that's the kind of pain it was.’"

So Muriel turned to a medical professional she knew she could trust: her daughter. "My daughter is a nurse," Muriel relays, "and she has a lot of experience. She worked nine years at Vanderbilt Medical Center doing organ transplants, so I respect her judgment."

As head nurse in the OR at Peace River Regional Medical Center, Muriel's daughter also had exceptional resources to call from. "She said she would talk to the operating room nurses and see who they recommended, and they recommended Dr. Connors."

Nicholas J. Connors, MD, is a board-certified orthopedic surgeon who is fellowship trained and specializes in joint replacement surgery. He practices at Advanced Orthopedic Center in Port Charlotte and Punta Gorda.

"Absolutely wonderful guy!" Muriel enthuses. "Absolutely. Wonderful physician – very caring, very concerned. I went in and I spoke with him. He was very nice. He told me my knee was bone-on-bone and my kneecap was absolutely destroyed. He said he would schedule me for surgery, and I said, ‘Okay!’"

What to expect

"When a new patient comes to us with knee pain, the first thing we do is to take a complete medical history,” says Dr. Connors. "We perform a thorough examination of the knee and take x-rays to discover any evidence of arthritis."

"Osteoarthritis, or degenerative arthritis, is probably the most common cause for deterioration of joints,” reflects Dr. Connors. "This condition is often referred to as wear and tear arthritis. Through the aging process, the initially smooth cartilage in knee and hip joints can wear away. As the cartilage becomes rougher and thinner, the joint experiences pain and inflammation. Some patients will even suffer a traumatic event where cartilage will fracture and break."

Other patients, including younger people, will lose cartilage due to various types of knee conditions or from traumas such as automobile accidents.

"If we find arthritis, we quantify it as to whether it is mild, moderate, or severe,” informs the doctor. "I typically treat mild conditions, but for severe ones, I most often recommend total joint replacement."

"When a patient comes to us with knee pain and the arthritic cartilage is gone, we can replace it with new cartilage that will grow and become part of the patient’s body. It’s probably the most successful surgery that one can do."

Muriel Giovanni knew she needed a knee replacement; she just didn’t know where to turn. When her daughter, head operating room nurse at Peace River Regional Medical Center, recommended Dr. Connors, the rest was easy.
"Physician, Heal Thyself!"

The founder of Joyce Vein & Aesthetic Institute decided to try the clinic’s hair removal system...and the results exceeded even his expectations.

It’s not every doctor who gets an opportunity to experience the treatments or procedures that benefit his patients. But for Douglas H. Joyce, DO, FACOS, founder of Joyce Vein & Aesthetic Institute, that just isn’t the case.

“We offer a variety of aesthetic treatments at JVAI,” notes Dr. Joyce. “We have had impressive results with hair removal and I began to consider trying this myself.”

The skilled surgeon has pioneered a noninvasive method of vein treatment, but he has also remained on the leading edge of medical aesthetic treatments. “In 2004, we obtained a medical aesthetic system from a company called Syneron,” he explains. “This system provides a painless method for treating unwanted hair, as well as several other aesthetic treatments.”

Using a technology called elōs™, the treatment is an effective way to remove unwanted body hair quickly and painlessly.

Elōs uses various wavelengths of light combined with radiofrequency (RF) energy,” continues Dr. Joyce. “It combines the two energies. They’re synergistic, which is to say that by using both of them together, their effectiveness is increased.”

Many men are troubled by excessive body hair and can be helped by elōs hair removal. Dr. Joyce had this concern on his back and neck.

“I used to have to clip my back every week. If I didn’t clip it, I found it to be very warm, especially in the car,” he reports. “By the time I drove to my office, the back of my shirt would be all wet. It was really uncomfortable.”

“After the success we have had with the elōs hair removal, I thought, ‘Why don’t I try it and see what happens after one treatment?’ I wanted to find out what kind of reduction I could get from a single treatment. The thought was that men could have one treatment at a time until they achieved the amount of hair reduction they were looking for. In other words, it wouldn’t be necessary to remove all of the hair, just decrease it to an acceptable amount.”

The elōs technology uses Vortex Heating to target and damage the hair follicle. The vortex is created when the RF current, the destructive energy, eccentric and heats the hair follicle.

“The combination of the RF current with the light allows us to get a much better effect without having to use a tremendous amount of light energy,” explains Dr. Joyce. Consequently, it’s not like other laser technologies that cause discomfort to the patient.”

Dr. Joyce was extremely pleased not only by how easy the treatment was but also by the dramatic results it delivered.

“We treated my chest, back, neck, and shoulders,” he says, “and the results were amazing. They were beyond my expectations.”

“We then waited for five weeks, which is the normal time between treatments,” he adds. “I had a significant reduction in the amount of hair and decided to take it one step further by having a second treatment. I could have just as well stopped after having one treatment. It’s now been five weeks since the second treatment, and I am happy with the results.”

Dr. Joyce emphasizes why this treatment gave him exactly what he desired: “I am rid of the unwanted hair and am happy with what is left. I don’t overheat in the car anymore and clipping is a thing of the past. It’s one of the best things I’ve ever done. For men who have excessive body hair and want to reduce it to an acceptable level, elōs laser hair removal is the ideal solution. You decide how much hair you want to be left with.”

He also feels that the elōs system is the best one for women, too. “Guys do not usually want to be completely bald; they just want to cut it down a bit like I did. For women or men who want to completely eliminate hair in an area, it usually takes five or six treatments. This is true for all hair removal methods, even with the superior elōs system technology. Any claims to the contrary are misleading.

“Hair removal is just one of the state-of-the-art aesthetic treatments at JVAI. We offer an initial consultation for hair removal or our other aesthetic services at no charge.”

The founder of Joyce Vein & Aesthetic Institute decided to try the clinic’s hair removal system...and the results exceeded even his expectations.
For years, Peggy Thorpe was experiencing bone loss.

“My teeth were becoming loose,” recalls the vice president of Commercial Maintenance Management Construction.

“Twice while we lived up in New York, I had what they call deep root cleanings, where they go in and really scrape down underneath the gum, but the bone still seemed to be deteriorating.

“Then, when we moved down to Florida, I became a patient of Dr. Farag, and the results I’ve had with him are amazing.”

Joseph H. Farag, DMD, has a comprehensive dental practice in Port Charlotte.

“Periodontal disease is an inflammatory process that affects the tissues that support the teeth,” explains Dr. Farag. “It can be both a chronic and an acute problem.

“This process is an inflammatory process. At its initial stage, called gingivitis, it affects only the gums. Patients may experience some red, swollen, tender gums that appear puffy and bleed easily, or they may experience no warning signs at all.

“Healthy gums adhere closely to the teeth, supporting them so they don’t become loose in the jawbone. As periodontal disease progresses, the bone is lost around the tooth and the pockets around the teeth get deeper. If left untreated, gingivitis may lead to a second, more serious stage which is called periodontitis.

“In its more destructive stage, bacteria and plaque migrate farther down into the tissues on the root surfaces of their teeth,” informs Dr. Farag. “The gums pull away from the tooth, making it very brittle and easy to remove from the bone. The tooth may become loose.

“The bacteria that are present, and the tartar in those pockets, are sensitive to oxygen, so we find that the deeper into the gums they grow, the better they thrive,” says Dr. Farag. “It is these bacteria that produce the toxins that irritate the body and destroy the bone. Over time, as the tooth becomes detached from the gum and becomes more coated with tartar, the body tries to eject it. The body gives up on it and the teeth may become loose.

“With the deep root cleaning that Peggy had, the attachment of the gum back to the tooth would be similar to a rubber band being wrapped around a post. It is a fairly tight seal, but the rubber band can be pulled away and things can be stuffed down there. While it is an effective treatment for some patients, others like Peggy require something more.”

“In the past, traditional gum treatment involved curarizing away the infected gum tissue and placing sutures to hold the reduced tissue in place during the healing process. This approach always results in recession of the gums—a lowering of the level of gum tissue. If the gum tissue recedes too far, it can leave the sensitive tooth roots exposed.

“But today,” observes Dr. Farag, “we can offer patients like Peggy laser-assisted new attachment procedure, or LANAP.”

LANAP “LANAP is a therapy that uses regeneration rather than resorption,” points out Dr. Farag. “As well as preventing cases from digressing, the laser is helpful in killing the bacteria colonies and reducing the amount of bacteria exposure to the body. It can stop gum recession right in its tracks and will regenerate attachment beneath it.

“Also, rather than producing a rubber-band-like attachment between the tooth and the gums, the goal of LANAP is to produce something more comparable to a Velcro or zipper attachment that is much stronger and less accessible. With this laser treatment, we can actually zip the tissues back up the side of the root, preventing more accumulation of tartar into those pockets. We can reduce the pockets to about half their depth and, in cases like Peggy’s, allow the body to regenerate bone.”

“The third step involves another pass with the laser at night which helps those patients with any nighttime grinding they might otherwise experience.

“The laser is equipped with a very thin fiber—about three hairs thick in diameter. We place the fiber between the tooth and gum, enabling the laser energy to selectively reach the depth of the pocket. During the first laser pass, three goals are accomplished. First, the energy vaporizes the diseased lining. Second, it dehydrates the tarrat on the tooth, making it very brittle and easy to remove from the tooth. Third, it kills the bacteria on contact.

“During the second step, I use an ultrasonic instrument. Its fine tip will vibrate and remove the tarrat, breaking it away from the tooth, while we flush with an antimicrobial substance that stops the growth of new bacteria. In this step, we affect the bone around the tooth and remove the diseased lining of the tissue.

“The third step involves another pass with the laser at a different setting. This last step stops any bleeding and creates the best antimicrobial seal possible, preventing re-infection and releasing growth factors from the blood cells to regenerate the attachment.”

“In conjunction with the laser therapy, Dr. Farag adjuts his patients’ bites.

“We adjust the occlusion, or the way the teeth meet, so that only vertical forces are applied to the teeth,” says Dr. Farag. “We then give our patients a bite splint to wear at night which helps those patients with any nighttime grinding they might otherwise experience.

“And you’ve heard the expression strength in numbers?”

For patients whose teeth are loose, we can bond those teeth together with composite; its color blends and it provides our patients with a solid bite.”

Amazing success

Dr. Farag performed LANAP for Peggy in the summer of 2008.

“There was no discomfort at all,” remarks Peggy.

“In fact, compared to the way they used to do it with the deep root cleanings and Novocain, this was much better.

“Trust me, dentists are not always our favorite people,” she teases, “and right from the start, I warned Dr. Farag that when I saw the needle coming, I might grab his arm; I don’t mean to, but sometimes I can’t control it.”

“But with Dr. Farag, it was different. He is very good. There was no discomfort at all, and within four months, I could actually see on the x-rays where bone was growing back and the deep pockets were filling in.

“I’m amazed. From what I’ve been through with these teeth, and now these incredible results, it’s just amazing.

“I can’t imagine putting a price on the value of saving your own teeth.”

Peggy Thorpe

For his location

(941) 764-9555

JOSEPH H. FARAG, DMD


Risk factors for periodontal disease

Lack of oral hygiene

Poorly contoured restorations

Crowded or crooked teeth

Hormonal changes (Pregnancy, Menopause)

Smoking and nicotine

Systemic diseases (Diabetes, Osteoporosis)

Have a beautiful smile

Dr. Farag looks forward to hearing from readers of Florida Health Care News. For more information or to schedule an appointment, please phone (941) 764-9555 for his location at 3441 Conway Boulevard, in Port Charlotte.
arthritis with arthritis medica-
tions and physical therapy for joint strengthening. For moder-
ate arthritis, I may enter into the idea of injections of cortisone or other medications, such as Synvisc or Hyalgan, which are joint fluid therapies, or visco-
supplementation, and involve the injection of gel-like substances into a joint to supplement the viscous properties of synovial fluid. These medications act as lubricants in the knee and allow it to glide more smoothly. It usually requires a series of three to five injections. The benefits may last for up to one year, after which the treatment can be repeated.

Dr. Connors favors a con-
servative approach to relieving joint pain, using the step care treatment for arthritis (rest, med-
ica tions, injections), with surgery as a last resort; however Muriel’s case was different.

“Well,” I first spoke with Muriel, she had already been through diagnostic procedures,” recounts Dr. Connors. “Following x-rays and evaluation by a rheumatologist, she realized that her condition was beyond what conservative approaches would be able to help, and we scheduled her for surgery."

Total knee replacement

In knee replacement surgery, the ends of the bones that make up the knee are replaced with artificial components called prostheses to form a new joint that works in the same manner as a healthy knee by preventing the bones from rubbing together and causing pain.

“Physical therapy is an extremely important element of knee replacement surgery both before and after surgery,” edu-
cates Dr. Connors. “We have specialized orthopedic units in the three hospitals in which we perform surgeries. Our patients usually attend a class in one of the units prior to surgery where they are taught a series of exer-
cises to help strengthen their leg muscles before surgery.”

Patients also learn more about what to expect during and after surgery and receive a specia-
lized consultant to apply to their knee the night prior to surgery to help prevent infection.

“We have had numerous significant advances in knee replacement over the past sev-
eral years which include better prostheses and better materials, including metals and plastics for bearings surfaces,” notes Dr. Connors. “New instruments and surgical techniques enable us to align the knees more accurately, which makes them longer last-
ing, and the smaller incisions we can now use mean less pain and a quicker recovery for our patients.”

Dr. Connors also emphasizes that he uses a sealant over the surgical site, allowing patients to shower without concern for the next 3 days.

“When they have their sur-
geries performed first thing in the morning, they are usually out of bed the same day.”

No more pain

Muriel says that Dr. Connors and his team were everything she had hoped for, proving with a most exceptional experi-
ence from beginning to end. “I have nothing but the best to say for the care, for the doc-
tor, and even afterward,” she enthuses. “Dr. Connors was just wonderful. He visited quite often in the hospital, and his whole group was good, very considerate. They were just super, and I could not have asked for better care.”

As for the results, Muriel says her new knee is working fine. “First of all,” she teases, “I’m not a young kid! I’m seventy-
six, but the surgery was really good. I feel like I have recuper-
ated very well. I can now walk and I’m not in pain. I do most everything I would ordinarily do, and I think that’s really important. That’s what I was looking for.”

John’s Story

The pain in John Porter’s left knee was excruciating. “I couldn’t sit still for fifteen minutes because of the agony,” remembers the former occupational therapist. “My wife, Nancy, and I couldn’t even go out to eat because I could not sit in the restaurant. I could barely bend my knee at all. Every time I tried to bend down, I had to stretch my leg all the way out to pick anything from the floor. “Both knees hurt, but the pain in my left knee was severe. It was a big problem.”

John sought the advice of his general practitioner, who suggested he schedule an appointment with an ortho-
pedic surgeon. “I got opinions from three different doctors,” recalls John, “and I tried some different rem-
edies but nothing seemed to help. Then my GP referred me to Dr. Connors.”

John acknowledges that his wife did a bit of research on Dr. Connors and found that the sur-
geon came highly recommended by medical professionals. “Nancy actually interviewed one of Dr. Connors’ patients, a nurse, who had received a knee replacement by him. The results from the nurse’s surgery were amazing, so we checked out Dr. Connors further and then scheduled an appointment with him.”

Conservative care first

“When I first spoke with John, he explained that his pain was focused in his left knee,” recounts Dr. Connors. “Following x-rays, we first tried treating him conservatively. The treatments performed were excellent, but then the pain progressed.”

When the more conserva-
tive treatments don’t resolve the problem, Dr. Connors asks his patients to tell him when they can’t live with the knee pain anymore. “By that time, the cart-
tilage may be completely worn away, leaving bone on bone,” observes the doctor. “At that point, we schedule surgery.”

In John’s case, when his pain got to the point where he could no longer play table ten-
nis anymore, he decided it was time for a knee replacement.”

Dr. Connors advises that if joint pain is preventing someone from participating in the activi-
ties he or she enjoys, whether it is golf, tennis, or just walking around the neighborhood, it is time to see a physician.

“I’m so glad I did,” John reports. “The improvement in my quality of life is unbelievable. Dr. Connors did a wonderful job, which is what was most impor-
tant to me, but additionally he is caring and gentle. He’s just a great guy. “And the results are marvellous.”
Breathing Easy

This long-term acute-care hospital knows that successful ventilator weaning is all about the patient.

In August of 2008, Margydel “Della” Deveraux-Morey went in for what she thought would be a simple heart catheterization. "During the catheterization,” Della’s daughter, Linda Clark, recalls, “her left aorta broke apart. The way the doctors described it was that it just disintegrated because it was so hardened, and they had to run in for open-heart surgery. It was a trying time for the family of 79-year-old Della.

They did a double bypass,” Linda explains. She became scared to care for herself over eleven hours and they said it was a miracle that she was even alive.”

Afterward, Linda reports that her mother was “in very, very bad shape; she was in intensive care up in a Lansing, Michigan hospital for over a month, and we never knew one day to the next if she was going to make it.”

Fortunately, Della did begin to slowly strengthen. However, a full recovery was elusive, and her family was unhappy with the quality of care Della received. She was in a nursing home for three months after her operation, Linda reports, with little to no progression.

“They did not help her at all,” she continues. “They would not push her; they said, ‘If she doesn’t want to do something, we’re not going to make her, and so they sort of just let her lay there.’”

Troubled by her mother’s care, Linda decided to bring her home:

“I’m from Florida – from Ft. Myers so I said, I’m going to take Mom home,” Linda relates. “We got her into HealthSouth, and they were wonderful.”

Keys to success

“Della came to us in December, but she’d had her surgery in August,” explains Harriet Russo, a Respiratory Therapist with HealthSouth RidgeLake Hospital. “She had been on a ventilator for quite a while prior to us receiving her, and so she was a little bit anxious about the weaning process at first. Once we were able to reassure her – to build a level of trust – we were able to succeed very quickly.”

Several years after recovering from a stroke, Iris White suffered a stroke that left her weakened and disabled. Through rehabilitation, she did recover enough to regain her independence and to care for her husband, but when his health took a turn for the worse, she admits that it became harder to care for herself.

“You know, I’m eighty-six years old,” she acknowledges, “so I take a lot of TLC … and I was just really weak.”

Then, her local health care provider recommended Iris for HealthSouth Rehabilitation Hospital’s home evaluation program. Iris says that she did not know about the service but was grateful that a HealthSouth professional who needed help.

“They were so wonderful, and now I’m getting better,” she observes. “It wasn’t easy, but they made it easy at HealthSouth. They were very compassionate, and I sure got good care when I was there. I’d recommend them highly to anybody.”

Help Comes to You

Many do not know that a free, in-home evaluation for rehabilitation could lead to stronger, more independent living.

Six years ago, Iris White suffered a stroke that left her weakened and disabled. Through rehabilitation, she did recover enough to regain her independence and to care for her husband, but when his health took a turn for the worse, she admits that it became harder to care for herself.

“You know, I’m eighty-six years old,” she acknowledges, “so I take a lot of TLC … and I was just really weak.”

Then, her local health care provider recommended Iris for HealthSouth Rehabilitation Hospital’s home evaluation program. Iris says that she did not know about the service but was grateful that a HealthSouth professional could come to her.

“They sent a very nice lady to my home,” she recalls, “and she interviewed me to see if I would be a good candidate for rehab.”

An option for everyone

“Many people are in their homes, suffering or debilitated, and they don’t realize that this is an option for them – that they are able to get an evaluation done in their home at no cost,” explains Debbie Ballei, Community Liaison for HealthSouth Hospitals. “Anyone is eligible for our in-home evaluation – anyone who has had a functional decline and who needs strengthening, reconditioning, or rehab for any number of injuries or conditions. People can self-refer, or a doctor or family can refer them.”

HealthSouth’s home evaluation service is designed to come to those who may not realize the benefits of a brief, in-patient rehabilitation stay. A week or two of therapy for a declining body, says Debbie, can do wonders to build strength and ability, and potentially keep people in their homes and healthier in the long run.

“If someone meets our criteria for treatment,” Debbie explains, “they can come in and get rehabilitated, and then continue to stay at home. Our goal is always to strive for patient independence. We want people to be able to stay in their homes, and sometimes patients just need a short rehabilitation stay to get them to a point where they are stronger and can stay at home independently.”

Iris qualified for HealthSouth Rehabilitation Hospital’s Second Chance Stroke program, where she underwent both physical and occupational therapy.

Developed to address the evolving needs of a person recovering from a stroke, the Second Chance Stroke program was designed for individuals who have shown significant decline in function and who may benefit from an interdisciplinary course of therapy to help them meet their maximal potential.

“They thought it would be good to have me go there and just tune me up again,” Iris explains. “I was there for two weeks, and they were just excellent – they were encouraging and really gave me hope. Everybody who cared for me was so compassionate.”

Iris says that HealthSouth’s rehabilitation allowed her to return home stronger and ready to face her challenges.

“It gave me confidence that I could do the kinds of things that I wanted to do – to get around and take care of myself,” Iris asserts. “Now, I’m more independent at home, and I just want to be sure that everyone knows about this. I would recommend HealthSouth to anybody who needed help.”

HealthSouth Rehabilitation Hospital of Sarasota is a 76-bed inpatient and outpatient rehabilitation hospital accredited by the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. The hospital is a Stroke Center of Excellence, with Joint Commission disease specific care certification for the stroke program. HealthSouth Rehabilitation Hospital provides innovative and comprehensive rehabilitative care to patients recovering from stroke and other neurological disorders, brain and spinal cord injury, amputations and orthopedic, cardiac, and pulmonary conditions.

several years after recovering from a stroke, Iris White needed a little “tune up.” Fortunately, she discovered HealthSouth Rehabilitation Hospital’s free, in-home evaluation service.
Providing Relief for View-obstructing Eye Floaters
Why did my eye doctor tell me, "Nothing can be done; live with it?"

This is a typical question from many patients who come to me to treat the serious problem of eye floaters," says board-certified ophthalmologist Scott L. Geller, MD, of South Florida Eye Clinic in Fort Myers. Dr. Geller notes that many people have small, harmless eye floaters that appear as specks in their field of view, particularly when they look at a blank piece of paper, a computer screen or the blue sky. Dr. Geller's practice attracts people searching for relief from the large, almost opaque floaters that actually block their field of view.

Dr. Geller has been specially trained to address this very issue. "I went to Bern, Switzerland, to the University Eye Clinic, and studied vitreous laser technique under Franz Fankhauser," informs Dr. Geller. "He invented a specialized laser, and only a few ophthalmologists in the world have studied under this recognized master."

Dr. Geller's dedication was rewarded: He has regularly achieved success in treating visually obstructive eye floaters for years. "Patients from all corners of the world have come to Fort Myers to have their eye floaters treated at my practice," confirms Dr. Geller. "We’ve seen patients from Japan, Singapore, New Zealand, South Africa, Europe, South America, and, of course, from all over the United States and Canada. After their treatment, these patients often take with them a videotape of the procedure to share with their local ophthalmologists to help educate others about this valuable technique."

Dr. Joe A., a retired medical school professor, dealt with problem floaters for three years. He consulted Dr. Geller, who performed the simple outpatient laser procedure. Impressed with the outcome, Dr. A. stated in a letter to Dr. Geller, "I am puzzled why this procedure is not a more commonly known treatment option within the medical community."

Read Mark's letter, and others like it, on Dr. Geller's website, www.vitreousfloaters.com

Neurological and Vestibular Rehab
Dizziness and balance problems can lead to falls, which are the number one cause of death from injury among those sixty-five and older. Fortunately, there is help.

According to the American Academy of Orthopedic Surgeons, more than one-third of the population over the age of sixty-five experience falls each year, and many patients who suffer serious fall-related injuries die within two to five years.

"Fifty percent of all falls are due to vestibular involvement," observes Shella LoBianco, MSPT, president of Dizziness and Balance Center of Southwest Florida. She says, "I wish I’d discovered this five years ago."

Then Jack was treated at Dizziness and Balance Center of Southwest Florida. He says, "I wish I’d discovered this five years ago."

Fall prevention
Dizziness and Balance Center of Southwest Florida specializes in helping patients regain their balance and offers a comprehensive evaluation, individualized treatment, and intensive patient and family education. For them, dizziness and balance is not an add-on program; it is all they do.

The number one indicator for fall risk is a previous fall. Other indicators include symptoms of dizziness, decreased activity level, taking one or more medications that decreased sensation in the legs or feet, and fear of falling.

Benign Paroxysmal Positional Vertigo (BPPV) is a disorder that causes vertigo, dizziness, and other symptoms precipitated by a change in head position. About fifty percent of dizziness in people over age sixty-five is due to BPPV.

Frances Houghton, who suffered with BPPV for years until she consulted with Dizziness and Balance Center of Southwest Florida, says, "In one treatment, my vertigo was gone. It miraculous…"

Not all balance problems can be solved in just one treatment," acknowledges Shella. "However, with almost thirty years of combined experience treating neurological and balance disorders, along with specialized training in vestibular disorders and state-of-the-art equipment, we are uniquely qualified to identify the sources of our patients’ balance problems and then determine the most appropriate physical therapy treatments for them."

Shella LoBianco, MSPT, received her Master of Science in Physical Therapy from the University of Alabama at Birmingham. She holds a Certificate of Competency in Vestibular Rehabilitation and advanced certification in Vestibular Function Test Interpretation from Emory University’s Department of Rehabilitation Medicine. She has over fourteen years of experience as a physical therapist treating patients with neurological impairments and multi-factorial gait disturbance and is trained in neuro-vestibular management (NVMT). She has eight years’ experience in the evaluation and treatment of balance and vestibular impairments. Shella is a member of the American Physical Therapy Association (APTA) Neurology Chapter, Florida Physical Therapy Association (FPTA), and the Vestibular Disorders Association.

Judith A. Strickland, PT, DPT, received her Doctor of Physical Therapy degree from Bellin College of Osteopathic Medicine, Green Bay, Wisconsin. She has been in physical therapy for over 25 years. Dr. Strickland is a member of the American Physical Therapy Association (APTA) Neurology Chapter and the American Academy of Orthopedic Surgeons. She has completed advanced coursework in neurode- velopmental treatment, myofascial techniques, manual clinical spine techniques, and gait analysis.

For more information, please visit www.BalanceSWFL.com

Off balance? For further information or to schedule an appointment, please call (239) 433-1777.

Dizziness and Balance Center of Southwest Florida is located at 5995 South Pointe Blvd., Suite 110, in Ft. Myers.

Headed for a Fall?
Dizziness and balance problems can lead to falls, which are the number one cause of death from injury among those sixty-five and older. Fortunately, there is help.

Scott L. Geller, MD, is board-certified by the American Board of Ophthalmology. He is a graduate of Ohio Wesleyan University and Rush Medical College. While in medical school, he was awarded a student fellowship to study tropical medicine at a missionary hospital in India, and pursued additional studies at the famous Brompton Hospital in London, England. He interned at Presbyterian Hospital, Pacific Medical Center, San Francisco, CA, and completed his residency in ophthalmology at Sinai Hospital of Detroit, which was affiliated with Wayne State Medical School and Kresge Eye Institute. Dr. Geller was fellowship trained in anterior segment and refractive surgery with Dr. William Myers of the Michigan Eye Institute. Dr. Geller is a fellow of the American Academy of Ophthalmology, and has presented papers on eye floaters and laser treatment at the International Congress of Ophthalmology, European Congress of Cataract & Refractive Surgery, European Congress of Ophthalmology, and the Florida Society of Ophthalmology.

If you are dealing with eye floaters Call Dr. Geller at (239) 275-8222 or toll-free at (877) 371-3937. South Florida Eye Clinic is located at 29 Barkley Cir. in Ft. Myers.
Judy Taylor admits she was in total agony.

“I began rather unusually,” reflects the retired pharmacist, “the pain started in my knee. For over a year, an orthopedist treated me with cortisone and other injections in my knee, but the pain grew worse and moved up into my groin. Not even a corset or shot in my hip relieved my suffering.”

“Finally, I confided in my husband, a retired pharmacists, that I simply could not go on like this, so he phoned a trusted pharmacist and asked him for a recommendation. He gave us the name of two orthopedic surgeons and I scheduled an appointment with one of them: Dr. Davis.”

Mark J. Davis, MD, FAOAS, is a board-certified orthopedic surgeon with extensive, well-recognized, and prestigious additional fellowship training in knee and hip replacement from Anderson Clinic in Arlington, Virginia. He frequently travels to major cities to participate as a surgeon trainer for the Oxford partial knee replacement. Dr. Davis was also recognized by Gulfshore Life Magazine in 2005, 2006, and 2007 as one of the top orthopedic surgeons in southwest Florida.

“As he does with all his patients, Dr. Davis began Judy’s treatment with a very thorough examination and an in-depth discussion about her daily activities and desired outcome.”

“Dr. Davis was very nice and extremely thorough,” remembers Judy. “I told him that I lead a very active life; I enjoy daily walks, exercising at the gym, playing bridge, and I am co-president of the American Association of University Women.”

“Following my examination, Dr. Davis took x-rays of my hip, showed them to my husband and me, and explained everything carefully. We could see the reason I was in so much agony was that there was no longer any cartilage left in my hip joint; it was bone-on-bone.”

“Conservative measures can sometimes allow or eliminate the need for joint replacement,” points out Dr. Davis. “If arthritis and deteriorating cartilage are detected early, many patients can be helped by medication, joint protection, and physical therapy to ease pain and restore motion. “But when these are not applicable or no longer sufficient to relieve pain and restore function, as was the case for Judy,” observes Dr. Davis, “hip replacement is often the best available alternative for restoring quality of life.”

“Dr. Davis described the hip replacement surgery in great detail,” recalls Judy.

For active patients Dr. Davis has extensive training in total joint replacement for both younger and more mature patients and because of Judy’s interest in volunteer and fitness activities, Dr. Davis recommended hip replacement implants called the M2a-Magnum that would allow her greater stability and range of motion than other implants provide.

“According to the doctor, although the plastic liner traditionally used in hip replacements is very durable, the amount of stress very active people can place on it sometimes leads to premature wear.”

“The M2a-Magnum hip implant is metal on metal,” he describes, “and is designed to provide long-term resistance to wear. Additionally, it more closely replicates the size of a patient’s natural anatomy. By making the ball of the joint that fits into the socket bigger to match the patient, it reduces dislocation problems and slows down the wear rate, both important factors for younger, active patients.”

“Manufactured by Biomet, the M2a-Magnum is the same hip replacement system used for 1948 Olympic gold-medal winner Mary Lou Retton. Suffering from dysplasia, an abnormal formation of the hip joint, Mary Lou Retton chose to have hip replacement surgery while still in her thirties and was so pleased with her results that she became a spokesperson for Biomet. In fact, Mary Lou’s surgeon completed the same fellowship at Dr. Davis, and he attended a meeting where Dr. Davis was instructing him on the Oxford knee.”

“While Dr. Davis always takes a conservative approach when considering surgery options, if the patient’s condition gets to the point where surgery is required, he uses the most minimally invasive techniques and the latest products to match the patient to the proper implant.”

Immediate pain relief

“Because of my medical history, Dr. Davis alerted me that I would require a precautionary heart test before the operation,” recounts Judy, “and due to the severity of pain I was suffering, and with the collaboration of my primary care physician, I was admitted into the hospital for surgery within less than a week.”

Judy’s surgery took place on December 18, 2007.

“I was out of bed that evening,” she says. “I was incredibly hesitant to stand, but once I finally had both feet on the floor, I said to myself, My God, I have no pain.”

On Friday, April 3, 2009, Dr. Davis performed an outpatient knee replacement surgery, which will now be available for qualified candidates. Additionally, he is offering a new surgeon-designed, patient-matched knee replacement system called Signature Total Knee by Biomet. Please phone (941) 613-3800 for more information. In-depth coverage will follow in the next edition of Florida Health Care News.

The next morning, she attended Joint Academy (see sidebar).

“I had walked around in agony for almost two years, while the pain got progressively worse. It was a horror. Then, once the surgery was over, I never had any pain again,” she reflects, as tears well in her eyes. “To me, it was a miracle.”

JOINT ACADEMY

“Aside from the improvements in surgical techniques and materials, we now have philosophies about rehabilitation that can speed a patient’s recovery following total joint replacement,” says Dr. Davis. “Joint Academy, our rehabilitation program, begins within one day of surgery. About a half-dozen patients usually attend, and they each have a reclining chair. A unit coordinator first explains everything in detail, and then the therapist leads our patients in exercises. The staff is consistent week to week, which leads to better patient care. This type of program allows the hip replacement patient to regain hip strength and range of motion as quickly as possible by helping to strengthen the hip joint, to keep muscles strong, and to improve the new joint’s flexibility. Today’s hip replacement patient is likely to recover more quickly and fully than ever before.”

“The staff at Joint Academy is very encouraging” continues Dr. Davis, “and after therapy, patients have lunch right there, sitting in their reclining chairs. They are able to meet all the other hip and knee surgery patients and to share experiences.”

And the relationship between Dr. Davis and his patients does not stop there. “Many people in our area have no family living nearby, so I also reassure my patients that we have the resources and community connections to make sure that their rehabilitation and well-being are supervised long after they leave the hospital,“ assures Dr. Davis.
“I had a problem where I couldn’t straighten out the ring finger on my left hand,” recalls Al McKenney. “I tend but at the American Legion once in a while and was having a hard time opening bottles.”

Al learned about a surgical procedure to resolve the situation, but he was looking for a less invasive alternative.

“I knew there was a surgery that could be done,” he explains, “but I wasn’t convinced that that was the only solution.”

Al’s primary care physician referred him to Stephen L. Helgemo, MD, of Southwest Florida Hand Specialists. Dr. Helgemo specializes in the elbow, wrist, hand, and fingers.

He explained that there was a particular procedure for just that situation,” says Al.

Noninvasive procedure

“The vast majority of our patients can be taken care of in a nonsurgical manner,” assures Dr. Helgemo. “However, the problem Al had, Dupuytren Contracture, has been traditionally treated surgically. The procedure could be fairly straightforward, with a quick recovery, but in many cases recovery could be a prolonged, complicated affair, involving therapy and wound care.

Fortunately, we can now offer a treatment called Needle Aponeurotomy for patients with this condition. Unlike surgery, this is a simple in-office procedure requiring no incisions and minimal anesthetic. Most patients do not require pain medication afterwards, and there’s usually no postoperative therapy involved.

Even for hand and arm problems that do require surgery, adds Dr. Helgemo, most problems can be resolved with a minimally invasive procedure that allows quick, comfortable recovery.

“When it becomes a surgical case – whether it’s a trigger finger, the Dupuytren’s problem, or carpal tunnel – we offer techniques that are much less invasive than traditional techniques.

‘Trigger finger procedures are also done in the office, the recovery is simple and fast, the patients don’t need pain medication, there are few limitations afterwards, and it’s cost-effective.’

The most important point, emphasizes Dr. Helgemo, is that the overwhelming majority of cases can be resolved conservatively.

“You don’t have to go to your primary care doctor or have multiple treatments before being sent to us. For many patients, we are the first and only place they have to go. If they need a corticosteroid injection, we can give it to them; if they require surgery, in many cases we perform it here in the office; and if they need therapy or therapy, we have that here, too.

‘Anytime anyone has a problem with the hand or arm, we are equipped to handle it.’

“It’s just amazing.”

For Al, the ease of the Needle Aponeurotomy was a pleasant surprise.

“The procedure was so simple, I was flabbergasted,” he confides. “I was out of there in less than an hour and when I walked out, my hand was straight. It’s just amazing.”

Al credits Dr. Helgemo with his results and adds that Dr. Helgemo’s skills are just part of what made the surgeon Al’s number one choice.

“Everyone in his office is very professional, very congenial, and patient-oriented. And I think he’s a heck of a doctor. He’s a good man.

“If anybody has a problem like mine, I would recommend that you talk to him and have him check it out. He’ll give you a straight answer.”

Visit Southwest Florida Hand Specialists on the web at www.swfhand.com

CARPAL TUNNEL TRUTHS

I n his many years as a specialist in the elbow, wrist, hand, and fingers, Stephen L. Helgemo, MD, of Southwest Florida Hand Specialists, has had to dispel a lot of myths about carpal tunnel syndrome.

“I have people come to me and say, Well, I’ve heard about carpal tunnel, and my hand is tingling and numb like carpal tunnel, but I didn’t do anything to cause it.”

Many people believe that in order to get carpal tunnel, you have to do some type of repetitious job,” elaborates Dr. Helgemo, “and yet studies have shown that it’s really genetics, or non-external physical conditions, that seem to be the biggest factors. There’s no correlation to the dominant hand or any indication that repetitious tasks cause the problem; however, we do think repetitious jobs can aggravate it.”

A “typical” carpal tunnel sufferer, Dr. Helgemo notes, is likely to be older, and possibly overweight or diabetic, although he notes that he has seen the condition in people of all ages and fitness levels.

Carpal tunnel syndrome results from pressure on the median nerve down the wrist, which can be caused by a number of factors. It’s most often recognized by the symptoms that include numbness and tingling, usually involving the thumb, index, and middle finger. Pain is sometimes a component and can actually wake some people up in the night.”

THE RIGHT DIAGNOSIS

“If a patient thinks they might have carpal tunnel, the most important part of the diagnosis is to take the patient’s history and symptoms. I also try to provoke their symptoms and assess whether or not they have any permanent damage. We then perform nerve conduction testing which essentially measures how well the nerve is functioning.”

Dr. Helgemo notes that nerve conduction testing performed alone, without a thorough examination of the patient’s symptoms and history, is often misleading. Only when used in conjunction with a proper examination should the results be factored into a diagnosis of carpal tunnel syndrome.

Once a positive diagnosis is made, Dr Helgemo asserts that conservative treatments such as corticosteroid injections and splints can help relieve symptoms or cure mild cases; however, carpal tunnel is often relieved surgically.

“Surgery is the definitive treatment for this condition, with a long-term success rate of over ninety-five percent. We perform an endoscopic carpal tunnel release. This is a minimally invasive procedure and allows for a much quicker recovery with no need for pain medication. From start to finish, the surgery takes five minutes, and patients are able to use their hand immediately afterwards.”

When it comes to treating carpal tunnel, Dr. Helgemo and his team at Southwest Florida Hand Specialists have extensive experience in achieving success.

“We are some of the most experienced surgeons in this technique anywhere. Our office treats hundreds of carpal tunnel patients a year, and we have performed more than three thousand carpal tunnel surgeries over the last ten years.”

Dr. Helgemo is careful to note, however, that anyone with symptoms of carpal tunnel syndrome should not wait to consult a specialist.

“If left untreated, pressure to the nerve – which not only supplies feeling but also the electrical supply to some of the major muscles in your thumb – can cause the nerve to die and the muscle to atrophy.

“The good news is that carpal tunnel is a highly treatable condition, and the earlier you treat it, the greater the chance of success.”
What’s Going On?

A lot of people are asking questions about the changes happening at this innovative retirement community. Here are a few answers.

“W hat’s going on over there?”

It’s a question Margie Ferritino is hearing more and more these days.

As director of marketing for St. Joseph’s John Knox in Tampa, Margie is one of the first points of contact for inquiries about the vibrant continuing care retirement community. And there’s quite a buzz about John Knox lately.

“Change can be really good, and that’s what we’re seeing here,” says Margie. “People come in wanting to know why everyone is talking about us.”

The reason is simple: St. Joseph’s John Knox is growing and evolving to meet the needs of all of its residents even better than before.

“One example is the transformation of an old retention pond on the property into a gorgeously landscaped part of the campus, with a fountain and waterfall, and surrounding benches and gazebo,” notes executive director Gary West. “We have also recently allocated funding for other upgrades, such as new paint for all the buildings. So John Knox really has become better than ever.”

What else is new?

It isn’t just the appearance of the 14-acre campus that’s gone from great to greater, however. Virtually every aspect of life – from food service to leisure activities – has been expanded and improved.

“Our goal for the past five years has been to consistently change to meet the needs of every single resident,” assures Laurie Ferguson, activities director for John Knox. “We now have an on-campus movie theatre, as well as a computer center in which we offer many classes through the University of South Florida. Our newest addition to the roster in the last year is our Wii Bowling Tournament for staff and residents. That’s a lot of fun.”

And fun is always on the menu in this community.

“We offer activities seven days a week, including evenings,” continues Laurie. “We’ve always had a health care objective at John Knox, but now we have a comprehensive Wellness Program. We offer Tai Chi, line dancing, water aerobics, and personal instruction on how to use our fitness equipment.”

“Retirement for you”

St. Joseph’s John Knox is as elegant as it is vibrant, offering residents several appealing floor plans that feature custom carpeting and window treatments, fully equipped kitchens, and 24-hour emergency call systems. Amenities include 24-hour security and maintenance, housekeeping, scheduled transportation, weekly flat-linen laundry service, satellite TV, all utilities except phone, and meals in the spacious dining rooms.

“We are unique because we offer a variety of residency agreements and health care benefit options,” adds Margie. “It’s important to offer choices to our prospective residents. For that reason, John Knox offers a rental product as well as an entry fee [endowment] agreement. Continuing care communities usually do not do rentals, but for us it’s all about choices and flexibility.”

In addition to special events, John Knox has a wide variety of on-campus options for day-to-day living. Along with the movie theatre and computer center, there is also a beauty shop, a manicurist, two grocery stores, two libraries, and a flea market for residents to enjoy.

The best place to be

 Resident Association President Jody Littlefield has called John Knox home since 2004.

“My husband, Buck, and I went to all the retirement communities in the area, but when we came here, we felt like it was home,” she remembers. “The other residents here say they had that same experience.”

Jody and Buck exemplify the phenomenal spirit of volunteerism in the John Knox community.

“We became involved immediately,” she says enthusiastically. “Buck was president of the men’s group during our first year, and then I became the first vice president of the resident association board and worked totally with [executive director] Gary West. That was a very pleasant experience.”

Working with the John Knox administration has been mutually beneficial, says Jody.

“We have an executive board with seven elected officers, and then we have a delegate from each of the eight buildings, elected by the residents,” she explains. “As the executive board, our goal is to ensure that residents are happy and being taken care of the way they expected when they got here.”

Jody is thrilled, too, with the continuing evolution of John Knox.

“Any money the Resident Association raises is put into something for the residents, and one of the prime examples that we’re really proud of is the pond and the way it’s been redone. The residents are thrilled to pieces with it.”

“One of the best things about John Knox is the Med Center,” she adds, “which is highly rated. I speak from experience because I spent two weeks there when I had a knee replacement. I could not have asked for better care and more delightful people to work with.”

“For us, John Knox is the best place to be,” says Jody.
Help for Shoulder Pain
Managing pain and providing rehabilitation doesn’t have to be “fragmented” among multiple specialists. Sometimes, it can be done under one roof.

Brad Gonyer love golf, but he certainly doesn’t claim to be an expert on Tiger Woods. “I’m an avid golfer, but play very poorly,” he says wryly.

In recent years, however, Brad has had to contend with more than just a bad swing. Pain problems made his days much less enjoyable. “I was having some aches and pains in my back,” he confides, “though nothing too serious. The pain didn’t limit me, but I was waking up feeling very stiff and achy.

“I could use this as an excuse for my poor golf game, but I won’t,” he adds with a chuckle.

Brad consulted fellowship-trained physical medicine and rehab specialist Pierre R. Hyppolite, MD, of Southwest Florida Rehab & Pain Management Associates.

“We tried a couple different pain medications and then I went through about six weeks of physical therapy,” reports Brad. “My daughter is actually an occupational therapist, and I’m a big believer in therapy. I haven’t had any issues with my back since then.”

But Brad had also developed another, more serious problem: severe shoulder pain.

“I went back to Dr. Hyppolite for my right shoulder because it was painful in certain positions,” he explains. “An MRI determined that I had a pretty severe rotator cuff tear.”

Brad’s trusted doctor provided a solution to that, too.

“Dr. Hyppolite recommended a very fine physician,” continues Brad, “a gentleman named Dr. Todd Atkinson in Fort Myers. He’s an orthopedic surgeon specializing in rotator cuff repair, and he performed the surgery for me.”

Dr. Atkinson assures that he works closely with his fellow physicians in the community. “We have a team approach, and I know Dr. Atkinson well, so I was comfortable referring Brad to him for surgical intervention,” reflects Dr. Hyppolite. “The MRI of Brad’s right shoulder showed quite a significant rotator cuff tear, and Dr. Atkinson indeed confirmed that surgery would be required to repair it.

“With a little encouragement from our team, Brad eventually had the rotator cuff repair procedure, followed by rehabilitation for several months afterwards. Gradually, he was able to recover a good range of motion of his right shoulder, which he had initially lost. His pain subsided and he regained strength. He was able to resume all activities, not only working full-time but also going back to golfing six months after surgery.

“He’s a happy patient now, and of course, we were happy to help him return to all his activities.”

Outstanding results
Indeed, the results of his surgery and his therapy have given Brad the freedom to do what he wants to do.

“The experience has been very good,” he says simply, “I’m healthy now. It didn’t help my golf game, but I’m all better,” he adds with a smile.

Brad emphasizes his loyalty to Dr. Hyppolite.

“The reason I go back to Dr. Hyppolite is that, unlike with some physicians today, when I go in to see him, I never feel rushed. In a lot of places, you’re more or less a number: you’re in and out, and may see the doctor for five minutes. But when I see Dr. Hyppolite, we really talk, and sometimes I’m even with him for half an hour or forty-five minutes.

“The staff is great there, very nice and very professional, especially his nurse, Luz. They all know you by name the minute you walk in. I can’t say enough about Southwest Florida Rehab and Pain Management Associates.”

Yes! Please send me additional information about
✓ Pain management
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City ___________________ State _______ Zip ___________

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Mail to: Southwest Florida Rehab & Pain Management Associates, 12700 Creekside Ln., Suite 301, Fort Myers, FL 33919

Pierre R. Hyppolite, MD, is fellowship-trained in spinal cord injury through the University of Miami’s Jackson Memorial Hospital/Miami VA Medical Center. He is a member of the American Society of Electrodiagnostic Medicine and the American Academy of Physical Medicine and Rehabilitation.

Robert D. Mehberg, MD, is a board-certified physiatrist, certified in physical medicine and rehabilitation, as well as an electrodiagnosticsim. He completed his undergraduate studies and his medical degree at Tulane University, New Orleans, LA. He served his internship and his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, where he was appointed chief resident. Dr. Mehberg has lectured on, written, or co-authored numerous articles, book chapters, and publications concerning the treatment and well-being of rehabilitation patients. Dr. Mehberg is a member of the American Association of Electrodiagnostic Medicine, American Academy of Physical Medicine and Rehabilitation, and Association of Academic Physiatrists.

Robert D. Mehberg, MD

Robert D. Mehberg, MD, specializes in physical medicine and rehabilitation at Southwest Florida Rehab & Pain Management Associates, where he is a board-certified physiatrist. He completed his medical degree at Tulane University, New Orleans, LA. He served his internship and residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, where he was appointed chief resident. Dr. Mehberg has lectured on, written, or co-authored numerous articles, book chapters, and publications concerning the treatment and well-being of rehabilitation patients. Dr. Mehberg is a member of the American Association of Electrodiagnostic Medicine, American Academy of Physical Medicine and Rehabilitation, and Association of Academic Physiatrists.

Relief at last
The staff at Southwest Florida Rehab & Pain Management Associates and Southwest Florida Neurosurgical Associates welcome your questions and comments regarding this article. For additional information or to schedule a consultation, please call or visit one of the offices.

Southwest Florida Rehab & Pain Management Associates is a Medicare participant and accepts many insurance plans.
SEVERAL PAINLESS DIAGNOSTIC TESTS TO HELP DIAGNOSE FECAL INCONTINENCE OR CONSTIPATION

Anal rectal manometry evaluates the strength of the pelvic floor, the muscles controlling bowel movements, and only takes about 15 minutes.

Anal electromyography helps determine two things — whether the nerves supplying the sphincter muscles are intact and whether the muscles contract and relax normally.

Pudendal nerve latency test allows the physician to determine if nerves controlling the anal sphincter muscles have been damaged.

Defecography tests the motion of the pelvic floor and is performed in the radiology department using x-rays; takes about 15 minutes.

Anorectal ultrasound is used to take images of the anatomy of the internal and external sphincter muscles.

Colonic transit study tracks how food moves through the colon, allowing the physician to detect constipation or problem areas.

SURGICAL AND NONSURGICAL TREATMENT OPTIONS FOR FECAL INCONTINENCE/CONSTIPATION INCLUDE:

Biofeedback is a behavioral treatment used for incontinence and constipation through which physicians and nurses work with patients to help them understand the condition and learn specific methods to bring the rectum back to a healthy level of function.

The Seccac procedure delivers heat energy into the anal canal to improve the barrier function of the muscles. The procedure has a much quicker recovery than standard corrective surgeries; for fecal incontinence only.

Sphincteroplasty is surgical repair of a damaged sphincter muscle; for fecal incontinence only.

Sacral nerve stimulation is a form of nerve stimulation via electrical impulses; for fecal incontinence only.

“Quite a number of conditions can affect the colorectal area,” notes Domingo E. Galliano, MD. “One of the most distressing — and taboo — is that of fecal incontinence and constipation.”

Perhaps even more isolating than the more well-known condition of urinary incontinence, fecal incontinence and constipation can be caused by a variety of factors, explains Dr. Galliano. “The bowel function is controlled by three things: the sphincter, a muscle which keeps stool from leaking; the rectum’s storage capacity, or how much the rectum can stretch and hold stool before it must be released; and rectal sensation, the feeling that one must void a bowel movement. If anything interferes with these three factors, then fecal incontinence or constipation, or both, can occur.”

The problem is more common than one might think. “It affects as many as five and a half million Americans. Damage to the nerves in the area, weak or damaged muscles — such as from difficult childbirth or episoium — and inflammatory bowel disease are all examples of possible causes of fecal incontinence. Fortunately,” continues Dr. Galliano, “there are now new techniques for dealing with these problems.”

If dietary changes, medical management, or bowel retraining programs do not eradicate the problem, fecal incontinence and constipation may be addressed through surgical procedures to correct the underlying physical problem. In the event that sphincter damage was caused by childbirth or rectal prolapse, surgery may prove to be an effective method of correction.

Testing and treatment “Fecal incontinence and constipation typically respond well to professional treatment,” assures Dr. Galliano. “The key is finding a specialist who is board certified in colon and rectal surgery able to diagnose the problem and find a treatment that will restore bowel control or, at the very least, substantially reduce the severity of symptoms.”

“The best approach is to develop an individualized treatment plan, which is the basis of our practice.”

Anal-rectal physiology testing studies the function of the anus and rectum. Physicians order anal-rectal physiology evaluations, which combine several diagnostic tests, to help pinpoint the exact bowel problem a patient is experiencing. Test results determine the proper treatment to help correct or eliminate problems such as constipation, rectal pain, a bulging rectum, or fecal incontinence.

Gentle, effective care Dr. Galliano welcomes your inquiries regarding this article. He can be seen at 18308 Murdock Circle, Suites 108-109 in Port Charlotte or 1521 Tamiami Trail in North Port. For more information or to schedule a consultation appointment in either office, please call (941) 625-5411. Coming soon: future office opening in Englewood! Call for more details.

Fecal Incontinence and Constipation: Tests and Treatments:

Domingo E. Galliano, Jr., MD, FACS, FASCRS • Board certified, colon and rectal surgery • Board certified, general surgery • Board certified, surgical critical care • Director, Colon-Rectal Physiology Lab & Pelvic Disorder Center

Audio Reality for Quicker, More Accurate Hearing Instrument Programming

Kay Press, BC-HIS • Mark Rahman, BC-HIS • Andrea McCabe, HIS

Gulf Gate Hearing Aid Center

Popular radio show host Charlie Shoe is the “Morning Mayor” on WCVU (Sea View) 104.9FM, as well as a cable television talk show host. He generally keeps an ear open for his community’s scuttlebutt, and when he realized that lowered hearing was keeping him from learning about everything he needed to know about the area, Charlie paid a visit to Gulf Gate Hearing Aid Center.

“My physician referred me to Garrick,” says Charlie. “In the test, they played some background noise to keep me from focusing on the sounds.” He adds, “This translates into more time for Mark to spend with his patients when they do come in and more time to help new patients find the hearing correction that is right for them.”

But wait …

“There’s more,” Mark promises. “Gulf Gate Hearing Aid Center now offers a new fitting tool, Audio Reality, that provides a real-life approach to fitting the right hearing instrument for each patient.”

Mark explains that one of the biggest challenges to providing patients with the most natural hearing correction is being able to simulate real-life settings in the testing office.

“Traditional fittings rely on the instrument user telling us if the sound seems more or less natural at different settings in the hearing specialist’s testing office,” describes Mark. “The problem with that approach is that it doesn’t include all the visual and auditory distractions that can affect a person’s ability to listen effectively. This is especially true in artificial environments during hearing instrument fitting can’t provide the best possible programming the first time. Patients then are disappointed when their new hearing instruments fail to deliver the same quality of sound that they provided in the structured office setting.

“We’ve met this challenge with Audio Reality,” says Mark. “This fitting tool simulates real-life environments through the telephone to experience their instruments’ performance in settings as diverse as a busy restaurant, a moving vehicle and quiet conversations at home. These are the settings that we find require the most adjustment as we fine tune an instrument’s programming. As patients become accustomed to taking advantage of this unique tool, we will be able to offer other simulated environments as well.”

Audio Reality is a multisensory experience, delivered in a room at Gulf Gate Hearing Aid Center dedicated for its use. By carefully evaluating a patient’s responses in a variety of settings, the hearing specialists at Gulf Gate Hearing Aid Center use Audio Reality to carefully sculpt hearing correction that is uniquely right for each patient.

“The beauty of Audio Reality is that it can be used to help us program any hearing instrument, no matter how old, not just today’s most advanced models,” adds Mark.

Mark used Audio Reality to help him program Charlie’s new instruments.

“This was like no fitting session I’ve ever experienced before,” remarks Charlie.

“The session takes about twenty minutes to half an hour. I was seated in front of a thirty-seven inch plasma television screen with surround-sound speakers providing all the sounds that normally accompany whatever environment is shown on the screen.

“Then, with my hearing instruments in place, the instruments’ settings were manipulated while I watched the screen and told Mark when the sounds I want to hear were most clear for me. Adding the visual distraction really helps,” adds Charlie, “because not everyone is affected in the same way by the same stimuli.”

Mark points out that other fitting methods rely on the patient being able to remember and describe the real-life situations that are particularly challenging to listening and understanding. Then, the fitting specialist has to adjust the fitting based on his or her interpretation of that description.

“It was easy for me to see that the Audio Reality approach eliminates the miscommunication that plagued earlier fitting approaches. I felt it was able to accurately reproduce the hearing environments that are most challenging for me, and it helped Mark determine the instrument settings that would overcome those challenges.

“Hearing is very personal,” Charlie emphasizes, “so I’m sure there will still be some minor adjustments in the fitting of even the most advanced hearing instruments. But since being fit using Audio Reality, I’ve found that I can cope better with noises in restaurants now, and I am sure that this fitting method will reduce the number of adjustments someone will need before achieving their most comfortable, most natural hearing possible.”

“It’s a great idea!”

Kay Press, BC-HIS
Nationally board certified in hearing instrument sciences

Charlie Shoe is thrilled with his new hearing instruments.

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