

The Newsletter of The Executive RegistrySM

Health News

Spring/Summer 2010



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HEAD INJURIES — *Taking Them Seriously*

A blow to the head, even a seemingly insignificant blow, can have very serious repercussions. Seeking medical attention is critical. But you do not want to visit the emergency room every time you bump up against the cupboard door either. Learning which symptoms indicate serious problems can prevent unnecessary trips to the ER, and possibly save your life.

The simplest bonks on the head result in pain that dissipates over a short period of time and do not result in loss of consciousness. Ice and Tylenol (or generic acetaminophen) should suffice as treatment. Aspirin or ibuprofen are not good choices for pain relief in this situation because the usual injuries from trauma are blood-related, and ibuprofen and aspirin facilitate bleeding. Insignificant injuries are going to clear up quickly – the pain should start to subside within about thirty minutes. If you're not starting to feel better within that time, you should seek medical attention.

Anytime there is a loss of consciousness, even briefly, an individual should seek medical attention. The longer the period of unconsciousness, the more serious the potential for brain injury.

Sudden changes in neurological functions also demand medical attention. If, after a blow to the head, something changes in the normal use of the body – dizziness, ringing or buzzing in the ears, changes in vision or coordination, an

inability to swallow or to move a limb, or even just feeling “funny” – if a change occurs and doesn't clear up after a few minutes, you need to seek medical attention.

Immediately after head trauma there is a risk of seizures. If a person who has suffered a blow to the head has a post-traumatic seizure, it's time to call 911. While waiting for the ambulance, make sure the person's airway is protected, try to put something firm in the mouth to prevent injury to the tongue, and lay the patient on his or her side. This is important because if the patient should happen to vomit, breathing the contents into the lungs could result in a secondary pneumonia. If the person isn't breathing and there is someone available who knows CPR, then you would want to do that, of course.

Not all head traumas present immediate indications of the need for medical attention. We've all seen patients who have had some insignificant bump on the head, who then start getting headaches a month later. The

brain is suspended within the skull – it is analogous to a sponge sitting in the skull cavity. When the head is struck, veins that bridge across that space can get torn from the rapid acceleration/deceleration of the brain within the skull. That small bleed can result in an accumulation of fluid over the surface of the brain, a chronic subdural hematoma. If, after a head trauma, you develop a headache you would describe as “the worst headache I've ever had in my life” seek medical attention! A CAT scan is necessary to rule out a sub-arachnoid hemorrhage, a bleed around the brain.

Elderly patients have to be particularly careful about even minor forms of head trauma. It can be something as simple as a bump on the countertop, a horrendous sneeze, a sudden twisting motion in a car, or a slip and fall on the floor – even if the head is not struck. It is the rapid shaking motion that can result in injury.

The concern for seniors who develop ongoing headaches, sometimes even weeks after these mild head traumas, is a chronic, subdural hematoma. Headaches or neurologic symptoms necessitate a visit to the emergency room to get some kind of imaging study.

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DON'T OVERHEAT THIS SUMMER

TIPS FOR SUMMER HEALTH

During the hot summer months, it is important to make sure your home's air conditioning system is working properly and the coolant in your vehicle is topped off. But it is even more important to prepare *your body* so it doesn't overheat. Here are some tips on how to beat the heat this summer.

Hydrate – Water is one of the body's most important nutrients; it plays a significant role in health and well being. A quart of water an hour can be lost from sweating by simply sitting in the sun. Drink 8 to 10 glasses of water per day, whether thirsty or not. An additional two to four glasses of water per hour and sports drinks are favored during periods of physical activity or exertion. Remember, even though tea, coffee, soda, and alcohol are liquids, they can lead to dehydration.

Exercise – People who are fit are better able to withstand the heat. Higher body mass limits a person's ability to deal with heat stress. Losing even a few pounds will improve one's capacity to stay cool during high temperatures.

Review medications – Certain drugs interfere with the body's sensitivity to sunlight, heat, or both. Consult your doctor or pharmacist to find out if your medications are in this category.

Get a health check-up – Uncontrolled diabetes, heart conditions, or kidney problems can lead to water imbalances and heat-related illnesses.

Wear appropriate clothing – Cover as much skin as possible with lightweight, light-colored cotton clothing

to reflect heat and sunlight and help maintain normal body temperature.

Protect your face, eyes and skin from the sun – Wear sunglasses, a hat (preferably broad-brimmed), and use a multi-spectrum sunscreen with both UVB and UVA protection.

Plan outdoor activities for cooler times of the day – The sun's intensity is greatest between 11 a.m. and 6 p.m.

Adjust air conditioner temperature settings – Raising the thermostat from 72°F to 78°F helps the body better acclimate to and from outside heat and can decrease home cooling costs by up to 18 percent!

NEVER leave children or pets alone in vehicles – Temperatures inside a closed vehicle can reach over 200°F within minutes and be deadly.

HEAT-RELATED ILLNESSES range from the temporary discomfort of *heat rash, sunburn, heat cramps*, and *heat exhaustion* to *heat stroke* – a true medical emergency that can be fatal if not treated properly and promptly.

Indications of Heat Stroke:

- Dry, red, hot skin
- Drowsiness, confusion, decreased level of consciousness
- Nausea, vomiting
- Increase in body temperature
- Shallow breathing
- Rapid pulse

Seek medical attention immediately. For less serious symptoms, cool down by resting in a cool place, by using wet cloths or clothing, or by taking a cool bath. Replace fluids by drinking a half glass of water every 15 minutes.

Provided by Eisenhower Medical Center

HEAD INJURIES — *Taking Them Seriously*

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Children are particularly resilient and bounce back quickly from many injuries, but the same rules apply – if there is a loss of consciousness, any change in neurologic functions, or pain that does not subside within a reasonable period of time – a trip to the ER is in order.

Use these guidelines to guarantee that you – and the ER doctor – take head injuries seriously.

Dr. Philip Stieg,
Professor and Chairman of the Department of Neurological Surgery at Weill Medical College and Neurosurgeon-in-Chief at New York-Presbyterian Hospital

Plastic Surgery – *How Much Is Too Much?*

Joel Aronowitz, MD, is Chief of the Plastic Surgery Association, Cedar's Sinai Division, in Los Angeles. When asked to comment on "unnecessary" cosmetic surgery, Dr. Aronowitz pointed out that technically, "98-99 % of all cosmetic surgeries are unnecessary – they are not done to save life or limb. But cosmetic surgery can improve a person's quality of life and boost their self-confidence."

The goal of cosmetic surgery and other cosmetic procedures (injections, peels, etc.) is to enhance or improve parts of the human body. In some instances, surgery may be to repair damage, such as post-mastectomy breast reconstruction; in other cases the enhancement is purely by choice – a desire to look younger or change a nose you've never been happy with. Changes can be subtle and still boost the patient's self-confidence, while friends simply notice that you're looking particularly well and well rested.

But other times people go to extremes – wanting surgical changes that go beyond desirable, even beyond unnecessary, and into the realm of the unnatural. Numerous lists of "Worst Celebrity Surgeries" are available online and in supermarket tabloids. But other people also go overboard with surgeries, and there seems to be no limit to the list of surgeons willing to help them.

Dr. Aronowitz is particularly outspoken about this kind of surgery. "I think of the results of surgeries that go beyond what is anatomically appropriate as 'ligers,' the hybrid cross between a lion and a tiger, something that wasn't meant to exist. Just because you can do it, doesn't mean you should do it. There are extremes even within the ligers, cases where a person has surgery after surgery with the goal of looking like a wild animal. But there are everyday kinds of extremes also.

Lip enhancement is popular with patients who want fuller, more sensual lips, but every day you see many people who have gone over the top with lip augmentation."

Another type of unnecessary cosmetic surgery involves people, usually young women who are already very attractive, who have multiple procedures, often simultaneously. They'll repeatedly tweak parts of themselves in a pursuit of perfection that eventually erases any individuality, creating a Barbie-doll look.

Dr. Aronowitz says that is often rooted in "a psychological problem – dysmorphic body image, similar to what anorexics suffer from. They look in the mirror and see something different from what other people see when looking at them. I would hope that the majority of reputable surgeons would attempt to convince such a patient to seek another kind of help."

Dr. Aronowitz's personal philosophy regarding his art is simple: "As plastic surgeons we should seek to refine, to restore, and to reconstruct. We shouldn't seek to make things anatomically incorrect or disproportionate just because the patient requests it."

Dr. Joel Aronowitz

*Chief, Cedar's Sinai Division,
Plastic Surgery Association, Los Angeles
Clinical Assistant Professor in plastic
surgery at the University of Southern
California Keck School of Medicine.*

Cannabis

An ongoing debate surrounds the medical use of cannabis. It was the first state to allow medical use of cannabis. It is permitted to grow and distribute cannabis. It is used to treat multiple sclerosis, glaucoma, and chronic intractable pain.

Pain can be divided into two broad categories: acute pain and chronic pain. Acute pain is a response to a stimulus, such as a burn or an injury, and is non-persistent in nature. Chronic pain – pain that lasts beyond the time when healing should occur – results from the faulty operation of the nervous system. The goal of drug therapy in chronic pain management is interference with the generation or transmission of pain impulses, diminishing the perception of pain. Currently, opioids, nonsteroidal anti-inflammatory drugs (NSAIDs, such as aspirin and ibuprofen), serotonergic compounds, antiepileptics, and antidepressants are used to treat chronic pain; professional guidelines for chronic pain management do not include cannabis.

Cannabis is a complex alkaloid mixture derived from the plant *Cannabis sativa*. Its common name is marijuana. Cannabis is one of the most commonly used illicit drugs in the world. "Cannabinoids" is the term used to describe compounds that act on the cannabinergic system, thought to be involved with analgesia, cognition, memory, locomotor activity, appetite, vomiting, intestinal regulation, bronchodilation, uterine tone, intraocular pressure, inflammation and immune function.

Trans-delta-9-tetrahydrocannabinol (THC) is the most commonly used cannabinoid preparation. Its bioavailability – the way in which it is absorbed in the body – is

and Chronic Pain

use of cannabis. In 1996, California became the first state to legalize medical cannabis. Marijuana dispensaries there are now available for patients with AIDS, cancer, multiple sclerosis, and chronic pain.

Between 10 to 23% if smoked and 6% if ingested. Two main cannabis receptors have been identified in the brain, but other receptors act throughout the body.

Feelings of euphoria and relaxation usually follow cannabis use; a smaller number of individuals experience the opposite effect.

Cannabis has been reported to be effective in treating tetanus, epilepsy, neuralgia, migraine, dysmenorrhea, postpartum psychosis, insomnia, depression, and even opioid addiction. It has also been used to stimulate appetite and to provide pain relief in chronic pain states. Cannabinoids have been shown to reduce pain in animal studies, but human studies are less promising.

In the United States there are currently two oral forms of cannabis: dronabinol (Marinol) and nabilone (Cesamet). One of the biggest problems with these agents is very poor bioavailability, and as a result, patients sometimes require relatively high doses for an effect. The negative consequences can include increased cognitive changes. The effect also varies greatly between individuals. An herbal extract delivered as a mouth spray (Sativex) is currently being evaluated in clinical trials. It achieves a more effective and consistent absorption, but some of the same side effect issues may persist.

Systemic review on cannabinoids has found that they are comparable to weak opioids such as codeine, and some studies have shown that cannabis can enhance the analgesic effects of opioids.

The doses of cannabis required to enhance the potency of opioids is low. At low levels, the behavioral effects of cannabis are minimal. Since continued use of opioids can lead to tolerance and opioid-resistant pain, the addition of cannabis may be the key to prolonging other appropriate pain therapies.

Cons of Cannabis Use

Toxicity associated with cannabis use is relatively low, suggesting the drug is quite safe. However, some studies have shown that cell-mediated immunity may be impaired after exposure to cannabis. Cannabis use has also been associated with chromosomal abnormalities, changes in sex hormones, and metabolic effects, especially with chronic use.

Cannabis can produce an acute panic reaction, a toxic delirium, an acute paranoia, or acute mania. However, evidence suggests that virtually all these effects were present in subjects prior to exposure to cannabis, and the early fears about high risk of psychosis or “reefer madness” are largely unfounded. If alcohol and tobacco use, or aberrant sexual or antisocial behaviors are present, these usually preceded the use of cannabis.

Drug tolerance to cannabis becomes a problem only with high, sustained, and prolonged use, and physical dependence also occurs with chronic use. However, there are no data to support the argument that medical marijuana use is a “gateway” toward addiction to other drugs. No spikes in abuse have been linked to the enactment of medical marijuana legislation.

Discussion

Regular use of cannabis can hamper emotional growth; this risk is high in youngsters who tend to use it socially more often. Therapeutic uses of cannabis are actively being explored and there seems little doubt with regard to its efficacy in pain control and control of the nausea and vomiting associated with cancer chemotherapy. Clinical studies to establish superiority of cannabis in chronic pain relief are still lacking.

There is often a subjective confusion between the “pleasant psychoactive effects” of cannabis and analgesia. In chronic disease states such as AIDS and cancer, these pleasant side effects could be a valid reason for using cannabis. In chronic pain disorders of unknown cause, the justification is not so easy.

Most of the current data on cannabis is from studies on its crude form or anecdotal data from the smoking kind. The true potential of cannabis-based medicine lies in the synthetic non-smoking forms. Randomized controlled trials are needed for such studies.

Brijesh P. Chandwani, BDS, FOP

*Assistant Professor, Craniofacial Pain Center
Tufts School of Dental Medicine*

Ronald J. Kulich, Ph.D.

*Lecturer, Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital and Harvard Medical School
Associate Professor, Tufts School of Dental Medicine*

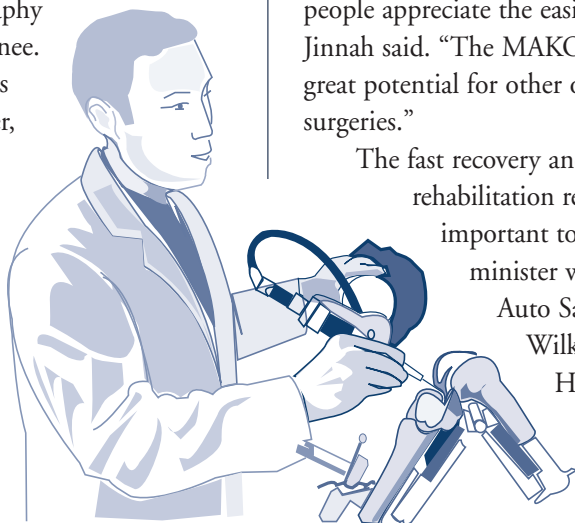
Less Pain, Shorter Recovery, Better Results with New Knee Surgery

Joe Owings is a very busy man, so getting right back to work after a partial knee replacement meant a lot to him.

Owings, 62, returned to work two days after knee surgery was performed with a new robotic arm system that reduces pain and recovery time.

His orthopaedic surgeon, Gary G. Poehling, M.D., used the MAKO Tactile Guidance System™ to replace a compartment in his right knee last July. The system provides precise placement that not only makes surgery easier on the patient immediately, but also helps the implant function well and therefore last longer.

Poehling and Riyaz H. Jinnah, M.D., are the only two orthopaedic surgeons in North Carolina using the robotic system. The process begins with a computed tomography (CT) scan of the knee. That information is fed into a computer, which indicates the best size implant for the patient and also simulates motion. This enables the surgeon to place the correct



component with less than a millimeter of variance.

“This is cutting-edge surgery that is extremely precise,” Jinnah said. “With the robotic arm, you place the component in the optimal position. If you do that, you certainly get the best possible function, and that is critical in longevity as well.”

Recovery from replacing one compartment of the knee requires a brief stay after surgery, rather than a three- to four-day hospital stay for a total knee replacement. This surgery also requires an opening of the knee that is about half that for a total knee. Rehabilitation is about six weeks or less in some cases, instead of three to six months for a total knee replacement.

“Younger people like it because it allows them greater activity and older people appreciate the easier rehab,” Jinnah said. “The MAKO system holds great potential for other orthopaedic surgeries.”

The fast recovery and shortened rehabilitation requirement was important to Owings, a minister who owns HIS Auto Sales Inc. in Wilkes County. He typically spends 70 to 80 hours

buying and selling cars, teaching Bible college classes and doing mission work.

Owings also had a compartment replaced in his other knee last year. But recovery and pain were reduced with the MAKOplasty®.

“I recovered a lot faster and there seemed to be a dramatic reduction in the trauma to my knee, compared with my other surgery,” Owings said. “I had knee problems for three years and had to stop my overseas mission work. Now I can get back to it.”

Ann Hopkins

*Public Relations and Marketing
Wake Forest University
Baptist Medical Center*

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525 East 68th Street, Box 114
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