

Taking the Pain Out of Varicose Veins

A new procedure offers faster relief

If you're suffering from varicose veins, you're not alone. Approximately 24 million Americans live with this condition. The good news? Marymount Hospital offers a new, less-invasive surgical procedure called transilluminated powered phlebectomy, which offers relief from the pain and discomfort of varicose veins.

Are You at Risk for Varicose Veins?

The cause of venous insufficiency—the condition that leads to varicose veins—varies among individuals. For some, genetics and heredity play a role. Occupations that require long periods of standing also increase the risk of venous insufficiency and varicose veins, as can obesity and any injury that damages the valves. And, as we grow older, the strength in the vein walls progressively deteriorates.

Your Treatment Options

While several treatment options exist for varicose veins, the initial treatment is usually compression stockings worn during daily activities to relieve the symptoms and delay the progression of the condition. The definitive treatment, however, is to stop the reflux of blood back down into the legs by surgically treating the varicose veins.

Unlike traditional surgery, which may require 20 to 30 incisions and a long recovery, transilluminated powered phlebectomy uses as few as two to three small incisions and requires no stitches, providing a better cosmetic result. Patients walk out within one to two hours after surgery. The procedure can significantly reduce postoperative pain and scarring, allowing you to return to normal activities and get back to enjoying life within days.

If you have varicose veins and would like a referral to a physician performing the new procedure, contact Marymount Hospital at 216/587-8138. ●



6 Steps to Protect Your Veins

Follow these tips to minimize your risk for developing varicose veins:

- Avoid crossing your legs when sitting, since this impedes the flow of blood.
- Avoid standing for long periods of time.
- Elevate your legs when resting.
- Maintain an appropriate weight.
- Engage in light exercise, such as walking, to improve leg and vein strength.
- Cut salt intake to avoid swelling in your legs.

Mending a Broken Heart

Debunking the myths about cardiac rehabilitation

If you've suffered a heart attack or have a heart condition, you don't have to face returning to normal life alone. With the help of a rehabilitation specialist, cardiac rehabilitation will enable you to develop healthy habits, strengthen your heart and help you get back to living again.

In fact, cardiac rehabilitation is the safest course to recovery for heart patients. Yet, only a third of those who have heart attacks enter a formal rehab program—even though the exercise and support in these centers could extend life and improve its quality for most patients.

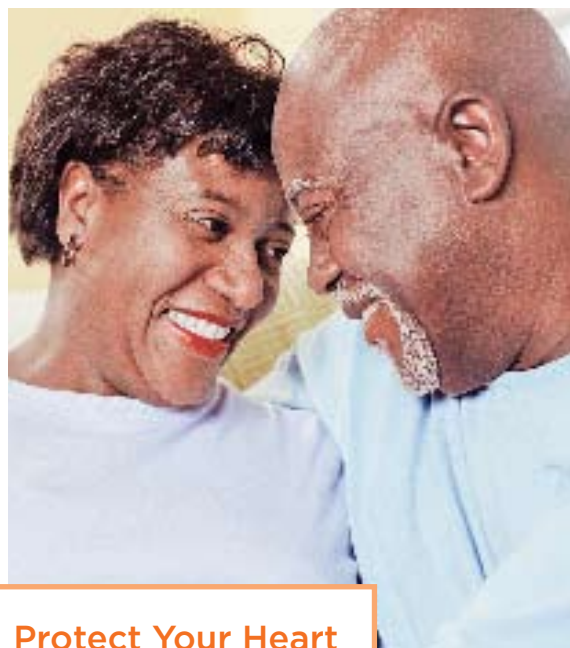
Here are some of the myths that keep many people out of rehab.

Myth 1 • "I'm not in good enough shape."

You don't have to get in better shape before beginning a rehab program. Experts will create an individualized program to help you get in better shape—no matter what shape you're in.

Myth 2 • Exercise is dangerous.

Actually, a supervised rehabilitation facility is one of the safest places you can be. If you experience chest discomfort or heart rhythm abnormalities, professionals are on hand to provide immediate assistance.



Protect Your Heart

For more information about cardiac rehabilitation, call your local Cleveland Clinic Health System hospital.

Myth 3 • Rehab is only for heart attack survivors.

On the contrary—just about anyone with heart disease can benefit from cardiac rehab programs.

Myth 4 • Cardiac rehabilitation is just exercise.

Not true—cardiac rehab focuses on all the risk factors for the progression of heart disease. Participants usually receive counseling from a dietitian, assistance with smoking cessation, instruction on stress management, and help with coping with depression, which affects up to 20 percent of patients after a heart attack.

Myth 5 • Cardiac rehab is a "guy thing," usually for the young.

Women need cardiac rehab just as much as men—even though about 20 percent fewer women enroll. And, in older age, research suggests that if exercise is safe, it can improve endurance and physical functioning. ●

Numbers to Know

1.5 million

Number of Americans who suffer from a heart attack each year

11.5

Average number of years of life lost prematurely because of a heart attack

500,000

Number of Americans who will have a recurrent heart attack this year

52

Percentage cardiac rehabilitation increases a heart attack patient's chances of survival by at least three years following a heart attack

Sources: American Heart Association; Centers for Disease Control and Prevention; Mayo Clinic in Rochester, Minn.; National Heart, Lung, and Blood Institute



Now What?

Finding hope in an osteoporosis diagnosis

You've just found out you have osteoporosis. What do you do? First of all, don't panic. Yes, your bones are weak—but your determination to strengthen them doesn't have to be. In fact, you have many tools at your disposal. Try these tips from the National Osteoporosis Foundation (NOF) to get started.

- With your doctor's approval, engage in regular weight-bearing exercise such as walking.
- Make sure to loosen up your muscles by stretching.
- Make sure you get your recommended daily amounts of calcium and vitamin D. For adults over age 50, the NOF recommends 1,200 mg

of calcium and between 400 and 800 IU of vitamin D daily.

- Take steps to fall-proof your home, such as making sure stair rails are secure, ensuring rugs are anchored and smooth, and installing grab bars and non-skid tape in the tub and shower.
- Talk with your doctor about medication. From drugs that slow bone loss to drugs that increase the rate of new bone formation, several medications are available that can strengthen bones and reduce the risk of fracture.

For additional bone-building advice, or for information about osteoporosis, visit nof.org. •

Eat Up

Spice up mealtime with five simple solutions

Trouble chewing and loss of appetite are just two of the many reasons seniors might not be eating well, according to the U.S. Food and Drug Administration. To make mealtime palatable once again, try incorporating these tips into your next meal:

Can't chew? Look for substitutions. Instead of fresh fruit, try fruit juice and soft, canned fruits, such as applesauce, peaches and pears.

Can't get to a grocery store? See if your local supermarket delivers, or check with a community group for volunteer help.

Don't feel like cooking? Keep canned or frozen fish, meat, fruits,

vegetables, dinners and soups on hand for a quick yet nutritious meal.

Trying a new food? Look for foods with labels that reveal something healthy about the food, such as "cholesterol-free" and "a good source of fiber."

Have no appetite? If meals taste bland because of medications or taste problems, add flavor with spices, herbs and lemon juice. Or make mealtime a social time by dining with family and friends.



For nutrition fact sheets, grocery shopping advice, tips of the day and more, visit the American Dietetic Association's Web site, eatright.org. •

Sources: U.S. Food and Drug Administration; National Institute on Aging

Marymount Hospital offers a variety of support groups, classes and screenings. For details, call **216/587-8138** or visit **www.marymount.org**.

Arm Yourself

Stop the flu in its tracks

If you think the flu is no big deal, think again. According to the Centers for Disease Control and Prevention, pneumonia and flu together are the sixth-leading cause of death in the United States. Most of these deaths occur in people 65 or older. But did you know that the flu vaccine can prevent up to 85 percent of those deaths?

The flu vaccine is readily available. You can get vaccinated at your doctor's office or a local clinic, as well as many workplaces, supermarkets and drugstores. These shots are generally at low or no cost to you, and if you have Medicare coverage, you're eligible to receive a free flu shot each year.

To protect yourself from the flu, you must get the vaccine every year since strains of flu change from year to year.

Keep in mind that your immune system takes time to respond to the



flu vaccine; therefore, you should get vaccinated six to eight weeks before flu season begins—generally in early October or November. The vaccine itself cannot cause the flu, but you could become exposed to the virus by someone else and get infected soon after you are vaccinated.

Sometimes, a new, unpredictable flu may appear after the vaccine has been made and distributed. Because of this, even if you do get the flu vaccine, you still may get infected. If you do, however, the disease usually is milder because the vaccine still gives you some protection. ●

Avoid a Medication Mix-Up

The following are suggestions for the effective use of multiple medications:

- Read all labels carefully.
- Make all of your health care providers aware of all the medications you are using.
- Know your drug and food allergies.
- Make a list of your medications and dosages. Keep this with you and update it as necessary.
- Use pill boxes.
- Review possible drug side effects and interactions. Most reactions will occur when a new drug is started, but this is not always the case. Some reactions may be delayed or may occur when a new medication is added.
- Eye drops, skin lotions and vitamins are considered medications and, therefore, should be included on your list.
- Anticipate when your medications will be running out and have your prescriptions renewed as necessary.
- Use one pharmacy, if possible.

Test your multiple medications IQ. Take our quiz by visiting **www.marymount.org** and clicking on "Take a Quiz."