GATOR GUMBO

The newsletter that fills you up without all the bloat

A SPECIAL HEALTH AWARENESS ISSUE

May 2006



Get Your "Annual Reality Check-up"

Many of you already know this story but I wanted to tell it again because it's a classic tale of Doctor-Ducking. I am a very physically active person who climbs trees to trim them, digs holes for ponds and concrete posts for fencing or swing sets I'm putting in the yard, and who mixes and pours concrete to make walkways and cobblestones, etc. One of my duties at

work is to make trips to our capitol building and tote large, cumbersome stacks of legislation back and forth for our lobbyists. About 4 years ago, I noticed I was aching off and on in my back, ribs and shoulders. It seemed very logical to me that I was straining some muscles every now and again, and so, I dismissed these reoccurring aches as nothing more than muscle strain. The episodes became more intense and frequent. To justify this new twist, I told myself that I was getting older and probably a bit frailer. After almost a year of this, I was driving home from work one night when I was hit with one of these pains in my back near my shoulder. It was hard to inhale without making the ache spread heat through my back. Still, I was convinced that I had nothing more than a muscle pull or spasming nerve. About an hour after I got home, it was only a fading memory. That was on Friday.

That next day, Saturday, I had to pick up a live-trap that I had lent to one of my lobbyists. He was successful in trapping a raccoon that had been tearing up his garage for several months and he had no idea what to do with it (as I am a taxidermist, I had a great idea about what should be done ^(C)). I made it home just in time to start dinner. My grandson was at his other grandparents for the weekend, my daughter was working and my husband was shut up in "The Man Room," a special room in the house that is entirely his to decorate, furnish and adorn with no interference or comments from me about the inappropriateness of his bad taste. As I stood over the stove stirring a pot of homemade chili, the pain began again, this time growing larger and more intense until within minutes I was unable to breathe or stand. I lay on the floor, trying to get enough air to keep from passing out, the pain almost unbearable and fear creeping up from my toes. I wasn't able to get

My Own Experience

by Jim Heileman guest columnist

Having just gone through the discovery of having prostate cancer and subsequent surgery, I have been asked to write a little on the subject.

For approximately 6-7 years, I have been told that I had Benign Prostatic



Hyperplasia (BPH). BPH is the enlargement of the prostate. The enlargement can result in a gradual squeezing of the urethra, sometimes causing difficulty in urinating. In October, 2005, I was having increased difficulty with urination so I went to the family doctor and discovered that I had a small amount of blood in the urine, as well as an infection. After a couple weeks on antibiotics, I still had a feeling something was not right. I was then advised to go to the urologist and see what his feelings were about my symptoms.

I was examined and advised that I "may" want to have a biopsy done. This was a strange request, I felt, since my Prostate-Specific Antigen (PSA) test and Digital Rectal Exam had never shown cause for alarm. My PSA was 2.9 and below the 4.0, which for years I have been told was the mark to be concerned about for having cancer. Since the discovery of my prostate cancer, I found that most doctors consider PSA values below 4.0 ng/ml as normal; however, recent research has found prostate cancer in men with PSA levels below 4.0 ng/ml. And many doctors are now using the following ranges, with some variation:

0 to 2.5 ng/ml is low risk

2.6 to 10 ng/ml is slightly to moderately elevated 10 to 19.9 ng/ml is moderately elevated 20 ng/ml or more is significantly elevated

The bottom line is, there is no specific normal or abnormal PSA level; however, the higher the PSA level, the more likely cancer is present. But because various factors can cause PSA levels to

-Continued on the next page-

Reality Check-ups continued

enough air to call for help. I tried but only small whispers came out. It was a painful struggle but I decided I needed to get off the kitchen floor and get to the couch. With my last bit of strength and almost no oxygen left in me, I pulled myself along the floor to the living room but I couldn't pull myself up on the sofa. There I was, resigned to the fact that no one could hear me, no one could see me and I would probably pass out. Over the echo in my head of my stunted breathing, I heard my old dog barking. He was at my side having sensed something wasn't right with me and had trotted out to see what the matter was. He barked and danced around me and then finally headed for the Man Room where he was told to stop making so much noise and go lie down... but he refused until my husband finally got up to see what was aggravating him.

I was lifted to my feet and there was some suggestion made that I ought to go to the doctor - but who had time for that nonsense? I had another day at home before I had to go back to work so I asked for a hot bath to be prepared. When I was lifted out of the bath and gently put to bed 30 minutes later, I painfully turned on my side and went to sleep thinking that I'd stay in bed all Sunday and if I wasn't any better on Monday I'd see my doctor for some muscle relaxers because, holy-moly, I'd really pulled something this time! And you know what??? I was STILL convinced it was nothing more than a severe back strain and all I needed was a couple of days until it got better!

Still in tongue-biting pain and unable to take even half a breath on Monday morning, my daughter helped me dress and took me to the doctor. I told my husband to stay home and wait for the cable guy to arrive because pulled muscles weren't a big deal. Two hours later, my family was gathered around me while the doctor explained that my left lung had burst and I needed further tests before they could recommend treatment. I had 3 days of tests. I was in a wheelchair because I couldn't walk upright and I got winded very quickly. On the 4th day I was wheeled to surgery to glue my lung to the inside of the chest wall to promote scarring that would seal the hole (and a few more potential trouble spots), to remove a wedge of lung about 3 inches thick from the upper lobe because of a small, suspicious spot found, and to learn that I was suffering from acute emphysema. This all started a year before with plenty of indicators and warnings, but I didn't listen. I thought that since I had never been in the hospital except to have 3 children, and since I had never had any illness bigger than a light case of flu since I was 10 years old, I couldn't possibly be wearing out as time moved on. Not only did I ignore the warnings that started the previous year, but I refused to acknowledge any possible serious problems even after my lung totally collapsed. Even being in such pain and unable to breathe hadn't made me get to a professional for help until I realized I couldn't self-prescribe pain medication and get back to the office on Monday.

The mumblings from doctors and health care professionals is that if we are to minimize the manifestations of aging, we must start early in life. Well, too late for us to "start early" but we aren't dead yet and we can still attend to our health NEEDS now with similar results.

Some of the more common ailments we face in the second half of our life are showing signs of being controlled, contained and cured. <u>Alzheimer's disease</u> is now identified by genes and can be diagnosed much earlier with new imaging techniques. New medications are improving symptoms and may slow the progress of the disease. <u>Arthritis</u> is being treated with more effective -continued in next columnrheumatoid drugs and it is now understood that exercise is key to reducing resulting disabilities. Diabetes, a growing concern and threat to older adults, can now be identified in a prediabetic state and often doing so prevents full-blown diabetes through weight reduction, a low-fat diet, moderate exercise and oral medication. Heart attacks can be minimized by obstruction removal, bypass, implanted defibrillators and such. Awareness of symptoms and attention to those symptoms can deflect a lot of woes. We can now prevent strokes with nonsurgical techniques. High blood pressure, the leading cause of strokes, is now controlled with new and better medications, and improved physiotherapy techniques and devices restore a great deal of lost mobility and function resulting from strokes. A disease that plagues women, but is not restricted to females, osteoporosis, touts new, effective and better-tolerated drugs preventing calcium loss. Teeth! Save what's left of them with good nutrition and regular visits to the dentist. Not only will you and others appreciate a more attractive smile and fresher breath, but gum disease is an important cause and precursor of heart trouble. Cancer is a word that most likely frightens all of us to some degree but now more malignancies are detected and successfully treated than ever before. There is a vaccine recently developed that protects against the papilloma virus that is the cause of most cervical cancers. Our cancer research (yes, our generation did the research) gives us a better understanding of the immune system and the therapeutic antibodies that attack cancer. We have new surgical and laser techniques to destroy, shrink or remove cancer cells leaving healthy, normal cells in tact and new forms of chemotherapy that are better tolerated and more effective. And last but not least (but probably one of the lesser talked about problems), sexual activity ... despite all the jokes about Viagra, Levitra and Cialis, these medications have given our generation improved, happier and healthier sex lives.

I'm doing great now and most people have no idea that my health is not 100%. I do all the same physical things I did before but I now eat a very carefully planned diet and I've added a 2-mile, fast-paced walked on an incline every morning to exercise my heart, my lungs and my aging muscles. You will probably sit there and say that this could never happen to you. You are healthy and those aches and pains are just from getting older, but I urge you to take a closer look and be sure to see your doctor regularly. It doesn't hurt anything or anyone to over-report symptoms to your doctor, but under-reporting could be a matter of reduced quality of life and shortened quantity. You can chalk it up to an "Annual Reality Check-up".

Let's all make it to the DHS Class of '71's 50th class reunion with as many innards, limbs and brain cells in tact as we can! And for those classmates who already lost a large portion of brain cells back in the early 70s, at least get your teeth taken care of so we can enjoy that silly grin on your face.

*A short list of things common to the over 50 crowd (all these are health issues suffered in either my immediate family or in my extended circle of friends, relatives and in-laws). This is NOT an all inclusive list.: Shingles (herpes zoster); chronic lung problems (COPD); certain cancers such as breast, skin, ovarian, prostate, colon, and liver; type 2 diabetes; high blood pressure; circulatory blockage in extremities as well as in the heart; high cholesterol; obesity; stroke; bone and joint problems like arthritis, neuropathy, and loss of bone density; eye disease such as retinopathy, glaucoma and cataracts; digestive illnesses like ulcers and acid reflux; Multiple Sclerosis; tinnitus; sinus growths and other sinus issues; tooth and gum disease, and; thyroid deviations. Peggy Knight Johnson, co-editor

ANNOUNCEMENTS

BITS & PIECES

<u>ROY MORALES</u> IS AWAITING THE ARRIVAL OF A GRANDCHILD IN JULY. THIS IS HIS FIRST GRANDCHILD AND WE ARE VERY EXCITED FOR HIM.

OUR OWN <u>TERRI FUSSELL DENMAN</u> IS AWAITING THE ARRIVAL OF HER FIRST GRAND DAUGHTER. TERRI WAS HONORED IN THE LUFKIN NEWSPAPER FOR HER REMARKABLE AND SELFLESS ACTS BOTH IN THE COMPUTER LAB WHERE SHE TEACHES KINDERGARTENERS, AND FOR HER KINDNESS IN THE COMMUNITY.



AND NOW TERRI HAS HER HANDS FULL AT HOME SINCE HER HUSBAND GREG, CRIME STOPPER COORDINATOR FOR THE LAST 11 OF HIS 36 YEARS WITH THE LUFKIN POLICE FORCE,

RETIRED AT THE END OF MARCH.

KATHY WILSON IS EXCITED BY THE BIRTH OF HER FIRST GREAT GRANDCHILD, TRISTAN ALLEN PITTS. A BEAUTIFUL GREAT GRANDSON HE IS.





T.J. SHUFF GOT A LETTER IN THE MAIL THAT READ, "THE GOOSE CREEK DISTRICT AWARDS COMMITTEE HAS SUBMITTED

YOUR NAME TO THE NATIONAL CAPITAL AREA COUNCIL AND YOUR AWARD HAS BEEN APPROVED. CONGRATULATIONS ON BEING SELECTED TO RECEIVE THE COVETED AWARD OF MERIT." THIS IS THE HIGHEST AWARD THE DISTRICT CAN GIVE TO A PERSON AND IT WAS GIVEN TO T.J. IN RECOGNITION OF HIS MANY YEARS OF SERVICE TO THE ORGANIZATION (PICTURED HERE RECEIVING ONE OF HIS PREVIOUS SCOUTING AWARDS).

My Own Experience - continued from page 1

fluctuate, one abnormal PSA test does not necessarily indicate a need for other diagnostic tests. My PSA, however, had jumped a full point from 1.8 to 2.9 and held at 2.9 for several years. (I'm now told that when it jumped that full point was the start or beginning of my cancer, almost 8 years ago).

Although my PSA and DRE didn't show any real cause for alarm, a gut feeling told me to take this a step further and obtain the biopsy. For those guys that "say no-way-no-how will I have that done," it's really not bad at all. It's uncomfortable for a few minutes but the total time it took was about 20 minutes and then I was back at work that afternoon. Also note. prostate biopsies can be performed in three different ways. They can be performed by inserting a needle through the perineum (the area between the base of the penis and the rectum), by inserting a needle through the wall of the rectum and by a cystoscope. (I had the needles through the wall of the rectum).

After a week of waiting for the results. I was told I had prostate cancer and needed to think about how I wanted to proceed. It was recommended that I see a doctor in Birmingham, Alabama (about 100 miles from my home) because he was using a "robot" to perform the radical "Robotic Prostatectomy procedure". I did just that and underwent the surgery on the 8th of February. The benefits of using the "robot assist" are the three-dimensional views that help the surgeon easily find the nerves and muscles around the prostate. The robotic arms can rotate a full 360 degrees, allowing the surgeon to manipulate surgical instruments with flexibility. The surgeon can perform the same nerve-sparing procedure as done in a conventional laparoscopic prostatectomy. The prostate, lymph nodes, seminal vesicles and surrounding tissue are removed through the small incisions, which are later closed with small stitches. With this robotic procedure my recovery period was more rapid, I went home within 24 hours, and I was walking 6 hours after surgery. I plan to return to normal activities within three weeks following surgery.

I hope this sharing of information may help a fellow classmate or classmate's spouse choosing to "take that extra step" in their own healthcare with regular check ups and follow-ups. It's said that 50% of men age 50, and 70% of men age 70 have prostate cancer. That's a very large number. With early detection this can be beat.

And this brings me to my closing remarks... I received my surgery biopsy reports the 17th of February and there is no cancer found elsewhere - it was contained/confined in the prostate. If anyone would like websites or more information I would be glad to help in any way possible. My e-mail is <u>jimheil@mchsi.com</u>. Life is good! ③

SUBMIT TO US ... "

Submit names with solid contact information to us for whom you would like to see featured as a guest columnist or interviewed for "In The Spotlight". Include a brief reason why you feel they would be a good guest. If your suggested person is selected and agrees to participate in Gator Gumbo, we will send you a "thank you" check for \$5. (You can also suggest yourself.) Your suggestion is good only for the *next* issue. You will need to submit a suggested columnist/interviewee within 30 days of receiving your current Gator Gumbo Newsletter to qualify. ^(C) Email to Peggy at plubner@juno.com or Terri at campden@consolidated.net

IN THE SPOTLIGHT



Our Spotlight interview this issue is with Roy Morales. He's certainly had a diverse and adventurous life after DHS.

PJ: Did you have any idea what you wanted to do when you graduated DHS, and if so, what?

RM: No, I had no idea other than I was very interested in the outdoor life - farming and ranching. That's why I enrolled in Wharton Junior College majoring in agriculture. But the Army changed my plans.

PJ: What made you decide to go into the Army for 3 years just as you started college and what did you hope to achieve?

RM: I went into the military because my draft number was "1" and they told me I'd be drafted before I finished my spring semester. My only goal was to help win the war.

PJ: While in the Army, you did helicopter training in Virginia and then you were sent to Korea for 13 months. What did you train for and how did all that play out for you?

RM: I just basically did my job and did my time. I was told once I got out of the military I would get paid good money as a helicopter mechanic, but that also meant living close to a big airport – that wasn't "my bag."

PJ: What did you do when you left the service?

RM: I went to work at the Corps of Engineers in Galveston as an Engineer Technician but I was pretty restless cooped up in the city.

PJ: You mentioned in the pre-interview that during this time, you pretty much lived outside, hunting and trapping. RM: Yes and liked it so well that after 2 ½ years I quit my job and went to Alaska and trapped. It was kind of like the mountain men stuff you hear about except in modern times. I had a 4-wheel drive truck and a 12-foot flat bottom boat with a 15hp motor to run my trap lines.

PJ: Wow. Alaska. That's impressive. I've heard a lot about the trapping in Alaska. What drew you to our 49th State?

RM: FREEDOM! Have you been to Alaska? It's awesome. There are no fences or roads for hundreds of miles. You can virtually do anything you are man enough to do. I love that life and the freedom it brings. I still have that in a limited sort of way. I have 12,000 acres around my 50 that I run around on. I am similar to a wolf – I have to have my freedom.

PJ: Did you miss your family and what did they say about you living the Grizzly Adams life in the far north?

RM: My dad said he would like to come up and hunt when I got settled in. Everyone else pretty much thought I was crazy, but they just didn't understand me. They still don't understand me to this day. They wonder why I still like living in the woods like I do. They say I live so far back that you have to pipe daylight to my house. But while living in Alaska, I visited my parents in -continued in next column-

LaMarque one summer and met a woman there. We ended up getting married in 1979. We moved to Trinity County and I took a job working for GTE doing telephone repair. After about a year, I bought 50 acres of land and started raising a few cows. The marriage lasted only 5 years but we had a son, Roy III, who is now 22.

PJ: Was it easy making the transition from outdoorsman in Alaska to husband/telephone repairman/cattleman?

RM: No, it wasn't, but I knew having a family meant I would have to have a steady job with insurance and such things, so that is why I did it. When I was by myself, it didn't matter. In hindsight, I probably should have stayed up there and found a hardy, wilderness woman. I've been married and divorced twice more since that first marriage ended.

PJ: You seem very proud of your son. Tell us about him.

RM: Like I said, Roy is 22 now. Just before my third marriage ended, Roy moved in with us while he finished his last 4 years of school. He graduated 7th in his class. Three years ago, he also went into the Army and was sent to Iraq. He came out with only a few wounds, but he started losing his hearing. He got married last May and I will be a first-time grampa sometime in July.

PJ: You have been working for the state for quite sometime now. What do you see for yourself in the future? RM: I have 2 years and 10 months until retirement!

PJ: What will you do after retirement?

RM: My land, cows and everything is paid for. I bale my own hay and work my cows. I'm going to continue to work out 5 days a week, and I'm going to go to Trinity High School near here and help train the kids who want to learn to run hurdles.

PJ: One of the questions I like asking in my interviewees is do you have any hobbies?

RM: I learned to snow ski in 1997. I have been working out in track & field since 1998 and run hurdles like I did in high school. March 10th I ran in the York relays here at the college. March 24th I ran a meet at Trinity High School against the school kids. I also volunteer with the AG shop at the high school for the county fair.

PJ: Another question I like asking is what is your best memory of Dickinson High School?

RM: Hell, I really don't remember much. I didn't like going to school except to play football and run track. Other than that, all I wanted to do was hit the woods and hunt.

PJ: And, finally, in 10 words or less, how would you sum up your life to this point?

RM: I think I've had a good life.

PJ: Well, Roy, it's been a pleasure talking with you. I also want to point out to everyone that you are a great person to have in this edition of Gator Gumbo since this is our health awareness issue. You disclosed to me earlier that you are rarely sick and have never been in the hospital since the day you were born. Can you tell me what you believe has contributed to your excellent health and outlook for a long and robust life?

RM: I didn't and still don't smoke, drink or do any sort of drugs. I try to eat pretty healthy and, of course, since I was 39 years old, I have exercised on a regular basis. Also, I have been able to control my environment because of my isolation. That means I kill my own meat supply, I use wood for heat in winter, if the electricity goes out I have a gas stove or a fire outside. I believe in the old fashioned way – a man provides for himself and his family, and does not have other people do it for him.

Hepatitis C and Me

by Sharon Jorgensen, guest columnist

Hi, Homeys! Well, here is my story - sad but true, and surreal I might add....

Not many people have symptoms with Hepatitis C and they are often unaware they even

have this disease. I had a few of the symptoms but I didn't know where they were coming from. They were so mild; I just chalked it up to me feeling bad for a while.

Three years ago, while living in New Jersey, I got pneumonia. My doctor did a blood panel on me and then gave me the bad news. Not only did I have pneumonia, but I also had Hep C. They referred me to an endocrinologist.

Mainly, because part of the protocol given is for depression (and that part made me sick), I got little or no treatment for two years. Then, my husband and I were transferred to Corpus Christi. In the last year, I have seen three doctors who were all fairly ignorant of this disease, but I finally found one well-versed in the disease.

I started my treatments just after Thanksgiving, 2005. I take a pre-mixed interferon injection called Pegasys, along with 5 pills a day called Ribavin. The medicine's information sheet tells you that it gives the patient "flu-like" symptoms. *NOT*!... it is living hell. Everything hurts - even your hair.

For nearly four months, I had no problem with depression, and I seemed to be tolerating the medicines better than my first attempts; however, routinely, after 12 injections (12 weeks) a blood test is done to see if your viral "load" has gone down. The day I went to see the doctor to get my test results, he could not find my paperwork. It was not in my chart. He took his best guess and said, "I don't think the medicine is working, and it is so harmful to other parts of the body that I think you should stop taking it."

Well, that was sort of a mixed blessing, "Oh boy! I get to feel better," but "Oh no! I might need a liver transplant later in life." Even though I was happy to stop the medicine, I cried... "I want to live!"

Later that week, the doctor called me. He told me he was wrong. He had found my paperwork and I had put at least 98% of the virus in remission. He said it was a personal choice whether or not I chose to go back on the medicine. More confused than ever, that is where I am right now as of February 25th. I've been off the treatments a short time and feel a whole lot better, but I'm scared, so I am going back on the medicine Monday, February 27th and will keep trying even though I know that even if you get this disease down to 0, in 6 months or more it can return and start all over again. I am facing anywhere from one year to eighteen months, on top of the four months already invested in trying to put this in remission...and there are no guarantees.

For those of you who routinely go to the doctor for whatever reason GET TESTED. This is a silent killer. Three of my friends are already dead. Even if the medicine does not work, it will make your liver healthier. Hepatitis C is passed through -continued next column-

Hep C and Me continued:

blood-to-blood contact. Most people our age got Hep C from tattoos in the '70's. You can also get it from a manicurist's instruments, dental equipment - all kinds of places you would never think of. Please have yourself checked. Over four hundred million people have this disease and spreading it, yet, they don't know it. It has reached epidemic proportions. The reason you don't hear about it very often is because this country is so busy putting time, effort and money into foreign countries for AIDS but not directing funds and resources in the U.S. for the fight against Hep C and it's worse here in the U.S. than anywhere. Because of the U.S.'s lack of funds for research on the home-front, we, the citizens of the United States, are not aware of these horrible statistics and the great toll it takes on our population.

Once again...I cannot tell you how important it is to be tested, not just for yourself, but for your loved ones too.

I am not looking forward to restarting my treatments on Monday. I have a choice, but my choice is I want to live as long as I can and enjoy my friends and family. I can't opt to not take the medicine and then down the line, one to twenty years later wonder "what if...?"

Aging and Staying Healthy by Priscilla (Spencer) Elbert,

Guest Columnist

Dear fellow classmates of DHS "71" Somewhere along my career path, I decided to go into the medical field. First, I got my associates



degree in x-ray. That was a very challenging and interesting field but I wanted to do more. There are many directions to branch out from x-ray such as CAT scan, MRI, nuclear medicine, mammography and ultrasound. I ultimately decided to do ultrasound which I don't believe I could do as well if I hadn't had the x-ray first. Unfortunately, all my jobs have been in a hospital setting. I say unfortunately, because it is not easy to be around people that are ill and the smells and ambiance of a hospital. The fortunate side of being in hospitals is the satisfaction of helping people when they are down on their luck and need caring people to be at their service. Another fortunate side of being in a hospital is observing the everyday things you can do to take better care of yourself. I am not a doctor, nor am I a nurse, but there are a few things I can share with you from my experiences that will hopefully be useful to us as we reach the Golden Age. It will be the quality of life during these later years that will reap the rewards of our being health conscious today.

The common most epidemic problem I experience in my field is obesity. It has become increasingly difficult to do an ultrasound on someone who is obese. People don't realize the quality of the exam is compromised. We all want to know what is wrong when we hurt. Realistically, the larger the person the less we can diagnose in respect to organ function and/or pathology. This applies to all imaging modalities. I don't believe it is entirely our fault. The way of life now is to eat fast food and -continued on page 6-



Aging and Staying Healthy continued-

do little or no exercise. I believe the ones who are suffering the most are the children who are terribly overweight at the age of ten. We all know we should eat right and exercise, but we all don't realize the lack of a good diet, regular exercise and our faster and more demanding lifestyles are at the root of a lot of today's illnesses. The older we get the more it affects us as our metabolism slows down. Obesity can affect blood pressure and cause diabetes, heart disease, stomach and bowel problems, thyroid disease, and interfere with normal kidney function, etc. Of course, we are our DNA. We can't do anything about our genetics. Blood pressure and heart disease are commonly inherited diseases.

If I can offer any observation or advice, preventive medicine would be at the top of my list. Another common problem we see is people don't get regular checkups. It is easier to cure illnesses or even cancers in the early stages. Women must get their mammogram annually and I stress *must*. Men may want to think about getting their PSA checked. This is a blood test to check for prostate disease. I know we are not all fortunate enough to have health insurance but once we reach age 50, we need to try to check these things regularly. The best thing we can do for ourselves is to practice preventive medicine. People who do get their annual check ups, usually, get a colonoscopy to check for colon cancer or polyps, and/or an endoscope that checks for stomach ulcers and disease. I've recently heard that esophageal cancer is on the rise from acid reflux disease going untreated. A stress test checks for heart function and blockages is yet another test you should think about having done annually. We see our nuclear medicine departments overwhelmed with this particular test. A stress test, by the way, is an amazing test to actually see on film. By all means, if you are diagnosed with hypertension or high blood pressure please take your medicine as prescribed without fail. High blood pressure, untreated, will ultimately result in congestive heart failure and/or renal failure. It is too late once the damage is done. Diabetes is widespread in this country mainly due to diet and of course, genetics. It can be a silent disease and a simple blood test can indicate if blood sugar might be an issue. One more thing I see on the rise is Melanoma (skin cancer). Try to wear a sun blocker with at least SPF 15 to protect you from the ultraviolet rays. A check up with a dermatologist as well can be helpful in screening for this.

Other things to do as a preventive measure would be to not smoke or drink excessively. These are things which are in our control. I have seen some patients who have abused their bodies by drinking or indulging in substance abuse. To see a 45-year-old in liver failure or with cirrhosis of the liver because they drank for a living is especially hard to see. The end result is realizing you should not drink too much because there is too high a price to pay ... your life. I know it is easy for me to say when I am not the one who drinks because of depression or for whatever reason. Exercise and diet can do wonders for depression, and there are local groups who can be of help. Your primary physician can point you in the right direction.

Working in the medical field has had it ups and downs. There are so many people who do take care of themselves, but there are also many people who do not take care of just the everyday small things, like taking a pill for high blood pressure. If only they knew how important it is to control high blood pressure at all times.

Many a day, I have come home from work just astonished at how someone so young can have so many health problems and look so old. Now that we baby boomers are coming into that delicate age, we need to try to take good care of our bodies. With the average life span around 80-90 years, we will want the quality of our lives to be the best it can be.

Retirees:

The Whole Truth and Nothing But...

Question: How many days in a week? Answer: Seven, of course - 6 Saturdays, and 1 Sunday Question: When is a retiree's bedtime? Answer: Three hours after he falls asleep on the couch. Question: What's the biggest gripe of retirees? Answer: There is not enough time to get everything done. Question: Why don't retirees mind being called Seniors? Answer: The term comes with a 10% discount. Question: What is the common term for someone who enjoys work and refuses to retire? Answer: NUTS! Question: Why are retirees so slow to clean out the basement, attic or garage? Answer: They know that as soon as they do, one of their adult kids will want to store stuff there. Question: Why does a retiree often say he doesn't miss work, but misses the people he used to work with? Answer: He is too polite to tell the whole truth.

Then ... and Now

1972: Acid rock Now: Acid reflux

1972: Moving to California because it's cool Now: Moving to California because it's warm

1972: Trying to look like Marlin Brando or Liz Taylor Now: Trying NOT to look like Marlin Brando or Liz Taylor

1972: The Grateful Dead Now: Dr. Kevorkian

1972: Going to a new, hip joint Now: Receiving a new hip joint

1972: Rolling Stones Now: Kidney Stones

1972: Screw the system Now: Upgrade the system

1972: Disco Now: Costco

1972: Parents begging you to get your hair cut Now: Children begging you to get their heads shaved

1972: Passing the drivers' test Now: Passing the vision test

1972: Whatever Now: Depends

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The newsletter for the graduating class of 1971!

Contact us with your questions or comments at: <u>plubner@juno.com</u>. This newsletter is not affiliated with anyone or anything, and written solely to amuse, update and inform the DHS graduating class of 1971. Please submit story ideas or news items to the above email address. Co-editors: Peggy Knight Johnson and Terri Fussell Denman