

There are benefits and risks to surgery

DR. GOTT



PETER GOTT, M.D.

DEAR DR. GOTT: I'm a 73-year-old female with emphysema, heart failure, hypoglycemia, hiatal hernia and hypothyroidism. My cardiologist wants to do an operation on the artery in my neck. How dangerous is this procedure, and how much recuperation is necessary?

DEAR READER: Without knowing what operation your cardiologist recommends, I can't assess the benefits and risks of the procedure. However, because of your emphysema and heart disease, you are certainly at high risk for serious complications from anesthesia. You will want to be absolutely sure the operation is necessary before consenting to it.

Why not obtain a second opinion? You certainly could benefit from another perspective. The advice given by a qualified consultant would enable you to make an informed decision about surgery. To give you more information, I am sending you a free copy of my Health Report "An Informed Approach To Surgery."

DEAR DR. GOTT: I've been on thyroid replacement for many years and see an endocrinologist every six months. A couple of years ago, my white blood count dropped to the low 2,000s, and since then has ranged between 2,500 and 3,500. I'm afraid my immune system might not be adequate to meet an emergency and that the low count indicates the early stages of some disease.

DEAR READER: I suspect you have two different afflictions. First, you have an underactive thyroid gland, for which you take thyroid supplements. The medicine is an unlikely cause for your low white-blood-cell count. Patients with hypothyroidism sometimes have low blood counts, but the counts usually return to normal once the thyroid deficiency is corrected.

Second, your white-cell count is low. It should ordinarily be 4,500 to 10,000 cells per cubic millimeter of whole blood. Although a count of 2,500 to 3,500 may be normal for you, it could indicate a problem, such as leukopenia, with your bone marrow. The bone marrow may stop making cells if the patient has a nutritional or vitamin deficiency, cancer, immune deficiency, chronic infection or toxic drug reaction (from penicillin, for example). Ask your endocrinologist why your white-blood-cell count is low and whether more tests could indicate additional treatment.

DEAR DR. GOTT: I have internal and external hemorrhoids that have been treated in the past by surgery. My current doctor assured me he can remove the internal ones with a rubber-band treatment and the external ones by freezing them. What's your opinion?

DEAR READER: Ligating hemorrhoids with rubber bands or freezing them may be appropriate therapy for you. Both techniques are standard; they don't involve surgery and are, therefore, less painful, safer and cheaper. If your doctor is familiar with these methods, take his advice.

DEAR DR. GOTT: My 79-year-old husband has a high triglyceride level and, at 82, I have a high cholesterol level. We like cheese and nuts and wonder if this contributes to our problem. Is there a medication we can take to lower our levels?

DEAR READER: Although you and your husband have separate problems, they may be related. Cholesterol and triglycerides are the two major fats in the bloodstream. High cholesterol is associated with arteriosclerotic heart disease; the role of high triglycerides is less clear.

Cholesterol is primarily a component of animal fat and dairy products. Therefore, people on low-cholesterol diets must reduce or eliminate foods rich in the fat: luncheon meats, whole milk, cheese, butter, ice cream, bacon

and non-lean cuts of red meat. The small amounts of cholesterol present in other foods — such as shellfish — are not particularly important. Therefore, you should avoid cheese — or, at least, use modest amounts of low-fat cheese.

Your husband's problem is less simple. High triglycerides are often present in diabetics, in people who consume alcohol and in obese patients. High levels may also reflect too much fat in the diet. Some medicines, such as diuretics and cortisone, cause an increase in triglycerides. Therefore, a doctor should determine if there is a secondary cause of your husband's triglyceride problem. In any case, he should be placed on a low-fat diet.

Several medicines lower blood-fats; some affect only cholesterol, some affect triglycerides, and others reduce both substances. Whether you and your husband should be taking such medicines is a decision best made by your doctor. Both of you could benefit from cutting animal fat and other saturated fats from your

diet where possible. To give you more information, I am sending you a free copy of my Health Report "Eating Right for a Healthy Heart."

DEAR DR. GOTT: My husband has been diagnosed with fibrositis. We've tried many things and have been to many doctors. Some doctors even allude to the possibility of it being in his mind, but I know better. Can you help us?

DEAR READER: Fibromyalgia (fibrositis or fibromyositis) is a poorly understood affliction of unknown cause that affects adults and is marked by pain, tenderness and stiffness of muscles. The hallmark of the disease is the presence of various "trigger points," areas of muscle that are extremely tender when pressed.

The major problem in diagnosing fibromyalgia is to rule out other, similar diseases, such as rheumatoid arthritis and polymyalgia rheumatica. There are no specific tests for fibromyalgia; it is a diagnosis of exclusion. Nonetheless, it is a well-recognized syndrome. Your husband is not imagining his symptoms.

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Prism international, Western Canada's oldest literary journal, announces its 1989 Annual Short Fiction Contest. Winners will receive publication payment and first prize of \$2,000, or one of five second prizes of \$200. All entries must be original, unpublished material, available for publication in a future issue of Prism international.

This year's final judge will be Aritha Van Herk, author of *Judith, The Tent Peg, and No Fixed Address*. Preliminary judging by the Prism international editorial board.

Entries must be typed, double-spaced, on 8 1/2" by 11" white paper. There are no restrictions on form or length of stories. Entrant's full name and address must appear on the first page of each story. Works of translation are eligible.

All entries must be accompanied by a \$10 entry fee, plus \$5 for each story submitted. There is no limit to the number of stories which may be entered; entry fee must be paid only once.

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