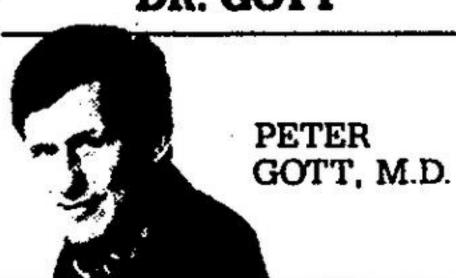
Should problem be repaired?

DR. GOTT



DEAR DR. GOTT: I'm a 75-yearold female with a rectocele. My doctor indicates I can live with the condition, yet I wonder if repair would be
the proper course of action. I'm prone
to diverticulosis and am bothered
with an irritable bowel from time to
time. Daily exercise is a mile of walking per day, which I hope is a help and
not a hindrance.

DEAR READER: In women, the rectum is ordinarily held in place by supporting tissue, part of which is attached to the uterus. A rectocele is a weakness of this tissue, which allows part of the rectum to prolapse, to bulge out of position into the vaginal canal. In severe cases, the rectum may actually push part of the vaginal wall out of the vaginal opening.

Because the degree of prolapse depends on abdominal pressure, the condition is worsened by straining. However, it is not a health hazard and will not usually interfere with bowel evacuation. If the rectocele becomes a nuisance or interferes with sexual relations, it can be repaired.

During the operation, a gynecolo-

gist tightens the vaginal wall and usually removes the uterus because this organ, sagging out of position, contributes to the prolapse. Although the operation is standard fare for a specialist, your doctor is correct in reassuring you that it is not necessary. Avoiding surgery is always preferable to having it, if possible.

Continue your daily exercise, follow your doctor's advice and — if the rectocele becomes more of a problem — request a consultation with a gynecologist. To give you more information, I am sending you copies of my Health Reports "An Informed Approach To Surgery," "Diverticular Disease" and "Irritable Bowel Syndrome." Other readers who would like copies should send \$1.25 for each report to P.O. Box 91369, Cleveland, OH 44101-3369. Be sure to mention the title(s).

DEAR DR. GOTT: Several months ago, I had surgery on my left eye for a detached retina. My doctor says nothing causes this, yet I question that a hard fall might have triggered the condition. My past history includes cataract surgery on both eyes. What's your opinion?

DEAR READER: In a detached retina, part of the light-sensitive covering at the back of the eye peels off,
leading to partial blindness. Some
forms of detachment are associated
with ocular injury or cataract surgery; other types are caused by diabetes or sickle-cell disease (anemia
from malformed red blood cells).

To my knowledge, a hard fall that spared the eyes would not cause a retinal detachment. You should check with another ophthalmologist to determine what, if any, relation exists between your cataract surgery and the detachment.

DEAR DR. GOTT: My 73-year-old husband is forgetful and confused with no will to live. He sleeps 22 hours every day and would sleep longer if I didn't wake him for lunch. His doctor says he is senile and that senility is exactly the same as Alzheimer's disease with a different name. Is this correct?

DEAR READER: Your husband is showing signs of a brain disorder called organic brain syndrome or dementia. Some causes of dementia — such as vitamin deficiency, mineral imbalance and poor circulation to the brain — can be treated and corrected.

Other forms are, unfortunately, incurable. Senile dementia (age-related withering of brain tissue) and Alzheimer's disease (progressive neurological malfunction of unknown cause) are two such forms.

Although doctors have traditionally believed the two conditions are unrelated, recent studies suggest that senile dementia may, in fact, be a specific type of Alzheimer's disease that attacks brain cells in elderly patients. Therefore, your doctor is probably correct.

In my opinion, your husband should

be examined by a neurologist who, after an examination and testing (with blood analyses and brain X-rays), will confirm or reject the diagnosis of senility. A precise diagnosis is crucial because, as I mentioned, some causes of organic brain syndrome are treatable. Ask your husband's physician for referral to a specialist.

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