

Sunday, February 4, 2024

Health Talk



BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: I am my mother's caretaker. I love her deeply, but I noticed my fuse keeps getting shorter with her. I feel terrible when I lash out, but I cannot contain it! What should I be doing to remain calm and patient?

A: Hello there. It sounds like you care about your mom and the relationship. It is important for caretakers to practice self-care. Having a healthy outlet to process your emotions such as having a counselor or being involved in one of our Intensive Outpatient groups may be an important first step. You may benefit from learning and implement skills from Dialectical Behavioral Therapy (DBT). Practicing skills such as Core Mindfulness, Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance will assist you with reducing reactivity and responding more effectively. Please contact us to schedule an appointment.

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I dislocated my shoulder after falling while skiing. Unfortunately, my shoulder has come out twice more since then and I have been told I will require surgery. What does this entail?

A: Patients who suffer multiple shoulder dislocations are candidates for instability repair surgery. The essential structural injury that occurs with a shoulder dislocation is a disruption of the capsular ligaments and labrum that keep the ball and socket linked together. Instability repair involves reattaching the injured ligaments and in most cases the labrum to restore that stable linkage.

Instability repair is performed arthroscopically through small incisions with the aid of video technology. The technical aspects of instability repair involve placing small screws in the socket (glenoid) where the capsular ligaments and

labrum normally attach. There are rare cases where these screws may need to be placed in the ball (humerus) as well. The screws are called suture anchors and are made from a special form of biodegradable plastic that the body will naturally absorb over time. The suture anchors are armed with high strength sutures that are then placed through the torn capsule and labrum tissue, and through a variety of pulley-type techniques the tissue is returned back to the bone at the location of the anchor.

Patients are placed into a specialized sling which they are expected to wear for 4 to 6 weeks after surgery. The sling can be removed for bathing and changing clothes and for appropriate physical therapy, but no purposeful, active movement of the shoulder is permitted as this can compromise the healing process. Physical therapy following instability repair involves a very gradual process of stretching and progression to simple shoulder function over a period of several weeks. The goal is to slowly restore mobility to the shoulder without prematurely and excessively stretching the repair. Overall recovery and return to full activity including sports occurs over 4 to 6 months.

To learn more about shoulder instability surgery visit ohioshouldercenter.com

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: What is EVO ICL and who is a good candidate for it?

A: EVO ICL (Implantable Collamer Lens) is a vision correction alternative to procedures like LASIK and PRK. It involves implanting a biocompatible lens between the iris and the natural lens. It's particularly beneficial for patients with moderate to severe myopia (nearsightedness), thin corneas, or dry eyes, who are unsuitable for traditional refractive surgery. Ideal candidates are usually between 21 and 45 years old, have stable vision, and no history of ophthalmic disease. The procedure is minimally invasive, reversible, and preserves the corneal structure. EVO ICL offers sharp, clear vision, UV protection, and is undetectable once in place. It's a compelling option for those seeking a durable solution to myopia without altering the corneal tissue.

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AUDIOLOGY

Kimberly Gill, AuD

Q: What causes hearing loss?

A: Hearing loss can be caused by a variety of factors, and it can be classified into two main types: sensorineural hearing loss and conductive hearing loss. Mixed hearing loss is a combination of both.

Sensorineural (Nerve-type) Hearing Loss:

- Age-related factors (Presbycusis): The natural aging process can lead to a gradual decline in hearing ability. Over time, the hair cells in the inner ear, can degenerate or become damaged. These hair cells are responsible for converting sound vibrations into electrical signals that the brain can interpret. As they diminish in number or function, hearing sensitivity decreases.

- Noise-induced hearing loss: Prolonged exposure to loud noises, such as those in

industrial workplaces, concerts, or through personal audio devices, can damage the hair cells in the inner ear.

- Genetic factors: Some forms of hearing loss have a genetic component, and individuals may inherit a predisposition to hearing impairment.

- Illness or infection: Certain viral or bacterial infections, such as meningitis, can lead to sensorineural hearing loss.

- Ototoxic medications: Some medications, like certain antibiotics and chemotherapy drugs, can have side effects that damage the inner ear.

Conductive Hearing Loss:

- Blockage of the ear canal: Earwax buildup, or foreign objects can obstruct the ear canal and cause conductive hearing loss.

- Middle ear infections: Infections in the middle ear can lead to the accumulation of fluids, affecting the transmission of sound waves to the inner ear.

- Damage to the middle ear bones: Trauma or other factors that affect the small bones in the middle ear (ossicles) can result in conductive hearing loss.

Mixed Hearing Loss:

As the name suggests, mixed hearing loss is a combination of sensorineural and conductive hearing loss. This can occur when an individual has both problems with the inner ear or auditory nerve and issues with the middle or outer ear.

Other Causes:

Head trauma: Injury to the head or skull fractures can damage the auditory system.

Certain diseases: Conditions like Meniere's disease, autoimmune inner ear disease, and some neurological disorders can contribute to hearing loss.

Prenatal factors: Some factors during pregnancy, such as exposure to certain infections, drugs, or toxins, can contribute to hearing loss in the baby.

It's important to note that hearing loss can be gradual, and individuals may not always be aware of it until it becomes more pronounced. Regular hearing check-ups and the use of hearing protection in noisy environments can help prevent or minimize hearing loss in some cases. If someone suspects they have hearing loss, it's advisable to consult with an audiologist for a thorough evaluation and appropriate management. Call our office to make an appointment for your hearing evaluation. Life Sounds Great!

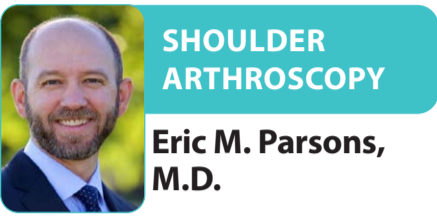
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Sunday, February 11, 2024

Health Talk



SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have heard that recovery from rotator cuff surgery takes some time. Why is that?

A: The critical component to a successful outcome from rotator cuff surgery is a robust healing response and sound structural integrity at the repair site. A major factor in that integrity is meticulous arthroscopic surgical technique and the skill of the surgeon. However, in even the most technically well-performed surgeries complete rotator cuff healing is not a guarantee. A host of additional factors, some related to the patients themselves and others related to the approach to postoperative recovery can ultimately determine success or failure.

Patient characteristics such as tear size, how chronic the tear is, other medical conditions such as diabetes and smoking can all impact healing and surgical outcome. Overly aggressive physical therapy or premature return to use of the surgically repaired shoulder can also be detrimental to healing. As our understanding of rotator cuff tendon to bone healing has evolved, so has our approach to rehabilitation and return to use and an appreciation that a less is more and slow and steady philosophy results in the best outcomes. An overzealous desire to “get back to normal” can compromise the healing tendon and if the rotator cuff tendon fails to heal the results will suffer.

Because of this, for the first 4 to 6 weeks of recovery most surgeons who perform a high volume of rotator cuff surgery and have the greatest knowledge of state of the art rehabilitation protocols will permit little or no shoulder movement, even with the supervision of a physical therapist, and sling immobilization. After this initial period of maximum protection there is a slow progression of range of motion exercises and ultimately strengthening that typically requires another 3-4 months to achieve optimal

results. Successful rotator cuff surgery requires full commitment from the patient and an understanding that investment in near term protection gives the best chance for long term satisfaction.

To learn more about rotator cuff repair surgery visit ohioshouldercenter.com

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: Why might laser cataract surgery not have many benefits compared to traditional methods?

A: Laser cataract surgery, using a femtosecond laser for precise incisions and lens fragmentation, offers theoretical advantages like reduced energy use inside the eye, which might decrease the risk of postoperative corneal edema. However, studies have not consistently demonstrated significant clinical benefits over traditional phacoemulsification cataract surgery. Both methods are highly effective, with low complication rates. The choice often depends on specific patient factors, surgeon's expertise, and cost considerations, as laser surgery can be more expensive. Ultimately, the distinction in outcomes between the two methods, particularly for uncomplicated cataract cases, may not be substantial for most patients, making the traditional approach still a very viable and successful option.

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AUDIOLOGY

Kimberly Gill, AuD.

Q: Why do I have so much ear wax?

A: Earwax, also known as cerumen, is a natural substance produced by the ceruminous glands in the ear canal. The primary purpose of earwax is to lubricate and protect the ear canal, as well as to trap dust and debris, preventing them from reaching the eardrum. It has antimicrobial properties that help prevent infections in the ear.

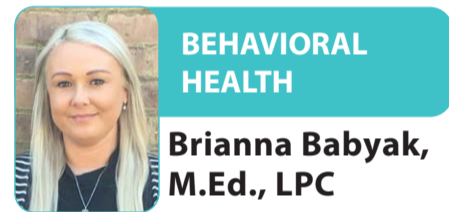
The amount of earwax produced varies among individuals, and some people naturally produce more earwax than others. Several factors contribute to the production of earwax:

- 1. Genetics:** The amount and type of earwax produced can be influenced by genetics. People with a family history of excessive earwax production may also experience it themselves.
- 2. Age:** The consistency of earwax may change with age. In some cases, older individuals may produce drier or harder earwax.
- 3. Race and Ethnicity:** There can be variations in earwax characteristics based on a person's racial or ethnic background. For example, East Asians and Native Americans are more likely to have dry and flaky earwax, while Caucasians and Africans tend to have wetter and stickier earwax.
- 4. Jaw Movement:** Chewing and talking can help move earwax out of the ear canal. People who chew more may naturally have a more efficient self-cleaning process.
- 5. Use of Cotton Swabs:** Inserting cotton swabs or other objects into the ear canal can push earwax deeper and disrupt the natural process of wax migration out of the ear. This can lead to the accumulation of earwax and potential blockages.
- 6. Ear Canal Shape:** The shape and size of the ear canal can vary among individuals, influencing how easily earwax is expelled from the ear.
- 7. It's important to note that earwax is generally a self-regulating system, and the ears**

are designed to clean themselves. Attempting to clean the ears with cotton swabs or other objects can push wax deeper, leading to impaction and potential complications.

8. If you are experiencing symptoms of earwax blockage, such as hearing loss, ear pain, or tinnitus, it's recommended to seek professional medical advice. A healthcare provider or an ear, nose, and throat (ENT) specialist can safely remove excess earwax using appropriate methods. Call the office today to make an appointment to get your ears cleaned. Life sounds great!

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BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: I have never had a Telehealth session what are some ways that I can be better prepared before scheduling an appointment?

A: That is a good question, there are many ways that you can prepare for a Telehealth session. Make sure you have one of the following devices for a video session whether it is a smart phone, laptop, tablet, or computer with a working camera and microphone along with reliable internet. One of the many benefits of Telehealth is that you can be in the comfort of your own home during your appointment. It is helpful to have or create a private space within your home that you can make comfortable to you during your session. Other helpful tips include having something to drink such as a glass of water and a charger for the device you are using.

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Sunday, February 18, 2024

Health Talk



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: How does the light adjustable lens work and what are its benefits?

A: The Light Adjustable Lens (LAL) is a breakthrough in cataract surgery, allowing postoperative adjustment of lens power. After the standard procedure of cataract removal and LAL implantation, patients undergo a unique customization process. The lens is made of a special photosensitive material that changes shape when exposed to UV light. This adjustment is done in the doctor's office, where the light is precisely delivered to achieve the desired optical outcome. This process can be repeated until optimal vision is achieved. Benefits include unmatched precision in correcting vision, potentially reducing the need for glasses or contact lenses post-surgery. It's especially advantageous for patients with unpredictable postoperative refractive errors. The LAL offers a personalized approach to vision correction, adapting to individual patient's visual needs and lifestyle

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AUDIOLOGY

Kimberly Gill, AuD

Q: How can I hear on the phone better?

A: If you find it challenging to hear on the phone, there are several strategies and technologies that can help improve your ability to communicate effectively. Here are some tips:

-Use Hearing Aids:

If you have hearing loss, wearing hearing aids can significantly improve your ability to hear on the phone. Modern hearing aids often come with features designed to enhance phone conversations.

-Use Phones with Amplification:

Consider using phones specifically designed for individuals with hearing loss. These phones often have built-in amplification features that can make sounds louder and clearer.

-Adjust Phone Settings:

Most smartphones and landline phones have settings that allow you to adjust the volume during a call. Experiment with these settings to find the optimal volume for your hearing needs.

-Use Speakerphone or Hands-Free Mode:

If possible, use the speakerphone function or a hands-free headset. This can help you hear more clearly without having to hold the phone to your ear.

-Captioned Phones:

Captioned phones display written captions of the conversation in real time, providing a visual aid to complement the audio. These phones can be beneficial for individuals with hearing loss.

-Choose a Quiet Environment:

When taking a call, try to be in a quiet environment with minimal background noise. This can help you focus on the conversation without distractions.

-Ask for Repetition or Clarification:

Don't hesitate to ask the person on the other end of the line to repeat or clarify information. Most people will be understanding and willing to accommodate your needs.

-Use Text Messaging or Email:

If hearing on the phone is challenging, consider using text messaging or email for communication. This allows you to communicate in writing, eliminating the need for verbal conversation.

-Captioned Phone Apps:

Some apps are available that provide real-time captions for phone calls on smartphones. These apps can transcribe the spoken words into text, making it easier for you to follow the conversation.

-Regular Hearing Check-ups:

If you experience persistent difficulty hearing on the phone, it's essential to have your hearing regularly checked by a healthcare professional. They can assess your hearing status and recommend appropriate interventions.

Remember, the most effective solution may vary depending on your specific hearing needs and preferences. If you have significant hearing difficulties, consulting with an audiologist or hearing healthcare professional can provide personalized recommendations for improving your phone communication. Call our office to make an appointment for a hearing evaluation. Life sounds great!

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BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: My husband recently lost his job. He has been extremely depressed since it happened. He is lashing out at me and it's affecting our relationship. What can I do to help him? He is not motivated to seek other employment.

A: Hello, thank you for your question. Unemployment stress may have a very negative impact on the household. Your husband may benefit from mental health services to help him process his emotions during this difficult time. It is normal to experience feelings of grief when losing a job. Many individuals seek out counseling during life transitions. You may be of support to your husband by suggesting individual counseling services to help him navigate this time of uncertainty. Benefits of being involved in therapy include a reduction in symptoms, improved mood, improved daily functioning, improvement in relationships, skill building and acquisition, and ability to cope with stressors.

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

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To learn more about rotator cuff repair surgery visit ohioshouldercenter.com

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Did You Know?

Endometriosis, a condition in which cells similar to those that make up the endometrium (the lining of the uterus) grow outside of the womb, can be a debilitating and chronic illness. It also is far more common than people may think. Johns Hopkins Medicine says roughly 2 to 10 percent of women between the ages of 15 and 44 experience endometriosis. The



Illinois Department of Public Health says rates of endometriosis may be

even higher, suggesting a rate of 10 to 20 percent among American women of childbearing age. A cross-sectional study of 30,000 women in Canada conducted by Dr. Sukhbir Singh determined approximately 7 percent of women in the country will develop endometriosis. The road for patients with endometriosis can be long, as it is a chronic condition with no cure, and treatments are directed at the symptoms only.

Sunday, February 25, 2024

Health Talk



AUDIOLOGY

Kimberly Gill, AuD

Q: Do hearing aids still whistle like my grandparents did?

A: Modern hearing aids have undergone significant advancements in technology, and many of the issues associated with older hearing aids, including feedback or whistling sounds, have been addressed. The whistling or feedback you might be referring to is often known as acoustic feedback, where the amplified sound leaks out of the ear and is picked up by the microphone, creating a loop.

Here are some reasons why feedback was more common in older hearing aids and how modern hearing aids have addressed this issue:

- Improvements in Feedback Cancellation: Modern hearing aids are equipped with sophisticated feedback cancellation algorithms that can quickly identify and cancel out feedback before it becomes audible. This helps prevent the whistling sound that was more common in older devices.

- Digital Signal Processing (DSP): Older hearing aids used analog technology, which was more prone to feedback. Today's hearing aids use digital signal processing, allowing for precise control over the amplification process and better feedback management.

- Directional Microphones: Many modern hearing aids have directional microphones that focus on sounds coming from the front while reducing background noise. This helps prevent feedback by minimizing the chance of the amplified sound reaching the microphone.

- Customization and Programming: Hearing aids are now highly customizable, and audiologists can program them to meet the specific needs of each individual. This includes adjusting settings to minimize the likelihood of feedback based on the wearer's unique ear anatomy and hearing profile.

- Venting and Design Improvements: The design of hearing aids has evolved to include features like venting, which allows for better air circulation in the ear. Improved physical designs contribute to reduced feedback.

While modern hearing aids are much less prone to feedback issues, occasional feedback can still occur, especially if the hearing aid is not properly fitted or if there are issues with earwax buildup. It's crucial to work closely with an audiologist or hearing healthcare professional during the fitting and adjustment process to ensure that the hearing aids are optimized for your individual needs and comfort. Regular check-ups and maintenance can also help address any issues that may arise over time. Give our office a call today to make an appointment for a hearing evaluation. Life sounds great!

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BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: I have been hearing a lot about DBT, would you be able to explain what that is?

A: Hello there! Dialectical Behavioral Therapy (DBT) is a type of therapy our clinicians at PBHS use with our patients. It is a derivative of Cognitive Behavioral Therapy (CBT) which was created by a psychologist, Marsha Linehan. There are four core skill modules in DBT which include Core Mindfulness, Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance skills. "Dialectics" is defined as a synthesis or integration of opposites such as balancing acceptance and change. DBT is a helpful therapy for individuals experiencing a variety of issues. PBHS also offers intensive outpatient programs (IOP) for adolescents, adults, and those with dual diagnosis which focuses on DBT skill building and acquisition. If you believe that these services could help, please call us to schedule an appointment.

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have been diagnosed with a rotator cuff tear and have been advised by my surgeon to proceed to surgical repair. I would like to postpone the operation for a period of months, is it ok to get a cortisone shot in the meantime?

A: The relationship between corticosteroid ("cortisone") shots and subsequent surgery, specifically rotator cuff surgery has been a topic of some interest and study over the recent years. Cortisone shots are generally quite effective in providing reduction in inflammation and therefore pain relief from rotator cuff disorders, and in spite of much misinformation, they are also safe when spaced apart appropriately. What is bit less clear, however, is the potential for adverse effects when these injections are administered in advance of surgery. Several studies have shown that patients who receive cortisone injections prior to a rotator cuff repair surgery may experience less favorable outcomes from rotator cuff surgery compared to patients who do not. The exact relationship between cortisone and reduced success of the surgery remains unclear, but the preliminary results are concerning.

More recently, a study by Remily, et al in the February 2024 issue of The Journal of Arthroscopy and Related Surgery demonstrated that arthroscopic rotator cuff repair surgeries that were performed within 4 weeks of a patient receiving a cortisone shot were associated with an increased risk of postoperative infection. This can be a serious complication that can compromise the ultimate surgical outcome and long term prognosis of the affected shoulder. This is yet another piece of evidence to suggest that surgeons and patients should exercise caution when considering cortisone injections if there is the prospect of

future surgery, particularly in the weeks leading up to the procedure.

To learn more about rotator cuff surgery visit ohioshouldercenter.com

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: What is diabetic retinopathy and how is it managed?

A: Diabetic retinopathy is a complication of diabetes caused by damage to the blood vessels of the retina, the layer at the back of the eye that senses light and sends images to the brain. It's the leading cause of blindness in working-age adults. Early stages may cause no symptoms or only mild vision problems, but it can progress to more severe vision loss. Management involves early detection through regular comprehensive eye exams, controlling blood sugar levels, blood pressure, and cholesterol. Treatments for advanced stages include focal laser treatment to seal leaking blood vessels, scatter laser treatment to shrink abnormal vessels, and vitrectomy to remove blood from the vitreous gel in the eye. Intravitreal injections of corticosteroids or anti-VEGF drugs can also help reduce macular edema and slow down the progression of diabetic retinopathy. Good diabetes management is key to preventing or delaying the onset and progression of the disease.

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Gardening offers more than a day in the sun

Millions of people embrace opportunities to get back in their gardens each spring, and they might be reaping more rewards from that activity than they realize.



According to the American Institute of Stress, gardening sparks a level of creativity among enthusiasts, and that can help to alleviate stress

by lowering levels of the hormone cortisol. In addition, authors of a 2022 study published in the journal Urban Forestry & Urban Greening concluded that gardening during the COVID-19 pandemic helped people cope with coronavirus-related stress through outdoor activity.

Have your problems addressed by medical professionals in "Health Talk"!

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