



Bruno "Bytes" – July, 2017

(Bits and Tidbits from the Post-Polio Coffee House)

Available through a "link" from www.postpolioinfo.com
(or) directly through <http://www.papolionetwork.org/bruno-bytes.html>

On the topic of Bladder and Urinary Issues (7/13/2017)

Original Post: Whenever I have had general anesthesia, I can't urinate for over a week. I have to come home with a catheter/and bag. The muscle tone takes that long to return. I had told my Anesthesia person that I had Polio and this problem but it still happens.

Dr. Bruno's Response: Post-operative urinary retention is one of the most common side effects of general anesthesia. Up to 70 percent of patients have minor trouble urinating after surgery. 5% experience more significant bladder-retention problems. Having had poliovirus-damage to the bladder nerves would put you in the 5%.

On the topic of Spinal Cord Stimulators (7/15/2017)

Original Post: Is there any reason that spinal cord stimulators are counter indicative for PPS or is it a try-it-and-see situation?

Dr. Bruno's Response: Every Post-Polio Institute patient who had a stimulator implanted had it removed. They couldn't tolerate the electric "shocks" plus the device didn't reduce pain. This is another reason to treat the CAUSE of pain, not the symptom.

On the topic of struggling to hold a book (7/18/2017)

Original Post: Each state has a Talking Library for blind and handicapped. They send the player and recorded books. I've "read" over 100 in the past year. It is a lifesaver for me. Many nights I can't sleep. I plug in my earphones, set the timer, and listen! If you fall asleep you can back it up or reset the timer if you are awake.

Additional Post: I'm not able to hold books any longer. I had missed reading. I bet you will find your favorite author and some new ones!!

Dr. Bruno's Response: National Library Service for the Blind and Physically Handicapped Downloadable Books and Magazines <https://www.loc.gov/>

BARD: Braille and Audio Reading Download

For support, please e-mail NLSDownload@loc.gov.

They send a free rechargeable player and send a catalogue every few weeks. They ship books free, just put the USB drive back in the case you received it and drop in the mail.

On the topic of Choking on Saliva (7/20/2017)

Original Post: I've been having more episodes of choking on my saliva when I'm just starting to fall asleep. It doesn't seem to happen while I'm asleep. At night I sleep in a zero gravity recliner. I cannot sleep in a bed as I have lower back pains, reflux and obstructive sleep apnea. All those issues were resolved for several years now by sleeping upright. I've had a swallow test and endoscopy this year...a small hiatal hernia. This choking business is new and is freaking me out.

Dr. Bruno's Response: "Choking" on saliva or thin liquids is the most common swallowing complaint in polio survivors. The thin liquid sort of sneaks down your throat, especially when you are sleeping. This doesn't necessarily show up on a video swallow study since liquid barium is far from thin. For bedtime issues, talk to your doctor about taking a decongestant to dry up saliva.

The good news is that trouble with thin liquids isn't the pre-cursor to problems swallowing other things. The overwhelming majority of polio survivors don't have big-time difficulty swallowing, as do those who have had a stroke or have a neurological disease.

If polio survivors do have trouble swallowing while eating, a video swallow study is the first step to find out if the food is "pooling" in the throat or not going down at all, due to muscle spasm or a narrow esophagus. A speech therapist can teach you tricks to help your swallowing. Liquids can be thickened. Solid food should be cut into small pieces, eaten slowly, chewed thoroughly and swallowed with intention. You can even swallow twice per mouthful.

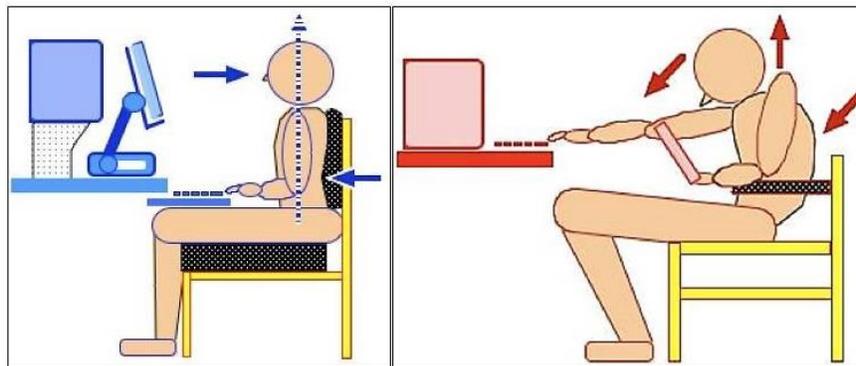
Also, you shouldn't talk while eating, something difficult for voluble (someone who speaks quickly) polio survivors to do! As the Buddhists teach: PAY ATTENTION! When you eat, only eat. When you speak, only speak.

On the topic of "Painful" Posture (7/24/2017)

Dr. Bruno's Original Post: A "Coffee-House" member posted about shoulder/neck pain when typing. There is a complete discussion of this in the [POLIO SURVIVORS HANDBOOK](#).

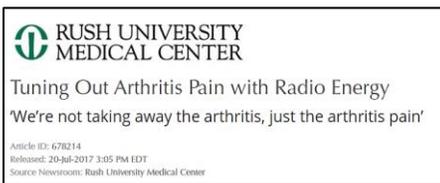
Look at these 2 pictures and see if you can identify PAINFUL POSTURE vs PAINLESS POSTURE.

<http://postpolioinfo.com/handbook.php>



On the topic of Knee Pain Relief without Surgery (7/24/2017)

Dr. Bruno's Original Post: Knee Pain Relief WITHOUT Replacement? This may be something to talk to your doctor about.



<http://www.newswise.com/articles/view/678214/?sc=mwhn>

Newswise — Pain medicine specialists at Rush have helped develop, and are among the first in the country to provide, a noninvasive treatment for knee arthritis that uses cooled radio energy to target and interrupt pain signals.

Known as "Coolief," the procedure can provide several months of relief from chronic arthritis pain for patients for whom surgery is not an option. It also decreases the need for a daily regimen of prescription medication and other over-the-counter pain-relieving drugs. "We're not taking away the arthritis, just the arthritis pain," said Dr. Amin Sandeep, a pain specialist at Rush University Medical Center and chairperson of the Department of Anesthesiology at Rush Oak Park Hospital. "We're changing the wiring of the knee to interrupt the pain signal."

For several years, Rush pain medicine physicians have treated many types of chronic pain with radiofrequency (RF) ablation technology, which uses the heat from radio wave energy to temporarily neutralize specific nerves that cause chronic pain. The innovative Coolief RF technology combines cold and heat energy to extend the pain-free period much longer.

During the Coolief procedure, minimally invasive needles and water-cooled electrodes inserted into the knee target three nerves responsible for sending pain signals to the brain. RF energy passes through the needle and ablates (heats) nerve tissue, greatly reducing those nerves' ability to send pain signals to the brain for extended periods of time. By also cooling the targeted area with the water-cooled electrodes, the Coolief procedure creates a treatment area that is larger than what occurs via conventional, heat-only RF treatments. That larger treatment area in turn extends the time the nerves need to resume sending pain signals.

This May, the U.S. Food and Drug Administration approved Coolief as the first RF treatment specifically to alleviate chronic knee pain due to osteoarthritis. That was based primarily on a 2016 clinical study showing that the Coolief system was safe and provided higher levels of pain relief for much longer time periods than intra-articular corticosteroids (cortisone injections). Dr. Asokumar Buvanendran, Rush's director of orthopedic anesthesia, helped lead that study, and other physicians at Rush participated in it, as did several Rush patients.

- Grandmother freed from pain, able to play with grandchildren

One of those patients is Felicia McLoden. For this 65-year-old grandmother, Coolief meant nearly instant relief from the excruciating pain in her right knee that for years had made simple tasks like grocery shopping or playing with her grandchildren impossible. "The arthritis was so bad that I could barely step down without severe pain. I thought I was going to limp for the rest of my life," McLoden said. She felt nearly immediate relief after receiving Coolief treatment in May. "I can do things now. I don't even know what I want to do, I just know it's everything," McLoden said.

- Knee osteoarthritis afflicts 20 million in U.S.

Osteoarthritis is a painful condition in which the cartilage that cushions joints loses its elasticity and wears away in places. This loss makes bones rub together, causing pain, stiffness and swelling.

According to the federal Centers for Disease Control and Prevention, 20 million people in the United States suffer from osteoarthritis of the knee, with treatments ranging from increased activity to medication to knee joint replacement surgery for the most severe cases. Each year, an estimated 700,000 of those people have knee joint replacement surgery.

While total knee joint replacement remains the best long term option for those with severe osteoarthritis of the knee, some people may not be candidates for surgery due to medical conditions such as diabetes, weight, other surgical risks, or are or are so young that a second knee replacement would be likely. "This procedure is proving to be a great option for those patients." Amin said.

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BARD: [Braille and Audio Reading Download](#)

For support, please e-mail NLSDownload@loc.gov or call 1-888-657-7323

They send a free rechargeable player and send a catalogue every few weeks. They ship books free, just put the USB drive back in the case you received it and drop in the mail.

[On the topic of Muscle Spasms upon Wakening](#) (7/30/2017)

Original Post: When I wake up in the morning, before I can get out of bed I have to stretch and make my arms and legs go as rigid as I can. I have to do this two or three before I can function properly.

Dr. Bruno's Response: Painful muscle spasms when you wake from sleep in the morning, which usually happens during REM (dream) sleep 9when your brain actually paralyzes your muscles), sounds like another polio paradox. But the clue as to why muscles go into spasm after you wake lies in the brain's ability to control your motor neurons and your muscles.



Spinal cord motor neurons are like misbehaving, stubborn children. They want to make muscles contract all the time. It's what motor neurons do! But, to prevent the "kids" from doing what they want their "parent," the brain, sends signals to the spinal cord telling the kids when and how much they should turn muscles on and, just as important, turn muscles off. If something interferes with the signal to turn muscles off -- like a sleeping, poliovirus-damaged brain -- the kids indeed do what they want: They turn muscles on! And when turned on for too long you get rigid muscles and painful spasms come morning.

You can see the result of this brain/spinal cord disconnection in a condition that polio survivors know well: Leg movements in sleep. Poliovirus-damage to brain muscle control neurons prevents the sleeping brain from automatically sending a "turn off" signal to the spinal cord and allows motor neurons to do what they want: Contract! Our studies of sleep in polio survivors found that these contractions don't just happen in leg muscles but can happen in muscles anywhere -- arms, abdomen, chest and, maybe most painfully, the back and neck.

How do you prevent sleep spasms? Since alcohol turns brain output signals down, you shouldn't drink in the evening. Over using your muscles during the day "irritates" poliovirus-damaged motor neurons and makes them more likely to cause those muscles to contract. Stretching and painless posture during the day, stretching and a hot bath before bed and keeping the muscles that spasm warm while you sleep (using a heating pad with an automatic shut off or a little dab of Capzasin) can help.

The most effective treatment is 0.5 - 2.0 mg of alprazolam (Xanax) 30 minutes before bed. Alprazolam, like its grandfather diazepam (Valium), directly turns off spinal cord motor neurons during sleep when the post-polio brain can't. We hope your doctor won't say "No" to alprazolam because "it's addictive." The potentially addictive effect of the drug -- relaxation -- occurs when you can't feel it, i.e., during sleep. Alprazolam is a Valium-like drug that directly quiets the spinal cord motor neurons that cause your muscles to twitch at night. In 30+ years, we never have had a Post-Polio Institute patient become addicted to alprazolam or even require higher doses over time. Once the right dose is found, that's the dose the polio survivors' stay on.

Sweet spasm-free dreams!

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<http://www.papolionetwork.org/bruno-bytes.html>

Scroll down the page (through the Current Month posts).

Previous months are located there, and are available by "clicking" on them, in easily printable PDF format

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