

HEALTH MATTERS

VOLUME 16—SPRING

APRIL 2016

**THE CLINIC WILL
BE CLOSED**

MAY 23

*There will be no
Walk In Clinic*

**We're on the
Web!**
www.lnplc.com

*Lakehead Nurse
Practitioner-Led Clinic*

Is on Facebook

*And follow us on
Twitter
@LakeheadNPLC*

**COME IN FOR A
FREE SCREENING!**

**Memory
Screening
Clinic**

JUNE 21

Lakehead Nurse Practitioner-Led Clinic

Benefits of Exercise ... Live Longer and Healthier

By Crystal Kaukinen, Nurse Practitioner



With hopes of the spring season bringing nicer weather it is a great time to start thinking about becoming more active. Exercise benefits our bodies not only by helping to lose weight but has also been shown to help us live longer, healthier and feel better.

Benefits of Exercise:

- Lowers the risk of dying from heart disease
- Lowers blood pressure
- Prevents diabetes and helps diabetics control blood sugar
- Lowers the risk of breast, colon, prostate, endometrial, and pancreatic cancer
- Helps maintain strong bones and prevents osteoporosis
- Improves concentration
- Lowers the risk of dementia in the elderly
- Lowers stress, anxiety and depression

To get the most benefit from exercise a weekly goal of at least 150 minutes of moderate intensity ex-

ercise or 75 minutes a week of vigorous activity is recommended. However, if this seems overwhelming rest assured that even a modest increase in exercise has been shown to improve your health. One study found that participants who exercised for 15 minutes daily or 90 minutes weekly reduced their risk of all-cause mortality by 14 % and had a 3 year longer life expectancy.

Exercise does not have to be a chore. There are many ways to start exercising even for those with busy lives.

- Break down the exercise into short sessions, every 10 minutes adds to your weekly goal
- Park farther from the door at work or when doing your shopping
- Take the stairs instead of the elevator
- Don't sit to watch TV instead stand, bike, or use hand weights
- Do something you enjoy

- Ask friends and family members to join in

Most people can exercise safely, however if you are not used to exercising or have a medical condition such as heart disease it is a good idea to talk to your nurse practitioner before beginning an exercise program.

Reference:

[Up to Date. The Benefits And Risks Of Exercise. Uptodate.com. retrieved from http://www.uptodate.com/contents/the-benefits-and-risks-of-exercise?source=search_result&search=exercise&selectedTitle=1~150](http://www.uptodate.com/contents/the-benefits-and-risks-of-exercise?source=search_result&search=exercise&selectedTitle=1~150)



Screening tests help find some types of cancer before you have any symptoms. That means you screen even if you feel fine and you have a healthy lifestyle. Screening is part of your regular medical care.

Benefits of regular screening:

Better survival rates – Better quality of life.

**JUST
DO
IT!**

April is Cancer Awareness Month



Caring for the Caregiver

Education Sessions



Empowerment, Education, Caring, Sharing ...
"Caregivers are not alone - there is help".

Are you caring for an aging or disabled spouse or parent?

Join our weekly education topics

- | | |
|---------------------------------|-----------------------------|
| <i>Role of the Caregiver</i> | <i>Stress Management</i> |
| <i>The Medical Community</i> | <i>Meal Planning</i> |
| <i>Community Resources</i> | <i>Grief and Loss</i> |
| <i>Financial Considerations</i> | <i>Legal Considerations</i> |
| <i>Long Term Care Planning</i> | <i>Palliative Care</i> |

FREE!

OPEN TO THE PUBLIC



6 WEEK PROGRAM
EVERY TUESDAY from 1:30 to 3:30 PM
MAY 3 to JUNE 7

475-9595

Lakehead Nurse Practitioner-Led Clinic
101—325 Archibald Street South, Thunder Bay, ON P7E 1G6



Did you know?

A Pap test can find abnormal changes on the cervix. Treating early changes can prevent cancer of the cervix.

NURSES: WITH YOU EVERY STEP OF THE WAY



Pam Delgaty, NP

Crystal Kaukinen, NP

Carolan Thayer, NP

Christine Miller, NP

Michele Grace, RPN
Kim Prochnicki, RN

NURSES WEEK 2016 emphasizes how important nurses are in our lives **MAY 9 to 16**

National Nurses Week 2016—Pam Delgaty, Clinical Director

Health care is an ever evolving industry that has to keep pace with changes in time and society. This is well represented in nursing. Many years ago, nurses were associated with religious orders, and provided care based on physical and spiritual needs. History tells us that in 1639, the first Canadian nursing “sisters” arrived from France and started to provide care. Nurses have been the backbone of health care for over 350 years. Nursing eventually moved away from hospitals in an attempt to modernize the profession.

Nurses have served proudly in the Armed Forces, as well as providing important public health developments with the Aboriginal communities in the North.

If you want to see how far nurses have come in Canada, or anywhere else in the world, our clinic is a shining beacon. We have a Registered Practical Nurse (RPN), a Registered Nurse (RN), and four Nurse Practitioners (NPs). Along with our Dietitian, Social Worker and Pharmacist we are able to provide complete care

for all our patients in an efficient, timely, compassionate manner. We are able to do this because we all work to our full scope of practice.

We recognize things we can do, and conversely recognize when we need to refer patients to our consulting physician, specialists or rehabilitative facilities. Judging by the patient satisfaction survey we completed this year, it is apparent that we are

We recognize things we can do, and conversely recognize when we need to refer pa-

tients to our consulting physician, specialists or rehabilitative facilities.

And so, in regards to May 9 to 16 being *National Nursing Week*, we just wanted to recognize the proud heritage of nursing and the sacrifice and dedication to an ideal that has made our clinic possible.

We move ahead towards the future of an ever-evolving system, recognizing contributions of the past and the possibilities of the future.

Did you know?

Most women with breast cancer do not have a family history of the disease.



LNPLC Introduces New Skin Biopsy Clinics—Christine Miller, NP

Could This Be Skin Cancer?

Q. *I have a few moles on my back that haven't changed. I still watch them closely because I have had sunburns in the past. Last month I noticed a new, small black mole.*

What are the chances this could be skin cancer?

A. Change that occurs in an existing lesion, such as an increase in diameter or change in color, are two features that commonly prompt patients to seek medical attention. Other symptoms include itching, bleeding, or elevation of the lesion. Change may also refer to a new lesion that suddenly appears. Anything that looks "funny" to you should be seen by your nurse practitioner. Don't wait.

Risk Factors: Risk factors are always an important consideration. About 10 percent of new melanoma cases diagnosed each year occur in people with a family history of melanoma. The other predisposing risk factors—including a history of excessive sun exposure—apply whether the lesion identified is atypical or not.

The Skin Exam

Q. *What techniques will my nurse practitioner use for examining my skin?*

A. Typically, your nurse practitioner will conduct a thorough skin exam, including an exam of the suspicious looking lesion. She may also use a handheld device called a dermatoscope which helps to determine color or surface variations. She will also ask you questions such as:

- ✦ When did you first notice this lesion?
- ✦ Can you recall if the lesion has grown, changed shape, become red, irritated looking, or itchy?
- ✦ Have you seen any new lesions?
- ✦ Do you have a personal or family history of skin cancer?
- ✦ Do you have difficulty tan-

ning, perhaps freckling instead? Did you have a lot of sun exposure before age 20?

Skin Biopsy FAQs

Q. *What is a skin biopsy?*

A. A biopsy is a minor in office surgical procedure which removes either a piece of the lesion or the entire lesion in question. The sample is then sent to a pathology lab to determine the type of lesion and if it is cancerous. You can also have a lesion removed for cosmetic reasons.

Q. *What types of lesions can be removed?*

A. Almost all lesions can be biopsied or removed. This includes lesions such as:

- Moles
- Skin tags
- Suspicious looking lesions
- Biopsy of growths
- Other blemishes
- Warts (the LNPLC offers a specialized clinic dedicated to wart removal, which is separate from the skin biopsy clinic)

Q. *What can I expect at my visit?*

A. Prior to your visit, your nurse or nurse practitioner will have identified the concerning lesion. There are no self-referrals to the biopsy clinic. Biopsies typically take only a short time and are done using local anesthesia. The most common biopsy performed is a shave excision. The lesion will be elevated with freezing and removed at the level of the skin surface. Silver nitrate, skin tape or a pressure dressing will be applied to stop the bleeding. The majority of lesions removed are benign or non-cancerous.

A punch biopsy is an alternate technique which removes either the entire lesion if it is relatively small or it may take only a piece from the larger lesion. The tool used is similar to a hand held hole punch.

Excision biopsies remove the full

depth of the lesion along with some underlying tissue. The amount of skin and tissue removed depends on your nurse practitioner's suspicion for melanoma. The tissue will then be closed using sutures. A small scar will be evident after the tissue has healed.

Patients may also be referred to a dermatologist or a plastic surgeon if the lesion in question is large or in a location which is more cosmetic in nature, such as the face. Larger lesions typically are more complicated to remove and may be done either in the office or as an outpatient.

Patient Instructions:

- There are no restrictions as to what you can eat or drink the night before and on the day of your minor surgery.
- You will be able to drive home after as the procedure is done under local anesthesia only.
- Please speak to your nurse practitioner if you are on any blood thinners. You can take all other regular prescription medication.
- Please bathe or shower the evening before or morning of your surgery.
- If you have a fever, or symptoms of infection, we may need to postpone the surgery. Please call our office to notify us prior to your appointment.

What Happens After the Biopsy?

Q. *What should I watch for after the biopsy?*

A. You will be given instructions to care for the biopsy site and told what to watch out for. There will be some swelling and redness, and possibly some discomfort, but simple excisions are not usually associated with complications. If sutures are placed, you will be told when to return to have the sutures removed. Signs of infection include redness, swelling, pain, and warmth at the biopsy site.

Q. *How long will it take to get results?*

A. Your wait time for results depends on several factors including lab turnaround time and the nature of the lesion. More complex lesions take longer processing time. It can be between two to three weeks to get your results

Q. *My report came back as "melanoma". What now?*

A. The biopsy may have cured the skin cancer. Again, the earlier the lesion is found, the more likely you will remain free of melanoma because you have had the lesion removed. However, even for the very earliest melanoma tumor you will have to return to your nurse practitioner to discuss the biopsy results. Depending on whether or not the borders are free from tumor cells, you may need to be referred for another excision which will remove a bigger area around the lesion. Further investigations may also be necessary if there is lymph node involvement.

A biopsy for a small lesion is a minor surgical procedure that could save your life.

PATIENT RESOURCES

www.canadianskincancerfoundation.com/about-skin-cancer.html

www.cancer.ca/en/cancer-information/cancer-type/skin-melanoma/diagnosis/?region=on

www.uvnetwork.ca/prevention.html
www.skincheck.org

HOW TO CHECK YOUR SKIN

What you'll need:

- Flashlight
- Two small chairs or stools
- Hand mirror with a long handle
- Hairbrush or blow dryer for checking your scalp
- Large wall mirror, preferably full-length, in a well-lighted area



- 1** Facing the wall mirror, examine your face including lips, ears, and eyes. Use a flashlight to check inside your mouth, nostrils, and ears. Check your neck, shoulders, and upper chest. Women should also check under breasts.



- 2** Using both mirrors, check behind your ears, neck, and upper back. While parting your hair with the blow dryer or brush, use both mirrors to check your scalp—front, back, and sides. Or have a partner or family member help.



- 3** Check your abdomen, front and sides. Use the hand mirror to check your mid- to lower back carefully. (*The back is the most common site of melanomas in males.*) Use the hand mirror or both mirrors to check all areas of your buttocks and genitals, including hidden parts.



- 4** Raise both of your arms and check all sides of your arms and hands, including between fingers and under fingernails. Then check under your arms and the sides of your upper body.



- 5** Sitting on a small chair or stool, prop each leg in turn on the other chair or stool. Check all sides of your legs from ankles to thighs. Check your feet, including the tops, heels, soles, between toes, and under toenails. (*Legs are the most common sites of melanomas in females.*)



www.skincheck.org

Asparagus—by Claudia Isfeld, Registered Dietician

Few vegetables say “Spring” as much as the first tender spears of asparagus. Although available all year round, there is nothing like locally grown asparagus. Look for Ontario grown asparagus at your favourite grocery or farmer’s market.

Asparagus is packed with antioxidants such as beta carotene and lycopene which may protect against certain cancers and slow the aging process. Asparagus is also loaded with nutrients

such as fiber, folate, potassium, vitamins A and C.

But what about the smelly urine? Asparagus contains a compound that when metabolized gives off a distinctive smell in the urine. Rest assured, there are no harmful effects from the compounds or the odour. The ability to detect this smell is not common to all people, so if you have never noticed this phenomenon, you are fortunate.

Regardless, eat up !!

Look for: sturdy spears with tight heads; the cut ends should not look desiccated or woody. Fresh asparagus should snap when bent.

Prep: wash and snap or cut off bottom ends.

Cook: It is best steamed, grilled or roasted. Top with some lemon juice, Dijon mustard and olive oil for an easy, tasty side dish.



Asparagus and Tomato Salad

Ingredients

- 8 oz (227 g) asparagus spears, trimmed
- 1 small head Boston lettuce, torn in bite size pieces
- 1 cup (250 ml) baby arugula or spring mix
- 4 tomatoes (about 1 lb/454g), sliced
- 12 black olives, pitted and chopped
- 1 tbsp (15 ml) toasted pine nuts or slivered almonds

Dressing

- 3 tbsp (45 ml) extra virgin olive oil
- 2 tbsp (30 ml) white wine vinegar
- 1/2 tsp (2 ml) grated lemon rind
- Pinch each salt and freshly ground black pepper

Directions

- Dressing: In a small bowl, whisk together oil, vinegar, lemon rind, salt and pepper; set aside.
- In a pot of boiling water, cook asparagus for about 4 minutes or until bright green and tender.
- Drain well and rinse with cold water. Drain again. Chop into 2 inch (5 cm) pieces.
- In a large platter or bowl, arrange the lettuce and arugula around the edge for the base of the salad. Place the tomatoes in a circle on top and asparagus in the centre.
- Sprinkle with olives and pine nuts. Drizzle with dressing to serve.

Nutrition information per 2 cups: Calories: 155 kcal; Protein: 3g; Fat: 13g
Carbohydrate: 8g; Fibre: 3g; Sodium: 130mg

<http://www.eatrightontario.ca/en/recipes/kid-friendly-award-winning-recipes/>



Tips

You can substitute the same amount of green beans for asparagus.

Increase the protein by adding your choice of chick peas, grilled chicken or poached salmon.

Walk for Alzheimer's Join the Walk in Thunder Bay Saturday, May 28th



Event Details

Date: Saturday May 28, 2016

Time: 10:00 am to 1:00 pm

10:00 am - Registration, light breakfast & main stage entertainment

10:45 am - Opening ceremonies

11:00 am - Warm Up activity

11:15 am - 3 km Walk

12:00 noon - Lunch

12:30 pm - Attendance prizes, winners announced & closing remarks

Event Location: Prince Arthur's Landing, Marina, Sleeping Giant Parkway , Thunder Bay, ON

Map: <https://www.google.ca/maps/place/Prince+Arthur's+Landing/@48.4346604,-89.2186996,17z/data=!3m1!4b1!4m2!3m1!1s0x4d591f4f5c71dc6d:0xf23ffda263e01752>

Contact: Jaelyn Woods

Phone: (807) 345-9556

Email: awareness@alzheimerthunderbay.ca

Did you know?

Regular screening mammograms have been proven to reduce deaths from breast cancer by 20-30%.



Fast Facts on Colorectal Cancer (CRC)

Colon cancer is 90% preventable if detected early. In 2014, an estimated 24,400 new cases were diagnosed in Canada. More than 9,200 Canadians lost their lives that same year.

The National Cancer Institute of Canada (NCIC) acknowledges CRC as the third most common cancer and the second most common cause of death from cancer for both Canadian men and women.

Yet CRC is a highly treatable cancer if it is detected early and it is up to 90 per cent preventable with timely and thorough testing or “CRC screening”. Unfortunately as it stands today, nearly half of those diagnosed find out too late.

The majority of CRCs begin as benign growths in the lining of the colon called adenomatous polyps. Over the years, these polyps grow in size and number, thereby increasing the risk that the cells in the polyps will become cancerous. Timely removal of these growths – easily done during a colonoscopy – will prevent CRC from developing. It is important to identify and remove these polyps as soon as possible.

Polyp removal is usually done during a colonoscopy and the patient is sedated during the procedure. Recovery is very quick and usually pain-free. Polyps are sent for a biopsy and tested for any malignancies.

Colorectal Cancer by the Numbers:

- 423 Canadians, on average, are diagnosed with CRC every week.
- 175 Canadians, on average, die of this disease every week.
- One in 14 men is expected to develop CRC during his lifetime and one in 27 will die of it.
- One in 15 women is expected to develop CRC during her lifetime and one in 31 will die of it.
- Anyone 50 and up should be screened regardless of family history.

Signs and Symptoms:

- Blood in or on the stool (either bright red or very dark in colour)
- A persistent change in normal bowel habits such as diarrhea, constipation or both, for no apparent reason
- Frequent or constant cramps if they last for more than a few days
- Stools that are narrower than usual
- General stomach discomfort (bloating, fullness and/or cramps)
- Frequent gas pains
- A strong and continuing need to move your bowels, but with little stool
- A feeling that the bowel does not

empty completely

- Weight loss for no known reason
- Constant tiredness

Risk Factors:

There is no “single cause” for developing CRC, but there some people who are considered to be at higher risk than the general population for CRC include:

- People with a family history of CRC. If you have a first degree relative (parent, sibling, aunt, uncle, grandparent) with CRC, you should get tested 10 years before his/her age of diagnosis. If he/she was diagnosed at 48, you should be tested when you are 38 years old.
- People who have already been diagnosed with polyps or early stage CRC.
- People who have inflammatory bowel disease (ulcerative colitis or Crohn’s disease).
- People with a family history of inherited breast cancer, uterine or ovarian cancer.
- Middle-aged people, 50 years and over.

If you are at higher risk, you should talk to your Nurse Practitioner about being screened as soon as possible.

<http://coloncancerCanada.ca/fast-facts-on-colorectal-cancer-crc/>



Don't just sit there.

Colon cancer screening saves lives.



Most men and women 50-74 should do a home screening test every two years. For more information or to request a test, **ask your Nurse Practitioner or any clinical staff.**