POLIO POST

POST-POLIO NETWORK MANITOBA

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You may visit our website at www.postpolionetwork.ca or email us at postpolionetwork@gmail.com

President's Report February, 2014

A belated HAPPY NEW YEAR to everyone and your families and wishing you Health, Happiness and Wealth for 2014.

So far, this winter has been the coldest that I can remember since I moved back to *Winterpeg*. This year the name sure fits. No one wants to leave their homes during this cold weather. How does it feel to know that Manitoba was colder than the surface of Mars in early January—maybe there is life there after all?

We had a great turn out for our Holiday Luncheon. Hope everyone enjoyed their meal, the camaraderie and to those that won the door prizes, congratulations. Thanks to Lorna and Estelle for organizing the event.

Our next get together is Post Polio Network's Annual General Meeting. The meeting will be held at the Katherine Friesen Centre on March 25th. Our guest speakers will be talking to us about housing. Mr. C. Witosky, from the Rotary Club will be talking about Subsidized Housing and we hope for an update on the Rotary Club's Polio Eradication Program. Ms. T. Lee, the Manitoba Executive Director of Revera, will be talking about Assisted Living. Sandwiches and coffee at 1:00 p.m.

The speaker for our April Meeting on the 29th at the Katherine Friesen Centre will be a representative from Victoria Lifeline and the topic will be 'personal safety in the home.'

We've added another area to our website called *"FOR YOUR INFORMATION"*. We will post articles of interest to our members. Our first articles on anaesthesia were kindly forwarded to us by Mr. Jim Derksen. The website address is: www.postpolionetwork.ca

Just a reminder, if your membership is not up-to-date, this will be the last newsletter to be mailed to your address. Also, only members in good standing will receive mail outs and personal contact for updated information. Membership fees are $15.00 per year. This membership helps the Network to subsidize the June Picnic/BBQ, the Holiday Party, the lunches at our general meetings and the cost of our mail outs. We need your support. ***Thanks!***

The newsletter will now be published tri-annually in February, May and October.

See you in March at our AGM. Keep warm till then. * * Cheryl Currie * *

Summary of Anesthesia Issues for the Post-Polio Patient

Selma H. Calmes, MD, (shcmd@ucla.edu) Chairman and Professor, (retired) Department of Anesthesiology, Olive View-UCLA Medical Center, Sylmar, California (2012)

Polio results in widespread neural changes, not just destruction of the spinal cord anterior horn (motor nerve) cells, and these changes get worse as patients age. These anatomic changes affect many aspects of anesthesia care. No study of polio patients having anesthesia has been done. These recommendations are based on extensive review of the current literature and clinical experience with these patients. They may need to be adjusted for a particular patient.

1. Post-polio patients are nearly always very sensitive to sedative meds, and emergence can be prolonged. This is probably due to central neuronal changes, especially in the Reticular Activating System, from the original disease.

2. Non-depolarizing muscle relaxants cause a greater degree of block for a longer period of time in post-polio patients. The current recommendation is to start with half the usual dose of whatever you're using, adding more as needed. This is because the polio-virus actually lived at the neuromuscular junctions during the original disease, and there are extensive anatomic changes there, even in seemingly normal muscles, which make for greater sensitivity to relaxants. Also, many patients have a significant decrease in total muscle mass. Neuromuscular monitoring intraop helps prevent overdose of muscle relaxants. Overdose has been a frequent problem.

3. Succinylcholine often causes severe, generalized muscle pain post-op. It's useful if this can be avoided, if possible.

4. Post-op pain is often a significant issue. The anatomic changes from the original disease can affect pain pathways due to "spill-over" of the inflammatory response. Spinal cord "wind-up" of pain signals seems to occur. Proactive, multi-modal post-op pain control (local anesthesia at the incision plus PCA, etc.) helps.

5. The autonomic nervous system is often dysfunctional, again due to anatomic changes from the original disease (the inflammation and scarring in the anterior horn "spills over" to the intermediolateral column, where sympathetic nerves travel). This can cause gastro-esophageal reflux, tachyarrhythmias and, sometimes, difficulty maintaining BP when anesthetics are given.

6. Patients who use ventilators often have worsening of ventilatory function post-op, and some patients who did not need ventilation have had to go onto a ventilator (including long-term use) post-op. It's useful to get at least a VC pre-op, and full pulmonary function studies may be helpful. One group that should all have pre-op PFTs is those who were in iron lungs. The marker for real difficulty is thought to be a VC <1.0 liter. Such a patient needs good pulmonary preparation pre-op and a plan for post-op ventilatory support. Another ventilation risk is obstructive sleep apnea in the post-op period. Many post-polios are turning out to have significant sleep apnea due to new weakness in their upper airway muscles as they age.

7. Laryngeal and swallowing problems, due to muscle weakness, are being recognized more often. Many patients have at least one paralyzed cord, and several cases of bilateral cord paralysis have occurred post-op, after intubation or upper extremity blocks. ENT evaluation of the upper airway in suspicious patients would be useful.

8. Positioning can be difficult due to body asymmetry. Affected limbs are osteopenic and can be easily fractured during positioning for surgery. There seems to be greater risk for peripheral nerve damage (includes brachial plexus) during long cases, probably because nerves are not normal and also because peripheral nerves may be unprotected by the usual muscle mass or tendons.

See our website www.postpolionetwork.ca for additional articles on anesthesia.

SHINGLES VACCINE EXPERIENCE AMONG THE SURVIVORS OF POLIO

Frederick M. Maynard, Chair, PHI Medical Advisory Committee, Marquette, Michigan
Used by permission from PHI

Members of PHI concerned that polio survivors might have abnormalities of the immune system questioned whether taking the shingles vaccine would either increase the risk of complications or make it less effective.

A survey said that the estimated rate of developing shingles in spite of receiving the vaccine suggests that the shingles vaccine is most likely as effective among polio survivors as in people who never had polio, especially in preventing severe cases with disabling pain.

ST. JAMES ASSINIBOIA 55+ CENTRE

RIDES FOR SENIORS

What is it?

The St. James / Assiniboia 55+ Centre "RIDES FOR SENIORS" is designed to provide seniors with personal service provided by volunteer drivers using private vehicles.
The driver will pick you up and drop you off at an arranged time.
(204) 987-8850 ext. 106.

BONE UP ON BONE HEALTH

Janet Choboter, Executive Director, Osteoporosis Canada

At least 2 million Canadians suffer from a disease without symptoms. One of those 2 million could be someone you know – it could even be you. One in four women and at least one in eight men over the age of 50 have osteoporosis. However, the disease can strike at any age.

Osteoporosis is a disease characterized by low bone mass and deterioration of bone tissue. This leads to increased bone fragility and risk of fracture. Fractures of the hip, spine, and wrist are the most common; and the first two often end in significant lifestyle restrictions. The statistics related to hip fractures are particularly disturbing. Seventy percent of hip fractures are osteoporosis related. One out of four hip fractures can result in death as early as one year following the fracture. Only one third of spinal fractures will come to the attention of a physician. However, all types of spinal fractures, even those that are not clinically apparent, are often linked to substantial increase in back pain, loss of height, and depression.

The reduced quality of life for those with osteoporosis is enormous. Osteoporosis can result in disfigurement, lowered self-esteem, reduction or loss of mobility, and decreased independence. Moreover, when bones are severely weakened by osteoporosis, even simple movements such as bending over to pick up a bag of groceries; and – in some cases – sneezing or coughing, can cause them to break.

Osteoporosis is often known as "the silent killer" because bone loss occurs without symptoms. Early detection is crucial. There are many risk factors for osteoporosis, some of which can be changed. The risks you can't do anything about include age, family history, previous fractures, which include excessive alcohol consumption, smoking, living a sedentary lifestyle, and suffering frequent falls.

Osteoporosis Canada recently released new and updated guidelines on recommended vitamin D intake. Vitamin D is essential to the treatment of osteoporosis because it promotes calcium absorption from the diet and is necessary for normal bone growth. The new guidelines recommend daily supplements of 400 to 1000 IU for adults under age 50 without osteoporosis or conditions affecting vitamin D absorption. For adults over 50, supplements of between 800 to 2000 IU are recommended. In Canada, most adults need a vitamin D supplement from October to April. Those over 50, or with limited exposure to the sun, should take one all year. Osteoporosis Canada recommends a daily calcium intake to 1500 mg for adults over 50. For those with osteoporosis, medications are available.

There are steps you can take to reduce your risk, including eating a calcium-rich, balanced diet, increasing your intake of calcium and vitamin D, maintaining an active lifestyle including weight-bearing exercises such as running, walking, or dancing. Recognizing osteoporosis risk factors and being proactive about them is an important step to a healthier, fracture-free future.

Taken from GO-55-PLUS magazine (summer 2013)

In my father's effects, a reminder of polio's deadly consequences

Pulling a sheaf of papers from a large envelope among my father's effects, a card dropped out, a card I recognized instantly. It was sent to me by the United States government for participating in the 1954 test of Dr. Jonas Salk's polio vaccine.

I was transported to a day in October that year when Mrs. Altarac, my Grade 4 teacher at East School in Long Beach, N.Y., and the principal, Ms. Hendrickson, strode into our classroom like a cortege. In Mrs. Altarac's calmest, saddest, and most motherly voice, she said: "Children, Howie has polio." Howie had not been in school for several days. I felt sorrow for the Koslow family and a rising fear of contagion that could result in me lurching from place to place, legs encased in metal, like my Uncle Cy.

The kids in our class were potential carriers, so we would have to be separated from the rest of the school. Our arrival at school was to be a half-hour later than the other students; our lunches had to be eaten separately; our recess was taken at a different time; we would leave school half an hour later.

As if insidious polio was not bad enough, another monster appeared, this one massive and fully visible: Hurricane Hazel, the most destructive storm on record to hit the northeastern United States before Hurricane Sandy. Even Toronto, hundred of miles inland and where I would come to live in 1967, was not spared the flooding, the major loss of life and extensive property damage. Within a day of our quarantine, Hazel swooped and twisted into New York like a witch on a runaway broomstick.

That evening, my father hurried my mother, my brother, my sister and me into the car. He explained that we were going to the Bronx where Dr. Sperling, a relative of my mother's, was waiting to give us immune boosting gamma globulin shots.

The confidence that a calm parent can give to his or her children, even in the most dire of circumstances, cannot be overestimated. Still, the three of us sided with my protesting mother, wondering why my father would risk swamped and treacherous roads, car-wash type rainfall, falling telephone poles and popping electrical wires. High-pitched winds screamed outside and through the closed windows of our Chrysler.

Later in life, my older brother filled in the previously sketchy details of my father's experience as a child. I knew my father was a polio survivor, but was ignorant of the actual circumstances. In 1916, just after my father had reached his first birthday, his older brother contracted polio and died. My grandparents, educated by rumour and superstition in a shtetl near Minsk, thought they could fool the evil eye by disguising their second son as a girl and so avert the disaster that had befallen their first born.

Despite their precautions, my father, all of three years old, came down with polio while still wearing a dress. By that time, his family was living in a Bronx tenement on Washington Avenue. A neighbourhood yenta claimed to know Boris Thomashefsky, the famous actor and libertine from the Yiddish theatre. She also knew that his strong, independent wife, Bessie, was a caring and charitable person.

According to the Yiddish newspapers, the Thomashefsky couple hosted an Italian doctor who had supposedly discovered "a great cure" for polio. Urged on by this neighbour, Bessie Thomashefsky accompanied the doctor to my father's tenement in a chauffeur-driven limousine.

Dozens of people were fanning themselves on front stoops and fire escapes while children soaked in water gushing from fire hydrants. They all ran over to the car, the doctor emerging to a cacophony of prayers and cheers. He was pointed toward the building where my father lay stricken. When told he would have to climb four flights of stairs in that crowded, infested building, the doctor immediately turned away and got back into the car. When Bessie refused to follow suit, the car was surrounded.

Reluctant but resigned, probably muttering curses, the doctor emerged, and, with my grandparents leading the way, he climbed up to the top floor. Once inside the quarantined bedroom and seeing my father who was, by then, feverish, throwing up, and already showing signs of paralysis, he asked my grandmother for as many blankets as they had in the apartment. The great cure, as it turned out, was sweating out the virus, to which my desperate grandparents agreed. The blankets raised my father's fever to a life-threatening level. He was then submerged in cold water, pulled out screaming and covered again with the blankets. Eventually, the fever broke. He survived with nothing more than a half-paralyzed forehead, living for 89 eventful years.

We did arrive at Dr. Sperling's house. We were given the painful gamma globulin shots. Before that October was over, Dr. Jonas Salk's new vaccine was made available to my quarantined class and to 1.8-million other American children.

Dr. Salk's name is immortal, but not the name of that doctor who saved my father in 1920, allowing me and my siblings to be born. In fact, our lives can be attributed to everyone involved on that day: the doctor, the yenta, the other people of the neighbourhood, Bessie Thomashefsky, and, of course, to my father, for surviving.

Ken Klonsky lives in Vancouver

http://www.theglobeandmail.com/life/facts-and-arguments/in-my-fathers-effects-a-reminder-of-polios-deadly-consequences/article16266708/

Promoting

Healthy

Ideas

You are invited to take advantage of an extraordinary opportunity!

PHI's 11th INTERNATIONAL CONFERENCE

ST. LOUIS 2014 – MAY 31-JUNE 3
HYATT REGENCY ST. LOUIS MISSOURI AT THE ARCH

Presentations and interactive discussions will feature the philosophical and personal aspects of spirituality, the philosophical and the practical aspects of end-of-life decisions, exploration of faith and disability and changing relationships through a life span.
Registration materials and updated program details are on:
www.post-polio.org.
Individuals who do not have access to the internet may request a print registration packet by calling 314-534-0475 or mailing the request to: PHI, 4207 Lindell Blvd., #110, St. Louis, MO 63108.

Member's Page

Mark Your Calender
for the following meetings.

March 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

On March 25th, 2014
ANNUAL GENERAL MEETING
followed by 2 speakers
Chris Witosky from the Rotary Club
Topic: Subsidized housing
& Ms. T. Lee from Revera
Topic: Assisted living
Place: Katherine Friesen Centre
940 Notre Dame Ave.
Time: 1:00pm to 2:30pm

April 2014

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

On April 29th, 2014
Speaker: Vicki from
Victoria Lifeline on:
Personal safety in the home
Place: Katherine Friesen Centre
940 Notre Dame Ave.
Time: 1:00pm to 2:30pm

May 2014

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

On May 27th, 2014
Speaker: Cathy Hallick on:
Travelling with Disabilities
Place: Katherine Friesen Centre
940 Notre Dame Ave.
Time: 1:00pm to 2:30pm

'Members enjoying our holiday luncheon in December 2013'

'Donated gift baskets'

A grandmother was telling her little granddaughter what her own childhood was like. "We used to skate outside, swing from a tire which hung from a tree in our front yard, ride our pony, and pick raspberries in the woods." The little girl was wide-eyed, taking this all in. At last she said, "I sure wish I'd gotten to know you sooner!"

Do you have an interesting story to tell?
Or do you know any good jokes, inspirational or humourous quotes or poems?
Then you are invited to email them to:
postpolionetwork@gmail.com or mail them to:
Post-Polio Network (Manitoba) Inc.
C/O SMD Self-Help Clearinghouse
825 Sherbrook Winnipeg, MB, R3A 1M5

Post-Polio Network (Manitoba) Inc.
C/O SMD Self-Help Clearinghouse
825 Sherbrook Street
Winnipeg, MB, R3A 1M5
Phone 204-975-3037

POST-POLIO NETWORK MANITOBA

Membership Application Form

Name: _____

Address:_____

City: _____ ***Province:*** _____

Postal Code: _____

Telephone: _____ ***E-mail:*** _____

Please check one or more of the following options:

☐ **New Membership - $15/year**

☐ **Membership Renewal - $15/year**

I wish to make a charitable donation of $ ☐

(Tax deductible receipt will be issued.)

Please make cheque payable to the Post-Polio Network (Manitoba) Inc. and mail to the address listed above.

Membership Alert

Our Post-Polio memberships are due January 2014. Please check the front of your newsletter envelope. If the date is 2013 or 2014 – your membership is due.

Post-Polio Network's Privacy Policy

The Post-Polio Network (Manitoba) Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information provided will be used to deliver services and to keep you informed and up to date on the activities of the Post-Polio Network (Manitoba) Inc.

You may visit our website at:
www.postpolionetwork.ca or email us at postpolionetwork@gmail.com