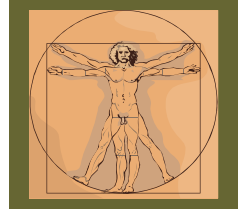


BELLEVUE MEDICAL PARTNERS PLLC

Winter 2010



1750 112th Ave NE Suite A-102 Bellevue, WA 98004

phone (425)637-1022 fax (425)637-2011

PAIN & INJURIES

We all run into situations where we suffer an injury or otherwise have to deal with pain. Fortunately, the pain causing injury is usually self-limited and only requires short-term therapy. Sometimes, however, pain can become a chronic condition and proper management is crucial to control and optimal function.

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The perception of pain is an intricate process that involves transmission of the pain signal and modulation of those signals by different receptors in the brain and spinal column. As a result, pain can change over time and treatment needs monitoring and reassessment to ensure a proper strategy.

Initially, most injuries do well with icing. The cold temperature reduces inflammation and blood flow-which reduces bleeding and bruising. This is usually recommended for the first 48 hours after an injury. Thereafter, heat can increase blood flow and promote the processing and healing of injured tissue. Tylenol (acetaminophen) is a useful over-the-counter medication that helps reduce pain. It is very safe in doses up to 3000mg/day and has no significant gastrointestinal, cardiac or other adverse effect except for those with chronic liver disease. For most people, a short course of Non-Steroidal Anti-Inflammatory medication (NSAID)(Ibuprofen and Naproxen as examples) can also help reduce pain and inflammation and promote healing. There are a few more precautions with these medications: Blood Pressure, the Gastrointestinal tract and Kidneys can all be adversely affected by NSAID's and we prefer to know when people are choosing to use them.

While we recommend evaluation of acute injuries, many people will use the above interventions before calling us. If symptoms are worsening during the first few days or pain is continuing despite the above therapy, we feel it is mandatory for you to be evaluated. Concurrent with further evaluation of an injury, longer-term pain control needs closer monitoring.

Opioids are the mainstay of chronic pain management. In general, when pain is present the relative risk of addiction is low. However, it is always a concern that becomes a greater problem if use is not tapered as pain improves. There are multiple forms of narcotics and several different delivery mechanisms. All of these need continual reassessment. The state regulatory agencies are very concerned about drug dependency and monitor our prescriptions closely. For many of these medicines, refills have to be written in an attempt to facilitate the reassessment process.

To minimize the amount of Opioids and shorten the course of treatment, we use several other medications. Some antidepressants can modulate pain perception and can also help with sleep disturbances. We use them to augment the effects of other pain medications; not because we feel that people are depressed. Other medicines such as Gabapentin and Lyrica can affect the transmission of the pain stimulus and help reduce discomfort especially in cases where the nerve, itself, is the source of the pain. This is the case in many people who suffer chronic low back pain. More recently, topical agents such as patches and creams have been shown to be useful in treating localized pain and can reduce the number of pills and amount of oral medicine needed to control pain.

The important thing to note is that early assessment can often shorten the overall course of treatment and minimize the amount of discomfort. The course of pain is constantly shifting and needs frequent follow-up to ensure proper dosing and avoidance of adverse effects including drug dependency.

Healthy eating!

Buffalo BBQ Meatballs

(great appetizer for Superbowl parties)

Meat:

2 lbs buffalo sirloin steak or round, ground
1 can fat-free- evaporated milk
2 14-oz. packages ground beef substitute
3 c slow-cook oatmeal
1/2 c egg substitute
1/2 onion, chopped
2 tsp. garlic powder
2 tsp. chili powder
salt and pepper to taste

Sauce:

3 c ketchup
1/2 c brown sugar
3 T liquid smoke
1/2 onion, chopped
1 tsp garlic powder
1 tsp. chili powder

Pre-heat oven to 350'. For the meatballs, thoroughly mix all ingredients in a large mixing bowl. For appetizers, form into 1-inch meatballs. For main entree, make 2-inch meatballs. Arrange meatballs in two large baking dishes. For the sauce, combine all ingredients in a medium-sized bowl. Pour the sauce over the meatballs, dividing evenly between the two baking dishes. Bake at 350' until done. The inside core temperature of the meat should register at least 160'. Do not judge doneness by the brown color of the meatballs.

Servings: 48, 87 cal. per serving. 6 cal from fat. Total fat 1g, Cholesterol 9mg, Sodium 302mg, Total Carbs. 12g, Dietary Fiber 1g, sugars 6g, Protein 8g

Richard E. Collins M.D., Cooking Cardiologist
South Denver Cardiology Associates.

H1N1 Vaccine



Have you had the H1N1 vaccine yet?

If you haven't, and would like to, please call the office to set up a time.

* Please note that Karen is out 12/17-12/29. Vaccines will be done by the doctors during this time, so please no walk in's.

In order to escape the cold and get some much needed vitamin D, the following time away is planned;

Dr. Williams will be out Feb. 13-21.

Ali will be out Feb. 13-21.

Dr. Kaner will be out March 4-22.



Office News

Linda is no longer with our office. Ali will now be doing the accounts receivable position, as well as having her smiling face at the front desk. If you have any billing issues please refer to Ali from now on.



Contact us:

If you wish to office or doctors for non-emergent issues, please use the following:

Dr. Kaner:

DrKaner@BellevueMedicalPartners.com

Dr. Williams:

DrWilliams@BellevueMedicalParnters.com

For general office information or billing issues contact:

Ali@BellevueMedicalPartners.com

For nursing issues contact:

Karen@BellevueMedicalPartners.com

*NOT TO BE USED FOR URGENT OR TIME SENSITIVE MATTERS.