

Follow-up care for cancer survivors: What to expect

DrTAREQ SALAHUDDIN

Follow-up care after cancer treatment is different for each cancer survivor. Congratulations on finishing your cancer treatment and becoming a cancer survivor. Being declared cancer-free can be both joyful and frightening. You are happy that your cancer treatment was successful, but what do you do now?

One important part of your life as a cancer survivor is follow-up care. Here is a guide to the steps you should take once your cancer treatment ends to ensure you receive the care you will need as a cancer survivor.

Choose a doctor for your follow-up care

You will need to choose a doctor you feel comfortable with for your follow-up care. You have options when it comes to who you will see. You might choose to see the same doctor who treated your cancer.

Develop a checkup schedule for your follow-up care

When you go for your first post-treatment visit with your doctor, ask your doctor to design a schedule of follow-up care appointments for you. Your follow-up care appointment

schedule depends on the type of cancer you had, the treatments you received and any side effects you experienced. Your doctor might recommend checkups every three or four months for the first few years after your treatment, then once or twice a year after that. Be aware that your health insurance plan may restrict your number of follow-up care visits.

During follow-up care appointments, your doctor will usually review your medical history, evaluate your current symptoms and examine you. Your doctor is looking for signs that:

- Your cancer has come back (recurrence)
- Your cancer has spread (metastasis)
- You have developed another type of cancer (second primary cancer)
- You are experiencing continued side effects of your cancer treatment
- You have developed late side effects of your cancer treatment
- You have developed other medical conditions.

Depending on the type of cancer and treatment you have had, your doctor may also do



other tests. These might include blood tests or imaging studies, such as X-rays and scans. In some instances, your doctor may order physical or occupational therapy to help enhance your recovery.

Recommended screening for different type of cancer

Breast cancer: Monthly breast self-exams, annual mammogram, physical exam every six months for the first five years and annually after that.

Colon cancer: Carcino-embryonic antigen (CEA) may be tested every three months for the first two years, then every six months for the next three years; colonoscopy one year after surgery, then every three to five years.

Melanoma: Complete skin exam annually, more often if cancer was more advanced.

Ovarian cancer: Pelvic exam every two to four months for the first two years and every six months for the following three years, may include blood test for cancer antigen (CA) 125.

Prostate cancer: Annual digital rectal exam; prostate-specific antigen (PSA) test every six months for the first five years, followed by annual PSA testing.

You might be reluctant to go back to your doctor for follow-up care for fear that your doctor will find more cancer. But checkups

after treatment can also put your mind at ease, confirming that you are doing all you can to make sure your cancer does not recur.

Develop a long-term wellness plan

Ask your doctor what you can do between checkups to stay healthy. A wellness plan might include getting regular exercise, decreasing stress, quitting smoking, or including more fruits and vegetables in your diet. These steps can help your body heal after treatment.

A wellness plan should also include keeping your mind healthy. While it is common to fear that your cancer will come back or feel unsure of yourself after treatment, talk to your doctor about a plan to lessen these feelings. A wellness plan for your mind might include joining a support group or a prayer group, or trying meditation or yoga.

Understand what you should be watching for

After your treatment you might be worried that any small change in your body could be a sign of cancer recurrence. Even a cold, sore throat or small aches and pains might worry you. It is natural to think that every sign and

symptom is a sign of your cancer coming back. Talk to your doctor about what signs to watch for. And don't be afraid to report any unusual or persistent symptoms. **Each time you visit your doctor, tell him or her about:**

- Any signs or symptoms you fear may be a sign of cancer recurrence
- Any side effects that make it difficult for you to go about your day, such as fatigue and pain
- Any feelings you have, such as depression, that make it difficult for you to go about your day
- Any changes in your family medical history
- Any other health problems you have

Keep copies of your medical records

Your records carry pertinent information about your cancer and your treatment that your next doctor—or any doctors you have in the future—will need to know. The records hold keys to what late side effects or complications of cancer treatment you will likely face, and if your cancer does recur, your records will show which treatments you have received and what treatments could be considered in the future.

Summer diarrhoea in children

Dr M KARIM KHAN

Every year in summer, diarrhoea hits our country. Scorching heat and rush of diarrhoeal patients in different hospital, specially in ICDDR,B is a common scenario. In ICDDR,B alone, more than 500 patients per day are coming for treatment with diarrhoea.

Diarrhoea means passage of liquid watery stool more than 3 times a day.

There are various organisms causing diarrhoea, namely – Rota virus, E. coli, Salmonella, Shigella, Entamoeba histolytica, Campylobacter jejuni, Cholera etc.

During winter season viral diarrhoea are common, but during summer, bacterial diarrhoea predominates. During this hot summer, acute bloody diarrhoea / dysentery are very common.

Dysentery is an acute inflammation of the large intestine, characterised by diarrhoea with blood and mucous in the stool. In children it is accompanied by abdominal cramp, fever, occasional dehydration and convul-

sion. Patients may become toxic and moribund. Most common causes of dysentery in our country is shigella, Entamoeba histolytica, salmonella, enteroinvasive E. coli.

Shigella infects human being only and spread is facilitated by low infecting dose. Only 10 organism may produce disease.

Spread of the disease occurs by contaminated food, fluid / drinks, flies. Unwashed or improperly washed hands after defecation are the main source of infection.

Symptoms are passage of small, frequent, mucoid bloody stool with abdominal cramp and tenesmus (condition where the patient feels he needs to pass faeces or sometimes urine, but is unable to do so and experiences pain). Fever, dehydration, weakness reactive arthritis, iritis may also occur.

Management depends on severity but as soon as diarrhoea starts, Oral Rehydration Saline (ORS) to be started. For children less than 2 years, 10-20 tea spoonful of ORS should be given after each stool. For patients aged 2 years -10 years,

20-40 tea spoonful of ORS to be given after each stool. Older children aged more than 10 years needs ORS as per as they want.

Normal feeding of the children to be continued along with ORS. Antimicrobial drugs are to be given 3-5 days according to doctor's advice.

For prevention:

1. wash hands with soap and running water after each defecation and before and after each meal.
2. please do not take any open food.
3. Do not take sugar cane juice or any other sharbat on the street.
4. Try to avoid salad and sweets in social invitations.
5. Safe disposal of the excreta is a must.
6. Ensure safe drinking water.

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Heartburn or chest pain: When is it heart attack?

STAR HEALTH DESK

Heartburn and chest pain are very different but can feel very much the same. Learn the difference and when to seek medical help.

You have just eaten a big meal and feel a burning sensation in your chest. Heartburn, right? Probably, but there is a chance the chest pain is a warning sign of a heart attack.

Learning to tell the difference between heartburn and something more serious may be a matter of life and death. Here is what you need to know.

What is heartburn?

Heartburn is not a disease. It is a symptom. You will notice a burning sensation in your chest that may start in your upper abdomen and radiate all the way to your neck. Sometimes, stomach acid that backs up into the esophagus can leave a sour taste in your mouth — especially when you are lying down.

Normally, digestive acid in your stomach is kept from backing up into your esophagus by the lower esophageal sphincter. This ring of muscle functions as a valve, which opens only as you swallow. But sometimes the valve relaxes or weakens, allowing stomach acid to flow back into your esophagus.

Pressure on the sphincter muscle from excess weight, overeating or lying down too

soon after a meal may cause it to open slightly. Certain foods, as well as overindulgence in alcohol or caffeine, can relax the sphincter or increase production of stomach acid.

Frequent, persistent heartburn may indicate a more serious condition known as gastroesophageal reflux disease, or GERD — the chronic regurgitation of acid from your stomach into your lower esophagus. Long-term GERD can lead to Barrett's esophagus, a condition in which the color and composition of the cells lining the lower esophagus change because of repeated exposure to stomach acid. Barrett's esophagus is a risk factor for esophageal cancer.

Can other digestive symptoms cause chest pain?

Heartburn is not the only digestive symptom that can cause chest pain. A muscle spasm in your esophagus may have the same effect. The pain of a gallbladder attack also can spread to your chest. You may notice nausea and an intense, steady ache in the upper middle or upper right abdomen — especially after a fatty meal. The pain may shift to your shoulders, neck or arms.

How would you know if it is form your heart?

It can be difficult or even impossible to tell what is causing chest pain. Be on the lookout for these heart-related warning signs:

- Sudden pressure, tightening, squeezing or crushing pain in the center of the chest that lasts more than a few minutes
- Pain spreading to the back, neck, jaw, shoulders or arms — especially the left arm
- Chest discomfort accompanied by shortness of breath, sweating, dizziness or nausea
- Pressure or tightness in the chest during physical activity or when you are under emotional stress

When should you get medical help?

Occasional bouts of heartburn are common. If you have persistent heartburn or take antacids daily, consult your doctor. Your heartburn may be a symptom of GERD.

If the heartburn seems worse or different from normal — especially if it occurs during physical activity or is accompanied by shortness of breath, sweating, dizziness, nausea or pain radiating into your shoulder and arm — get emergency help immediately.

These signs and symptoms may indicate a heart attack. In addition, seek medical attention immediately if you experience new chest discomfort and you have had a heart attack before, have heart disease or diabetes, smoke, are overweight or have high cholesterol. Proper diagnosis and prompt treatment may save your life.

Health experts unite to combat the world's leading vaccine-preventable killer

International experts in the fields of health and infectious diseases have joined forces to raise awareness and encourage global prevention of pneumococcal disease, the world's leading vaccine-preventable killer of children and adults worldwide — says a press release.

The Pneumococcal Awareness Council of Experts (PACE), a project of the Sabin Vaccine Institute, is a multi-year effort to urge policy-makers to ensure access to new life-saving vaccines to those most at risk. The launch of PACE follows the recent commitment of more than \$1.5 billion in financing for pneumococcal vaccines. In February, five nations and the Bill & Melinda Gates Foundation committed \$1.5 billion to launch the first Advance Market Commitment (AMC) to help speed the development and availability of new vaccines.

"We now have a critical piece in the equation to prevent this disease," said Dr. Ciro A. de Quadros, director of international programmes at the Sabin Vaccine Institute and co-chairman of PACE, who has led successful efforts to end polio and measles from the Western Hemisphere during his 40-year medical career. "Now, we must raise awareness of the need for the vaccine and this unprecedented opportunity to save millions of lives."

Pneumococcal disease is a bacterial infection that causes pneumonia, meningitis, sepsis and other life-threatening ailments.

Dr. Orin Levine, executive director of the GAVI's

PneumoADIP and co-chairman of PACE, said another reason for urgency is that current methods of treatment are growing weaker.

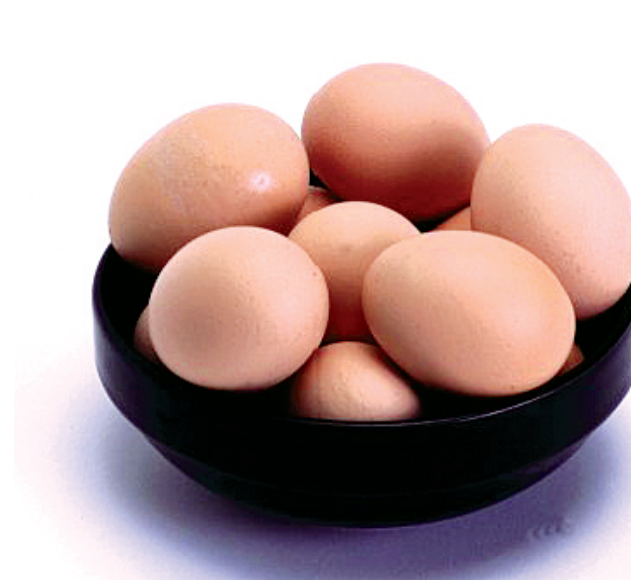
"Pneumococcal infections are becoming more difficult to treat as bacteria become resistant to some commonly used antibiotics," Dr. Levine said in calling for a comprehensive global plan for vaccine development and distribution.

"By encouraging professional societies, policy-makers and key health and financial decision-makers to make pneumococcal disease prevention a priority, our aim is to help save millions of lives," Dr. Levine said.

Survivors of pneumococcal meningitis can be left with serious disabilities, including cerebral palsy, epilepsy, brain damage, kidney disease, deafness, limb amputations and developmental delays. The disease takes a disproportionate toll in developing countries.

Safe and effective vaccines currently exist to prevent pneumococcal deaths in children and adults. In 2000, a new 7-valent pneumococcal conjugate vaccine (PCV7) became available and is currently in use in over 70 countries.

Currently, 10- and 13-valent pneumococcal conjugate vaccine formulations are in late stages of development and could be available in the next two years. These conjugate vaccines are expected to prevent 50-80 percent of all serious pneumococcal infections worldwide.



Eggs will raise your cholesterol, and other myths

REUTERS HEALTH, New York

Avoid eggs. Drink 8 glasses of water a day. Eating carbs will make you fat. Nutritional advice such as this has been touted for years — but is it accurate?

Not necessarily, according to Wendy Repovich, an exercise physiologist at Eastern Washington University in Cheney, Washington, who did her best to dispel several common nutrition misconceptions during an American College of Sports Medicine-sponsored health and fitness summit held recently in Dallas.

"Eating eggs will raise your cholesterol." This myth started because egg yolks have the most concentrated amount of cholesterol in any food, Repovich told. However, when eaten in moderation, eggs do not contain enough cholesterol to pose health risks, she said.

"Most people avoid eggs and probably if they have any kind of cardiovascular risk their physicians tell them to avoid eggs," Repovich said. "But really, there aren't a whole lot of studies that show that one or two eggs a day really make a difference to cholesterol levels."

"Eating carbohydrates makes you fat" is another myth. Cutting carbs from the diet may help a person shed pounds due to water loss from

a decrease in carbohydrate stores, Repovich said, but eating carbs in moderation does not directly lead to weight gain.

Here's another myth. "Drink 8 glasses of water a day." Repovich said people need to replace water lost through breathing, urinating, sweating each day — but that doesn't necessarily total 64 ounces of water.

"I see an awful lot of people carrying bottled water around," Repovich said. "I think people are still under the impression that they have to drink 8 glasses of water a day, but most people don't realise they get water from other sources in the diet."

And too much water can be harmful, Repovich warned, leading possibly to an imbalance in the body of sodium, a condition called hyponatremia.

It's also a myth, Repovich said, that everyone needs vitamin supplements, although she admits to popping a multivitamin each morning. People who eat a variety of fruits, vegetables, whole grains, along with moderate amounts of a variety of low-fat dairy and protein and the right quantity of calories, probably don't need a vitamin supplement, she said.

"But for the most part, we don't eat the way we should so probably a simple multivitamin is good for most people," Repovich said.



Your Doctor



Prof Dr Abdus Sadir
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Dear doctor
I am 26 years old. For a couple of months, I observed that there are dark circles under my both eyes. They stand in stark contrast to the rest of my appearance. It looks ugly and makes me worried. How can I get rid of this problem and what causes this? Please suggest.
Regards

Sabiha Rahaman
Elephantroad, Dhaka.
Answer:
It is very usual that many people get dark circles under their eyes time to time. Dark circles under eyes usually are temporary, and not a major concern.
You may be surprised to learn that fatigue and stress usually are not the cause of dark circles. Instead, the most common cause is nasal congestion. When your nose is congested, veins that usually drain from your eyes into your nose become widened and darker.
Another cause of under eye circles is eyelid swelling during sleep. When you lie down, gravity can cause fluid to collect in your lower eyelids. This swelling may create the appearance of shadows below your eyes.
In addition, dark circles can result from chronic skin conditions, such as atopic eczema. Dark circles can also run in families.
There are some home reme-

diies that may help to diminish the appearance of temporary dark circles under the eyes, and prevent dark circles from worsening.
•Be sure to drink enough water.
•Wear sunscreen with a minimum of SPF 30 under the eyes to prevent skin weakening caused by sun damage.
•Get adequate sleep.
•Apply plain cool teabags over closed eyes. Don't use herbal tea bags, because most are not as effective.
• Be careful not to consume too much dietary salt.
•You can apply skin creams that contain vitamin C or K, alpha hydroxy acid. Treatment for chronic and severe under-eye circles is directed at the underlying causes, if known, and may include bleaching agents and laser therapy.
But you must consult with a skin specialist to get proper treatment guideline.



Send health related queries (either in English or Bangla) to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net