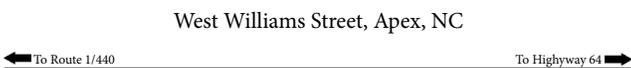
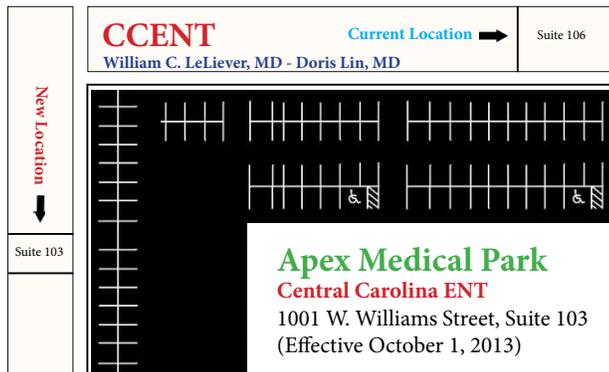




An Ear- Responsible Publication of Central Carolina ENT, PA

CCENT To Move Apex Office

Central Carolina ENT will be moving its Apex office to a new location in the same office complex in September. Officially, our new address will be 1001 W. Williams, Suite 103. When you turn into the the Apex Medical Park, our new office will be on your immediate left. (See map below) Parking is located directly across the drive. The move will take place the end of September. Thanks to our new internet phone system, the phone numbers will remain exactly the same.



In This Issue

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We want to thank **Dr Cynthia Chen** for her year of service with CCENT. We wish her well as she pursues a pediatric fellowship in Otolaryngology at John Hopkins University in Baltimore, Maryland.

The Myths of Healthy Skin Care By: Julie Spach

As you sort through managing a proper skin care regimen and maintaining a healthy lifestyle, you're not always equipped with the correct information. Lucky for you, we've tackled a handful of common myths that you might encounter in your quest for beautiful, healthy-looking skin.

Myth #1: Skin should feel tight after you wash. That means it's clean! If your skin feels tight after cleansing then you have stripped the skin of all of its water, causing dead skin cells to build up on the surface. To combat this, avoid strong cleansers like bar soaps. Remember that what you cleanse with is the foundation and most important part of your skin care routine.

Myth #2: Consuming greasy foods and chocolate will make your skin breakout! You may have heard this and even passed it along to your kids. While this myth might inspire you to eat healthier, there is no evidence that supports this claim. Food does not contribute to the prevention of, healing of or the cause of acne break outs.

continued on page 2

Julie Spach is a licensed medical aesthetician and medical assistant. She is providing aesthetic/cosmetic services at the Sanford (919-774-6829) and Apex (919-363-9311) offices. Call her to setup your **confidential consultation**.





"Myths of Healthy Skin Care", continued from page 1

Myth #3: Smoking is only bad for your lungs. It has nothing to do with your skin! Wrong! Not only is smoking terrible for your lungs, it also makes you look older and may contribute to wrinkles. Smoking narrows the tiny blood vessels in the outer layer of the skin, and depletes the skin of oxygen and nutrients that are essential to skin health. The easiest way to avoid this is to quit smoking!

Myth #4: The more you use a product, the less effective it is. Many people believe that your skin becomes resistant to a product over time, which is also false. Your skin is continually renewing itself—old, dead skin cells are constantly pushed to the surface as new, fresh cells are being created every day. In normal, healthy skin, cells are regenerated approximately every 30 to 40 days. So, eventually, the skin cells you've transformed to become healthy will naturally die and fall off. However, when you alter your regimen, you may affect the healthy cell renewal process.

Myth #5: You don't need sunscreen. Your makeup already has it! Just because you're wearing makeup with SPF doesn't mean you're protected. Studies indicate that you would have to wear 14 to 15 times the amount of makeup a typical person would wear in order to achieve the SPF on the label. Therefore, it's important to use a sunscreen in addition to your makeup, even on cloudy days.

Learning About Chemical Peels

Chemical peels are a category of advanced clinical rejuvenation treatments. These treatments aid in reversing damaged skin due to factors, such as aging, sun exposure, and acne. By sloughing off dead skin cells with a chemical peel, a new fresh and healthy glowing layer of skin is exposed, making your skin appear younger and tighter.

TCA 15% package of 6 peels - \$250



Dr. Clifford Baggett, MD will be joining CCENT for the month of August.

Sunscreen and Skin Cancer By: Christine Lupiensi, FNP



Summer is here and is the time of year when we have to be cautious with our skin. Skin cancer is the most common cancer. I can not stress the importance of applying sunblock. Sweating and swimming causes the sunscreen to wear off even faster, so consider reapplying a minimum of every 2 hours in those conditions. And be sure to let the reapplied sunscreen soak into the skin for a few minutes before diving back into the water. Otherwise it will wash off.

Many patients ask me if there is a sunscreen that is "waterproof". In fact, the FDA rules, no longer allow the word to be used on sunscreen bottles as well as "sweat-proof" or "sunblock". Instead, based on testing, manufacturers can claim their product to be "water resistant" for either 40 or 80 minutes. Many skin experts recommend using a sunscreen that carries an SPF of at least 30. An SPF of 30, when applied in the appropriate amount, will block out about 96 percent of the sunburn-causing UVB rays from the sun.

Your sunscreen can't block out 100 percent of the sun's UVB rays, and it shouldn't be your only defense against sun damage. We need to wear protective sun wear such as hats, sunglasses and protective clothing. We should all keep in mind the sun's UV is greatest when the sun is at its highest in the sky (between 10 am and 4 pm) and less in the early morning and late afternoon. While UV exposure is the greatest in the summer (May—August) in the United States, it is important to remember that UV rays reach Earth every day and you should be sun safe year-round—including wintertime! Snow can reflect 85% to 90% of the sun's UV rays!

My patients are concerned about melanoma and often ask what are the signs of skin cancer. Often, the first sign of melanoma skin cancer is a change in the size, shape, color, or feel of an existing mole. Most melanomas have a black or blue-black area. Melanoma also may appear as a new mole. It may be black, abnormal, or "ugly looking."

Thinking of "ABCD" can help you remember what to watch for:

Asymmetry—The shape of one half does not match the other.

Border—The edges are often ragged, notched, blurred, or irregular in outline; the pigment may spread into the surrounding skin.

Color—The color is uneven. Shades of black, brown, and tan may be present. Areas of white, grey, red, pink, or blue also may be seen.

Diameter—There is a change in size, usually an increase. Melanomas are usually larger than the eraser of a pencil (1/4 inch or 5 millimeters).



What is Laryngopharyngeal Reflux?

By: Doris Lin

Laryngopharyngeal reflux or LPR is very similar to gastroesophageal reflux disease (GERD) or heartburn in that stomach acid comes back up the esophagus into the throat. However, people with LPR usually do not get the typical burning in the chest associated with GERD. The amount of acid that comes back up is often such a small amount that it doesn't burn in the esophagus but causes irritation in the throat - similar to the sensation of lemonade stuck at the top of the throat. LPR is often called silent reflux because it usually does not cause heartburn.

Symptoms of Laryngopharyngeal Reflux:

In children and infants may include:

- hoarseness
- reactive airway disease (asthma)
- cough
- noisy breathing or pauses in breathing while sleeping
- trouble feeding, spitting up, or inhaling food
- trouble gaining weight

In adults:

- typical GERD symptoms such as heartburn, burning sensation in back of throat, bitter taste in mouth in the morning
- cough
- lump sensation in the throat persistent even when not eating
- sore throat
- choking or gagging at night or after coughing
- excessive throat clearing
- hoarseness
- sensation of postnasal drip or excess throat mucus
- trouble swallowing or breathing

The symptoms are often worse at night (rather than after meals as with GERD). A person with LPR often finds themselves coughing and/or gagging at night. When you are lying down, the acid finds its way up into the throat more easily than during the day when you are upright and have gravity to help keep the acid down in your stomach. Sometimes, you may have already found that sleeping up on a couple of pillows at night helps you sleep.

What causes LPR? Why would I have it if I have never had heartburn?

LPR can be a lifelong condition or temporary. If someone has GERD, they are prone to having LPR. The same foods and conditions that cause GERD also exacerbate LPR. Certain foods, tobacco use and especially stress can cause a flare up of GERD/LPR.

Foods that worsen GERD/Reflux

- caffeine
- chocolate
- tomato and citrus foods
- spicy foods
- carbonated drinks
- peppermint
- fried and fatty foods

Often, LPR will occur after an illness or stressful event in a person's life. The illness is often something that causes a lot of coughing such as bronchitis or pneumonia. The person coughs so much and so forcefully that they force acid up from the stomach with each cough. Some patients report actually throwing up when they cough - and that is stomach acid coming back out of the mouth (still reflux!). The throat is now exposed to the acid and becomes irritated. Now, every bit of saliva or mucus dripping from the nose triggers a cough and now the cough is lingering even though the pneumonia or bronchitis is long gone. A stressful event often loosens the lower esophageal sphincter/LES (the "valve" separating the esophagus and stomach), allowing acid to reflux up the esophagus and cause symptoms.

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Damage from Laryngopharyngeal Reflux

Persistent stomach acid in the throat can cause long term irritation and damage:

- subglottic stenosis - narrowing of the airway below the vocal cords
- lung irritation/damage
- ulcer in the larynx/voice box
- vocal cord changes/Reinke's edema

Diagnosing Laryngopharyngeal Reflux

Your doctor will perform a detailed history and physical exam including questions about your diet, stress, and any recent illnesses. Your Ear, Nose and Throat doctor will perform an examination of your voice box with a mirror and/or endoscopy (an office procedure using a small scope through the nose or mouth to visualize the voice box). Sometimes 24 hour pH monitoring is needed to detect acid in the esophagus and throat. A barium swallow exam (an xray that is obtained while a patient is swallowing a radiopaque fluid) can also visualize reflux.

Treating Laryngopharyngeal Reflux

Treatment of LPR often involves lifestyle and diet modifications similar to that of GERD. Treatment of any residual illness (bronchitis, sinusitis, allergy, asthma, etc) should be done. If a person has persistent symptoms of postnasal drip, often treatment with allergy medications (such as antihistamines, nasal steroids and/ or nasal antihistamines) can decrease nasal mucus and allow the throat a chance to rest. If a person does not usually have allergies, these treatments can often be discontinued once the LPR is resolved. Often, medications to treat GERD are started. These medications either neutralize the stomach acid (antacids), reduce the acids (H2 blockers) or block the acid producing cells in the stomach (proton pump inhibitors/PPIs). If you are taking a PPI for LPR, it is important to try to take it before you eat to get the maximal benefit from the medication (often just the thought of food will get the stomach acid going!). If your symptoms are worse at night, you may find that the PPI is more beneficial in the evening rather than in the morning (which is more helpful for GERD symptoms). Even with medications, the symptoms of LPR can take a few months or even longer to go away. The irritation and/or damage to the throat needs time to heal and recover. Management of stress is also key to recovery.

Tips for Reducing Reflux and LPR

- If you use tobacco, QUIT. Smoking may make you reflux.
- Do not lie down just after eating...in fact, do not eat within three hours of bedtime.
- Avoid caffeine (especially coffee and tea), soda pop (especially cola) and mints.
- Lose weight
- Eat small meals and slowly
- Don't wear clothing this is too tight, especially around the waist (trousers, corsets, belts)
- Sleep with your head elevated 4 to 6 inches
- Do not drink alcohols
- Wear loose clothing

If these treatments are not enough, you might need an esophageal endoscopy and/or consideration of surgery called fundoplication (a procedure where the stomach is wrapped around the lower esophagus to tighten the LES) to control reflux.

The Central Carolina ENT newsletter is published quarterly on our website. All materials are created by our staff for the education of our patients and website visitors. Any reproduction must be approved in writing by our editor. If you have any comments or suggestions, please direct them to: Editor: J.P. Miller, M.S. CCC-A, jmillerccent@yahoo.com. Apex office: 919-363-9311. Sanford office: 919-774-6829.



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