



# Open up and say Aaahhh



The Daily Oakland Press/GARY MALERBA

Dr. Jeff Haddad of Rochester Hills talks to the Songer twins, Abigail and Jonathan, 11, of Oakland Township. The Songers both have had their adenoids and tonsils removed.

## Having tonsils removed may not be as routine as in years past, but it's done for better reasons now

By DERRICK SOBODASH  
Special to The Daily Oakland Press

**T**onsillectomies, once a rite of passage for children, may be making a comeback.

Most remember the sore throat and never-ending supply of ice cream, though today the surgery is a rarity.

Rochester dentists Kurt Doolin, 47, and Jeff Haddad, 29, say the benefits of tonsillectomy should be re-examined.

"Traditionally, (recommending a tonsillectomy) is out of the realm of dentists," Doolin says. But since they see patients so regularly, it's easier for them to track changes.

"I'd rather have (children) seen and be deemed OK than not seen and have developmental problems down the road," Haddad says.

It may be worth having your children's tonsils checked if they have poor sleeping habits including sleeping in odd positions, ear-aches, sore throats, visits to the

hospital to have tubes installed in their ears, and subsequent visits when those fall out. The doctors say common treatments, such as tubes in the ears, focus on the symptoms only, not the cause.

"Tubes are like putting a Band-Aid on a wound," Doolin says. They just relieve pressure and drainage, and don't address the underlying cause.

But while Doolin and Haddad say the surgery is less common today, Steven Kin, 45, an ear nose and throat specialist practicing in Rochester Hills, says that may not be so.

Kin says studies have shown tonsillectomies are not less common today than in 1960, they're just done for different reasons.

"(Back then), it was recommended you take them out to combat strep throat because of the limited antibiotics we had at the time," he says.

With modern antibiotics, tonsil-

## New tools take some of the sting out of tonsillectomy

By DERRICK SOBODASH  
Special to The Daily Oakland Press

Patients facing a tonsillectomy today can swallow easier.

Since the 1960s, many surgical developments have focused on minimizing pain.

"There are a lot of different ways to remove the tonsils," says Steven Kin, 37, an ear, nose and throat specialist practicing in Rochester Hills.

One of the newer techniques involves removing 90 to 95 percent of the tonsils, leaving some tonsil tissue behind to protect the throat, resulting in less pain and a quicker recovery.

"It shows some promise, and it's in the process of being evaluated," Kin says. "Because there can be a

lot of discomfort with having the tonsils removed, physicians are always looking for new way to minimize the pain," he says.

To this end, the last 10 years have seen the introduction of a new kind of scalpel, as well as lasers, though Kin says most of these have fallen by the wayside.

"Lasers didn't turn out as well as we hoped," he says. "Lasers are good for some things, but for ear nose and throat matters, their use is somewhat limited."

"Lasers aren't sophisticated enough to change on the fly."

When Kin is performing a tonsillectomy, he prefers using a cold knife or cautery-type unit.

One thing remains the same, however: Recovery for most patients is still about week.

### DOCTOR ON CALL



DR. MICHAEL ZIELINSKI

## It's easy to see who needs X-ray with ankle injury

**A**s I entered the room, the first thing I noticed was how swollen her ankle was. The patient was 24 years old and had been jogging through her neighborhood when a stray dog frightened her. She didn't notice that the concrete was uneven and she had twisted her right ankle.

"I just found out I'm pregnant so I really don't want an X-ray," she said, "What are you going to do?"

Ankle sprains are a common problem seen in the emergency department. Statistics show that in the United States there are around 1 million doctor visits for this type of injury. The incidence of fractures, however, is only 15 percent.

The ankle is wonderfully designed joint that lets us run and jump and walk. You can move it multiple different ways — try it.

But because it is so flexible it is also prone to injury.

The vast majority of sprains occur when the force of the injury causes the foot to turn inward. This occurs because the ligaments on the outside of the ankle are somewhat weaker than on the inside.

This causes pain and swelling over the outside part of the ankle. Most ankle injuries are confined to just the ligaments, and don't involve the bones.

In Canada, a group of physicians noted by looking at X-rays that a lot of patients they were treating for ankle injuries did not have fractures. They then set out to develop a logical approach to the question stated by our patient: Who needs an X-ray?

Though it seems like a small matter, their research helped decide how millions of our health care dollars were spent.

Yes, I said millions.

As I mentioned, ankle injuries are common. Just think about how many people will injure their ankles today and multiply it by \$70, which is a low estimate for the cost of an X-ray and the radiologist fee to look at them. We are talking about real money here.

Also, I'm not just referring to pregnant patients with ankle injuries; I'm talking about everyone. The dollars saved could be used to treat other problems, such as cancer and heart disease.

The group in Ottawa, Canada, developed what are referred to as the — what else? — Ottawa ankle rules. The doctors found that patients who meet these criteria need an X-ray:

■ Patients who immediately after injuring the ankle and in the emergency department cannot take four steps on it.

■ Patients with pain over either side of the bony part of the ankle, called the malleoli.

That's it.

This approach has been studied numerous times and is nearly 100 percent accurate. So, if you don't meet the criteria above, your ankle is almost certainly due to a ligament injury and is not a fracture.

You should seek medical attention if you injure your ankle. Most definitely. Even if you haven't suffered a fracture, the ligament injury, known as a sprain, needs to be treated.

Treatment of a sprain may include a brace or ace wrap, medication for the pain and swelling and even crutches or physical therapy.

When I examined the patient discussed above, she was able to walk four steps with only minor pain and only had pain and swelling below the bony part of her ankle, where the ligament was, so no X-ray was needed.

We discussed the Ottawa rules and she was happy that she wouldn't need an X-ray. She went home with an ace wrap, was told to keep it elevated above her heart and to see her doctor in the next few days.

If only the rest of medicine were this black and white.

Dr. Michael Zielinski is medical director of the Waterford Ambulatory Care Center, a division of North Oakland Medical Centers. His biweekly column will address commonly asked questions about health and wellness. Write to him in care of: The Daily Oakland Press, 48 W. Huron, Pontiac 48342.

### COMING FRIDAY:

"Sahara," starring Matthew McConaughey, Penelope Cruz and Steve Zahn, is high spirited and entertaining, says Roger Ebert, in Marquee.



## BIO-IDENTICAL HORMONE REPLACEMENT

A SPECIALTY OF THE  
**BIRMINGHAM MENOPAUSE INSTITUTE**  
*Whole Health Care for the Menopausal Woman*

Jerrold H. Weinberg, MD, PLC, FACOG • Certified Menopause Clinician  
Mimi A. Kuykendall, PA-CMS • Certified Menopause Specialist

**248.865.3750** birmingham-menopause.com  
30055 Northwestern Hwy., Suite 250 (at Inkster Rd.)



## FROM PAGE ONE

## Self-destructive daughter refuses any help

Dear Abby,  
I'm at my wit's end with my daughter, "Fran." She excelled in school and had a chance to go to college, but she chose to be married instead. Fran is now 35 and on her fourth marriage. I have seen my daughter through one violent marriage, amphetamine addiction and one episode where she overdosed on medication and I had to rush her to the hospital to have her stomach pumped.

Fran can't hold a job because she has trouble getting along with others. My deepest concern is that she will commit suicide.

She has been verbally abusive to me, but I can't just write her off. Fran is my daughter, and there are grandchildren to consider. She refuses counseling.



DEAR ABBY

She says all they do is talk, and they can't do anything. She also thinks she is smarter than the counselors are. The children's father is no help. He's an alcoholic. Can you help me?

— Walking on Eggshells in the Midwest

Dear Walking on Eggshells,  
Your daughter's "overdose" on medication was an indication that she's a danger to herself, and she should have been held for psychiatric evaluation

then. She appears to be very troubled, and very much in need of professional help. Your concern is that she might hurt herself. Mine is that she could harm the children. Since your daughter refuses to get help, I think you should involve Family Services. Perhaps that will wake her up.

Dear Abby,

Because your column reaches so many households, you are in a position to share some much-needed tips about riding in funeral processions. Many automobile collisions occur on the way to cemeteries because mourners' vehicles travel through red lights, and other drivers unwittingly cut into the line of cars. Also, many cars get lost from the pack, causing the occupants to miss the

remaining services.

I would like to offer some tips:

■ **First, hazard lights should be used in addition to headlights, since daytime headlights are used in various parts of the country.**

■ **Second, a nonobstructing yellow paper with the word FUNERAL in large block letters should be hung in the window of each car to make the situation clear to motorists approaching from the sides.**

■ **Last, funeral directors should distribute photocopies of directions from the funeral home to the church and to the cemetery, so that people at the end of the line will not feel pressured into unsafe driving to avoid getting lost.**

Thank you for printing this, Abby.

— Widower Due to a Funeral Collision

Dear Widower,

Please accept my deepest sympathy for the tragic loss of your wife. I hope your letter will avert another tragedy.

Dear Abby,

This is embarrassing, but when a girl loses her virginity, is she supposed to bleed? When I lost my virginity, I did not bleed. So my boyfriend thought I lied to him when I told him I was a virgin.

— Honest Girl in New Mexico

Dear Honest Girl,

Girls today are more active and athletic than women were 50 or 100 years ago, and today not every woman bleeds. What is of more concern to me is

that your boyfriend doesn't believe you when you tell him something. Where there is no trust, there is no love.

Write to Abby, P.O. Box 69440, Los Angeles, CA 90069.



## Mother feels guilt for 'spying' on sexually active teenager

Dear Dr. Brothers,  
I have a sinking feeling that my 15-year-old daughter is involved in sex with her so-called boyfriend. I eavesdrop sometimes when she is on the phone with him, as well as with her friends, and from what I can overhear, they have been sexually active for at least a few months.

I always trusted my daughter to do what is right, but now I find myself becoming suspicious of her every move, and I hate feeling that way. How can I keep her from doing anything wrong without letting her know I am spying?



DR. JOYCE BROTHERS

to supervise her activities, know her friends, and set boundaries that will help her form a frame of reference in which to operate as a girl vulnerable to social and sexual errors. Don't be afraid to be a mom. It's your job, and if you don't do it, nobody else will.

You seem to feel guilty for wanting to bring up the topic with your child. If you haven't been talking about sex with her since she was a little kid, it is going to be much harder now. You don't need to tell her you have been spying.

However, you should give your daughter the feeling that you know what she is doing. And don't permit her to be alone with boys unsupervised. Since she is not of driving age yet, you have some time left to control her activities. Now is also the time to be in close contact with

other parents, so that no one is giving tacit approval to early sexual activity by allowing the kids to throw parties when parents are absent, or set up "study dates" with bedroom doors closed — or coed slumber parties. Good luck!

Dear Dr. Brothers,

I'm concerned about the behavior of a neighborhood boy who seems to be entertaining his group of friends, including my son, with pranks involving animals. The kid has been trapping mice and then killing them with a knife in a very dramatic and horrendous way. I know this is only a rodent, but I don't like the idea. My son says it is no different from hunting, which is popular here.

— T.T.

Dear T.T.,

Alarm bells go off when children enjoy torturing or harming animals in any way. You should speak to the boy's parents. This is one of the early

signs of sociopathic personality — and nothing to be excused as harmless fun. It is sometimes hard for children to draw a distinction between hunting, raising animals for food and killing small animals, but if you want to take it on, I suggest you help your son shed any macho ideas he might have and teach him that animals are not to be tortured for any reason.

Recently, there has been a spate of fraternity pranks involving hurting or killing animals. The schools involved have punished the individuals. But it was recognized that membership in a group that puts a high premium on exclusivity and ritual can sometimes lead to blurring of boundaries of acceptable behavior. Alcohol and drugs can also help otherwise nice people take on inappropriate behavior. Your son might be in such a group with his neighborhood pals. They should be watched more closely. And make sure knives, hunting rifles or other dangerous items are not on their list of toys.

Write to Dr. Joyce Brothers c/o King Features Syndicate, 888 Seventh Ave., New York, NY 10019.

## BRIDGE

## Defeating a Columnist

By FRANK STEWART

Tribune Media Services

At the ACBL Fall Championships, South, who happened to be New York Times bridge columnist Alan Truscott, played at four spades after making a bold takeout double.

When West innocently led a heart, it seemed Truscott had a chance. He took the ace, led a trump to dummy and threw diamonds on the K-Q of hearts. Dummy next led a diamond, and East took the queen and led the king.

Truscott ruffed and led the jack of clubs: six, seven, queen. East then led the ace of clubs.

## OVERRUFFS

Say West pitches a heart, and East leads another club. West ruffs South's four with the four of trumps, but South overruffs in dummy, ruffs a diamond and leads the eight of clubs. If West discards, South scores dummy's three of trumps and cross-ruffs for the rest. If instead West ruffs with the eight, dummy overruffs, and South draws trumps and wins Trick 13 with his ten of clubs.

West, Mike Shuman, defended well. He ruffed East's ace of clubs and led a trump, and South had to end a trick short.

## DAILY QUESTION

You hold: ♠ 5 ♥ J 9 6 3 2 ♦ K Q ♣ A Q 9 5 2. Your partner opens one diamond, you bid one heart, he

rebids two diamonds and you try three clubs. Partner then bids 3NT. What do you say?

ANSWER: Pass and play at the nine-trick game. Your diamond honors will fill out partner's long suit. It's true you can make six diamonds if his hand is A 10 4, 7, A J 10 7 6 5, K 6 4, but he can hold many hands where 3NT is best. It's a mistake to give him perfect cards for slam.

East dealer  
Both sides vulnerable

NORTH  
♠ K J 9 3  
♥ K Q 7  
♦ J 9 8 4  
♣ K 7

WEST  
♠ 8 7 4 2  
♥ 10 8 5 4  
♦ A 7 3 2  
♣ 6

EAST  
♠ 5  
♥ J 9 6 3 2  
♦ K Q  
♣ A Q 9 5 2

SOUTH  
♠ A Q 10 6  
♥ A  
♦ 10 6 5  
♣ J 10 8 4 3

East 1♥ Pass  
South Dbl 4♣  
West 3♥ All Pass  
North 4♥

Opening lead — ♥ 4

© 2005 Tribune Media Services, Inc.

## TONSILS

FROM PAGE E-1

## Dentist says enlarged adenoids or tonsils can cause dental problems

lectomies are now performed for either airway obstruction or extremely frequent infections, Kin says.

"Sometimes kids get missed because they're not having frequent infections," he says.

Doolin says complications from enlarged tonsils or adenoids can be developmentally devastating to dental health, choking off a child's — even an adult's — airway.

"The tongue shoots up to the roof of the mouth, causing the teeth to collapse inward in the lower jaw and the palette to push upwards from the force of the tongue," Haddad says.

All in order to breathe. Catching the problem early enough, before the mouth becomes too distorted, could

## Tonsils or adenoids?

■ The tonsils and adenoids are part of the body's lymphatic system, which helps fight off infection.

■ Tonsils can be seen on both sides at the back of the throat, while adenoids are a little higher up and harder to spot.

■ Both are believed to provide front-line resistance to invading bacteria, though even removed, the body produces enough antibodies to fight infection in their place.

prevent future orthodontic treatment, or at least lessen a child's time in braces, the dentists say.

"Children and adults can have problems with obstructive sleep apnea," Kin says. "Sometimes it can lead to behavioral problems. With children it can affect their schoolwork."

Two of Doolin and Haddad's patients, Abigail and Jonathan Songer, 11-year-old twins from Oakland Town-

ship, both had their tonsils and adenoids removed.

"It was the dental visit that led us to examine this path," their mother, Martha Songer, 46, says.

Jonathan had his tonsils out in March 2002, and a year later, Abigail had hers removed.

Songer says prior to the surgery Jonathan had frequent ear infections and was often on antibiotics. At night, he suffered from snoring and sleep apnea.

"Every pediatrician said his tonsils were big, but he never had strep (throat)," she says.

Haddad says the underbite Jonathan developed was caused by his struggle to breathe with such a constricted airway. But after surgery, the problem corrected itself.

"Over some time we noticed his teeth moved back to the right position," Songer says.

A year later, Abigail, who had been complaining of stomach aches and sore throats regularly, had hers removed.

Her tonsils were so large,

one crossed her throat and forced the other aside.

"I haven't had any more sore throats and my stomach doesn't hurt anymore," Abigail says.

But in the end, the decision to remove a child's tonsils is the parents' choice.

"They could grow out of it, but the formation and development period has already happened," Haddad says. "If you don't do it, and it doesn't get better, it's hard to go back."

Like any surgery, the benefits must be carefully weighed against the risks.

"The good-old-fashioned tonsillectomy is still a surgical procedure, and should not be taken lightly," Doolin reminds.

"It's surgery — you are putting a child out. You don't just say, 'Oh, my child's palette is a little misshapen, I better run to my (ear, nose and throat specialist) and see if he or she can whack them out,'" Songer says.

"It's not a panacea, but for these two it turned out pretty close."



The Daily Oakland Press/GARY MALERBA

DENTISTS KURT DOOLIN OF BEVERLY HILLS (LEFT) AND JEFF HADDAD OF ROCHESTER HILLS WORK TOGETHER IN ROCHESTER. THEY SAY THAT DENTISTS ARE IN A GOOD POSITION TO SCREEN CHILDREN FOR CHANGES THAT MAY INDICATE A TONSILLECTOMY IS NECESSARY.

## Bulk up diet to slim down, author says

By GARRET CONDON  
Of The Hartford Courant

Calories are back. Again. With the release in January of the newly revised Dietary Guidelines for Americans and the recent cooling of demand for carb-light foods and, presumably, for low-carb diets, we are forced once more to face up to the simple truth of our bodies and our food: If you don't burn off what you eat, you wear it.

The new guidelines state: "Many Americans consume more calories than they need without meeting recommended intakes for a number of nutrients."

And the report lays out the number of calories to be consumed, from 1,000 to 3,200 daily, based on age and levels of physical activity.

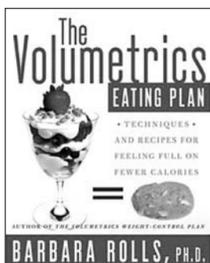
The cold truth of calories never really left, says Barbara

Rolls, a professor of nutritional sciences at Pennsylvania State University and author of "The Volumetrics Eating Plan" (HarperCollins, \$25.95). But there is a way to satisfy hunger without overdosing on calories, Rolls says. It's an approach she calls Volumetrics. Her current book is a more user-friendly, recipe-filled version of her more scholarly book published in 2000.

The logic of Volumetrics is this: Individuals eat about the same weight of food each day — an amount that satisfies their hunger. But ounce for ounce, some foods have more calories than others. Fresh fruits and vegetables, for example, are loaded with

water, which adds weight but no calories. There are 100 calories in a quarter cup of raisins, for example, and the same 100 calories in two cups of grapes. Fiber, found in fruits and vegetables, beans and whole grains, also adds weight without adding too many calories — only 2 calories per gram.

On the other side of the spectrum is fat, the most calorie-dense food component, at 9 calories per gram. Cut down that and you automatically cut calories — often without affecting the volume of the food. One can easily compute the calorie density of foods by dividing the calories in a given serving of food by the size, in grams, of that serving.



"Soup works the same way," Rolls said.

The idea is to favor and fill up on the less-dense stuff, watch portion size, include some low-fat protein — such as lean poultry, seafood or tofu — which helps trigger the feeling of being satisfied and become more physically active.

Not accidentally, the less-energy-dense foods also are the most healthful.

"Basically, the fundamentals of the way I'm trying to show people how to eat are the fundamentals of solid nutrition," Rolls says.

Nancy Rodriguez, associate professor in nutritional sciences at the University of Connecticut in Storrs, says Rolls' approach has something in common with various weight-loss surgical procedures used to shrink the stomach.

"She is physically filling up the stomach," Rodriguez says. "You can only eat so much. It does seem sensible to me."

Rolls acknowledges that

some people, especially those in urban areas, may have less access to high-quality fresh fruits and vegetables, but that canned and frozen vegetables and canned soups are also good choices.

American children represent a particular challenge, she says, because they have been raised on huge portions of calorie-dense food. They need to be introduced to healthy food early on, she says.

And almost everyone is challenged in restaurants and fast-food outlets, but she believes customer demand will create a change in food offerings and portion sizes in restaurants.

"What I keep telling consumers is that if we keep asking for it, we're going to get it," she says.

Kelly Brownell, director of the Rudd Center for Food Policy and Obesity at Yale University, welcomes Rolls' book.

"Thank God," he says. "A diet with some scientific justification."