

Parents must be responsible spectators

The championship hockey game was exciting—a 2-2 tie heading into the second overtime. The players were fatigued, but skating hard, and the fans remained on the edge of their seats. Five minutes into the second OT, a player scored to end the game. Some fans cheered; others jeered. Standing near me was a man who yelled and pointed to one of the goalies, "I can't believe you allowed three goals. You stink!" Was this a National Hockey League game? No. Was this a

collegiate championship game?

No. These, in fact, were eight- and nine-year-old children playing, and it was the goalie's own father yelling! Unfortunately, this happens far too often. Unruly and inappropriate fans have become a major problem in today's athletics. The

focus of today's column, however, is not the fans who watch pro sports, although a problem exists there. Rather, it's regarding the behavior of parents watching their children.

As the little league baseball season approaches, I'm reminded of numerous stories in the newspaper, and events I've witnessed over the year.

"Gun-toting dad unnerves coach," "Parent sues league after a bad call by umpire." These are just some of the abhorrent headlines I've read.

The lunatic parent who con-

fronts the coach after the game or yells disparaging remarks during the game is equally to blame. I often scratch my head and wonder how these people ever became parents.

Getting involved in the excitement of the game is fun. Yell, scream, do whatever is necessary to be part of the moment. Once you exhibit negative behavior—booing at a call by the umpire, chastising the other team, or any other negative behavior—you've crossed the line. You have now become the perfect negative role model.

The child is consistently evaluating parents' behavior. What you do and say sends a message that tells the child it's all right to behave in a particular manner.

Think about the times you watch your child play a game. If she hits the ball and makes it safely to first base, what is the first thing she does? She glances to the stands for your approval. Although this split-second reaction may seem unimportant, the feedback is crucial to her emotional development. A smile or frown and/or words of encour-

agement or ridicule greatly contribute to self-esteem.

Spectators are not always in agreement with an umpire's call or a coach's decision. But just as in all aspects of life, how you voice your opinion is important, particularly in front of children. This is not a time to vent your frustrations, yet many do. Why do many parents become so agitated and behave inappropriately?

For many, the need to win is an integral part of their self-

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Health Day '98

Saturday May 2, 1998 9 am - 12 pm



LIVING WITH BREAST LUMPS

by Judith Bryak, MD

What is it? Most women will notice lumpy areas in their breasts from time to time. These are more noticeable just prior to a period, often because they become tender and draw attention to a spot in the breast. Breast tissue responds to hormonal factors which make the gland tissues become thickened, so examining the breasts just before a period is likely to result in a lump scare. If the lump goes away after the period, it is nothing to be worried about.

What about a lump found after a period? This should be checked by a doctor. On the good side, 80% of breast lumps are benign (non-cancerous). Of these, the most common are:

- Cysts, which are fluid-filled sacs, and
 - Fibroadenomas which are thickened, solid areas in the breast. The presence of fibroadenomas is known as fibroadenosis.
- Most people refer to these changes as fibrocystic disease. However the condition is not really a disease, but rather a degree of density of the breast tissue. Some women have primarily soft fatty breasts without lumps, and some have very firm dense breasts. Most women have breast textures somewhere in between these two types.

Since diseases are abnormal states, and the majority of women have some lumpiness in their breasts, being "fibrocystic" is a variant of normal. The cancer risk is the same for women whose breasts are lumpy. It just makes it harder to notice new lumps if the background tissue is very dense.

What can you do? The scariest part of having a breast lump is the fear of cancer. It is surprising how many women do not examine their breasts to screen for disease using the excuse "I'm afraid I might find something." It seems ironic that the fear may keep women from having an early and timely diagnosis so cure would be possible. The things to check for include skin with a visible lump beneath or a puckering or an "orange peel" textured redness, nipple peeling or discharge, or feeling a firm lump in the breast.

Physicians and the American Cancer Society encourage women to check themselves in the week

after each period and to get annual exams by a physician. Have your doctor go over self-breast exam with you at your next appointment if you are not sure how it is done.

When should you see the doctor? If you feel a new lump, find a change in the breast, even only a few months after a doctor's examination, go back and have it rechecked. If it is a cancer that was previously too small to detect, or was hard to detect from the surrounding lumpiness in the breast, then this may be the soonest a diagnosis could be made. If it is benign, like a cyst, you will sleep better tonight knowing that this is just one of those lumps you can live with.

What will the doctor do? Cysts do not generally require treatment, but may be drained with a needle to be sure of the diagnosis or to relieve pressure pain caused by the cyst. The solid lumps can be more worrisome because breast tumors are also solid lumps. Depending on how the lump feels and its characteristics on imaging, these may be followed or biopsied.

Imaging the breast for screening and diagnosis of disease is done with mammography, and by ultrasound. Mammography is still the primary method. It involves x-rays of the compressed breast tissue in several views. It is 90% accurate in diagnosing cancers, and is able to identify many benign lumps as well. Ultrasound can distinguish cysts in the breast from solid lumps, as it picks up the difference in density between tissue and water. Both methods have their limitations, so it is possible your doctor may recommend a consultation with a breast surgeon if a lump feels suspicious even with normal imaging.

Dr. Bryak, a member of the Oakland County Medical Society, is certified by the American Board of Obstetrics & Gynecology. At Health Day '98 in Birmingham on Saturday, May 2nd, Dr. Bryak will present the 11 a.m. "Ask the Gynecologist" class to discuss the female genital-urinary tract, cystitis, and common changes from aging such as stress incontinence and treatments including bladder suspension. To register, call the Medical Society at 646-5400. Also at Health Day, the American Cancer Society will offer display, model demonstrations, and instructional literature about both breast and testicular self-examination.

UNDERSTANDING ALLERGIES

by Katharine Maurer, MD

What is it? Allergy (also known as immediate hypersensitivity) is defined as an abnormal sensitivity to a substance which is normally tolerated and generally considered harmless. Major allergic diseases include allergic rhinitis, asthma, hives, and anaphylaxis.

Allergic rhinitis (sometimes called hay fever) is characterized by stuffy nose, runny nose, sneezing, and itchy throat. Some people have chronic sinus disease from allergic rhinitis.

Asthma is a disease of the bronchial tubes that is commonly related to allergy. The symptoms of asthma include coughing, wheezing, chest tightness and shortness of breath.

Hives are itchy welts on the skin. Many times the cause is unknown. For some people, various foods and drugs can cause hives.

Anaphylaxis is a life-threatening allergic reaction that affects many systems of the body. Severe swelling, difficulty breathing, and loss of consciousness can occur with this allergic reaction. Allergy to the venom of stinging insects, and some food or drug allergies, are examples of some causes of anaphylaxis.

Who is susceptible? Allergic reactions are caused by overreaction of the immune system, which normally acts as the body's defense mechanism. Some people inherit the tendency to allergy.

What can you do? If you think you have allergies, try to keep a diary of symptoms with activities, exposures, and foods eaten. You can try to avoid substances that provoke your allergic symptoms.

When should you see the doctor? See a doctor whenever your symptoms are severe enough to disrupt normal activities. Anaphylaxis requires immediate emergency room treatment. An allergist may be required to help you identify your specific allergies.

What will the doctor do? Your diary of symptoms is very helpful to the doctor. There are also tests that can be done in some instances to help with diagnosis of allergic rhinitis, asthma or allergy.

Dr. Maurer, a member of the Oakland County Medical Society, is certified by the American Board of Allergy. She will present the free 9 a.m. "Ask the Allergist" class at Health Day '98 on Saturday, May 2nd, for those with general questions about allergy care. To register, call the Medical Society at (248) 646-5400.

BACK IN SHAPE

by David Montgomery, MD

This is the time of year when many of us increase our physical activities, from sports to Spring cleaning. It is not uncommon for people, particularly those who spend hours at a computer, to discover their backs are out of condition for the change. The more sedentary lifestyle of the winter season doesn't prepare them for the burst of energy often experienced when warmer weather returns.

What can you do to protect yourself? There are many habits you can develop to help avoid back injury:

- Maintain an ideal weight.
- Practice good posture.
- Wear low-heeled shoes to help avoid swayback.
- Follow a regular exercise regimen.
- When lifting an object, bend your knees in order to raise the weight with the push of your legs, rather than your back. Lifting even slightly heavy objects over your head places an unfair burden on your spine.

If you must stand in one place for a long period, change your stance frequently. Try raising one foot slightly off the ground and resting it on a support.

If you must sit for an extended length of time, make sure the chair is low enough to allow you to place both feet flat on the floor so that hips and knees are level. Sit firmly against the chair back.

When driving, move the car seat forward to keep the knees level with the hips and avoid stretching to reach the pedals. If you drive for long periods, ask your doctor about the advisability of a lumbar support.

If your bed does not give firm support, put a board between the mattress and box springs. Try to sleep on your side with your knees bent. If you prefer to lie on

your back, place a pillow beneath your knees.

When should you see a doctor? If back pain develops after an over-active weekend or sports activity, rest your spine for a day or two. If the pain has not lessened, contact a physician. However, you should call your doctor immediately whenever back pain is accompanied by leg pain, tingling sensations or weakness in the feet or legs, or you experience less control over bladder and bowel functions.

What will the doctor do? If uncomplicated back strain is diagnosed, conservative back care usually is recommended. For a more serious injury, diagnosis may require a process of elimination. Tests to pinpoint the location and extent of damage may include x-rays, a CATscan (computerized tomography) and an MRI (magnetic resonance imaging).

In the majority of cases, medical management and physical therapy can produce good results. For others, surgery may be indicated. You are the only one who can prevent your backache. Take the offensive in fighting back injury: practice the prevention tips outlined above to help keep your back in shape.

Dr. Montgomery, a member of the Oakland County Medical Society, is certified by the American Board of Orthopaedic Surgery. His 10 a.m. "Ask the Orthopaedist" back care class will be presented at Health Day '98 Saturday, May 2nd at The Community House in Birmingham. To register for this, or other free Dialogue With Doctors classes, call the Medical Society at (248) 646-5400.

CONSIDERING PLASTIC SURGERY?

by Jeffrey Fishman, MD

What is it? The term plastic derives from the Greek word "plastikos," meaning to mold or to give form. Plastic surgery can do just that - it can give new form to the human body. It may be done to improve physical function and/or enhance appearance. The specialty of plastic surgery encompasses two branches:

- Reconstructive surgery, or procedures performed to repair birth defects (such as a cleft palate), as well as deformities caused by accidents and disease.
 - Cosmetic or aesthetic surgery includes facelifts, nasal surgery, and various other procedures done to improve appearance.
- A plastic surgeon gains knowledge and experience through an accredited residency program, and many have had eight or more years of training following completion of medical school.

Plastic surgery is an exciting and always changing specialty that encompasses both the science and art of medicine. Now, more than ever, plastic surgery is the artistic application of scientific principles. Several developments include moving, reconstructing and reshaping the bones of the face and skull; expanding normal skin and tissues with inflating balloons to reconstruct scarred tissue; and microscopic surgery on nerve and blood vessels to transfer muscles, skin, or other tissues to distant areas in need of reconstruction.

Some of the more common plastic surgical procedures include eyelid lift (blepharoplasty), facelift, cleft lip and palate surgery, craniofacial and maxillofacial surgery, tissue expansion, skin and internal cancers of

the head and neck region, eyebrow/forehead lift, nasal refinement (rhinoplasty), liposuction and body sculpturing, tummy tuck (abdominoplasty), dermabrasion, protruding ear reduction (otoplasty), and laser surgery for wrinkles, acne and other scars.

Is plastic surgery right for you? The consultation with your surgeon is your opportunity to ask questions and discuss your expectations. Don't be shy. Ask questions, no matter how personal or trivial you think they might sound. Write down your questions beforehand, then make notations of the answers as well. It is also important to discuss your motivations for and expectations of the surgery being considered, as well as any available alternative treatments. Review the possible variations in outcome as well as the possible complications. Discuss qualifications, experience, and costs. Your surgeon should make certain that the final decision is yours.

You can learn more about the facts and myths by asking questions during Health Day '98 to be held on Saturday, May 2nd at The Community House in Birmingham. Dr. Fishman is the guest speaker for the 9 a.m. "Ask the Plastic Surgeon" presentation. To register for this and other free Dialogue With Doctors classes, call the Medical Society at (248) 646-5400. Dr. Fishman is a member of the Oakland County Medical Society, and is certified by the American Board of Surgery, and the American Board of Plastic Surgery with a subspecialty certificate in Hand Surgery.