

Surgeon says to keep motorcycle helmet laws

Dr. Gregory Roche, a board-certified facial plastic surgeon, urges the Michigan Legislature to retain the laws requiring that motorcyclists wear helmets. The Michigan House of Representatives voted in late May to change the law to allow a motorcyclist 21 years and older the option of wearing a helmet. The legislation now goes to the Senate for approval.

"Having personally repaired the damage done to numerous injured motorcyclists who were wearing helmets, I can attest to the veracity of the claim that 'helmets save lives.' Furthermore, the damage done to the face when a motorcyclist is in an accident permanently changes their life. Why anyone would take this unnecessary risk and why the legislature would change their policy on this is truly beyond my comprehension," said Roche, director of the Bloomfield Hills Cosmetic-Laser Surgery Center.

Roche said: "If any of the Michigan legislators would spend a day with me in the emergency room literally putting a victim's face back

together, they would never vote for eliminating the helmet law. Just a few weeks ago, I treated a patient who was in a terrible accident. The bones in his face were held together with wire, his teeth were destroyed, and he has to drink his food through a straw for the next several months. This type of result would no doubt increase if the law requiring the use of helmets were repealed."

"Even those who wear helmets sustain injuries that would be reduced if the design and material of the helmets were improved. I completely understand the issues about personal freedoms and wind blowing through the hair; however, after all that I have witnessed as a facial plastic surgeon, I believe it is my civic responsibility to speak out on this issue."

Dr. Gregory Roche is on staff at several area hospitals, including Providence Hospital North Oakland Medical Center, Children's Hospital of Michigan and P.O.H./Saint John's Medical Center. The Bloomfield Hills Cosmetic-Laser Surgery Center is located at 43494 Woodward Ave., Suite 101, Bloomfield Hills. Contact him at (248) 338-010 or visit www.droche.com.

Another option for chronic ear infections

Virtually all children will have an ear infection at some point in their young lives. For some, these infections can become chronic and even dangerous. For years, antibiotics have been widely prescribed to fight pediatric ear infections.

Specialists at the U-M Health System suggest that in many cases, antibiotics might not be necessary and that giving children frequent antibiotics can create dangerous antibiotic resistance in society as a whole.

Ear infections in children are so common because of the common cold, the sharing of germs among school children, and the under-developed immune systems of infants and toddlers.

"In an ear infection, or otitis media, fluid collects behind the eardrum and becomes infected with bacteria, leading to pain or fever," says Dr. Marcel Lesperance, assistant professor, Department of Otolaryngology.

This happens because the eustachian tube that connects from the back of the ear drum to the back of the nose gets plugged from colds or allergies, or because it's a small tube.

Children with acute otitis media will typically have fever and pain, but it's hard for very young children to explain how they feel. Crying, irritability and tugging at the ears can also

be symptoms.

"Treatment of an ear infection should occur when there are both symptoms of an acute infection, along with the signs of an ear infection, such as fluid behind the ear drum that looks like pus or infected fluid," says Lesperance.

The problem with treating ear infections with antibiotics all the time - or treating when there may not even be an infection - is not so much with the individual child, but with society as a whole. With the widespread use of antibiotics, the world's bacteria are learning to resist these antibiotics. So, it's better for society as a whole to try to limit the use of antibiotics to the patients who really need them," says Lesperance.

TREATMENT OPTION: TUBES

One option for children with multiple infections, frequent infections, or infections that never go away is surgery to place artificial tubes through the ear drum for better drainage.

This is usually done as an outpatient procedure that takes about 15 minutes.

Kelly Huxley is the mother of four children, and all of them have had this surgery, called tympanostomy tube placement.

"My oldest was 16 months

when she had her tonsils and adenoids removed and tubes put in. She has done fine since then. My son Noah has had the most problems," Huxley says.

"When my ears hurt, I told my mom and she always took me to the doctor's. I couldn't hear very good," admits Noah.

Older children may need special tubes inserted, if tubes are needed multiple times. Noah is on his third set of tubes.

Huxley says the treatment with tubes clears up infections better, so the procedure has definitely been a benefit to her family. She also notes that now her children are sleeping better through the night.

In a tympanostomy tube placement, a physician makes a little incision in the ear drum, suctions out any fluid that might be trapped behind the ear drum, and inserts a little tube to keep the hole open.

"The tube allows a connection from behind the ear to the outside air for drainage. These tubes stay in for roughly a year, and then usually come out on their own. At that point, the ear drum usually heals and the child's eustachian tube has had enough time to mature and work properly," says Lesperance.

Lesperance says physicians are also concerned about fluid behind the ear drums that isn't

infected, because it is still interfering with hearing.

"They're usually not hearing as well as they could be. So, by draining out that fluid, we can improve their hearing and give them the best chance at speech and language development," says Lesperance.

She also points out that it is important to follow the advice of your child's primary care provider on when and how to treat this common childhood malady.

For more information, visit the following Web sites:

- U-M Health Topics A to Z: Ear Infections, <http://www.med.umich.edu/1libr/child/chil022.htm>
- U-M Health Topics A to Z: Outer Ear Infections, <http://www.med.umich.edu/1libr/topics/ent01.htm>
- U-M Health Topics A to Z: Otitis Media (Middle Ear Infection), <http://www.med.umich.edu/1libr/topics/ent09.htm>
- Centers for Disease Control: Ear Infection Facts, <http://www.nidcd.nih.gov/health/parents/otitismedia.htm>
- FDA: Antibiotic Resistance, A Growing Threat, <http://www.fda.gov/oc/opa/whotopics/antiresist.html>
- Centers for Disease Control: Antibiotic Resistance, <http://www.cdc.gov/antibioticresistance/>

Arthritis Today

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NECK PAIN

Most neck pain is not caused by arthritis. Yet, in most instances, your doctor takes x-rays of the cervical (neck) vertebrae. He obtains this information, to assure that subsequent therapy is appropriate.

X-rays are deceptive because both changes in the shape of the vertebrae and loss of disc space result from aging, such changes will be present in people who have no neck pain. However, neck x-rays may show misalignment or cysts. If these changes are present, then the doctor would not order massage and traction that are the basis of therapy for neck pain.

The primary reason for neck pain is tension or strain on the neck muscles the trapezius, splenius, longissimus, spinalis, and others. All or any combination of these muscles can create what you feel as a neck ache. When neck arthritis is present, it causes compression of nerves and leads not to pain, but to numbness, weakness, or loss of coordination in the arms and hands.

The basic treatment for neck pain is good neck posture. You achieve it by sitting or standing with your earlobe even with your collar bone. This posture puts your cervical vertebrae in neutral position with no strain from excessive flexion (looking forward and downward) or extension (looking upward and back) on the vertebrae.

The next treatment is a small hand pillow that will allow you to sleep on your back, again with no strain on the vertebrae. If these two measures fail, then physical therapy is in order using heat, massage and traction. Massage releases do not work, they just make you drowsy.

www.drjosephweiss.com



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KATHRYN A. DORNAN
City Clerk

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SPECIAL COUNCIL MEETING WITH THE SOUTHWESTERN OAKLAND CABLE COMMISSION (Summary)

A special meeting of the Farmington City Council with the Southwestern Oakland Cable Commission (SWOCC) was held on Tuesday, September 3, 2002, in Council Chambers, 23600 Liberty Street, Farmington, Michigan. Notice of the Meeting was posted in compliance with Public Act 267-1976.

The meeting was called to order at 7:04 p.m.

COUNCIL MEMBERS PRESENT: Buah, McShane, Mitchell, Campbell, Harrison

COUNCIL MEMBERS ABSENT: Clerk/Treasurer Cantrell, City Manager Laubhoff, Assistant City Manager Richards (arrived at 7:15 p.m.)

SOUTHWESTERN OAKLAND CABLE COMMISSION: Executive Director Collins.

Council met with Director Collins to hear an update on the progress of the new SWOCC facility and the status of the transfer of ownership by Time Warner.

Meeting Adjourned at 7:35 p.m.

JAMES K. MITCHELL, Mayor
PATSY K. CANTRELL, City Clerk/Treasurer

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