

A Breath of Fresh Air

A newsletter for Reliant Medical Group COPD patients and their families

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Edited by Margalit Lai, RN, MS, COPD Program Care Manager

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Happy Holidays!

Hopefully you are all enjoying the wonderful fall weather we have been having. I know that there has been a lot of unsettling news about this contagious disease called Ebola so I wanted to reassure you that the chances of any of you contracting Ebola are pretty much zero. At our Reliant Medical Group offices and at Saint Vincent Hospital all measures are being taken to prevent any possibility of transmitting Ebola.



Flu Prevention Time

Most of you have already gotten your flu shot for this year, so this is just another reminder for the stragglers and procrastinators who did not get their vaccination yet. Please get it as soon as possible at your primary care physician's office, at our clinic or at one of the pharmacies that would provide it for free. Reliant will also be holding its final adult Flu Clinic on Saturday, December 6th from 8:00am – noon at our Plantation St. offices.

Meet Dr. Aguilar Lopez

Today, I am very happy to introduce to you the newest member of our team, pulmonologist Dr. Cesar Aguilar Lopez, who joined us in October.

My desire for a career in pulmonary and critical-care medicine is a combination of fascination, devotion, and anticipation that was in no small part fed by my previous experience as a young physician in Colombia where I studied medicine. At that time, I worked as a primary care physician for five years. The complex cases in the ICU and medical wards gave me the same thrill and the same determination to fit the pieces of the puzzle together into an effective plan of care, particularly working with patients with pulmonary diseases.

I completed my residency in Internal Medicine at Yale New Haven Hospital – Saint Raphael campus, where I also worked as a Chief Medical Resident after my graduation, followed by a fellowship in Pulmonary & Critical Care Medicine at Norwalk Hospital/Yale New Haven Hospital in Connecticut.

During my seven years of postgraduate training, I had the opportunity to work very closely with patients diagnosed with COPD (Chronic Obstructive Pulmonary Disease), which is a common preventable and treatable disease, characterized by persistent obstruction and inflammation of the airways, preventing the lungs from moving air in and out efficiently. More than 12 million Americans have a diagnosis of COPD. Since 2000, COPD has claimed the lives of more women than men, showing that COPD is no longer a “man’s disease,” as it was once considered.

The exposure of the lungs to irritants such as cigarette smoking or air pollution produce a significant stretching of the air sacs over time, affecting directly the capacity of the lungs to exchange gases such as oxygen and carbon dioxide (CO₂). There are many other mechanisms in COPD that create a loss of the lung function such as a chronic narrowing of the airways secondary to inflammation and increased mucous production, creating a restricted airflow, which makes it more

difficult to push the air you breathe out of your lungs.

Worldwide, the most common risk factor associated with COPD is tobacco smoking. There are, however, many other factors

associated with the disease such as outdoor, occupational and indoor air pollution. The most common symptoms we encounter in patients with COPD include progressive shortness of breath, cough, poor exercise tolerance, fatigue, and weight loss. It is always necessary to have some tests done such as pulmonary function test (PFT) and blood work to confirm the diagnosis of COPD and to determine the severity of the disease, when present.

COPD is a chronic, irreversible condition. However, smoking cessation, as well as avoiding exposure to other factors such as indoor air pollution and following a healthy lifestyle have been proven to slow the progression of the disease. It is crucial to have a complete evaluation and close monitoring of your COPD with your pulmonologist, your primary care physician and your COPD nurse.

Fortunately, our pulmonary service has an extraordinary group of experienced physicians, nurses and therapists who have been working for many years with thousands of patients with COPD, providing the best care available in this field. There are many therapeutic options available such as different classes of medications, minimally invasive procedures, smoking cessation strategies and pulmonary rehabilitation. There is no doubt that your quality of life can be improved if you give us the opportunity to work with you.



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Finally, I would like to share some tips to keep patients with COPD out of trouble:

1. *Quit smoking*
2. *Get flu and pneumonia vaccines*
3. *Understand your medicines – ask your doctor or your COPD nurse!*
4. *Exercise regularly and eat a well-balanced diet.*
5. *Conserve your energy*

6. *Do your breathing exercises*
7. *Call your COPD nurse with any change in your symptoms – this will prevent you from getting admitted to the hospital. At night or on weekends, if you feel you cannot wait for the nurse, please call your pulmonologist (lung doctor).*

Cesar A. Aguilar Lopez, MD
Pulmonary & Critical Care Medicine

Home Oxygen Safety

Quite a few of you are on oxygen and even though you receive plenty of instruction from us and from your oxygen supplier, I realize that it is a lot of information to absorb and you occasionally forget an important piece of advice. So I would just like to review today some important safety measures you should follow and hopefully you can go back to this issue and re-read them when you are not sure about what to do. Of course, you can always call us with any questions.

- Do not smoke, or have anyone else smoke while using oxygen.
- Keep No Smoking signs posted in your place of residence.
- Keep heat sources at least 5 feet away from you and your oxygen tubing.
- Do not use an oil based product such as petroleum jelly (Vaseline) for nose irritation; instead use a water-based product such as K-Y Jelly.
- If cylinders cannot be secured in an upright position, lay them on their side.
- Change nasal cannula and/or oxygen mask every two weeks.



- Change oxygen tubing (the long tubing) every three months.
- Clean water bottle twice a week with hot soapy water. If you have a disposable bottle, change it once a month.
- Do not change your oxygen flow rate without consulting your physician or nurse.
- Don't wait until the last minute to order oxygen tanks.
- Keep a smoke detector and fire extinguisher in your home.
- Don't leave oxygen on when not in use.
- Don't store oxygen in a confined area such as a closet or the trunk of a car.
- Contact your electric company and fire department to let them know you have oxygen in your home.
- Don't place the concentrator against a wall, curtains or other objects that could occlude the filter or prevent air from circulating around it.

Note: *many of you who are on oxygen have long tubing that enables you to move around your house or apartment. The problem with this tubing is that it is usually transparent and some of you might have difficulty seeing it so you might trip over it and fall. If this is a problem for you, you can call your oxygen supplier and ask for green tubing that will be easier for you to see.*

Never say: I did not want to bother you, I thought I would get better, I had an appointment with you already scheduled. Please call if you need us!

I try in these newsletters that I send you every three months to address topics that I think are of interest to you. Please let me know if you are interested in any particular topic that I have not addressed or that you might want more information on. Your input is greatly appreciated since the goal of this newsletter is to make it as relevant and informative for you as possible.

Patient Contribution

➔ **JG** tells us how she was able to save a lot of money by going on Craig's List. If you have not heard of Craig's List ask your children or grandchildren about it. Instead of buying a new portable concentrator that would have cost her \$4200 she was able to get it for \$700. It was a used concentrator that had been hardly used by the previous owner. J G is very happy with it and reports that it's working very well.



➔ **Paul Ford** says that drinking hot black coffee helps him right away when he is very short of breath. It feels like it's opening up his airways. He says it lasts about 30 – 60 minutes and by then his inhaler kicks in.

➔ **Marie Richard** has found a way that prevents her from coughing at night. When she gets ready for sleep, she sits up in bed, leaning on two pillows and after a while eases herself down. Marie finds that if she goes abruptly from sitting to lying down she will start coughing.

Halloween in Pulmonology



Our dedicated nurses and medical assistants provide excellent care but love to have fun too.

"You don't stop having fun when you get old. You get old when you stop having fun!"



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