CENTRAL ILLINOIS PARKINSON SUPPORT GROUP

Blessed are those who can laugh at themselves….

Web site: www.heartstohands.org They shall never cease to be entertained

DATE: December 1, 2018
TIME: 12:00 Noon (Note Change in Time)
Program: Christmas Lunch [Ugly Sweater and Trivia Contest]
WHERE: 7800 N Sommer St #302,
Peoria, IL 61615 (Note change in Location)

Pedal For Parkinson's was a fantastic event that was attended by about 120 people. I want to thank everyone that attended for making this event successful. A big Thank you goes out to Melissa Glass APN. CNP., Dr. Zayas and Brittany Heidemann for taking time out of their Saturday afternoon to be part of the program and deliver some very good information.
If you still wish to make a donation please talk to me at the Christmas lunch, or visit; **http://www.pedalforparkinsons.myevent.com/**

A Thank You also goes to all of our Sponsors

The December meeting will be our annual Christmas Lunch to be held at the Fox Pub, 7800 Sommer St. Peoria 61615. You will have the choice of Fish and Chips, Chicken Tender Salad or Roasted Brisket. The cost is $15.00 and includes a soft drink, tax and tip. Please notify Barb or Dave King of your choice either by phone, 481-5175, or e-mail cispg@barbdaveking.net before November 28th.
Adult beverages will be available but **not included** in the cost of the meal.
We will and have an Ugly Sweater and or trivia Contest. Prizes will be awarded!

Journal Star Christmas Fund, as in the past we will also be taking up a collection for our annual donation to this Fund.
Barb or Dave King are also collecting dues for 2019 at the meeting. $10.00 for the Person with Parkinson's. Please note the Change in amount and the way we are collecting them.

Next year's meetings will be as follows;
January 5, February 2, March 2, April 6, May 4, June 1 July 6, August 3, October 5, November 2, and December 1. Some highlights of next year's meeting will be the APDA Educational Seminar on April 6th, Our Picnic Lunch on July 6th, and "Pedal For Parkinson's" on November 2, 2019.

Claudia, would like me to remind you of her support Group that meets Thursday morning at 10:30am at the Hult Health Center 5215 N Knoxville Ave, Peoria Please call first. 309 256-1943

The last two pages of this Newsletter are an article the was written by Dr. Rezak, Dr. Rezak has treated many of or members.

Central Illinois Parkinson's Support Group

CHRISTMAS LUNCH

Where: Fox Pub: located at 7800 Sommer St.
Peoria IL 61615 Phone: 692-3693

When: Saturday December 1, 2018

Meal Choices: Fish and Chips, Chicken Tender Salad, Roasted Brisket

Price: $15.00

(includes a soft drink or iced tea)

Time: 12:00 Noon

Dues for 2019 are $10.00 which includes 1 Parkinson's participant and 1 caregiver.

Lunch and dues can be paid at the same time. Make checks payable to CIPSG. Checks can be mailed c/o Barb and Dave King at 1744 Kingsbury Rd. Washington, IL 61571, or see us at Rock Steady Boxing Monday and Wednesday,

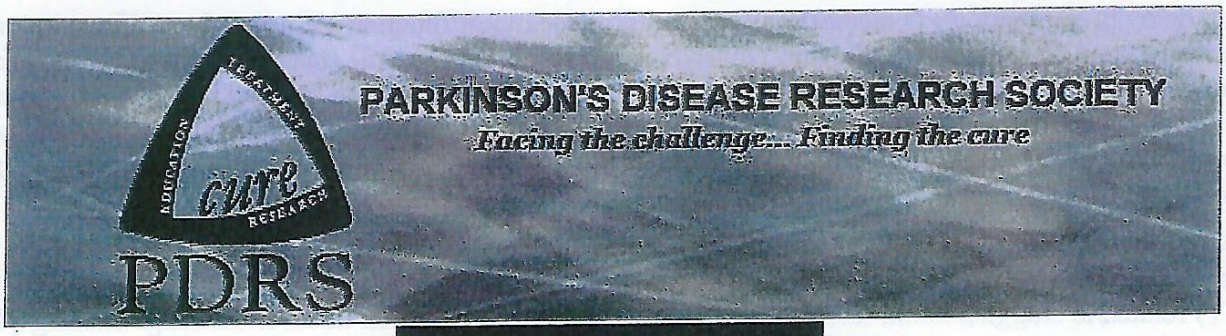
I will need to know your order. Lunch for Volunteers will be provided.

RSVP by November 24, 2018

cispg@barbdaveking.net

309-481-5175

Barb "The King" and "Diver Dave:



Our Email Address
info@parkinsonsprogress.org

When the PD Patient Needs Surgery

By Dr. Michael Rezak | Published: September 12, 2012

Recently, I have received a number of inquiries regarding PD patients who have scheduled surgical procedures and some who have required emergency surgery. Special consideration must be given to the PD patient that requires any type of surgical intervention. The physical and emotional stress that surgical procedures can impose impacts PD management. Foreknowledge of potential problems may preclude their development.

In the paragraphs that follow, I have decided to follow a question and answer format using actual questions posed by patients and their families as well as by physicians. The selected questions will also address potential complications seen in PD patients that undergo any surgical procedure.

Q) When should PD medications be discontinued before surgery and how soon can they be restarted following surgery?

A) PD medications should be continued as close to the surgical procedure as possible. This is typically about 3 hours before the procedure, allowing the patient to remain as comfortable as possible. There is no longer a need to discontinue MAO-B inhibitors (particularly Azilect®) before surgery as this class of medicine has been shown to be safe with anesthetics and most pain medicines. The only contraindicated pain medicines are meperidine and tramadol. To date, there have been no negative interactions documented with MAO-B inhibitors and pain medicines. Following surgery PD medications should be restarted as soon as the patient can safely swallow. Unfortunately, there are very limited number of effective dopaminergic drugs that can be administered by routes other than orally. The exceptions to this are Apokyn®, Cogentin®, and Zelapar®. Apokyn® is an injectable dopamine agonist and is the most efficacious of the previously mentioned drugs, but must be used with caution in the post-operative period (especially if an effective dose has not been established pre-operatively) and only if an anti-emetic is used concurrently. In most cases, if a patient is recovering from gastrointestinal surgery that requires l-dopa, I recommend giving medications via nasogastric tube with suction off and the tube clamped for 30-45 minutes after the medicine is delivered to allow for absorption. In this type of situation, Apokyn® could also be used here, either as the primary medication or as an adjunct. Zelapar® is an MAO-B inhibitor that is uniquely absorbed through the oral mucosa thereby bypassing the gastrointestinal tract.

Q) What are the dangers in delaying restarting dopaminergic medications after surgery?

A) The post-operative period can be difficult under any circumstances, however with the additional burden that PD imposes, resumption of optimal motor function as soon as possible is of paramount importance in order to minimize any of the potential problems.

First, delay in reinitiating PD medications can compromise motor function including those of respiratory (breathing) and pharyngeal (swallowing) muscles. Poor respiratory muscle function can lead to impaired coughing and restricted movement of the respiratory muscles (limiting deep breaths). Additionally, swallowing problems can develop or worsen without PD meds, thus increasing the risk of aspiration. These problems, take together with the decreased ability to move about, make the common post-operative complication of pneumon much more likely.

Second, the rigidity, bradykinesia and resultant decrease in movement brought about by the lack of PD medications increase the post-operative risk of developing blood clots in the legs (deep venous thrombosis or DVT) related to sluggish blood flow. In some cases, these blood clots can travel to the lungs causing a life threatening pulmonary embolus. Mobilization is therefore a major post-operative goal after any surgery and no being on PD medications increases risks and delays optimal rehabilitation. Finally, a rare, but potentially life threatening condition known as neuroleptic malignant syndrome (NMS) must be a concern whenever dopaminergic drugs are stopped abruptly. In NMS, mental status changes, rigidity, tremor, fever and autonomi instability can have serious consequences. If recognized early, treatment can be life saving.

Q) Should a PD patient do anything special pre-operatively to maximize the possibility of a good recovery?

A) Of course, obtaining general medical clearance prior to surgery is the standard of care. This allows for correction of any problems before the surgical procedure. Additionally, I recommend that some patients undergo a formal video fluoroscopic swallowing evaluation as well as obtain pulmonary function tests so that baseline measurements can be obtained and appropriate planning for potential post-operative difficulties be instituted. Also, it is important to stop any prescription or over-the-counter medications that increase bleeding such as Coumadin®, Plavix®, aspirin, vitamin E, Gingko Biloba, etc. Maintaining good hydration and appropriate nutritional status as well as optimizing overall physical conditioning will maximize the potential fo a good and smooth recovery.

Q) What medications should be avoided following surgery?

A) Needless to say, all drugs that block dopaminergic transmission need to be avoided. Post-operative nausea and vomiting is extremely common and medications such as Reglan®, Compazine®, and Phenergan® are considered first line medications to treat this problem. Because of their interference with dopamine transmissio they will certainly worsen PD symptoms and should therefore be avoided. If treatment for nausea and vomiting is needed for the PD patient, the drug of choice is Zofran® or alternatively Tigan®. These drugs do not interfer with dopamine function and can be given intravenously or orally.

Post-operative confusion and agitation is another situation where dopamine-blocking agents are often employed. The older neuroleptics such as Haldol® and closely related drugs should be avoided. The newer, so called, "atypical neuroleptics" such as Abilify®, Risperdal® and Zyprexa® may also have a deleterious effect on motor function in PD patents. The drugs of choice for the treatment of post-operative delirium are Seroquel® and Clozaril®. They are effective and have minor impact on PD symptoms. Seroquel® is easy to use and is considered the best option for the PD patient.

In general, when the PD patient needs hospitalization multiple copies of the medication schedule with exact times of administration should be supplied to all of the physicians and nurses involved in their care. Upon arrival to the hospital a discussion of PD and the importance of proper medication administration should take place with the staff. If possible, an advocate (e.g. spouse, child, caregiver) should be assigned with the task of assuring that medications are given on time and in the correct doses.

In closing, I hope that through these questions and answers I have emphasized that "micro-managing" the PD patient, before, during and after a surgical procedure decreases the risk of complications and increases the likelihood of a good and full recovery. As always, it is important for the PD patient to be his or her advocate in assuring that all of the details are in order.