Diabetes Discourse

Volume 5, Issue 2 February, 2015

Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Free Newsletter is a Vital Resource for Diabetes Prevention and for anyone Living with Diabetes

Our Vision

- Enriching lives, one person at a time

Our Mission

- To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- ➢ Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- ➢ Prevention and management education, and small-group workshops
- ➢ Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- ➢ Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff.

To contact us with comments, questions or articles, phone 868) 667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org; http://www.bovellcancerdiabetesfoundation.org

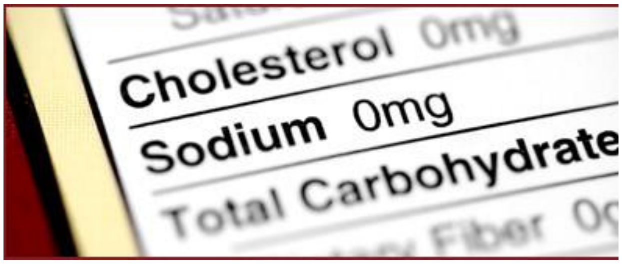
Disclaimer: *This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.*

INSIDE THIS ISSUE

BCDF SUSTAINED FOOT CARE PROJECT

The Board of Directors of the Bovell Cancer Diabetes Foundation (BCDF) is pleased to update you about our foot care project, which was launched in full last November, 2014. The Sustained Foot Care Project is so named because it will always be available for preventive and management assistance for those with, and without diabetes. In November, 2014, *12 persons received complimentary foot care exams and massages* courtesy BCDF, Scotia Bank and So in Love with my Health of Atlanta, Georgia. Also, in that same month *Lay Foot Care Attendants (LFCAs) were trained* to deal with foot assessments, preventive and management of basic foot care problems, massages, education, proper shoe choice, how to make referrals, and teach low-cost foot care preventive measures at the community level. The LFCAs have now conducted five of an eight-month externship. *"So in Love with my Feet"* is our preventive foot care and amputation reduction sub-project, which was also implemented in November, 2014. 15 community members have been in this sub-project for the past six months. They are being followed by the LFCAs for 8-months via telephone calls and monthly visits. A strong support group has been formed among the participants. We are very proud and excited about our foot care initiative. Thanks to the participants!

ABOUT SODIUM (SALT)



Why the concern about sodium these days?

- It is an essential dietary component, but if you are probably getting way more sodium than your body needs or that is good for your heart
- In some people, sodium increases blood pressure because it holds excess fluid in the body, creating an added burden to your heart. Blood pressure rises with age, and eating less sodium now will help curb that rise and reduce your risk of developing other conditions associated with too much sodium, such as stroke, heart failure, osteoporosis, stomach cancer, and kidney disease.
- Most people consume about 3,400 milligrams of sodium a day — more than twice the 1,500 milligrams recommended by the American Heart Association

Salty misconception

- Approximately 75% of the sodium we eat come from sodium added to processed and restaurant foods. This makes it hard for us to choose foods with less sodium and to limit how much sodium we are eating because it is already added to our food before we buy it

Salt

- Common table salt is sodium chloride, which is roughly 40% of sodium by weight. About 90% of our sodium intake comes from sodium chloride. Understanding just how much sodium is in table salt can help us take measures to control our intake

... Go to page 4...

CANCER AWARENESS WITH...

Dr. Liselle Bovell

My Cervical Cancer Story: Part II Trinbagonian by blood, roots & heritage: Miss Iona Pierre 02/05/2015 (Part II)

Part II of Iona's experience with cervical continues. Iona describes her war for her life first, then her quality of life and living.

June/Summer 2005: I had to pay for the herbs, the alternative therapies, and all the organic produce I was juicing and eating. Having to still work while making such a radical change in my dietary lifestyle, not being able to focus solely on that and rest made everything that much more difficult. I ended up of course having to quit work. Throughout the summer, I had 4-6 MRIs to monitor the tumor's activity. The size remained unchanged and it did not spread to any nearby organs. I did not have the luxury of time nor anyone helping me with researching and finding more proven non-invasive methods to win this war against this intruder in my body.

Late Autumn early winter 2005: I gave in and did what everyone wanted me to do, I started the conventional treatment I feared, dreaded and desperately tried my level best to avoid.

November 2005 - January 2006: I had chemotherapy and external beam radiation.

Late January –February 2006: I was accompanied by my mother for internal radiation, using an interstitial brachytherapy internal radiation implant at Long Beach Memorial Hospital, Long Beach, California (2,000+ miles away from home). I suffered all the dreaded, feared and loathed side effects I researched and had the displeasure of suffering through side effects not even published because the additional side effects "i" experienced were not common "enough". In fact, cervical cancer patients between ages 22-23 years were highly uncommon. I could pay off all my medical bills and expenses up to present day if I had 10 cents for every time a healthcare employee told me that I am so young to be going through this. Obviously, malignant cells do not have any bias towards age or one's goals for lives...etc.

April 2006: I was given the ok to start back work again. A week after my 23rd birthday I landed a job in the accounting department for a government contractor with excellent benefits including tuition reimbursement so I started back school full time paying out of pocket while working full time, getting good grades and finally feeling like I was starting to regain back some sense of normalcy when I was blindsided with what would be the beginning of a hell's fury storm of very serious complication after complication.

August/September 2006: Rectal ulcers started developing I had to go on disability from my job. Very soon after that Short Term Disability turned into Long Term Disability, the ulcers got so bad I was not passing any stool. I was losing significant amounts of blood and I had to get surgery to redirect stool from passing through the location where the ulcers are located.

October/November 2006: I had a colostomy. To heal the ulcers I started hyperbaric oxygen treatment.

Early 2007: No later than February, another side effect developed right in the middle of my recovering from my rectal ulcers.

January/February 2007: I was experiencing severe flank pain on my right side. The pain was so bad that it made me very nauseous and I was throwing up and could not keep anything down. Seeing how bad I looked and sounded, my mother took me into the emergency room at the hospital where she worked. Various tests were ordered, blood test, urine tests, and a MRI done STAT. The results came in a very timely fashion which I was grateful for because not even anti-nausea medication given by injection was very effective. Since the pain was on my right flank, the possibility of it being my appendix was very high, which would require surgical removal of the appendix. I was seriously praying practically for it to be my appendix as the source of all these acute dramatic symptoms, because I could handle a surgery to have my appendix removed. Such surgery is not invasive, and is a routine surgical procedure. Also, the recovery process from an appendix being removed is not a daunting ordeal nor has a high percentage and probability of long-term side effects after the removal of my appendix. Basically in my mind to me, it was a quick fix. It was something that once it was done I did not have to worry about it haunting me, side effects plaguing me long term, constantly reminding that the defective appendix was here. Unfortunately, neither good luck nor good fortune looked upon me favorably. The MRI results showed that I had developed a radiation induced stricture in my right ureter. Hence, another conventional cancer treatment induced side-effect was added onto my plate. I was then admitted into the hospital for yet another surgery to get a frosty need with a stent put in through my right kidney. For about 9-12+ months, I underwent the very painful attempts at gradually widening the ureter and angioplasty (sometimes wide awake and alert. I really did not think it was humane or very empathetic to have me endure that level of pain after everything I had gone through and lived through up until that point) to try and give the urine the opportunity to flow from the kidney on my right side, through the ureter to the bladder without having to go through intense invasive surgery to repair or remove the compromised ureter. I was more than ready to stop doing this procedure every 2 to 3 months after the third and fourth attempt at relieving the blockage caused by scar tissue building up from radiation in my right ureter. When widening the ureter was ineffective, the painful attempts to widen my ureter stopped, but the nephrostomy tube had to stay in because the urine produced by my right kidney had to go somewhere and the tube was then attached to a gravity bag for the urine to flow into it and to be emptied as needed. Through this entire ordeal, I went through about half a dozen gynecological oncologists, NOT including the oncologists who were responsible for the chemotherapy and radiation. During the hyperbaric oxygen treatment, I was seeing another gynecological oncologist in Washington, DC

All I would talk about nearly the entirety of the appointment, was the tenacious planning of my colostomy finally being reversed and finally this time begin to regain some sort of normalcy in my life thus, reestablishing any kind of quality of life. Sadly gynecological oncologist #2 from Washington, DC observed that I had a weakened and compromised pelvic wall. The only thing I was informed of, was that he did not physically see and or feel any indication of cancer, leaving out an important life altering "minor" detail (in his mind), the fact that my pelvic wall, the rectal-vaginal wall had been the weakened and compromised by the high doses of both external and internal radiation, but the internal radiation most of all. After my last hyperbaric oxygen treatments, the pain from the ulcers completely went away. The heavy bleeding and blood clots coming out rectally stopped. The time is finally come for me to go to my G.I. doctor to get a sigmoidoscopy done to see if the ulcers completely healed and if I am ready to finally have my colostomy reversed and my internal plumbing *per se* put back together again. I had the sigmoidoscopy performed within a week. The sigmoidoscopy showed that my ulcers healed completely. In fact, there was not any sign of ulcers present. What was not spotted or seen or felt was my weakened rectal-vaginal pelvic wall.

October 2007: Upon the good news, no less than a month I had my surgery to reverse my colostomy. I stayed in the hospital about a week. I was making fantastic progress during my stay in the hospital that week, but in what seemed like a flash, within 24 to 36 hours things took a turn for the worst. As I was placed on a solid food diets and the food was freely flowing through my digestive system so was the gas, an extremely unnatural thing occurred. Instead of me passing gas from out of my bottle I started to pass gas through my vagina. I informed of my surgeon of this very strange and worrisome phenomenon that was that was taking place within my body. The doctor told me not to worry about it. I knew this was something to worry about because if gas was not coming out of the correct orifice,

…Go to page 5…

From page 2… About Sodium

- Here are the *approximate* amounts of sodium, in milligrams (mg), in a given amount of table salt:
  - 1/4 teaspoon salt = 575 mg sodium
  - 1/2 teaspoon salt = 1,150 mg sodium
  - 3/4 teaspoon salt = 1,725 mg sodium
  - 1 teaspoon salt = 2,300 mg sodium

Sodium content on nutrition labels

You can also read the ingredient list to identify sources of sodium in your food. Watch for the words:

- “soda” (referring to sodium bicarbonate, also known as baking soda) and
- “sodium” (including sodium nitrate, sodium citrate, monosodium glutamate [MSG] and sodium benzoate)

Once you start to recognize these terms, you will see that there is sodium in many foods – even those that do not taste very salty

Everyone aged 2 years and up should consume less than 2,300 mg sodium per day Some groups of people should further limit sodium intake to 1,500 mg per day, including:

- Adults age 51 or older
- People of African descent
- Anyone who has high blood pressure, diabetes, or chronic kidney disease

High Sodium Foods

Pizza
Poultry
Snacks
Cheese
Salted Nuts
Sandwiches
Meat Dishes
Pasta Dishes
Breads And Rolls
Canned Vegetables
Canned Vegetable Juice
Cold Cuts And Cured Meats
Soups, Sauces and Condiments
Most Fast Foods & Take Away Foods
Salted Butter, Margarine & Mayonnaise

...From page 4...

then it is only natural that solid stool would come out vaginally as well. The very next morning, I did indeed have a bowel movement, but it was the most traumatizing bowel movement I would ever have in my entire existence. The sweetest, lucrative, war causing part of a woman's body now has feces coming out of it and it was painful. I did not cry during this entire ordeal. I did not even cry when I got the cancer diagnosis. I was sad that my quality-of-life was going to be stolen from me and my opportunity of being a mother was stolen and stripped from me. That alone would break the average woman (especially in this society) down to pieces to the point of addiction and abuse of various substances. Nope, I did not weep then, but at that point I wept in my hospital room sitting on the toilet saying to myself and sadly having to accept that at this moment until things are repaired and put back together again or repaired that I am no longer sitting on the pot of gold, but more like a landfill reeking of methane and sulfuric smelling gases. That was side effect number three. I soon was informed after a MRI was done that a rectal-vaginal fistula developed. Within that same week since I could not go around having bowel movements through my vagina I had surgery that very same week to have a diverting ileostomy placed, which is basically the same as a colostomy. Instead of the large intestine/colon used, the small intestine is used. As of today, I still have the ileostomy and the nephrostomy tube (7+ years).

January 2008: 6 months after the traumatic fistula event and after searching and hunting around by my mother, she was finally put onto the gynecological oncologist number three located in Baltimore, Maryland (about two hours away from home). The oncologist in Maryland tried at least 3 times to examine me using his fingers vaginally and rectally. The pain and discomfort intensified with each attempt. Upon examination under anesthesia he found the rectal-vaginal fistula. It was a few centimeters wide; when the surgery took place it got larger. The first attempt to repair the rectal-vaginal fistula attempt failed because it did not heal completely, although the muscle flap used from my inner thigh had its own blood vessel sources.

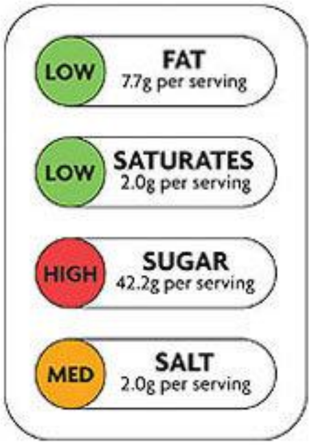
May 2010: A second attempt by the same gynecological oncologist was made by going through my abdomen and repairing the part of the fistula that did not heal properly. Sadly that attempt failed.

2011-2012: Was spent consulting with other surgeons colorectal, rectal and endoscopy to name the various types who were comfortable potentially operating on a patient with radiated tissue. That was also a significant obstacle that made finding a surgeon willing to work with me. Having a history of not just radiated tissue, but highly radiated tissue and reading about the acute severity of all the side effects I had experienced thus far is like having a medical version of the scarlet letter on my chest. Very few surgeons were willing to touch me.

Late 2012 - early 2013: The surgeon who had attempted to repair my rectal vaginal fistulas referred me to an endoscopy surgeon with high percentages of success utilizing stem cells to repair rectal-vaginal fistulas. For once, hope was back in the picture after an excessively long absence. That too ended up to be very short lived. During a routine changing of my nephrostomy tube, a couple more of issues were discovered. I now managed to develop an enlarged heart, which I never had before in my life ever, and an abscess in the pelvic region. Every year I would have a PET scan done to ensure that no malignant cells are developing. That is something that will have to be done for the rest of my life. No malignant cells were found but the perirectal abscess was discovered. To try and drain the fluid that collected in the abscess so I can get the stem cell treatment, a very painful awkwardly located tube attached to a large heavy drainage bag with suction was attached. The drainage tube was placed approximately 1 cm from the crease of my buttocks on the left side. My already diminished quality of life was diminished even further.

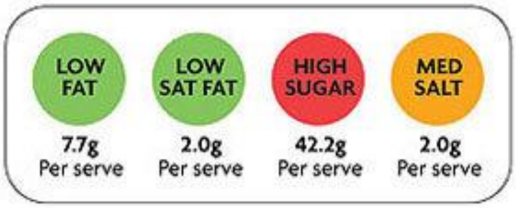
...Cont'd in May issue...

GRAPHIC GUIDE TO SALT, FAT AND SUGAR INTAKE



	Per serving
FAT	7.7g
SATURATES	2.0g
SUGAR	42.2g
SALT	2.0g

🟥 HIGH 🟧 MEDIUM 🟩 LOW



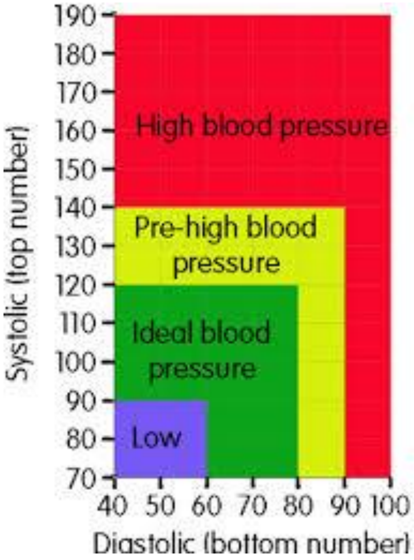
Cut back on foods high in solid fats, added sugars and salt!

1.) Choose foods and drinks little or **no added sugars.**

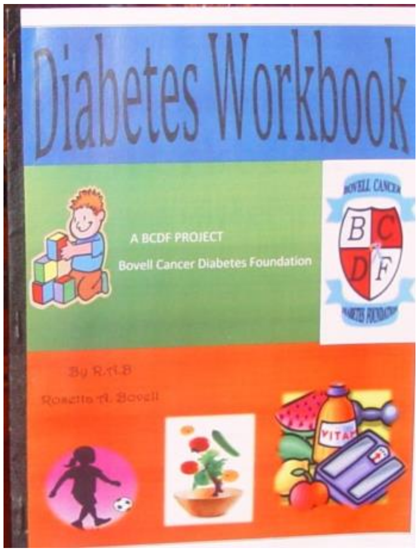
2.) Look out for **sodium** (salt) in foods that you buy!

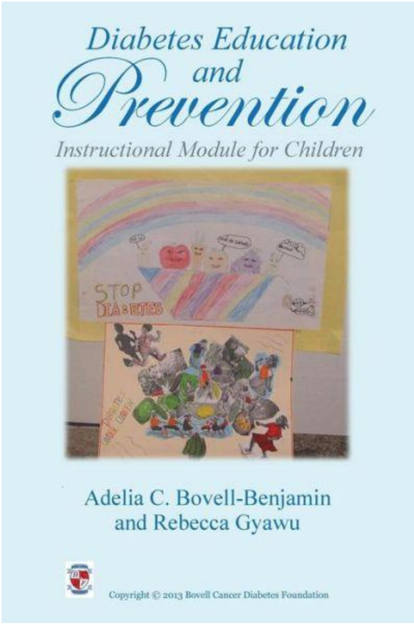
3.) Eat **fewer** foods high in **fat.**

Blood Pressure Guide



… A CHILD'S BOOKSHELF…





BCDF is challenging every Tobagonian and Trinidadian adult to donate this set of books to the primary school you attended. Help us to stamp out diabetes by teaching our children diabetes prevention!

PICTURES: DIABETES IN THE LIMELIGHT JAMBOREE 2015


Snapshot Primary School Children's Booth


Foot Care Session


Blood Glucose Testing


Blood Pressure Testing


Extended Weight Clinic


Information/Education Booth


Viewing Primary School Children's Posters Display


Proud Winner - Nestle Trinidad donated Hamper

Storytelling Time with School Children

Storytelling Time with School Children

Volunteers, Secretary for Comm. Dev. & Culture

Line for Doctor's Booth

Vision Testing

Winner's Row - COPOS presents their Prizes

First Citizens Bank presents their Prizes

BCDF 2015 RAINBOW CALENDAR OF EVENTS

November 2014 - June 2015	**Complimentary Foot Care** **Training of Lay Foot Care Attendants** ***"So in Love with my Feet" Project***
January - December	**Life for a Child Project** Patterned after the International Diabetes Federation's program, this project meets the immediate needs (testing strips, assistance and support for doctors' visits, monitoring and education) of a child with diabetes.
19th January	**Application for First Quarter Funding Deadline - Completed** Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources
February	**Diabetes Discourse** Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation **Diabetes Share-Line begins**
March	**Small Group Workshops** Hands-on workshops that will provide current information to help participants learn about cancer and diabetes prevention and education.
13th April	**Application for Second Quarter Funding Deadline**
25th April	**Breakfast and Diabetes Awareness Dialogue Morning** – Market Square, Scarborough, Tobago
May	**Small Group Workshops** Hands-on workshops that will provide current information to help participants learn about cancer and diabetes prevention and education.
May - December	Diabetes Education on Wheels
June	**Small Group Workshops** Hands-on workshops that will provide current information to help participants learn about diabetes prevention and management ***"So in Love with my Feet" Project conclusion***
17th July	**Application for Third Quarter Funding Deadline**
August	**Diabetes Discourse**
19th October	**Application for Fourth Quarter Funding Deadline**
October/November	**Primary School World Diabetes Day Poster Competition** Poster design is an expression of creativity and technical aptitude. BCDF presents its sixth annual primary school poster competition for the occasion of World Diabetes Day 2015.
November	**Diabetes Discourse**
6th November	**Seventh Annual Diabetes in the Limelight Jamboree** BCDF joins the World Diabetes Day campaign emphasising diabetes education and prevention **New round of *"So in Love with my Feet" Project begins***