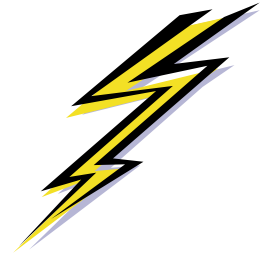




HOT FLASHES



Newsletter of the Women's Mid-Life Health Program, Women's Health Centre

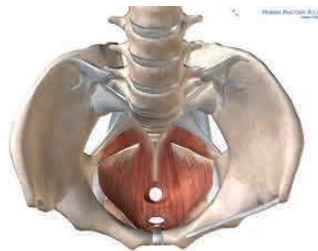
Fall 2014 Edition

Pelvic Pain – Bree Rutten, B.Sc.P.E., B.Sc.P.T.

Pelvic pain is a condition that is growing in need of awareness and treatment. The source of the pain can be difficult to diagnose, and appropriate treatment can be even more challenging to determine. The first question most women ask is why is this happening? This is the one question that I usually can't fully answer. Sometimes we can link pain to a specific trauma or injury – for example, an injury to the pelvis during labor and delivery, low back, hip or pelvic girdle pain, or an abdominal component of endometriosis, bladder infections or bowel conditions. Other times, there may be no definitive cause of the pain, which can be very frustrating for women trying to determine the reason for this change in their life. Some women may have pain constantly, while others have discomfort only with a specific activity, such as intercourse. There are often several pieces to the puzzle, including bowel and bladder habits, hormone levels and activity in daily life. All of these require action from the pelvis and the core muscles of the body.

The pelvic floor is the area of muscles and support tissues from the pubic bone to the tailbone, forming the base of our pelvis. These muscles surround our vaginal,

rectal and urethral openings, and support our pelvic and abdominal organs as well. These special muscles also work as a team with our lower abdominal, hip and outer pelvic muscles for support in everyday activities. The common component I see in nearly every case of pelvic pain is that the deep muscles of the pelvic floor and pelvic girdle have reacted to pain in the area with guarding and protection, usually resulting in



spasm. The goal then is to re-train the muscles to respond to movement, pressure and pain without immediate protection and spasm. The pelvic floor needs to contract as any other muscle would, then relax back into a supportive role, rather than locked in spasm and creating more pain.

A treatment session includes discussing the full history of symptoms and treatments that have been done in the past, as well as current lifestyle activities and habits. An internal exam of the pelvic floor

is done to determine the nature of pain, and the amount of control a woman has over the muscles. Based on this, a home exercise program focusing on the pelvic floor is taught, and other hip or spine stretches or exercises may also be included. The spine, hip and pelvis all must learn to coordinate with movement, and often we need to re-teach this connection. Treatment is quite variable depending on progress, but most women will see a change in their symptoms within the first month of treatment. While I can never guarantee that I can eliminate the pain, I tell my women that their bodies will learn to respond in a different way, resulting in less pain and dysfunction allowing them to once again regain an active, positive lifestyle.

Treatment providers can be accessed at www.sasksurgery.ca/pdf/pelvic-floor-phys-therapists.pdf or schedule an appointment with Bree at True Potential Health Services, #3, 1810–8th Street East, Saskatoon, SK. Ph# 306-373-5209



Emotional Eating by Donnelly Sellars, RD

Having a bad day?
How do you deal with it? If the first place you go to is the cupboard or fridge, you might be an emotional eater. A lot of people eat to relieve stress or reward themselves. While this is not harmful when done in moderation, over eating can become a coping mechanism and can get in the way of a balanced diet.

Here are some tips to help with emotional eating:

Set up a healthy environment.

We follow a “see-food” diet. We are more likely to eat a food if it is in plain sight. So, if there is no junk food in the house, then it is harder to over indulge on it.

Identify what triggers the emotional eating.

Before you reach for your comfort food, ask yourself “Why do I want this? Am I really hungry?” If not, try and identify what emotion you are feeling. Sometimes it helps to keep a food journal and jot down your emotions. This can help identify trends in your mood and eating habits.

Be aware of the difference between physical hunger and emotional hunger.

Physical hunger stops when you feel full. Emotional hunger can go unsatisfied long after being physically full. Physical hunger is gradual. Emotional hunger is sudden, often a response to an emotion. Physical hunger can be satisfied with a variety of foods. Emotional hunger craves specific foods and specific types of food.

Often we assign labels to food we eat; it is either a “good” or “bad” food. Eating a “bad” food over a “good” food can lead to feelings of guilt and shame, which compounds the problem and may lead to more cravings and potential over-eating. When “bad” foods are intentionally forbidden, it does not reduce your preference for them; it can actually increase your desire for it and once again lead to negative feelings of guilt. All foods provide energy, regardless of whether they are “good” or “bad”. Not all foods are sources of valuable nutrients, vitamins and minerals. These foods are considered “nutrient-dense foods” and are often less processed and contain few ingredients.

I always say that people need to live the healthiest life they can enjoy. Instead of assigning labels, try following the 80/20 Rule when it comes to choosing what to eat. For 80% of the time, focus on nutrient-dense foods, like lean proteins, nuts, fruits, vegetables and whole grains. The other 20% of the time, eat those comfort foods – just make sure you take the time to enjoy them fully!

Recipe:

Carrot, Sweet Potato & Ginger Soup

Adapted from *Fresh and Fast Vegetarian* by Marie Simmons

Makes about 10 cups

2 tablespoons olive oil or canola oil
1 pound carrots, cut into ½-inch slices
1 pound sweet potatoes, scrubbed, skins left on, cut into ½-inch cubes
1 bunch scallions (white and green parts), sliced
½ cup chopped celery
1 garlic clove, minced
1 tablespoon chopped peeled fresh ginger
½ teaspoon coarse salt
6 cups low-sodium vegetable broth or water

2 tablespoons chopped fresh cilantro
1 tablespoon fresh lime juice
1 tablespoon finely chopped seeded jalapeño pepper, or to taste
6 ounces baby bok choy, stem ends trimmed, cut into ½-inch slices

Heat the oil in a soup pot until it is hot enough to sizzle a piece of vegetable. Add the carrots, sweet potatoes, scallions, celery, garlic, ginger, and ½ teaspoon salt. Cook covered over medium heat, stirring occasionally for about 10 minutes until lightly browned and softened. Add 6 cups water and 2 tablespoons of the cilantro and bring to a boil. Cover and cook over medium heat until the vegetables are tender, 20 to 25 minutes.

Ladle out about 2 cups of the solid vegetables and set aside. Use an immersion blender to puree the soup in the pot. If you don't have an immersion blender, let the soup cool slightly, transfer it to a blender or food processor, in batches if necessary, and puree until smooth. Return the soup to the pot.

Add the reserved vegetables, lime juice, and jalapeño. Bring the soup to a boil. Stir in the bok choy and cook for 30 seconds. Taste and season with up to 1/2 teaspoon salt. Ladle the soup into bowls and garnish with the remaining 2 tablespoons chopped cilantro.

Nutritional Information per cup:

Calories: 90
Fat: 3 g
Sodium: 350 mg
Carbohydrate: 15 g
Fibre: 3 g
Protein: 2 g





Ovarian Cancer Canada Cancer de l'ovaire Canada

Ovarian Cancer Canada is the only national charity in Canada dedicated solely to overcoming ovarian cancer, one of the most fatal and overlooked cancers. We are here to raise awareness about ovarian cancer, to alert you about the signs, symptoms and risk factors, to support women and their families living with the disease and to provide funds for critical research.

SUPPORT

Ovarian Cancer Canada provides a listening ear and valuable resources about the disease in order to help women and their families have the most recent information about treatment and research during their cancer journey. **You Are Not Alone**, a comprehensive resource guide and DVD, is available free through cancer care centres or can be ordered directly from Ovarian Cancer Canada online or by telephone. Webinars, online support groups and workshops also keep women connected with others and receiving up to date information.

<p>AWARENESS & EDUCATION</p> <p>Ovarian Cancer Facts – Canada</p> <ul style="list-style-type: none"> • 2600 women diagnosed each year • 1750 women die each year • 17,000 women living with the disease in Canada 	<p>Symptoms for ovarian cancer are vague and can often mimic other conditions. See your family doctor if you have one or more of the symptoms below that are new, frequent and last longer than 3 weeks.</p> <p>Please talk with your doctor if you have these symptoms and if they PERSIST for more than three weeks.</p>
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<p>Most Common Symptoms May Include:</p> <ul style="list-style-type: none"> • Bloating • Pelvic or Abdominal Pain • Feeling full quickly or difficulty eating • Urgent or frequent urination 	<p>Other Symptoms May Include:</p> <ul style="list-style-type: none"> • Change in bowel habits • Nausea • Fatigue • Menstrual irregularities • Weight loss or gain
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<p>Common Misconceptions about Ovarian Cancer</p> <ul style="list-style-type: none"> • The Pap test does not detect ovarian cancer • HPV vaccine helps in the prevention of cervical cancer only

Ovarian Cancer: **Knowledge is Power** is a program that can be customized for corporations, businesses and organizations. These candid face-to-face presentations raise awareness of the disease and help attendees understand the importance of knowing the risk factors and symptoms as there is no screening test for ovarian cancer.

RESEARCH

Ovarian Cancer Canada strives to increase funds available to ovarian cancer research and to increase the number of researchers working in this field. We fund research for prevention, early detection, effective diagnosis, improved treatments and enhanced quality of life for women with ovarian cancer.

VOLUNTEERS

At the heart of Ovarian Cancer Canada is a team of close to 1500 volunteers across the country – survivors, their families, friends, health care providers, students, and ordinary citizens, all who possess a shared commitment to the cause of overcoming ovarian cancer. It is our pleasure to invite you to join our great team of volunteers! There are many important roles and opportunities for our volunteers. Each and every one contributes to our ability to create awareness of the signs and symptoms, provide programs and services to women with ovarian cancer and their families. OCC also funds vital research in early detection and ultimately, a cure.

For more information on Ovarian Cancer Canada, to host a Knowledge is Power Presentation, or to find out more about our volunteer opportunities, please contact:

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sgosselin@ovariancanada.org
Toll free: 1-877-413-7970
Tel: 1-306-747-3211
www.ovariancanada.org



60 SECONDS

COULD SAVE YOUR LIFE

FREE COLORECTAL CANCER DETECTION AND PREVENTION FORUM

**Colorectal cancer is the 2nd leading
cause of cancer death
in Saskatchewan**

Register Now, it could save your life

**October 2, 2014
6:30-8:30pm at Saskatoon
City Hospital Rependa Auditorium,
and Wascana Rehab Centre Auditorium**

**7-8:30pm All other
Telehealth locations**

**This videoconference is provided at no cost to
participants, but pre-registration is required.**

For more information, visit cancer.ca/sk

**To register and find the nearest location, please call
your local Telehealth Coordinator in your health region:**

Athabasca Health Authority	306-439-2600
Five Hills Health Region	306-691-2635
Keewatin Yatth'e Health Region	306-833-3373
Mamawetan Churchill River H.R.	306-425-4819
Prince Albert Parkland H.R.	306-765-6082
Regina Qu'Appelle Health Region	306-766-3400
Sunrise Health Region	306-786-0776
Cypress Health Region	306-778-5444
Heartland Health Region	306-463-1000 ext. 304
Kelsey Trail Health Region	306-862-7256
Prairie North Health Region	306-446-6699
Sun Country Health Region	306-842-8605
Saskatoon Health Region	306-655-1573



Feel free to help us promote this forum on Colorectal Cancer.
If you have a place to display this, just separate Page 4/5 and
hang it up.

Thank You. Hope to see you there:)

OUR AGING SKIN

By Dr. Laura Lee McFadden, MD,CCFP,FCFP, Medical Director of the Medspa at Oshun House in Saskatoon, www.oshunhouse.com



As we age our appearance changes and that is a fact of life. There are many things going on: bone loss in our face, loss of fat and collagen to plump, and deterioration of the skin. All of the above happen at a different rate depending on genetics, smoking history, diet and exercise, and most importantly sun damage. At least

85% of the aging to our skin is caused not by time but by damage from the sun. When we add menopause and low estrogen into the mix, we are left with saggy, blotchy, tired looking faces.

The good news is that science has come a long way in helping us understand how to prevent, manage and treat many of these problems. Physicians who practice aesthetic medicine can offer treatments ranging from basic skin care, advanced facials, peels and lasers. There are also injectable regimens that treat volume loss, wrinkles and sag.

The problems and the treatment options are vast and very individualized. Your best bet is to book a consultation with a physician who is well trained and experienced and with whom you have a good rapport and trust. To get you started I would like to touch on a few of the popular options for aging damaged skin.

Treatments to refresh your skin include microdermabrasion (basic sand blasting) to the newest "Hydra facial" which combines traditional exfoliating with vortex blasts of nutrients into your skin. The result is clean, glowing, refreshed skin with no downtime.

Lasers use light to selectively heat components of your skin. The heat either destroys what we don't want (abnormal flushing and broken blood vessels, brown spots) or encourages growth of what we do want (collagen and elastin). The most popular light based treatment for sun-damaged skin is IPL (intense pulsed light). This flash of light targets both brown and red discoloration in the skin and after 5 to 7 days you will notice a more even skin tone as you watch the brown sun damage flake off. Ablative lasers actually remove some of your damaged surface skin and allow the body to regenerate newer healthier skin cells. These range from minimally invasive treatment with a couple of days of looking like you have a mild sun burn, to deep peels with 2-3 weeks of recovery time. Newer technologies also tighten skin with no down time by heating water in the deep layers of your skin causing an increase in collagen.

When you combine sun protection, good skin care, balanced hormones and the treatments that are right for you, you can attain the best skin possible.

As promised, the rest of our dedicated crew Introducing our lovely editors and newsletter designer!
A huge thank you to all our volunteers who help keep this newsletter possible!

Mary, Designer



Heather, Editor



Sandy, Editor



Hot Flashes Now Available Electronically

Please contact us at
info@menopausecentre.org if you prefer
this email delivery option.



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