
FROM THE DESKS OF
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To Our Patients,

Happy Valentine's Day! Don't forget that we love you! Valentine's Day is also called Saint Valentine's Day and Feast of Saint Valentine. It originated as a Western Christian feast day honoring an early Christian martyr Saint Valentine. There were many different stories associated with different men named Valentine, such as Valentine of Rome and Valentine of Terni. Centuries later folklore has embellished the stories of a single Valentine and associated him with romance and love around the world. The custom of sending cards, flowers and chocolates originated in the United Kingdom. May this newsletter suffice!



Winter has finally arrived. Dave's furry children are loving it (and growing fast)! My littlest canine love is eager to get back on the trail. The feline is enjoying the warmth from the woodburning fireplace. Yes, she's tiny. We feed her continuously, but she has hyperthyroidism and almost 18.





Quote of the week:

“It is not the bad things that happen to us that doom us; it is the good people who happen to us at any age that facilitate enjoyable old age.”

- Study of Adult Development as described by George Vaillant, MD



Office Updates:

- As we say goodbye to our medical assistant Anna, we welcome Yael and Lizzie! Yael will be in the office Tuesday and Thursday, working primarily as Jeannette’s medical assistant and helping with paperwork from home. She is an entrepreneur, Pilates instructor, dancer, and mother of a 3 year old boy and 11 month old girl. She is particularly interested in womens’ health, from 18-40 but loves to learn about everything. Lizzie will be here starting Monday, Wednesday, and Friday. She graduated from CU Boulder with a degree in psychology with minors in business and sociology. She loves to hike and be outdoors and hang out with her family. She also has a Golden Retriever and 2 cats.



COVID Vaccines

- If you are having trouble getting a COVID vaccine, you can call King Soopers and ask to be placed on their waiting list.

Nutrition chats with Kelly

We're off to a great start with last week's chat about the pitfalls of dieting!

This **Thurs., Feb. 18 at 2 p.m.** I will share some **healthy snacks ideas**, presenting 5-10 minutes, then opening the floor to you all. Please comment, share ideas, ask questions or just listen in. Chats run 30-60 minutes.

RSVP to me, at kelly@coloradocme.com, or let the office know and we'll send you the Zoom link.

Oh, to travel ... from your living room?

A Little Help is offering seniors a virtual getaway this **Wed., Feb. 17 from 12-1 p.m.** Several hosts will guide you along Colorado's scenic and historic byways, visit a few local museums including the Center for Colorado Women's History, and finish with a few exotic travel stops.

Visit <https://www.alittlehelp.org/civCRM/event/info?id=1794> to RSVP and receive a Zoom link for the event. A Little Help's main number: 720-242-9032

Topic of the Week:

Yes, they said I have a thyroid nodule too!

One of the benefits of having an executive physical is that you learn about early sign of disease or even early diseases that can be treated before they become a bigger problem. The downside of more thorough physicals is that they are more likely to find abnormalities that require additional testing, most of which, were never going to cause you problem. The best example of this is the thyroid nodule. Depending on your age, many of our patients get ultrasounds of their carotid arteries, which do predict real disease risk. That test also look at the thyroid. While we occasional do find early unexpected thyroid cancers, that can be removed before they spread and require more complicated and difficult treatment, most of the time we find harmless thyroid nodules.

Once the nodule if found, first we have to tell you. Now this, of course, is obvious. But, we know that although the nodule is most likely benign and not cancerous, the news is stressful and anxiety provoking. I wish we could make that part easier. It might help to know, that those at higher risk for cancer, are people under 30, those who have had radiation to the head and neck, and those with a family history of thyroid cancer.

If your thyroid function tests are normal or the TSH is elevated (hypothyroidism), an ultrasound that is specifically dedicated to the thyroid is needed to more closely measure and look at the nodules. The radiologist then uses images, the exact location, and the size of the

nodule to determine next steps. The options are: (1) no follow-up needed; (2) Follow-up with repeat ultrasound to make sure it doesn't change or get bigger; (3) Biopsy the nodule.

If your thyroid function test, specifically the TSH is low, nuclear scan would be the next step. Honestly, I don't think we have seen one of those yet.

If a biopsy is required, it is done by a surgeon or an endocrinologist in the office. They use ultrasound to guide the fine needle to ensure that they are biopsying the correct area. Benign nodules can be follow-up with out surgery and can be caused by a large grouping of cells (adenoma/hyperplastic nodule), a benign tumor (adenoma), a goiter, or Hashimoto's thyroiditis. The rare nodule that is suspicious for cancer should be surgically removed and sent to pathology for confirmation of the diagnosis. Once confirmed, surgery is often sufficient. If not, patients are also treated with radioactive iodine. This is not pleasant as you have to live for a while with no thyroid hormone prior to treatment, but it is not as bad as getting chemotherapy.

Be well. Stay warm. Continue to send questions. Remember you can no longer reply to this email. Instead, email me at Jeannette@coloradocme.com.

Stay warm and hopeful,

Jeannette and Dave

David L Mellman MD & Jeannette Guerrasio MD

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