



Lisa Lieberman.

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by Lisa Lieberman

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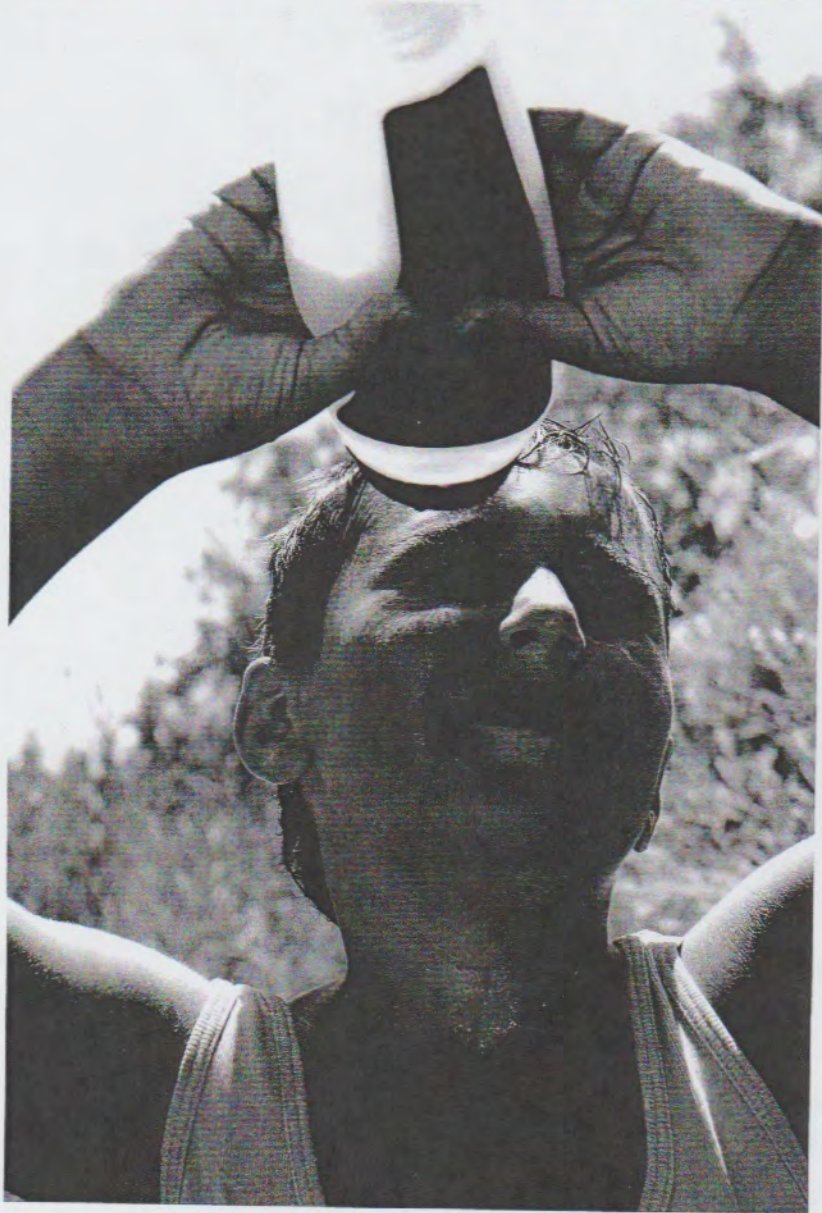
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Heat Exhaustion Can Happen in a Matter of Minutes



Cindy Skeen will never forget the time she saw her aunt and uncle – both just a few years older than her – nearly die of heatstroke. She was 12 years old and out on the family houseboat for the weekend. “They were laid out flat on their backs for two days, vomiting and really sick,” Skeen said.

Now, with three children and four grandchildren of her own, Skeen knows how to recognize heat exhaustion when she sees it.

“The best way to prevent it is to wear sunscreen and to not stay in the sun more than two or three hours a day, especially if it’s really hot. If the kids are really young, take umbrellas outside and keep them out of the direct sun,” Skeen says.

When kids are outside near the water, another way to keep them cool is to dump buckets of water or hats full of water on their heads. “We try to make it into a game, so it’s fun and it doesn’t scare them,” Skeen says.

A few years ago, Skeen had another close call with heat exhaustion when her 12 year old daughter, Alex, came down with it. Alex, a normally easygoing girl, was participating in a rodeo in Clovis and had just got done riding for the day, when she started acting strangely.

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“She was acting really weird. She was laughing one minute and crying the next minute, so I knew something was wrong,” Skeen said. Skeen immediately put Alex in the air-conditioned car and gave her something to eat and drink until Alex slowly calmed down. The stress of 100-degree heat had been compounded by the long pants and long sleeved-shirt Alex was wearing.

Of course, most summertime activities tend to involve boating and swimming rather than rodeoing, but kids can get heat exhaustion even if they're just playing in a swimming pool, says Donna Simi, a retired registered nurse and daycare provider in Fresno.

"I know it sounds weird, but a lot of times kids can get heat exhaustion from exercising and playing in the swimming pool," Simi says.

It might seem like kids are staying cool and hydrated in the pool, but if they're not drinking any water, they can easily get dehydrated and overheated.

Small children are more subject to heat exhaustion and heat stroke than adults because their body surfaces are larger compared to their body masses, said Dr. Susan Haack, a Tulare pediatrician.

"This means that children do not dissipate heat as well as adults and they don't adjust to the warmer temperatures as well as adults do. This means it takes them longer to get used to the hotter temperatures," Haack said.

There's a difference between heat exhaustion and heat stroke in children. Heat stroke, which can lead to death, is relatively rare among children. Heat exhaustion, which is just one step away from heat stroke, is much more common. Some signs of heat exhaustion are flu-like symptom such as dizziness, nausea, headaches and excessive sweating.

"Sometimes they'll act mindless and stumble when they're walking, not respond when you're calling their name," Simi says.

The best thing to do with a child with heat exhaustion is to get them out of the sun immediately and cool them down.

"Loosen their clothes and spray them with cool water – not ice cold – and fan them. You don't want them to lie down. You want them to sit up and drink water. If they're not able to sit up or if they're vomiting, you need to call 911," Simi says.

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One of the best ways to prevent heat exhaustion is simply to drink a lot of water and wear sunscreen, says Aubrey Greenamyre, an emergency medical technician. Generally, a 50 SPF sunblock that's sweat proof and water proof is a good one to use.

"It's important to remember that heat exhaustion can happen on cloudy days as well as sunny days," Greenamyre says. "It's important to get kids to drink as much water as you can. It's best to drink before they're thirsty

because by the time they get thirsty, they've probably already started getting dehydrated," Greenamyers says.

A good general rule of thumb is to make sure kids are taking sips of water at least every 15 minutes, says Jalene Vincent Welch. She likes to keep her kids sipping water at least several times an hour during the summertime. Welch, who has two children – ages three and four – lives in Three Rivers and spends a lot of time with her children at the river during the summer.

"With kids, they say that you should dress them as warm as you dress yourself in the winter, plus one extra layer. In the summer, I figure every time I take a drink, the kids should have several drinks," Welch says.

To make drinking water more fun for her kids, she gives each of them their own special water bottle at the beginning of the summer. "Also, if we see someone at the river who's water bottle the kids like and I'm out shopping and I see one that looks like it, I'll buy it for them," Welch says.

One thing that Welch sees too often at the river are parents who dress their kids up in overly restrictive UV protective

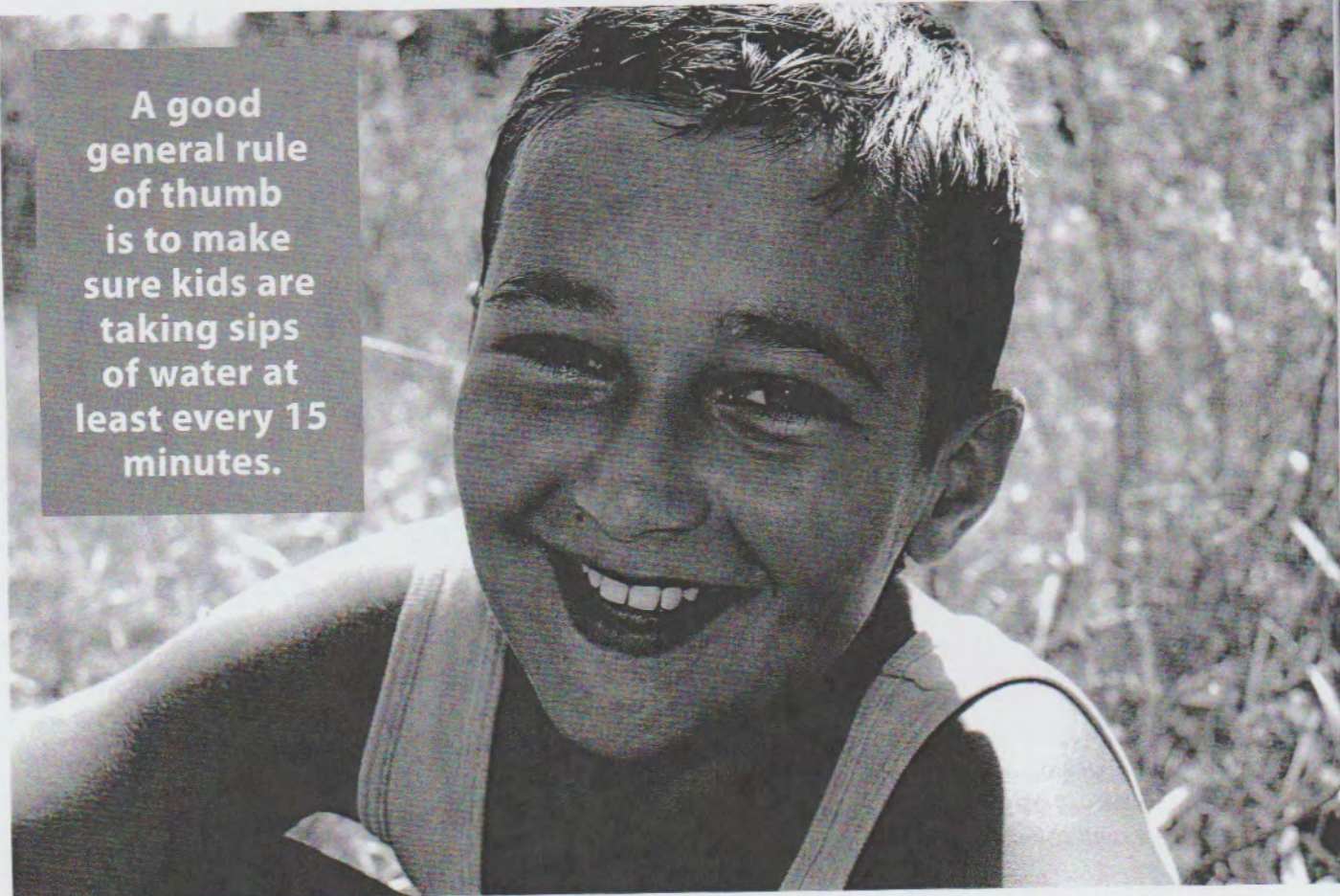
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Simi says she too sees parents either overdressing their kids in restrictive clothing or else dressing them up in too little and overexposing them to the sun.

Another important rule – one that's so obvious that it might be easy to forget – is never to leave children alone in the car in the summertime.

"I don't care if it's for one minute; don't leave your child alone in the car," Simi says. "When it's summer and over 100 degrees, the heat will cook your child in less than five minutes."

For new moms, Simi recommends buying a special key hook that they can link to their belts with a cord. That way if their child somehow accidentally locks him or herself in the car, parents will have their keys on them at all times.



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What Parents of Infants

Need to Know

about RSV

// WRITTEN BY Lisa Lieberman

When it comes to respiratory syncytial virus (RSV), it's not a matter of if your child gets it, but when. By the age of 2, almost 100 percent of children will have contracted RSV at least once, says Dr. Brian Guthrie, chief of pediatrics at Kaiser Permanente in Fresno.

"After nine months, it's very unusual to see a healthy baby get RSV and end up hospitalized, but if you get it in the first six months of life, you're much more likely to have a severe course of it because the smaller you are, the smaller your airways are," Guthrie explains.

RSV, which is the number one cause of hospitalization in infants under six months, is a highly contagious virus. In adults, RSV only causes minor flulike symptoms. But in children under six months, particularly preemies and infants with underlying medical conditions such as asthma or heart disease, RSV can lead to much more serious illnesses or even death.

The important thing for parents to recognize about RSV is the symptoms. In infants, they may include a runny or stuffed up nose, sore throat, and coughing that may resemble a relatively benign cold or flu. However, if after a day or two the cough persists or worsens, parents need to call the doctor.

"The symptoms are usually unmistakable," says Dr. Ramon Resa, a Porterville pediatrician. "Infants are coughing so hard with their whole chests contracting, and they have such

distressed looks on their faces that it's hard not to know something's wrong."

Other RSV symptoms include high fever, thick nasal discharge, a cough that produces yellow-green or gray mucus, and signs of dehydration.

"When the child has such labored breathing that causes a tremendous amount of coughing, the infant has to choose between eating and breathing. And that's the biggest reason infants end up in the hospital," Guthrie says.

The typical duration of RSV, which is similar to that of a cold, is 10 to 12 days.

"The most problematic time is usually from day two to day seven since that's when the coughing becomes really incessant," Guthrie says.

Ana and Octavia Gonzalez learned this lesson the hard way when their daughter, Irene, a preemie born at 32 weeks, came down with a minor cough when she was three months old. At first, they thought it was nothing to worry about.

"We thought maybe she's just too hot or her throat is dry," Ana Gonzalez says. "You read all about the signs of RSV everywhere, and we were trying to be as careful as we could. So we took her to the doctor on the third day and he said she probably just had a regular cold, so we went home. The next day, though, she was coughing so much that she started turning blue, so we ended up taking her to the emergency room and she tested positive for RSV."

Treatment for RSV is fairly basic. Doctors will usually try using a bronchial dilator on the infant first. The bronchial dilator prevents air passages from tightening and narrowing, allowing them to remain open for easier breathing. However, Guthrie said this treatment method only works in about 10 percent of infants.

Typically, when infants end up in the emergency room with RSV, they are treated with an IV and oxygen, and are hospitalized for three to five days. Baby Irene was hospitalized for five days until she showed signs of improvement, her mother said. At the hospital, the nurses taught the Gonzalezes how to tip Irene sideways and use a bull syringe to suction out the phlegm from the side of her mouth.

"The cough lasted three weeks, and every time Irene would cough, we would have to tip her over to get the phlegm out," Gonzalez says. In retrospect, she wishes she could have done

something to prevent Irene from getting the illness in the first place.

Just like any other cold, RSV is spread through droplets from a sneeze or cough. One of the most common ways infants get RSV is from their school-age siblings.

The best thing parents can do to keep their infants from getting RSV is to isolate them from any sick family members and keep them away from other children that might be infected. It's also important not to allow strangers to handle your baby.

"Parents have to be careful when they're out at the malls and people want to come up and grab the baby's hand. I tell people it's a mistake to let anyone touch their babies in public," Guthrie says.

Symptoms of RSV

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing
- Irritability
- Decreased activity
- Breathing difficulties

Now when Gonzalez and her husband go to church or out shopping, they try to leave Irene at home with a family member. When they do take her out in public, they frequently use hand sanitizers and politely tell people "no" when they ask to touch or hold the baby.

"Being Hispanic, it's very hard because in the Hispanic culture, people think that if you don't touch the baby it could get sick and die. That's why every Hispanic person you meet wants to touch your baby," Gonzalez says.

Now that Irene is over a year old, it is unlikely that she'll suffer serious complications if she contracts RSV again. But since she is a preemie, the

Gonzalezes still have to take precautions—at least for the next year or two.

One thing they've been doing is giving Irene a monoclonal antibody shot once a month during RSV season, which generally runs from December to March. Although this isn't the same as a vaccine, an antibody shot can reduce the severity of RSV if a child comes down with it. The problem with the shots, though, is that they cost \$800 or more per shot and are not always covered by insurance.

"Kids who are born before 32 weeks or those who have chronic lung disease really need this treatment," Resa recommends. "Usually it's covered by insurance, but not always." Another downside of these shots is that they last only one month before wearing off, but the Gonzalez family is not taking any chances with their daughter's health.

"What we found is that even if your insurance doesn't cover the shot, it's still important to get it," Gonzales says. "If you end up hospitalized, it's going to cost more in the long run anyway."



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Tummy Tucks: The Revealing Truth

// WRITTEN BY Lisa Lieberman

Any mom who's struggled to lose that post-baby weight knows how incredibly frustrating it is to keep bumping up against those final few pounds that just don't seem to budge.

Even for the lucky few who lose the weight effortlessly, there's no overcoming the fact that pregnancy leads to some major alterations in the midsection. Sometimes it seems that in spite of the gallons of water you drink, the never-ending diets you try, and all the crunches — those endless crunches — your fabulously flat, pre-baby belly is a thing of the past. But it doesn't have to be!

Following pregnancy, women's muscles, skin and the fat around the abdominal region typically sag and lose their original elasticity. And while you can exercise and diet to lose weight and tighten those muscles back up, there is no magic workout that will tighten the loose or sagging skin that might remain. To correct the problem, some women opt to undergo abdominoplasty, otherwise known as a "tummy tuck." This procedure flattens the abdomen by removing extra fat and skin and tightening muscles in the abdominal wall.

Dr. Stephen Zuniga and Dr. Carl Askren of Aesthetic & Plastic Surgery Pavilion in Fresno say that the vast majority of their patients are moms who don't want to give up their bikinis simply because they've given birth. While cosmetic surgery is obviously not for



everyone, it is certainly an option for women who feel as though they've exhausted all other avenues.

"For women who have only a slight baby pooch, I would recommend diet and exercise before considering surgery. But, when that fails, I would consider discussing your case with a plastic surgeon," says Zuniga.

The best candidates for tummy tucks are women who are at or near their ideal body weight with any one of three complaints: excess skin, excess fat, or laxity of the abdominal wall (such as that which occurs with child bearing). Most consider surgery when they have extra skin, but an endoscopic-assisted approach can tighten the abdominal wall of those who have no extra skin and are concerned about laxity alone. A tummy tuck is also an option for women who were obese at one point in their lives and still have excessive fat deposits or loose skin in the abdominal area.

Although patients can lose between two to five pounds as a result of a tummy tuck, it should by no means be considered an alternative to healthy weight loss. "The very best results are achieved in those who have reached their ideal body weight prior to having the surgery," says Askren. And while the procedure can motivate further weight loss, a drastic weight loss following a tummy tuck could result in more loose skin, possibly leading the patient to feel that the procedure needs to be redone.

It is for this reason that a tummy tuck is not generally recommended for a mom who is considering having additional children. "Although I have seen women whose abdomens have done okay with an additional child, that is one good way to undo a tummy tuck," says Askren.

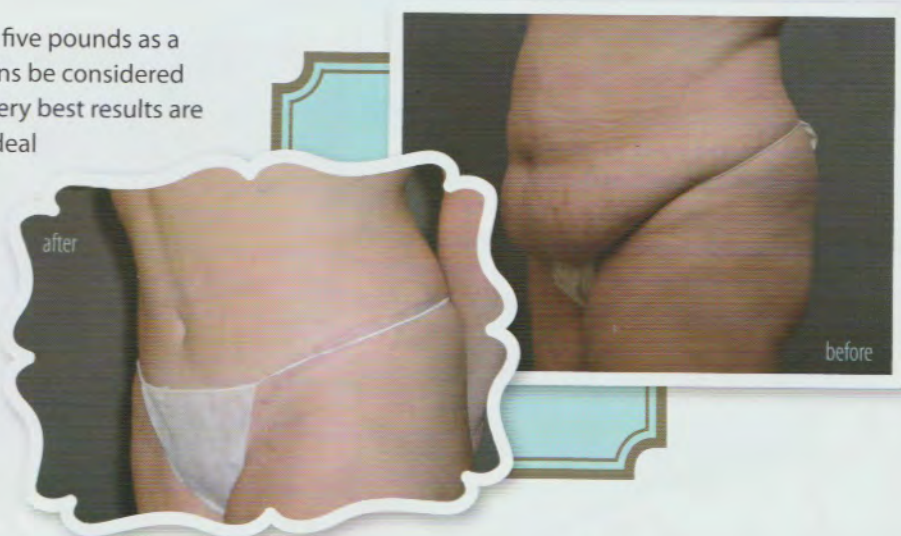
Summer Shannon, a 42-year-old mother of two in Fresno, is one of many moms who found herself lamenting her post-baby body. Two years ago, following the birth of her youngest child, Shannon complained of a sagging tummy.

"No matter how much I exercised, how many Pilates classes I took or how many low-carb, high-protein diets I tried, I couldn't seem to get my bikini body back," Shannon says. "I didn't even want my husband to see me in my nightgown."

After undergoing a tummy tuck, Shannon found that her pre-pregnancy clothes fit better and that she was no longer afraid to wear a bathing suit in public.

There are two main options for a tummy tuck. The first is a complete abdominoplasty, during which a small incision is made in the crease above the pubic bone. A second small incision is cut around the navel. The abdominal flap is elevated and the abdominal wall is tightened by placing sutures that lace up the supporting tissue so that excess skin and fat are removed. Although the scars are permanent, they usually fade within the first year of surgery. After that, most scars can be hidden by swimwear. Recovery time varies, but generally patients should avoid strenuous activity for a minimum six weeks.

Patients who have limited excess skin above the navel and are more concerned about laxity in their stomachs may opt for a "mini tummy tuck." During this procedure, the surgeon makes a low horizontal incision that allows for the removal of excess skin and fat. This type of surgery may also be performed endoscopically.



All abdominal procedures are performed under general anesthesia and take between two to five hours. The cost of a tummy tuck ranges from \$6,500 to \$11,500. Aesthetic & Plastic Surgery Pavilion offers financing with payment plans and up to \$25,000 in credit.

Out of all the available cosmetic surgeries, tummy tuck patients report one of the highest levels of satisfaction—about 84 percent—with their procedures. The good news about tummy tucks is that complications, which can include infection, bleeding and nausea, are extremely rare.

"Tummy tucks are one of the most satisfying procedures for both patient and surgeon," says Zuniga. "The results are far reaching. Beyond how the patient looks, it affects how they feel about themselves and how they interact with others."

Dr. Zuniga and Dr. Askren have many years of experience providing cosmetic surgery services in the Central Valley. Both are certified by the American Board of Plastic Surgery and are active members of the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgeons.



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When kids are outside near the water, another way to keep them cool is to dump buckets of water or hats full of water on their heads. “We try to make it into a game, so it’s fun and it doesn’t scare them,” Skeen says.

A few years ago, Skeen had another close call with heat exhaustion when her 12 year old daughter, Alex, came down with it. Alex, a normally easygoing girl, was participating in a rodeo in Clovis and had just got done riding for the day, when she started acting strangely.

“She was acting really weird. She was laughing one minute and crying the next minute, so I knew something was wrong,” Skeen said. Skeen immediately put Alex in the air-conditioned car and gave her something to eat and drink until Alex slowly calmed down. The stress of 100-degree heat had been compounded by the long pants and long sleeved-shirt Alex was wearing.

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“Loosen their clothes and spray them with cool water – not ice cold – and fan them. You don’t want them to lie down. You want them to sit up and drink water. If they’re not able to sit up or if they’re vomiting, you need to call 911,” Simi says.

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One of the best ways to prevent heat exhaustion is simply to drink a lot of water and wear sunscreen, says Aubrey Greenamy, an emergency medical technician. Generally, a 50 SPF sunblock that’s sweat proof and water proof is a good one to use.

“It’s important to remember that heat exhaustion can happen on cloudy days as well as sunny days,” Greenamy says. “It’s important to get kids to drink as much water as you can. It’s best to drink before they’re thirsty

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One thing that Welch sees too often at the river are parents who dress their kids up in overly restrictive UV protective

clothing. "You'll see these kids in long sleeve shirts and UV suits, which can be a good thing if they're going to swim in the cold water. But, if they're just sitting at the river's edge not getting wet, it can seal in the heat and they can get hot, sweaty and overheated," Welch says.

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