

4/20/16 Patient Education

Questions and Answers

1) I have struggled with depression and anxiety. What is an effective strategy to help me cope with these emotions?

Veterans responded with the ideas of; pets, using music, getting outdoors, exercise, meditating. Cognitive behavioral therapy teaches us how we think about our daily problems effects our behavior. Having negative feelings and thoughts can bring us down while positive thinking can help us modulate our depression and anxiety. Three of the top forms of unhealthy thinking: 1) Catastrophizing (making a mountain out of a mole hill”) – turning a minor negative event into a major catastrophe in your mind, 2) Personalizing (assuming that you are responsible for random and benign events, 3) All or none thinking (simplistic black and white thinking)- leaves no way of seeing other possible viewpoints or situations and leads to impairing one from seeing other solutions. It is important to replace your negative thoughts with constructive/helpful ones. Information and application tools that may be useful to manage and cope with anxiety and or depression: mdm.va.gov ; Exposure ed , PTSD coach, PE coach, CBT-I coach, Mindfulness coach, Parenting2go , moving forward, ACT coach, CPT coach, Move! Coach, Virtual Hope Box. [Mindfulness muse.com](http://Mindfulnessmuse.com)

2) I have heard that tendon transfer surgery can increase the function of my hands. What is involved with this procedure and what can I expect in terms of return of function?

Tendon transfers involve taking the tendons that are attached to muscle that are functioning and under our control and re-attaching the tendon to make a joint work that we cannot move because the muscle is paralyzed. These procedures are commonly done for persons with C5-C7 level of injuries. Usually persons electing this procedure are 1-2 years post sustaining a spinal cord injury. The procedure requires the surgical area to be immobilized for 4-6 weeks after the surgery followed by several months of hand rehabilitation. Persons electing this procedure gain the ability to move their thumbs so they can better pinch and grasp objects. A common type of surgery is to move one of the elbow flexor muscles

(brachioradialis) and attach it to the thumb tendon (flexor pollicis longus) which restores the thumb's ability to pinch.

3) Can someone explain the differences in lifts to help me get in and out of bed?

Electric Patients Lifts are considered first over Ceiling Lifts or Gantry System (Free Standing Frames). Ceiling lifts and gantries (free standing frames) can be considered when conventional floor-based lifts cannot be utilized in the home environment due to restricted space or inability of the caregiver to maneuver the patient in a floor-based lift. For appropriate patients who can independently manage their lower extremities and have no contraindications, versions of these lift systems can also be utilized independently by patients. All lifts are considered on an individual basis with consideration given to level of injury, comorbidities, home environment, caregiver status, etc. Transfer needs and thus lift needs can change with your changing health needs and natural aging. Safety of both caregivers and care recipients should be considered when deciding on different lifts.

4) What are contact precautions and what does that mean? Can I interact with veterans on contact precautions when they are not in their rooms?

Contact precautions are procedures designed to help us prevent the spreading of bacteria and viruses that can adversely affect our health. Contact precautions specifically protect us from coming into bodily contact with others persons or even items that another person may have handled as well as contact from others' bodily fluids. Gowns and gloves allow us to interact with persons who are under contact precautions.

5) What are the different catheters used in bladder management and which poses the least risk for acquiring a urinary tract infection?

Intermittent catheterization is the best choice if possible as it allows for the best drainage of the bladder and people are less prone to infections if they follow proper technique. All though easier to manage Indwelling catheters leave person's more prone to infections.

6) What factors are considered to be a candidate for flap surgery? After receiving a flap, what is involved after surgery to make sure it is a success?

Good general health and a protein level (albumin 3 out of 5) are key ingredients for a successful flap surgery as without these it can be difficult for a flap surgery to heal. One should not smoke tobacco for 6 weeks prior to surgery. The wound should be clean (nice pink color). A person must be able to sleep and eat and function lying flat on their back during the healing process after the surgery. If one is diabetic it must be well controlled with no sugar level over 140. One should be aware that they can still get another sore where the flap surgery is done if there are factors such as poor seating or activities that produce sores in the first place.