



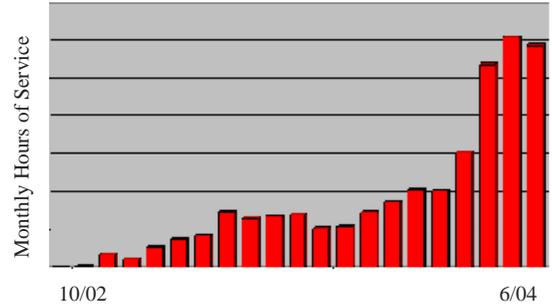
Home Care Services for Seniors
 (703) 750-3170 www.readyhands.com July - September 2004

News for Clients and Friends

To Our Clients and Friends...

As the chart at right shows, the big story at Ready Hands Home Care at this writing is growth. We deeply appreciate the clients and referral sources who have made this possible. As we expand, we pledge that we will continue our focus on the kind of high quality service that has made us successful to date.

*Sue Benson, R.N.
 Granger Benson, M.D.*



Did You Know About These Free Services from Ready Hands?

Ready Hands strives to be the best home care company in the Northern Virginia area. Here are some of the value-added services we provide to all clients. There is no charge for any of these services:

Get-Acquainted Interviews

We're happy to arrange for clients and family members to meet their Ready Hands Aide or Companion at our expense, before they commit to receiving services. If the match doesn't look right, we'll work hard to find an alternative.

Collaborative Care Plans

Ready Hands prepares an individualized Care Plan for each client, to inform our

Aides and Companions of their assigned tasks and any special circumstances. We have now started to provide a draft copy to each new client and/or responsible party, and we invite any desired revisions or additions. That way we can meet each client's needs better.

First Day Introductions

Whenever we start providing services to a new client, a Ready Hands manager (usually Dr. Benson or Sue Benson) meets our employee at the home to be sure that things get off to a good start. That helps to assuage apprehensions a client may have about meeting his or her home care worker for the first time.

The Ready Hands Client Notebook

Good communication is at the heart of a successful experience with home care. We leave a binder in each client's home with note paper where the client, family members and the Ready Hands home care worker can communicate with each other in writing. This is especially useful when a concerned family member needs to exchange messages with our employee about special instructions, progress reports, etc.

Quarterly Recognition Award

Our biggest challenge is identifying, hiring and retaining the best home care employees possible. Although we are proud of all our employees, we give special recognition each quarter to one person whose performance has been exceptional. This time, that person is



Maria Rojas.

Maria ("Marita" to her friends) joined Ready Hands in March, 2003 as a Home Companion. She has worked with many clients during that time, and to every assignment she brings a cheerful, willing attitude that clients immediately appreciate. She is a truly good person of great integrity. We are fortunate to have her working with us.

Emergency Look-ins

We can be the "eyes and ears" for a family member or responsible party if a client has an acute problem while receiving home care services. A Ready Hands manager will visit the home promptly to investigate, then report on the situation and help decide what additional action, if any, should be taken. (This does not include true medical emergencies, for which we call 9-1-1 unless instructed otherwise.)

Venous Disease—The “Other” Blood Vessel Problem

Note: The following article by Dr. Benson appeared in the July, 2004 issue of Fairfax County’s Golden Gazette. The article generated considerable interest and Ready Hands received numerous calls from readers. It is reprinted here in its entirety.

Arterial disease certainly gets its share of attention nowadays, and deservedly so. Atherosclerosis, which causes heart attacks and strokes, is the most serious medical problem in developed countries. Health topics like exercise, obesity, blood pressure and cholesterol control are important largely because of their impact on our arteries. By contrast, most of us know less about veins and the disorders that affect them. In this article we’ll try to correct that. But first we’ll need a brief lesson in anatomy and physiology.

Where Veins Fit In

The circulatory system consists of the heart, which pumps the blood; arteries, which deliver blood to tissues and organs; the capillary bed, a microscopic web of porous channels through which oxygen and nutrients are exchanged; and veins, which return blood to the heart. The part of the system that supplies the body as a whole is called the systemic circulation. The part that receives depleted blood from the body and pumps it to the lungs for re-oxygenation is called the pulmonary circulation.

As the heart contracts with each beat it forces blood through the arteries under high pressure. To accommodate this pressure and help propel blood forward, the walls of arteries contain a thick layer of muscle. The walls of veins, however, contain little muscle and are therefore much thinner and more distensible.

Veins in the lower body, especially the legs, face a battle against gravity. They get help in two important ways. First, surrounding muscle movements act as a pumping mechanism that squeezes the veins and pushes blood forward. Second, many veins contain delicate valves along their length. Each valve consists of two opposing folds of tissue. The valves keep blood moving in the right direction and prevent backflow.

With this background, let’s take a look at some of the more common things that can go wrong with our veins.

Inflammation and Clots

When a vein becomes irritated or injured, inflammation can occur. The resulting syndrome is known as phlebitis. Inflammation is virtually always accompanied by a clot, or thrombus, within the vein; thrombophlebitis is therefore another name for this condition.

If phlebitis affects a small vein close to the skin surface, it is called superficial phlebitis. It is recognized as a

reddened, swollen area that is tender to the touch. Sometimes the involved vein can be felt as a linear, cord-like structure. Any vein can be affected, but varicose veins in the legs are particularly vulnerable. Another common location is at the site of an intravenous line. Superficial phlebitis is usually not serious. The standard treatment consists of warm compresses and anti-inflammatory medications like aspirin or ibuprofen.

Phlebitis in a large deep vein is called a deep venous thrombosis (DVT). Almost always the involved vein is in the leg or pelvis. Pain and generalized swelling occur in the involved leg, but visible redness is usually not present. A DVT is always serious because a clot fragment can break off and lodge in the lungs, causing a potentially life-threatening syndrome called a pulmonary embolus. A DVT must be treated with potent anticoagulant medications and often requires hospitalization at first.

Incompetent Veins

Some people lack normal vein valves. In others, the valves break down over time or are injured as the result of phlebitis episodes. In either case, vein function becomes less efficient and pressures build up. Varicose veins are one consequence. But though unsightly and sometimes uncomfortable, varicose veins rarely cause harm.

A more important result of incompetent vein function is the syndrome of venous insufficiency, sometimes called venous stasis. In its mildest form, venous insufficiency simply manifests as the mild foot and ankle swelling we so commonly see in older people. The swelling is caused by fluid leakage into the tissues due to high venous pressures.

When venous insufficiency is more advanced, extensive swelling may extend into the calves or even the thighs. The skin of the feet and ankles may become discolored due to iron deposits from leaked red blood cells. A red, scaly rash called stasis dermatitis can complicate the condition. At its worst venous insufficiency causes deep leg ulcers that are very difficult to heal.

The simplest treatment for venous insufficiency is to harness gravity by elevating the legs. Prolonged sitting with the legs down should be avoided. Walking exercise is encouraged because the muscle activity helps propel blood out of distended veins. Specially prescribed elastic stockings can help by creating a pressure gradient that deters venous blood pooling. The skin manifestations of the disorder may require topical ointments or specialized wound dressings.

Finally, it is a common mistake to assume that leg swelling always requires diuretic medications (“water pills.”) In the case of venous insufficiency, the problem is accumulation of blood and fluid in the legs, not too much fluid in the body as a whole. Judicious use of diuretics may sometimes be appropriate, but depending on these drugs as the mainstay of treatment can lead to dehydration.