

My Right Arm: A personal story about living with Lupus

By Penny Wolf

It's interesting how I seem to have so easily accepted the limited use of my right arm all this time. "Okay, well I guess I can't shoot baskets with my daughter anymore," I said about six years ago. Then as time went on, "Well, no more free weights for me, I suppose." And finally, "Tom, can you reach that plate on that shelf for me... can you lift this box for me... can you be my right arm?" As long as it didn't hurt, not being able to do the things I used to do seemed okay for some reason. Why was that?

I guess, after so many years of coping with having lupus, I've conditioned myself to accept limitations and loss. So, when my arm started acting up, it was just one more limitation. I simply added it to the others—can't go out in the sun anymore, can't have my career anymore, can't dance anymore, and so on. I just added "can't use my right arm anymore" to the list.

But suddenly I realized, hey, this is stupid. Acceptance of realistic limitation is one thing. And having an illness like lupus teaches you that things you thought were so essential to your

life may not be so important after all; that you can go on despite those losses and live a fruitful and happy life. Lupus forces you to sit back and look at your life and reevaluate—to decide what truly is important to you—like love and family, and, in my case, continuing to wear high-heeled shoes (it's a vertically challenged thing).

But not being able to use your right arm when you're right handed is kind of a big deal. And it finally struck me when the doctor, frustrated that I wasn't sure about the surgery, said, "We don't have to do this surgery, if you don't mind not being able to use your right arm." Well, yes I mind, I thought. I want to use my arm. I want to be able to lift my puny three pound weights again. I want to be able to swim laps. And mostly, I want to be able to take care of myself. I am not going "softly into that good night!"

"Sign me up for the surgery. I'm ready." I said. And when it's all over, I'm going dancing.

Penny Wolf is the Programs and Services Coordinator for The Lupus Foundation of America,

Piedmont Chapter. She lives in Charlotte with her husband, Tom. She was diagnosed with lupus in 1986 and had surgery to regain

the use of her right arm on Monday, April 10, 2006.

More Lupus information on page 7

COMPLICATIONS

Complications of diabetes are what patients with diabetes generally fear most. The risk of these developing is minimized by controlling the ABC's of diabetes. Diabetes is the leading cause of blindness in adults. An annual eye examination which includes dilation of the pupils by putting drops in the eyes can detect diabetic eye disease at a stage when appropriate treatment can prevent about 90 percent of blindness.

Diabetes is the leading cause of kidney failure requiring transplantation of dialysis in adults. Early kidney disease can be detected by a urine test called the "microalbumin to creatinine ratio" which should be measured once a year. Special blood pressure medications (ACE inhibitors and ARB's), more aggressive control of blood pressure and other interventions can prevent

..... continued from page 4 or slow the rate of progression of kidney disease.

Neuropathy or nerve damage from diabetes is the most common complication and arguably the most disabling when severe forms occur. Neuropathy leads to chronic severe pain, amputations, chronic diarrhea including soiling oneself, sexual problems, dizziness, chronic nausea and vomiting. There are special tests and drugs that can help control neuropathy. But, it is far easier to prevent neuropathy with good blood sugar control than to make it go away.

The macrovascular complications are the cause of death in about 80 percent of people with diabetes, usually as a result of heart attacks, heart failure and strokes. These complications take 7-10 years off the average life of a person with diabetes. Achieving the ABC targets can make a huge difference - literally life and death - by preventing macrovascular complications. Most people with diabetes over the age of 40 should also take aspirin a day and should stop smoking if they do and never start if they do not.

No one with diabetes should suffer from complications of diabetes. With early diagnosis and treatment of diabetes and its comorbidities, people with diabetes really should be able to live out a normal lifespan free of complications. But, patients need to be well informed of treatment targets, symptoms to watch for, schedule of screening tests and they must work in partnership with their primary care doctor, diabetes educators and other specialists as necessary to take control of their diabetes.

More information is available at the UNC Diabetes Care Center's Web site at <http://medicine.med.unc.edu/centers/diab/diab.htm>.

John B. Buse, MD, PhD, is director of the UNC Diabetes Care Center, which is part of the University of North Carolina Health Care System.



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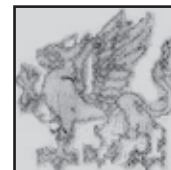
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