The Bob Livingston Letter®

SPECIAL HEALTH REPORT

P.O. Box 1105 • Cullman, AL 35056

45 Medical Procedures Doctors Admit You Don't Need (But They Recommend Anyway)

Many experts believe that doctors are often willful participants in "wishful thinking" when it comes to tests and procedures they believe are effective. Fact is, despite a lack of scientific evidence to support the usefulness of many of the tests and procedures they use, many mainstream physicians foist unhelpful therapies on patients. Sometimes, even after studies show that a test or procedure is worthless, or even harmful, they continue to have people undergo potentially damaging, ineffective treatments.

One of the main difficulties with unnecessary or unreliable tests stems from the often needless worry and further procedures patients undergo when the measurements produce "false positive" results. For instance, if a test for cancer has been shown to be reliable in only about 80 percent of its results, a very large number of people will be told they might have cancer when, in fact, they are cancer-free. Some cancer tests, on the other hand, can uncover slow or non-growing cancers that would never present a health problem if they were left alone.

But merely learning you have cancer, even if the medical evidence shows it is not a true health concern, causes anxiety. It may often result in a risky procedure to eliminate the growths even though the risks of the procedure are greater than the minimal risk presented by the "cancer" that is being removed.

But you don't have to be a victim of the mindless obsession with tests and procedures. Instead, be an informed medical consumer and take responsibility for some of your own medical decisions. It could save your life.

A Collection of Worthless Medical Tests and Procedures

1. The PSA Test for prostate cancer: The PSA test measures the blood for prostate specific antigen (PSA), a protein that is manufactured by both cancer cells and normal prostate cells. The normal man always has some PSA in his blood. Cancer cells often make more PSA than other cells, but the measurement of the test is ambiguous. If your prostate is enlarged and inflamed but not cancerous, your PSA will still be

elevated. Some medications and herbs also affect your PSA readings.

Conditions that increase your PSA but aren't cancer:

- BPH (benign prostatic hyperplasia).
- Prostate infections.
- How old you are: Your PSA levels naturally climb as you grow older, even if your prostate is normal.
- Prescription drugs can influence your PSA level. The drugs dutasteride (Avodart) and finasteride (Propecia or Proscar) can cut your PSA level by 50 percent.

This test is very unreliable. Only about 25 percent of men who have a "positive" PSA test actually have prostate cancer. As of this writing the Centers for Disease Control and Prevention (CDC) opposes PSA- screening for men who do not experience symptoms of prostate problems. But the CDC does say it is in favor of discussing the test with your doctor.

2. Mammograms for Breast Cancer Screening: Ironically, the radiation used to image breasts in breast cancer screening may actually cause breast cancer. Added to that, the false positives in these types of screenings are alarmingly high. That leads to unnecessary biopsies and other uncomfortable and anxiety-producing procedures. Several experts have called into question the safety and effectiveness of these tests.

A study at the Harvard School of Public Health shows that routine mammography screening leads to a significant amount of "overdiagnosis" of breast cancer that would otherwise have proved to be harmless. In an analysis of tests on almost 40,000 women in Norway, the researchers estimate between 15 percent and 25 percent of breast cancer cases are overdiagnosed. That means these cancers discovered on mammograms would never have presented a health risk.

The result of these overdiagnoses, according to the scientists, is that these women suffer mental distress, biopsies, surgeries or chemotherapy and hormone treatments for diseases that would never even have caused them any symptoms if they had been left alone.

3. Flu Shots: Talk about a shot in the dark. The first problem with flu shots is the fact that their vaccines are formulated before the drug companies even know which strain of the flu will

be running rampant during flu season. Then there's the problem of contaminants entering the material that is injected into your body. Added to all those concerns, research shows that even if the shots are concocted to combat the correct flu strain, they don't prevent the flu in a significant number of people anyway. In 2013, the CDC admitted that the flu vaccine was ineffective at protection in more than 90 percent of all seniors.

4. Chest X-rays: All you need to know about a routine chest X-ray is that research shows it is worthless. A big government study shows that even in smokers and those who used to smoke, chest X-rays did no good in uncovering lung cancer and couldn't be shown to have saved a single life.

When researchers at the University of Minnesota looked at the health records of more than 150,000 people who had undergone annual chest X-rays for up to four years, they did not find any evidence that the annual screenings produced any benefits. They concluded: "… (Our) findings provide good evidence that there is not a substantial lung cancer mortality benefit from lung cancer screening with annual chest radiographs."

5. Cardiovascular Stress Test: Does your doctor want to get you on the treadmill and hook you up to a machine to see how your heart is doing? If you don't have symptoms of heart disease, this test doesn't provide any useful information about the state of your cardiovascular system.

6. CT or MRI of your brain when you have fainting spells: Unless you are having seizures or other obvious neurological difficulties, these images of your brain are pretty worthless from a diagnostic point of view.

7. X-rays of your back for low back pain: If you have low back problems but you don't have a specific disease causing the problem

or obvious back injury, an X-ray of the area won't help to decipher the problem.

8. MRI, CT scan or X-ray for a headache: If you are being examined for a headache, unless a specific disease is suspected as a very likely cause, imaging studies do not provide any useful medical information.

9. Don't have a computed tomography (CT) for a child suspected to have appendicitis before having an ultrasound performed: Ultrasound is just about as accurate as CT but with a fraction of the radiation. If the results of the ultrasound are unclear, a CT may still be performed to help understand why a child has abdominal pain.

10. Don't have another colonoscopy to screen for colon cancer in less than ten years after having one that didn't show any problems, unless you have some particular reason to think you have a serious risk of colon cancer.

11. If you have Barrett's esophagus and you've had a second endoscopy that shows there is no dysplasia (with a biopsy) **you don't need a follow-up surveillance exam for at least three years.**

12. If you have functional abdominal pain syndrome **you don't need computed tomography (CT) scans** repeatedly performed unless you start having significant symptoms or there's some other medical reason (like a problematic blood test or other bad sign of illness).

13. If you decide to take pharmaceuticals to control gastroesophageal reflux disease (GERD) and you're using long-term, acid suppression therapy (with proton pump inhibitors or histamine2 receptor antagonists), **make sure you're taking the smallest effective dose.** Don't get over-treated.

To help control your acid reflux:

- Limit your alcohol. Alcoholic drinks irritate the stomach lining.

- Avoid late night snacks.
- Don't have coffee or tea at the end of meal. The caffeine in these drinks can worsen your GERD.
- Generally avoid large meals. When your stomach is overfull, you increase the risk of acid reflux.
- Skip fatty, rich foods. They stay in the stomach longer and increase reflux risk.
- Don't indulge in coffee or mints; they may lead to extra acid reflux.
- Take a walk after eating. Physical activity can stimulate faster digestion and less GERD.

14. If you're in the beginning stages of prostate cancer and you have a low risk of the cancer spreading, **do not have PET, CT or radionuclide bone scans.** That's just unnecessary radiation that won't give any useful results.

15. Don't be screened for breast cancer with blood tests or imaging tests (PET, CT or radionuclide bone scans) if you have no breast cancer symptoms and you've already been treated for breast cancer.

16. If you have less than a 20 percent chance of febrile neutropenia (very low neutrophils in your blood), **don't have treatments designed to stimulate white blood cell production.**

17. Don't keep treating big cancer tumors with chemotherapy and other mainstream medical techniques if you are in very serious condition, no treatments have helped, there are no experimental treatments available, there is no evidence that any chemotherapy drug can help and there's no reason to think that any mainstream treatment will improve your condition.

18. Don't get imaging tests for simple cysts if you are a woman: Simple cysts are almost always benign. Simple cysts in the ovaries do not become cancerous. Instead, have an ultrasound if you are of child-bearing age.

19. Don't have a scan done to check for a pulmonary embolism (PE) unless your doctor has a good

reason to suspect one is present: Although deep vein thrombosis and PE are not that rare, they hardly ever occur unless a blood test shows what are called "elevated D-dimer levels" and you have other risk factors.

20. Don't have a CT scan or MRI of your brain if all you're being examined for is fainting from low blood pressure.

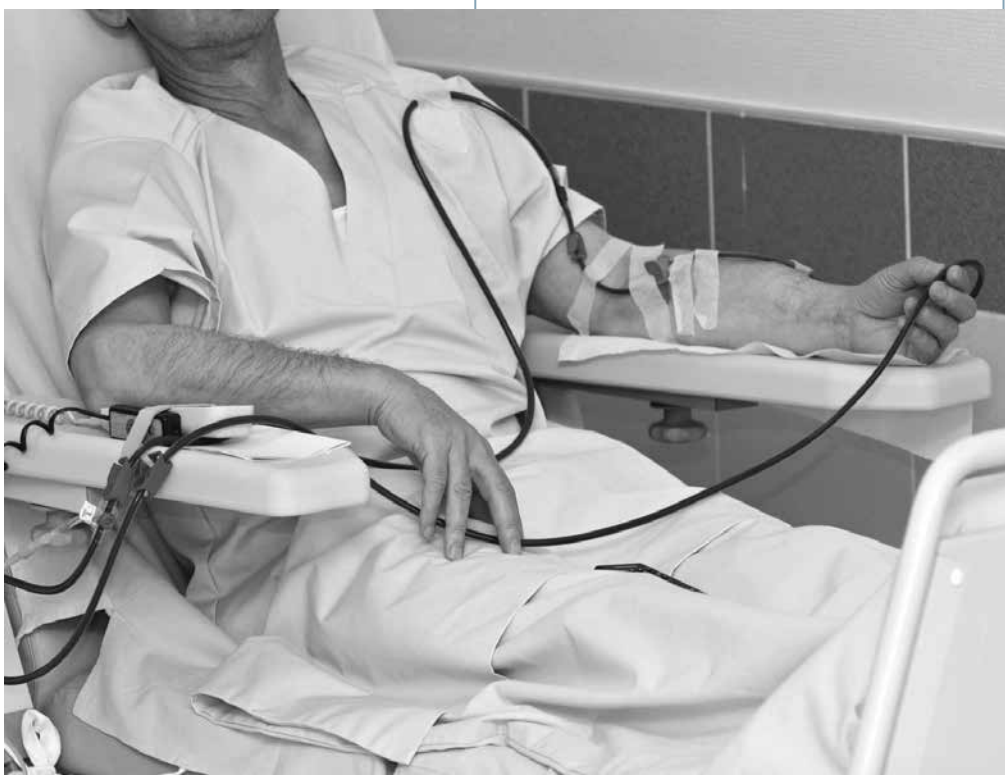
21. Don't undergo computed tomography (CT) scan of the head/brain for sudden hearing loss. Computed tomography scanning is expensive, exposes the patient to radiation and offers no useful information that would improve initial management.

22. Don't have a nuclear medicine thyroid scan to evaluate a thyroid nodule if you have normal thyroid gland function. These types of nodules usually require a biopsy.

23. Don't get a cancer screening test if you're having dialysis treatments, have no cancer symptoms and your life expectancy is pretty short.

24. Don't take nonsteroidal anti-inflammatory drugs (NSAIDS) if you have high blood pressure or heart failure, diabetes or chronic kidney disease (CKD).

25. Don't let them put a peripherally inserted central catheter (PICC) into you if you have stage III, IV or V chronic kidney disease, unless you consult with a nephrology expert who says it's OK.



26. Don't start a long-term dialysis program unless you talk it over carefully with your doctor and family members and understand what it entails and how it will affect your other illness problems.

27. If you have chest pain but have a low risk of a heart attack, are able to exercise and you have a normal resting electrocardiogram (EKG measurement of the heart), **you don't need a stress test with imaging of the heart.**

28. Don't have routine cardiac stress tests every few years. But if it's been more than five years since you had bypass surgery, you may want to get one.

29. If you're going to have low-risk surgery that doesn't involve the heart you **don't need a pre-operative scan or imaging of your heart.**

30. If you have any imaging studies done of your heart, **make sure your doctor uses the latest techniques that**

minimize your radiation exposure.

31. If you're being tested for allergies, **don't have immunoglobulin G (IgG) testing or immunoglobulin E (IgE) tests for allergies to substances that you have no reason to think cause you allergic problems.**

32. If you have rhino sinusitis (sinus infection) **don't have a sinus computed tomography (CT) test** or take antibiotics for the condition unless the doctor feels there might be a bacterial infection present.

33. If you have chronic urticaria (hives), **don't bother with diagnostic tests.** They hardly ever turn up any useful information.

34. **Don't have replacement immunoglobulin therapy for infections** that keep coming back unless it's been proved that you have an immune problem like an impaired antibody response.

35. If you have asthma, **don't let the doctor diagnose your problem unless he tests you with a spirometer.**

36. If you have mild or moderate sinusitis (sinus inflammation), **don't let the doctor give you antibiotics** for it unless the problem lasts more than a week or your condition gets worse after it initially seems to be getting better.

Studies show that about 20 percent of all antibiotic prescriptions for adults in the United States today are given to people with sinusitis. Doctors are writing these prescriptions even though 90 percent of these infections are linked to viruses which are not affected by antibiotics. Experts believe these ineffective doses of antibiotics are helping spread the growth of so-called superbugs, pathogens that often cannot be controlled with antibiotics.

It is also believed when you frequently take antibiotics, you increase your risk of developing a bacterial infection that resists treatment.

37. **Don't let the doctor use dual-energy X-ray absorptiometry (DEXA)** to screen you for osteoporosis if you are a woman younger than 65 or a man younger than 70 without any risk factors for the condition.

38. **Do not have an annual electrocardiogram (EKG)** or any other annual heart disease screening tests if you don't have any symptoms of cardiovascular problems.

39. If you are a woman **do not have a Pap smear if you are younger than 21** or you have had a hysterectomy for a reason other than cancer.

40. **Do not have echocardiography** as a routine follow-up test for mild native valve disease if you are an adult and don't have symptoms or a change in your symptoms.

41. **Don't have stents** put in where you have plaque in your arteries that isn't causing you problems or cutting off blood to your heart.

In technical terms this means don't have stents inserted into "non-culprit lesions" during percutaneous coronary intervention (PCT) for uncomplicated hemodynamically stable ST-segment elevation myocardial infarction (STEMI).

A study at the Stony Brook University Medical Center, that analyzed the health records of more than 7,000 people who were treated for stable coronary artery disease, found no benefit for stent implantation. The researchers concluded: "Compared with a strategy of initial medical therapy alone, coronary stent implantation in combination with medical therapy for stable CAD (coronary artery disease) is not associated with a significant reduction in mortality, nonfatal MI (myocardial infarction), unplanned revascularization or angina after a mean (average) follow-up of 4.3 years."

42. If you are at low risk for venous thromboembolism (VTE), **don't have an imaging test as your first test for this condition,** have what is called a high-sensitive D-dimer measurement as your initial test.

43. If you are going to have surgery for any reason, do not have a preoperative chest X-ray or other chest imaging test unless the doctor suspects some specific problem in your chest.

44. If you are being admitted to the hospital for any reason, **do not have a chest X-ray** unless there is a specific reason the doctor thinks it will help uncover a particular medical problem.

45. If you have chronic kidney disease and your hemoglobin is greater or equal to 10 g/dL and you have no symptoms of anemia, **don't let them give you erythropoiesis-stimulating agents (ESAs).**

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