Sawbones 345: Even More Medial Questions

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Uh, I'm so excited to be back, Syd. We missed last week.

Sydnee: We did. We managed to pull off the live show, but we did not put together our episode for the week.

Justin: Now, a lot of times people are like— when we miss an episode, our excuses are, uh, child-related, usually.

Sydnee: Yes.

Justin: A kid was sick, a kid told us not to or they'd burn themselves on the stove. A kid said that we couldn't.

Sydnee: Our kids didn't do that.

Justin: No, but I'm saying like, fictional, stand-in, metaphorical kids.

Sydnee: Our metaphorical and actual children were fine. It was not their fault.

Justin: No, for once.

Sydnee: It was my fault, I guess.

Justin: Well…

Sydnee: I mean—

Justin: What happened?

Sydnee: If you wanna use 'fault'. Uh, I had an almost-exposure, which doesn't sound— I mean, I feel overly dramatic, right, even saying it. But one of my co-workers was directly and pretty extensively exposed, enough so that we were all, all of us who work in close contact, were pretty concerned that we by, you know, extension, had now been exposed and that this person may be pre-symptomatic. And that is a window before you develop symptoms where you can be quite contagious.

And we are all— that's one thing that's hard, and probably a lot of essential workers are experiencing. We're all wearing our masks and trying to be diligent about distancing, but not all workspaces are great at accommodating that. And in hospitals, when you talk about where resident teams, um, hide, so to speak—[laughs] Sometimes the rooms that they're given to do their work and their sleeping and their eating and their living, because they reside. They're residents. They're residing there. In the hospital. Uh, those spaces are not very large and distancing becomes quite difficult to pull off.

So, masking is always practiced, but even with that we know there's a risk of exposure. So, anyway. There was a very scary probably total, like, 48 hours where we didn't know who was positive or who had been exposed, where we're, like, measuring how far apart chairs were in the room and trying to figure out who would cover for who if, you know, people went into quarantine. And in that time period I tried to, well, sort of hide away from Justin and the girls.

Justin: Until we knew what was going on.

Sydnee: Until we knew what was going on. And it was a, um, you'd think I'd have gotten a ton of work done, but my mind was actually otherwise occupied. [laughs]

Justin: Yeah.

Sydnee: It's a good reminder— I don't want this episode to be a scary, sad, intense one, because we're gonna talk about your questions, and these are always fun. But it's a good reminder to be very careful and avoid exposures when you can, and to be very diligent, because your actions affect everybody around you and I kept having this thought when

I was quarantined away, until I found out that I was not exposed and everything was fine, that the last time I hugged or kissed Justin and the girls may have been the last time I got to.

Which I know, again, sounds overly dramatic, but that's the situation for a lot of people. You get exposed, you go into quarantine, then you get sick and people get hospitalized. And in that time, you don't— you're alone.

Justin: There are people like Sydnee and like other essential workers that don't get a choice in this matter. And please, I would ask you, if you do have a choice, stay home. It's not a personal choice thing, it's giving a crap about other people. We've said it a thousand times. And you know it at this point. But please, and convince other people.

This winter's gonna be rough, and anything we can do to try to stem it in a leadership vacuum that will exist for another, I don't know, six weeks, something like that, uh, please do your best.

Sydnee: I know it's hard. I know it's isolating. But it is so essential right now, because I am very lucky, and even, you know, it's fair for you to say even if I'd gotten the virus, I probably would not have a severe case, statistically, based on my demographic. But you never know. And someone else won't be so lucky. So…

Justin: Do you wanna talk about the other thing?

Sydnee: About… we're very excited because the day after tomorrow we will be receiving either a vaccine or a placebo to the coronavirus.

Justin: Yeah, we're participating in some, uh, well I guess phase III trials, is that correct?

Sydnee: Yes.

Justin: We wanted to put our money where our mouth— our bodies where our… mouths were? [laughs]

Sydnee: That's right.

Justin: With regards to vaccines.

Sydnee: I mentioned my parents have already started this trial. They went last week and received either— I guess you have, like, a— they told

them three out of four get the real thing. So, either a vaccine or a placebo. And then Justin and myself and Rileigh will go the day after tomorrow.

Justin: Yep. Or as you're listening, no, I'll put this out Friday. Yes. The day after tomorrow.

Sydnee: Yep. Roll up our sleeves and stick out our deltoids for science.

Justin: Heroic? I mean, you said it, listener, not me.

Sydnee: [laughs] I don't know if it's heroic—

Justin: Inspirational? Those are your words.

Sydnee: But I feel very strongly it's the right thing for us to do. So, we will let you know how it goes next week.

Justin: More information on that as it becomes available. If it hadn't occurred to you, I guess I kind of assumed it was like jury duty, they would find you if—[laughs] If they wanted you in the study.

But, um, it's worth poking around and seeing if there are studies in your area that need people, if that's something you'd be interested in helping with. And I think there's also a couple of national registries at this point where you can put in your info and they'll match you with a trial if there's one going.

Sydnee: Yep. So, look into it if that's something you wanna do. Or ask my mom, actually. Cause my mom loves— my mom has been the best recruiter for this thing.

Justin: Yeah. And if we have three arms next week, I just wanna say ahead of time, that's awesome. I'm excited about it.

Sydnee: I'm not worried about that.

Justin: The third arm.

Sydnee: I'm not worried about any of that.

Justin: But listen.

Sydnee: Let's do some questions, because these are fun—

Justin: Let's do some questions, it'll help people.

Sydnee: And funny, and I think this will be, especially if you're spending a Zoom holiday weekend where you're communicating with your loved ones over your electronic devices, here's some fun facts we may learn from these questions.

Justin: Alright Sydnee, here's my first question. "Whenever I eat a bit too much and my stomach is really full—" timely. Thanksgiving.

Sydnee: Yeah.

Justin: "Something weird happens. I start sneezing uncontrollably. I googled it a little while back and found the term 'Snatiation', but it doesn't seem like it's gotten much attention. My wife thinks I'm crazy that the two are connected, but it can't just be a coincidence, right? P.s. thanks for all the truth you bring to the world." That's from a listener who may or may not wanna be identified, I dunno. Brian. Let's call him Brian.

Sydnee: Okay. A lot of people didn't specify.

Justin: Yeah. So, we'll be—

Sydnee: If we ever don't— if we— that's— we're trying to err on the side of protecting your…

Justin: Yeah. But I think if I'm somebody named— I think I could speak for all the Brians when I say that holistically speaking, I don't think the Brians mind if everybody thinks sometimes when they get too full they sneeze a lot.

Sydnee: [laughs]

Justin: I don't feel like we are revealing too much of their medical history, there.

Sydnee: I always think if it was just my first name I wouldn't mind. But then, I also do a podcast, so obviously I don't mind. So that's not fair to generalize to everybody else.

Justin: Yeah.

Sydnee: Uh, so this is a really interesting question. I had to look— I have never heard of snatiation.

Justin: [laughs] It sounds like a fake term that, like, um… like uh, a junk food company would make up. Like, "you're snackified when you're both satisfied on a snack, it's snackified."

Sydnee: Well, I think it's sort of— I think it's supposed to be a sort of playful term. Um, because there are— there is another sort of inherited sneezing disorder that is, like, abbreviated 'ACHOO'.

Justin: Ah.

Sydnee: Scientists have very specific senses of humor.

Justin: You all are wild.

Sydnee: So, I do think it's supposed to be kind of fun and funny. It is based on—

Justin: Kind of.

Sydnee: A case report, um, that was from back in like the late 70s, where there was this 32-year-old guy who reportedly after he would have a big meal— a meal big enough that he felt full. You had to feel full. It wasn't just any time you ate, but like, if you felt full, that he would start sneezing.

Three or four uncontrollable sneezes were reported. And then, for whatever reason— it's always interesting, like, how did— if a patient told me that, I'm just gonna be completely honest with you, I would say, "Well that's weird."

Justin: Weird. Bodies are weird, right?

Sydnee: I don't think— well because there's no, I mean, I cannot think of a mechanism by which this is dangerous for you, or any testing I would do to follow up on it. So, I would say, "Don't worry. You're fine." Reassurance would be— but, someone dug into this a little further and found that this also happened to this patient's three brothers, one of his two sisters, his father, an uncle, and his son and his grandfather.

Justin: Hmm. So, it's like a genetic marker?

Sydnee: It is a genetic sneezing phenomenon.

Justin: [laughs]

Sydnee: We don't know a ton about it, because it's pretty rare, we think. Or if it isn't— here's the other thing, though. It might not be that rare, but… probably a lot of people don't really notice or talk about it, right? Like, it might be something that it's happened to you— you might be listening to this right now and saying, "I have that!"

Justin: "Me! That's me!"

Sydnee: But it's never occurred to you to ask anybody about it.

Justin: "Is there a pill to fix it? Please! It suddenly bothers me a great deal!" [laughs]

Sydnee: [laughs] There is no thought that there's anything to this other than bodies are weird and they do weird things. I mean, so don't worry about it. But it is genetic. So, you may ask people in your family and see if anybody else has this, uh, has this phenomenon. Because it tends to be just this weird genetic thing.

Justin: So bizarre.

Sydnee: I know! Fascinating. I learned something. I had never heard of this reflex. But it is a thing.

Justin: "Hi Dr. Sydnee and—"

Sydnee: This is— this is a long one, if you wanna cut it.

Justin: Cut it just on the fly? I'll just read every third word and we'll see how it goes.

Sydnee: Okay.

Justin: "Lately I've been seeing a lot of TV shows and celebrities here in the UK talking about mental health benefits of being outside, taking walks in the country, blah blah blah. I'm curious what peer-reviewed scientific consensus is on this trend, because when I was a kid I was always told to walk it off when I was feeling anxious or upset about something, and it didn't stop me from struggling with anxiety etc.

I'm worried that the 'isn't it amazing how perfect a natural treatment nature is?' way this issue is portrayed in a lot of media could lead to some people who are receiving allopathic treatments for mental health issues thinking that going for a 30-minute walk every day is a substitute for the medication they're taking to regulate aspects of brain chemistry which their bodies are unable to." Fair.

Sydnee: I think this is a good question.

Justin: Yes.

Sydnee: From… I think we're supposed to— I think we can read this name, because it's a funny one.

Justin: "Socially-distanced strolling in Scotland."

Sydnee: Yeah. I think those are intentionally meant to be read.

Justin: Lovely.

Sydnee: I think it's a good ques— I liked this question because, um, I have seen this meme on Facebook. Have you ever seen that? Where it's like… it has a bunch of pills and it says, "This is not the cure for depression" and then it has a picture of, like, a forest, and it says, "this is."

Justin: Ugh.

Sydnee: I know.

Justin: Bleugh.

Sydnee: That's the right reaction. I don't— I think that you are right to be concerned when people say, like, that kind of thing. When you have that kind of attitude about, "Well just spend more time in nature and you'll feel better." As a response to "I have a diagnosed mental illness," that's a terrible response. No.

Now, I mean, are there other benefits to being outside? Well, you could talk about things like vitamin D and stuff that you get from the sun, although make sure you're wearing sunscreen. You know, I mean like, you could talk about maybe some specific scientific things like that.

Justin: And exercise, you know.

Sydnee: Exercise. And I think a lot of people just would say, anecdotally, without any sort of scientific backing, I feel good when I spend some time out in the fresh air. I do.

Justin: Sure!

Sydnee: And if that makes you feel good, especially right now, when we are having to isolate from people so much, if you have an outdoor space to be in, just to give your brain something different to process, some other stimuli, I think that that is good right now for our mental health, in the sense that this can be very, uh, monotonous. This kind of living.

Justin: Yeah.

Sydnee: So, having a different place to be for a little bit is good. But of course, it is not, as you have said and as you have pointed out, it is not in any way replacement for any sort of actual medical treatment for mental illness. I think there are lots of things you can do that will help you if you do have a diagnosed mental illness that aren't treating it necessarily, but, I mean, Justin, you would probably attest to that.

Justin: Absolutely.

Sydnee: Things that you do for your anxiety that aren't treatments, they're not the medications you're taking, they're not attending a therapy session, so they're not evidence-based, but they're things that you have found.

Justin: And that varies person to person, I'm sure. Like, getting enough sleep, drinking enough water, meditation, stuff like that. I mean, that's a bit more clinical— not clinical, but it's deigned to specifically treat that. But like, supplemental stuff. You know, I'm not gonna get out there— I'm not desperate, I'm not gonna go outside.

Sydnee: [laughs]

Justin: Still, it's nice to know the option's there in case things get really dire.

Sydnee: And this is true for, by the way, we're talking about mental illness because that's the question. This is true for basically any illness.

There are other things, other than the things that medicine tell us to do, evidence-based medicine tells us to do. A lot of people who have a chronic illness will find other things that help them manage that, personally, that help make them have a higher quality of life for a variety of reasons. So, uh… I thought that was important to address.

Justin: Um, okay, so I'm gonna ask this next one, but I'm assuming I'm gonna...

Sydnee: You're gonna have— this—

Justin: Edit it on the fly a little bit.

Sydnee: Yeah, there's a bad word in it.

Justin: "Hello Sydnee and Justin, thank you for your amazing selves during this crazy time. I hope you're staying safe and healthy. My question is… about butt lightning. What cause—" [laughs] "What causes it? Is it really more common in women? Is there a way to make it stop if it gets going?" And that's from Emma. And what's butt lightning?

Sydnee: Okay. So, I had to look this up, because I've never heard this term before.

Justin: Yeah, I'm sure you haven't, because you would have related that to me immediately, because marriage is built on trust.

Sydnee: It was said to me, I should say, as Justin had to edit it, because we don't say bad words on the show. Um, it was not "butt" lightning. So, I had to google this. [laughs]

Justin: Thereby ruining her ad results for the rest of her life.

Sydnee: Here is what I think people are talking about with this term, from doing some research, basically people asking this question. "What is this, why do I have it?" and using this term. I think what I've finally figured out, I think, is what you're talking about is what we call proctalgia fugax.

Justin: Okay.

Sydnee: I don't know if that's a better name.

Justin: Kind of a mouthful.

Sydnee: But it's basically like a quick, sharp pain, like… in your rectal area.

Justin: Okay. Butt… butt pain.

Sydnee: And the reason I think the lightning is there is because it just hits you out of nowhere, it's really intense, usually pretty short-lived. Just, you know, ten, fifteen seconds or something, and then goes away. Could be even a little longer, up to 30 seconds.

If it's something that lasts longer than that, like 20 minutes or more, then that's actually a slightly different condition, and I assume that's not what people are talking about. But I don't know, any kind of butt pain, people might be calling it this. It—[laughs] it is actually kinda common.

Justin: Oh. Good.

Sydnee: This is another one of those things that not everyone talks about so it's really hard to pin down the exact number of people who have it. Anywhere from 8 to 18% of people will experience this. And, I mean, it could be something that you experience every couple of days to once or twice a year.

Justin: Every couple of seconds.

Sydnee: [laughs] Probably— if you're experiencing it every couple of seconds, you need to go see a doctor right away. It is more common in women for whatever reason, and it usually affects people between 30 and 60.

Justin: Okay. Seconds. Of butt lightning.

Sydnee: No, of age. [laughs] No, between 30 and 60 years of age. Why? We're not… okay, what we think is happening is your anal sphincter is, like, contracting. It's spasming. It's like a quick, sudden contraction of your anal sphincter.

It can be triggered by lots of different things. Some people will say that, um, like it has to do with having a bowel movement or needing to have a bowel movement, passing gas, sex has been a known trigger for some patients. They've connected it to things like, uh, someone who's had a

surgery for hemorrhoid removal or something like that, or some sort of surgery on their hemorrhoids. Even things like a hysterectomy have all been sort of connected to it.

But for some reason, in that moment, something is triggering the nerve to your anal sphincter to make it contract quickly, suddenly, painfully, and then it goes away. As far as we know, unless you have any of these other things that we've talked about, some other condition or other symptoms alongside, it usually is a benign— like, if it is just appearing solo, on its own, and then going away, and not something that bothers you very much, condition. If it's happening a lot or if you have other symptoms like diarrhea, constipation, bleeding, any other sort of pain, please go get checked out.

But that, I think, is what we're talking about, and if for nothing else I just really wanted to share the term proctalgia fugax with everyone.

Justin: Um… here's one, "Can I get sick from my own sneezes? I mean, if I live alone and I never have visitors," like many these days, "does it matter if I cover my mouth/nose when I sneeze at home?" Thanks, Matt. Matt, I assume, just wants to let one—[laughs]

Sydnee: [laughs]

Justin: I respect that Matt, like, listen. I'm a busy person and I'm alone, I'm just gonna blow this one out. [laughs] Just get it out there.

Sydnee: Uh—

Justin: Blast 'em. Launch it all over Dr. House. He's watching Dr. House at this time.

Sydnee: Yeah. So, okay. If you really live alone and never have visitors, I don't really see a reason that covering your sneeze in that moment is gonna make any— I mean, you're not gonna make yourself sick. Let me start with that.

Justin: It's nice for your cats.

Sydnee: You're not making yourself sick. Yeah, I guess pets would be one thing. And, I mean, if you're truly never having visitors, there's no risk.

Justin: [laughs]

Sydnee: If like, you sneeze and then immediately after, someone walks into your home, like, there are— there is a cloud of particles hanging in the air. But you have said you have no visitors, so we can assume that that's not an issue.

Justin: No, no. This is not—

Sydnee: But you can't get yourself sick.

Justin: Okay, but you can't get yourself sick, but like, it is a profoundly nihilistic take. Because this will end. This pandemic will end and you're gonna have visitors again and you can't have— when your visitors come, there is an assumption that for the past 12 to 18 months you have not been blowing it out old school with every sneeze, just like, pressure washing all of your flat surfaces.

Sydnee: Here is what I—

Justin: The assumption is that you been covering your mouth, even when people haven't been there!

Sydnee: Well, but I mean if we're talking— now you're getting into how long can the viral particles live on a surface for how—

Justin: No, I'm not! I'm talking about I'm going to a human being's house and I'm trusting they haven't been blowing their sneezes out old school for that last calendar year!

Sydnee: [laughs]

Justin: I have to sit on your divan, I have to, like, walk on your floor. And you've just been blazing it for a year!

Sydnee: I would say there is an element of habit forming that is important. That if you get out of the habit of covering your sneezes, that may be something that…

Justin: You lose a shard of your humanity?

Sydnee: Well, in the future— well no, in the future, when you are around people, you may forget because you got out of the habit of doing it. I mean, right? Like… I mean… I don't know.

Justin: You are looking at this question so wrong. We're trying to live in a society here. Society doesn't disappear when you close your door.

Sydnee: I mean…

Justin: Does it matter? The question is does it matter? And I'm here to say it matters a great deal. It matters a great deal.

Sydnee: [laughs] Okay. I would say why, I mean, you can't get sick, but why not stay in the habit? That would be my thought.

Justin: Okay, well, and I think, I feel like I made myself perfectly clear.

Sydnee: But that's what I would tell the kids, so I don't know, maybe that's more of like a mom answer than a doctor answer. Like, "Well, just get in good practice." [laughs]

Justin: Yeah. I'm just saying you live in a society and people are gonna come over to your house again and they don't wanna sit on the sneeze chair.

Sydnee: Justin, I got more questions to answer. But before we do that…

Justin: What?

Sydnee: We gotta go to the billing department.

Justin: Oh! Let's go.

[ad break]

Justin: Uh, here is a question from Chris that… I profess ignorance but I feel like I'm about to be surprised. "My medical question is about breasts and sagging. Does wearing a bra prevent sagging or does wearing a bra weaken the breast supporting tissue and cause them to sag instead? I have seen both sides and I am curious, is there any actual evidence to either?"

Sydnee: Uh… there is no effect on breast sagging from bras. Whether wearing them or not wearing them. I think that's really important to

know. I was interested to look out there and see what are people saying this. And it's really true. There seem to be a lot of, even like celebrities who will tell you you need to wear a bra at all times to prevent your breasts from sagging. Versus, exactly like you described, I saw the opposite. People saying, like, no 'cause then… I guess you need to let your breasts work out and if you support them too much they'll get weak from all that support, so you gotta let them be more independent.

Justin: You don't wanna be helicopter parenting your breasts.

Sydnee: [laughs] Uh, no. Wear a bra if it makes you feel more comfortable. Because sometimes, depending on your breast size, it can be uncomfortable not to. Wear a bra if it makes you feel more comfortable. If you like the look or shape or whatever better. But there is not a health, or there is a not a breast-sagging benefit in either direction.

But I thought that was a really god question, because I actually hadn't heard that, especially the opposite. I've had a lot of patients ask me, like, "Don't you have to wear a bra to keep them from sagging?" No. But that's a great question. Do you know, the ligaments that support your breast tissue are called Cooper's ligaments, and—

Justin: Isn't that ironic?

Sydnee: Yeah, 'cause Cooper loves to breastfeed. But I remember in the book The House of God… do you know why I always remember that?

Justin: Why?

Sydnee: Because they call 'em Cooper's Droopers because of how your breasts sag over time.

Justin: That's unfortunate.

Sydnee: I know. It's very unfortunate.

Justin: Now you have an easier way of remembering it, so you don't have to remember it that way anymore.

Sydnee: Oh, that's a good point. Hey, for all of you out there in the medical world who were also taught this, 'cause I know I'm not alone, I've heard many colleagues say it.

Justin: Now you can just remember Sydnee's daughter.

Sydnee: You can remember that my daughter Cooper loves to breastfeed.

Justin: Listen, I'm latched onto breasts and I'm not letting go. Here's another question.

Sydnee: Oh yeah, we got another boob question.

Justin: "Is it true that getting your nipples pierced will forever prevent you from breastfeeding? I had a high school health teacher beg my whole class not to ever do that because we wouldn't be able to breastfeed. Awkward, considering I already had it done." [laughs] "Thanks, love the pod, Vanessa."

Sydnee: No. There is no reason that you can't breastfeed if you've had your nipples pierced.

Justin: Is it true that it will give you a triple nozzle that blasts out maximum satisfaction?

Sydnee: [laughs] It is possible that, uh—

Justin: The three-way-spray, as kids call it.

Sydnee: [laughs] It's not a single— you've seen me express breast milk, you know it's not one hole.

Justin: In hindsight, yes, I do. I do realize this, what you've said to me.

Sydnee: You know it comes out of multiple openings.

Justin: Multiple holes, yeah.

Sydnee: Yeah.

Justin: Got it. Makes less sense now, you're right.

Sydnee: The kids get a big kick out of that. [laughs] Just mine. Not like, all kids.

Justin: Right. And our kids don't get a big kick out of all breasts.

Sydnee: It made it sound like a trick that I do on TV. [laughs] Um, no, it's fine—

Justin: Jimmy Fallon has not fallen that far yet, but someday he'll be desperate enough in these COVID times to come calling.

Sydnee: [laughs] Your nipples— so you can, like, you could see some breastmilk leak from the holes where your nipples have been pierced, like, when you're, if you are leaking. Which happens if you get really full when you're breastfeeding. But no, there's no— you can still breastfeed.

I would, like, for practicality's sake, removing the piercing while you're breastfeeding makes sense. If for no other— I mean, one, that could be uncomfortable I would assume. [laughs] And two because you don't want your baby to choke on a piercing.

Justin: Yeah, fair.

Sydnee: But no, there is no reason that a nipple that has been pierced cannot breastfeed. That is okay. I think the recommendations are not to do it while you're breastfeeding, because—

Justin: Not to get a piercing while you're breastfeeding? That would be very dangerous.

Sydnee: Well, you're like healing, and—

Justin: The kid's face is right there and you don't want a bunch of needles around the kid's face while you're trying to nurse.

Sydnee: Well— ha ha ha.

Justin: Ha ha ha.

Sydnee: Anybody who's even breastfed and had your kid bite you and then you have, like, a wound there that's trying to heal while you're still breastfeeding… just, like, I would not recommend getting them pierced while you're in the… while you're actively breastfeeding. You know. Your kid. But it is not a reason you can't breastfeed at all.

Justin: "You probably get this one often, but where did my contacts go when I 'lost' then in my eye after sleeping with them in? I've been wondering for years and I didn't ask my eye doctor because I don't want

her to know I wasn't practicing good contact hygiene in high school. Thanks, Sarah Jane."

Sydnee: I wanted to answer this question because I'm really worried. Your contact shouldn't be able to go anywhere in your eyes.

Justin: [laughs] Y'all.

Sydnee: [laughs]

Justin: Listen.

Sydnee: My assumption is they came out somehow.

Justin: Let's all hope they came out somehow.

Sydnee: Well, they must've.

Justin: They had to.

Sydnee: Thy must have come out. There is nowhere for them to go. I mean…

Justin: There's not a receptacle up there.

Sydnee: They can like, they can certainly move around on the eyeball, and I have had that happen, like, they get stuck. But like, you'd know. I mean, you should be able to find it.

Justin: Yes.

Sydnee: Um, so my— I know that, uh, I have had nights where I have fallen asleep, where I've been up really late and fallen asleep with them in and then woken up in the middle of the night, realized they were in and taken them out and thrown them across the room because I didn't have time for that anymore. [laughs]

Justin: [laughs]

Sydnee: Perhaps it was a situation like that and you just didn't remember. You were very sleepy.

Justin: Let's go with that.

Sydnee: But they cannot get lost.

Justin: Uh… "Hi Justin and Dr. Syd. I've been highly considering getting an IUD." That's inter-uterine device.

Sydnee: Hey!

Justin: "And while I was reading up on getting an IUD," that's inter-uterine device.

Sydnee: Intrauterine device.

Justin: "It said that you need to check once a month or so and make sure the string is in the right place. It makes sense that there's a string so the doctor can pull it out whenever necessary, but like, how does it feel when having intercourse and stuff? I feel like every time I'd be worried the string is getting all pushed around" [laughs] "and I wouldn't wanna do it in the first place so the IUD doesn't come out of place. Does it come out of place easily?"

And heck, if there's any genitalia with piercings on that, now you've entered into kind of like, a carnival game scenario, trying to hook the loop round the… yeah.

Sydnee: Oh… you're worried it would get caught.

Justin: Yeah.

Sydnee: Okay, the string is not that long. [laughs]

Justin: String's not that long, everybody! I know that, you know that, everybody knows that.

Sydnee: It is not visible from the outside of the body.

Justin: Got it.

Sydnee: Yeah. You can feel it when you do an exam. You can feel it extending from the cervix. It does come out, like, the string extends out of the cervix, of course. It would have to. In order for you to be able to remove it. But it does not come out of the body.

Justin: Right. But is it in the area when intercourse is happening?

Sydnee: Yeah, but it— so, it does not interfere with intercourse, it's not something that you or your partner would feel—

Justin: Is that how the birth control works? Like, "Yeowch! Okay, never mind." [laughs]

Sydnee: [laughs] No, this is a very common question. When people are considering IUDs, this is an incredibly common concern. It is nothing to be embarrassed or ashamed of. A lot of people ask, "What… won't it mess up sex?"

No, it doesn't in any way interfere with sex. It is very hard to, uh, I don't wanna say it's very hard to remove, because your doctor can do it on exam, of course. But it is not something that would easily come out. Like, you couldn't just dislodge it with… I don't wanna elaborate—with doin' it? With…

Justin: Doin' it is the technical term.

Sydnee: Well, I'm trying to be scientific.

Justin: Don't be embarrassed—

Sydnee: Even with your best, uh, best, baddest, most bodacious moves, you're not going to—

Justin: [laughs loudly]

Sydnee: [laughs] You're not—[laughs]

Justin: "Best, baddest, most bodacious moves" [laughs]

Sydnee: You're not gonna dislodge it. You really have to try.

Justin: [laughs]

Sydnee: You really would have to intentionally say, "I am going to—"

Justin: Learn some new super bad moves.

Sydnee: I'm gonna try to pull this string and remove this. Please don't do that, go have a medical professional remove it if you want it out. Um, but it is not something that you would casually, accidentally dislodge. And it is, um, recommended, actually, for patients who get these that they

can even check the strings. Um, I think you said that actually. Yes, you can check the stings to make sure that it's still there.

Like, about once a month you just, you know, examine, reach up, you can feel the strings and you know that it's still in place. And if you have any concerns that you don't feel them or whatever, you can go check with your doctor. But no. It is fine.

Justin: I can't believe you put this next question in here, Sydnee. I'm gonna read it. You open the door and I'm gonna push you through it.

Sydnee: It was a good question.

Justin: "I've been wondering for a while and just haven't looked it up but truly, truly, what is poop? Thanks, Vexed in Virginia."

Sydnee: Do you know what poop has in it?

Justin: Yeah, I know. Um…

Sydnee: I have the— I wrote down all of the percentages, so that I would get those right, because that's not something I have in—[laughs]

Justin: I'm assuming there's water, because everything's got water in it.

Sydnee: Yeah. Everything's got water. Majority water.

Justin: And indigestible food matter.

Sydnee: Mm hmm.

Justin: Cause, you know, stuff that didn't get digested in there.

Sydnee: Mm hmm.

Justin: And then I would guess, like… leftover, just like stuff that you've processed and extracted all the nutrients from and then that's the stuff that's left over that you don't need.

Sydnee: That's basically—

Justin: And probably bacteria. Probably bacteria.

Sydnee: Yep. I was gonna say, basically you've got it without the bacteria. That's uh, poop is just the stuff that your body didn't need, couldn't break down, mixed with some water and some uh, germs, some bacteria. I say germs. Not necessarily bad ones, just bacteria. Yeah, it is 75% water. Of the rest of the solid bit, the majority of that are just organic solid things mostly made of, like, bacteria, some protein, some carbohydrates, some fat. There you go.

Justin: Alright.

Sydnee: Now you know.

Justin: Now you know. Um, this section is called Poking Your Own Body. "Hi Dr. Sydnee and Mr. Justin," that's fine. Unnecessary formality, but I do appreciate it. "My question is this: why is it that when you stick your finger in your belly button far enough and twiddle it around for a bit, can you feel it in your crotch?" [laughs]

Sydnee: I love these questions, by the way. I grouped two together because what I have to imagine is people are getting really bored right now and so they're just sitting there poking themselves like, "Hmm. That's weird. I'm gonna try that again. What if I poke here? That's weird."

Justin: Are there any other weird connections I don't know about? Do you want me to go ahead and read the other question, too? Or are they separate issues?

Sydnee: Uh, let me take— they're separate issues. Because this one I have a really good, concrete answer for and the other one, not exactly. [laughs]

Justin: Medical mystery.

Sydnee: So, this one has to do with your urachus.

Justin: What's that?

Sydnee: So, when a fetus is developing in utero, there is a combination— or, not combination— a connection between your bladder and your umbilicus, your belly button.

Justin: Okay.

Sydnee: It runs along with the umbilical cord. And it is a canal called the allantois, and this canal allows urine to drain. Now, as the fetus develops, the tunnel closes and it just becomes this sort of fibrous remnant that exists, that connects your bladder to your belly button. It's called your urachus. There are conditions where it can, uh, be somewhat open still, even after birth. And you would know, because pee would come out of your belly button.

Justin: Whoa, okay.

Sydnee: That's obviously not the default. The default is that it's just a little fibrous remnant that still exists there. But if you poke really deep in your belly button, and I don't mean just touch it, if you really poke in there… because it is connected to the top of your urinary bladder by the urachal remnant, by the urachus, you can…

Justin: I can't do it.

Sydnee: Sometimes you can feel it in your crotch.

Justin: I can't do it. It hurt too much.

Sydnee: This is a thing. This is a real thing. That is a real— unlike this other— this one, I… I have like, a guess.

Justin: This one says, and we did ask for your weird questions, so here's— this says, "Weird question. Why does pressing on the area right above the butt crack make me want to pee?"

Sydnee: And… so, this person mentioned that they saw that other people have looked this up too. I want to look, and there are forums where people have said that this happens to them. I don't have any concrete answer for this particular one. The only thing I could think, um, is that— are dermatomes. So, certain nerves that come out of our spinal cord, and like, they wrap around our body in terms of what area they are responsible for.

And if you're interested in this, you can just google the word "dermatomes" and look at images and you'll see what I'm talking about, because you'll see all these, like, multicolored pictures of the human body. And they are wrap— like, the nerves wrap around. Starting at your back around your spinal cord and then wrapping around each side symmetrically.

And the area you're talking about, I think, if I'm visualizing this correctly, is innervated at the same dermatome as, like, the genital area. So, maybe it's just this referred, kind of, because it's innervated by the same nerves, maybe you're having some sort of referred sensation or something? That would be my best guess. But I'm not entirely certain about that one. About that poking.

Justin: Uh, "Brain freezes. What's up with that? Why do we get them? Why can't I drink or eat my super-cold things as fast as possible without getting pain from it?" That's Anthony.

Sydnee: Okay. Brain freeze, uh, is called… sphenopalatine ganglioneuralgia. That is the…

Justin: I'm gonna stick with brain freeze. Go on.

Sydnee: Right? That is the actual— so it's a quick headache, in case you've never experienced— I don't know who hasn't. But if you've never experienced it—

Justin: Y'all, brain freeze. If you haven't experienced brain freeze, you're not living!

Sydnee: [laughs] Um, but it's a really fast headache that happens usually when you eat something or drink something really cold, right? And we always say it's 'cause you ate or drank it too fast. That is because of rapidly changing temperatures in the back of your throat, where your internal carotid artery and the anterior cerebral artery kinda meet.

Basically, these are good at sensing temperatures, and when there is a rapid change in temperature, they will react to that. And when they do, uh, it's not your brain hurting, it's the dilation and contraction of these arteries that are causing the pain.

Justin: And they're basically, like, trying to tell you like, "Hey, this is too cold and you need to calm down a little bit."

Sydnee: Mm hmm. Your brain doesn't like things to change quickly. It doesn't deal with change—

Justin: Ain't that the truth!

Sydnee: [laughs] So, anyway. So, these arteries contract and dilate and then you get pain, and then it goes away when the temperature normalizes. But that's what that is.

Justin: If you wanna speed that process along, best thing that I've found is to rub the roof of your mouth with your tongue. That can help to warm that up, sometimes.

Sydnee: If you can warm up your mouth faster, yes. Some way to, like… return it to the normal temperature.

Justin: Yep.

Sydnee: Yep. Exactly.

Justin: "Hi, I'm a fairly new listener, but going back through the backlog has helped me get my mind off stuff, so thank you. My question is, I have gone to my GP, just to be clear, I got my flu shot five weeks ago and the guy put it in the wrong spot. Instead of being in my deltoid muscle, it was up high in my shoulder. My doctor believes it was injected in my shoulder joint.

It was sore for much longer than usual and after four weeks it got worse, where I couldn't lift my arm, and then started to get better again. It's still very tender, but the doctor says it will heal. My question is, will the shot still be as effective if it was not injected, as intended, into my muscle? Thank you, and lots of love to your family."

Sydnee: Hey. This was just for you.

Justin: Thank you, Syd.

Sydnee: It was for you, too, listener. But… Justin, I thought you would…

Justin: Yeah, I really appreciate that because I've experienced this exact phenomenon. [laughs]

Sydnee: Right now.

Justin: Right now, as you're listening to this, I am heroically podcasting through the pain, as we say in the podcasting business. And Sydnee hates it, and I hate it, because I have to go to Sydnee and say her pet peeve,

which is, “My arm hurts when I do this,” and then Sydnee has to bite her tongue to keep from saying, “Well then, don’t do that.” [laughs]

Sydnee: So, this just happened to Justin. When we, like, when we got our flu shot. Please don’t let this discourage you from getting your—

Justin: Flu shot’s not all it’s cracked up to be, apparently! Because apparently they can infirm you—

Sydnee: No! Don’t let this— nope, mm. Don’t let this discourage you.

Justin: You wanna lift your infant child? No dice.

Sydnee: This is not, I mean, obviously it’s common enough that now I know of two cases.

Justin: Yup.

Sydnee: Our listener and you. But it is not incredibly common. But yes, if it is given higher on the shoulder you can cause, like, some bursitis.

Justin: I don’t—

Sydnee: Inflammation of the bursa, which is like a sac of fluid around the joint. You can inflame that. And it does not decrease the effectiveness of the vaccine. The vaccine still worked, it’s fine. That’s part of it is not affected by it.

But it can, in some people, result in this pain, exactly like you’re talking about. It would make it hard to raise— just because of the muscle that’s involved and what part of your shoulder is involved, that’s exactly how it would present. And yes, it should go away with time. Sometimes, patients will require some anti-inflammatory medications like you get over counter.

Justin: Yep. Listener, that’s what I’ve been doing, is taking some ibuprofen. If that’s something that you wanna do.

Sydnee: Yeah. And I mean, please always talk to your doctor about any of this, don’t take it from a podcast. Some patients get relief from that, some patients will need things like steroid injections. But for the most part, it is a short-lived condition. Self-limiting. And your vaccine is still

fine, so do not fear about that part. And it probably will never happen to you again, so don't fear about that part.

Justin: "Dear Dr. Sydnee, is it true that babies have more bones than the adult standard of 206? I have heard this all my life, been taught it in health class, and today my family was playing a trivia game where babies having more bones than adults was the answer.

I was surprised my retired orthopedic surgeon grandfather got the question wrong, and he scoffed at the question, saying that babies don't have more bones, they just have more space/cartilage between bones that eventually grow together. What is the truth? Thanks for your ongoing contribution to my sanity over this year, particularly once the pandemic hit. Best, Maddie."

Sydnee: Uh, so… okay. I can see what your grandfather was saying.

Justin: More of a semantics issue, right?

Sydnee: Yeah. Cause like… yes, technically babies do have more bones. Technically. They have like 305 bones. The reason for that is that there are areas of the bones that are cartilage, just like your grandfather said. To allow for, like, growing and changing and moving.

It also makes babies' bones more flexible. Like, harder to break, faster to heal. These are good things. But because of that, like, a bone that will just be one, solid piece of bone when you're an adult may be divided into two or three sections by cartilage when you're a baby. And so in that point, is that one bones or is it three bones?

Justin: I don't know.

Sydnee: Well, I guess what a lot of people have settled on is it's three, so you have 305 bones.

Justin: Got it.

Sydnee: But, I mean, yes. To your grandfather's point, they're going to grow together into the 206 adult bones that we kind of accept exist in the human body.

Justin: They're not— are they uniquely named?

Sydnee: Yes. There are different names for the baby bones. Um, sometimes totally different names. And then they fuse together into the one adult bone. This process, by the way, is called ossification, in case you're interested. They are like, for anatomical purposes, the same… like, they are one bone. I mean, they're not more bones but they are more bones. It's a difficult question. I mean…

Justin: We're like, in a ship of Theseus…

Sydnee: It's kind of a semantics issue. But yeah, the way we look at it, yes, babies have, like I said, 305 bones. They have different names. They fuse into the 306 adult bones that you are probably more familiar with.

Justin: Um, and folks, there you have it. There's all the medical knowledge that you can handle this week. You are now basically doctors.

Sydnee: No, well—

Justin: Congratulations to you. Here is your, uh, special hood and funky hat. Do good out there, as it says in the Hippocratic Oath.

Thanks for listening to our show. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program, thanks to everybody who came to the live streaming show that we did. It was a lot of fun.

Sydnee: That was a ton of fun. Thank you so much.

Justin: And uh, oh! I have big news.

Sydnee: What is your big news?

Justin: The Sawbones book is returning as a paperback book.

Sydnee: That's right, it is!

Justin: It is returning as a paperback book with new content!

Sydnee: New chapters!

Justin: It's expanded with new stuff about coronavirus. Well, it's related to quarantines.

Sydnee: Yes, coronavirus and, yes.

Justin: COVID-adjacent. New illustrations by Teylor Smirl. Of course, all of their other illustrations are still in there. It is new, it is edited and updated and, um, it's great. And it's a lovely book that you can pre-order right now if you go to bit.ly/sawbonesbook.

The launch of the first Sawbones book was, or the hardback edition, was rocky, I would say. And I love that we are able to get another swing at it. So, it would just mean the world if you like our show, you know somebody who enjoys medical history or any, you know, interesting stories. Whatever. Great illustrations. You name it. The Sawbones book, coming out in paperback I believe early next year. I'm not sure they've set a date for it, but it'll be pretty early next year. And um… well, this is saying December 29th 2020. I don't know if that's accurate or not. But who knows? It'll be—

Sydnee: It is paperback.

Justin: Paperback.

Sydnee: So it is soft and cartilaginous, and flexible. Like the 305 bones of a baby.

Justin: No, it's saying December 29th. Beautiful. Pre-order this bad boy. I'm gonna get a few now, because it's great.

Sydnee: [laughs]

Justin: bit.ly/sawbonesbook

Sydnee: I'm very proud of it.

Justin: We're so proud of it.

Sydnee: All joking aside.

Justin: We're so proud that other people get a chance to read it and, uh, thank you for your support, in advance. You're the best. Um, that is gonna do it for us for this week. So, until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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