Sawbones 402: Now That's What I Call Weird Medical Questions

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Clint: *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. My wife's on her phone?!

Sydnee: [laughs] And I'm Sydnee McElroy.

Justin: [simultaneously] Sydnee, why are you on your phone?

Sydnee: I'm Sydnee McElroy. Talked right over me.

Justin: Dr. Sydnee McElroy, phone enthusiast.

Sydnee: No. It's, uh— so, our parents— my parents are watching our children while we're recording, and mom just offered to get Charlie started on her Valentine's box that is due for tomorrow.

Justin: [low voice] Oh. Oh, dunk.

Sydnee: Yeah.

Justin: [low voice] Awesome. Oh, that's due tomorrow. You know what else we didn't do?

Sydnee: Get Valentine's for everybody?

Justin: [low voice] Give them— give them lunch.

Sydnee: My parents'll take care of it. They know where all the food is.

Justin: So we need to get Valenti—[wheezes] [weakly] Hey everybody, how's it going? This is a podcast that you're listening to.

Sydnee: Things have been— things have been rough.

Justin: It's a whole thing. It's Cooper's birthday, it's Valentine's Day tomorrow, it's— it's podcast recording day right now. It's a whole thing.

Sydnee: My— my— my wonderful little sister, Rileigh, unfortunately had COVID, and so we were— various members of our family were in quarantine. Everyone's fine. Everyone's better. We can be reunited. But... we've just been working it out.

Justin: It's been—

Sydnee: Everybody's had to do this, right?

Justin: Yeah!

Sydnee: In the last two years? Everybody's trying to work it out. Get— get through.

Justin: We're just working it out and getting through. But that's not germane to you. You didn't come here for a sob story!

Sydnee: No, if you're worried about Charlie's Valentine's box for her Valentine's Day party at school tomorrow, don't worry. My mom is working on it.

Justin: So if you all at home—

Sydnee: [laughs]

Justin: —were worried about that. Uh, we are gonna do one of my favorite kinds of episodes that we do, and either—they're always fun. It's always delightful. It's where we take your... questions, and try to answer them. And I'm using the royal we.

Sydnee: I was gonna say, *we* do?

Justin: The transient we. [wheezes]

Sydnee: *We* do?

Justin: Sydnee will. I'll just read the questions.

Sydnee: Well, it's really nice— you may notice, we didn't specifically ask for more questions this time, because something I love about all you listeners— and, I mean, there's so many things. This is just one of the many things, not the only. Is that you will send us, unprompted, weird medical questions, and title it that in the subject line of the email, which is key.

Justin: Thank you, yeah.

Sydnee: I so appreciate that, and I want to encourage you, if you come up with a weird medical question, just do that. 'Cause if you put that—

Justin: [simultaneously] Don't wait for the call, just put it in there.

Sydnee: If you put that in the subject line, I guarantee you at some point I'm gonna go "Oh, we should do one of those again." And I can just search our inbox for those and find 'em all. And there were so many to pull from! Unpro— it was just wonderful. Thank you.

Justin: And it's easier than going to your doctor.

Sydnee: No, no, no, no.

Justin: Sydnee is 24 hours a day, ready to answer your questions about any topic.

Sydnee: No. This does not replace going to your doctor with actual, real medical questions. This is more just sort of that stuff that you're kind of like, "Huh. I wonder."

Justin: "While I'm thinking about it."

Sydnee: And it's not really urgent. It's not pressing. It's not something that's going to immediately impact your care. It's just more like, "Huh. If I had a doctor sitting here, I might ask them this question."

Justin: Uh, okay, let's get into it. "Is it true that gauges," like earlobe stretching ga— ga— gauge? Gauge [pronounced with a short "o" sound]? That's a tough word.

Sydnee: Gauge.

Justin: Ga— gauge. "—can cause cancer in the earlobe, or is my dad lying to me again?" That's from Fleur. Can I try this one?

Sydnee: Yeah.

Justin: Yeah, your dad's lyin'.

Sydnee: I hate to— I hate that that's the answer.

Justin: Your dad's lying to you.

Sydnee: I mean, now, we could be more forgiving and say hey, maybe—

Justin: Dad's lie— hey, everybody. Dad's lie.

Sydnee: [laughs] Maybe your dad doesn't know that. Maybe your dad genuinely thinks it. But that is not—

Justin: Your dad is a fabulist who's living an alternate reality in which that is true.

Sydnee: I don't know— I— I sat there thinking "Well, no." And then I thought, "Is there something I don't know?" And so I— I searched into it. There is no connection that I could find. Now, I will say there are— there can be health risks associated with, you know, earlobe stretching, if— and I don't mean just generally. I mean if you do it improperly.

Justin: Sure.

Sydnee: So you do have to— like anything like that, any kind of body modification you have to approach thoughtfully and make sure you're using sterile technique and not introducing infection. That's the main thing is that if you use things that aren't sterile, depending on the materials, you can introduce infection there.

Um, and the other thing is, like, at a certain point it won't go back. Like, if you've stretched them long enough, wide enough, then— which is, if you're cool with that, no problem. But just things to know. Be informed before you make the decision.

But no, on that list is not cancer of the earlobe as far as I could tell.

Justin: "Why does your—" this is a good one. "Why does your body make your nauseous after a certain period of being hungry? I often get nauseous after being hungry, which makes me not want to eat. Bad system." That's from Emily.

Sydnee: That's true. And it is definitely a real thing that happens, and— to all of us. Um, it's not just you. This is very true, and it is a weird thing that, you know, why does our body work that way? It's mainly due to the buildup of stomach acid, hydrochloric acid, the acid you need in there to help you digest your food. It's not just supposed to sit in there, like, lazy, not doing anything. [laughs quietly] It's supposed to be busy.

Justin: Not melting tacos.

Sydnee: Exactly. So if you don't put any tacos in there for it to melt, then it will start to build up, and that can cause the nausea, especially if it begins to, like, reflux, meaning go back up into your esophagus. That can definitely lead to nausea. Um, and there are some other hormones involved, but that's the primary reason why you feel that nausea.

Generally— and it does sound like a really bad system. Like, why would it... yes.

Justin: I mean, your stomach only has so many levers it can pull, right? Like, if the stomach's trying to communicate to you, it's not like it can, like... you know what I mean? It can't do a loud klaxon to alert you to hunger. It's like, I'm a—

Sydnee: [laughs] Hunger, hunger, hunger!

Justin: Exactly. I'm a stomach! These are the things I can do: I can grumble at you, or I can hurt. [laughs quietly]

Sydnee: And, I mean, your brain releases chemicals. Like, there are hormones specifically to say "You're hungry, you're hungry, you're hungry." And then other ones that are like, "You're full, you're full, you're full."

And if you, like, give your body time and you listen to those signals, sometimes— not always, 'cause there are reasons those might be off— then you can hear those signals, or feel them, so to speak. But, um, I will say, when I get that nausea that I know is 'cause I haven't eaten, for me there is also a part of my brain that goes, "You should go eat something." Which is weird. And I don't know if this is everyone's experience. It feels different than the nausea of, "Oh, I ate something bad."

Justin: "I never want to eat again."

Sydnee: You know? Or I have a stomach bug. Like, it's a different nausea. But yeah, that is how that happens.

Justin: It was probably just a lifetime of awareness, though. Just listening to your body and knowing, like, "Oh, I know what this nausea means."

Sydnee: [laughs quietly]

Justin: "This is hunger nausea."

Sydnee: Well, and I don't know if everybody thinks about that stuff as much. Like, I ponder all of it constantly because— well, mainly so I never have to go to the doctor. 'Cause you don't wanna— you know, you gotta avoid doctors at all costs.

Justin: Hey, y'all remember—

Sydnee: I'm joking. That's a joke.

Justin: You remember when we did that—

Sydnee: 'Cause I am I doctor.

Justin: —episode about doctors being sick?

Sydnee: [laughs]

Justin: You wanna know something fun? After recording that episode, Sydnee, uh, was— Sydnee found out from her physician that she had been recording that episode with an undiagnosed sinus infection. [laughs quietly]

Sydnee: I had gotten— I had—

Justin: [snorts]

Sydnee: —the same viral illness we all had, whatever it was, and then I had gotten somewhat better and then got worse again, which is classic for a secondary bacterial infection of my sinuses, which I kinda suspected but was just ignoring in hopes it would go away on its own. This is terrible. Don't do this. Don't do this.

Justin: [stammers] It just— the i— the irony can be seen from space.

Sydnee: I know.

Justin: She was doing this while she was recording an episode about how bad [through laughter] patients doctors are!

Sydnee: I know. I kept thinking as long as the pain is tolerable it's probably fine. That's not a good... system.

Justin: It's a bad system.

Sydnee: Ask me the next question. It's also from Emily.

Justin: Okay. Uh, Emily also asks: "How do fingers not get cut off when being slammed in doors?"

[pause]

Justin: What?

Sydnee: I think— well, what I think is interesting is that— I mean, they can.

Justin: Sure!

Sydnee: With the right door. [laughs]

Justin: With the right door and the right closer.

Sydnee: The right door, the right strength, depending on the materials and whatnot, it can. Now, generally that isn't what happens, right? Like with your bedroom door, with a car door or something. Um, and it's really just because, like, okay. I don't wanna get too graphic. [laughs quietly] But... in my—

Justin: It's too late. I'm already, like, sick—

Sydnee: —in my medical training—

Justin: —this skeeves me out. This kind of, like, thinking about—

Sydnee: Yeah, it's scary to think about.

Justin: Ugh!

Sydnee: In my medical training, um, I— we all rotate through all the specialties and in my surgical training, I have witnessed and participated in amputations. And I will tell you, it is not easy to get through the many layers, even in something like a finger, and then finally to the bone. I mean, they're built to last! [laughs]

Justin: Our ance—

Sydnee: They're not made to snap off easily is the short answer.

Justin: Our ancestor— our distant ancestors got their fingers sheared off by doors enough times that we evolved the ability— like, those are the only ones that made it, right? Were the ones that— 'cause, like, then you can't pick up... anything from the ground. You can't pick up roots and leaves and berries. And so, you go. But the ones with strong, powerful fingers that could get slammed in doors, they continue on. That lineage—

Sydnee: Bones are tough.

Justin: Bo— now the are.

Sydnee: Yeah.

Justin: 'Cause we evolved it, see. It's survival of the fittest.

Sydnee: I mean, there's other stuff that can happen. Like, you can get a crush injury that's pretty bad even if you don't, like, snap the fingers off. But, um—

Justin: You can— you can stove it. Is that a real thing or is that an Appalachian thing?

Sydnee: No, I— I— do people call it something different?

Justin: Stoving your finger?

Sydnee: Yeah, I don't know.

Justin: Stove your finger?

Sydnee: Please let us know if you have different— it's when you, um... it's like— it's like stubbing your toe except to your finger.

Justin: Yeah, you stove your finger.

Sydnee: You stove your finger. Does everybody call it that?

Justin: Uh, I'm gonna need a quick google! [wheezes]

Sydnee: I use it— I use it so much colloquially. Like, even in the medical field, like, I— I mean, 'cause when a patient says that to me I know what it means, and if I ask them, like, is that what happened? They know what I mean.

But it's the— it's the same thing as stubbing your toe, but with a finger. When you kind of slam it, like... right on the tip on something.

Justin: Oh, I think this is re— I'm thi— I'm feeling like this is regional.

Sydnee: Uh-oh.

Justin: Alright. Well, let us know.

Sydnee: Let us know what you call it.

Justin: Yeah.

Sydnee: I'm curious.

Justin: Um... "So, usually after I eat a big meal, anything larger than a snack really, I get a cough for about 30 minutes to an hour. I've had that for as long as I can remember, and it's only a mild annoyance so I never bothered asking a doctor about it. Is this something that medicine has a definition for, and why— what might be causing it?"

Sydnee: And that's from Oscar. So, I think that, um—

Justin: Sydnee's not gonna tell you what might be causing it. [unintelligible] [laughs quietly] Sydnee's—

Sydnee: Well, there are lots of things that could be causing it.

Justin: Yeah, yeah, yeah.

Sydnee: Is gonna be— I am gonna tell you some of the examples. I am gonna say that if this happens this frequently, I would, you know, ask your primary care provider about it, um, because it— not because I'm— I don't wanna scare you. It's more just there may be something that could be done about it, especially if it annoys you or bothers you. You know, why not get it checked out and then maybe there's something that can stop it.

Um, there are some really common causes for getting a cough after a meal like that. You know, there's always the worry, are you choking, you know? 'Cause somebody who coughs while they're trying to eat— we use that as an indicator in the hospital that, uh-oh, maybe they're aspirating. Maybe stuff's going down the wrong pipe, so to speak.

Um, but gene— what you're describing sound more like... uh, could be acid reflux, you know? Um, the acid— and, like, the acid can go up into the esophagus. It can go all the way up to, like, the back of the throat and affect your voice box, and that can trigger a cough reflex. Um, anything— and that's kind of a silent acid reflux, if you've ever heard of that.

Anyway, any of this could— that would be a very reasonable explanation for this. And a lot of those things are treatable, too, so it may be worth getting checked out just to see if, you know, is it something like that that there's a treatment for? That'd be good.

Um, you can also get a cough from things like asthma or allergies that you maybe don't have diagnosed, maybe you thought was more mild than it really is, that kind of thing.

Justin: Could be, do you smoke after meals?

[pause]

Sydnee: Well, yes.

Justin: That could— that could be causing it too.

Sydnee: That's true. And, I mean, do you have a cold?

Justin: Hm, interesting.

Sydnee: [laughs] After every meal?

Justin: It sounds like we're both kind of—

Sydnee: [laughs]

Justin: —we're both kind of doctors in a way, on this one.

Sydnee: But I think anything like that— if it's annoying you it's always worth asking about, 'cause it may be— even if it's not something that you're concerned is serious, it may be something that's very easy to get rid of.

Justin: Maybe. I don't know!

Sydnee: Well, I can't diagnose somebody over a podcast.

Justin: Yet.

Sydnee: No, you shouldn't do that.

Justin: Uh, this next one is— I'm gonna paraphrase 'cause the question's pretty long. But the gist is, "Is it really possible for someone to hallucinate via the placebo effect alone?" Dumbstruck Drinkmaker in Dallas is referring to the phenomena of the fact that people thought that absinthe caused hallucinations, but it doesn't.

Sydnee: And reported them.

Justin: Yes, right, and said that hey had— this wasn't just a, you know, a fable. Like, people said they were getting hallucinations, and this has been debunked. There's still some people who think it, but I think what this person is wondering is, is it— could it really just be, like... what would we call it, a mass psychogenic event?

Sydnee: Mm-hmm.

Justin: These kinds of hallucinations? What do you think?

Sydnee: Yeah. Yeah. So, I think this is an interesting question because this is a myth that for a long time was why absinthe was illegal in this country. Like, I remember those days when you couldn't get absinthe here, because I remember when it started showing up in liquor stores and people were like, "Oh my gosh!"

Justin: I know. Like, "You can totally get it!"

Sydnee: "You can get absinthe now!" And everybody was really excited, and then found out, in my personal opinion, just me, it doesn't taste very good.

Justin: Wow.

Sydnee: That is just me.

Justin: Hard—

Sydnee: I don't really enjoy it. I—

Justin: Kind of like a NyQuil-y.

Sydnee: [laughs quietly]

Justin: If you've never had it.

Sydnee: It's also— I mean—

Justin: NyQuil-y.

Sydnee: It's really cool, like— you drip it over a sugar cube traditionally, and, I mean, it's a cool, like, kind of process and everything. But no. For a long time people thought it could make you hallucinate because of this ingredient in it called thujone, which is in the wormwood that's present in absinthe, and they thought that this was this, like, hallucinogenic compound, and the green fairy. That— you know.

Justin: Oh, yeah. We've all seen *Moulin Rouge.*

Sydnee: Anyway. So, but they've done studies on it, and you don't hallucinate on absinthe, so why did people think they did? It's actually a huge question people still ask. Probably there are a couple reasons. One—

Justin: Dr. Justin, can I do— can I try one—

Sydnee: Yeah.

Justin: —before you tell me the real answers?

Sydnee: Mm-hmm.

Justin: 'Cause they were drunk?

Sydnee: Well— so, absinthe—

Justin: I mean, they're drunk. And they think that it causes hallucinations and you're drunk, so you think— I don't know, just— you're drunk.

Sydnee: Absinthe has a lot of alcohol. [laughs] It's a high, high alcohol content drink. And so part of it is just if you're pounding a lot of absinthe, you're gonna get very drunk, so it could just be that simple. Um, the other proposed idea is that a lot of people who talked about experiencing these hallucinations on absinthe were also sometimes, like, using opium also.

Justin: Okay.

Sydnee: So, like, was it some sort of combination of, like, drugs and alcohol that led to these hallucinations? Um, there was, like, one really high-profile report of a guy who, after drinking absinthe, um, had some sort of hallucinations, psychosis, and killed people.

Justin: Hmm!

Sydnee: Uh, but what was not in the story— what is true but was not, like, in the headline, is that he had also drank, like, everything else in the liquor cabinet, basically. You know what I mean?

Justin: Yeah.

Sydnee: So I think that it sort of got this kind of mythological connotation. Like, "Oh, it can do these amazing things to you," and it's really just a very hard liquor. Um, that I don't personally prefer. But if you do, that's okay. Just drink, please, responsibly. In moderation.

Justin: "Hello, Dr. Sydnee and Justin! Next time you answer weird medical questions, I was hoping Sydnee could talk about My Chart etiquette. A family member's doctor suggested we all go so a cardiologist because of our family medical history, and I wanted to ask my primary care doctor what she thought. Should I make an appointment or just send a message on My Chart?"

I don't know what that is. "Is there a question too big or small for these messages? Will I annoy her if I send one? I feel like doctors shouldn't always be on call with their patients, but I also don't want to waste both of our times with an appointment." That's from Rebecca. What is My Chart?

Sydnee: So, My Chart is similar to— a lot of electronic medical records will have something like My Chart, which is basically a way to communicate directly to your doctor through, like, secure email, so to speak, or text message, something like that, right?

Justin: Mm-hmm.

Sydnee: You can send a message. It will— in our system, it will pop up in our inbox when we open up our, you know, our charts. And along with, like, messages from other staff in the clinic or notes that we need to still write or whatever, there will also be, like, messages from patients directly.

And I will tell you, I do think that this is a useful feature, and I think it's great that you're thinking about how best to use it, because the pro— the only problem with My Chart is a lot of people will be tempted to use it to get their doctor to diagnose them. And just like I said I would never diagnose you over a podcast, it's almost impossible to tell somebody what's going on from a text message or an email.

Justin: Right, right.

Sydnee: You know? And a lot of the time what that question really needs is a visit, or at least a phone call, right? Um, but it's not something that you're gonna be able to easily answer in a back and forth... unseen. Um, you need an active conversation. Maybe you need an examination. You know? And so those are the times where, like, My Chart really is not— those sorts of features aren't particularly helpful.

Justin: Okay.

Sydnee: Um, I don't think they're particularly helpful for— I know ours allows, like, pictures, and sometimes that can play a role in, like, the back and forth, but just sending, like, "What's this rash?"

Justin: "Here's a blurry picture of my elbow. What do you make of it?"

Sydnee: Yeah. Those u— I mean, it's so hard to say without being there in person and knowing, like, the texture, and then getting a story. Like, how long? What'd you do? You know? I mean, it's just— it is not the way to get the best care possible.

Now, a question like this would actually be pretty appropriate. Because, you know, most of the time, I could easily say "Well, you know," in this case you need a referral from your doctor to go see a cardiologist. Now, maybe in your system you don't. But, like, in our system you would. And in order to put in a referral, I have to have a reason, so I gotta see you and talk to you about it.

So we need to— let's schedule something, or let's have a phone call. You know, telemedicine now making these things so much easier. And let's talk about what your concerns are so I can make sure that when I put in that referral and send that to the cardiologist, I can send them the best information.

Um, because, you know, I know my specialist friends, there's nothing worse than getting a referral with no information. Because when you walk in the room you kind of want to know, like, why this patient has been sent there and, you know, what sorts of things have been done. What's the story?

If you just get a referral with no info...

Justin: So what is My Chart good for?

Sydnee: Um, I think that it's good for kind of procedural questions like this. If you're not sure about, like, screening, "Am I due for this? Do I need this vaccine? When's my next pap smear?" All those different sorts of things. These are great questions for My Chart. If there's a result that you should've gotten, "Hey, I got a lab and I never heard back."

You know, that kind of thing. "Hey, I'm supposed to have a referral or a procedure or a study or something done and I haven't." These are all great questions for My Chart. Those are the kinds of things that really My Chart was made for. Those sorts of communications. And it's fine for follow ups. Like, "Hey, I gave you that medicine to help you poop. Did it work?"

Justin: [snorts]

Sydnee: Let me know. Like, and then a My Chart that says—

Justin: [simultaneously] See, I said— now— now— I start sending that—

Sydnee: —hey, the medicine is working or the medicine isn't working. That would be a great thing to know.

Justin: But I start sending that email to people and I'm the bad guy. It's like...

Sydnee: [laughs]

Justin: Double standard much, you know?

Sydnee: If it is something that you would feel comfortable with your doctor just giving you a quick line or two about, then it's probably a good My Chart question. But if you're looking for, like, a thoughtful diagnosis or treatment plan or something, then My Chart probably is not gonna facilitate that sort of communication very well.

Justin: Um, Sydnee, after this quick break, we're going to get into the lightning round. We're gonna blow through all these questions. Fix everybody.

Sydnee: Okay, I can do it.

Justin: Uh, but first...

Sydnee: Let's go to the billing department.

Justin: Let's go!

[ad break]

[music plays]

Biz: Hi! I'm Biz.

Theresa: And I'm Theresa.

Biz: And we're the hosts of *One Bad Mother*, a podcast about parenting. Parenting is hard, and we have no advice. But we do see you doing it.

Honk if you like to do it! [laughs] What was— didn't we have a bumper sticker a while back that was like, "Honk if you did it." That's what it was.

Theresa: I think it was "Honk if you're doing it." [laughs]

Biz: [laughs] Why did we not ever make those? Those were a delight.

Theresa: We did make them!

Biz: Did we?!

Theresa: I think they're still in the Max Fun store.

Biz: [laughs] Honk honk. You're doing it. [laughs]

Theresa: [laughs] Thanks, Biz. So are you.

Each week, we'll be here to remind you that you're doing a good job.

Biz: You can find us on Maximumfun.org. Honk honk.

Theresa: Toot toot!

[music and ad end]

[music plays]

Speaker One: I listen to *Bullseye* because Jesse always has really good questions.

Jesse: What did John Malkovich wear when he was 20?

Speaker Three: Uh, I don't know how to describe it.

Speaker Four: There's always that moment where Jesse asks a question that the person he's interviewing has not thought of before.

Speaker Five: I don't think anyone's ever said that to me, or acknowledged that to me, and that is so real.

Jesse: *Bullseye*! Interviews with creators you love and creators you need to know. From Maximumfun.org and NPR.

[music and ad end]

Justin: Okay Syd, we're gonna speed up.

Sydnee: Hey, while we were in the billing department I had a thought.

Justin: What?

Sydnee: There's one other thing you should not use My Chart for.

Justin: What?

Sydnee: If it is an emergency.

Justin: Oh, yeah.

Sydnee: I should clarify. If it's an emergency, if you need an answer immediately, do not use My Chart.

Justin: Got it.

Sydnee: Call or go immediately and get help. Go get help. Don't... don't use an email. You don't know when your doctor's gonna see it, necessarily.

Justin: Uh, this one's from Taylor, and Taylor is sort of... uh, in general wondering how they can do better about standing up for themselves at the doctor's office. They went to see their doctor, they felt really unheard, rushed through the visit, uh, and they were wondering if— understanding that doctors are very busy, um, what can they do to sort of advocate for themselves a little better in their doctor's appointment?

Sydnee: Um, that's such a tough position to be in, and I know it's only gotten worse through COVID. Um, but it's always been true, especially, you know, in a system like our healthcare system where your appointment is probably only given 15 minutes. Sometimes it's less in some systems. At ours, it's 15 or 30, and 30 only if it's your first brand-new appointment, otherwise it's 15. And that's usually not enough. Um, and so doctors— we are often guilty of trying to, like, move through quickly, because we're always behind and everybody's kind of frustrated and upset, and so that pressure pushes the, um, conversation too quickly.

What I would say, one thing you can definitely do is if you have an issue or two that you know you want to get addressed, as soon as your doctor walks in the room, tell them that. Don't be afraid to kind of say, "Listen. These are the priorities for me today."

Now, 'cause your doctor's gonna maybe have other priorities for the visit. Your doctor may have already looked through your chart and said, "You know what? This person really needs to get these labs done, and we haven't done this exam

in a while that we need to do," or whatever. They may have their own thoughts about what they want to talk to you about today.

But if you've got something pressing, don't be afraid to say, "I made this appointment today 'cause I really need to discuss this, or these couple things," you know. And there can only be so many. If there's 30 things you probably can't that in one visit.

Um, but you set the priorities. We can put the health maintena— “I will schedule another visit to talk about my colonoscopy, but today I really need to talk to you about these things.” 'Cause voicing those concerns helps your doctor zero in on how can we use this time most effectively.

Um, and if your doctor isn't answering those questions, it's okay to say, "I really appreciate— thank you, whatever, that sounds fine, but I'm still not— I still feel like there's more we need to discuss or we're not quite—" you know, just say that. 'Cause a lot of times I will ask, like, "Does that sound good? Are there any questions?"

And a patient might say "No, I think that sounds good." And then I'll stand up and I'll walk to the door and I'll have my hand on the doorknob and they'll say, "But actually... " don't feel like you have to wait until the "But actually." Just say, "Uh... no. No, I still have questions."

It's okay.

Justin: "My name is Gale. I was wondering, why does your arm start to ache hours after you get a vaccine? I just got the Moderna COVID-19 booster. The shot didn't hurt, but the next morning, the arm was aching very bad." Um, that is, again, the shortened version for the lightning round, from Gale, that's the question.

Sydnee: Gale also wanted to know why some people bleed after vaccines.

Justin: 'Cause they gave you a shot in your arm with a needle. That one was ea— that was easy.

Sydnee: It just depends on what sort of little bit of tiny blood vessels like capillaries they hit or not. There might be a couple drops of blood—

Justin: [simultaneously] Oh, you mean why some people do and some people don't.

Sydnee: Yeah. Like, I've never seen—

Justin: [simultaneously] Got it, okay.

Sydnee: —blood on the band-aid after I've gotten a vaccine, but...

Justin: You're so tough.

Sydnee: No, no. I mean, other people might. And it— maybe next time I will. That just happens— it's just the exact position of where the shot went.

Justin: Yeah.

Sydnee: The reason it hurts. Well, one, I mean, the obvious, like, you did just get a needle in your arm. So sometimes it just hurts right away for that. But the other is that, uh, the vaccine is causing this immune response, and inflammation is part of it, so it's very normal to have some inflammation at the site of the injection, um, and that takes a little bit to happen. It's not gonna be instantaneous.

All your body has to start sending out the like chemical signals and responses, and getting blood flow to the area to cause the swelling and, you know, what causes the pain. So it's a little bit of a delayed response, but it's not a bug, it's a feature.

Justin: Huh.

Sydnee: Part of the process.

Justin: Is it true that if your arm is tense when you get the shot that it'll hurt more later? Or is that not true?

Sydnee: Uh, I don't— I think—[sighs] Maybe. I don't think we know for sure. Like, I guess theoretically if you're tensing the muscle and you inject it into the muscle, but I don't really have a great pathophysiology for that. Um, I think your arm's just gonna be sore the next day, uh, regardless. I mean, for most people it is sore the next day, but it's better than getting COVID.

Justin: We've got a really good from Rach. "Hi, Justin and Sydnee. I have a weird medical question. If a person who menstruates has hemophilia, is the menstruation affected by the hemophilia? Do they just keep bleeding?"

Sydnee: Um, the menstruation is affected by the hemophilia, for sure. Now, they don't just keep bleeding. It's usually heavier periods, prolonged periods, maybe passing larger clots when they're having their period. Um, all of those things could— and, you know, if that's the first period you've had, it may be the first thing that triggers the investigation of a bleeding disorder, hemophilia or otherwise.

Uh, but no, you don't just keep bleeding forever. You can get anemic from it, so if you're having heavy, prolonged periods, passing large clots, it is always worth getting checked out, 'cause there are people who experience anemia from such heavy periods. Um, but no, you do stop bleeding. [laughs quietly]

Justin: Good to know. "How likely is it that someone can get donked on the head [laughs quietly] and knocked unconscious in real life? It's a given in action movies, like a minor obstacle in getting past the guard, but I feel like if I tried that in real life it wouldn't work." That— it says "Spank you, Sarah." [laughs]

Sydnee: Uh, I—

Justin: Thanks, Sarah.

Sydnee: You know what's funny? I started thinking about, like, "Huh. Why exactly—"

Justin: Like Giles. I always think about Gile— Giles from Buffy. Like, getting— you know, how— like, constantly getting bonked in the head so much that it became, like, a running gag.

Sydnee: Uh, okay. So, one, it's sort of the s— it's not the same as getting a concussion, because you don't have to get knocked out to have a concussion. You can have a head injury, not pass out, have a concussion. But it's similar to the idea of a concussion in that there's mechanical damage that can happen to the brain when you're hit in the head where the brain actually sort of bounces back and forth inside the skull.

Justin: Nice.

Sydnee: As wild as that sounds. Which causes coup and contrecoup.

Justin: There's a—

Sydnee: Injuries.

Justin: —there's a They Might Be Giants song.

Sydnee: Yeah.

Justin: You know that one?

Sydnee: I have heard that one.

Justin: Okay.

Sydnee: Um, but as the brain bounces back and forth—

Justin: It's called "Contrecoup."

Sydnee: —wh—yes, thank you. [laughs quietly]

Justin: Sing a few bars? Oh, don't make me sing.

Sydnee: I wasn't gonna ask you—

Justin: Don't make me sing!

Sydnee: It don't really know if we have time so much—

Justin: Don't make me sing.

Sydnee: —for the singing... portion. Anyway, so—

Justin: [inhales] Don't make me sing, Syd.

Sydnee: So— the—both of those are proposed mechanisms for sure, why you might pass out immediately, why you might get knocked out, because when that

happens and you're damaging brain cells, damaging neurons, you can have, like, kind of a big jolt of electrical activity in the brain, which can cause you to pass out.

Um, sometimes, depending on exactly the angle and how the— if it was a punch or a kick or a bonk or whatever, you might have some twisting or pulling of vessels or nerves that could cause a decrease in, like I said, electrical signaling or blood flow momentarily.

All of these things contribute to that kind of, like, your body's defense mechanism of, "Oh, just pass out! Pass out! Quick!" [laughs]

Justin: "Quick!"

Sydnee: "Let's— let's reconfigure. Take a break." Um, it is bad for your brain for this to happen. So all those movies— all those shows or movies where people get bonked on the head repeatedly, that's bad for them! It's a traumatic brain injury, and at times it can cause permanent, lasting damage. Not always, obviously, but those are big, bad— I think we think of it as, like, no big deal. Like, I always think about when, uh, Westley knocks out Inigo Montoya.

Justin: I was gonna say, "Since I can't have you following me, either." And then it's like—

Sydnee: And then he bashes him on the head?

Justin: It looks so brutal.

Sydnee: It does look brutal.

Justin: It looks brutal.

Sydnee: Mm-hmm.

Justin: That sword that he's using, the bottom of it, it's not like a ma— a squishy mallet. It looks terrible!

Sydnee: Mm-hmm. And Westley gets knocked out later by Count Rugen.

Justin: [simultaneously] By Count Rugen!

Sydnee: Mm-hmm.

Justin: And that one looks even worse!

Sydnee: I think— there's one of 'em where it really happened. I feel like that one is the one where it may have actually— there was one where he actually got knocked out. Anyway, it's bad for your brain. Um—

Justin: [through laughter] Don't get hit in the head if you can avoid it!

Sydnee: [laughs] It's better not to get hit in the head.

Justin: The weird medical question from Nicole is this: "I don't really drink water. I think it's disgusting and nothing will change my mind."

Sydnee: [laughs]

Justin: "On average I drink a cup of water every week to two weeks, and about an— average a gallon of liquids a week with Gatorade. I've been this way for years but I never feel thirsty or have any of the negative effects that are supposed to come from not drinking enough water. Has my body just adapted to a superior form that doesn't need the recommended two liters a day, or am I just severely dehydrated and I have no idea what it feels like to be hydrated?"

Sydnee: Um, well, Nicole, I'm not gonna try to talk you into drinking water. Um, you are drinking liquids, so you're drinking water. So while, you know, we always recommend water as sort of this ideal, it's really because water doesn't have anything in it that we don't want you to have, right?

It's— I mean, that's the problem with a lot of other beverages are that they might have some sort of, like, sugar or caffeine or whatever that we think— maybe it's not bad for you, but you only need so much of it, and we don't want you chugging, like, sugar or caffeine nonstop all day, 'cause we have reasons to think that is bad for you.

Um, water doesn't have any of that, so it's ideal in that sense. But if you're drinking liquids that, you know, are maintaining your hydration and you're not feeling thirsty, then you're probably okay. We also have, like—

Justin: But they're saying that they drink a gallon of liquids a week.

[pause]

Sydnee: I mean, that doesn't seem like very much.

Justin: That doesn't seem like very much, Sydnee.

Sydnee: But everybody's—

Justin: They're not just talking about water! This person— Nicole is saying they drink a gallon of liquids a week! That six li— that's— that's— that's three liters!

Sydnee: Well, I mean, one thing to remember is that not as many of us are dehydrated as maybe, like, Big Water wants you to think. [laughs quietly]

Justin: [through laughter] Big Water?!

Sydnee: By that, I mean bottled water. I don't mean, like, your tap water, which is fine to drink for most of us, by the way. Unless for some reason you have a boil water advisory, but in most places it's totally safe. Um, most of us aren't walking around secretly dehydrated. I think there's that sort of pervasive belief nowadays.

Justin: You're making me really thirsty.

Sydnee: Well, you're drinking from the water bottle you carry with you all the time. Um, if you are urinating—

Justin: Don't make it sound like— you forgot the "sheeple" at the end of that sentence, Sydnee.

Sydnee: No, because I— for the most part, I mean, you can drink too much water. Yes, we know that. But most of us aren't going to. And so if you're just staying really well hydrated and peeing a little more than you need to, that's not a big deal. um, but what I would say is, Nicole, if you are urinating regularly... and your urine looks like good, healthy urine should look, which is, like, pale yellow to clear-ish, right? Not completely clear, but pale yellow is like that's good, hydrated urine.

That's a good indicator that you're making... [laughs quietly] that your body's well-hydrated, and your urine isn't, like, super dark and concentrated, then you're probably not dehydrated.

Justin: Nicole's drinking a gallon of liquids of week. Like, she's peeing gravy, 100%. She needs to up the liquids. Nicole, hi, it's Dr. McElroy here. Um, Dr. Justin McElroy. Uh, I think you should just try to bump it up. Like, try to, like, bump up the liquids.

Sydnee: I wouldn't— no, I— mmm, I don't— I think that if Nicole is getting, um, checkups with their primary care provider and, uh, they are doing A-OK, I'm not gonna tell Nicole to do anything differently.

Justin: "A while back, a coworker of mine came in wearing not a regular cloth mask, but an electronic one." What?

Sydnee: Mm-hmm.

Justin: I didn't— this is a thing?

Sydnee: I had to find these. [laughs quietly]

Justin: Okay, basically—

Sydnee: I've not seen these in real— I've not seen these in the wild. I've only seen these on the internet. [laughs quietly]

Justin: "A little placard on it that said that it was an electronic mask and it worked by ionizing the particles around it. Is this a— is this real, or is it another strange thing that people do [strained] to get out of wearing masks? Love from North Carolina, Danny."

There is no way!

Sydnee: Okay, so—

Justin: No way!

Sydnee: —first of all, I would encourage you, if you have a second, to look up a picture of these.

Justin: [simultaneously] I'm gonna find a picture right now.

Sydnee: Because, Danny, if people are choosing to do this to get out of wearing masks, I don't know what is happening anymore. They— I don't— I haven't put one on my face, but they look so much more uncomfortable than just your regular ol' cloth mask. It's wild to me, but, I mean, who knows? The world is wild.

So, from what I could find, these are not recommended. Um, because they tend to have a vent in them, and pretty early in the pandemic they warned against any— like, you got recommendations from the FDA and the CDC, any va— any masks that have vents in them are not ideal.

Um, because they are not necessarily going to be able to regulate through that vent the viral particles going in and out of it in a lot of these masks. They're not working to do that. And a vent is not necessary, by the way. You don't need it so that you can get enough oxygen in. You're getting oxygen in just fine. So the vent is unnecessary, and is a weak point in the mask, um, where viral particles could be exchanged.

So— because when I looked up these electronic masks, every single one I saw had a vent in it somewhere.

Justin: Hmm, okay.

Sydnee: I don't know if there are electronic ones that don't, but they all looked vented to me. So what I would say is, one, they're probably more expensive. [laughs quietly] I would bet. Two, they have the vent, so they're not recommended. Three, I don't know... what that— I mean, there is, you know, N95 respirators work through an electric charge, like an electrostatic attraction charge in addition to, like, the mechanical filtering.

So that's sort of related, but you really should just stick to, you know, the masks that are recommended by the CDC, and the FDA, and... you know, certified. I don't know why you would— these electronic ones wouldn't work any better, and would probably be more expensive, and I think they look more uncomfortable.

Justin: "Why do allergies develop later in life? I always thought you were born with them, but when I was 15 I developed a dust allergy," or maybe you had just been cleaning really well to that point. It's impossible to say.

Sydnee: [laughs]

Justin: "Ever since, I've been finding more things I'm allergic to, like sage, for example. How does that happen? Why does an immune system suddenly decide these things were a threat? Thanks! Ben."

Sydnee: This is a— this is definitely true. You can have allergies that you have when you're young that you grow out of, and then you can have things that you weren't allergic to and you became allergic to later in life. Um, some of this might just be exposure.

You know, the way that it works to become allergic to something is that you're exposed to it the first time and you don't have an allergic response, right? Because you've got to— your body's got to decide it's allergic to it, and then it builds up all of these antibodies and things that are gonna respond to it the next time you get exposed, and then bam, allergies.

So part of it is the—

Justin: So why is it such a big deal the first time people give kids peanuts?

Sydnee: We should really be worrying about the second time, I feel like. [laughs quietly]

Justin: Wow.

Sydnee: And that's a whole other topic, because we now think we should be introducing possible allergy triggers a lot earlier in life than we used to.

Justin: Weird.

Sydnee: Yeah. All the science on allergies is always evolving, because our understanding of allergies has been incomplete for a long time. Why do people develop them? Why do you get that one and I don't? All those things. Exposure is the big thing. Repeated exposure, we think, is why later in life you might develop an allergy to something that you didn't have before.

Justin: Hm. Interesting. "As a family doctor, what do you think of patients who bring their partner to appointments? I have lots of anxiety around medical

professionals. It helps me to have my partner there for support, but I worry it comes across as weird, juvenile, etc." That's from Mauve.

Sydnee: Uh, I— okay. So, I am a family doctor in West Virginia.

Justin: Correct.

Sydnee: Most of my patients bring family members with them to appointments. It was unusual to just have one person in the room. So for me, it is absolutely not a problem. It typically, especially if an older family member, if like the matriarch of the family comes in, you have at least six other family members who are there the tell you what's been going on with mom or grandma or whoever she is to them. Anyway, um, I love it here.

But I don't think there's anything wrong with bringing a partner or a family member, or even if it's your close friend, you get to decide— COVID restrictions aside, you know, because that changes things, but you can decide to have somebody in the exam room with you. That's not really up to me. That's your private health information.

I would just say this. One, if it's somebody who you don't wanna know your private health information, um, they might not be the best person to bring in the room with you, because then... I'm going to be asking them to step into the hallway, or you are, or whatever.

But if it's somebody that you're comfortable with and can be a system of support and maybe help you remember things afterwards, 'cause sometimes things are complicated, especially if you're anxious about it you might not remember everything from it. So somebody who can help you keep track of things, remember it. There is nothing wrong with that.

As your doctor I'm gonna focus on you. I'm not gonna look to your partner necessarily for answers to questions, because I want to hear it in your words, but there is nothing wrong with having a support system there in the room. I think that the more that you can do that— it's honestly probably better for your care.

Justin: And you know what? That's good advice for the l— the last person who's asking about having their doctor slow down, having someone there to sort of boost their confidence and make sure they get all the answers they want.

Sydnee: No, I never— I never think it's immature or juvenile. I think it just means "Great, my patient has a support system." [laughs]

Justin: I bring— I bring Sydnee with me every time that I possibly can, whatever I have an appointment, because—

Sydnee: Mm-hmm, and well, for some people, like, I wish my dad would never go to the doctor alone, 'cause he never knows what happened afterwards, and I wish my mom was in the room to be like, "Oh, Tommy." [laughs quietly]

Justin: And when Sydnee got her prenatal appointments, [quietly] I went to most of those too, so.

Sydnee: Do you want an award for that, or...?

Justin: I guess that's just the [mumbling indistinctly] kind of husband that I was.

Sydnee: Yeah? Oh, is it? Okay.

Justin: Yes.

Sydnee: Yeah. You want a medal for that? Doing the very least you could do.

Justin: [quietly] I was always very interested, too. I would look at the screen and everything. What a great dad. All the doctors said so.

Sydnee: Yeah. Uh-huh.

Justin: "I have an innie belly button." Ewww!

Sydnee: What's wrong—

Justin: Gross.

Sydnee: We— you have an innie.

Justin: I—[wheezes]

Sydnee: I have an innie!

Justin: [snorts] I just— I'm sorry.

Sydnee: Why— why does an innie belly—

Justin: I'm just feeling—

Sydnee: You have an innie!

Justin: I'm just fe— fe— I'm just feeling really confident, 'cause of what a great dad I was. "I cleaned this belly button out—" [laughs] of all the belly buttons to clean out, I think that's definitely number one to focus on. Your own personal belly button. "Occasionally, as gently as possible. I do this so gently 'cause I have a horrible fear—"

Yes! [clap] Yes! [clap] Yes! [clap] Let's talk about it. No one wants to talk about it. "I have a horrible fear that if I poke it too hard I'll break the skin and my organs will come spewing out." Obviously! Yes! [claps] "The fear was solidified when I cleaned my belly button out once and saw blood! Is it possible your guts can come out of your belly button?"

Sydnee: Um, okay.

Justin: That's from Dumb Dumb Tummy in Detroit. Yes! This is— this is a problem. It feels like— you know what? It feels like a stitch. It feels like one of your, like— like they sewed you up one time and this is like a weak point. This a vulnerable port of entry that too much pressure, it'll just rip right through.

Sydnee: No.

Justin: 100%!

Sydnee: It's not.

Justin: Obviously [laughs] accurate.

Sydnee: It's not. Your organs are not going to spill out of your belly button. Um...

Justin: Folks, do you ever look at it? It's really weird that we have 'em.

Sydnee: Whether it's an innie or an outie. They are weird. Um, whether it's an innie or an outie, [laughs] your guts are not gonna spill out of your belly button. Um, even if you're cleaning it. You're not gonna poke through. [laughs] Especially not with a Q-tip.

Um, into— I mean, I don't know. If you're cleaning your belly button with a scalpel, there's some other issues we need to discuss. But if you're using, like, a... washcloth or a Q-tip or whatever, you're not— that's okay. Um, now, I mean, like any area of the body that is, like, harder to get to if you have, like, a belly button that gets dirty [laughs] that you let stuff accumulate in, like, you might have a little bleeding if— I mean, it could get infected, or it could just be like— kind of like inside the ear.

If you get too much wax built up in the ear canal, when you clean it out you might have a little bleeding, and it's just because, like, the lining of the ear canal has been a little damaged from the pressure of all that wax. If you've got some crud in your belly button and you leave it there long enough, it might just irritate the skin. But it is not your organs spilling out. Your organs are not gonna come out of your belly button. Do not worry about that. Please, there's so much to worry about. Take this off your list.

Justin: Okay. Um, that is going to do it for us for this episode. Thank you so much for listening to our podcast. I hope you enjoyed it. A reminder that we got a Sawbones pin and some other stuff, you can go to mcelroymerch.com. Uh, thank you to The Taxpayers for the use of their song, "Medicines," as the intro and outro of our program. If you've got those weird medical questions, I don't know if we mentioned that sawbones@maximumfun.org is the email address you can send those to.

Sydnee: And if you have actual pressing medical questions... please go to your own doctor. I care about you very deeply. Please go see them.

Justin: Um, thank you so much for listening. Be sure to join us again next week for Sawbones! Until then, my name's Justin McElroy.

Sydnee: I'm Sydnee McElroy.

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

[theme music plays]

[chord]

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