

Sawbones 522: How's My Lump Doing?

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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.

Sydnee: And I'm Sydnee McElroy.

Justin: And... I'm so excited to be doing one of our favorite kinds of episodes. This is a gift, speaking of the holidays, this is a gift to us.

Sydnee: This? Like the show?

Justin: Yeah, like recording medical question answer episodes—

Sydnee: Oh, oh yeah.

Justin: — is a gift to me, 'cause I like doin' 'em so much.

Sydnee: I didn't know where— You said that— I thought you were about to introduce something as a gift to us. "This is a gift to us, aaaand here it is."

Justin: And—

Sydnee: And I thought you were gonna— I thought— It's just the two of us in the house right now, but I thought maybe somebody was gonna come through the door with a big... present, or a giant cheque.

Justin: No. No, no such luck.

Sydnee: Or maybe take me out front blindfolded and there'd be a car with a big red bow on it.

Justin: Yeah.

Sydnee: I don't want a car, but like maybe. I don't— Maybe you did that.

Justin: Before we get into it, I just wanna say thanks to everybody that watched Candlesnights this weekend. If you did not check it out, go to bit.ly/candlelightstickets2024. It is an amazing special full of lots of really talented people, and a lot of friends, and a lot of surprises. Songs.

Sydnee: Songs and a continuation of *A Medicine Called Christmas*.

Justin: Yeah, our— There's lots of skits, there's great— It's great, it's great.

Sydnee: Our kids are in it.

Justin: And it really goes to support Harmony House, which is a shelter for people experiencing homelessness in our area, that's doing amazing work and your help is really appreciated.

It just costs five bucks to watch the show but you can donate more if you like, that would be very kind of you. [Bit.ly/candlelightstickets2024](https://bit.ly/candlelightstickets2024). Okay, but Sydnee, enough... flimflammy from me. We're gonna help people today. Today we're gonna fix people.

Sydnee: That's right.

Justin: You ready for the first?

Sydnee: And we're gonna— Yeah, are you— So we're gonna do some weird medical questions. And—

Justin: Yeah. Are you ready for the first one?

Sydnee: Yes, I'm ready.

Justin: Okay.

Sydnee: Go for it.

Justin: Now you had mentioned earlier you wanted me to start doing voices for each of these difference question askers, is that still the case or?

Sydnee: I'm pretty sure I didn't, but go for it.

Justin: Okay, you got it. No no no no. I will—

Sydnee: Mm-hmm. Mm-hmm. Mm-hmm.

Justin: I heard— Heard. Gotcha. "When I was pregnant with my now almost one year old, several of my moles got puffier and I developed a few small skin tags under my breasts. I assumed my moles would return to normal post-partum, but they're still larger than before and protrude quite a bit, just the right size for my kid to grab onto of course.

What is it about pregnancy that causes these skin changes? Will my skin eventually return to my pre-pregnancy state? Thanks for so many years of such a great show." That's from Holy Moley in Mizura.

Sydnee: This is a common thing that people who are pregnant experience, not just moles but all kinds of skin changes, and they— it can be very distressing.

Justin: Mm.

Sydnee: If you're not prepared for it, right?

Justin: Sure, yeah.

Sydnee: And there are a wide range— So definitely your moles, if you already have some moles, they can change during pregnancy. You can see stretch marks of course, a common thing that people might experience during pregnancy, ACNE, you can get more skin tags, you could have like varicose veins or like spider veins, you know, those kinds of things.

Justin: Mm-hmm.

Sydnee: There are certain areas of the skin that like have a darker pigmentation, there's something that's classically called like, "the mask of pregnancy," have you ever heard that term, Justin?

Justin: Yeah, I have actually. Yeah, I think we discussed it long, long ago, during our long run of pregnancy episodes.

Sydnee: Mm-hmm.

Justin: Around in 2014 I guess it would be.

Sydnee: It's called "melasma" or "chloasma," but it— Anyway, all of these changes have to do with just the sort of hormonal, chemical milieu in your body during pregnancy. You're growing a human.

Justin: Yup.

Sydnee: There's a lot of growth factors, there's a lot of what we call "angiogenesis" going on, which means making of blood vessels. So there's a lot of things promoting growth of cells, of tissue, inside your body, flowing all around at the same time. And that can lead to changes and growths on your skin as well.

So a lot of things will go back to the way they were prior to pregnancy afterwards, but some things like if a skin tag gets larger or a mole or something like that gets larger, it's probably not necessarily gonna shrink afterwards. But that also isn't necessarily something that you have to worry about, if that makes sense.

Justin: Yeah.

Sydnee: And it's variable for everybody, it's like with stretch marks, for some people the stretch marks go away after pregnancy, for other people they might stick around. Some of the stretch marks might go away and other might stick around. It's different. There's a lot of I think kind of like folk medicine sort of lore—

Justin: Right.

Sydnee: — around what you can do to try to change or prevent...

Justin: Yeah.

Sydnee: [sighs] Quote unquote “fix,” I hate to say fix. Your body made a person.

Justin: [chuckles]

Sydnee: So whatever— [chuckles] Whatever your body looks like now, having made a person.

Justin: Yeah.

Sydnee: Is a wonderful thing, ‘cause you made a person with it.

Justin: Amazing.

Sydnee: And this is these— this is how— this is what you have to show for it. “Look at my body, it created life.”

Justin: Amazing.

Sydnee: I know, it is, it is.

Justin: Amazing.

Sydnee: But... the one thing I will say is that probably these moles are not necessarily going to get smaller, but any moles you should always— I never wanna just say, “So don’t worry about it.”

Keep an eye on things, if something looks different from the other moles on your body, if something is asymmetrical, you know, it’s not like round or oval or whatever, if it’s asymmetrical. If it’s changed in color in some way.

Justin: Sure.

Sydnee: If it continues to get bigger, if it’s bleeding or blue or turned dark or black. Anything that changes or is concerning, go get it looked at. It never hurts to get something looked at if you’re really worried about it. A lot of these changes in pregnancy are completely benign.

Justin: Mm-hmm.

Sydnee: Meaning no big deal, nothing to worry about, but if nothing else you'll sleep better.

Justin: Yeah.

Sydnee: If you go to your doc and say, "Hey, is this okay?" and they say, "No problem."

Justin: Yeah, get those skin screenings, folks. I know it's a little uncomfortable but it's important. "Hey, Justin and Sydnee? I keep getting ads for the Flex Disc, and it says it empties itself when you pee. How does that work? Please, I'm so confused by this." Now Sydnee, this question asker needed a couple more sentences of context.

Sydnee: Mm-hmm.

Justin: Because I have absolutely no idea what any part of this sentence means, and I'm kind of losing it, this feels like a yes yes no, I don't understand.

Sydnee: Yes, okay. I wanted to do this question because I also, full disclosure, had no idea what the Flex Disc was.

Justin: [chuckles]

Sydnee: And so my first Google was "What is the Flex Disc?" [chuckles]

Justin: Yeah, that is a good start.

Sydnee: And then I found the website for the Flex Disc, and now I understand what it is and what the question is about. Justin, the Flex Disc is a menstrual disc. Now, you've heard about menstrual cups, right?

Justin: Yes.

Sydnee: Most famously? Infamously? Famously, the Diva Cup I think is the one, that's the brand most people.

Justin: Alright, just from what you've said already, I 100% can tell you what this product is, I've got it. You ready?

Sydnee: Okay, what's a menstrual disc?

Justin: I— Here's what a menstrual disc is. It's like a change purse, right? And you have the menstrual blood goes into the disc and it catches it.

Sydnee: Mm-hmm.

Justin: But then when you pee, it squeezes it in a change purse fashion that squeezes the sides ever so slightly to allow the disc to empty into the toilet.

Sydnee: Um, you're kind of right. I mean not exactly like the mechanics, and certainly I don't know about the "change purse" kind of comparison.

Justin: If you can imagine a chan—

Sydnee: I just sent you a link.

Justin: Okay, but do you know the kinda change purse I'm talking about though?

Sydnee: So you can see what I'm seeing. Yes. Yeah.

Justin: The plastic circular change purse.

Sydnee: And then you— Yes, and then you—

Justin: And then you squeeze it, and it opens like a Pac-Man.

Sydnee: Okay, so kind of. The menstrual disc is similar to a menstrual cup, and what this is is it's— these are devices that you can use in place of like a tampon or a pad while you're having a period.

Justin: Okay.

Sydnee: So the cup looks like a little cup, and you insert it into the vaginal canal. The disc looks more like a disc. You'll see it in the picture.

Justin: Yeah, this looks like a disc.

Sydnee: If you look this up. Looks like a little disc, and again you insert it, and it actually— If you look at the diagrams, it fits more deeply into the vaginal canal is part of the benefit of it, it's sort of like just up there more snug, you might— it might be more comfortable.

And then I think the big selling point, as far as I can tell, is hands free emptying, and I think that's what this question is referencing. I saw that there was hands free emptying and I was... intrigued. So [chuckles] here's how this works. So you have to imagine you've got this rounded sort of cupped disc, right?

Justin: Mm-hmm.

Sydnee: You see it. It is inserted up right underneath the cervix so all the menstrual blood that's falling out of the cervix is falling into this disc, okay?

Justin: Okay.

Sydnee: And it's up beyond the pelvic bone, you don't need to— Just take my word for it. If you're having a really heavy flow day, or if you just wanna empty it, when you go to the bathroom while you're wearing your menstrual disc, you sit down. I mean, on the toilet. Like you do, in the bathroom.

Justin: Mm-hmm.

Sydnee: And what you're gonna do, after you've completed what you went there for, is a— And this is according to their website, I have not tried this. You give your pelvic floor muscles a little extra downward push.

Justin: Okay.

Sydnee: And I like in parenthesis they say, "while still sitting on the toilet." [chuckles]

Justin: Whoa, so important.

Sydnee: Do not get up!

Justin: Do not.

Sydnee: Do not get up.

Justin: Do not be in church.

Sydnee: Don't put your pants on yet.

Justin: [chuckles]

Sydnee: And they say right here "Imagine you're trying to poop, or alternatively trying to give birth to your disc. You should see or feel a little blood dump out into the toilet."

Justin: Jokes on you, I'm always pretending I'm giving birth to my disc.

Sydnee: [chuckles] So that is the self-emptying, the hands-free emptying feature when you pee. Now it sounds like it won't— unless it's really full, it won't empty every time you pee necessarily, so it's not like if you're on your period, every time you sit down, you're gonna see some blood.

But you might, especially if it's a heavy flow day, because that action of like— And you know what I'm talking about, it's kind of like— I'm— Yeah, you're doing it right now with your face, and I don't know how to feel about that.

Justin: Who, me?

Sydnee: It's like a vagal—

Justin: I'm just stretching. [chuckles]

Sydnee: It's like you're pushing.

Justin: Yeah.

Sydnee: You do that.

Justin: I can imagine it.

Sydnee: And it empties.

Justin: I've squeezed things out of my body before, I know.

Sydnee: That— I have not tried this, I think that's a cool, fascinating feature.

Justin: Yeah.

Sydnee: Of this menstrual disc.

Justin: Yeah.

Sydnee: And perhaps something that if you are looking for an alternative to tampons, and for some reason you don't, you know, you got the cup, maybe it's just not what you wanna do. There you go.

Justin: Right.

Sydnee: After you do this, I think you have to pop it back into place a little bit, so they recommend that after you have emptied it, you, with a clean finger, just pop it back up where it was.

Justin: Now hold on a second! If you gotta get your hands involved, what's the point?

Sydnee: Well, that's easier than removing it, dumping it out, cleaning it off, putting it back in.

Justin: I think it's only a convenience if I— if it saves me having to wash my hands. That's the thing, if I could ju— [wheezes] If I could absolutely cut hands out of the product.

Sydnee: Justin, are you suggesting that you don't wash your hands every time you go to the bathroom?

Justin: Well if I can— if my hands aren't involved in the process at all.

Sydnee: Why would your hands not be involved in the process?

Justin: What do you mean?

Sydnee: Did you flush the toilet?

Justin: What? Yeah, with my elbow. I mean, I flushed it with my—

Sydnee: With your elbow?

Justin: Or my foot. Not with my hand. What am I, an animal? I'm not gonna flush the toilet with my hand in a public place.

Sydnee: [sighs] You've touched anything in that bathroom, you should be washing your hands every time you go—

Justin: All elbows. All elbows. All elbows.

Sydnee: You have the dirtiest elbows.

Justin: All elbows.

Sydnee: Your elbows are a biohazard.

Justin: It's all elbows.

Sydnee: [chuckles]

Justin: I remember— No listen, I got into the whole hand washing thing during the lockdowns, just like everybody else.

Sydnee: [chuckles] [growls in frustration]

Justin: I loved it too, it makes me nostalgic from time to time.

Sydnee: Glad it took a pandemic for you to wash your hands.

Justin: "Hello Sydnee and Justin! I recently had our first baby and there have been so many instances between my OB and the discharge nurse in the hospital and our pediatrician where we talk through information and get care. Then they hand me paperwork that I assume reviews everything we talked about.

When I get home, I discover the paperwork covers many other topics the doctors didn't even mention. We had an entire manual about taking care of babies from the hospital that I didn't even find until three months later.

I know you can't cover everything in the 15 minutes that you're supposed to limit each patient. It would be nice to ask questions from the paperwork while I'm there in the office, rather than having to call later.

It's frustrating for me, and I can only imagine how much more frustrating it would be for parents and patients who struggle with reading, organization, et cetera. What's provider's responsibility in terms of patient education? Can you speak to this?" That's from Emily.

Sydnee: [sighs] This is a—

Justin: It's a big question.

Sydnee: Emily, this is a tough question because I think what we're really getting to are the inadequacies that are baked into our healthcare system in this country.

Justin: Yup.

Sydnee: So I mean ideally, after someone has had a baby, you should be in an environment where you are provided with the support and knowledge, all the information you need, all of your answers to all of your questions.

Justin: Mm-hmm.

Sydnee: Before you're kind of... you know, left to do it alone, right? And I think what we're up against, a number of things. One, you've given birth in a ho— Let's say you're in a hospital, most people do in this country. So you're in the hospital.

Well we are now pressured to discharge people after they've given birth within 24 hours, well at 24 hours, I shouldn't say within. At 24 hours if it was a vaginal delivery, and then at 48 hours if it was a C-section. You can have up to 48 if it was vaginal, up to three days if it was a C-section.

So— And I mean obviously I'm not— these are generalizations. If there are other complications it may be longer, but the point is these are the pressures on the physicians in the system, and on the nursing staff to get the patients through the absolute necessary stuff.

Justin: Mm.

Sydnee: And make sure they're ready to be discharged in that timeframe.

Justin: Right.

Sydnee: And so what you see us focusing on then I think are one, the stuff that we need you to do to meet criteria to leave the hospital. So I need to make sure that the person who's giving birth and the baby are stable. That the necessary testing that you have to have before you leave the hospital's been done, and that... I mean that's pretty much it, like and that— the baby is eating and has peed.

Justin: Mm-hmm.

Sydnee: I mean there's really very little that keeps you in the hospital technically.

Justin: Yeah.

Sydnee: And then in terms of what I need to tell you, I start triaging information. And I'm just the universal provider in this situation. So what do I need you to know most importantly? I need you to know when to come back.

Justin: Yeah.

Sydnee: How to feed baby, and that baby pees and poops, and then some vague information about sleeping that usually is not very helpful, right?

Justin: Right.

Sydnee: `Cause whatever we say about sleeping changes every five years, and none of us know, and I don't know how babies sleep. I've parented, I've doctored, how do babies sleep? I don't know.

Justin: I don't know.

Sydnee: I don't know what the right thing is.

Justin: I don't remember how I learned to sleep.

Sydnee: No-one, no, no and most of us block it out, right?

Justin: Yeah, it's traumatic.

Sydnee: Like if you've had to get a baby to sleep, you've probably blocked out all of it `cause it was traumatic for you in some way, as it was for all of us. But anyway. So we triage that information, we tell you what's absolutely necessary. Wash your hands, don't smoke around the baby, put it on its back to sleep, use a car seat.

Justin: Right.

Sydnee: And then we let you leave. And we feel better if we give you a book. [chuckles] Or something. I don't even know if we get a book.

Justin: Video, video or something.

Sydnee: A video, a video about... I mean something— Like really like the fact that we send people the video that's like, "Here's how you know not to shake a baby."

Justin: We had— Yeah, like don't shake a baby.

Sydnee: Like that's in a video!

Justin: Yeah.

Sydnee: That's— I mean that's— And I think that the problem is that we... our hospital makes more money if they get you out in the time they should. They lose money if they keep you longer.

Justin: Yes.

Sydnee: It shouldn't work that way. And I do not believe that all the individuals in that system, the providers and the nurses and the lactation consultants and all those people, I don't believe they're ill-intentioned, or that they want it to be this way.

Having been one of those people in a hospital, I do not want it to be this way. But it is the system around them, and so they conform to it, and it sucks for you and it sucks for them, and you end up home without all the information you need and the support you need.

We don't have a culture of sending— You know there are other countries where they send a midwife to your house, or a nurse to help support you through those early weeks before and after pregnancy. We don't do any of that here.

Justin: I— Can I say something that I have not fully thought through, but you help me to— But this is my gut, this is what I feel like. That I feel like the— my personal feeling is that... by and large, we should be working to reduce the role that hospitals play in the birthing process period. I think that should be a goal that we have.

And personally, after our experiences, I feel like... after you have birth... I don't wanna hear anything else the hospital has to say about it I guess, is my opinion. Like there's a— I don't agree— I don't feel like this should be medicalized from the beginning, so I don't—

I don't know, I feel like there was just this pressure to like keep the kid in the hospital. I mean like I— And keep the— I just don't— I don't have that trust there.

Sydnee: Right.

Justin: Like you know what I mean? Like I don't have the trust to— I don't really trust them to—

Sydnee: Well.

Justin: — understand what I should be doing with the baby, I don't trust the hospital, sorry.

Sydnee: We had two very different experiences, one in which the rush was to keep us there 'cause we don't know what's going on, and to cover our butts we'll just keep your kid longer. And the second was "Oh, you guys are fine, get out of here as quickly as possible."

So we had both ends of the spectrum. Neither serves you well, and both leave you feeling partially traumatized by what should be a really amazing experience. Hard, but good. So I think that's what you're seeing.

I will say that in that kind of climate and culture, the best thing we can do is advocate for ourselves. I think that there are ways to have safe births outside of hospitals, certainly. Whether it's in a birthing center or even a home birth, but you gotta make sure you have— One, that you've been vetted for that in terms of risk for your particular pregnancy.

There are some that are safer to have in a facility where you can have surgical, you know, delivery if you need it. And then there are some that are totally appropriate for that. And then make sure you have the infrastructure to support it.

Again, there are other places in the world where there's lots of this in place, and it's done a lot safely, it's very routine. In this country it's not, and so then that leaves room for kind of the fake medicine people to slip in.

Justin: Right.

Sydnee: Who are gonna try to convince you to do a water birth, and you shouldn't do that. But that doesn't mean that... You can learn a lot from a trained midwife. We went and took birthing classes from—

Justin: Yeah.

Sydnee: — trained professional midwives, and they were hugely helpful. And those are two different things, and I think unfortunately in this country you have hospital birth, and then—

Justin: Right.

Sydnee: — everything else gets tossed into the same bucket.

Justin: Yeah.

Sydnee: And that's not accurate.

Justin: Here's another question. "I kept getting ads on Instagram for different ways to increase lymphatic drainage through rubbing various things on my skin like a jade roller, gua sha, dry brushing, et cetera.

Is lymphatic drainage something I need to do manually? It seems like the lymphatic system is really important, and I find it hard to believe that it needs to be manually manipulated." [chuckles] And that's from Lymphy in Lancaster.

Sydnee: Lymphy, you're on— [chuckles]

Justin: Oh, sorry. Lymphy in Lankester.

Sydnee: Lankester.

Justin: Lankester.

Sydnee: No, Lankisster. No, you're right.

Justin: Kisster.

Sydnee: `Cause the "kiss" is stressed.

Justin: Right, the "kiss" is "Lankisster."

Sydnee: Lankisster. I never— I always thought it was Lankester.

Justin: Alright.

Sydnee: Anyway.

Justin: It's their dime. [chuckles]

Sydnee: So your— [chuckles] Your lymph system works—

Justin: Say it however you want.

Sydnee: Your lymph system works without you pushing on it, you are absolutely right. [chuckles] You don't need to—

Justin: It's funny though Sydnee 'cause it looks like you're pushing on your lymphatic system in your face right now. [chuckles]

Sydnee: [laughs]

Justin: It looks like you're trying to induce some drainage through your temples.

Sydnee: I think that a lot of us, like if you wake up feeling a little puffy, you've got some extra fluid in your interstitium, which is different by the way than lymphatic drainage. That's not your lymph systems, that's— your lymph nodes aren't swollen.

If you've got extra interstitial fluid and you're like pressing on your face and trying to manipulate fluid, I think you feel better after you've done that. I think the other thing that happens is you wake up, you feel puffy, you rub your face for a while, some hours pass, and then you're less puffy because now you're upright and gravity [chuckles] has an effect on that.

I don't— There's not— One, you do not need to manually manipulate your lymphatic system. That is not a— You don't have to do that, don't worry. So if you don't do it, that's okay. You don't need to. If you do it and you like it 'cause it feels nice, I have to data to say—

Especially like using a jade roller, is that dangerous for you. I mean unless you're pressing hard enough [chuckles] to bruise yourself, it's hard for me to see how you would— how it would be bad.

Justin: Yeah.

Sydnee: I mean worst case scenario, you paid too much for something. I don't know, as far as I have seen, any data that says any of this does anything. I am certain you'll find testimonials, and I am certain you'll find subjective reports that it was helpful. But in terms of like actual improved lymphatic drainage.

Justin: Syd, here's the big question. Is it time for a break?

Sydnee: Uh... Actually Justin, yes. Before the big question, we gotta go to the Billing Department.

Justin: Let's go.

[transition theme music plays]

[ad break]

Justin: [imitating Jerry Seinfeld] Sydnee, what's the deal— [wheezes] with earwax and Q-tips?

Sydnee: Do you wanna like—?

Justin: Okay, the box is very clear that under no circumstances should you put a Q-tip in your ear, but we do it anyway. Did they get advertised for your ears at first, and then have to change the packaging after too many horrible incidents? Why do we think Q-tips are for ears if they're not?

And then you know there's a lot more clarity here, Hayley wants to know "How bad an idea is it to use Q-tips to clear your ears?" Hayley, I can tell you right now, Dr Sydnee is not gonna give you secret permission to go use a Q-tip in your ear, I've tried, she's not gonna do it.

Sydnee: And if not Q-tips, how?

Justin: How do we clean our ears?

Sydnee: So, you shouldn't put Q-tips in your ears. I'm sorry, I'm gonna keep sayin' that. I have seen—

Justin: What about ballpoint pen caps?

Sydnee: No, don't.

Justin: [wheezes]

Sydnee: Oh, that's even worse. I think that's the— You know what? If there are doctors out there who are saying like, "Go ahead and put Q-tips

in your ears," it is only in situations like that where you have somebody like Justin who's like, "Well what if I straighten out a, you know, a paperclip and stick the end of that in my ear?"

Justin: No, I don't straighten it out, I leave it bent in and arc—

Sydnee: [sighs]

Justin: — 'cause that's a more effective—

Sydnee: Yeah, okay. [chuckles] So—

Justin: — scraping tool.

Sydnee: You made your own little... unsterile curette there.

Justin: Yeah, right.

Sydnee: That staph-covered curette.

Justin: Hey, sometimes I'll put it in the— I'll turn on the stove.

Sydnee: Mm-hmm.

Justin: And I'll put it through the burner sometimes.

Sydnee: Don't do that. I— Don't stick things in your ears. It's— Here's the problem. You can't see what you're doing, it's a very narrow canal, and it has an end, it's a closed circuit, it ends at the eardrum, it doesn't— So you're not gonna poke your brain, but you could poke a hole in your eardrum, and that does happen.

More likely though, because I will not— I have not seen a lot of people who have jammed something so deeply in their ear that they actually ruptured their own eardrum. It does happen, it does happen.

Justin: Okay.

Sydnee: What I see more commonly is that you shoved that wax so deep into your ear canal that now it's kind of like pasted up against your eardrum, and that is so much harder to get out. So—

Justin: You smooshed it, you've tamped it down basically.

Sydnee: Yes, you've tamped it down, and not it's gotten— Wax that gets stuck back in there gets dry and crusty, and then it's really hard to get out. Wax is supposed to be kinda soft so that it just naturally like flakes and runs out of your ear, like oily soft like candlewax. If it gets real dried out and crusty from being stuck in your ear canal for too long—

Justin: Yeah.

Sydnee: — it's really hard to remove, it can start to— That— The lining of your ear canals is really sensitive, and it can start to irritate that lining, you can get like bleeding and scabbing inside your ears.

Justin: Ugh.

Sydnee: Right. So this is really why we say, "Don't stick Q-tips in your ears." I mean you could poke a hole in your eardrum, but this is probably what you're gonna do. And then you might get some of that cotton stuck in there. I have dug the cotton heads, like just the little cotton ball from the head of a Q-tip multiple times. That happens a lot, so you think you're doing good, and then you pull the Q-tip out and the cotton's gone.

Justin: So score one point for ballpoint pen cap.

Sydnee: [chuckles] Here's— So this is why we say don't do it. It probably won't help. If you wanna use— I've told people, if you wanna clean the outside of your ear, like the little curves and crevices on the outside part of your ear with a Q-tip, I guess yeah.

Justin: That's great for washcloth, though.

Sydnee: We use a washcloth to—

Justin: Perfect for a washcloth.

Sydnee: You could do that. I would use, and they sell these over the counter, there are ear flushing systems where a lot— The cheapest version, if you wanna go really cheap, you can get one that's just like a bulb syringe, like you use in a baby's nose.

You wanna fill that with like room temperature water, not too hot `cause you don't wanna burn yourself, and not too cold `cause you'll make yourself dizzy. You wanna fill that with just like some room temperature water, tilt your head, angle it so that the ear canal's pointing down towards the sink. Probably do it over the sink or the shower or something like that, and just squirt it in there.

That's a really safe way, and that— a lot of people— They sell `em over the counter. There's fancier ones, there are ones that are like shaped like little ear things that you shoot in there like little guns and things.

Justin: Mm-hmm.

Sydnee: And whatever. But the point is cleaning them out with sterile fluid is a much better way, or I sh— I say sterile, it doesn't have to be sterile, it's in your ear. It can just be water from your tap. Cleaning it out with water, room temperature water, is a safe way.

Justin: Okay. "Syd, I was wondering, is there a name for the feeling that makes you think that you're about to have diarrhea? Like how nausea describes feeling like you could potentially throw up. If not, could we make one up? Thinking about this for no particular reason." That's from Sam, and "bubble guts" is normally what I'd go with, but I guess it's not technical.

Sydnee: Well I was gonna ask if you wanted to make one up, `cause I don't know of a term for that.

Justin: "Bubble guts" is how I normally describe it, is "bubble guts," `cause it's like rough, you know what I mean? It's bubble guts, it's like all squinchy and squinchy in there, and you're just like things are about to blow.

Sydnee: I mean usually we just say like urgency. You can use urgency, that feeling that you need to go the bathroom either way. Like you can have urinary urgency or...

Justin: Poo poo urgency.

Sydnee: [chuckles] Rectal urgency. Rectal urgency? "Bubble guts" is so gross.

Justin: Okay, well I mean, so is diarrhea? [wheezes] Like what do you want?

Sydnee: Sam, if you wanna make one up—

Justin: Habiscus. Habiscus.

Sydnee: If you wanna say— [chuckles]

Justin: Habiscus wave, is that better?

Sydnee: Sam, if you wanna make one up and popularize it, I'll go with it.

Justin: Yeah, yeah. "Hey, sometimes when I'm using the toilet, I'll blow my nose with toilet paper and then use that same toilet paper to wipe." This is the question asker, not me, I would never.

"I always assume that since any pathogens on the tissue were already in my body, I'm probably fine. Am I good?" That's from Sincerely Snotty on the Potty, and I absolutely respect this question. What do you think?

Sydnee: I really like this question 'cause...

Justin: It's a real "God made dirt, so dirt don't hurt" kinda philosophy, I'm into it.

Sydnee: I— Sometimes someone say, "I do this thing, and is this okay?" and you think "Oh man I hope it is." [chuckles]

Justin: Yeah. [chuckles] Yeah.

Sydnee: I just—

Justin: "Oh, well I never thought about it before."

Sydnee: I—

Justin: Well ooph.

Sydnee: I will say this, please don't do it the other way around.

Justin: Yeah.

Sydnee: Definitely I'd prefer, if we're gonna take a— if we're gonna gamble.

Justin: Yeah, hun.

Sydnee: [chuckles] Blow your nose first.

Justin: Yeah, hun.

Sydnee: [laughs]

Justin: You nasty dog. For even like suggesting the hypothetical where you're like, "Gotta get a sniff full."

Sydnee: I—

Justin: Ugh, Dr McElroy.

Sydnee: I'm assuming you like blow your nose but then you're kinda balling it up, so that the used side—

Justin: No, Sydnee.

Sydnee: — is now inside.

Justin: You're like a garbage pail kid card right now.

Sydnee: And the clean side— [laughs] Has been revealed.

Justin: You are a garbage pail kid.

Sydnee: For the other use.

Justin: Too—

Sydnee: For the downstairs. [chuckles]

Justin: Too nasty. Too hot for TV.

Sydnee: Ohhhh, it's— Okay.

Justin: *Sawbones Nights*.

Sydnee: You're probably, probably you could get away with it, probably.

Justin: Mm-hmm.

Sydnee: Because I mean if we're talking about like the epithelial surface of your skin, which is the— like your skin skin. The... bacteria that you've blown out of your nose, like a lot of like staph and strep and stuff like that, it lives on your skin.

Justin: Mm-hmm.

Sydnee: And so probably you're not like taking bacteria that have never been somewhere and putting them a new place, right? Like you're probably— It's same old— same kinds of bacteria.

Justin: Yeah.

Sydnee: But the only thing I could see as I was trying to think through "Could this pose a problem?" is you do, depending on how you're wiping, you could touch mucosal surfaces like if you are someone who has a vagina and you, I don't know, you're [chuckles] really gettin' in there. I mean, maybe. And then you're kinda taking staph and strep bacteria and putting it somewhere.

Again, probably not a big deal, probably would just be part of normal flora. I can't— If you have a big cut. That was the only thing I could think is like you shouldn't take a big ball of bacteria, and if for some reason you've got a cut or abrasion or something, a sore spot, and open wound.

Justin: Yeah.

Sydnee: And you rub bacteria against it, you could cause an infection. I feel like I'm really reaching to make this bad though.

Justin: 'Cause there's no problem. Great.

Sydnee: But then it just sounds like I'm endorsing this behavior.

Justin: Which you are.

Sydnee: Which I guess I am.

Justin: Yeah.

Sydnee: I guess I—

Justin: It's better for the earth.

Sydnee: I am.

Justin: Um...

Sydnee: I think we got time for one or two more.

Justin: Okay. "If a cat makes biscuits on a pregnant person's stomach, can that cause any problems for the developing fetus?" I can field this one. Yah. Yes, absolutely, it's a big problem.

Sydnee: What do you mean?

Justin: Next. Oh it's just you should never let a cat do that, it could absolutely squinch the baby's face, and... pinch their cheeks, and it could hit the soft spot and split the baby, so.

Sydnee: You know this is— You know you're wrong, right?

Justin: Yeah.

Sydnee: Okay.

Justin: Mm-hmm.

Sydnee: Good, just making sure. This is from... Oh no, the cats involved were Mimic and Echo.

Justin: Yeah. Thank you Mimic and Echo for this great question. Amazing that you learned how to type.

Sydnee: I cannot— I can't think of any way that a cat making biscuits on your—

Justin: You just—

Sydnee: — pregnant belly would.

Justin: You just wanted to talk— think about that.

Sydnee: I did. I— My cat did that.

Justin: Yeah.

Sydnee: CJ did that.

Justin: Yeah.

Sydnee: Aw.

Justin: CJ did biscuits.

Sydnee: But yeah no, I don't— I mean... that cat would— I mean how big is your cat I guess.

Justin: CJ was a big cat.

Sydnee: It's a house cat. But I mean like it's a house cat, right? Like we're not talking about like a—

Justin: A puma.

Sydnee: — jungle cat. [chuckles]

Justin: A home puma?

Sydnee: Don't do this with jungle cats.

Justin: Don't let a jungle cat make biscuits on your pregnant belly.

Sydnee: But if it's just a little house cat.

Justin: If it's just a little guy, fine.

Sydnee: I can't.

Justin: "Hello Justin and Sydnee, long time listener, first time caller. When I was three, my family doctor found a benign lump on my stomach and told my mom it didn't need to be removed, but as an adult I could for cosmetic reasons, as he guessed it would only be visible if I had abs.

20 years later, my mom still brings this up. Can't help but wonder how my lump's doin'. [wheezes] Is it possible I absorbed it? I tried to feel for it many times and can't find it.

Does it scale with me if my body grows? What's goin' on in there? I definitely don't have abs, so it's Schrodinger's tumor in there." Not Malignant or Muscular in Maryland. And it— I mean, who knows, you know?

Sydnee: It— Okay. I don't know—

Justin: Body's weird about this stuff, this is one of the weirdest things about the body is that sometimes it gets lumps and they go away and no-one knows.

Sydnee: That's really the answer to this question, what you just said.

Justin: This is what I'm saying.

Sydnee: I have a feeling the answer.

Justin: I had warts on my hand for 15 years of my life. Woke up one morning, gone. No explanation.

Sydnee: The— So I don't know—

Justin: Heart wants what the heart wants.

Sydnee: I hope this is not frustrating, but this is just a general rule of the show, I can't answer your specific question because I didn't examine you, and I don't know [chuckles] what the nature of your exact lump was.

Justin: [snorts]

Sydnee: So it's impossible for me to give you direct advice, and I—

Justin: Your lump.

Sydnee: — we don't do that on the show anyway.

Justin: Your lump. Yeah.

Sydnee: But generally, Justin you're right, we form a lot of weird little lumps and bumps and masses and things that often are no big deal. Now sometimes they are, but that's why you did the right thing.

Justin: Yeah.

Sydnee: You went, you got it checked out, your doctor said it was no big deal. I could wager a guess that maybe it was made of like fatty adipose tissue, a lot of them are, they're called "lipomas."

Justin: Mm-hmm.

Sydnee: No big deal, some of `em do get bigger, some of `em don't. I have one in my arm that I never felt until I was older, and now it's gotten a little bigger but It's just a lipoma, no big deal.

Justin: I have one too.

Sydnee: I have one in my stomach under some scar tissue that I think is a little lump of scar tissue. They're no big deals. But yeah, your body can resorb things, or they can get bigger, or they get smaller, or they just stay there forever.

Justin: No reason.

Sydnee: But if [chuckles] you're worried about a lump, as always, go get it checked out. I have a question for you, Justin.

Justin: Okay, hit me.

Sydnee: Real quick.

Justin: Hit me.

Sydnee: The last one.

Justin: Last one.

Sydnee: This one, "I'm at my parent's house for the holidays and a question presented itself. Why do all men of a certain age cough like that? You know what I'm talking about. I love my dad and older men in my family, but holy smokes these coughs.

[chuckles] Is there a medical reason they get to bad, or do they just no longer care to try and make them less aggressive? Thanks from Lauren." Justin, why do you cough that way? [chuckles]

Justin: Like what do you mean?

Sydnee: You'll— You already cough that way.

Justin: What do you mean? I don't do that, Syd.

Sydnee: You have the old man cough already.

Justin: What are you talking about?

Sydnee: The cough.

Justin: 'Cause I have asthma? I don't know.

Sydnee: No!

Justin: Allergies? My doctor— My wife's a doctor, maybe she can tell me what's wrong with me, if I'm so broken. What old man cough? Tell me what cough do you mean?

Sydnee: It's like a very aggressive, explosive cough.

Justin: Yeah, well you wanna get it out, right? I mean what are you coughin' for?

Sydnee: Here's my theory.

Justin: I could either cough all day, or once at 9am and once at 9pm.
[chuckles] It's up to you.

Sydnee: Here's my theory. I think that generally speaking as a species, as we age, we worry less about other people's... like perception of us. Like we're less about appearances.

Justin: Okay.

Sydnee: We're more just like, "I'm livin' my life."

Justin: Yes. 100%.

Sydnee: "I can't be bothered."

Justin: Yes.

Sydnee: I think that's part of it.

Justin: Yes.

Sydnee: And then I think generally... men.

Justin: Yeah.

Sydnee: Generally speaking.

Justin: Okay.

Sydnee: Are allowed to be loud.

Justin: Yeah.

Sydnee: And be present.

Justin: Alright.

Sydnee: In a way.

Justin: Yeah.

Sydnee: Whereas like as a woman, I think I tend to like hide any sort of noise I'm making, like sneeze, cough, whatever. Like bury it into my elbow so that I'm making no noise and taking up no space, because I was taught to do so. This is my theory.

Justin: I gotta go get—

Sydnee: I don't know.

Justin: I gotta go get the kids, so...

Sydnee: But I know Justin already has it.

Justin: Okay.

Sydnee: You've already got the old man cough.

Justin: Well yeah, but this is such a good question Syd, but I've gotta go get the kids at school, so.

Sydnee: Okay, if you figure out why.

Justin: Hey, thanks so much for listening to our podcast.

Sydnee: [laughs]

Justin: About our very good marriage, [wheezes] [through laughter] *Sawbones*, a marital tour or misguided medicine. [chuckles]

Sydnee: Awww, we love each other.

Justin: A healthy— No.

Sydnee: Don't joke like that.

Justin: No, that's not a funny joke.

Sydnee: We got a— We have a great marriage.

Justin: Thanks to the Taxpayers for the use of their— And I really do have [chuckles] to go get the kids from school.

Sydnee: I know, we gotta go get the kids right now.

Justin: I'm literally like standing up as I finish.

Sydnee: Yeah.

Justin: Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening.

[theme music fades in]

Justin: That's gonna do it for us for this week. Until next time, my name's Justin McElroy.

Sydnee: I'm Sydnee McElroy.

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

[outro theme music plays]

[ukulele chord]

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