

Weighing the Options presents criteria for evaluating treatment programs for obesity and explores what these criteria mean--to health care providers, program designers, researchers, and even overweight people seeking help.

Many people with coronary heart disease owe their lives to heart bypass surgery. In this operation, a surgeon uses a vessel from another part of the body to create a detour around a blocked artery, thus restoring blood flow to the heart. A report in the *Journal of the American College of Cardiology* called the operation -- first pioneered in the s -- "one of the great success stories in medicine. Many people can control their disease through diet and exercise, and others benefit from medication, angioplasty, or other nonsurgical treatments. What are the benefits of bypass surgery? Bypass surgery can quickly cure the symptoms of coronary heart disease, including disabling bouts of angina chest pain. The relief usually lasts 10 to 15 years, after which point the patient may need another bypass if more blockages occur. And if you have a severe case of coronary heart disease -- for instance, you have several blocked arteries and some weakness in your left ventricle -- bypass surgery could extend your life. What are the drawbacks of bypass surgery? Like any other major operation, heart bypass surgery carries some risks. The death rate is less than 1 percent for patients who are under 65 and in relatively good health, but it climbs steadily for older patients and patients with damaged hearts, diabetes, or previous heart surgeries. By briefly interrupting the normal flow of blood, bypass surgery opens the door to several severe complications. According to a report in the *Journal of the American College of Cardiology*, about 3 percent of all patients will have a stroke during the operation and another 3 percent will lose some mental sharpness. A study at Duke University Medical Center found kidney damage after heart surgery on the rise. The Duke researchers analyzed 5 million hospital discharges and found kidney failure increased fivefold during the study period. They estimated about 20, cases occur each year. Complications are especially common in older patients and those with diabetes, hypertension, unstable angina, arrhythmia, heart failure, or previous bypass surgeries. In recent years, more surgeons are performing the surgery off-pump, meaning the heart continues beating while the bypass graft is attached. This may reduce the risks of bleeding and renal complications. However, the American Heart Association notes that both techniques can provide excellent results and says that a large-scale trial is needed to determine which procedure is superior. Remember, bypass surgery is not a cure. Unless patients take other steps to control the buildup of plaque in their arteries, the bypass will meet the same fate as the original artery. Half of all vein bypasses become clogged with plaque within 10 years. Arterial bypasses are now being used more often for bypass surgery, and the arteries are less likely to be clogged after 10 years. What are the alternatives to bypass surgery? If you have severe coronary artery disease, bypass surgery may be your best hope for survival. Most patients, however, will have several other options to consider. Balloon angioplasty is one common alternative to bypass surgery. In this procedure, a doctor threads a tube called a catheter through the clogged artery. Once the catheter is in place, a small balloon is inflated to widen the artery. The doctor then removes the catheter and balloon, but may leave in place a small metal scaffold, called a stent, to keep the artery from clogging again. Like bypass surgery, angioplasty restores blood flow to the heart and eases symptoms of coronary heart disease. And, like bypass surgery, angioplasty can help keep you alive. Researchers at Emory University proved that point in a study of nearly patients with mild to moderate coronary heart disease. By current guidelines, all patients were eligible for either angioplasty or bypass surgery. Patients were randomly chosen for one of the two procedures. According to the April issue of the *Journal of the American College of Cardiology*, patients from each group were equally likely to be alive eight years later. A systematic review of 23 randomized, controlled trials found that year survival rates are similar for both treatments. Bypass surgery was more effective in relieving angina and required fewer repeated treatments, but had a higher risk of stroke during the procedure. Medications that lower blood pressure and cholesterol are another alternative. Heart drugs such as beta blockers and angiotensin-converting enzyme ACE inhibitors can relieve angina and ward off heart attacks. If you have high cholesterol, statins or other cholesterol-lowering drugs can slow down the buildup of plaque and greatly reduce your risk for a heart attack. Your doctor may also recommend a daily

dose of aspirin. By thinning the blood and preventing blood clots, this humble pain-reliever provides powerful protection to your heart. If I change my lifestyle, can I avoid heart surgery? It depends on your heart condition, but some experts believe that many people with heart problems can overcome them with a heart-healthy diet, exercise, relaxation techniques, and other lifestyle changes. For instance, a program for heart patients designed by Dr. Dean Ornish -- a combination of stress reduction, regular exercise, and an extremely low-fat diet -- has been shown to relieve angina rapidly and cut the risk of a heart attack roughly in half. The program has even been shown to reverse heart disease in some patients by modestly reducing the thickness of plaque in clogged arteries. Ornish also advocates teaching heart patients better communication skills to "open their hearts," citing numerous studies on the heart-protecting benefits of closeness and intimacy. To keep heart disease from progressing, or even to reverse it, heart patients need to cut back or eliminate saturated fat found in animal products such as butter, whole-milk, eggs, and meat from their diets. Equally important, you should avoid trans fats, which can also wreak havoc on your cholesterol. But some fats are actually good for your heart. Research shows that some "good fats," such as omega-3 fatty acids found in fatty fishes such as salmon, may also help lower cholesterol and help prevent or mitigate heart disease. A report in the *Journal of the American Medical Association* noted that modest consumption one or two servings per week of certain kinds of fish reduces the risk of coronary death by 36 percent. Another study involving 20, US doctors reported that those who reported eating fish at least once a week were half as likely to die of sudden cardiac death as those who ate fish only once a month. Experts speculate that because omega-3s have an anti-inflammatory effect throughout the body, they may ease inflammation of the arteries. They also appear to raise "good" HDL cholesterol levels, which helps fight the plaque that tends to clog arteries. So, while lowering the overall amount of fat in your diets, you may want to talk with your doctor about taking omega-3 fish oil supplements or adding fish to your diet. Remember, fish contains mercury and other contaminants, but the benefits of moderate consumption appear to outweigh the risks. Of course, a heart-healthy lifestyle makes sense no matter what treatment you receive. If you smoke, eat a high-fat diet, and shun exercise, any procedure or medication will be a temporary fix at best. Do doctors overprescribe bypass surgery? Many people worry that their doctors may hastily recommend bypass surgery without fully exploring other options. But according to a report in the March 1, issue of the *New England Journal of Medicine*, the opposite seems to be true. The study found that 43 percent of patients who were good candidates for bypass surgery meaning patients with severe coronary heart disease never underwent the operation, often because their doctors recommended other treatments. Choosing the right treatment for your heart problems can be difficult -- for you and for your doctor. In , a group of heart organizations issued guidelines to help doctors determine precisely when heart surgery is appropriate. The treatment of coronary artery disease depends on many individual factors, including the location of the blockage s , whether you have diabetes, and your overall heart function. You may even want to seek a second opinion. In the end, information may be the best remedy of all. *Annals of Internal Medicine* Nov 20; Fish Intake, Contaminants and Human Health: Evaluation the Risks and the Benefits. *Journal of the American Medical Association* Oct 18; *Journal of the American College of Cardiology*. *Journal of the American College of Cardiology* Apr; 35 5: Underuse of coronary revascularization in patients considered appropriate candidates for revascularization. *New England Journal of Medicine*. Simon and Schuster, Duke University Medical Center. The contribution of changes in diet, exercise and stress management to changes in coronary risk in women and men in the multisite cardiac lifestyle intervention program. *Annals of Behavioral Medicine*.

Chapter 2 : Weighing the Options

One of the most critical operations at a waste site is weighing. "Most states require the scales are certified at least once a year and sometimes more," notes Bob Jozwiak, vice president of sales and marketing for Fairbanks Scales.

Identify the degree of weight loss needed to improve various health outcomes. Where information concerning these topics is limited, develop a specific agenda for research. The Committee to Develop Criteria for Evaluating the Outcomes of Approaches to Prevent and Treat Obesity hereafter termed the Obesity Committee, whose members wrote this report, consists of 10 scientists, most of whom are recognized leaders in obesity research and management. They work in a variety of settings, including public and private universities, medical schools, research centers, the federal government, and private practice. Brief biographies of the committee and project director can be found in Appendix E. The committee met four times during the course of this study. In addition, members of the FNB reviewed the draft. The reviewers provided thoughtful, constructive critiques, and we have incorporated many of their suggestions in this report. The focus of the report has been defined by the charges to the committee and our interpretation of them as well as the usual limits of time and resources. This report does not provide comprehensive descriptions and assessments of the various approaches to weight loss, nor does it discuss eating disorders such as anorexia or bulimia. In addition, we focused our work on obesity in adults and on obesity treatment rather than prevention. We have not neglected adolescent obesity and the prevention of obesity, but these are large topics that deserve special study by other committees. This report has been prepared for a large audience, including biomedical researchers, clinicians, and public health specialists; individuals involved in the development, manufacture, or sale of weight-loss products and services; educators; federal, state, and local policymakers; and interested consumers. For the general public, a separate book on obesity and health, based on this report, is needed. That book would help readers evaluate the nature and causes of weight problems and help determine which, if any, type of weight-loss approach might be best for them and whether they need professional help. Special thanks go to our colleague Paul R. Criteria for Evaluating Weight-Management Programs. The National Academies Press. We also appreciate the help provided by Project Assistant Susan M. Knasiak, whose substantial computer, technical, and organizational skills facilitated the preparation of this manuscript and arrangements for our meetings, travel, and conference calls, and Sheila A. Moats, Research Associate, for her skills at reference identification and verification and help with planning a workshop and drafting a section of the report. Woteki, former director of the FNB, was instrumental in developing the proposal that led to this study and in efforts to obtain funding. During the course of this study, several nutrition professionals, biomedical scientists, government representatives, and representatives of the weight-loss industry contributed to discussions about the content of this report. Some provided material or advice at our invitation, some participated in a workshop held at our second meeting, and others responded to specific questions we posed. We are very thankful for their help and carefully considered all comments. We wish to single out the following individuals by name: Representatives of government agencies: Department of Agriculture; Karen A. Representatives of the private sector: Wolfe, Jenny Craig, Inc. Brownell, Yale University; Sally M. Wing, University of Pittsburgh School of Medicine. Kaye and Francis J. Kanders, an obesity specialist and now a private consultant in Atlanta, prepared a background paper on the prevention and treatment of obesity in childhood and adolescence. Because pediatric obesity is a very important subject that we were not able to address owing to time constraints, we have included an edited version of Dr. Claudia Carl steered this report through formal review, and Mike Edington helped prepare the final manuscript for publication. Andrea Posner and Florence Poillon served ably as copy editors. Thanks are also due to the staff of the National Academy Press, particularly Sally Stanfield, Barbara Kline Pope, and Christine Chirichella, for their help in publishing and marketing the report and for their patience with us. Our acknowledgments would not be complete without thanking Kenneth I. Yates; and the members of the FNB for their support, advice, and encouragement throughout the short life of this fast-track study. Finally, as chair, I would like to thank my fellow committee members for their hard work and good cheer in meeting what often seemed to be impossible deadlines.

Chapter 3 : Heart Surgery: Weighing the Options

Weighing the options: Two shingles vaccines available for older adults. BCMJ, Vol. 60, No. 7, September, , Page(s) - BCCDC. Above is the information needed to cite this article in your paper or presentation.

If the scale is not weighing properly, the state will shut down the site. Software plays a significant role in weighing operations, Jozwiak notes. To address throughput and accuracy needs, Mettler Toledo offers Powercell PDX, a load cell technology with predictive diagnostics to minimize downtime. The company collects data through truck scales, rail scales, weight indicators, and unattended stations. Emery Winslow uses a non-electronic or hydrostatic load cell that is impervious to the effects of such water issues as flooding and total submersion. Everything is done with almost less than a pint of hydraulic fluid. They need to be worried about transferring the waste. They need to be worried about all of the things that go on within that solid waste site. They need to be able to process trucks quickly, reliably and never have down time. They want to put a truck scale in and not have to think about it again. There is power at the scale. SnapStream allows you to have a wireless device right at the scale and a wireless device in the scale house to receive that truck scale signal. Another feature is the SnapStream IT connection, so if they want to send a link back to their network, they can do that wirelessly into a communications card that plugs directly into the network via Ethernet, serial or USB. The technology allows end users to fully diagnose the truck scale within the scale house, Cox says. We have a support staff for that software package through our distribution network. There are no additional modules you have to purchase to run the complete system. They support other accounting packages. They can track maintenance, lifecycle costs, and warranty information. The landfill had old foot concrete scales. In late and early , the county had the old concrete scales removed and the foundation and approaches lengthened to accept new scales before installing two B-TEK Centurion foot truck scales. The accuracy helped out immensely. Conveyor belt scales from Loadrite are designed to accurately track the flow of material in recycling and waste sorting facilities with a range of options to track different weights and belt speeds. Advanced reporting offers insight on truckloads, weight per bin, and ton per customer, among other factors. Vulcan On-Board Scales offers reasons why operations using trucks favor onboard scales: With the increasing use of on-board computers, wireless communications and GPS equipment, weight information can be collected and transmitted real time back to the home office. The end users of Vulcan On-Board Scales seek solutions to the challenge of not going over legal weight limits and avoiding the associated liability issues as well as wear and tear and maintenance challenges, says Eric Elefson, director of sales and marketing for Vulcan On-Board Scales. From the financial aspect, they want to be able to utilize four trucks to do a full job rather than five trucks all running underutilized. That would cost you an hour or more. Those who want a rugged solution choose load cell technology, a direct weighing technology. The operation can realize a decrease in equipment purchases, which correlates into maintenance savings because there are fewer trucks to maintain and fewer people needed to maintain them, he adds. Payback time for investment in onboard scales is three to 12 months, according to Vulcan On-Board Scales. Drivers have no idea how much payload they are carrying as they progress on the route, says Martin Ambros, chief executive officer of Air-Weigh. Among its products is LoadMaxx, an onboard scale. Enforcement is unique to the segment. Over the road folks have to go into the weigh stations where there are officers with portable scales. The same is true for transfer stations. That varies from state to state. Every route for every vehicle is becoming increasingly important because of costs associated with wear on tires and brakes and driver hours. To help ensure accuracy, Air-Weigh uses a sensor on top of existing suspension components and extrapolates the weight based on sensor information. The company manufactures mobile weighing systems. Its ABW-2 is used for the solid waste market, including rolloffs, rear-loading, and front-loading garbage trucks. The BGW-1 is used for material handlers. Like any electronic device, a scale system is susceptible to wear and tear, misuse, and abuse, Casey says, adding the company relies on its servicing distributors to provide ongoing preventative maintenance for the customers. SI Onboard manufactures scales that are placed on trucks, packer bodies, rolloffs, and tractor-trailers. One reason why operators put scales on their vehicles is for route auditing on commercial accounts, says Ewing. Without

onboard scales, you cannot identify those individual accounts. Initial calibration is done when the system is installed and they last for years. Nate Piersall, owner of Core Computing Solutions, echoes an industry mantra: Managing that information flow is one of the biggest challenges for a traditional waste or waste recycling hauler. This streamlines all of this into a single set of reports. WasteWorks is a scalable PC-based ticketing, billing, and reporting software system. The WasteWizard automation system consists of a watertight, stainless-steel enclosure with a driver interface that is useful for hour-a-day operations. Since then, people have also used it for household hazardous waste pickups where there may not be an infrastructure in place, but you have a computer and can give somebody a receipt and pay money out if you need to do that. The ability to process drivers in a scale lane through an RFID-type interface or interact with them on a keypad has increased efficiencies, Leeds says. One of the questions faced when doing unattended weighing without having a scale operator running the computer is accurate variable data entry, says Jim Gottliebson, president of Interface Logic Systems. The software features automated capture of scale weights, predefined default ticket data for speed and accuracy, and a detailed database. It also offers selectable data entry fields, with the ability to create customer category fields. ScaleQ handles cash transactions and maintains a cash history file. Multiple data output formats allow for export of data to third-party applications. Optional features include a NoTrans scale monitoring that writes a record each time the weight on the scale increases without a ticket, digital signature capture, video image capture, and the use of bar code and RFID. ScaleQ reports enable direct access to report printing from the ScaleQ program, allowing authorized users to design, run, and control access to detail or summary reports in the desired format. The report writer is one of the strongest features of the software, Gottliebson says. All stations transfer data to a central administrative office for accounting and consolidated data management and reporting. We also use their grid system, which tells us where the garbage is located by day and also what our compaction rate is.

Members of the inaugural DC HEAL cohort, who come from D.C. area schools, all expressed an interest in health care, and their immersion started with an explanation of the myriad career options available, from phlebotomist to optometrist.

Now, Decius is probably exaggerating the consequences of another Clinton presidency, but if the NeverTrump camp wants to be taken seriously, they need to explain how the same checks and balances that have utterly failed to hold back the progressive agenda of President Obama will somehow become effective against the far more ruthless, experienced, and cold-blooded Clinton family and their well-tuned political apparatus. If this election truly is not the last ditch and we are better off saving our forces to fight again another day, we must seriously consider what our options would be for the supposed counterattack. State Level Actions During the Obama presidency, the Pro-Life movement has made enormous progress with state-level initiatives. We are also seeing a growing movement to enact Religious Freedom Restoration Acts to explicitly protect the conscience rights of not only Christians who hold to the traditional and biological definition of marriage, but all religious minorities as well. These laws are already being challenged and overturned. Constitutional Amendment The argument goes that if progressives overplay their hand and usurp the will of the people through executive and judicial fiat, the people can respond by amending the constitution to restore their sovereignty. While this is true in theory, it would be extremely difficult given the hyperpartisan breakdown of staunchly red vs. More importantly, a constitutional amendment will do no good if the judiciary entrusted with its interpretation is ideologically opposed to upholding the plain meaning of the text. The most famous example from our history is the Slaughterhouse Cases which effectively nullified the Fourteenth Amendment as applied to the states, thus allowing institutional racism to continue for another century after Reconstruction. Congressional Inaction A far more likely approach would be for Congress to continue as it has during the last six years by obstructing as much of the progressive agenda as possible. However, during the Obama presidency, the Congress has had somewhat of an ally in the Supreme Court. This would no longer be the case in a Clinton presidency. Where President Obama has had his more egregious executive abuses—such as recess appointments—undone by the judiciary, another President Clinton would meet no such resistance. This option also depends on a big if: Even if that is the case, whether in response to judicial nominees, the repeal of Obamacare, funding of Planned Parenthood, NSA wiretapping, due process protections for U. Even the sorry spectacle of octogenarian World War II veterans storming the barricades on The Mall did not carry any lasting political cost for President Obama. As long as Congress remains essentially deadlocked with neither party commanding a veto-proof majority, there will be no way to stop Hillary Clinton from commanding the bureaucracy to execute her will. Impeachment Without the backstop of the judiciary to address individual abuses, Congress has recourse to the extraordinary power to remove Clinton from office. The thinking goes, with so much controversy swirling around her, there must be something there that will prove fatal. Also, as with the preceding, this option depends on Republicans retaining a majority in the House or Representatives to even bring the articles of impeachment to the Senate. Furthermore, given the difficulty of finding evidence and the adeptness of the Clintons at skirting any personal culpability in the numerous scandals that seem to have followed them throughout their political career so many, in fact, that they have their own Wikipedia category , it would be out of character for them to slip up now and to be caught red-handed. Even if impeachment proceedings are brought against Hillary, we can reasonably expect history to repeat itself and for the Senate to fall well short of the two-thirds majority required for removal, just as it did for her husband. Convention of States As a last resort, the states could band together to force action even without Congress. This is the wildest of scenarios that has been proposed. The one appeal of this approach is that the threat of such a convention might prompt Congress to act to save itself from oblivion, as was arguably the case with the enactment of the Seventeenth Amendment. However, in order for this approach to work, there would need to be a specific constitutional amendment more limited in scope already drafted and ready for congressional passage. Proposals like congressional term limits, a balanced budget amendment, or a recapitulation of the Tenth Amendment are often mentioned. Absent a compelling argument for a specific

amendment, the risk of this approach is that even if it were politically feasible which is doubtful actually invoking Article V of the Constitution would probably be a disaster. The original drafters of the Constitution were mainly gentlemen of leisure who devoted their lives to scholarship of classical philosophy, the law, and political theory. Given the comparative civic illiteracy of the general public and even many politicians today, it is most unlikely that a contemporary constitutional convention would produce a new system of government that would be superior to the particular genius of the founding fathers. In summary then, we have many theoreticalâ€”if not practicalâ€”options at our disposal to preserve the Republic in the face of what will almost certainly be an unprecedented concentration of power in the hands of the Clintons. For those who cannot stomach a vote for Donald Trump, these options must be weighed honestly and carefully. How feasible are they? How likely are they to have the desired effect? What are the unintended consequences and the precedents that would be set in motion by these increasingly drastic measures? How much damage will have to be undone in the aftermath? Your humble writer sympathizes with the view of the NeverTrump camp that the risks of a Trump presidency are grave and dire. However, at the same time, all of the remedies listed above would be just applicable to Trump as to Clinton. Moreover, in the case of Trump, the existence of the NeverTrump movement at all is proof that there would be a bipartisan consensus to oppose him. There would be no such unity of purpose in opposing another President Clinton. Perhaps the fate of the Republic does not hang in the balance of this election. Perhaps there are limits to the damage that Hillary Clinton can do to our constitutional order. Perhaps we will not have to rest our last best hopes on these fail-safes. These things are all possible. It is also just as possible, and perhaps more so, that to oppose Hillary Clinton, electing Donald Trump might be the least bad optionâ€”and the most likely to succeed. The views expressed here are those of the author, and do not necessarily represent the views of CatholicVote.

Chapter 5 : Weighing the Options - Forester Network

How long should you date before having sex? This has been a question that has been asked through history for I'm not even sure how long. Sex is a big deal for some, but not so much so for others.

Colonoscopy During a colonoscopy exam, a long, flexible tube colonoscope is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to detect changes or abnormalities inside the entire colon. Colonoscopy is one of the most sensitive tests currently available for colon cancer screening. The doctor can view your entire colon and rectum. Abnormal tissue, such as polyps, and tissue samples biopsies can be removed through the scope during the exam. The exam might not detect all small polyps and cancers. A thorough cleansing of the colon is required before the test. Diet changes are needed before the test, and medications may need to be adjusted. Sedation is almost always used, and it can take several hours to wear off. Rare complications may include bleeding from the site where a biopsy was taken or a polyp or other abnormal tissue was removed, or bleeding from a tear in the colon or rectum wall. Cramping or bloating might occur afterward.

Virtual colonoscopy CT colonography During a virtual colonoscopy, a CT scan produces cross-sectional images of the abdominal organs, allowing the doctor to detect changes or abnormalities in the colon and rectum. To help create clear images, a small tube catheter is placed inside your rectum to fill your colon with air or carbon dioxide. Virtual colonoscopy takes about 10 minutes and is generally repeated every five years. Like standard colonoscopy, a thorough cleansing of the bowel is required beforehand. Radiation exposure may be a concern. However, the level of radiation used during a screening CT scan is lower than the amount used in a diagnostic CT scan.

Fecal occult blood test or fecal immunochemical test Fecal occult blood test FOBT and fecal immunochemical test FIT are lab tests used to check stool samples for hidden occult blood. The tests usually are repeated annually. Stool sample collection can be done at home. The tests fail to detect some polyps and cancers. Certain foods and medications might need to be avoided for several days before the test. If blood is detected, additional tests might be needed to determine the source. The tests can suggest an abnormality when none is present false-positive result.

Flexible sigmoidoscopy During flexible sigmoidoscopy, a thin, flexible tube is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the rectum and most of the lower part of the colon sigmoid colon. A flexible sigmoidoscopy test takes about 20 minutes and is generally repeated every 5 years. Bowel cleansing is less extensive than preparation for colonoscopy. Biopsies can be taken through the scope during the exam. Some bowel cleansing is needed before the test. You might need to change your diet or medications before the test. Rare complications may include bleeding or a tear in the lining of the colon. Cramping or bloating might occur after the exam. Additional tests might be necessary if an abnormality is detected. The stool DNA test also looks for signs of blood in your stool. For this test, you collect a stool sample at home and send it to a laboratory for testing. Stool DNA testing is typically repeated every three years. You can eat and drink normally, and take your normal medications, before the test. The stool can be collected at home, avoiding disruption of work and daily activities. The DNA stool test is less sensitive than colonoscopy at detecting precancerous polyps. If abnormalities are found, additional tests might be needed. Consult your doctor about your colon cancer screening options. Commit to a screening schedule based on your personal risk factors. Remember, the earlier colon cancer is detected, the easier it is to treat.

Chapter 6 : Weighing The Options: Owning Versus Leasing Commercial Real Estate

Much has been made worldwide of the difference in performance between new and rebuilt TBMs. Worldwide, a bias exists that seems to favor new machines, but is the bias warranted?

For childless couples hoping to have a family, adoption or surrogacy can be their best options. The process of starting a family this way can be immensely rewarding, but there are also many challenges. Once you determine that adoption or surrogacy is indeed the right course of action for everyone involved, prepare for the life-changing journey to come.

Common Misconceptions About Adoption The beginning steps in pursuing the surrogacy option are threefold. The first step is to hire an agency to assist in locating, screening and working with an appropriate surrogate mother. The second step involves getting the surrogate mother cleared medically and psychologically, while simultaneously establishing a legal contract, Cook says. One factor to consider regarding surrogacy is the cost.

Private or Public Adoption For those parents who simply yearn for a child—genetically related or not—private or public adoption can be both a compassionate and enriching experience. In fact, many parents choose adoption precisely so that they might provide a better family life not only for themselves, but also for the adopted child whose need, after all, is apparent. But as with surrogacy, researching the different possibilities and evaluating the best fit for your family are both good places to begin.

A public adoption involves working with a state or county government agency to acquire legal custody of a child in foster care, while a private adoption will have a licensed, private agency working with you to facilitate a domestic or international adoption. In many cases, you may also be required to attend an adoption preparation class. Many times, in both public and private adoptions, parents can choose to stay in contact with the biological parents or provide updates about the adopted child, says Steinorth. It is a good idea to meet with an attorney who can draw up a contract that all parties can agree on. In many cases, the costs of both public and private adoptions are considerably lower than those of surrogacy. You can also apply for federal grants, loans, employee benefits and military reimbursements to cut some or all of the costs associated with adoption.

Personal Considerations One of the biggest issues facing parents in both adoption and surrogacy is the possibility of the process falling through and leaving them without the child they had hoped for, Steinorth says. Support and personal breaks are important because the uncertainty and waiting can take a toll on prospective parents. Communication is also essential when it comes to important decisions, like how parents plan to address the topic of surrogacy or adoption with their child. This is something that needs to be determined ahead of time, Steinorth says.

Bonding With an Adopted Child Parents who are adopting a child from another country should also discuss the possibility of culture clash. A child taken from one culture and dropped into a new one can be overwhelmed and confused. He may find it difficult to adjust at first and want to bring in aspects of his own culture for comfort. In the end, your best approach to the process of adoption or surrogacy is to enter into it with an open mind and a realistic attitude, thoroughly weighing all aspects of each option.

China, for example, restricts obese parents from adopting a child from its country, while Ukraine has age limits on parents wishing to adopt, disallowing those who are 48 and up, Steinorth says.

The Best Countries for Adoptions Prepare for the home-study to slow the process a little as well. Most foreign adoptions require that prospective parents provide evaluations from personal references, undergo a background check and an inspection of their home, and meet with a licensed mental health professional who will interview them about their parenting styles and attitudes.

Chapter 7 : What does "weigh your options" mean? | Learn English at English, baby!

Weighing the benefits of leasing or owning real estate is important for any business, but Nevada real estate professionals said there's no definitive answer to which option is best.

If your doctor has recommended colon cancer screening, you might be able to choose from various colon cancer screening tests. Medically reviewed on Nov 27, What preparation is involved? As part of your decision, consider your willingness or ability to follow the preparation instructions for specific colon cancer screening tests. This may include avoiding solid food the day before the exam, adjusting your medications, and using laxatives or enemas to empty your colon. How convenient is the test? In addition to test preparation, consider: Find out how much each colon cancer screening test costs, as well as which tests your insurance company covers. What is your attitude toward screening tests? The more thorough the colon cancer screening test, the more likely it is to detect any cancer or precancerous polyps. Conversely, a more thorough test might also mean more inconvenient or uncomfortable preparation, a slightly higher risk of serious complications, or both. Will you worry or doubt the results if you choose a less thorough test? How concerned are you about convenience, preparation or the possibility of serious complications? Your doctor might offer a referral to someone trained in the test with which you feel most comfortable. What is your risk level? Your risk of colon cancer might influence your choice of screening tests. If you have an increased risk of colon cancer, your doctor might recommend more frequent colon cancer screening with colonoscopy. Talk to your doctor about your colon cancer risk if you:

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Fecal occult blood test or fecal immunochemical test Fecal occult blood test FOBT and fecal immunochemical test FIT are lab tests used to check stool samples for hidden occult blood. The tests usually are repeated annually. Stool sample collection can be done at home. The tests fail to detect some polyps and cancers. Certain foods and medications might need to be avoided for several days before the test. If blood is detected, additional tests might be needed to determine the source. The tests can suggest an abnormality when none is present false-positive result.

Flexible sigmoidoscopy During flexible sigmoidoscopy, a thin, flexible tube is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the rectum and most of the lower part of the colon sigmoid colon. A flexible sigmoidoscopy test takes about 20 minutes and is generally repeated every 5 years. Bowel cleansing is less extensive than preparation for colonoscopy. Biopsies can be taken through the scope during the exam. Some bowel cleansing is needed before the test. You might need to change your diet or medications before the test. Rare complications may include bleeding or a tear in the lining of the colon. Cramping or bloating might occur after the exam. Additional tests might be necessary if an abnormality is detected. The stool DNA test also looks for signs of blood in your stool. For this test, you collect a stool sample at home and send it to a laboratory for testing. Stool DNA testing is typically

repeated every three years. You can eat and drink normally, and take your normal medications, before the test. The stool can be collected at home, avoiding disruption of work and daily activities. The DNA stool test is less sensitive than colonoscopy at detecting precancerous polyps. If abnormalities are found, additional tests might be needed. Colonoscopy During a colonoscopy, the doctor inserts a colonoscope into your rectum to check for abnormalities in your entire colon. Sigmoidoscopy exam During a flexible sigmoidoscopy, the doctor inserts a sigmoidoscope into your rectum to check for abnormalities in your lower colon. Fecal occult blood test kit This simple fecal occult blood test kit may be used at home. First, you place the sheet of special paper on top of the water in the toilet bowl. After you have a bowel movement, you use the sampling stick to collect a small amount of stool that has been deposited on the floating paper. You then place the sampling stick with the stool sample in the collection container and snap the cap in place. You may either return the sample to your doctor or send it directly to the lab for analysis. Consult your doctor about your colon cancer screening options. Commit to a screening schedule based on your personal risk factors. Remember, the earlier colon cancer is detected, the easier it is to treat.

Chapter 8 : Colon cancer screening: Weighing the options - Mayo Clinic

A: You should weigh your options carefully, they are both terrible choices. I've been weighing my options for the last year, as I am really not sure what kind of career I want to have in the future.

Stories Weighing the Options Dr. John Waldhausen is a surgeon, but before he picks up his scalpel, he pulls out a scale. Everyone involved in the treatment process – from appointment schedulers to nurses to anesthesiologists – is specially trained to work with children ranging in age from infancy through Everyone is also highly experienced. All of that adds up to greater expertise in the special needs of children. Growing bodies are different than adult bodies, and childhood diseases are not the same as adult diseases. Even the way kids react to surgery – from anesthesia to IV fluids – is different than adults. That statistic reflects both the quality of the team – which has the expertise to recognize when surgery may not be necessary – and the steady advancement of nonsurgical options. Characterized by protruding ribs and sternum, pectus carinatum can be painful. In the past, surgeons corrected pectus carinatum by removing the abnormal cartilages in the chest that cause the problem. Today, children can be treated by wearing a specially made brace, enabling them to avoid the long recovery period and large scar associated with an operation. The brace is easily hidden under the clothing and does not inhibit the child from attending school or playing. Reducing Uncertainty Elias Metallo spit up all day long before Dr. Adam Goldin, right, operated to ease his gastroesophageal reflux. Goldin developed a unique method to diagnose GERD and determine when surgery is the best option. GERD is caused by abnormalities in the stomach and esophagus that allow food and stomach acid back up the esophagus. Among other symptoms, children with GERD spit up frequently, which leads to poor nutrition, lack of normal development and aspiration pneumonia – the result of inhaling food particles into the lungs. Yet some spitting up is normal. A lot of uncertainty about how to diagnose and treat the disease. Goldin talked about what the operation would mean for the whole family.

Chapter 9 : Weighing the Options - NCBI Bookshelf

1. Definition (v.) think about a choice, consider which outcome is better. Examples After weighing my options, I've decided not to move. It's a good opportunity to leave, but my friends are here.

Both leasing and owning real estate offers businesses advantages and disadvantages and the decision of which route to take is up to the leadership at each company, said Jeff Jenkins, executive vice president and statewide real estate manager at Nevada State Bank. For example, a fast food chain with aggressive expansion plans likely will choose to lease while a manufacturer leasing equipment will chose to buy for fixed real estate costs, Jenkins said. That can help the finances so you can build the business. The drastic difference in numbers is one reason a company might choose to lease and reinvest into business operations rather than tying it up in real estate. Leasing also provides an organization with the ability to leave when a lease is up. An owner with a business not planning to expand, grow or reinvest in operations can see cost advantages by purchasing a building. It simply comes down to what the client is looking to do with their business. A business can qualify for a Small Business Administration SBA loan if it occupies as little as 51 percent of the real estate space. The remaining space could be leased to other companies, generating passive income to help offset the loan payments, Hunter explained. Buying a larger building and renting out unused space also provides business owners an easy route to expansion within their own asset. An SBA loan can be obtained for as little as 10 percent down, he added. Sometimes running the numbers of leasing versus owning can sway a decision, said Brad Lancaster, vice president of the Reno office of the real estate firm Kidder Matthews. Then it comes down to the down payment. In many markets across the country, the standing inventory of industrial real estate is depleted, but building from scratch is a path filled with pitfalls for business owners, which can be an eye-opening experience, Hunter said. The developers get the land, build a pad and provide a gray shell, along with helping secure contractors and fixed construction costs. Leading up to , investors were purchasing properties considerably above replacement value. While owning, the payments stay the same and only slight changes in taxes and utilities are the unknowns. He also said making the payments and reducing the debt, a company will gain equity and, depending on the economy, pick up some appreciation. Equity in real estate is the only reason big box retailer Sears is currently worth any money, Manning added. The real estate market can also dictate owning to be a negative. Office users are often in line to lease a Class A real estate space and they can be prohibitively expensive to buy. A client might decide to buy or lease based on what properties are available at the location the business owner desires. In the Reno-Sparks area, Jenkins said investments by Switch, Tesla and Google are making it a hot bed for industrial activity. Those in turn are heating up the multi-family and single-family residential market. According to Jenkins, Las Vegas is the next Nevada hot spot when it comes to commercial real estate. Multi-family and industrial are very strong in the Valley. Parts of the Valley, which once were avoided, are now becoming attractive for real estate buyers. It all depends on how the business leaders view money and what they want to do with it. According to Manning, when he sits down with a client, most already know whether they want to lease or buy.