Elbow pain

The ‘ouch’ from overuse

Who would have thought clearing brush for a new garden bed could be so much work? You must have pulled out 30 wild raspberry bushes — roots and all. It seemed worth it at the time, but since then you’ve had elbow pain whenever you try to lift something, such as a bag of groceries or even your handbag.

As with any joint, you generally don’t think about your elbow unless it hurts. Elbow pain may come about for any number of reasons. Sometimes, it’s related to a particular condition, such as arthritis. However, elbow pain many times can be traced back to overuse in such a way that causes inflammation. The good news is that with appropriate treatment and some time, you can usually get back to your regular activities.

Inner workings

The elbow functions as a hinge joint. It’s also structured to allow you to rotate your forearm. Three long bones meet to form the elbow — the humerus in the upper arm and the ulna and radius bones in the forearm.

Powering the elbow’s movement are biceps and triceps muscles in the upper arm. The biceps muscle allows for bending your forearm upward (flexion). The triceps on the back of the arm helps straighten the arm by extending your forearm.

In the midst of all these muscles and bones are key tendons and ligaments that help hold the joint togeth-
er. Tendons are fibrous cords that connect muscle to bone. Ligaments are fibrous tissues that connect bone to bone. Helping to reduce friction at the tip of the elbow joint is a fluid-filled sac called the olecranon (o-LEK-ruh-non) bursa.

**Areas of concern**

Elbow pain can vary depending on which specific area of the joint is involved. These include the:

- **Outside elbow area** — You don’t have to be on a tennis court to develop the overuse injury called tennis elbow. The medical name is lateral epicondylitis (ep-ih-kon-duh-lij-tis), which means there’s inflammation in the tendons of the forearm muscles where they attach to the bony prominence on the outside of the elbow (lateral epicondyle).

  Tennis elbow comes about due to repeated contraction and overuse of forearm muscles in order to straighten and raise the hand or wrist — such as occurs when playing tennis or a number of other activities, including hammering, painting, raking, operating a chain saw or pulling plants from your garden. Overuse causes inflammation or a series of tiny tears in tendons that attach forearm muscles to bone — specifically, the lateral epicondyle.

  As such, you may experience elbow pain when lifting something, making a fist or gripping something, shaking hands, or turning a doorknob. Pain may also occur if you extend your forearm or straighten your wrist, or if you touch or bump the outside of your elbow.

- **Inside elbow area** — On the flip side of tennis elbow is another common elbow overuse injury sometimes referred to as golfer’s elbow or baseball elbow. The medical term “medial epicondylitis” describes the pain and inflammation associated with tendons that attach to the inner side of the elbow.

  Medial epicondylitis may crop up after any number of activities where there’s repeated forceful use of the wrists or clenching of the fingers — such as occurs when playing golf or baseball, or with several other activities, including tennis, gardening and yardwork.

  Pain may come on suddenly or gradually and extend along the inner side of the forearm. Your elbow may feel stiff, and you may experience weakness in your hands and wrists. Certain activities or motions may make the pain worse, such as swinging a golf club or a racket, squeezing or pitching a ball, picking something up with your palm down, or bending your wrist toward your forearm. Shaking hands or turning doorknobs also can be troublesome.

- **The elbow tip** — The olecranon bursa cushions the elbow’s bony tip. Repetitively bumping the elbow during sports or other activities may aggravate this bursa, causing inflammation (bursitis). Even leaning repeatedly on the elbow could result in bursitis at the tip.

  You might experience a dull ache or stiffness in the elbow, pain that worsens with movement or pressure, an area that’s swollen or tender or both. You might bump your elbow “funny bone,” that tingling sensation that runs down your arm is actually the result of bumping the ulnar nerve. The ulnar nerve runs close to the skin surface at the elbow. It aids in sensation and movement of your wrist and hand.

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**Not so funny**

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warm to the touch, and possibly skin redness at the tip of your elbow.

Managing the problem

Take a clue from your body — if something you’re doing causes pain in the elbow area, stop the activity. In certain instances, immediate medical care is important, specifically if:

■ The elbow is hot, red or inflamed, and a fever is present
■ You can’t bend the elbow
■ The joint looks misshapen or you suspect a broken bone
■ You experience severe pain, especially after injury

Otherwise, you might find help with simple self-care. Rest your elbow and avoid activities that tend to aggravate the joint. Applying ice periodically can help reduce inflammation, as can taking nonprescription pain relievers as directed to help ease pain and inflammation. If elbow pain is ongoing (chronic), you may find that applying heat is helpful as well.

If self-care steps don’t help, see your doctor. Often, a medical history and physical exam are enough to determine what the problem is. In some cases, an X-ray may be used to rule out another possible cause such as a fracture or arthritis.

Generally, the sooner a helpful treatment plan is in place, the sooner usual activities can be resumed. And even though it may sometimes take several months to see improvement, conservative treatment for elbow pain is often successful.

In addition to self-care steps, wearing an elastic bandage, forearm strap or a wrist-forearm brace may help elbow pain due to lateral or medial epicondylitis. These can reduce the load of everyday movement on the elbow as well as the stress on already-injured tissues in the joint.

If a favorite sport or regular activity has aggravated your elbow, a therapist can help instruct you on proper form and techniques to stretch and strengthen the muscle areas that support good elbow and wrist motion. Doing so helps to protect the joint’s function.

In general, keeping your wrist straight during lifting activities allows the bigger muscles of the upper arm to do more of the work than the smaller forearm muscles do. This reduces the force that would otherwise be transmitted to the elbow. It’s also helpful to ice the elbow for 15 to 20 minutes after heavy use.

If bursitis is the source of pain, resting and immobilizing the elbow gives the olecranon bursa a break from continued friction. Icing the painful area and taking nonprescription pain relievers as directed can help relieve pain and inflammation. You may find wearing a foam pad on the elbow’s tip offers protection as the swelling goes down. Your doctor may recommend physical therapy or exercises to strengthen muscles that support the elbow. In some instances, an injection of corticosteroid into the bursa may help and usually brings immediate pain relief.

Health tips

Intensify your exercise

Walking briskly for 30 minutes a day is great exercise. But once you’re fit — and if your doctor says it’s OK — you can reap additional health benefits by trying to do any of the following activities a couple of times a week:

■ Interval training — This involves alternating bursts of intense activity with less intense activity. For example, try walking normally for about two to three minutes, then walking at a faster pace — or jogging — for about three minutes. Adding this to your routine has been shown to increase fitness, burn more calories, build muscle and lower blood pressure.

■ Adding hills — Similar to interval training, you periodically increase your cardiovascular and muscular effort by incorporating hills into the route you follow.

■ Working a new activity into your routine — Whether it’s yoga, swimming or using weight machines, this allows you to exercise less-used muscle groups — or to exercise fit muscles in new ways.

■ Taking a class or joining a group — An instructor or exercise partners may be able to inspire — or coax — you into putting forth a little bit more effort than you normally would.

Be careful to increase the intensity of your activity gradually. Adding too much at once can lead to pain, injury and discouragement.
Fibromyalgia

A plan for the pain

You hurt all over. You feel constantly fatigued, but have trouble sleeping. Yet, despite countless tests, your doctor finds nothing measurably wrong with you.

This may be a familiar scenario for the estimated 2 percent of the U.S. population affected by fibromyalgia. Fibromyalgia is a collection of symptoms, commonly including fatigue and sleep problems, and chronic pain that's often described as a deep ache or burning sensation in the muscles and joints. It's a frustrating condition that may be compounded by the fact that it can be challenging to diagnose.

However, once fibromyalgia is recognized, a multipronged treatment approach often leads to enough symptom relief so that you can turn the focus of your life away from pain and back to the activities and relationships that you most enjoy.

Defining the problem

The majority of people who develop fibromyalgia are women, though men also can get it. Symptoms often begin between the ages of 25 and 55. The cause of fibromyalgia is unclear, but it's thought to involve a genetic predisposition and a triggering event such as an infectious illness, or physical or emotional trauma that leads to abnormal processing of pain signals.

In addition to chronic pain and fatigue, symptoms of fibromyalgia may include digestive problems, headaches, mood changes, facial pain, difficulty concentrating, numbness and tingling in the fingers and toes, and a sensitivity to odors, noise, bright lights and other stimuli.

However, the list of symptoms may vary and probably won’t follow a consistent pattern.

Blood vessel function impaired by modest weight gain

Mayo Clinic researchers have found that a weight gain of about 9 pounds in normal-weight, healthy young adults is apparently enough to interfere with normal blood vessel function. The vessel disorder — called endothelial dysfunction — is a predictor of heart attack and stroke. On the plus side, researchers also found that shedding the gained weight restored proper blood vessel function.

Blood vessels are lined with endothelial cells. If these cells don’t function properly, blood flow through the blood vessel can be impeded, setting the stage for a possible heart attack or stroke.

The Mayo Clinic study involved 43 normal-weight, healthy volunteers who had body mass indexes (BMIs) somewhere between 18.5 and 24.9. The average age was 29. Eight maintained their weight during the 16-week study. The rest ate to gain 9 pounds over the first eight weeks and then to lose that same amount by week 16. Endothelial function was measured at the start of the study, after weight gain and again once the weight was lost.

Until this study, effects of modest weight gain on endothelial dysfunction weren’t known. Although a gain of 9 or 10 pounds is thought by many to be part of normal aging, this study suggests otherwise. Fortunately, Mayo Clinic researchers say it appears losing those few added pounds can turn around the blood vessel problem.

News and our views

New topical anti-inflammatory drugs may curb arthritis pain

Considering the gastrointestinal side effects associated with regularly taking oral nonsteroidal anti-inflammatory drugs (NSAIDs), wouldn’t it be better if you could rub a topical NSAID directly onto a painful joint, such as knees and hands, rather than taking a pill?

It may be, and one brand of topical NSAID — diclofenac sodium (Voltaren Gel) — has recently been approved for use by the Food and Drug Administration. Others are likely to follow. Pharmacy-mixed preparations have long been available in the U.S., but never approved.

Topical NSAIDs contain an agent that allows an NSAID drug — such as diclofenac or ibuprofen — to penetrate the skin, theoretically allowing it to soothe a painful joint. This spares the rest of your body up to 95 percent of the drug exposure that would occur if the same drug had been taken orally.

An article in the August 2006 issue of The Journal of Rheumatology reported that a brand of topical diclofenac used in Europe and Canada worked just as well as did oral diclofenac for relieving knee pain due to osteoarthritis — while causing significantly fewer gastrointestinal problems. The main risk with topical NSAIDs was skin rash.

Mayo Clinic experts say the verdict isn’t fully in on whether topical NSAIDs are as effective as oral NSAIDs — or any more effective than are common, non-prescription arthritis creams or gels. It’s also not clear whether they pose the same risk of kidney or heart problems as do oral NSAIDs, although it would be expected to be lower.

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Diagnosis is crucial
Diagnosis is an important component of care, and is a turning point for many because they can put doubts about the cause of their condition aside and focus on managing it. However, fibromyalgia is often challenging to diagnose because:

■ Symptoms vary widely from one person to the next
■ There’s no test that can confirm or rule out the condition
■ Symptoms may resemble those of a host of other diseases such as various forms of arthritis, underactive thyroid, Lyme disease, sleep apnea, depression, multiple sclerosis or vitamin D deficiency.

Diagnosis often involves an assessment of symptoms and a process of eliminating diseases that fibromyalgia can mimic. General criteria for diagnosing fibromyalgia include experiencing widespread pain lasting for at least three months and excess tenderness in at least 11 of 18 specific sites.

Cornerstones of care
Successful treatment of fibromyalgia includes:

■ Education — Learning more about how to manage its symptoms is an important step in bringing your symptoms under better control.

■ Exercising — This is likely to be difficult at first, but increasing your fitness can improve your wellbeing, increase your stamina, decrease pain and improve sleep.

■ Reducing stress — Taking time each day to relax with meditation or deep-breathing exercises, and learning to pace yourself.

■ Improving sleep — Sleep hygiene includes going to bed and waking at about the same time each day and avoiding exercise, alcohol, caffeine or nicotine within a couple of hours of bedtime.

■ Cognitive behavioral therapy sessions — These may help teach you how to manage anger, stress and anxieties that may be contributing — and may result from — fibromyalgia symptoms.

■ Support groups — You may find comfort and advice by joining a support group.

■ Complementary therapies — Heat packs or hot baths, massage therapy, acupuncture and chiropractic therapy may all help relieve stress and reduce pain.

Drugs for fibromyalgia
Medications can help reduce fibromyalgia pain and improve sleep. Often, a trial of a drug or combination of drugs is necessary to see if it helps your symptoms — and if you can tolerate its side effects. Options may include:

■ Antidepressants — Trazodone (Desyrel, others) is often used at bedtime to improve sleep. Other drugs with antidepressant and pain-relieving properties, such as duloxetine (Cymbalta), are often tried for those with fibromyalgia. When depression is a concern along with fibromyalgia, more traditional antidepressants such as bupropion (Wellbutrin, others), citalopram (Celexa, others), fluoxetine (Prozac, others), paroxetine (Paxil, others) or sertraline (Zoloft, others) may be recommended along with counseling.

■ Anti-seizure drugs — These medications, which include gabapentin (Neurontin, others) and pregabalin (Lyrica), may be helpful in reducing pain.

■ Muscle relaxants — The most common is cyclobenzaprine (Flexeril, others). This sleep-inducing drug may be used short-term to help relieve muscle pain and spasms.

■ Common pain medications — Most people with fibromyalgia use some pain reliever at least some of the time. These include acetaminophen (Tylenol, others), tramadol (Ultram, others) and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Advil, Motrin, others) and naproxen (Aleve, others). However, NSAIDs often don’t work as well as other drugs.

■ Certain drugs for Parkinson’s disease — These may help reduce fibromyalgia pain and may be helpful for sleep if you also have restless legs syndrome.

A number of other drugs are much less commonly used — often on a temporary basis and only when pain isn’t responding to more traditional therapies. Narcotic drugs are almost never indicated and typically used only as a last resort. With all of these drug options, avoiding medication interactions is another important consideration.

Seeking help
For some with less severe fibromyalgia symptoms, a few manageable changes can make a big difference in how they feel. Others may require a more comprehensive care program. Your doctor may be able to recommend a chronic pain or fibromyalgia treatment clinic in your area.
Teatime

Drink to your health

Some habits are better than others. If you’re a regular tea drinker, give yourself credit for having a habit that may offer some health benefits.

Black, oolong, green and white teas all have a common origin. Each one is produced from the leaves of the *Camellia sinensis* bush. Herbal teas, which aren’t produced from *C. sinensis*, aren’t true teas.

Various types

Black tea, made by fermenting and drying the leaves of *C. sinensis*, has a generally more robust flavor. Oolong teas are made from partially fermented leaves that are dried. Green tea results when fresh leaves are steamed and dried immediately after harvest, producing a tea that’s lighter in color and taste. White tea leaves are harvested before they fully open from the buds — they’re steamed and dried, making white tea the least processed. It’s nearly clear and is lighter tasting.

Like many other plant-based foods, tea leaves from *C. sinensis* are loaded with flavonoids and other polyphenols, which work as antioxidants, possibly lowering the risk of some diseases. Antioxidants obtained through eating food are thought to work better than do antioxidant supplements. White and green teas are noted for their content of the antioxidant compound EGCG — that’s short for epigallocatechin gallate — a polyphenol thought to block cancer cell activity.

**Health perspectives**

Despite numerous studies into the possible health benefits of tea, little can be said with any certainty about tea’s specific influences on health. That’s because much of the research is based on population (epidemiological) studies. These types of studies are in some ways limited because other factors may be affecting the same population.

Here’s some of what’s known of tea’s potential benefits:

- **Cardiovascular** — The potential that drinking tea over the long term might positively influence cholesterol levels, blood pressure and atherosclerosis is still uncertain. There’s conflicting evidence concerning black tea intake and heart attack risk reduction, although there’s some early evidence that regular consumption of green tea may reduce heart attack risk or atherosclerosis. There’s some evidence that tea influences blood vessel elasticity, which is a plus in avoiding blood vessel blockages. However, one very preliminary study reported that adding milk to black tea may thwart tea’s protective effects against cardiovascular disease. (See our July 2007 article “Study questions cardiovascular benefits of tea with milk.”)

- **Cancer** — Due to conflicting study results, the jury is still out on whether regular black tea consumption influences cancer rates in populations. The buzz continues over white tea, which is thought to have a higher proportion of polyphenols than do black or green teas — researchers want to know if this is an advantage in terms of how white tea might affect cancer cells. Early laboratory tests with white tea indicate it may protect against colon cancer in particular, but well-designed clinical trials are still needed to draw any conclusions.

EGCG has attracted significant attention for its potential use in cancer prevention and cancer treatment. In a recent review of studies, Mayo Clinic doctors found that laboratory research of EGCG’s anticancer properties seems very promising, but much remains unknown about its influence in humans. Efforts to use green tea extracts as part of chemotherapy treatments among those with prostate cancer and lung cancer have been less impressive.

- **Bone and joint health** — Early laboratory research points to possible benefits from green tea use in reducing inflammation related to arthritis and slowing cartilage breakdown. There’s also some early data on bone mineral density (BMD) and regular tea consumption, suggesting that improved BMD is possible in older women.

- **Memory** — Studies are limited, but one study done recently in Japan found that older adults who reported drinking green tea daily had a lower risk of memory difficulties, compared with those who didn’t drink tea regularly.

Preliminary studies have also explored tea’s possible role in weight loss or weight maintenance. Although small studies have looked at the effects of antioxidant-enriched tea drinks and green tea extract capsules, it’s still too early to draw any conclusions.

**Tea alternatives**

If you enjoy tea — whether it’s black, oolong, green or white — there may be some health benefits in your cup. But the same can’t be said of green tea supplements or tea extract capsules. There’s no certainty that the compounds in supplements are the same ones in tea, and there’s even less certainty that these supplements might provide the same potential health benefits as does tea.

If you drink decaffeinated tea, be aware that the flavonoid content may be greatly diminished in the decaffeination process. Tea that’s decaffeinated using ethyl acetate loses up to two-thirds of its flavonoid content. When tea is decaffeinated using carbon dioxide and water, only 5 percent to 10 percent is lost. If the label doesn’t specify which process is used, you can contact the manufacturer to find out.
Corns and calluses

Baby your feet

Those new shoes were a bit tight on your toes, but they looked so good you bought them anyway. You’ve broken them in since then, but you’ve also developed a hard, painful lump of skin on your pinky toe. Now it hurts too much to wear the shoes at all.

Maybe that’s for the best. What you’ve probably developed on your toe is a corn. Corns and calluses result from pressure or friction on skin, causing the skin to protect itself by thickening and hardening. Poorly fitting shoes are a common cause of corns and calluses.

Preventing or treating corns and calluses is usually fairly easy. However, extra care and caution is warranted if you’re at risk of foot sores and their complications because of diabetes or poor circulation. Then, even minor skin injuries can lead to sores that are difficult to heal and can lead to infection.

What’s the difference?

Corns and calluses develop in the same way, but the result is different. Calluses usually develop on the heel or bottom of the foot and rarely hurt. They often appear as a thick, rough layer of skin and can be an inch or more in diameter.

Corns are smaller — usually about a quarter-inch to a half-inch in diameter — and have a hard center. They typically develop on the tops and sides of toes. Corns can be painful when pushed and may cause a dull ache.

In addition to being caused by ill-fitting shoes, corns and calluses may also develop if you have some type of a foot deformity, such as a bunion or hammertoe, which causes a bone protrusion from your foot to rub on the inside of your shoe.

Home care

Although corns and calluses can be unsightly, they generally need treatment only if they cause discomfort. If you’re not at increased risk of complications because of diabetes or poor leg circulation, steps you can take on your own to prevent or treat a corn or callus often include:

- **Wearing comfortable shoes** — Corns and calluses can be prevented or will often go away when you eliminate the rubbing and friction that causes them.
- **Wearing nonmedicated corn or callus pads** — These cushion and protect skin from friction, allowing time for corns or calluses to diminish in size.
- **Gradually rubbing it away** — After bathing, gently rub off a layer of thickened skin with a washcloth or pumice stone. Don’t remove all of the toughened skin at once. Rubbing away a corn or callus may take a week or longer. Don’t try to cut or shave down a corn or callus, as this may lead to an infection.

When to seek care

If you have corns or calluses that are painful or inflamed — or recur or persist despite home care — see your doctor. Your doctor or a foot care specialist may be able to pare down a large corn or callus with a surgical instrument, which typically provides pain relief.

Shoe shopping

The foundation for preventing and treating corns and calluses is properly fitting shoes. Select what’s best by:

- **Shopping late** — Feet swell as the day progresses, so shop for shoes in midday or evening.
- **Finding a sufficiently wide, deep toe box** — You should be able to wiggle your toes, but the shoe shouldn’t be so big that it slides around when you walk.
- **Buying low heels** — High heels can cramp your foot and put extra pressure on your toes.
- **Watching for seams** — A poorly positioned seam or stitch can cause friction.
- **Fitting it right** — If a shoe isn’t comfortable in the store, it’s unlikely to be comfortable later. If you feel a pressure point in an otherwise good shoe, ask to have the shoe stretched.

- **Realizing that foot sizes change** — It’s possible to move up a size or two over the years.
Second opinion

Questions and our answers

Q: What do the numbers on the bottom of plastic food containers mean? I’ve heard there are potential health risks associated with certain plastics.

A: The small numbers surrounded by arrows on the bottom of plastic containers are part of a uniform resin code system used by recyclers to identify the type of plastic used to make the item. There are seven types of plastic identified by these codes. However, more than 95 percent of recyclable plastic containers are marked on the bottom as being made with either a 1 or a 2.

Those marked with a 1 are made with polyethylene terephthalate (PET or PETE) plastics, which is a phthalate. These products also contain the chemical bisphenol A (BPA), which has come under scrutiny by scientists concerned about its potential for harm in humans. Those marked with a 2 are made with high-density polyethylene (HDPE) plastics.

Particular concern has been raised about phthalates. These may be added to plastics to make them less brittle and more flexible. However, phthalates might affect human health isn’t fully clear. Several studies have looked at developmental and reproductive concerns — such as semen quality, genital development in boys, pregnancy length and timing of breast development in young girls — and any possible association these may have with phthalate exposure.

Studies of bottled water have found that length of storage and exposure to high temperatures can increase the levels of phthalates and the chemical anti-moisture that migrate from the plastic container into the water. Concerns that phthalates were being used in young children’s toys and in baby bottles resulted in California passing a bill that begins in 2009 on toys and baby products that have more than trace amounts of the chemicals. Other countries, including those in the European Union, have taken actions to ban certain phthalates from plastic items that might end up in a child’s mouth.

The bottom line? Although debate is ongoing, some experts suggest using plastics with a resin code of 2 or 5. To avoid the issues altogether, you might purchase foods and beverages packaged in something other than plastic — such as glass, aluminum or cardboard. When microwaving, avoid using any type of plastic, since microwaving can degrade the stability of plastics. Instead, use microwaveable glass or ceramic cookware.

Q: I’ve read that I should disinfect my dishwashing sponge in the microwave. Is this really necessary?

A: It could help, but it’s not the only way to disinfect a sponge. It’s a good idea to regularly disinfect your kitchen sponges because they can be a significant source of bacterial contamination. And, indeed, studies have shown that placing a wet, nonmetallic sponge in the microwave for one to two minutes will kill virtually all harmful bacteria.

However, there have been reports of sponges catching on fire while being heated in the microwave, which is a different hazard. It’s hard to know exactly what circumstances led to these incidents. Perhaps the sponge was dry or was heated for too long.

Regardless, you can disinfect your sponge to nearly the same degree — without the fire risk — by placing it with your utensils in your dishwasher and running it through a wash cycle with heat dry. Or, you can replace your old sponge every couple of weeks with a new one. In addition, you may be able to spare your sponge a certain degree of contamination by cleaning up bacteria-laden messes — such as raw egg or juice from raw meat — with disinfectant soap and a paper towel.

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