

# Red Flags for Polio Survivors

by Dr. Richard Bruno

**(Mis)Diagnosis:** Many polio survivors have been incorrectly told they cannot have PPS because they didn't have paralytic polio. The National Institute of Health has just studied pairs of identical twins, one who had paralytic polio and one who had non-paralytic polio. Seventy-one percent of those who had paralytic polio have PPS. The surprise is that 42 percent of those who had non-paralytic polio also have PPS.

**Anesthesia:** Polio survivors are anesthetized very easily because the part of the brain that keeps you awake was damaged by the poliovirus. They also stay anesthetized longer and can have significant complications from anesthesia. Even nerve blocks with local anesthetics can cause problems. All polio survivors should have lung function tests before having a general anesthetic. "Polio survivors with a lung capacity below 70 percent may need a respirator or respiratory therapy after surgery," says Augusta Alba, of New York's Goldwater Memorial Hospital.

Your complete polio history and any new problems with breathing coughing or swallowing should be brought to the attention of your surgeon or dentist--and especially your anesthesiologist--long before you go under the knife. Also, polio survivors should not have same-day surgery.

**Pain:** Two studies have shown that polio survivors are twice as sensitive to pain as everyone else and need more pain medication for a longer period after surgery or an injury. Survivors, however, have had to develop an extremely high pain tolerance to deal with their increased pain sensitivity and are not likely to become addicted to medications.

**Sleep:** Most polio survivors have trouble sleeping due to pain, anxiety or sleep disorders such as sleep apnea or generalized random myoclonus. GRM occurs when muscles in different parts of the body twitch and jump throughout the night.

Amazingly, most polio survivors aren't aware that they stop breathing or twitch. If you awaken with a headache, with your heart pounding, short of breath or don't feel rested in the morning, call a local sleep disorders center for a sleep study.

*From P.E.N. & ink, newsletter of the Polio Experience Network*

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For additional information concerning post-polio please contact your local Easter Seal Society, post-polio support groups, or other such services in your area.]

## **A GUIDE FOR POST-POLIOS**

### **DO'S AND DON'TS**

### **GENERAL THERAPIES AND THINGS TO AVOID**

What follows is a general, practical guide for post-polios to use, and summarizes the current thinking about post-polio. It will be most valuable if it stimulates you to seek further and more specific information.

- + Take time to rest. Nap (if possible) during the day, work fewer hours, and take longer vacations.
- + If you are experiencing increasing muscle weakness, exercise only under the supervision of a knowledgeable physician.
- + Make sure your food intake is nutritious.
- + Be alert to (but not obsessed with) changes in your body, and heed your body's signals.
- + Take note of any new symptoms plus clear or gradual changes.
- + Get enough exercise to prevent disuse atrophy, but not enough to produce overuse damage.
- + Learn how to pace yourself.
- + Prevent the secondary complications of weakness, particularly falls; this might entail the use of crutches or a cane, a wheelchair for extended travel, or braces or other adaptive equipment.
- + Avoid weight gain. Too much weight only aggravates stress on joints and muscles.
- + Consider possible adaptations to your lifestyle; even minor adjustments (changes in hobbies or modes of transportation) can help.
- + Do not assume that every physician fully understands post-polio problems. Educate yourself and never hesitate to ask questions.
- + Minimize alcohol use, particularly at bedtime. Alcohol inhibits swallowing, interferes with nutrition, and causes falls and accidents.
- + Maintain a positive attitude toward your health. Accept change, adapt, and never equate your self-worth with physical disabilities.