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The law firm of Hasselberg Grebe Snodgrass Urban and Wentworth is a full-service law firm. One area of our law practice is estate planning and probate—which includes drafting wills, trusts, powers of attorney, real estate deeds, gifting strategies, and tax planning. We also help clients administer estates and trusts.



**Anesthesia Required for Colonoscopy Has a Very Low Risk of Delirium**

**DEAR DR. ROACH:** My husband, who is 71, has been having some short-term memory problems over the past two years. We recently saw his primary care doctor, who asked him some questions and had him do a few tasks. He did fail a few of them. She agreed that there was something going on, and now we have to wait to see a neurologist.

He has an appointment for a colonoscopy next month, and I'm concerned about how the anesthesia will affect his already compromised short-term memory. I saw the same thing happen with my father; he was having the same issues and broke his leg, which required surgery. He was never the same afterward. He couldn't live on his own anymore and required memory care right away. I have been told by medical staff at the hospital that this sometimes happens after a surgery because of anesthesia.

What are your thoughts about my husband's upcoming colonos-

copy? Should I be worried about what this will do to his memory issues? -S.L.

**ANSWER:** There are many kinds of memory issues that can affect older adults, and while Alzheimer's disease is the most common, this does not mean that your husband has it. Getting an evaluation by a neurologist is an excellent idea.

Anesthesia does not cause dementia. However, some people, like your father, do develop a complication called postoperative delirium. Delirium is different from dementia because it comes on quickly. The cause is almost always identifiable, whether it's due to medical illness, surgery, infection, low oxygen, metabolic abnormalities (such as sodium levels), etc. Delirium can last for a very long time and often unmask dementia that had been previously well-controlled.

The risk of delirium after the usual medication for a colonoscopy is small. The inhalation agents given in general anesthesia are much more likely to cause delirium. While a colonoscopy can be performed without sedation, in my opinion, the risk of delirium after a colonoscopy with the usual sedation is so low that it is not necessary to forgo it.

**DEAR DR. ROACH:** My son is being tested for mixed connective tissue disease (MCTD) and rheumatoid arthritis (RA) due to joint pain. Can you tell me more about this disease, and can he recover from it or live with it? -D.D.

**ANSWER:** Both RA and MCTD are rheumatologic diseases that

affect many systems of the body. MCTD is often considered an overlap syndrome as it has features that resemble lupus, systemic sclerosis (scleroderma), RA, and polymyositis. Disease of the blood vessels can be a major problem with MCTD, including pulmonary artery hypertension.

Both RA and MCTD are serious diseases. Joint pain is a hallmark symptom of both diseases, but they commonly affect the skin and may also affect the lungs, heart and kidneys, as well as various parts of the nervous, hematologic and gastrointestinal systems.

Treatment for MCTD for many years was steroids, but hydroxychloroquine has become a useful part of the treatment regimen and has less toxicity than long-term steroids. Unfortunately, the strong effectiveness of biological agents in people with RA is not seen in people with MCTD.

I can't emphasize enough how important it is to have an expert rheumatologist as the diagnosis is

Super Crossword

**Answers**  
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