



Quote:

**Twelve significant photographs in
any one year is a good crop. –**

Ansel Adams

DIVING & SIGHT-SEEING IN ANILAO WITH HUPS

Submitted by Dennis Deavenport



Jan Baughman will be our final presenter in 2014 and will show pictures and video taken by the HUPS group on the club trip to Anilao.

Anilao in the Philippines is one of those super-productive places that you dream of if you've got a camera in your hand and friends sharing the water with you. HUPS went this April while the rest of the US was filling out their tax returns. Jesse Cancelmo was the trip leader for Island Dreams and brought along some of his regular friends to fill out the group.

Jan Baughman, her brother Joe, and good friend, Don Fredeck, arrived in the Philippines a few days before the rest of the group.

They spent their time checking out the local watering holes in Manila and taking in some of the remarkable and tragic WWII history at Bataan Peninsula and Corregidor Island. The last to arrive were the snake-bitten travelers: Bess Bright, John Scheldt, Russell Ramsey, and Dennis Deavenport who had the misfortune to be stranded mid-flight in Hawaii due to mechanical problems with their plane. Their run of bad luck continued on the return trip when they were stranded in Guam for lack of a working airplane. Needless to say, they'll be checking out different airlines on future trips.



Once everyone arrived the diving started off in grand fashion with one superb dive after another. All of the "usual suspects" showed up underwater plus a lot of infrequently seen saltwater denizens. The group was split up into two boats and the groups rarely saw each other underwater. We made up for it back at the resort where the group hung out in the scenic open-air restaurant and the well-organized and air-conditioned camera room. The food was good and the stories passed around (compliments of our sky buddy, Bill Julian) were even better. It's fair to say that everyone laughed a lot, shared life stories, and had a great time. All of the guests, not just the HUPS group, made themselves at home and got to know each other well by the end of the trip.

Jan's presentation will take us around the Philippines and underwater to show everyone why Anilao has a well-deserved reputation for some of the best diving in the world. Come early and stay late for

Mexican food afterward. See you at the party.

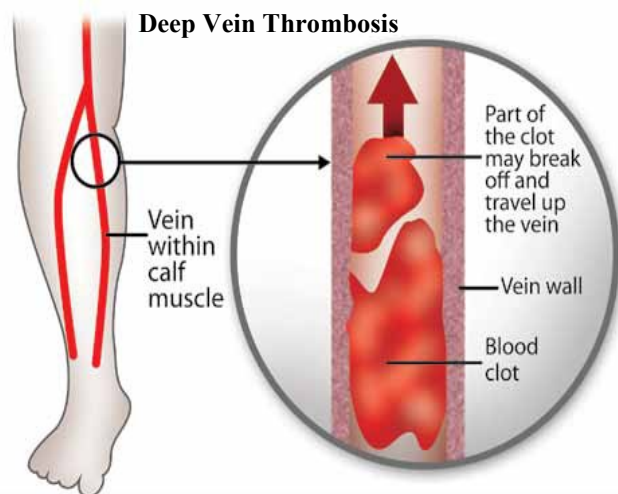
Dennis Deavenport



Not Going with the Flow

A Divers Guide to Deep Vein Thrombosis

Submitted by Jesse Cancelmo



I have always consider myself a very fit diver even now that I more than qualify for the senior discount. After all, I've been scuba diving on a regular basis for 40 years and besides diving there are the weekend bicycle rides with my landlubber buds, my regular laps at the Y pool, hiking with my wife in national parks every chance we get, and my avid marathoning. (I ran two full marathons in my 30s and at age 50 decided I'd do one more. I ended up doing 18 more, my final one in 2012.)

It was about a year after my last Houston marathon that I found myself perplexed looking down at a sore, reddish, slightly swollen ankle. All I had done earlier that day was a briskpaced three-mile (4.8 km) walk to the beach and back. I iced it down and it seemed better so I really didn't think much about it. But a day later it was swollen so badly it looked like my ankle was missing. The skin around where my anklebone used to protrude had splotches of red and blue. When I showed it to my wife, she ordered me to see a doctor immediately (it ultimately

proved to be a very smart move). I was taking it all in stride thinking I had somehow banged or strained my ankle but couldn't remember any incidents. The next day I saw my general practitioner and as soon as he looked at it, he said, "Oh, I know what you did. You strained a calf muscle. That bluered skin color is blood from the strain. There's really nothing I can give you. Just rest it and if it's painful, ice it down." Then he pondered a few seconds and said, "Just to be on the safe side, I'm ordering a D-dimer blood test to check for clotting. I don't think you have a clot, but I don't want to take any chances. And don't be alarmed if you have a positive test result because the D-dimer does get a lot of false positives. If that happens though, I'll have to order a Doppler ultrasound for confirmation." I left his office convinced I had nothing more to worry about than a bruised calf. Even after my Ddimer came back positive, I thought, hey, no way I could have a blood clot. That's what happens to sedentary people and others when they take 10- to 15-hour flights cramped in economy class. I hadn't made a flight of more than three hours in the past six months plus I'm always moving around a lot, on and off flights. So, as the ultrasound technician explained the procedure and applied an oily lotion on my right leg, I was totally nonchalant. She told me the test would check for clots from my upper leg to my ankle. Working from top down, she moved the detection device very carefully and slowly while viewing a monitor. Everything was looking clear on the screen until she reached my knee. At that point she said, "Oh, now I see something." My jaw dropped and when I was able to speak said, "You see a clot?" Later I learned I had a major vein clotted from my right knee all the way to my ankle. I kept repeating to myself, "How can this be?" I'm fit. I run. I walk. I swim. I hike. I scuba dive.

Back in my doctor's office, reality set in. As he walked into the exam room, the first words out of my mouth were, "I'm shocked." His reply was, "I'm surprised also!" The official diagnosis was deep vein thrombosis (DVT). At this point, treatment was straightforward. I was put on a blood thinner called warfarin. (Warfarin is an anticoagulant medication available by prescription only. It is also known by the brand names Coumadin, Jantoven, Marecan and Uniwarfarin.) I wasn't thrilled to hear it was a mandatory three-month program, but the good news was I could continue diving or doing any activity that didn't involve impacts, like running, jumping, or any action that put me at risk for a bruise or a fall. Because the medication prevents the blood from clotting normally, people who are on blood-thinning medication must avoid injury that could cause bleeding; severe bleeding could be life-threatening.

An oral medication, Warfarin, takes time to take effect so I was given an injection with another med, Enoxaparin, to kick-start the blood-thinning process. (Enoxaparin, also known as heparin, is prescribed under the brand names Lovenox, Xaparin and Clexane, among others.) The plan forward was for weekly checks to ensure my blood was at the proper level of thinness, adjust meds as required, and redo the ultrasound in three months to ensure the clot was fully dissolved. In a couple of days my right ankle reappeared and the swelling was gone. It felt like the clot had cleared within a week but I continued my regimen as the doctor prescribed. At the end of three months, the ultrasound showed no clot, so other than taking a low-dose aspirin a day as preventive medication, I'm off blood thinners.

Since my DVT was considered “unprovoked” my general practitioner recommended I see a hematologist for blood testing to check for a genetic disorder. I heeded the medical advice and all tests were negative, meaning I am in the 50-percentile group of people who had a DVT with no clear explanation of the cause. The vessels that return the oxygen-depleted blood back to the lungs for oxygen replenishment. The two types of veins in a leg are superficial veins and deep veins. The first type is what you’d expect. The ones just below the skin; the deep veins are bigger ones deep within the muscles. Blood is meant to flow continuously through our vessels. Flow stoppages or stagnation of blood in veins is normally not a good thing but we also know that clotting is a good thing when we sustain injuries that cause bleeding. Clotting is our body’s safety mechanism to prevent us from bleeding to death. A “thrombus” is an unwanted blood clot inside a blood vessel. The clot itself is not life threatening but left untreated, a piece can break loose and make its way through the heart or into the lungs where it can get trapped, block oxygen supply and cause a pulmonary embolism. Such an event can produce sharp chest pains, rapid pulse, breathing difficulties, loss of consciousness or even death.

Causes : The most common causes of a DVT are from immobility, hypercoagulability and trauma. Immobility can be from prolonged car or plane trips, extended hospitalization, confinement to a bed, or an inactive lifestyle. Hypercoagulability can be caused by smoking, obesity, certain medications, cancer, blood infections or a genetic disposition to clotting. Dehydration is also a factor, as is pregnancy. Trauma to a vein can also cause DVT, be it a fracture, a bruise or a recent surgery. Major surgeries on a hip, a leg, the abdomen or chest are particularly susceptible to a thrombosis. Age is another risk factor. DVTs can occur at any age but are most common for adults over 60.

Typical Symptoms and Diagnosis:

The most common symptoms of DVT are redness, swelling and pain or tenderness in the leg. Unusual warmth can also be an indicator. A faster than normal heartbeat, lightheadedness, shortness of breath, coughing (which may be bloody), or chest pain may indicate a pulmonary embolism (PE). An embolism occurs when the clot, or a portion of it, has broken loose and traveled through the heart and into the lungs. This can be extremely dangerous and can be life-threatening. Clots have also been known to travel to the brain and cause a stroke. The surest way to determine the presence of a blood clot is by an ultrasound. This procedure indicates if there’s a clot and exactly where it is. An ultrasound can also show if a clot has grown or if it has started to dissolve or is fully resolved. Before undergoing the more expensive ultrasound, doctors may first prescribe a D-dimer blood test. This checks a chemical (D-dimer) produced in the blood as a clot dissolves. A “negative” from a D-dimer means there’s no clot, but as mentioned earlier, the D-dimer has can have false positives.

Treatment:

DVT below the knee is a lower risk because there’s less of a chance of having a clot break loose below the knee than above. But in either case, treatment may be an anticoagulant to thin the blood. The most common blood-thinning medication is Warfarin. As mentioned earlier, this med reacts slowly and it takes time for the blood to reach the desired level of thinness, so Enoxaparin is often given by injection to thin blood to the desired level quickly. The anticoagulants are managed and by periodic blood tests, the time it takes your blood to clot is monitored to ensure proper levels. Once the thinness level is stabilized, the blood checks are made less frequently. A consistent diet is important to ensure a proper level of blood thinness. Green vegetables such as peas, broccoli and kale, rich in vitamin K, thicken the blood, as do fruits such as grapes and blueberries. Alcohol and certain fruits like cranberries and grapefruit make blood thinner. Anyone taking prescription blood thinners must pay careful attention to their diet. In addition, since having thinner blood means a person will bleed more easily, there are obvious risks when on blood thinners. A simple razor cut or hard dental flossing can be problematic.

Prevention:

The most evident preventive measures are to avoid a sedentary lifestyle. Stay active, especially when traveling. On long flights, be sure to get up, move around and stretch every couple of hours. While sitting, change your position often and exercise your feet and ankles by moving them like you do when you press on your car’s accelerator. For long cross-country car trips, stop every so often and stretch or take a short, brisk walk to get your blood pumping. Avoid crossing your ankles while sitting or lying. When resting for long periods, move your legs, ankles and toes to promote circulation.

Exercise regularly, stay well hydrated and don’t smoke. On long trips, prevent dehydration by drinking an 8-ounce glass of water every few hours. Also, avoid alcohol and limit your caffeine intake since they worsen dehydration. Long-distance travelers with risk factors for DVT may wish to talk to their doctor about taking extra precautions such as wearing properly fitted medical compression stockings while flying, and also taking prescription medication before departure to prevent DVT.



Not Going with the Flow Continued

There are so many reasons why it's beneficial to stay active, exercise, not smoke cigarettes and stay hydrated. Until very recently, I was totally unaware that the silent killer, DVT, was one of them. Now that I know from experience, I've stepped up my preventive measures, especially paying more attention to staying well hydrated. If you ever have unusual swelling or pain in your lower leg and suspect you may have DVT, see a doctor right away. I'm glad I did.

In the United States, as many as 2 million people a year are diagnosed with a DVT and experts estimate three times that many go undiagnosed. Nearly 275 people die each day from blood clots. DVTs are responsible for more pulmonary embolisms than any other cause. DVT is one of the leading causes of death in the United States. More than 200,000 die each year from DVT, which is also the most common cause of hospital deaths.

The most common causes of a DVT are **immobility, hypercoagulability and trauma.**



For more information on deep vein thrombosis and pulmonary embolism, visit the following websites:

Centers for Disease Control and Prevention

cdc.gov/ncbddd/dvt

Clot Connect

clotconnect.org

National Blood Clot

Alliance

stoptheclot.org

Vascular Disease

Foundation

thisisserious.org



Beata Lerman-Novice

October Contest Results



Lance Glowacki –Intermediate

Contest results through October 2014		
NOVICE		
1st	Joe Holden	550
2nd	Beata Lerman	467
2nd	David McCracken	395
4th	John Scheldt	355
5th	Martin Daniels	342
INTERMEDIATE		
1st	Debbie Mensay	684
2nd	Bess Bright	642
3rd	Lance Glowacki	583
4th	Jan Baughman	451
ADVANCED		
1st	Dennis Deavenport	774
2nd	Mike Greuter	656
3rd	Jim Mensay	586
4th	Ken Bean	181



Bess Bright-Intermediate

HUPS Annual Christmas Potluck



I know it is not even Thanksgiving but time is fast approaching for our annual Christmas Potluck Celebration. This year's event will be hosted at our normal room at Bayland Community Center from 7:00 p.m. and is being headed up by Jan Baughman. Time to brush off your best recipes!

Board Meeting Nov. 3rd Bayland Community Center

If you are on the board please plan to arrive early for the November meeting for a quick end of year meeting. The meeting will take place at 5:30 p.m. at Bayland Community Center. If you are unable to meet please contact Russell at : rjrdived@gmail.com

News from the Reef

Check out what is going on in the world below:



If you have plans in the near future to visit the Bahamas be sure and take the time to check out this latest underwater attraction...an 18-foot-tall female Atlas sculpture kneeling on the ocean floor. [Read the full story!](#)



[Four divers are charged with raiding an ancient shipwreck.](#)

If you have some news from the reef that you would like to share with the group feel free to contact me at Alicia@theworldinaflash.com or on Facebook. We are always on the lookout for items that would be of interest to divers and the underwater world we love.



Debbie Mensay—Intermediate



Dennis Deavenport-Advanced



2014

Meetings



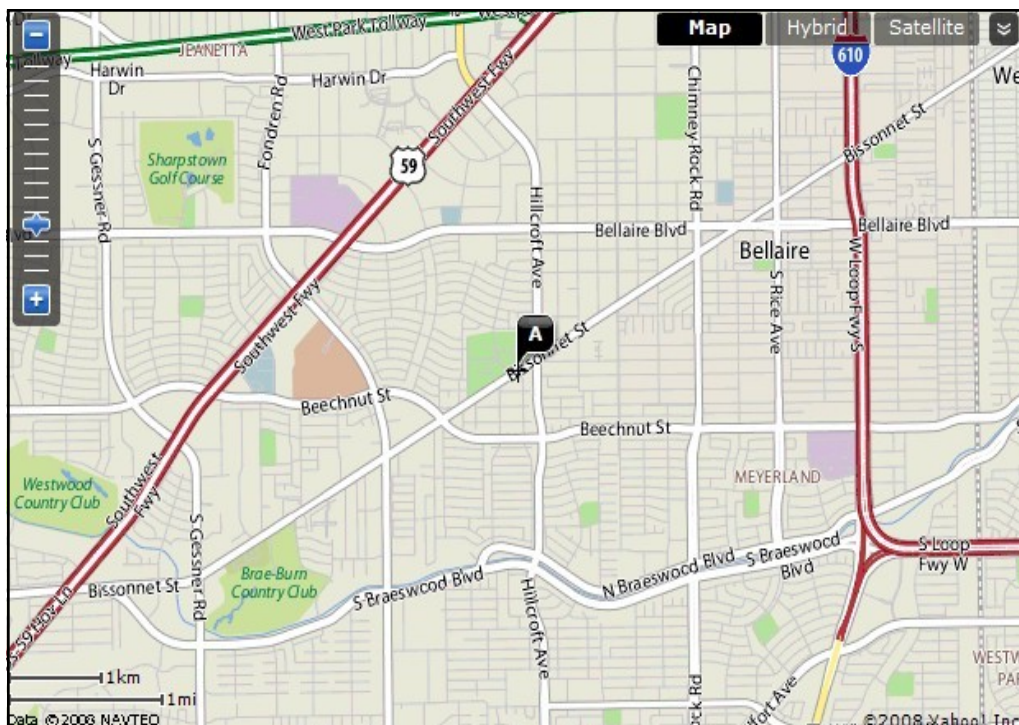
Meetings & Presentations

Month	Date	Presenter	Show Title & Synopsis	Contest Topic
January	6th	Jim and Kandace Heimer & Jim and Debbie Mensay	A Night in Alaska	Something that has Spots
February	3rd	HUPS Members	Bonaire Club Trip Extravaganza	Shoot the Face
March	3rd	Tom Collier, Mike Greuter, Dennis Deavenport	Exploring the Wrecks of Truk Lagoon	Things in the sand
April	7th	Tom Collier	HUPS & Moody Gardens—The Perfect Marriage	Large swimmers (> 4 feet) - not people
May	5th	Greg Whittaker	“ Life in a Pyramid ”	Banded/Stripes
June	2nd	Beata Lerman	Coast to Coast with Berta Lerman	Big eyes, Tangs, Triggerfish, Boxfish
July	7th	Ken Knezick	From Reef Scenes to Whale Sharks – Simple Steps to Successful Wide – Angle Underwater Photography	Reef scenes without diver
August	4th	HUPS Videographers	A Night at the Movies	Scorpion fish, Gurnards, Lionfish
September	8th	Mike Greuter	Saba & Dominica on the Half-Shell	Pairs or buddies
October	6th	Monica Losey	“Africa - Above and Below”	Anemones and relatives, Hydroids, Jellyfish
November	3rd	Anilao Trip Participants	Anilao, The Philippines Club Trip	Single Color focus (Blue, Red, Green, Yellow)
December	1st	None	Food, festivities and Best of HUPS	Best of HUPS and Creative



*The Houston Underwater Photographic Society meets at
the Bayland Community Center starting at 7:00 PM.
(Social time begins at 6:45)*

*(6400 Bissonnet, near the Hillcroft intersection)
Visitors are always welcome.*



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Vice President:

Dennis Deavenport

Secretary:

Tammy Allyn

Treasurer:

Tom Collier

Membership/ Newsletter:

Alicia Grimes

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Dennis Deavenport

TGCC Rep:

Frank Burek /

Debbie Mensay

Web Master:

James Heimer

Workshops:

Lance Glowacki

Trip Coordinator:

Jim Mensay

Historian:

Frank Burek

Special Events:

Jan Baughman

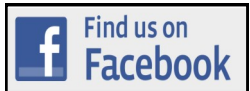
HUPS on the Web



<http://www.hups.org/>



<http://www.youtube.com/user/HUPSdotORG>



<http://www.facebook.com/home.php?%23!group.php?gid=174168478778>

Board of Directors

Jan Baughman

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