Row, row, row your boat
Surgery-free care allows injured athlete to keep competing

Page 6
For many of today’s busy women, traditional one-on-one prenatal clinic visits fit perfectly into their schedules. However, some couples want more time with a health care provider and the opportunity to talk with other women at the same stage of pregnancy. For them, a new CenteringPregnancy® program at University of Iowa Hospitals and Clinics could be just what they’re looking for. Centering pregnancy is prenatal care in a group setting—usually six or eight moms-to-be led by a physician or certified nurse midwife. Partners are also invited. Each 90-minute session includes individual prenatal assessments as well as group education. Two of the group session leaders are UI obstetrician Rachel Maassen, MD, and UI certified nurse–midwife Laura Dellos. Maassen says the biggest benefit is time; patients get more time with their doctors or midwives, and doctors and midwives get broader insights into how the pregnancy is going. Dellos adds that this method has been shown to improve outcomes. “We are grateful to the March of Dimes for partnering with UI Women’s Health Center in providing this innovative service,” she says. New CenteringPregnancy® sessions start each month.

For a complete version of this story, or to view a video, visit uihealthcare.org/healthatiowa

For more information about the CenteringPregnancy® program or to register, ask your care provider or call the UI Women’s Health Center at 319-356-2294.

CenteringPregnancy® offers many benefits, including improved outcomes for some women.

MAKING PREGNANCY fun

Outcomes for pre-term birth and breastfeeding are better, and moms-to-be are more satisfied with their care.

WOMEN CAN JOIN GROUPS FOR PRENATAL CARE

For many of today’s busy women, traditional one-on-one prenatal clinic visits fit perfectly into their schedules. However, some couples want more time with a health care provider and the opportunity to talk with other women at the same stage of pregnancy. For them, a new CenteringPregnancy® program at University of Iowa Hospitals and Clinics could be just what they’re looking for. Centering pregnancy is prenatal care in a group setting—usually six or eight moms-to-be led by a physician or certified nurse midwife. Partners are also invited. Each 90-minute session includes individual prenatal assessments as well as group education. Two of the group session leaders are UI obstetrician Rachel Maassen, MD, and UI certified nurse–midwife Laura Dellos. Maassen says the biggest benefit is time; patients get more time with their doctors or midwives, and doctors and midwives get broader insights into how the pregnancy is going. Dellos adds that this method has been shown to improve outcomes. “We are grateful to the March of Dimes for partnering with UI Women’s Health Center in providing this innovative service,” she says. New CenteringPregnancy® sessions start each month.

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CenteringPregnancy® offers many benefits, including improved outcomes for some women.
Richard Wray, a retiree from East Moline, Ill., faced a predicament when he learned he had cancer. The treatments his doctors recommended seemed as bad as the disease and didn’t offer much hope of a cure. Fortunately, a new surgical technique provided the best way forward. Wray’s journey with cancer had begun when he discovered a lump in his neck. An ear, nose, and throat specialist removed and tested lymph nodes in Wray’s neck, revealing the presence of cancer but not its source. Other doctors had the same problem—an inability to pinpoint the tiny site of his cancer, even with PET scanning. Wray finally went to the Holden Comprehensive Cancer Center at the University of Iowa, where he consulted with Rodrigo Bayon, MD. Bayon is an expert in trans-oral robot-assisted surgery, or TORS. The new technique gives surgeons access to the throat and neck through the mouth rather than an incision, reducing post-operative pain and shortening recovery time. After more than a year of careful observation, Bayon finally located a tumor at the base of Wray’s tongue and removed it using TORS. If not for TORS, the surgery would have required splitting Wray’s jaw and an extended recovery time. Instead, Wray recovered more quickly and has never needed chemo- or radiation therapy.

TORS SHORTENS HOSPITAL STAYS AND LEADS TO FASTER RECOVERIES AND FEWER COMPLICATIONS

New Robotic surgery option for select patients with throat cancers

WHY TORS?

Virtually scarless surgery
Some patients may avoid chemotherapy and/or radiation
Allows access to difficult-to-reach areas of the mouth and throat

For more information about TORS, contact Dr. Bayon at rodrigo-bayon@uiowa.edu
For a more complete version of this story, visit uihealthcare.org/healthatiowa
Pulse oximetry is a harmless test in which sensors are placed on the hands and feet of newborns to check the amount of oxygen in the blood and the baby’s pulse rate.

One of every 100 babies born in the United States arrives with some type of congenital heart defect. While many of these defects aren’t immediately obvious, some can be detected with proper screening. That’s why doctors and nurses at University of Iowa Children’s Hospital have begun using pulse oximetry to screen all newborns for congenital heart defects. The test checks for seven forms of congenital heart defects and gives doctors an early indication that additional tests should be done. UI pediatric cardiologist Benjamin Reinking, MD, says this method is quick, harmless, and inexpensive. The test is important because some heart defects don’t appear until after a baby is about seven days old and cannot be detected in a typical exam. “At that point,” he says, “the risks of corrective surgery, as well as the risk to the baby’s life, are compounded. If we catch the defect early, we can perform additional tests that prevent the situation from becoming an emergency.”

For more on this story, visit uihealthcare.org/healthatiowa

**Screening aims to save lives**

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For more on this story, visit uihealthcare.org/healthatiowa

**At a glance**

- Congenital heart defects account for 24% of infant deaths due to birth defects
- UI Children’s Hospital is piloting pulse oximetry screening for Iowa

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**Sports drinks = tooth decay**

Attention parents: Sports drinks can ruin your child’s teeth. In fact, a University of Iowa College of Dentistry study showed that just one day of soaking in Gatorade®, Red Bull®, or Coke® ate into the hard enamel surface of teeth. So-called “power” drinks can be quite acidic, usually because of citric acid. Check the label and see if citric acid has been added. The leading troublemakers include:

- Energy drinks
- Soda (including diet)
- Citric juices (led by lemon juice)
- Tea

UI experts urge moderation. For instance, you can drink orange juice for breakfast but don’t follow up with a diet soda at lunch. Of course, it is always wise to frequently brush your teeth as well.

Baby Anthony was born on Valentine’s Day.
Cancer experts at the University of Iowa envision a future in which cancer prevention, diagnosis, and treatment can be personalized—that is, specifically tailored to the biology of individual patients and their cancers. Understanding the molecular basis of each type of cancer (there are over 200 types) is vital to personalized care. Take melanoma, a type of skin cancer. Even though melanoma is deadly in its advanced stages, treatment has barely improved over the past 40 years. Now genetic research is slowly revealing some of melanoma’s inner workings. In 2011, the FDA approved the first drug that inhibits a mutated protein as a treatment for advanced melanoma—an example of how personalized medicine may be a path toward more highly specific, and therefore more effective, treatments.

Mohammed Milhem, MD, a melanoma specialist with the Holden Comprehensive Cancer Center at UI, says physicians are beginning to figure out which biological pathways are critical for particular cancers and are looking for ways to interfere with those pathways. For Milhem, staying ahead of the tumor is key. Although he is excited by the new drug, he is very aware of the treatment’s limitations and is constantly looking for new options. “Someday I’d like to tell a patient, ‘You have nothing to worry about. We know that your particular tumor can be treated by A, B, and C.’ We’re not there yet but personalized medicine is slowly taking us in that direction.”

For more information about personalized cancer care, including a video interview, visit uihealthcare.org/healthatiowa

For personalized cancer care to succeed, doctors need to understand what makes each patient’s tumor unique. With this information, they can customize more specific, and more effective, cures.
MICHELLE ROBNETT, A SELF-DESCRIBED “rowing addict,” suffered an arm and shoulder injury last summer while practicing with the Hawkeye Community Rowing program. To help Robnett recover, a physical therapist administered pain therapy and prescribed exercises. Unfortunately, Robnett tore her right bicep tendon the next day while exercising. “All of a sudden I had severe sharp pain in my right shoulder and it went ‘snap, crunchhhhhhhhhhh ....,” she says. Robnett didn’t know the extent of the injury until a month later when she went to the UI Sports Medicine Center with painful cramps in her right arm bicep muscle. An MRI confirmed the damage. Surgery seemed imminent. To Robnett’s surprise, her UI Sports Medicine physician—Brian Wolf, MD—advised against surgery. Instead, a UI Sports Medicine physical therapist prescribed strengthening exercises designed to protect against further injury. “So I did my PT, iced my arm, and rested,” she says. Four weeks later, Robnett returned for a follow-up visit with Wolf. “I was nearly pain-free, and I was back rowing.” While her grip is weakened, she has no complaints—only praise for her caregivers. “I can still row and that’s exactly what I wanted, nothing less. Dr. Wolf had assured me that my arm would get better without surgery and I would have less pain … and I did!”

For more on this story, visit uihealthcare.org/healthatiowa

For more information, call 800-777-8442 and ask for the UI Sports Medicine Center, or call 319-384-7070
NO ONE NEEDS TO CONVINCE KELLY AND BILL MATTHYS of the benefits of specialized health care close to their Davenport home. They experience those benefits each time they take 5-year-old Wrigley to see Vickie Pyevich, MD, in Davenport. In fact, the Matthys family has been enjoying this benefit ever since Kelly was 24 weeks pregnant. That’s when Kelly’s obstetrician referred her to Pyevich, a UI Children’s Hospital pediatric cardiologist whose practice is housed in Genesis Heart Institute, Davenport. Now, many other pediatric patients and their parents will enjoy a similar convenience. Several UI Children’s Hospital specialty services are now available through a partnership between UI Children’s Hospital and Genesis Health System, including cardiology, electrophysiology, genetics, nephrology, neuromuscular care, surgery, and Child Health Specialty Clinics for children with special needs. In addition:

- UI Children’s Hospital neonatal intensive care physicians care for sick and at-risk babies in the neonatal intensive care unit at Genesis Medical Center, Davenport.
- Pyevich provides pediatric cardiology care and treats children diagnosed with lipid disorders on the Genesis campus.
- Riad Rahhal, MD, and Judith Heckman, PA-C, see patients in a special pediatric gastroenterology clinic at Genesis Medical Park Gastroenterology Associates, PC, Bettendorf.

For more about UI’s Quad Cities services, visit uichildrens.org/quadcities

To schedule an appointment, call 877-891-5350

‘Genesis and UI Children’s Hospital have a long history of collaboration. Patients and families will have access to highly specialized pediatric care without leaving the Quad Cities.’

–Thomas Scholz, MD
“I’m a breast surgeon, and over the years I’ve taken care of many women. Women are acutely aware of their risk of breast cancer. But most don’t realize that far more women die every year from heart disease and stroke than from breast cancer. They don’t know their own risk, and they don’t know how to recognize the signs of a heart problem. I know, because it happened to me.”

It happened to me

IT’S AN UNFORTUNATE FACT that too many women ignore their risks for heart disease. But Carol Scott-Conner, MD, isn’t “most women.” A nationally known breast surgeon with University of Iowa Health Care, Scott-Conner specializes in cancer surgery. Yet when her own heart fluttered a warning, she ignored the symptoms for too long. Eventually she was diagnosed with atrial fibrillation—a fast and irregular heartbeat—by UI internal medicine specialist Rebecca Davis, MD. Treatment was provided by UI cardiologist James Martins, MD, who twice used electricity to convert her abnormally fast heart rate into a normal rhythm. Four years have passed without a relapse. Today, Scott-Conner speaks from personal experience when she counsels her breast cancer patients about the additional risks of heart disease.

Arrhythmias

• Most arrhythmias are harmless, but some can cause symptoms such as loss of consciousness or shortness of breath; others may be potentially life-threatening.

• Many arrhythmias cause no signs or symptoms. When they do, the most common are:
  – Feelings that your heart is skipping a beat, fluttering, or beating too hard or too fast
  – Slow heartbeat
  – Irregular heartbeat
  – Feeling pauses between heartbeats

For more information related to this story, visit uihealthcare.org/healthatiowa
AT AGE 90, ALMA OLSON HAS ALWAYS BEEN a model of strength and self-reliance to her family. By fall 2011, however, she felt tired all the time, to the point where it took much effort to visit her husband at a nearby care center, go to church, or join group activities at her senior living residence. Alma had aortic stenosis—a narrowing of her heart’s aortic valve that can lead to heart failure or cardiac arrest. Fortunately, she was a good candidate for a new treatment that doesn’t require open-heart surgery. Transcatheter aortic valve replacement (TAVR) uses an artificial valve that is compressed onto a balloon, inserted into a large artery in the patient’s thigh, and advanced to the valve site. The new valve is then carefully positioned and expanded with the balloon, making it immediately functional.

TAVR “allows us to offer a life-saving treatment for a common disease to patients who would have been considered untreatable in the past,” notes interventional cardiologist Phillip Horwitz, MD. Alma’s TAVR procedure went well, and four days later she was able to go home with “no pain at all,” she says. Alma’s daughter, Karen Arthur, says her mother has a new lease on life. “They told her she has the body of an 80-year-old and the heart of an 18-year-old,” Karen says. “How great is that?”

For more of Alma’s story, visit uihealthcare.org/healthatiowa

To learn more about TAVR, call UI Heart and Vascular Center at 319-384-6425 or visit uihealthcare.org/TAVR
“Sitting is the new smoking.” You’ve perhaps seen this headline over the past few months, as news reports have focused on the health risks of prolonged inactivity, sometimes referred to as “sitting disease.” New research, for example, suggests that sitting for long periods may be an underestimated risk factor for cancer—even for people who exercise regularly.

It’s no secret that our work and social lives are increasingly automated and device-driven. For many people, hours spent each day sitting at an office workstation are followed by hours in front of the home computer or TV. We’ve become stuck in our chairs, and that’s troubling. A lack of physical activity can lead to obesity, hypertension, and high cholesterol, which can be associated with diabetes, heart disease, and stroke.

The key is to move more and sit less. Even standing helps—you’ll boost your metabolism and burn more calories on your feet than in your chair.

If you are one of the millions of Americans who spends hours sitting at a desk, consider adding physical activity to your workday. If you take a lunch hour, go on a brisk walk for 15 to 20 minutes. If you don’t have time for an extended break, try these options:

• Walk or bike to work.
• Increase your footstep: If you drive to the office, park farther away from your building; take the stairs; go see a colleague in person rather than sending an email.
• Stand during phone calls, or take five minutes every hour to stand up and stretch.
• While seated, try at-your-desk exercises—heel lifts, toe lifts, thigh and buttock “squeezes,” arms-over-the-head stretches, and head rotations to gently stretch the neck, for example. These will help prevent muscle stiffness and alleviate stress.
• Replace your desk chair with an exercise ball, or consider an adjustable desk that allows you to stand while working.

While not directly related to physical activity, ergonomics is also important. Proper positioning of computer monitors and keyboards, desks, and chairs can help prevent carpal tunnel syndrome; tendonitis; eye strain; and neck, shoulder, and low back pain. Some companies have their own specialists on staff to provide ergonomic assessments for their employees, while other businesses contract for these services. UI Health Care—North Liberty, offers a variety of programs to improve the health and wellness of workers.

Please note that the suggestions listed do not minimize nor replace the importance of getting regular exercise, eating a nutritious diet, and maintaining a healthy weight. But by focusing on ways to “break up” a long day sitting at your desk, you’ll feel better, be healthier, and stay productive.
Marinated beet salad
sherry–tarragon vinaigrette

Ingredients
- 5 medium beets (about 1 lb.)
- 1 tsp. coarsely chopped fresh tarragon
- 1 clove garlic, minced
- 1 Tbsp. sherry vinegar
- 2 Tbsp. olive oil
- 6 cups spring mix salad
- ¼ cup goat cheese, crumbled
- ¼ cup toasted walnuts or hazelnuts

Directions
- Wash beets, then wrap in aluminum foil. Place in oven at 400 degrees. Roast until beets are tender, 30 to 35 minutes. When cool enough to handle, grab beets with paper towel and slip off skins. Cut beets into thin slices.
- In a medium bowl combine sliced beets, tarragon, garlic, vinegar, and oil; season with salt and pepper and toss to combine. Cover and refrigerate several hours or overnight.
- Serve beets on a bed of greens (spring mix or arugula); top with crumbled cheese and walnuts.

Yields six servings

Jicama and frisée salad with blood orange vinaigrette

Ingredients
- 4 blood oranges
- Juice from the oranges (about 1 cup)
- 1 Tbsp. white balsamic vinegar
- 2 Tbsp. extra-virgin olive oil
- 2 head frisée
- 12 oz. Jicama (about 1 small)
- ½ cup toasted pistachios

Directions
- Segment oranges by peeling outer rind with knife, making sure to get to flesh. Once peeled, remove segments by cutting between orange membranes.
- In small bowl whisk orange juice and vinegar. Add oil in a stream, whisking until emulsified.
- Discard any dark green outer leaves from frisée. Wash and dry inner leaves. Peel jicama and cut into match stick size pieces.
- To serve, toss all components together and sprinkle with pistachios.

Yields six servings

Globe artichoke stuffed with avocado and shrimp

Ingredients
- 6 globe artichokes
- 2 cups white wine
- 2 qt. water
- 1 yellow onion
- 2 oz. fresh thyme
- 1 Tbsp. low fat mayonnaise
- 3 avocados
- 1 cup cooked baby shrimp
- 1 tsp. tarragon fresh chopped
- 3 Tbsp. parsley fresh chopped
- 2 tsp. lemon juice

Directions
- Trim and clean artichokes by removing lower 3 to 4 rows of outer leaves and leaving ½ inch of stem. Trim sharp tips. In large pot, boil artichokes 30 to 45 minutes in liquid of 1 part white wine to 3 parts water, one yellow onion coarsely chopped, and a bunch of fresh thyme. To check for doneness, prick knife into artichoke until knife easily enters base. Remove from pan and let cool.
- In medium mixing bowl, mix mayo, avocado, cooked shrimp, tarragon, parsley, and lemon juice.
- Remove leaves from cooled artichokes, and scoop out choke inside. Generously fill artichoke with filling mixture (2 to 3 Tbsp. per artichoke), until small mound is present in each.

Yields six appetizer servings

Marinated beet salad sherry–tarragon vinaigrette

Jicama and frisée salad with blood orange vinaigrette

Globe artichoke stuffed with avocado and shrimp

WATCH CHEF HIB MAKE ALL OUR RECIPES ON VIDEO AND GET THE NUTRITIONAL INFORMATION AT uihealthcare.org/healthatiowa
Instant access

MyChart® users can now offer their spouses or another adults access to the same personal health information they see themselves. This new feature is yet another advantage to having a MyChart account at University of Iowa Hospitals and Clinics. MyChart enables patients to stay in touch with their health care team to renew prescriptions, request appointments, securely view their medical record, and quickly access trusted health information and health tips. A signed authorization form is required to implement the extended access feature. Ask about setting up your own account at your next UI doctor’s appointment or visit uihealthcare.org/mychart. You can also download a free medical records app using Android® devices or iPhone®, iPad®, or iTouch®. Simply search for ‘My Chart’ in the Apple® App Store(SM).

Make the Switch

Everything in Health at Iowa and much more can be seen online.

Sign up today! Visit uihealthcare.org/healthatiowa and click ‘Sign Up’