Family helps orphaned girl get life-saving medical care

Surviving INGESTED LYE

4 Erasing birthmarks
6 Deep brain stimulation
7 Kids and concussions
8 Preeclampsia
9 Sleep apnea
10 Tinnitus support
The clear, odorless liquid wasn’t water—it was lye, a caustic substance used in many developing countries for laundry soap. When her adoptive parents, Brad and Jenny Groothuis from Marion, met her almost a year later, she’d already had several months of scarring and tissue damage in her esophagus. Nourishment came a trickle at a time, whatever would go down the pinhole-sized opening in her throat. The adoption was completed just before Blessing’s third birthday, and Brad and Jenny immediately met with doctors and surgeons at University of Iowa Children’s Hospital to start what would become a three-year, multi-procedural ordeal to replace her esophagus and allow a more normal life. “The future looks bright,” says Warren Bishop, MD.

For more details about Blessing’s remarkable recovery, visit uihealthcare.org/healthatiowa
Justin Anderson looming high on Mount Everest. Photo by Richard Deming, MD, from Des Moines

No MOUNTAIN too high
Cancer survivors complete exhausting journey to Everest

Justin Anderson never imagined that a splitting headache was a symptom of brain cancer, let alone the motivational path to a life-affirming journey to Mount Everest. But that’s exactly what transpired for the 27-year-old Iowan. Justin’s headache came on last year while he practiced with his rock band. When the pain persisted, he sought medical care that led to an unthinkable diagnosis: brain cancer. The outlook was sobering—on average, survival from brain cancer ranges between two and five years. Yet the 27-year-old met the challenge with an inspiring blend of faith and courage while receiving radiation therapy and chemotherapy from the Holden Comprehensive Cancer Center at The University of Iowa. “I got the best care you could ask for,” he says. As a cancer survivor Justin was invited by Richard Deming, MD, medical director of Mercy Cancer Center in Des Moines, to join 13 other Iowa cancer survivors on a trek to Everest Base Camp. Now he’s back in Iowa with unshakable memories and a deeper appreciation for the gift of life.

For more of Justin’s story, visit uihealthcare.org/healthatiowa
Katie Hodgson is a happy, outgoing baby with red hair and a delightful smile. At birth, her parents noticed a small, pink mark on the middle of her forehead. Within weeks, it turned bright red and began to grow. A pediatrician identified the mark as an hemangioma, a type of birthmark that grows during first year of life and often disappears on its own within five to 10 years. In severe cases, hemangiomas can be life-threatening or impair vision, breathing, hearing, or eating. By the time she was four months old, Katie’s hemangioma had grown to the size of a quarter and was raised significantly off her forehead. Although not physically hurting her, Katie’s parents worried about how the mark would affect her self-esteem as she grew older. Fortunately, pediatric cardiologists at University of Iowa Children’s Hospital are seeing positive results with a new treatment. “The medication propranolol can reduce the size and coloration of hemangiomas,” says Dianne Atkins, MD. After a short hospital stay to establish a safe medication level, Katie started her treatment with propranolol in January. In just a few months, the size and intense color of her birthmark were significantly reduced.

Learn more at uihealthcare.org/healthatIowa.

For more information about hemangioma care and a randomized clinical study of propranolol, contact Dianne Atkins, MD, at 319-356-3540 or dianne-atkins@uiowa.edu or Natalie Van Waning, ARNP, at 319-384-9165 or natalie-vanwaning@uiowa.edu
Now is a good time to ensure that your children’s immunizations are up-to-date. “The state of Iowa requires specific immunizations at certain ages and intervals in order to enroll in school or attend child care centers licensed by the Iowa Department of Human Services,” says Valerie Kies, a physician assistant with University of Iowa Health Care. “Families must document that children have been immunized against various diseases, and children also need to receive periodic booster shots.” Your UI Health Care primary care provider has additional information about childhood and adult immunizations. The Iowa Department of Public Health is another useful resource for questions about Iowa’s immunization laws.

For more information, visit [uihealthcare.org/healthatiowa](http://uihealthcare.org/healthatiowa)
Deep Brain Stimulation

David Halvorson’s job as an engineer means he spends lots of time at the computer. So when his right hand movements became slow, carpal tunnel was suspected. Ergonomic adjustments to his office furniture made no difference. This led to a shocking diagnosis: Parkinson’s disease. Halvorson eventually sought care from Parkinson’s specialists at University of Iowa Hospitals and Clinics. Drug therapy was the first line of treatment. Because of marked fluctuations in his response and involuntary movements (dyskinesia) over several years, Halvorson was eventually offered a surgical option called deep brain stimulation (DBS) by UI neurologist Ergun Uc, MD. Electrical stimulators were implanted in his brain by UI neurosurgeon Jeremy Greenlee, MD. Uc then programmed his DBS and reduced his medications. “DBS isn’t a cure but it greatly improved my life,” Halvorson says. “I’m glad I went to a place where they had all the options!”

For more information: call Neurology Scheduling at 319-356-2571 or email neurology-scheduling@healthcare.uiowa.edu

For more of David’s story, including a video, visit uihealthcare.org/healthatiowa
CHILDHOOD CONCUSSIONS NOT TO BE IGNORED!

Children with concussions should always be seen by local primary care doctors or sports medicine specialists before returning to the playing field.

We’re hearing a lot more these days about young athletes and head injuries. That’s because growing evidence suggests that brain injuries to children and teens—including concussions—need to be carefully watched. “Concussions are brain injuries that temporarily change how the brain works,” says George Phillips, MD, a pediatric concussion specialist at University of Iowa Sports Medicine. “They need to be taken seriously.” In fact, he says, children with concussions should rest and avoid sports altogether until the symptoms completely clear. It is especially important to watch for changing symptoms—worsening headache, more persistent blurry vision or dizziness, or vomiting. These are signs of serious injury that require a doctor’s immediate attention. Fortunately, most concussions are short-lived or temporary and the child returns to full activity.

For more information about concussions, including video, visit uihealthcare.org/healthatiowa
To contact the UI Sports Medicine Center, call 319-384-7070

It’s the law!

A new Iowa law mandates that prep athletes in grades 7-12 and their parents sign a fact sheet before participation in sports. A player must be removed from the field of play if a coach or official observes signs, symptoms, or behaviors associated with concussion. Players will not be allowed to participate in games or practice until receiving a signed release from a licensed health care provider. The measure applies to both male and female sports and other interscholastic activities including dance and cheerleading.

Tale of TBI

Together with his fiancé, a Cedar Rapids man has written a first-person account of traumatic brain injury and the stigma that often goes with it. Read the full story at uihealthcare.org/healthatiowa.
Sarah Guenther’s first encounter with preeclampsia meant she was at high risk for recurrence. While the second instance usually occurs later in pregnancy and isn’t as severe, Sarah wasn’t so lucky. She developed preeclampsia symptoms—swollen hands and face and rapid weight gain—shortly after her 26-week prenatal visit. This placed Sarah and her baby at high risk, leading to an emergency trip to UI Women’s Health at University of Iowa Hospitals and Clinics.

“The doctors and nurses here knew the baby’s chances would be better because of the University’s expertise in high-risk OB and neonatal care,” she says.

Just three days later, baby Penelope was born, 14 weeks premature. She weighed a mere 1 pound, 6.9 ounces, and was just 12 inches long, about the size of a Barbie® doll. She was fed intravenously and needed breathing support as well as heart surgery. Penelope remained in the Neonatal Intensive Care Unit at UI Children’s Hospital for 17 weeks until she was able to go home the last week of June. For more of Penelope’s story, visit uihealthcare.org/healthatiowa.

### Symptoms of preeclampsia

- High blood pressure
- Excess protein in urine
- Severe headaches
- Changes in vision
- Upper abdominal pain
- Nausea or vomiting
- Dizziness
- Decreased urine output
- Sudden weight gain

---

Sarah Guenther with daughter Penelope.

---

LEARN more

About high-risk pregnancy, visit [uihealthcare.org/highriskpregnancy](http://uihealthcare.org/highriskpregnancy) or call UI Women’s Health at 319-356-2294

About neonatology at UI Children’s Hospital, visit [uihealthcare.org/nicu](http://uihealthcare.org/nicu) or call 888-573-5437

---

© Envisage Studios
Many people living with sleep apnea may not realize their breathing is being interrupted while sleeping. Often family members might first notice the signs and symptoms of sleep apnea. If left untreated, sleep apnea can increase the risk of developing other life-threatening health conditions, such as hypertension, stroke, and heart disease.

When someone has sleep apnea, their breathing stops or becomes shallow while sleeping. In adults, apnea is considered significant when these pauses in breathing last 10 seconds or longer and occur more that 5 to 15 times an hour.

Obstructive sleep apnea, the most common type, is caused by the inability to move air through the mouth and nose into the lungs due to complete or partial blockage of the upper airways during sleep. When breathing resumes, it is often accompanied by a gasp, snort, or body jerk.

Symptoms of sleep apnea don’t just affect sleep quality, symptoms can present themselves at the start of the day and can lurk until bedtime comes around again.

Nighttime symptoms can include night sweats, restlessness while sleeping, snoring, and waking with a sudden sensation of gasping or choking. In the morning, individuals with sleep apnea may awaken with a dry or sore mouth, headaches, or with difficulty getting up.

The symptoms of sleep apnea don’t end in the mornings. During the day, sleep apnea can cause fatigue, forgetfulness, depression, or irritability.

According to the National Heart, Lung and Blood Institute, more than 12 million Americans experience sleep apnea. Overweight individuals are at greater risk. Men are much more at risk than premenopausal women. Someone with a family history of sleep apnea may also be more at risk.

Most frequently, obstructive sleep apnea is present in overweight individuals who snore loudly and suffer from insomnia and daytime sleepiness (although in children, sleepiness is often replaced by behavioral problems as a typical complaint).

In these cases, referral to a sleep laboratory for a formal diagnosis should be considered. In the lab, patients are monitored throughout their normal sleeping periods. If a significant number of apneas are recorded, adult patients are routinely treated in the lab with continuous positive airway pressure or CPAP, which involves wearing a mask that delivers a gentle column of air to keep the airways open.

Other therapies include tonsillectomy/adenoidectomy in children, oral devices, surgeries, weight loss, and, in life-threatening cases, a tracheostomy.

Untreated, sleep apnea can lead to the increased risk of high blood pressure, which heightens the risk for stroke, heart attack, or heart failure. Not only is health compromised but so is safety since severe sleepiness raises the risk for work-related or motor vehicle accidents.
COPING WITH tinnitus

Tinnitus
A ringing, buzzing, or whooshing in the ears
Affects up to 50 million Americans
May lead to anxiety, depression, sleep loss, and stress

Twila Mitchell, 65, awoke early one morning with a horrid ringing in her left ear.

“I kept thinking it would go away,” she says. “It did not and, two weeks later, the right ear joined in. I couldn’t believe it.” Depression set in and life changed for both Twila and her husband. While not offering much hope for a cure, a local specialist mentioned the tinnitus clinic at University of Iowa Hospitals and Clinics. It is the only tinnitus clinic in Iowa. Its director, audiologist Richard Tyler, PhD, is a leading researcher in the field. Hope sprang anew when Twila talked with Tyler and audiologist Shelley Witt. Twila’s extensive treatment included counseling to better equip her for life with tinnitus. “They help you arrive at a place of better understanding and less fear,” she says. “When I say Shelley was a lifeline, you get a better idea of what I mean!”

For more information, call the Tinnitus Clinic at 319-356-2201
An online registry matches patients with current new studies:
http://survey.uiowa.edu/WSB.dll/127/tinnitusregistry.htm
Grilled pineapple with frozen vanilla yogurt and toasted coconut

**Ingredients**
- 1 pineapple (peeled, cored, and cut into slices, ¾ inch thick)
- 1 pint low fat vanilla frozen yogurt
- 1 cup toasted coconut

**Directions**
Grill pineapple until it caramelizes.
Scoop yogurt and roll with toasted coconut.
Place in freezer on sheet pan.

**To Plate**
Place grilled pineapple on dish—then top with frozen yogurt rolled in coconut.

Yields eight servings. Nutrition facts per serving: Calories 130; Total Fat 4.5 g; Carbohydrates 21 g; Fiber 2.5 g; Protein 4 g.

Chilled watermelon soup with Midori and green apple

**Ingredients**
- 1 small watermelon (5 to 6 lbs.)
- 1 Tbsp. fresh squeezed lemon juice
- ½ cup Midori (Japanese melon liqueur)
- 2 Granny Smith apples (match sticks)
- ¼ cup honey

**Directions**
Peel watermelon and dice.
In blender add watermelon, honey, Midori, and lemon juice to blend.

**To Plate**
Place the blended soup in a soup bowl and garnish with green apple sticks.

Yields eight servings. Nutrition facts per serving: Calories 135; Total Fat 0.5 g; Sodium 4 mg; Carbohydrates 35 g; Fiber 2 g; Protein 2 g.

Grilled sweet corn with honey, lime, and cilantro butter

**Ingredients**
- 6 ears of corn, silks removed, husks left on
- 1 tsp. honey
- 1 lime (juiced and zested)
- ½ cup soft butter at room temperature
- ¼ cup chopped cilantro

**Directions**
Soak ears of corn in water for approximately 30 minutes.
In a food processor, blend butter, lime juice and zest, honey, and cilantro. Grill ears of corn with husks on for 10 to 15 minutes.
Peel back husks and brush ears of corn with the compound butter and serve.

Yields six servings. Nutrition facts per serving: Calories 80; Total Fat 3 g; Sodium 25 mg; Carbohydrates 14 g; Fiber 2 g; Protein 1 g.

---

Watch the making of all our recipes on video at uihealthcare.org/healthatiowa.
First in Iowa

University of Iowa Heart and Vascular Center has achieved a new medical first in Iowa—successful implantation of the state’s first total artificial heart, a bridge to transplant for patients with end-stage heart failure. Since age 33, Richard Whittington has had five heart attacks, one stroke, two pacemakers, 11 stents, and open heart bypass surgery. Having lived in pain from his heart problems for 15 years, today he says he feels good other than soreness from the surgery. Whittington, now 59, is the first person with the device to be discharged from a hospital in the Midwest. Similar to a heart transplant, the device replaces both failing heart ventricles and the four heart valves. The technology helps patients survive until a donor heart becomes available. The SynCardia device is the first and only total artificial heart approved by the FDA. For more information, visit uihealthcare.org/heart.

To schedule a preventive heart risk assessment or vascular screening, call 319-356-2777.

Sign up today

To sign up for UI Pulse, UI Heart and Vascular Center’s e-newsletter, email ui-heart-vascular@uiowa.edu.