BACK IN THE GAME

Minimally invasive heart surgery = FASTER RECOVERY

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Flu isn’t the only vaccine-preventable disease to think about this time of year. “Adults should also consider the shingles and pneumococcal vaccines,” says Patricia Winokur, MD, who directs the vaccine treatment unit at University of Iowa Hospitals and Clinics. “A single dose of zoster vaccine is recommended for adults age 60 and older to protect against shingles, which can be severe,” Winokur says. “Adults age 65 and older should also get the ‘pneumonia shot,’ as should adults age 18 to 64 who have chronic lung, heart, liver or kidney disease. Pneumococcal pneumonia kills more than 6,000 Americans every year.” Adult vaccinations can also help protect children too. Everyone who “shares the air” with an infant under 12 months old should be immunized with both the Tdap (see opposite page) and influenza vaccines.

Other vaccinations that adults should consider in consultation with their physicians include:

- Tetanus and diphtheria every 10 years.
- Meningococcal vaccine for first-year college students to protect against meningitis.
- Although the human papillomavirus (HPV) vaccine is now recommended for boys and girls age 9 to 18, young adults up to age 26 years who have not yet received the vaccine should contact their physicians since this vaccine protects against papillomavirus-associated diseases that can include cervical cancer.
- Hepatitis A and hepatitis B for travelers visiting countries where they might be exposed to these viruses and for people with chronic medical conditions, including chronic liver disease. Travelers to less developed countries may need additional vaccines.

“It is always important to discuss the specifics with your physician,” Winokur adds.

Vaccinating adults to protect infants is called ‘coccooning’
Most new parents know that they and their babies need to be immunized for a respiratory disease called pertussis (whooping cough). Now you can add grandparents to the mix. All infants under a year of age are at increased risk for severe disease if they become infected. Therefore, any grandparent (for that matter, any adult) who spends time with infants needs the vaccination to protect those infants. Last fall, the American Academy of Pediatrics recommended that any adult (including those over age 65) who is caring for a baby receive the tetanus-diphtheria-acellular pertussis (Tdap) vaccine. The recommendation was already in place for parents of babies who hadn’t yet received Tdap. Babies don’t receive their first diphtheria-tetanus-acellular pertussis vaccine until 2 months of age and aren’t fully immunized until 6 months old. “Pertussis vaccines are very safe and effective,” says Jody Murph, MD, a pediatrician at University of Iowa Children’s Hospital.

For a doctor’s appointment, contact your UI Health Care primary care provider or call 1-800-777-8442 and ask for an appointment with a primary care provider.

For more details about whooping cough vaccinations, see our expanded story at uihealthcare.org/healthatiowa
LONG, DIFFICULT journey ends well

“I’ve thought of it more as a gift because I could use it as a way to grow, in a ‘what doesn’t kill you makes you stronger’ kind of way.”

– Audrey Strike

Audrey Strike is an attractive 19-year-old sophomore at Drake University. She studies pharmacy, belongs to a sorority, and talks with a smile in her voice. Growing up as a child with a cleft lip and a cleft palate, Audrey didn’t always feel so confident. Fortunately, surgeons at University of Iowa Children’s Hospital began repairing these birth defects while she was an infant and continued the process through her high school years. She recalls many of the later surgeries but the reactions of her classmates and sometimes even strangers stand out more. “The kids weren’t really openly mean, you just got the feeling that you were different in a room full of kids,” Audrey says. While cleft lip can be repaired with just one or two surgeries, cleft palate requires a much more intense schedule of surgeries, speech and hearing therapies, and facial reconstruction. It wasn’t easy, but friends, supportive parents, and the experts at UI Children’s Hospital helped her get through.

Read complete details of Audrey’s remarkable story at uihealthcare.org/healthatiowa.

For more information:
• Call UI Children’s Hospital at 888-573-5437 and ask for the cleft palate clinic
• Call the clinic at 319-356-2168
Family motto captures spirit of sister-to-sister kidney donation

One day two years ago, Kaitlyn Kemna learned that her older sister had suddenly fallen ill with kidney failure. A University of Iowa sophomore at the time, Kaitlyn dropped everything to go to the hospital. Her sister, Taylor Gaiser, needed a kidney transplant from the University of Iowa Organ Transplant Center, located at UI Hospitals and Clinics. Furthermore, testing found that Kaitlyn would provide the best organ donor match in the family. “At first, I felt that giving a kidney to my sister was a total ‘no brainer’,” Kaitlyn says. Even so, throughout the entire process, the UI staff did everything possible to make sure Kaitlyn felt no pressure. “The social workers and transplant coordinators told me that if I changed my mind, even at the last minute, it would be completely understandable,” she says. In the end—after “a lot of soulful prayer and thinking”—Kaitlyn followed her heart and proudly became a donor. Today, Taylor is living a normal life again, thanks to Kaitlyn and the UI organ transplant team led by Alan Reed, MD. “Organ donation is definitely something I will never regret doing,” Kaitlyn says. “Our family motto is now ‘share a spare!’” For more information about organ donation or transplantation, call 319-356-1334 or visit uihealthcare.org/transplantcenter.

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

UI Organ Transplant Center
The Hawkeye State’s only program that performs kidney, pancreas, liver, and heart and lung transplants for adults and children

19 people die in the U.S. every day waiting for an organ transplant
Cardiac valve certification

UI Heart and Vascular Center is the first program in the nation to receive certification for its cardiac valve and replacement program from The Joint Commission, a national accreditation and certification agency. The designation carries a two-year renewal cycle. The center’s surgical and medical team is trained specifically to perform minimally invasive surgery.

Back in the game

As director of facilities for University of Iowa athletics, Damian Simcox is on the go, all the time. So when Simcox, 44, needed surgery to repair a leaky heart valve, he worried that it would take weeks, even months, to recover from a condition that placed him at risk for congestive heart failure. Fortunately, Damian was a good candidate for minimally invasive surgery. Traditional mitral valve repair surgery involves a six- to eight-inch vertical incision along the sternum. Minimally invasive surgery is exactly that—in Damian’s case, a two-inch incision on his right side, just under the breast, and a tiny scar near the groin. Special instruments are used through the incision to perform the mitral valve repair. The benefits of minimally invasive surgery are significant, says UI heart surgeon Robert Saeid Farivar, MD, PhD. “Patients can expect less post-operative pain and a smaller scar, plus a shorter hospital stay and faster recovery,” he says. Choosing the minimally invasive option was easy for Damian. “To recover more quickly and not be in much pain has been great,” he says, “and to get back to my normal routine so much faster—that’s the biggest plus.”

MINIMALLY INVASIVE HEART SURGERY: SMALL SCARS, LESS PAIN, AND SPEEDY RECOVERY

For more of Damian’s story, including a video, visit uihealthcare.org/healthatiowa

The UI team performs more than 200 heart valve surgical procedures per year.
REMOVING COLON CANCER BY ROBOT

JOYCE VERMACE ALMOST DELAYED HER FIRST COLONOSCOPY SCREENING TOO LONG.

“I WAS 62 AND HAD BLOOD IN MY STOOL,” Joyce says. “During the colonoscopy, they removed several benign polyps but they found a large malignant one they needed to remove surgically.” Vermace soon became one of the first patients at University of Iowa Hospitals and Clinics to receive a robotically assisted single incision colectomy. The surgical team made a single one-inch incision in the abdomen, then used robotic arms to insert a camera and instruments. “Instead of a major incision or multiple small incisions, we remove tumors through a single incision at the belly button,” John Byrn, MD, explains. Even better, patients experience less discomfort, go home sooner, and return to their normal activities earlier. Vermace bounced back swiftly. “I had the surgery on a Friday, went home the following Tuesday, and was tailgating at the Hawkeye game the next weekend,” she says. Best of all, a check of 32 of Vermace’s lymph nodes during the procedure indicated that the malignant cancer had not spread. For more information on single incision colectomy or to schedule a colonoscopy, call the UI James A. Clifton Center for Digestive Diseases at 319-356-4060.

‘This case proves the importance of receiving a colonoscopy screening on schedule.’

– John Byrn, MD

For more of Joyce’s story, including a video, visit uihealthcare.org/healthatiowa
MAEGHAN MACDOUGALL DIDN’T THINK TWICE when University of Iowa Women’s Health obstetrician Mark Santillan, MD, asked if she would consider donating cord blood for research following her baby’s delivery. “So much medicine is done on a crisis-to-crisis basis,” says MacDougall, a mother of nine children. “You need research to ask why and discover the answers.” It’s that research—looking to discover why things like premature births and preeclampsia occur with some women and not others, for example—that led Santillan and his wife, Donna Santillan, PhD, to establish the Women’s Health Tissue Repository. Cord blood and tissue banking are helping researchers find new information about diseases in pregnancy that are not well understood. The use of tissue banks to study obstetrical and gynecological processes is relatively new. Only a handful of these repositories exists in the U.S. The bank is growing; in its first year, 532 women consented to donate tissue to the bank. For more information on donating cord blood for research, e-mail mark-santillan@uiowa.edu or donna-santillan@uiowa.edu.

Gifting FOR THE FUTURE

‘Women volunteers are giving a great gift that may not benefit them now but could help future generations.’

– Donna Santillan, PhD

For more of Maeghan’s story, including a video, visit uihealthcare.org/healthatiowa

WHO CAN VOLUNTEER?

Most women receiving obstetric care at UI Hospitals and Clinics
Patients help personalize UI’s new cancer clinic

“It was awesome that patients were included in the planning and that they followed through with our suggestions.”

IF YOU WERE LOOKING for creative ideas to help build a new cancer clinic, who better to ask than a cancer patient? That’s exactly what happened at University of Iowa Hospitals and Clinics. Eleven cancer patients participated in a patient advisory group that helped shape the design of a brand new cancer care clinic within the Holden Comprehensive Cancer Center at UI. Among them was Voncille Johnson, a breast cancer survivor. “It was so awesome that patients were included and that they followed through with our suggestions,” she says. “They also realized the importance of our caregivers and wanted ideas on how to accommodate their needs. They truly listened.” Located on two floors of the Pomerantz Family Pavilion, the new clinic opened in December 2011.

Details

Two reception areas
37 patient exam rooms (up from 30)
40 newly designed chemotherapy infusion chairs/private rooms (up from 28)
Family lounge with an eating area, fireplace, and sitting area
Faster lab results thanks to an upgraded pneumatic tube system
Healing garden provides a serene environment for patients and their families

For more information related to this story, visit uihealthcare.org/healthatiowa
For a clinic appointment, call 319-356-4200
For questions about cancer, call the UI Cancer Information Service at 800-237-1225 or email cancer-information@uiowa.edu
Are childhood weight issues a special concern these days? If so, what can parents do to improve the situation?

Unfortunately, one-third of our nation's children and teens do not maintain healthy weight. The number of adolescents with weight management issues has tripled in the last two decades, while the number of children who need weight control has quadrupled. Nearly 30 percent of Iowa's children need weight control.

Clearly, our children must become more disciplined before the epidemic becomes irreversible. If not, today's youth may be the first American generation to live shorter, less healthful lives than their parents.

The negative health outcomes associated with excess weight are well-known and include cardiovascular disease, diabetes, liver disease, orthopaedic problems, and social issues. Children who struggle with weight control tend to carry this problem into adulthood, where carrying excess weight dramatically reduces life expectancy.

Some of these consequences may require ongoing medical treatment and management into adulthood, both of which are costly and directly affect a person’s quality of life. As treatment and management of this complex problem in adults is extremely difficult, management of childhood weight is vitally important. A key step is the early identification of children with weight control issues so that they begin treatment early and attain a healthy weight sooner.

Eating a healthful diet and exercising regularly are key steps. While these lifestyle changes sound easy to some people, they are extremely difficult for others. Our lives are busier than ever; family meals do not always happen and television, cell phones, and video games have replaced exercise.

One meaningful step parents can take is to follow healthful lifestyles themselves. Children need support systems to engage in healthful behaviors, as well as role models. If parents lead a healthful and active lifestyle, their children are more likely to do the same. Take a walk together after dinner, ride bicycles together, limit television and video game time, or do household or yard work chores together. Eat a healthful breakfast every day.

Be patient. Intense focus on eating habits and weight can backfire and might lead a child to overeat even more or become more prone to developing an eating disorder. Despite good intentions, some families continue to struggle with weight control. If your family is at that stage, involve your family physician. He or she can screen for many related diseases and provide additional support, advice, and encouragement.

Weight control problems affect nearly every system of the human body. Effective treatment requires a multidisciplinary approach involving various types of specialized expertise. The Cardio-Metabolic Clinic at UI Children's Hospital takes a multidisciplinary approach by evaluating each family in the areas of nutrition, cardiology, and endocrinology. If necessary, additional referrals can be made to other specialists in this field.

For more information, visit uihealthcare.org/healthatiowa or call UI Children's Hospital at 888-573-5437 or 319-356-3537 and ask for the Cardio-Metabolic Clinic.
ENJOY THESE RECIPES FROM CHEF HILBERT STOELK AND THE FOOD AND NUTRITION SERVICES STAFF AT UI HOSPITALS AND CLINICS.

Good Health Recipes

Grilled asparagus with parmesan and pine nuts

Ingredients
1 lb. asparagus (ends trimmed)
1 Tbsp. extra virgin olive oil
¼ cup pine nuts, toasted
2 oz. shaved Parmesan cheese

Directions
Place asparagus on plates, sprinkle with pine nuts and grated Parmesan cheese.

To Plate
Place asparagus on plates, sprinkle with grated Parmesan cheese and pine nuts.

Yields six servings

Belgian endive and Asian pear salad with toasted sesame seed and ginger coriander dressing

Ingredients
3 heads of Belgian endive
3 Asian pears (halved, cored, and sliced)
1½ Tbsp. extra virgin olive oil
1 Tbsp. mirin (Japanese sweet rice wine)
1 Tbsp. chopped cilantro
1 tsp. minced ginger
1 Tbsp. toasted sesame seeds

Directions
Cut off core of endive and separate leaves. Slice about half the endive leaves into one-inch pieces. In a bowl, place olive oil, mirin, cilantro and ginger. Whisk together.

To Plate
Toss the endive and pear in the dressing. Put mixture on plate and sprinkle with the toasted sesame seeds.

Yields six servings

Wasabi furikake crusted tuna with mango carpaccio and rice wine-lemon vinaigrette

Ingredients
6 oz. Sushi grade tuna
1 mango peeled and sliced thin
2 Tbsp. extra virgin olive oil
1 tsp. fresh squeezed lemon juice
1 tsp. rice wine vinegar
1 tsp. low sodium soy sauce
1 oz. wasabi furikake
Fresh watercress for garnish

Directions
In a bowl—Whisk olive oil, lemon juice, rice wine vinegar and soy sauce. Coat tuna with furikake on all sides, then sear in a hot pan for 5 seconds on each side. Place sliced mango on a plate slightly overlapping.

To Plate
Slice seared Tuna on a bias. Place tuna on mango-plated dish. Drizzle vinaigrette liberally over plate. Garnish with fresh watercress.

Yields six appetizer servings

WATCH CHEF HIB MAKE ALL OUR RECIPES ON VIDEO AT uihealthcare.org/healthatiowa.
For your convenience

UI Health Care – North Liberty now offers evening and weekend appointments with board-certified pediatricians. Same-day appointments are available; doctors can see your child on short notice if he or she is sick or hurt. Call 319-626-5680.

Hours:  Monday -- Thursday, 8 a.m. to 8 p.m.
       Friday, 8 a.m. to 5 p.m.
       Saturday, 8 a.m. to noon

A new app for kid meds

After an organ transplant, teens and young adults do pretty well when it comes to taking their medications—at first. As time passes the adherence rate declines, leading to the largest number of kidney failures in these age groups. A new software developed at University of Iowa Children’s Hospital aims to fix the problem using a Facebook® app that can only be seen by the patient. A pop-up box on the patient’s personal Facebook page lists all of the day’s medications. He or she clicks on the medications that have been taken, and that information is relayed back to the primary physician. Patrick Brophy, MD, who got the idea from his teenage son, says the results have been excellent.