HEART RHYTHM RENEWAL
New technique offers more comfort, less scarring

SAVING DEXTER
1-pound baby beats the odds

Worth the risk?
Youth football and concussions
Unable to conceive because of a genetic anomaly, Frana and Jack Beciri from Coal Valley, Ill., were willing to try whatever it took to have a child.

So they tried, first by natural means, then by medication, and finally by artificial insemination. Success eluded them until they sought help from a fertility team led by Brad Van Voorhis, MD, at the University of Iowa Center for Advanced Reproductive Care. The UI's in vitro fertilization (IVF) teams have achieved high success rates in helping couples realize their dreams. In Frana's case, the transfer of two cryopreserved (previously frozen) embryos proved successful, and a single child—a healthy boy named Vael—arrived on Dec. 31, 2010. Today, his mother proudly points out, Vael is an energetic young boy, smart as a whip, shy and sensitive, and skilled in two languages, English and Macedonian (Jack's native tongue). While "amazing," the IVF journey wasn't easy, Frana says. "Everything takes patience, time, faith, strength, and a positive attitude. You and your family have to be a team or it won't work." Despite these challenges, when looking at Vael she often pictures the IVF team that helped make his existence possible. "It's hard not to cry when I think about it," she says.

Like most expectant parents, Tundi and Nate Brady thought most about cribs and strollers and a convenient place for delivery. Little consideration was given to what might happen if something went wrong. Would they be in the best possible place? So the Bradys spent three happy months awaiting the birth of twins. Indeed, everything went smoothly until Tundi went into premature labor. Soon thereafter, doctors at Mercy Hospital in Iowa City decided to transfer her to University of Iowa Hospitals and Clinics, where high-risk obstetricians manage complicated pregnancies in concert with experts at UI Children’s Hospital who specialize in saving premature babies. Unfortunately, one twin was too immature to survive while the other twin’s chances were less than 50 percent—odds that terrified the family. "We couldn't imagine how a baby born at 23 weeks could possibly survive," Tundi says. Even so, they gave a team of UI neonatologists permission to give it a shot. Tundi delivered the baby—named Dexter—by C-section on Sept. 8, 2009. Weighing barely over a pound, Dexter's survival now depended on the care team at Iowa's highest level Neonatal Intensive Care Unit. "At first it was all we could do to get through each day," Tundi says. Over time, however, the family's confidence grew until finally, after a five-month roller-coaster ride, Dexter went home. Tundi couldn't be happier: "Today, at age 4, Dexter is one of the crowd … a fun, vivacious, fiery little boy!"

"The level of care a baby receives often determines how things go for the rest of his or her life. Many studies show that babies born at the highest-level centers have much better outcomes." — John Dagle, MD, PhD

**Saving Dexter**

Tiny 1-pound baby was in the right place

For more information Call the UI Center for Advanced Reproductive Care at 319-356-8483 or 319-356-1767 In Davenport, call 563-355-2244 Visit uihealthcare.org/infertility to ask anonymous questions about infertility and/or learn more about the IOWarranty program to financially assist patients without IVF insurance

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**Waiting game**

Family’s IVF journey results in the birth of a son

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What if mom is sick, too?

Sometimes mom and baby suffer health setbacks at the same time. For the mother, it might be diabetes, high blood pressure, or a pregnancy with multiples. For the baby, it might be prematurity or a serious illness. Unfortunately, this often means that the newborn will need to be transferred to a different hospital. However, University of Iowa Hospitals and Clinics is the only health center in Iowa employing high-risk obstetricians and every type of pediatric specialist under one roof—meaning mom and baby can stay together in the same place.

**FACTS**

**About Newborn Babies**

Approximately **100,000** babies end up in a Neonatal Intensive Care Unit each year. Find **15 facts** you should know at uichildrens.org/nicu.
For Susan Thalken, a breast cancer patient, finding the right word of appreciation was a challenge. She chose the term “genius” to describe the University of Iowa plastic surgeon, Wei Chen, MD, who treated her lymphedema successfully. Chen appreciates the compliment but prefers to think of himself as a well-trained doctor who performs the latest techniques for addressing lymphedema. His innovative microsurgical approach has proven effective for many lymphedema patients who do not respond to traditional therapy. Lymphedema, which Susan learned about after undergoing a double mastectomy in 2011, is a common side effect of breast cancer surgery or radiation treatment. It occurs when the lymphatic system is obstructed and lymph fluid builds up, causing localized swelling and, in some cases, hardening of the tissues. Over time, Chen's innovative approach has resolved Susan's lymphedema, allowing her to enjoy life with her husband and children again.

For Lynn Upchurch of Fairfax, Iowa, an afterthought during a routine checkup ended up saving her life. During a visit to the University of Iowa Hospitals and Clinics, Lynn mentioned a temporary pain she had experienced a month earlier. Tests confirmed she had experienced a heart attack and an arrhythmia due to problems with her heart's electrical system. Using a new surgical technique, the submammary device implantation, Chen was able to implant a device to monitor and regulate her heart’s rhythm, leading to her quick recovery and ability to return to her favorite activities.

HEART RHYTHM RENEWAL

New technique offers more comfort, less scarring

Generally considered incurable, lymphedema occurs when the lymphatic system no longer effectively removes fluid and proteins that circulate under the skin. Fluid builds up and the limb swells, eventually becoming hard, heavy, and inflexible.
"How do you handle having chemo and being pregnant and wondering how it's going to turn out? How do you answer the question posed to you if it's not possible to save you both? Who should we go for? Nobody ever thinks about how they're going to answer questions like that."

– Carol Schulte

Faith. The name says it all. If not for faith—religious faith, but also faith in the face of severe illness and faith in doctors and medical science—Carol Schulte doubts that she and her premature daughter, Faith, would have survived. Their twin sagas began when Carol was 26 weeks pregnant. Everything had looked rosy until a routine visit to her oncologist revealed that the leukemia Carol thought she had beaten was back. “It’s like a bomb is dropped in your lap and you’re looking at the pieces,” she says. Ultimately, three teams of specialists at University of Iowa Hospitals and Clinics and UI Children’s Hospital collaborated to save both their lives:

• High-risk obstetricians and cancer specialists worked together to keep her cancer in check while getting the baby to 33 weeks before delivery on Nov. 5, 2010. Carol coped with fear and uncertainty while physicians and support staff provided round-the-clock care and encouragement.

• Neonatology experts ensured baby Faith’s survival after her premature birth, sending her home in good health after only 18 days. Bald from chemotherapy, Carol was a frequent visitor to the Neonatal Intensive Care Unit.

• About a month after Faith went home, Carol returned to the Holden Comprehensive Cancer Center to undergo a bone marrow transplant. To minimize the risk of infection, Carol spent two weeks in hospital isolation after the transplant, using Skype to connect with Faith and home-school her six other children.

“I had to throw fear out the door,” Carol recalls. “I prayed often.” By telling this story now, she hopes others will be inspired like she was when another leukemia patient visited her in the hospital. “When you see someone on the other side of the healing process, it gives you hope,” she says. And perhaps a measure of faith as well.

EASING THE MISERY

Neurostimulator reduces back pain, allows patients to undergo diagnostic MRI scans

Of all the severe injuries Mickey Troxel sustained in a 2010 car accident—and there were many—the most troubling was a persistent, severe headache. “Unbelievable pain—all day, every day,” he says. “Nothing helped until spring 2013, when a Quad Cities physician referred him to University of Iowa Hospitals and Clinics. Pain specialist Foad Elahi, MD, with the Center for Pain Medicine and Regional Anesthesia, and neurosurgeon Chandan Reddy, MD, proposed spinal cord stimulation to treat Mickey’s chronic pain. Better yet, Mickey qualified for a new neurostimulator that allows patients to safely undergo magnetic resonance imaging (MRI) scans after the device is implanted.

“To be able to safely perform an MRI on patients with neurostimulators is a big step forward,” Reddy says. For Mickey, the benefits of neurostimulation were dramatic. “It cut my pain in half and then some,” he says. “It also helped relieve the dyskinesia (difficulty performing voluntary movements) in my wrists and hands.” Everyday tasks that used to be impossible became do-able. “Before this, I spent 90 percent of my day in bed because the pain was too much,” Mickey says. “Now I can walk farther, I can spend more time sitting, I can take care of the things I need to take care of.” Mickey’s continued recovery will be a slow, ongoing process as he works through his cognitive and motor skill issues, but he is grateful for the pain relief that makes healing seem possible. “To the doctors and staff, I cannot show enough appreciation,” he says. “I’m so glad they were willing to give it a shot. I could not ask for better.”

For more information on this story, visit uhealthcare.org/healthatiowa
Youth football and the National Football League are light-years apart, yet both share a growing public concern: What are the risks of concussions? Some rather big names from inside the game itself are among the headline-making voices of caution. Iowa native and former NFL star quarterback Kurt Warner, for instance, used the term “scary” to describe the idea of his two school-age sons playing football. With skimpy research available for inquiring parents, two University of Iowa Sports Medicine doctors decided to conduct their own study. Starting this fall, Kyle Smoot, MD, and Andrew Peterson, MD, are collaborating with several regional flag and tackle football leagues to:

• Document the rates of all injuries in both tackle and flag football, including concussion
• Compare the two types of leagues (tackle vs. flag)

“We have had many inquiries about the injury risk of tackle football and/or whether flag football was safer or recommended,” Smoot says. “Seeing no data to address these questions, we decided to look at our own region.” Participating leagues have agreed to report injuries to the research team through a standardized reporting system. Smoot says he hopes the study’s outcome will help parents make better-informed decisions about youth football participation.

For more information about the UI study, call 319-384-7957.

UI Sports Medicine offers a concussion clinic every Monday evening from 4 to 6 p.m. To schedule an appointment, call 319-384-7070.

LGBTQ hours

The clinic is open from 5 to 8 p.m. each Tuesday at UI Health Care—Iowa River Landing in Coralville. All patients are welcome and staff are specially trained to address LGBTQ issues. For more information or an appointment, call 319-384-7444 or 855-467-3700.

Filling a need

New clinic specializes in serving the LGBTQ community

When Nicole Nisly, MD, and Katie Imborek, MD, opened a clinic to serve the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) community, they knew there would be some patients who sought them out. Others, like Rüdiger Rückmann and Benjamin Bruch, have found it by happenstance. The same-sex married couple had been searching for a physician or clinic that better fit their needs. They brought their daughter to see a pediatrician at University of Iowa Health Care—Iowa River Landing and asked about some of the doctors. “We wanted to find someone who had a background in alternative medicine and homeopathy as well as traditional Western medicine,” Benjamin says. “We were referred to Dr. Nicole Nisly. We asked a lot of questions. We wondered how receptive she would be.” When they learned Nisly and Imborek had opened a clinic specifically for the LGBTQ community, they knew they’d hit on something good. “We ultimately wanted to find someone who would be comfortable with us as a same-sex couple, as well as a same-sex couple with a child,” Benjamin says. Nisly emphasizes that it’s important for the clinic’s patients to know they’re understood up front. “People come in and we know how to address them, we know how to talk to them,” she says. “They don’t have to fight the environment that is taking care of them.” That’s what Benjamin and Rüdiger appreciate most. “I don’t think we need someone who necessarily specializes in the health care of gay men,” Benjamin says, “but someone who is comfortable talking to us. If you don’t feel comfortable talking to your doctor, you might not ask questions that could get you the treatment you need.”

“Many things that most patients take for granted—being addressed by the proper pronoun and gender-inclusive restrooms, for example—could sometimes be frustrating to members of the LGBTQ community.” — Nicole Nisly, MD

Worth the risk?

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CDC FAST FACTS

See what the U.S. Centers for Disease Control and Prevention has to say about concussions and sports at cdc.gov/concussion/sports/
Ask an Expert  

PREDATORS, CYBER CRIMINALS, AND BULLIES: WHAT PARENTS AND TEENS SHOULD KNOW ABOUT INTERNET RISKS

From smart phones to Facebook, teens face a dizzying array of choices and opportunities through digital communication. On the one hand, this is good. Teens can immediately connect with their friends, family, and teachers in ways that enhance their social, technical, and academic skills. On the other hand, new risks abound. Worrisome terms like “sexting” (requesting or sending sexually explicit photographs or messages to others electronically) are part of the lexicon. In a recent study conducted in a large metro area, more than a quarter of the high school students surveyed had texted or emailed nude pictures of themselves. More than half had requested explicit pictures. In contrast to those who had not, the young women who sexted were more likely to:

• Have sex
• Have sex with multiple partners

Interestingly, these risky behaviors were not increased in young men who sexted. So what does this mean? For starters, remember that once something is posted online, it cannot be taken back. It can be captured and forwarded an infinite number of times. Besides being intensely embarrassing, teens can be left vulnerable to advertisers, predators, and even cyber-bullies. Security software might help in some cases but many household computer users inadvertently disclose identifying information, including location. Face recognition software can “tag” a person in a photo even if they don’t want to be identified. Photographs and emails can be altered and used maliciously. Because of these risks, here are a few suggestions:

• Begin supervision at a very early age. Ideally, children under age 2 should not watch TV, ever.
• Be mindful of what you watch because children ARE affected, even if they don’t appear to be paying attention.
• Keep the TV, computer, and other electronics out of the bedroom and in a public area of the home. This will enable you to watch shows with your child and teach media literacy by commenting on what is being watched.
• Personally practice Internet safety, especially regarding privacy, and teach it to your children. Take great care when sharing personally identifying information online, including Social Security numbers and credit card numbers.
• Limit what sites your child can visit. Talk about the dangers of inappropriate or provocative information or photographs. Parental guidance can provide a strong foundation of knowledge and safety.
• Continue Internet and social media safety discussions as your child enters the teen years and becomes increasingly independent. Although it might sound like parents are making all the decisions and dictating the rules, it is even more important to listen to what children are learning and experiencing. Guidelines may need to be modified as appropriate for the maturity of the child. Your child must know that he or she can come to you even if (or especially if) they make a mistake. All of us make mistakes in judgment. To live healthy lives in today’s digital world, parents need to be consistent in providing guidance and keeping communication open with their children.

www.netsmartz.org/Parents

Even users with strict privacy settings can unknowingly disclose personal information when sending messages to friends on Facebook. Your “friend” may not have privacy settings and the message can get shared publicly.

MARY LAREW, MD, Pediatrics, and GINNY RYAN, MD, Obstetrics and Gynecology, are University of Iowa Health Care physicians.

WORTH VISITING

Deliciously Veggie

Roasted potatoes with rosemary and garlic (six servings)

Ingredients

- 1 lb. fingerling potatoes, washed and cut in half lengthwise
- 8 cloves garlic, diced
- 3 sprigs (1 Tbs) fresh rosemary
- 2 Tbs extra virgin olive oil
- ½ tsp kosher salt

Directions

Preheat oven to 450 degrees. Place all ingredients on sheet pan and stir together. Roast potatoes for 20 minutes or until tender.

Gazpacho (six servings)

Ingredients

- 1 cucumber, peeled and seeded, chopped
- 1 red bell pepper, seeded, chopped
- 2 whole cloves garlic
- ½ red onion, peeled
- 3 vine ripe tomatoes
- 2 cups cucumber, peeled and seeded, cucumber and tomatoes with remaining olive oil, red pepper flakes, garlic, basil, balsamic vinegar, and salt. Place eggplant and tomatoes on Ciabatta bread, top with Mozzarella and fresh arugula.

Directions

Combine ingredients. Blend slightly (in food processor or blender) to desired consistency. Cover and refrigerate.

Watch CHEF HIB make all our recipes on video and get the nutritional information at uihospitalsandclinics.healthat铫wa
Imagine losing two of your most important senses—vision and hearing—at the same time. Children with rare inherited eye and ear diseases, including balance disorders, come to University of Iowa Children’s Hospital for evaluation and treatment of this difficult scenario. During a single visit, patients from around the country are seen in the UI Eye and Ear Genetics Clinic by multiple specialists. Patients receive a basic ear, nose, and throat exam, an audiogram if needed, and an OtoSCOPE® genetic test, a single test used to determine the cause of their hearing loss. Difficult-to-identify hereditary diseases like Waardenburg syndrome, Usher syndrome, and Pendred syndrome are diagnosed, as well.

DOUBLE WHAMMY EYES AND EARS

E-news for you

Get useful health information delivered to your inbox. Visit uihealthcare.org/newsletter and sign up to receive the electronic version of Health at Iowa or any of these free e-newsletters:

- Baby Steps (pregnancy and prenatal care)
- Building Blocks (children’s health)
- UI Cancer Online (cancer-related information)
- UI Pulse (heart and vascular care)
- Spirit of Women (women’s health)