A well-known Cedar Rapids car dealer went coast-to-coast for cancer care before finding the best option less than 40 miles away. “I just wasn’t aware of what was available here,” says Pat McGrath. McGrath’s saga began in 2007 when Cedar Rapids doctors diagnosed him with Stage IV melanoma. The ensuing years included consultation at the Mayo Clinic, interferon treatments in Pittsburgh, and new, more aggressive treatments in Santa Monica, Calif. The quest finally took a homeward turn when two family members—one a former oncology nurse—learned that UI’s Holden Comprehensive Cancer Center had launched a high-quality melanoma program. “Why not go there?” they asked. McGrath agreed, and was pleased to see immediate improvements, primarily in the thoroughness of his positron emission tomography scans (conducted quarterly to detect cancer recurrence). “I’ve had a lot of P.E.T. scans since 2007,” he says. In earlier scans, McGrath and his wife were shown to a room and he received his injection. There were no blood draws, no one checked blood sugar (glucose) levels, and he was given 45 minutes to read or listen to music, before the scan. “The first time we came to Holden, Mary Kay couldn’t come into the room, they didn’t want me to talk or read, they played very, very light music and the lights were really dim,” he says. McGrath learned from his UI doctors that research had shown that keeping brain activity to a minimum prior to a P.E.T. scan provided more accurate results. Additionally, staff tested his glucose and told him that if it reached a certain level, the scan would be postponed. Rather than 45 minutes, McGrath was given 80 minutes for his body to absorb the injection, minimize brain activity, and allow a more precise measure of glucose uptake. “It’s a whole different level of care,” McGrath says. Mohammed Milhem, MBBS, the program’s leader, says the Holden’s team approach to cancer care is a unique differentiator. Researchers, doctors, surgeons, and specialists discuss each patient’s situation and are apprised of treatments and procedures throughout a highly coordinated care process. “Patients feel more confident because they don’t have to repeat history or tell many different people what has happened,” Milhem says. “We all already know.”

‘The Holden’s team approach to cancer care and the focus on research with other institutions were important to me.’

– Pat McGrath
Shortly after Mariah Winters was born in 2001, her mother, Margaret, noticed something “just wasn’t right.” The infant had a flat spot above her right eye, making the eye appear larger than the left. Margaret’s pediatrician said the baby would grow out of it. Unconvinced, Margaret turned to the Internet for more information. During this time she finally saw what was really bothering her: Mariah’s ears were offset and uneven, and her right ear was pushed forward. After seeing two more doctors, including a neurosurgeon in Des Moines, Margaret still felt uncomfortable until she found Arnold Menezes, MD, a University of Iowa Children’s Hospital neurosurgeon. “Once we got to Iowa City and talked with Dr. Menezes, we knew we were in the right place,” Margaret says. Menezes—an internationally recognized specialist in pediatric neurosurgery and craniofacial surgery—determined that the front half of the right side of the skull had fused prematurely, not allowing for growth of the brain on that side as well as the eye and the midface. In a four-hour procedure, Menezes and the UI craniofacial surgical team corrected Mariah’s abnormality. Mariah was five months old at the time. Today, she is a healthy sixth-grader living in West Salem, Wis., with no sign of vision problems or other complications. “We’ve been coming back every two to three years for check-ups,” Margaret says. Fortunately, their insurance has let them continue to come to UI Children’s Hospital. “I am so glad we were able to find Dr. Menezes and that we could get in to see him,” she says. “I was always happy with the answers he gave, and he was always very thorough.” Mariah’s father, Michael, adds that the support staff was vitally important, too. “They really made us feel at home, like family,” he says.
AMY BEYER’S JOURNEY TO HEART HEALTH BEGAN WHEN SHE PASSED OUT WHILE DRIVING HER HUSBAND’S PICKUP. AMY DOESN’T REMEMBER HITTING THE GUARD RAIL BUT DOES VAGUELY RECALL HER 12-YEAR-OLD SON SITTING BESIDE HER AND YELLING, “MOM, MOM! YOU JUST WRECKED DAD’S TRUCK!”

Luckily, her son helped steer the vehicle to the side of the highway. While no one was hurt, something was clearly wrong. This led Amy to visit Denice Hodgson-Zingman, MD, a University of Iowa Heart and Vascular Center cardiologist who provides care at Medical Associates of Clinton. With no known family history of fainting or sudden death, her condition remained a mystery for months until Zingman’s heart monitoring efforts revealed the cause: arrhythmia. At the same time, it was realized that Amy indeed had relatives who had experienced fainting and even sudden death. Her actual diagnosis was long QT syndrome, a disorder of the heart’s electrical system. The condition was so serious that Amy “flatlined” twice during the monitoring period and could have died. Treatment involved an implantable cardioverter defibrillator (ICD), a small device placed in the chest that uses electrical pulses to help control the arrhythmias and prevent further, potentially fatal, fainting spells. Amy now “feels great” and credits her medical team for a superb outcome. She also has a new appreciation for the importance of sharing medical details, such as family history of disease, with your physician. “Dr. Zingman picked up on one piece of information and it made all the difference.”

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

For more on arrhythmias: Call the cardiology clinic at UI Health Care–Iowa River Landing at 319-467-2000 or toll-free 855-467-3700

For a heart risk assessment or screening: Call 319-356-2777

Amy Beyer (left) was an American Heart Association “Go Red for Women” participant. She and her son, Jared, are featured on the cover. For more women’s heart survivor stories, visit uihealthcare.org/survivor.
In many ways, 14-year-old Rebecca Hemm is one of the lucky ones. Children born with heart problems—in her case a defective pulmonary valve—often need life-saving surgery soon after birth. Happily, Rebecca didn’t need the defective valve replaced until 2003, when she was 4 years old. Additional procedures were not needed until 2010, when doctors at University of Iowa Children’s Hospital broke up calcification that had accumulated on her defective valve. In the fall of 2012, the time had come for valve replacement. And this time the family had a new option to consider, a non-surgical treatment called the Melody Transcatheter Pulmonary Valve. Abhay Divekar, MD, who is specially trained and certified in the Melody Valve procedure, describes it as a minimally invasive option for select children and adults who have undergone previous heart surgeries and have failing artificial pulmonary valves. “Although the Melody Valve does not eliminate the need for future open-heart surgery, it delays the next major intervention,” he says. The benefits were convincing to the family. “The whole thing went very quickly,” says Rebecca’s mother, Monika. “She got up out of bed that night and we took her home the next day. It was a very good experience.”

For more on this story:
uihealthcare.org/healthatiowa

Call UI Children’s Hospital, Pediatric Cardiology, at 319-356-2229

‘Rebecca was a great candidate and we’re happy the procedure delayed the need for the next open-heart operation.’
– Abhay Divekar, MD

PULMONARY VALVE
A one-way gate with three leaves that opens up so that the heart can pump blood from the right ventricle, one of the heart’s four chambers, to the lungs. When the valve doesn’t do its job—it can be blocked, leak, or both—the ventricle has to work harder.

MELODY VALVE 101
What’s different about the Melody Valve is not the valve itself—it’s the same valve used in open-heart surgery procedures—but rather the method of implantation. The procedure is done in a cardiac catheterization lab, not the operating room. Physicians thread a catheter through a vein in the leg up to the heart. The replacement valve is attached to a stent (a wire frame) that expands with the help of a balloon.
Hot flashes and night sweats make it difficult for many women to sleep well. While conventional drugs are available and might be the best option in some cases, there are potential risks. That’s why the demand for non-hormonal medications and over-the-counter supplements is on the rise, according to Veronika Kolder, MD, a gynecologist and medical director of the menopause clinic with University of Iowa Women’s Health. “Hot flashes during menopause may not be completely avoidable, but there are still things you can do,” she says. “Soy products and black cohosh (available as Remifemin®), are available over the counter and might benefit some women.” Kolder cautions that these substances may not be appropriate for everyone, so interested women should talk with their providers before using them. In addition, certain behaviors may make hot flashes more frequent or severe.

For more information
• Call the UI Women’s Health Center at 319-356-2294
• Call toll-free 800-777-8442 (be sure to ask for the UI Women’s Health Center)
• Call UI Hospitals and Clinics–Iowa River Landing at 319-467-2000

Avoid
Stress
Caffeine
Alcohol
Spicy foods
Tight clothing
Heat
Cigarette smoke

Suggestions
Cool your bedroom at night (try chilling your pillows)
Wear light layers of clothes with natural fibers such as cotton
Practice deep, slow abdominal breathing (six to eight breaths per minute) twice daily and when hot flashes begin
Exercise daily

Hot flashes?
Night sweats?
Here’s the scoop

Hot flashes and night sweats affect over 75% of women in perimenopause and menopause. For some, the impact is debilitating.
Several University of Iowa doctors teach moms to stimulate baby’s calming reflexes for better sleep patterns and happier wake times. Two of these doctors are family medicine physician Katie Imborek, MD, UI Health Care–Southeast Iowa City, and UI Children’s Hospital pediatrician Dayna Miller, UI Health Care–North Liberty.

“Our teaching tools include baby dolls as well as hands-on demonstrations with fussy babies,” Imborek says. Specifically, she and Miller use “Happiest Baby on the Block” principles developed by Harvey Karp, MD, a best-selling author/pediatrician. The premise is that babies are born three months early, but with good reason. “At nine months, a baby’s brain becomes so big it becomes dangerous to wait any longer,” Imborek says. Indeed, all babies are born with amazing survival reflexes like sucking, grasping, and crying. However, it is not until they are four months old that they finally become skilled at cooing, laughing, sucking their fingers, and other self-calming tricks. The calming techniques proven to be effective in the first three months are successful because they simulate the environment of the mother’s womb. Both physicians teach the **five S techniques** advocated by Karp for fussy infants (visit Health at Iowa online to view the **five S techniques** in detail).

**Five S’s in brief**
- Swaddling
- Side/Stomach Position
- Shhhhing
- Swinging
- Sucking

**Be safe**

Users of “Happiest Baby” techniques must be careful not to leave babies sleeping face down, thereby increasing the risk of sudden infant death syndrome. “We are very careful to warn parents about not leaving babies in this position,” says Katie Imborek, MD.
Roger Batchelder is no stranger to chainsaws. The 74-year-old retired firefighter from LaPorte City, Iowa, has felled many trees without incident. Unfortunately, his luck changed last year. In a flash, one stubborn tree, aided by tricky winds, fell in Roger’s direction, causing him to stumble into a hole. His wife, Patty, was able to assist, but only after viewing a shocking sight: her husband’s right hand and wrist were severed.

An air ambulance crew kept the salvaged forearm on ice while transporting Roger to University of Iowa Hospitals and Clinics. There, a team of trauma surgeons awaited. Three members of the team, plastic surgeon Jerrod Keith, MD, surgeon Bradley Coots, MD, and orthopaedic surgeon Todd McKinney, MD, took the hand to the operating room to prepare it for surgery, which included identifying all of the nerves, tendons, and tissues. This was critical, as the window for reattaching a severed forearm is no more than five or six hours. Roger actually had a choice at this point: Undergo hand surgery (highly risky, possibly life-threatening) or learn to live with a prosthetic hand. Roger chose the hand reattachment option, barely blinking an eye.

Today, his right hand is successfully reattached, with some function. Roger is grateful beyond words. “Anything that nature gives you is better than something that’s made by man,” he says.
Music was always important to the late Kim Van Horn, a trained vocalist. For years, however, her ability to sing had been hampered by type 2 diabetes and related issues such as kidney failure, which required regular dialysis treatments near her home in Clinton, Iowa. Some days could be challenging physically and emotionally, but then Kim received a significant boost after being transferred to University of Iowa Hospitals and Clinics. There, she met Meredith Cairer, a music therapist from the adult palliative care team. The team includes doctors, nurses, therapists, social workers, and others who work with patients and families to meet their physical, psychological, social, and spiritual needs. Palliative medicine is not strictly end-of-life or hospice care; it also helps while treatments and cures are still being pursued. “Music therapy helps patients manage pain as well as anxiety and changes in mood,” says Ann Broderick, MD, director of the UI Adult Palliative Care Program. Meredith says she learned about music that meant the most to Kim and provided songs that allowed Kim to express herself again in singing, which validated her life and helped her identify music as a coping skill. Kim returned home to continue dialysis with a new outlook and hopes for a better quality of life in spite of her troubles. Unfortunately, she died of complications from her illness on March 30, 2013. In an interview with Health at Iowa before her death, Kim had said, “Music enables you to make an emotional connection with other people and with yourself. How can you not feel better when you’re singing?”

Music Therapy

- Research has shown that music therapy helps patients with a variety of conditions—cancer and respiratory diseases; speech and language problems; limitations in movement and mobility; memory and cognition issues; and anxiety and mood disorders, among others
- In 2012, the university’s adult and pediatric palliative care teams became the first in Iowa to achieve Advanced Certification in Palliative Care from The Joint Commission, the organization that accredits U.S. hospitals
- To learn more, call 319-356-4718 or visit uihealthcare.org/musictherapy
- For more information about palliative care, call 319-384-8690 or visit uihealthcare.org/palliative care

Harmony & Health

Music therapist Meredith Cairer sings with patients to help them cope with serious illness.
When people with celiac disease eat foods containing wheat, rye, barley, and sometimes oats, they develop rash-like inflammations that injure their intestines. Imagine a healthy small intestine where the villi—little finger-like projections that soak up nutrients—stand upright like a shag carpet. In celiac patients, the villi lie flat like a tile floor. This condition—an autoimmune reaction to the protein gluten in aforementioned grains—significantly reduces the patient’s ability to digest and absorb nutrients needed for good health.

Like other immune-mediated diseases, celiac disease is being recognized more often. Yet most people with celiac disease are unaware they have it. This is because many of the condition’s symptoms are non-specific. Symptoms can include fatigue, bloating, abdominal pain, nausea after eating, loose stools, and weight loss. Not everyone has all or even any of these symptoms. In patients who are symptom-free, celiac disease is typically discovered during testing to for unexplained anemia or thin bones caused by poor absorption of iron and calcium. Celiac disease also can cause liver problems, infertility, and a specific itchy rash called dermatitis herpetiformis.

If celiac disease is suspected, doctors can screen for the disorder with simple blood tests that look for antibodies associated with celiac disease. Most celiac patients have these antibodies, although people without celiac disease can have the antibodies and people with celiac disease can lack them.

Treatment requires a gluten-free diet, which means avoiding foods containing wheat, rye, barley, and sometimes oats. Because these grains are used in many foods—sometimes in trace amounts not listed among the ingredients—gluten-free diets can be quite restrictive. Now that celiac disease is more commonly recognized, however, many companies have started making gluten-free products. Indeed, gluten-free eating can be quite enjoyable (for example, see our gluten-free “Good Health Recipes” in this issue of Health at Iowa).

Adhering to a gluten-free diet is vital for celiac patients. When adhering strictly to the diet, the patient’s intestine heals and blood tests normalize. Eventually, as long as the diet remains totally gluten-free, a patient’s celiac disease may be undetectable. However, reverting to a regular diet assures that the inflammation and blood test abnormalities will return.

The stakes are high. Long-term inflammation can permanently damage the intestines and lead to serious illness, including cancer of the immune system.

In University of Iowa clinics, patients are taught how to avoid foods that contain gluten, and are occasionally tested to make sure they are not being inadvertently exposed to gluten.

Some people are at higher risk. For example, people with autoimmune or type 1 diabetes have a ten-fold higher risk of developing celiac disease. Celiac disease also tends to run in families. People with immediate family members who have celiac disease are more likely to develop the illness. Therefore, we often screen certain people for celiac disease even if they have minimal or no symptoms.

Gluten-free diets have become popular among many people who do not have celiac disease because it makes them feel better. This is fine as long as the diet is well-balanced. However, these people can eat gluten-containing foods if they wish. Patients with celiac disease have no such luxury. They must refrain from eating any foods with gluten, even trace amounts. Anyone who thinks gluten is causing them problems should be tested to see if celiac disease is the cause.

Celiac disease testing
The definitive test for celiac disease is an upper endoscopy and small bowel biopsy. To schedule a test with the Celiac Disease Clinic at the University of Iowa, call 319-356-4901. Pediatric patients are cared for by physicians at UI Children’s Hospital, 319-356-2229.
Gluten-Free Recipes

ENJOY THESE CULINARY DELIGHTS FROM CHEF HILBERT STOELK AND THE FOOD AND NUTRITION SERVICES STAFF AT UI HOSPITALS AND CLINICS

Kilee’s avocado smoothie

Ingredients
1 avocado
1 Cup fat-free milk
1 Cup ice
2 Tbs. sugar
1 tsp. vanilla extract (must be gluten-free product)

Directions
Place all ingredients in a blender and blend until smooth. Serve chilled.

Yields two servings.

Spiced basmati rice with raisins and pinenuts

Ingredients
1 Cup basmati rice
1¼ Cup chicken stock (must be gluten-free product)
2 cinnamon sticks
2 bay leaves
¼ Cup raisins
¼ Cup pinenuts
Pinch of kosher salt

Directions
Rinse rice in mesh strainer under cold water 2 minutes to wash off some starch from surface. Bring rice, stock, cinnamon stick, and bay leaf to boil in sauce pan. Reduce heat and cover after rice has reached a boil. Simmer 15 to 20 minutes. Rice will be done when tender and all liquid is absorbed. Remove from heat. Remove cinnamon sticks and bay leaves. Fold in the raisins and toasted pinenuts. Serve hot.

Yields four servings.

Green bean salad with dried cherries and almonds

Ingredients
1 lb. fresh green beans, trimmed
1¼ Cup dried cherries (must be gluten-free product)
3 Tbs. toasted almonds
Juice of ½ lemon
1 Tbs. extra virgin olive oil
Pinch of kosher salt (less than ¼ tsp.)

Directions
Blanch green beans in boiling water 3 to 4 minutes. Place beans in ice bath to chill. Drain. Add cherries and almonds to green beans. Mix lemon and olive oil together and toss with all ingredients in bowl to combine. Serve chilled.

Yields four servings.

WATCH CHEF HIB MAKE ALL OUR RECIPES ON VIDEO AND GET THE NUTRITIONAL INFORMATION AT uihealthcare.org/healthatiowa
Now that University of Iowa Health Care–Iowa River Landing is up and running in Coralville, other innovative new projects have come to the fore. These projects (and scheduled completion dates) include:

- New UI Children’s Hospital (under construction above, Spring 2016)
- Pappajohn Biomedical Discovery Building (Summer 2014)

For more details, visit [uihealthcare.com/healthatiowa](http://uihealthcare.com/healthatiowa)

E-news for you

Get useful health information delivered to your inbox. Visit [uihealthcare.org/newsletter](http://uihealthcare.org/newsletter) and sign up for any or all of these free e-newsletters:

- **Baby Steps** (pregnancy and prenatal care)
- **Building Blocks** (UI Children’s Hospital)
- **Health at Iowa** (consumer advice)
- **UI Cancer Online** (Holden Comprehensive Cancer Center)
- **UI Pulse** (UI Heart and Vascular Center)
- **Uniquely You** (UI Women’s Health)

HEALTH AT IOWA

Health at Iowa is your source for medical news and advice about keeping healthy. Health at Iowa is available on a complimentary basis to anyone who is interested in the topics we cover. For additional stories and more in-depth information, visit uihealthcare.org/healthatiowa.

GO GREEN

To receive your copy electronically rather than by U.S. mail, please send an email request to health@uiowa.edu.

QUESTIONS OR REQUESTS

We regret any mailing problems such as duplicate copies. To receive or stop receiving Health at Iowa or to change your mailing address:

- Send email to health@uiowa.edu
- Visit uihealthcare.org/healthatiowa
- Call 319-356-1009
- Send correspondence to University of Iowa Health Care, Marketing and Communications, 200 Hawkins Dr., W319 GH, Iowa City, IA, 52242-1009

UNIVERSITY OF IOWA HEALTH CARE

Iowa’s only comprehensive academic medical center.

UI VICE PRESIDENT FOR MEDICAL AFFAIRS
Jean E. Robillard, MD
CEO, UI HOSPITALS AND CLINICS
Kenneth P. Kates
DEAN, UI CARVER COLLEGE OF MEDICINE
Debra A. Schwinn, MD
ASSOCIATE VP FOR MARKETING AND COMMUNICATIONS
Ellen Barron
EDITOR
Michael Sondergard
DESIGNER
Nancy Zear
CONTRIBUTING WRITERS
David Pedersen, Molly Rossiter, Anne Duggan
PHOTOGRAPHY
Susan McClellen, Thinkstock, Envisage Studios, PMCStudios
WEBMASTER
Greg Johnson

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information, contact the Office of Equal Opportunity and Diversity, 319-335-0705.

Printed on 30% Post Consumer Waste recycled paper