Sitting down to a meal should be one of life’s simple pleasures. For Dan Schmertman, it was anything but that. The 57-year-old Iowan had lived for years with achalasia, a disorder of the esophagus—the tube that carries food from the mouth to the stomach. But thanks to a per-oral endoscopic myotomy (POEM), a new procedure at University of Iowa Hospitals and Clinics, eating is now much easier.

With achalasia, a muscular ring at the point where the esophagus and stomach come together does not relax during swallowing. This prevents food from entering the stomach, leading to regurgitation, heartburn, and chest pain. For Dan, mealtime was literally hard to swallow, and painful. Then, in 2013, while vacationing, Dan went to an emergency room with what felt like a heart attack. It was achalasia. Back home, after talking with his family doctor, Dan contacted UI Hospitals and Clinics, where cardiothoracic surgeon Mark Iannettoni, MD, suggested POEM. The new procedure was a collaborative effort—specialists John Keech, MD, and Henning Gerke, MD, had recently completed POEM training. During the procedure, doctors pass a tiny blade through an endoscope (tube) to make a small slit in the lining of the esophagus. This divides the muscle that is restricting the passage of food. Afterwards, doctors pull back the endoscope and repair the slit. POEM typically means minimal, if any, pain and a short recovery time. “The patient does a swallowing test the next day to make sure there are no problems, and that’s it,” Keech says. “This technique is truly the wave of the future for this type of disorder.”

Read more of this story and watch a video at uihealthcare.org/healthatiowa
When Jeanne and Dewayne Scott decided they were ready to have a baby, they knew they were going to have to take a non-traditional approach because Jeanne was facing potentially risky medical issues. “Dewayne really wanted a baby that was genetically linked to us, so we started looking for a gestational carrier or program,” Jeanne says. The Eldridge, Iowa, couple found what they wanted after a physician referral to University of Iowa Women’s Health and obstetrician-gynecologist Ginny Ryan, MD. UI Women’s Health works with three national carrier and egg donor agencies, all of whom carefully screen the women who will serve as carriers or egg donors and manage other issues for the family. Jeanne and Dewayne opted to have one of Jeanne’s eggs fertilized rather than use donor eggs. The couple’s agency identified several possible gestational carriers, including a woman in Cedar Rapids. “That really worked well because we got to be involved in her OB care,” Jeanne says. The couple’s daughter, Allison Taylor Scott, was born March 3, 2012. “Our gestational carrier let us take part in everything,” Jeanne says. The carrier is still a part of the family’s life, and they all get together occasionally. Ryan says the program has expanded since it was first started five years ago. By partnering with different outside agencies, the program can now serve people with a wide range of medical diagnoses, and also is available to same-sex couples who want to become parents, as long as there is a genetic link to at least one of the parents.

“Having an inter-agency partnership takes some of the responsibility out of our hands, but we’re still accountable for the outcomes.”

– Ginny Ryan, MD

READ MORE AND WATCH A VIDEO
Visit uihealthcare.org/healthatiowa
‘TRUST YOUR INSTINCTS’

MOM’S PERSISTENCE SAVES BABY FROM HIRSCHSPRUNG’S DISEASE
“The University of Iowa’s doctors saved my baby’s life!”

– Kimberly Andon

Maybe it was mother’s intuition, her experience as a nurse, or her own mother’s advice to “trust your instincts.” Whatever the reasons, Kimberly Andon of East Moline, Ill., realized something was wrong. She had just given birth to a baby girl, Blakeley. Kimberly’s husband, Shane, has Hirschsprung’s Disease (HD), a potentially life-threatening condition in which missing nerve cells interfere with the colon’s ability to function. Blakeley was therefore at possible risk for inheriting HD, although pre-pregnancy counselors had said the risk was low and her care providers saw no cause for alarm. However, when Blakeley did not tolerate breast-feeding and vomited, Kimberly approached Peter Metcalf, MD, a Genesis Health Group pediatrician who subsequently referred Blakeley to University of Iowa Children’s Hospital. “It was the best decision we ever made,” Kimberly says. Headed by pediatric surgeon Joel Shilyansky, MD, the UI team included pediatric anesthesiologists, certified registered nurse anesthetists, advanced care nurses, and therapists—all specially trained and/or certified in the care of infants and children. Biopsies proved that Blakeley had a complicated form of HD and would need staged, corrective surgery. Six days after her birth, an operation allowed her to eat and grow. Five months later, a bad section of colon was removed and Blakeley’s intestines were reconstructed to create a functioning system. Blakeley is now growing, happy, and well. She continues to be monitored by her UI team and follow-up care is available at the UI Children’s Hospital pediatric specialty clinic in Bettendorf. Operated in affiliation with Genesis Health System, the clinic offers pediatric specialty consultations and appointments with pediatric specialists.

For more information, visit:
- uihealthcare.com/healthatiowa
- uichildrens.org/quadcities
- call 855-543-2884 (855-KID AT UI)

Risk Factors

- Sibling with Hirschsprung’s
- Being male (more common)
- Having other inherited conditions

Newborn symptoms

- No bowel movement
- Swollen belly
- Vomiting
- Constipation or gas
- Diarrhea

Symptoms in older children

- Swollen belly
- Chronic constipation
- Gas
- Failure to gain weight
The morning Emma Fox-Gatica had the first of two strokes, she was so dizzy she couldn’t get out of bed. “My husband at the time knew something was wrong as soon as he saw me,” she says. An MRI in a Dubuque, Iowa, emergency room confirmed the diagnosis. While Emma had seemed perfectly healthy at the time (18 years ago), family history worked against her. Both her father and grandfather had suffered strokes. Now, after surgery, Emma’s children were being told that their mother might not walk or talk again. “Little did they know who they were dealing with!” she laughs. Her post-surgery regimen included physical therapy and medication for depression, a complication from the surgery. “After six months, I was done with the medicine. I didn’t need it anymore,” she says. After a second stroke a decade later, Emma received expert care at the University of Iowa Comprehensive Stroke Center. Today, as a rare two-time stroke survivor, Emma views her strokes as blessings in disguise. “I am supposed to be here,” she states, referring to the UI Stroke Center, where as a volunteer she meets with stroke patients and their families. “I call them my children,” she laughs. “They can be 19 or they can be 99, it doesn’t matter.” Emma says strokes have taught her to “live in the moment”—that is, savor the world around her. “There is no way I give them anything close to what they give me.”

What is stroke?
An interruption of the blood supply to any part of the brain. Sometimes called a “brain attack.”

Risk factors you can change
• Smoking
• High cholesterol
• High blood pressure
• Diabetes
• Lack of exercise
• Excess weight
• Alcohol/drug abuse

READ MORE AND WATCH A VIDEO
Visit uihealthcare.org/healthatiowa
Call 800-777-8442 and ask for the UI Comprehensive Stroke Center
Fibrosing mediastinitis. Most people probably have no idea what it is. Unfortunately, Cody Fry of Davenport, Iowa, is all too familiar with the term. It’s an enemy that literally threatens his life. Cody’s battle began with an infection from *Histoplasma capsulatum*, a fungus often found in association with bird or bat droppings. It is common in the Midwest, especially in the Mississippi River Valley where Cody lives. Lung infections can occur after a person unknowingly inhales airborne, microscopic fungal spores. Many people do not get sick, but some become ill and are diagnosed with histoplasmosis. While most forms of histoplasmosis may require little or no treatment, it can in rare cases progress to fibrosing mediastinitis. This potentially lethal condition occurs when the body produces excessive scar tissue in response to the infection. Cody is one of those unfortunate few. Now 22, Cody first became sick in 2011 after somehow being exposed to the *Histoplasma* fungus, forcing him to drop out of college. “I have been to University of Iowa Hospitals and Clinics so many times that it feels like my life revolves around this disease,” he says. Douglas Hornick, MD, a UI lung specialist, says the scar tissue in Cody’s lungs can block the major blood vessels or bronchial tubes, making it difficult to breathe. To save his life, a multidisciplinary team of UI specialists has skilfully managed a series of dangerous complications. For example, when Cody began coughing up blood, interventional radiologists guided tiny catheters into the bronchial vessels to control the bleeding. Treating narrowed heart veins required specialized care from James Rossen, MD, UI Heart and Vascular Care. For now, the plan is to keep using advanced technology and teamwork to help Cody hold the disease at bay. “It is the best we can do until more effective treatments can be developed,” Hornick says.

“We can’t cure fibrosing mediastinitis, but we use modern medical techniques developed for more common medical problems and apply them creatively to manage this rare disorder.”
– Douglas Hornick, MD
Noah Brown was a college student: He played intramural sports, spent time with his girlfriend, and focused on his studies at Iowa State University. Then, in the fall of 2012, fatigue set in and persistent mouth sores appeared. A few months later, he learned the cause: leukemia. For treatment, Noah’s doctor recommended two options: The Mayo Clinic or the Holden Comprehensive Cancer Center at the University of Iowa. “Our choice was easy; we chose Holden,” says Greg Brown, Noah’s father. “We’re really glad we did.” Over the next eight months, with the help of his highly specialized cancer team, Noah fought the leukemia. In December 2013 he was declared cancer-free. Thinking back, Noah says he was surprised at the diagnosis. “It never entered my mind that, a pretty healthy kid like me, would come down with cancer.” Greg and Noah’s mother, Staci, feel the same way. Each had their own ways of dealing with Noah’s illness. For Greg, a professional photographer, it was chronicling Noah’s journey through photos. He took pictures of almost everything—trips to lunch in a hospital cafeteria, injections, chemotherapy, ports, and needles. He also documented the care team that came to mean so much to the Brown family. For his part, Noah is no longer afraid to dream. “My hopes for the future would be to just stay healthy, stay active. Not let cancer become a crutch, but something that just makes me stronger,” he says.
Is preventing cancer possible? Two announcements this past year made me think a lot about this question. A national pharmacy chain bravely stated they will stop selling tobacco products, even though sales of these products contribute to their financial bottom line. The announcement was greeted by well-deserved and enthusiastic approval from several cancer organizations, including the American Cancer Society. Less encouraging were predictions by the National Cancer Institute, the American Cancer Society, and the World Health Organization, all of whom say the worldwide burden of cancer will nearly double by 2030. This is due to a growing and aging population, increasing tobacco use, higher obesity rates, and limited cancer prevention and early detection efforts in many parts of the world. So … can we really prevent cancer? The short answer is, “yes and no.” Yes—our choices have a major impact on our risk of getting cancer. More than 50 percent of cancer deaths are related to lifestyle choices. A healthy lifestyle reduces our chance of getting cancer. No—we do not know how to prevent all cases of cancer. We all know stories of people who did not get cancer despite doing everything wrong—smoking, poor diet, overweight, never getting screened for cancer. We know of others who developed cancer despite doing everything right—no tobacco, excellent diet, exercise, following cancer screening guidelines. In fact, some folks use such stories to claim “we can’t prevent cancer” and continue poor health choices. Because the word “prevention” can be interpreted as being absolute (“yes” or “no”), and, therefore, can be discounted, some advocates have advised use of the phrase “risk reduction” instead. One such organization is C-Change, which includes leaders from the private, public, and not-for-profit sectors working together to eliminate cancer as a public health concern. As co-chair of a C-Change group that is focusing on comprehensive cancer control, this issue is especially engaging for me. But whether we say “prevention” or “risk reduction,” encouraging and supporting healthy choices at home and abroad will be vital to reducing the worldwide burden of cancer. Meanwhile, I need a small notebook to track my weight and exercise routine as I try to reduce my own risk of cancer. I think I will make a special effort to buy one at a pharmacy that stopped selling tobacco.

FOR MORE of Weiner’s insights on cancer or to sign up for his free blog (Holden the Line on Cancer), visit medcom.uiowa.edu/holden/.
As a staff nurse, Linnea Welander is accustomed to being around illness. But that familiarity didn’t begin with her patients. When Welander was 10 years old, her sister was diagnosed with type 1 diabetes. As a result, for years, Welander participated in a national study to monitor her own risk for developing the disease. When she moved to Iowa six years ago, Welander joined a similar study at University of Iowa Hospitals and Clinics. At her second appointment, one month before becoming pregnant, Welander was diagnosed with type 1 diabetes. Since then, the 30-year-old mother of two has worked with UI specialists (endocrinologists, researchers, dietitians, diabetes nurse educators, and obstetricians) to ensure that her diabetes care addresses her overall health. Welander has attended classes to master her insulin pump and learn to adjust her insulin intake. “Having access to all of the medical specialists, as well as meeting with dietitians, really helps,” she says. “Everything is in one place and they all communicate together.” UI endocrinologist E. Dale Abel, MD, PhD, director of the UI Fraternal Order of Eagles Diabetes Research Center, says the UI’s holistic approach to long-term diabetes care produces the best outcomes.

“The most successful diabetes patient is the one who takes ownership of the process.”
– E. Dale Abel, MD, PhD

Living with diabetes

MOM’S LIFE SHINES THANKS TO TEAM-BASED CARE PROGRAM

As a staff nurse, Linnea Welander is accustomed to being around illness. But that familiarity didn’t begin with her patients. When Welander was 10 years old, her sister was diagnosed with type 1 diabetes. As a result, for years, Welander participated in a national study to monitor her own risk for developing the disease. When she moved to Iowa six years ago, Welander joined a similar study at University of Iowa Hospitals and Clinics. At her second appointment, one month before becoming pregnant, Welander was diagnosed with type 1 diabetes. Since then, the 30-year-old mother of two has worked with UI specialists (endocrinologists, researchers, dietitians, diabetes nurse educators, and obstetricians) to ensure that her diabetes care addresses her overall health. Welander has attended classes to master her insulin pump and learn to adjust her insulin intake. “Having access to all of the medical specialists, as well as meeting with dietitians, really helps,” she says. “Everything is in one place and they all communicate together.” UI endocrinologist E. Dale Abel, MD, PhD, director of the UI Fraternal Order of Eagles Diabetes Research Center, says the UI’s holistic approach to long-term diabetes care produces the best outcomes.

“It’s important for patients to embrace the lifestyle and changes needed to manage their condition,” Abel says.

“One of our goals for stable patients is to manage them intensively, and when they meet certain goals we send them back to their primary care providers with well-articulated care plans.”

For more information
Call 800-777-8441 or 319-356-8133, or 319-467-2000 for UI Health Care Iowa River Landing, Coralville.
ENJOY THESE CULINARY DELIGHTS FROM CHEF HILBERT STOELK AND THE FOOD AND NUTRITION SERVICES STAFF AT UI HOSPITALS AND CLINICS

Delicious & healthy

Roasted squash salad (8 servings)

Ingredients
- 4 yellow squash
- 4 zucchini
- 2 cloves garlic, minced
- 2 Tbs extra virgin olive oil
- 1 Tbs balsamic vinegar
- ⅓ Cup fresh basil, whole leaves torn
- ¼ Cup sundried tomatoes
- Pinch of kosher salt (less than 1/8 tsp)

Directions
Cut yellow squash and zucchini in eighths lengthwise and place on sheet pan. Drizzle with olive oil and balsamic vinegar, add garlic. Mix components on sheet pan to evenly coat. Roast in 450 degree oven for 6-8 minutes or until just soft. Transfer to large bowl and toss with fresh basil and sundried tomatoes. Serve either family style or individually plated.

Black bean salsa (4 servings)

Ingredients
- 1 ear grilled or roasted corn, kernels cut from ear
- 2 avocados, flesh diced
- 1 15 oz. can black beans, drained and rinsed
- 3 Tbs cilantro, chopped
- 1 jalapeño, seeded and diced
- 2 limes, juiced
- ¼ tsp fresh garlic, minced
- Pinch kosher salt (less than 1/8 teaspoon)

Directions
Combine all ingredients and mix in bowl. Serve chilled.

Panzanella salad (8 servings)

Ingredients
- 4 Cups rustic bread, cubed and toasted in oven
- 1 Tbs sherry or red wine vinegar
- ½ Cup extra virgin olive oil
- 1 clove garlic, minced
- 1 Cup red onion, thinly sliced
- 5 vine ripe tomatoes, cubed
- ¼ Cup Italian parsley
- Pinch kosher salt (less than 1/8 tsp)

Directions
Combine and mix ingredients in a bowl.

Get nutritional information and see other recipes at uihealthcare.org/healthatiowa
High rankings

Nine adult specialties at University of Iowa Hospitals and Clinics and eight children’s specialties at UI Children’s Hospital earned recognition from U.S. News & World Report for 2014-15. The nine adult specialties, all ranked in the Top 50, are:

- Cancer
- Cardiology and Heart Surgery
- Ear, Nose, and Throat
- Gynecology
- Nephrology
- Neurology and Neurosurgery
- Ophthalmology
- Orthopaedics
- Urology

In addition, four adult specialties are ranked as “high performing”: Diabetes and Endocrinology; Gastroenterology and GI Surgery; Geriatrics, and Pulmonology. The eight UI Children’s Hospital specialties appearing in the magazine’s “Best Children’s Hospital” rankings are: Cancer; Cardiology and Heart Surgery; Diabetes and Endocrinology; Neonatology; Nephrology; Neurology and Neurosurgery; Orthopaedics; and Pulmonology. For details, visit uihealthcare.org/healthatiowa or health.usnews.com/besthospitals.

Better, together

Good news for many families: Pediatric Associates of Iowa City and Coralville has joined University of Iowa Health Care. Working together, the two partners pledge to offer more coordinated care and a wider range of services. For more information, visit uichildrens.org/pediatrics/.