Coronary artery bypass grafting, or CABG, attaches a healthy conduit (artery or vein) to a blocked one, and is regularly used to treat severe coronary heart disease. According to the National Institutes of Health, CABG is the most common type of open-heart surgery in the U.S.

UI Hospitals and Clinics offers Robotic-Assisted CABG, a minimally invasive option that provides the traditional benefits of CABG without the sternotomy. “Our exceptional robotic experience combines with our surgical expertise for a unique multi-disciplinary approach,” said Mohammad Bashir, MBBS, Clinical Assistant Professor of Cardiothoracic Surgery. “We can offer percutaneous coronary intervention as well, in the setting of a hybrid revascularization approach.”

Robotic-Assisted CABG is available to patients with single vessel coronary artery disease to the Left Anterior Descending artery (LAD); a hybrid approach handles multi-vessel cases. “We shouldn’t exclude people with single-vessel disease to the LAD from the benefits of an arterial bypass,” said Bashir. “With this approach, we can offer excellent outcomes, and a fast return to work.”

Documented benefits of Robotic-Assisted CABG can alleviate patient fears and concerns about open-heart surgery. Incisions are small, allowing for rapid healing and minimal scarring. Hospital stays are not nearly as long, and post-operative pain is significantly reduced in duration. Recovery is quicker with few or no activity restrictions. Patients can resume their regular activities and schedules with surprising speed.

As techniques and technology advance, Bashir looks forward to a complete robotic cardiac surgery program that includes treatments for multi-vessel disease, mitral valve repair and more.

While patients with a BMI above 35 or an ejection fraction less than 20% may not be ideal candidates, each can be assessed on a case-by-case basis. “Just about everybody can be evaluated for this procedure,” Bashir said.
Yes, Kids Can Get Headaches—And We Have A Clinic For That

The Pediatric Neurology Headache Clinic addresses a painful issue for many children: acute and chronic headaches. The Headache Team, made up of nurse practitioners, a pediatric neurologist, a dietitian, a physical therapist, and a psychologist, sees children of all ages, from toddlers to 18-year-olds.

The team takes a holistic approach to their patients, with a comprehensive evaluation that addresses comorbidities, psychosocial issues, family dynamics, lifestyle habits and more. “Our initial appointments are lengthy,” said Shelly Flynn, RN, MA, ARNP. “We take the time to get an extensive history and search for any underlying reasons for the headaches.”

Treatment for the patient often means education for the parents, many of whom are unaware of the amount of suffering childhood headaches can cause. “We’ve heard ‘I didn’t think kids could have headaches’ from a lot of parents,” said Flynn. “But kids definitely have headaches, multiple kinds that can significantly interfere with their quality of life, and accurate diagnosis is crucial.”

Diagnosis and treatment are important to the child’s future as well as their present comfort: Recent data shows that poorly managed childhood migraines often lead to a worse adult prognosis.

Since its inception in June 2014, the clinic has functioned as a consultative service. “We evaluate the patient and initiate a treatment plan,” said Flynn, “then we serve as consultants to referring providers. Our goal is to return the patient to the primary care provider within a few months of the initial evaluation.”

In addition to the main hospital, the Pediatric Neurology Headache Clinic provides outreach services to clinics in Waterloo, North Liberty, Bettendorf and Dubuque.

Indications for Referral
Is the child’s headache being treated with over-the-counter medications more than twice a week? Is the frequency of the headaches interfering with school attendance or the quality of life?

Progress With PAC
On July 1, 2015, centralized scheduling transitioned to UI Physicians management, and became The UI Patient Appointment Center (PAC).

In the first several months of the new program, PAC has made extraordinary strides in key indicators of patient service. The abandonment rate (percentage of callers who hang up before being served) has decreased from 7.57 percent in August 2015 to an exceptional 2.59 percent in March 2016: so for every 100 patients who call, five more are connecting with a representative. And with more than 2,000 calls a day, that difference is significant. Work queues, which stood at 3.8 days of inventory in September 2015, had been reduced to just 1.7 days by March 2016.

“We’ve been able to hire a group of really talented individuals who are committed to trying to do the right things for both providers and patients,” PAC currently has 144 staff, including administrators, managers, trainers, and 118 schedulers.

And the PAC isn’t just a call center. Staff also work on provider orders, messages from the call center, requests from medical records and clinic nurses, MyChart inquiries, and more. Ongoing communication with providers is essential to PAC’s continued success. “Providers should bring their concerns straight to us,” Semrau said. “We work from departmental directives and guidelines: this is really a collaborative relationship. There is much work to do, but we are on the right track.”

Open for Business
With a new opening time of 7am, PAC now answers about 100 calls every day before 8am.

Centralized Contact
PAC has created a centralized contact to coordinate and consolidate services for Department of Corrections patients, leading to more streamlined service, fewer transports, and less disruption for other patients.
Precision Counts: Mohs Surgery Tumor Removal

Mohs surgery is a precise surgical procedure that progressively removes layers of cancer-containing skin until the area is cancer-free.

With a cure rate of 98 percent for non-melanoma skin cancers, Mohs surgery spares healthy tissue and minimizes scarring. It is effective for both small and large tumors. During the procedure, the patient is awake under local anesthesia, and reconstruction is often done the same day.

To begin, a piece of skin containing the cancer is removed. The patient rests while the tissue is processed in the lab (on the unit), which takes about one hour. If any positive tumor remains, a second small piece of skin is removed that corresponds to that section, not the entire area. The process is repeated until the entire tumor is removed.

The precision of Mohs surgery saves both time and skin. Traditional excision treatments take days. Mohs surgery spares healthy tissue and removes a much larger margin of healthy skin around the entire area, and lab results can take days.

Internal referring providers are strongly encouraged to upload a photo to the media tab in Epic to show exactly where they biopsied. This ensures accuracy for the site of surgery on the day of Mohs surgery.

Surgical Treatments for Lymphedema

A side effect of cancer treatment, lymphedema is especially common in breast cancer survivors. It often results in the swelling of an arm or leg caused by a blockage in the lymphatic system. As the swelling worsens, it causes nerve compression, which in turn creates motor dysfunction, numbness, structurally weakened skin, high risk of infection, and in its final stage, elephantiasis.

Often considered incurable, lymphedema is in fact highly treatable. UI Hospitals and Clinics is a global leader in surgical treatments for this condition. If non-surgical therapies are not effective, surgery is a safe and effective option.

Wei Chen, MD, Assistant Professor of Surgery, has brought UI Hospitals and Clinics into the international spotlight as a leader in supermicrosurgery treatments for lymphedema. Using chicken thighs, his team created the first supermicrosurgery simulation training model, which has been adopted worldwide.

“Supermicrosurgery is defined as 0.3 to 0.8 mm precision, but we are down to 0.2 mm,” said Chen.

UI Hospitals and Clinics offers all three current surgical treatments:

1. **Lymphatico-venular Anastomosis (LVA):**
   The least invasive of the three, it is used for both early and advanced stages. Lymph vessels are rerouted around the blockage.

2. **Lymph node transplant (LNT):**
   Used as a second option after LVA. It is possible, though extremely rare, that lymph node transfer itself can cause lymphedema. Chen, however, has never seen this happen.

3. **Vascularized lymphatic vessel transplant (VLVT):**
   Earlier this year, Chen became the first physician in the U.S. to perform this surgery.

These procedures facilitate drainage; additional debulking procedures such as liposuction are also used to remove deposited fat.

Some other conditions can mimic lymphedema, so a confirmed diagnosis using an objective imaging study is key, followed by early referral to a surgical lymphedema specialist.

A Brighter Future for Gene Therapy

In 2015, the world learned about a significant new development in gene therapy: a treatment, injected directly into the eye, that uses a virus to deliver a correct gene to counteract certain rare inherited eye disorders that cause blindness. Stephen Russell, MD, Professor of Ophthalmology and Visual Sciences, was the University of Iowa principal investigator for a two-site trial that found treated patients gained and sustained significant improvement in low-light vision.

“The maximal effect seems to have been noticed at the very first observation point – 30 days – and remains stable after that point,” said Russell. The one-year study has shown no waning of the effect, and it appears that patients will not need repeated treatment.

Russell’s trial was the first high-impact gene therapy study to be completed. Because of its novelty, the FDA has asked for a 15-year follow-up of subjects. “Since it’s gene therapy, the concerns are different than with a regular drug,” Russell said. The FDA is concerned that if the DNA becomes integrated into the genome, it may become integrated into a tumor suppressor gene and cause cancer at a later time. “The virus we’re using is non-integrating,” said Russell, “but that doesn’t stop the FDA.”

Having a complete, single trial is a big step for the field of gene therapy and inherited diseases. “I think this is an exciting finding. There’s now a first phase III trial with registration data for the FDA for gene therapy,” Russell said. “This will help us negotiate regulatory approvals going forward.”
Holden Comprehensive Cancer Center Supports HPV Vaccination

Holden Comprehensive Cancer Center joined 68 other top cancer centers in issuing a statement calling for increased HPV vaccination for the prevention of cancer. These institutions collectively recognized insufficient vaccination as a public health threat, and urged the nation’s physicians, parents, and young adults to use this opportunity to prevent many types of cancer.

Vaccination rates remain low across the U.S., with less than 40 percent of girls and just over 21 percent of boys receiving the recommended three doses.

According to the CDC, HPV infections are responsible for about 27,000 new cancer diagnoses each year in the U.S. Available vaccines can prevent the majority of cervical, anal, oropharyngeal, and other genital cancers.

“The HPV vaccine has the potential to dramatically reduce the suffering and deaths caused by cancers triggered by HPV,” said George Weiner, MD, Director of Holden Comprehensive Cancer Center and President of the American Association of Cancer Institutes. “The bottom line is, if more young people receive this vaccine, fewer of them will die from these cancers.”

Tax-Related Identity Theft

Tax-related identity theft is a national problem: the IRS estimates that hackers have stolen the tax information of more than 700,000 people from the agency’s own computers. Though local reports may not be as prevalent as last year, a significant threat still exists – and you may not know you’re a victim until you file your taxes.

Help is Available
• From the FTC at identitytheft.gov
• From your local police when you file a report
• From the IRS Identity Protection Specialist Unit at 1-800-908-4490
• At www.irs.gov/uac/Taxpayer-Guide-to-Identity-Theft
• From UI payroll (Dan Schropp at daniel-schropp@uiowa.edu)

Remember:
• The IRS will never initiate contact with you to request personal or financial information through email, text messages, or social media
• Never click on links or download attachments from unknown or suspicious emails
• You are entitled to a free credit report annually from each of the nationwide reporting companies – visit www.annualcreditreport.com (a federally authorized source)

Culturally Responsive Health Care Conference

A multidisciplinary, interprofessional conference to improve culturally responsive care of increasingly diverse patient populations

• Friday, June 3, 2016
• UI College of Public Health Building, 145 North Riverside Drive, Iowa City, Iowa
• Registration fee $195 for physicians and $35 for students
• www.medicine.uiowa.edu/cme/

Holden Comprehensive Cancer Center Scientific Retreat

Wednesday, June 22, 2016
• Coralville Marriott Hotel and Conference Center, 300 East 9th Street
Coralville, Iowa
• Keynote Speaker Max Wicha, MD, Founding Director of University of Michigan’s Comprehensive Cancer Center
• Registration is Free. Online Registration Closes May 16, 2016
• For more information, contact Vicki Foubert at vicki-foubert@uiowa.edu.

Welcome New UI Physicians!

ELEANOR LAVADIE-GOMEZ, MD
Clinical Assistant Professor of Family Medicine
Specialties or specific procedures: Family Medicine with Gynecics

BETH TARINI, MS, MD
Associate Professor of Pediatrics
Specialties or specific procedures: General Pediatrics, Specializing in Newborn Screening

ELEANOR LAVADIE-GOMEZ, MD
Clinical Assistant Professor of Family Medicine

BETH TARINI, MS, MD
Associate Professor of Pediatrics

Specialties or specific procedures: General Pediatrics, Specializing in Newborn Screening