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Minimally Invasive Surgery

Extraordinary innovations are taking place in the field of surgery, and University of California, Irvine Healthcare is leading the way.

When UC Irvine's University Hospital

opens in spring 2009, it will house one of the most advanced minimally invasive surgery (MIS) centers in the nation.

What will these ultra-modern operating rooms look like? Equipment will be suspended compactly from electronically controlled ceiling booms, allowing doctors and nurses to work in a streamlined setting without the cables and carts that crowd traditional operating rooms. "All functions will be centrally controlled by touch-screen technology," says **Dr. David Hoyt**, chairman of the Department of Surgery at University of California, Irvine. "Rooms will have as many as three high-definition, flat-screen monitors,

permitting surgeons to view highly magnified images of the inside of organs. This will provide doctors with an enhanced reality of the patient's anatomy. Surgeons will also be able to review the patient's past CT and MRI scans, which will be transmitted instantaneously from the hospital's picture archiving and communications system."

Robotic surgery. The new operating rooms are also designed to accommodate the gold standard of MIS procedures—the da Vinci robotic surgical system. Computer-enhanced and physician-operated, the robot increases a surgeon's range of motion by providing 540 degrees of "wristing" action. This far surpasses the ability of the human wrist. The machine also eliminates the hand tremors caused by muscle fatigue that surgeons sometimes develop during operations. "At the same time, these machines provide highly magnified, three-dimensional images of the

interior surgical site," says **Dr. Ralph Clayman**, chair of the Department of Urology. The result is unparalleled surgical precision.

The new University Hospital will house a leading-edge surgery center.

Because of these features, the robot is ideal for delicate operations in hard-to-access parts of the body. This includes removal of the prostate gland, an organ surrounded by tiny nerves that influence urinary control and sexual function. "Just a few years ago, removal of a cancerous prostate gland involved a 4-inch incision and a three-day hospital stay," says Clayman. "About 50 percent of patients experienced surgery-related impotence and 10 percent reported incontinence. Today, using robotic technology, the prostate gland can be accessed through five incisions, each smaller than the tip of one's finger. The operation is performed as outpatient surgery, with a return to normal continence in over 95 percent of patients and preserved sexual function in over 80 percent."

Incredible advances. Other specialties have also benefited from advances in MIS. Head and neck surgeons are now able to preserve form and function when removing tumors from highly visible areas such as the cheek. Orthopaedic surgeons and neurosurgeons routinely repair the spine through small incisions. And gynecological surgeons perform minimally invasive hysterectomies. Cardiac surgeons correct atrial fibrillation without opening the chest; bariatric surgeons use minimally invasive methods for weight-loss operations; and colorectal cancer surgeons often opt for MIS. What's next? "We're rapidly moving toward no-scar operations," says Hoyt. "It's a remarkable time in the history of surgery."

For more information on the new University Hospital, visit www.ucihealth.com/universityhospital.

Toll free 877.UCI.DOCS

Little Strokes



Gold Seal of Approval from The Joint Commission, certifying UC Irvine Medical Center as a Primary Stroke Center



like major strokes because the blood supply to the brain is interrupted by a clot and the symptoms are similar. However, TIAs typically last only a few minutes to a half-hour and leave no permanent damage.” Because patients look and feel perfectly normal after having a TIA, they’re reluctant to call 911 or go to an emergency room. But ignoring these symptoms could be one of the biggest mistakes of their life.

The TIA emergency. “Studies show that patients have a 4 to 8 percent risk of incurring a major stroke or other vascular event within 48 hours of having a TIA,” says **Dr. Steven C. Cramer**, a neurologist and leader of UC Irvine Healthcare’s Stroke and Cerebrovascular Center. “This means that up to one in 12 patients will die or suffer stroke-related disabilities soon after having a so-called mini-stroke.”

For this reason, UC Irvine Healthcare has adopted a proactive approach for patients with TIAs. As soon as individuals with potential TIA symptoms enter the Emergency Department, they’re examined and screened with a CT or MRI brain scan. They also have an echocardiogram and MR angiogram of the brain and neck arteries. “Even though patients may no longer have any symptoms by the time they reach the emergency room, we consider a recent TIA to be a medical emergency that requires immediate testing and stroke prevention therapy,” says Jain. “Recent studies show that rapid evaluation and preventive therapies can reduce the risk of a major stroke by 80 percent.”

Immediate treatment. Treatment for a TIA is varied. After a brain hemorrhage or other structural diseases have been ruled out, one of the most effective approaches is the use of antiplatelet or anticoagulant agents, combined with blood-pressure and cholesterol-lowering drugs, if

needed. “In some cases, surgery may be required to remove plaque deposits from the carotid arteries in the neck,” says Cramer. “These two vessels carry blood to the brain. They’re a common site for cholesterol to accumulate and rupture. When this happens, a clot can form, travel to the brain and cause a stroke.”

To open a narrowed carotid artery, doctors perform a procedure called an endarterectomy. It involves a 2-inch incision in the neck and the surgical removal of plaque deposits from one or both carotid arteries. Another option is angioplasty. This minimally invasive method entails making a pinpoint incision and using a balloon-tipped catheter to break up the plaque. A stent can then be placed in the artery to keep it open. The catheter is guided to the carotid artery through the body’s blood vessels.

Gold Seal. Certified as a Primary Stroke Center by The Joint Commission, UC Irvine Medical Center was awarded the organization’s Gold Seal of Approval in recognition of the exceptional efforts made to achieve better outcomes in stroke care. The stroke team’s approach to TIA symptoms is another step forward. “Across the nation, there’s been a wide variability in the way patients with TIA symptoms are treated, with some sent home and others receiving stroke prevention therapy,” says Jain. “We hope to change the response of hospitals across the country to this serious health problem.” For information on the Stroke and Cerebrovascular Center, call 866.787.6533. For information on UC Irvine Healthcare’s stroke support group, see page 5.

What would you do if you suddenly experienced weakness on one side of your body—but felt perfectly fine 10 minutes later?

Or noticed numbness on one side of your body that disappeared minutes after it started? What if you began seeing double, or abruptly lost the vision in one eye, only to have your sight return to normal 20 minutes later?

Each year, thousands of people ignore symptoms such as these, chalking up their experience to stress or a host of other reasons. “People think, ‘Oh, that was nothing,’ when in reality they just experienced a transient ischemic attack, or TIA, commonly called a mini-stroke,” says **Dr. Vivek Jain**, a University of California, Irvine Healthcare neurologist and member of the medical center’s TIA program. “Transient ischemic attacks are

TIA SYMPTOMS

- Sudden onset of face weakness or asymmetry
- Sudden slurring of words • Weakness or clumsiness of arms or legs • One-sided numbness • Trouble seeing • Difficulty speaking or finding words • Inability to understand • Dizziness or fainting • Sudden, severe headache • Sudden confusion or disorientation

HAND SURGERY



Turning the pages of a book or picking up a sandwich may seem like easy tasks.

But for those struggling with hand problems, even these simple activities can be a major challenge. Thanks to the development of microsurgical techniques, however, giant strides have been made in surgical reconstruction of the hand.

One of the most amazing procedures is the toe-to-thumb transfer. “Every year, a number of children are born without thumbs and thousands of people lose this important digit in accidents,” says **Dr. Neil Jones**, chief of hand surgery at University of California, Irvine Healthcare. Jones is internationally recognized for his expertise in performing toe-to-thumb transfers. “Without a thumb, it’s impossible to pick up small objects, pinch, write or grasp items,” explains Jones.

A toe-to-thumb transfer is a study in meticulous surgical techniques. Working under a high-powered microscope that magnifies the surgical field 25 times, Jones removes a toe from the patient’s foot and surgically transfers it to the hand, where it takes the place of the missing thumb. To accomplish this, he

must connect the tendons, nerves, arteries and veins in the toe to those in the hand—a painstaking effort that can take up to 10 hours. Using surgical thread as thin as a human hair, he methodically reattaches blood vessels that are less than one-tenth of an inch in diameter. More than 97 percent of transplanted toes are functional as thumbs, even if the cosmetic appearance of the transferred digit may not be perfect.

Modern miracles. Jones also uses microsurgical techniques to transfer bone, muscles and skin to the hand from other parts of the body. In cases of trauma and bone cancer, this can help the patient avoid amputation of a limb.

Giant strides have been made in surgical reconstruction of the hand.

He also treats more typical problems such as carpal tunnel syndrome (CTS). Caused by repetitive actions such as typing, this disorder causes pain, weakness and numbness in the hand, wrist and forearm. It’s triggered by compression of the median nerve, which runs through a “tunnel” in the wrist composed of bones and a ligament.

In the past, fixing this problem required open surgery, including a 3-inch incision across the wrist. But today, CTS can be corrected using an endoscope—a narrow tube with an attached miniature video camera that gives surgeons a clear view inside the wrist. This endoscopic approach allows Jones to perform the procedure through a three-quarter-inch incision in the crease of the wrist, leaving no noticeable scars for most people.

Treating other problems. Advanced techniques are also helping patients with Dupuytren’s contracture. This disorder is caused by fibrous tissue in the hand that contracts, pulling one or more fingers down into the palm in a permanently bent position. In the past, the surgical treatment of Dupuytren’s required a sizeable incision—and sometimes a skin graft—followed by months of rehabilitation. Today, Jones often uses a minimally invasive approach to straighten out the fingers. One technique known as needle aponeurotomy entails using a needle with a beveled edge to shred the fibrous cord causing the contracture. Jones also performs a procedure called a segmental fasciectomy. It involves removing a small segment of the fibrous cord through two or three tiny incisions along the length of a finger.

Arthritis is also a disease that Jones treats. “For patients with pain and loss of motion that severely affects their hands, joint replacement may be the answer,” he says. “Unlike the metal and plastic artificial joints used in hip and knee replacements, the prostheses used in hand surgery are made of silicone rubber. This operation can have near-miraculous effects, eliminating pain and restoring range of motion.”

Jones, who is at the forefront of free tissue transfer—the microsurgical transfer of tissues from one part of the body to another—looks forward to a time when hands and arms can be routinely transplanted. “These procedures could dramatically improve the lives of countless people with devastating injuries or significant birth deformities,” he says. For more information on hand surgery, call 714.456.7012.

Toll free 877.UCI.DOCS

the Education Connection

Classes are free of charge to University of California, Irvine Healthcare patients and their families, UC Irvine employees and volunteers. Exceptions are the Joslin Diabetes Center, meditation and nutrition counseling programs. Certain classes are also available in Spanish. Unless otherwise indicated, all classes are located at UC Irvine Manchester Pavilion, 200 S. Manchester Ave., Suite 840, Orange. Registration is required. Call toll free 877.UCI.DOCS or 877.824.3627 for registration and information.

FAMILY HEALTH

Adult & Pediatric Nutrition Counseling

Individual nutrition counseling with a registered dietitian. Includes nutrition assessment, personalized meal plan and nutrition education. Call 877.UCI.DOCS to make an appointment. Cost: \$50/30 minutes, \$100/hour, or call your insurance company to check for coverage.

Asthma and Adults (1 Session)

Learn how to control asthma and not have it control you. Cost: \$20. Free peak flow meter. Friday, Dec 19 5-7 p.m.

Spanish Attention and Behavior Problems (10-Session Series)

Free parenting skills classes for parents of children ages 3-5 with attention and behavior problems. Offered through a joint project of UC Irvine and Children's Hospital of Orange County. Information: 949.824.2462 or www.cuidar.net. Call for meeting dates, times and locations throughout Orange County.

Beginning Hatha Yoga (Monthly Series)

Wear loose-fitting workout clothes. Pack a cool-down sweatshirt and a yoga mat or beach towel. Do not eat or drink two hours prior to class. Cost: \$30 per month. Every Tuesday 5-6 p.m.

Breastfeeding (1 Session)

Includes process of milk production, how to breastfeed, avoiding potential problems and returning to work. Cost: \$20. Thursday, Oct 16, Nov 20 6-8:30 p.m.

Spanish Breastfeeding (1 Session)

Monday, Nov 3 10 a.m.-noon
Monday, Dec 15 5:15-7:30 p.m.
Location: UC Irvine Family Health Center Santa Ana

Diabetic Diet (1 Session)

Food choices, portions and how they affect diabetes. Cost: \$20. Monday, Nov 3 4-6 p.m.

Diabetes Management Overview (1 Session)

Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: \$20. Free glucometer. Monday, Oct 13, Dec 8 4-6 p.m.

Spanish Diabetes Management Overview (1 Session)

Wednesday, Oct 1, 22, Nov 5, 26, Dec 3 6-8:30 p.m.
Location: UC Irvine Family Health Center Anaheim
Wednesday, Oct 8, Nov 12, Dec 10 6-8:30 p.m.
Location: UC Irvine Manchester Pavilion

Diabetes Management Series (4 Session Series)

Meal planning, exercise, medications, monitoring your blood sugar, and lifestyle changes to help you avoid complications. Cost: \$80. Free glucometer. Mondays, Nov 10 - Dec 1 4-6 p.m.

Early Pregnancy (1 Session)

For expectant mothers and their birth partners in the first four months of pregnancy. Includes nutrition, exercise, prenatal care, warning signs and car safety. Cost: \$20. Wednesday, Nov 19 6-8 p.m.

Heart-Healthy Diet (Cholesterol Awareness) (1 Session)

Learn the American Heart Association guidelines about low-fat, low-sodium and low-cholesterol diets. Cost: \$20. Tuesday, Oct 28 4-6 p.m.

Hepatitis C Pre-Treatment Education (1 Session)

For the person who is considering or about to begin hepatitis C treatment. Includes information about hepatitis C, treatment, management of side effects and injection training. Family members and other support persons are encouraged to attend. Pre-registration required: 714.456.8764. First Friday every month 9-10:30 a.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Hypertension (High Blood Pressure) Management (1 Session)

How to control blood pressure through diet, exercise, medication, and lifestyle changes. Cost: \$20. Tuesday, Oct 14 6-8 p.m.

Lamaze Prepared Childbirth (6-Session Series)

Offered in conjunction with Santiago Canyon College Continuing Education. For expectant mothers and their birth partners beginning the sixth month of pregnancy. Topics include relaxation, Lamaze techniques, labor and birth, surgical delivery, medication and anesthesia. Cost: Free to all.

Wednesdays, Oct 29 - Dec 3 7-9:30 p.m.
Thursdays, Oct 30 - Dec 11 7-9:30 p.m.

Location: UC Irvine Medical Center Library, room 2105
Tuesdays, Oct 28 - Dec 2 7-9:30 p.m.
Tuesday location: Santiago Canyon College Orange Education Center, 1465 N. Batavia St., Orange

Spanish Prepared Childbirth (4-Session Series)
Mondays, Nov 17 - Dec 8 5:15-7:30 p.m.
Location: UC Irvine Family Health Center Santa Ana

Living Well with Heart Failure (1 Session)

Overview of heart failure, symptoms and basic lifestyle changes to manage the condition, including diet, exercise and medications. Cost: \$20. Monday, Oct 27 1:30-3:30 p.m.

Maternity Tea & Tour

Learn about maternity services and tour the UC Irvine Medical Center Maternity Unit. Cost: Free to all. Thursday, Oct 23 1:30-3:30 p.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Meditation for Health (4-Session Series)

An introduction to the art of meditation, including a discussion of the various types and styles. No special clothing or equipment is required. Cost: \$40. Mondays, Nov 3-24 6-7 p.m.

Meditation Special Topic: Body Scan (1 Session)

Teaches awareness of each part of the body in sequence. Used to relieve short-term and chronic pain, promote relaxation, and facilitate stress relief using visualization. Cost: \$20. Monday, Oct 6 6-7 p.m.



Meditation Special Topic: Tea Ceremony (1 Session)

Transforms the ordinary act of drinking tea into a social communal activity with elements of grace and spirituality. Limit 8 participants. Cost: \$30. Monday, Oct 20 6-7:30 p.m.

Newborn Care (1 Session)

Infant feeding, dressing, bathing, diapering, normal newborn appearance and signs and symptoms of illness. Cost: \$20. Friday, Oct 10, Nov 7, Dec 5 6-8:30 p.m.

Spanish Newborn Care (1 Session)

Monday, Dec 22 5:15-7:30 p.m.
Location: UC Irvine Family Health Center Santa Ana

Siblings (1 Session)

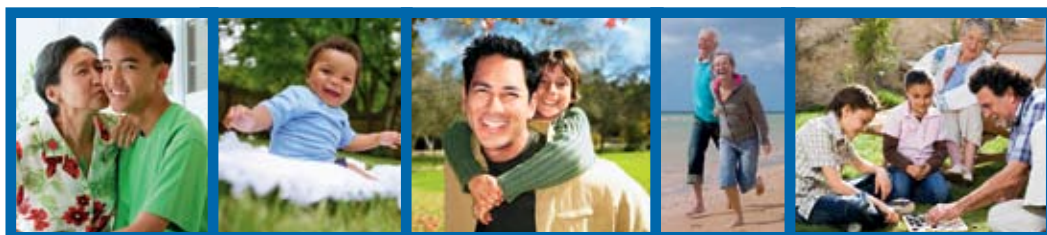
For children about to become big brothers and big sisters who want to learn what will happen when Mom goes to the hospital to have the baby. Cost: \$20. Wednesday, Oct 8, Nov 12, Dec 10 4-5 p.m.
Location: UC Irvine Medical Center 2 Tower Conference Room (2nd floor of main hospital)

Stop Smoking (4-Session Series)

Stop smoking by discussing what to do before you quit and how to live life afterward. Cost: \$80. Wednesdays, Oct 1 - 22 4:30-6:30 p.m.

Weight Control (4-Session Series)

NEW program based on "intuitive eating," what it is and how to use it to lose weight. Learn a new way of eating and how to feel good about food and nutrition. Cost: \$80. Wednesdays, Oct 29 - Nov 19 6-8 p.m.



SUPPORT GROUPS

All support groups are free and held at UC Irvine Medical Center, 101 The City Drive South, Orange, CA, unless otherwise noted. For a complete list, please visit www.ucihealth.com/events.

Art for the Soul

Creative techniques to foster better health while coping with cancer. No art experience required. Information: 714.456.5235
First and third Thursday every month 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 1st floor resource center

Bariatric Surgery Support Group

Offers support for patients before and after laparoscopic weight-loss surgery. Information: 888.717.4463 or 714.456.7057
Third Tuesday every month 6:30-8:30 p.m.
Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 2nd floor, rooms 210 and 211

Brain Tumor Education/Support Group

For individuals diagnosed with brain tumors and those who support them. Meetings are led by a social worker, and some meetings will include a speaker. Information: 714.456.8609
Second Monday every month 6-7:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor

Burn Survivors Support Group

Information: 714.456.5641
Third Thursday every month Noon-1 p.m.
Location: Occupational therapy room 3513

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)

For parents and professionals interested in learning about ADD/ADHD in children and adults. Guest speaker at every meeting. Information: 949.UCI.ADHD (949.824.2343) or www.cdc.uci.edu. No RSVP necessary.
Second Wednesday every month 7-9 p.m.
Location: UC Irvine Child Development Center 19262 Jamboree Road, Irvine

Epilepsy Educational Support Group

Social and educational support group for adults with epilepsy, offered in collaboration with the Epilepsy Alliance of Orange County. Guest speaker at most meetings. Information: 714.557.0202
Third Friday every month 7-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Inflammatory Bowel Disease Support Group

An ongoing support group for individuals with the diagnosis of Crohn's disease or ulcerative colitis. Topics may include stress management, coping strategies, alternative medicine, dating/relationships and more. Information: 714.456.7057
First Wednesday every month 6:30-8:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Kidney and Pancreas Transplant Support Group

Education and support for pre-dialysis, dialysis, pre-transplant and post-transplant patients, family members and friends. Information: 714.456.8342
Wednesdays, Sept 24, Oct 22, Nov 19, Dec 17 4-5:30 p.m.
Location: Medical library, 2nd floor, room 2105

Korean Women's Share and Care Group

Help and support for Korean-speaking women with cancer. Information: 714.456.5057
First Thursday every month 3-4:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Look Good, Feel Better

Help with appearance changes during cancer treatments. Information: 714.456.8609
Monday, Nov 10 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Men's Support Group

For men whose spouses or significant others have been diagnosed with cancer. Information: 714.456.5235
Second and fourth Tuesday every month 6:30-8 p.m.
Location: Chao Family Comprehensive Cancer Center, 3rd floor lobby

Multiple Myeloma Support Group

Information: 800.452.2873
First Thursday every month 7-9 p.m.
Location: Neuropsychiatric Center, conference room 101

Sarcoma Education and Support Group

Formal presentation followed by separate group discussions for young adults and older adults, led by a social worker. Information: 714.456.8609
Third Tuesday every month 3-4:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Spinal Cord Support Group

For those with spinal cord injuries and their friends and families. Box lunch included. Information: 714.456.6628
Third Tuesday every month, except holidays Noon-1 p.m.
Location: Neuropsychiatric Center, conference room 152

Stroke Support Group

Information about treatment options and news in stroke, plus support and social interaction for stroke survivors, their families, friends and caregivers. Information: 866.STROKE3
Thursdays, Oct 9, Dec 11 Noon-1:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Spanish Super Sibs Klub

Therapeutic workshop for children ages 8-12 with siblings who have disabilities or chronic illnesses. Information: 714.532.8778
Third Saturday every month 9:30 a.m.-noon
Location: Neuropsychiatric Center, conference room 101

Support for People with Oral, Head & Neck Cancers (SPOHNC-UCI-Orange)

Information: 714.456.5235
First Monday every month 6:30-8 p.m.
Location: Breast Health Center, Chao Family Comprehensive Cancer Center, 3rd floor

Survivors Support Group

Support for teens facing the challenges of illness. Information: 714.456.2295
Wednesdays, Oct 22, Nov 26; no Dec meeting 4:30-6 p.m.
Location: Neuropsychiatric Center, conference room 101

Trigeminal Neuralgia Association Support Group

Information, education and support for patients and their families living with TN and related facial pain conditions. Guest speaker at every meeting. Information: 714.962.2369
Second Saturday every other month Nov 8, Jan 10, 2009 1-3 p.m.
Location: Medical library, 2nd floor

Women's Share and Care Group

Support and education for women with cancer. Information: 714.456.8609
Second and fourth Tuesday every month 10-11:30 a.m.
Speaker on fourth Tuesday
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

FOR SENIORS

Health Issues Related to an Aging Spine

Dr. G. Thaiyanathan, UC Irvine neurosurgeon
Friday, Oct 10 1 p.m.
Location: Oasis Senior Center, 800 Marguerite, Corona del Mar

Arthritis of the Hand and Wrist

Dr. Neil Jones, UC Irvine orthopedist
Friday, Nov 14 1 p.m.
Location: Oasis Senior Center, 800 Marguerite, Corona del Mar

Stroke Prevention

Dr. Vivek Jain, UC Irvine neurologist
Wednesday, Dec 3 10:30 a.m.
Jewish Community Center, 1 Federation Way, Irvine

Acupuncture and Acupressure

Dr. Wadie Najm, UC Irvine geriatrician
Wednesday, Dec 3 1 p.m.
Location: Oasis Senior Center, 800 Marguerite, Corona del Mar

A Good Night's Sleep

Tatyana Gurvich, Pharm. D., UC Irvine Senior Health Center
Thursday, Dec 4 1:30 p.m.
Location: Orange Senior Center, 170 S. Olive St., Orange

For additional lectures, call toll free 877.456.3770.

Joslin Diabetes Center Education Classes

Joslin Diabetes Center at University of California, Irvine offers two types of classes to help people learn how to successfully manage their diabetes. "Steps to Success" is a five-session, comprehensive, educational program. "Diabetes Today" offers single-topic sessions that address specific issues of diabetes management. Classes are held at the center, located at Gottschalk Medical Plaza on the UC Irvine campus. There is a fee and insurance pre-authorization is recommended. For a full description of the programs, registration, or to schedule an appointment, please call Joslin Diabetes Center at UC Irvine at 949.824.8656 or visit www.ucihealth.com/joslin.

 **Joslin Diabetes Center**
at UNIVERSITY of CALIFORNIA • IRVINE

Toll free 877.UCI.DOCS



New Hospital Nears Finish Line

UC Irvine Medical Center is getting ready to open doors to advanced medicine! The grand opening of the new University Hospital is just a few months away.

Plans are under way to celebrate with tours and commemorative events for both the community and employees in late January. The first patients will receive a heartfelt welcome when they are moved into the new hospital about Valentine's Day.

Construction of the hospital is expected to be completed by early September. Then begins the intricate task of outfitting the hospital with top-of-the-line medical equipment, supplies and systems, such as minimally invasive surgical equipment and telemetry and monitoring systems. More than 1,500 employees will be trained to use the new equipment and systems in the next few months.

The new University Hospital will offer state-of-the-art accommodations and medical care. Research, education and patient care will be intertwined; breakthrough advances will be delivered with compassionate care. Patient comfort will be a priority, with quiet, light-filled rooms equipped with daybeds to allow family members to stay with their loved ones. Carefully planned intensive care units, rapid response laboratories and operating rooms will further facilitate leading-edge care. The 15 high-tech operating rooms will be at least 50 percent larger than those currently in use.

"The new University Hospital promises to position UC Irvine Healthcare as one of the nation's leading university medical centers," says **CEO Maureen Zehntner**. "It will provide Orange County with a center for excellence in healthcare."

For more information, please visit www.ucihealth.com.

www.ucihealth.com

Seniors: Ask the Doctor

Understanding Arthritis

More than 46 million Americans suffer from some form of arthritis, making it one of the most common diseases nationwide. Although there's no cure, many treatments are available. Join Dr. Sheetal Desai, a rheumatologist and arthritis specialist at University of California, Irvine Healthcare as she discusses this topic.

Q What is arthritis?

A Arthritis is a general term used to describe a group of more than 100 diseases that involve inflammation of the joints in the body. Among these conditions are lupus, scleroderma, fibromyalgia, gout, and the two most common forms of the disease, osteoarthritis (OA) and rheumatoid arthritis (RA).

Q What's the difference between the two?

A OA is caused from everyday wear and tear on the joints, resulting in a breakdown of the cartilage that cushions the ends of the bones. Once the cartilage begins to fray, the bones rub against each other, causing pain and loss of movement. RA is an autoimmune disease in which the body attacks its own healthy joints. RA can also affect the eyes, heart, lungs and other internal organs.

Q How are OA and RA diagnosed?

A The process begins by examining the patient's joints for signs of the disease. This is followed by a physical exam, lab tests, X-rays and sometimes MRI or CT scans. The doctor may also drain fluid from one or more joints for analysis. The resulting body of evidence not only confirms that the patient has arthritis, but also identifies the type. At UC Irvine Healthcare, this process is integrated. Doctors specializing in arthritis are located under one roof, providing expert care for even the most difficult cases referred by other physicians.

Q Is there a cure for arthritis?

A Currently, there's no cure for OA or RA. But treatment—especially if it's started early—can control pain and minimize joint damage.

Patients benefit from rest, a balanced diet and regular exercise. Physical therapy is also important to increase mobility and strengthen muscles. Heat and cold therapy may also help. Weight control is essential because every pound of extra weight can place additional pressure on knees and hips.

Q What about medication?

A Aspirin, ibuprofen and acetaminophen can reduce swelling and pain. Corticosteroids—either injected into painful joints or taken in pill form—can also play an important role by relieving inflammation quickly.

Additionally, viscosupplements, which are injected into the joint, can relieve pain and restore function by decreasing inflammation. For RA patients who don't respond to other therapies, disease-modifying antirheumatic drugs such as methotrexate can reduce inflammation and joint damage. If these agents don't produce a satisfactory effect, biologic response modifiers such as infliximab are considered.

Q Can joint replacement help?

A Yes—joint replacement surgery may be the answer for patients with severe arthritis who don't respond to other therapies. These procedures can improve function, increase the range of motion and give a second chance at life to people with seriously damaged joints.



Dr. Sheetal Desai is a rheumatologist who treats diseases of the joints, soft tissues and connective tissues.

For an appointment or more information, please call 877.UCI.DOCS or visit www.ucihealth.com.

Pediatric UROLOGY

Although most people don't associate urinary problems with babies, about 1 percent of newborns have defects that interfere with this essential function.

If expert urological care isn't provided, some of these children eventually may experience kidney failure that requires dialysis or a kidney transplant.

One of the most common urinary conditions seen in newborns is hydronephrosis, or fluid-filled enlargement of the kidney. Detectable in fetal ultrasounds, "hydronephrosis isn't a disease in itself," says **Dr. Antoine Khoury**, a pediatric urologist with University of California, Irvine Healthcare. "Rather, it's an indication that an obstruction or other problem may be interfering with the normal flow of urine from the kidneys and ureters to the bladder and urethra." Recently named chief of pediatric urology, Khoury is internationally known for his expertise in the medical and surgical management of complex pediatric urology conditions, including kidney transplantation. Among these disorders are incontinence, genital anomalies, urological cancer and the causes of hydronephrosis, including:

• Ureteropelvic junction (UPJ)

obstruction. Normally, urine flows from the kidney to the bladder through a tube called the ureter. The most common site of a urinary blockage causing hydronephrosis in newborns is the point where the kidney and ureter connect. "UPJ can cause urine to back up, sometimes leading to permanent kidney damage," says Khoury. Affecting about one in 200 newborns, the condition often improves on its own. However, children must be tested periodically to verify that their kidneys are functioning normally. "In more severe cases, surgery is necessary," says Khoury. Called a pyeloplasty, the operation involves removing the obstructed segment of the ureter and reattaching the remaining healthy section to the kidney.

• **Vesicoureteral reflux (VUR).** "A one-way valve at the junction of the ureter and bladder

normally prevents urine from backing up into the ureter and kidney," says Khoury. "VUR is a condition caused by a defect in this valve." Three out of four children who have VUR outgrow it. But they must take low-dose antibiotics for several years to prevent kidney infections that can develop when infected urine flows backward from the bladder into the kidney. For severe cases of VUR, or when children taking antibiotics experience breakthrough infections, surgery is necessary. The procedure involves reconstructing the valve mechanism to prevent the backflow of urine. This is done as open surgery for children with severe VUR and as a minimally invasive procedure in milder cases.

• Posterior urethral valve (PUV)

obstruction. PUV is the most common cause of severe urinary blockage in male newborns. The condition occurs when flaps of extra tissue in the urethra—the tube leading from the bladder to the outside of the body—partially block the normal flow of urine. "This can cause the organs along the urinary tract to become distended, resulting in the destruction of cells and tissue," says Khoury. Doctors can remove the excess tissue during a minimally invasive procedure called valve ablation. Reconstructive surgery may be necessary in some cases. Ongoing follow-up care—sometimes well into adulthood—is necessary even for children who don't require surgery.

But overall, the outlook for newborns with hydronephrosis is excellent. "In a majority of cases, the condition disappears on its own by the child's first birthday," says Khoury. "For children requiring surgery, the success rate approaches 99 percent." Khoury also treats a wide spectrum of other pediatric urological problems ranging from neurogenic



bladder—a condition in which the absence of coordinated nerve signals results in the loss of bladder control—to cases where infants are born without a bladder or kidneys.

For referral to a pediatric urologist, call 714.456.7005.

URINARY TRACT FACTS

KIDNEYS	Organs that form urine and filter wastes from the blood
URETERS	Tubes leading from the kidneys to the bladder
BLADDER	Sac that holds urine
URETHRA	Tube that drains urine out of the body from the bladder

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