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.

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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 A What is arthritis?

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 A What's the difference between the two?

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.

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

Q A How are OA and RA diagnosed?

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 A Is there a cure for arthritis?

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 A What about medication?

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 A Can joint replacement help?

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.

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