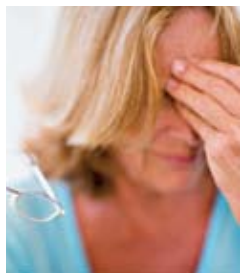


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STROKE FACTS

Timing. It often determines whether a stroke victim will resume a normal life, suffer serious disabilities—or survive.

“From the onset of symptoms until treatment begins, there are only three hours in which clot-busting drugs are effective,” says **Dr. Vivek Jain**, medical director of the UC Irvine Stroke & Cerebrovascular Center at University of California, Irvine Medical Center. When administered in time, these drugs can work miracles,



dissolving life-threatening blockages and reducing the incidence of stroke-related disability in up to half of all cases. Patients suffering from hemorrhagic strokes caused by broken arteries that bleed into the brain must have emergency surgery to survive.

Delaying care. Despite the urgency of treatment, more than half of all stroke patients don't seek help until hours—and sometimes days—have passed.

One of the reasons they postpone care is that they're unfamiliar with the warning signs of a brain attack (see box below). “Because stroke symptoms may come and go over a period of hours before hitting with full intensity, many stroke victims delay getting help,” says Jain. Meanwhile, 1.9 million cells are dying each minute in the area of the brain affected by the stroke.

“The rapid destruction of brain cells creates a short treatment window when patients arrive in the emergency room,” says **Dr. Steven Cramer**, a UC

Irvine Healthcare stroke neurologist. In an effort to speed up the care of stroke patients, Cramer led the effort to establish a system of stroke-neurology receiving centers in Orange County. “The network ensures that stroke patients are transported by EMTs and paramedics to hospitals equipped and staffed 24 hours a day to provide the most advanced treatment,” says Cramer.

To qualify as a stroke-neurology receiving center,

hospitals must have a dedicated medical director and round-the-clock emergency physicians, neurologists, neurosurgeons and interventional radiologists. They must also be equipped and staffed for MRI and CT testing at all times. UC Irvine Medical Center was among the first of six hospitals designated by the Orange County Health Agency as a stroke-neurology receiving center—and the first Joint Commission-certified Primary Stroke Center in the area.

“We treat a stroke with the same urgency as a heart attack,” says neurologist **Dr. Lama Al-Khoury**, the newest addition to the stroke team. Once the patient is stabilized, the stroke team conducts an evaluation, including brain scans. Emergency surgery is performed for hemorrhagic stroke patients. Clot-busting drugs are administered to ischemic stroke patients if their symptoms began within the three-hour time limit.

Extending the timeline. Whenever possible, the UC Irvine stroke team uses new approaches to extend the treatment timeline, including the direct application of medication to the clot through a catheter. “This increases the treatment window for clot-busting drugs to six hours,” says Jain. A catheter-based device called the Merci Retriever® is sometimes used to remove blood clots from the brains of patients. Another tool called the Penumbra System® may also be used to break up and suction away stubborn clots through a catheter. But all the technology in the world won't help if people don't seek immediate care when they suspect a stroke in themselves or others. “Don't wait for symptoms to improve or worsen,” says Jain. “Call 911 immediately.” For information on the UC Irvine Stroke & Cerebrovascular Center, visit www.ucihealth.com/stroke.

STROKE SIGNS

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Brief loss of consciousness
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

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Gastrointestinal Cancer

The gastrointestinal system is a marvel of construction.

Twenty feet long, it extends from the mouth to the anus and includes the esophagus, stomach, small intestine, large intestine (colon), rectum, liver, pancreas and bile ducts. Each plays a distinct role in digestion, making the gastrointestinal (GI) system one of the most intricate in the body. It's also among the most vulnerable to cancer.

A consolidated attack. “Each year, 20 percent of all newly diagnosed cancers involve some type of gastrointestinal malignancy,” says **Dr. Kenneth Chang**, director of the H.H. Chao Comprehensive Digestive Disease Center (CDDC) at University of California, Irvine Medical Center. “Each of these cancers is complex and unique, requiring highly specialized care.” Interfacing with the Chao Family Comprehensive Cancer Center, the CDDC embodies the team approach to treatment, drawing together highly trained physicians from a multitude of disciplines. From diagnosis through treatment, all combine their expertise to ensure an integrated treatment plan specifically tailored for each patient. The result is a vigorous, consolidated attack on the disease.

Twenty percent of all newly diagnosed cancers affect the gastrointestinal system.

This spirit of teamwork has fostered an environment in which innovation is encouraged. This has resulted in the development of new ways to diagnose and treat GI cancers, including endoscopic ultrasound (EUS). EUS involves the use of a slender tube equipped to emit soundwaves and tipped with a light and video camera. The tube is introduced through the mouth or rectum and guided along the GI tract to detect cancer and other abnormalities. “EUS is a kinder and gentler

diagnostic method than exploratory surgery, which was the norm only a few years ago,” says Chang, who pioneered the use of this method for diagnostic and treatment purposes. “During EUS, cell samples can be taken, saving patients the additional stress of having a surgical biopsy at a later time.”



Easier treatments. CDDC doctors have also championed several nonsurgical methods to treat GI cancer. Among them is photodynamic therapy, a procedure that combines a light-sensitive drug with laser energy to destroy cancer cells in targeted areas of the esophagus. Another treatment is radiofrequency ablation (RFA). This method uses an electric current to treat Barrett's esophagus, a precancerous condition that can result from

long-term acid reflux. RFA is also effective against tumors in the liver. An additional treatment for liver cancer involves radioactive microspheres—tiny plastic beads—that are delivered through a catheter to the blood supplying the tumor. The result is radiotherapy that's much more precise than radiation from an external source.

A single incision. Several minimally invasive methods for the surgical treatment of GI cancers have also been developed by CDDC specialists. **Dr. David Imagawa**, a UC Irvine Healthcare hepatobiliary and pancreas surgeon was among the first in the world to use laparoscopic techniques to operate on patients with pancreatic cancer. Additionally, leading-edge approaches for colorectal cancer have been developed at UC Irvine Medical Center, helping to usher in an era of scarless surgery. These same approaches have transformed the way surgery for gallbladder cancer is performed. “Today, we can operate on the gallbladder and stomach through a single, tiny incision hidden in the belly button,” says **Dr. Ninh Nguyen**, a gastrointestinal surgeon. A nationally acknowledged expert in minimally invasive surgery, Nguyen played a leading role in this long-awaited breakthrough.

Radiation and chemotherapy—both strengths of UC Irvine Medical Center—often precede or follow surgery. UC Irvine Healthcare also participates in dozens of clinical trials.

“This offers patients access to cancer-fighting drugs before they're available elsewhere,” says Chang. “Our focus is providing the comprehensive, leading-edge care patients need, even if they're suffering from rare or difficult-to-treat forms of gastrointestinal cancer.”

For a referral to a UC Irvine Healthcare gastrointestinal specialist, call 888.717.GIMD.

Fighting Colorectal Cancer

The good news is that deaths from colorectal cancer in the United States are dropping about 2 percent annually.

The bad news is that about 57,000 people are expected to die this year from the disease, which is one of the most preventable of all cancers.



“This type of malignancy typically begins as a small, benign growth in the lining of the colon,” says **Dr. Steven Mills**, a UC Irvine Healthcare colorectal surgeon. Over a period of five to 10 years these growths, called polyps, can become cancerous. A colonoscopy—a procedure that uses a lighted, flexible tube to examine the inner lining of the rectum and colon—can detect polyps. “These growths can be removed simply and painlessly during the exam, stopping cancer in its tracks.”

The gold standard. For people who aren’t tested, however, colorectal polyps may develop for years until they become malignant. At this point, the key to survival is highly specialized surgical

treatment, often supplemented by radiation and chemotherapy.

Specialists at the H.H. Chao Comprehensive Digestive Disease Center at University of California, Irvine Medical Center are nationally recognized experts in the treatment of colorectal cancer.

Particularly challenging are cancers affecting the rectum. The gold standard for rectal cancer surgery is a procedure known as total mesorectal excision

(TME). Until recently, this operation was always performed using conventional methods. But now Mills and colleague **Dr. Michael Stamos** are among only a small number of colorectal surgeons in the United States with enough experience to perform TME using minimally invasive techniques. “For patients, a laparoscopic (minimally invasive)

TME results in less blood loss, decreased pain, a shorter hospitalization and a faster return to normal activities,” says Mills.

Technically challenging. Considered one of the most technically challenging operations performed for any type of cancer, laparoscopic TME requires superb surgical skills. Not only must surgeons work within the tight confines of the pelvic bones, but they also must avoid the tiny nerves governing sexual, bladder and bowel functions that are also located in this cramped space. During the procedure, the surgeon removes the cancerous portion of the rectum, as well as involved lymph nodes and blood vessels.

“Special care is given to preserving the anal sphincter—the ring of muscles that governs bowel control,” says Mills. “If the sphincter is damaged, it can lead to a permanent colostomy.” This life-altering procedure involves a surgical opening in the abdomen that allows waste to pass out of the body into a bag. “Advanced techniques are used to protect pelvic nerves, resulting in a high preservation rate for bowel, urinary and sexual function,” says Mills. “TME reduces the recurrence of local rectal cancer to under 10 percent.”

Treatment for colorectal cancer requires superb surgical skills and many years of experience.

At UC Irvine Medical Center, about 40 percent of cases involving the partial or complete removal of the colon and affected lymph nodes are now performed through a single, small incision hidden deep within the navel, making the procedure virtually scarless. The new approach has a significant learning curve and requires extensive experience. For this reason, it is only available at select medical institutions across the United States.

Radiation and chemotherapy also play critical roles in the care of colorectal patients. Individuals with this disease have ready access to a team of nationally renowned experts housed at the Chao Family Comprehensive Cancer Center. “Quality of life is a major focus of the colorectal program,” says Mills. “From diagnosis through treatment, our goal is to achieve a high cure rate. At the same time, we want to attain outcomes that provide our patients with a good body image so they can look forward with confidence to the rest of their lives.”

For referral to a UC Irvine Healthcare colorectal surgeon, call 888.717.GIMD.

Toll free 877.UCI.DOCS

One-Stop Destination for Cardiovascular Care

There's nothing more stressful than worrying about a complex cardiovascular problem and having to travel to several different locations for tests and treatments.

Each new office, each new setting can be an anxiety-provoking experience, adding immeasurably to an already trying situation.

The new Cardiovascular Center at University of California, Irvine Medical Center is designed to make

cardiac imaging expert. The center houses a multidisciplinary team of cardiologists, cardiothoracic surgeons, vascular surgeons and others. They work side by side to provide optimal patient care.

High-risk patients. The team is further strengthened by ready access to the most modern methods available for the diagnosis of cardiovascular conditions. This includes a number of leading-edge, noninvasive imaging tests such as 64-slice CT scans, 3-D echocardiography, magnetic resonance and positron emission tomography (PET scans). Also available is infrared optical imaging, a sophisticated invasive test to assess heart health.

The new center will make getting treated for heart and blood vessel disease a kinder and gentler experience.

“As a university-based hospital, UC Irvine Medical Center treats a high percentage of patients with complex cardiovascular conditions, including extensive coronary artery disease, serious valve disorders, rhythm disturbances, vascular problems and advanced heart failure,” says cardiothoracic surgeon **Dr. Jeffrey Milliken**, co-director of the Cardiovascular Center. By locating a full range

of cardiovascular services in a consolidated area, communication among the center's integrated team of specialists is streamlined. This helps doctors address each patient's needs in a comprehensive manner—one of the many reasons that UC Irvine Medical Center surpasses national standards in the treatment of high-risk cardiac surgery patients.

Milliken and other UC Irvine Healthcare cardiothoracic surgeons perform coronary bypass surgery and other procedures in state-of-the-art operating rooms at UC Irvine Douglas Hospital, just steps away from the Cardiovascular Center. Angioplasty, stenting and a host of other interventional procedures are performed in two adjacent state-of-the-art cardiac catheterization labs.

Peripheral vascular disease is also a major focus of the new center. “The health of the peripheral circulatory system and the heart is closely related since both involve the same disease processes,” says vascular surgeon **Dr. Roy Fujitani**, Cardiovascular Center co-director. Hardening of the arteries can lead to leg pain during physical activity, gangrene and wounds that won't heal. Other problems such as carotid artery disease and aortic aneurysms—potentially life-threatening bulges in the wall of the body's major blood vessel—are also common vascular problems that often go undiagnosed. A full range of testing for vascular conditions is available at the new center, including noninvasive ultrasonography and 3-D interactive imaging. Treatment may involve one or more therapies such as medication, minimally invasive procedures and conventional surgery.

An ideal environment. “By bringing together experts in all areas of cardiovascular care, the combined experience of the individuals on the team becomes greater than the sum of its parts,” says Narula. “This creates an ideal environment in which cardiovascular patients can receive highly integrated, state-of-the-art diagnostic and treatment services.”

For more information on the UC Irvine Cardiovascular Center, visit www.ucihealth.com/heart. For a referral to a UC Irvine Healthcare heart or vascular specialist, call 714.456.6699.



the diagnosis and treatment of heart and blood vessel disease a kinder and gentler experience for patients and their families. “The new facility is a ‘one-stop’ destination for people with even the most complex conditions,” says **Dr. Jagat Narula**, co-director of the Cardiovascular Center and world-renowned

Vaginal Birth After a Cesarean

Once a cesarean, always a cesarean. For many years, this was the rule of thumb for women who had C-sections.

But today that saying no longer applies, and a majority of women can have safe vaginal deliveries after a previous cesarean.

“Currently, about one out of three births in the United States is a C-section, making this the most common major surgery performed in the United States,” says **Dr. K. Mark Vuchinich**, a UC Irvine Healthcare obstetrician-gynecologist. “Furthermore, nine out of 10 women have repeat cesareans, even though a successful VBAC (vaginal birth after cesarean) is safer for most women than a planned C-section, according to the American College of Obstetricians and Gynecologists,” or ACOG. To counteract this trend, the U.S. Department of Health and Human Services has set a goal of increasing the VBAC rate to 63 percent.

VBAC offers women many benefits, including an active involvement in their baby's birth.

“VBAC offers women many benefits, including more active involvement in the birth, immediate bonding with the baby and a shorter hospital stay,” says Vuchinich. “The incidence of serious blood loss or infection is also reduced, leading to a faster recovery.”

Safety first. With all these advantages, why has the number of cesarean patients who opt for VBAC declined from more than 28 percent in 1996 to about 9 percent today? The most influential factor has been the revised VBAC safety guidelines issued by ACOG in 1999. The organization stated that doctors, operating room staff and anesthesiologists had to be available immediately to perform an emergency C-section if a VBAC patient's “trial of labor” resulted in fetal distress or a problem for the mother.

“According to ACOG, many hospitals determined they couldn't meet these guidelines and stopped offering VBAC,” says Vuchinich, who points out that few hospitals in Orange County routinely provide this birth option. At University of California, Irvine Medical Center, an obstetrician is available



24 hours a day to monitor each VBAC patient and fetus. If a problem is noted in either, the hospital is equipped and staffed to perform a C-section without delay. This is made possible by the round-the-clock presence of anesthesiologists, neonatologists and other key personnel. “One of the concerns when considering VBAC is the possibility of uterine rupture, which occurs in about 0.7 percent of patients,” says Vuchinich. For this reason, he doesn't recommend VBAC for women who have had two or more cesareans.

What determines if a woman is a good candidate for VBAC? “Most important is the type of cesarean incision she had,” says Vuchinich. “Low transverse incisions—those made sideways across the lower part of the uterus—ensure the greatest success.” Previous vaginal deliveries also contribute to the

potential success of VBAC. Further, the current pregnancy should be progressing normally, and the baby should be in a head-down position and not excessively large. In addition, any factors contributing to the previous C-section should not be present, and labor should start spontaneously.

Larger families. “Women who want to have a larger family can especially benefit from VBAC,” says Vuchinich. “The more cesareans a woman has, the greater the risk of developing placenta accreta, a condition in which there's an abnormally deep attachment of the placenta to the uterine wall.” This is an obstetrical emergency that not only puts the fetus at risk, but also can result in a hysterectomy to stop placenta-related bleeding.

Even though patients are carefully screened, it's still difficult to know if they will be able to give birth vaginally until labor begins. “Every birth is different, and the labor and delivery process has many variables,” says Vuchinich. For this reason, it's understood that a “trial of labor”—experiencing contractions

long enough to determine if vaginal birth is a safe option—is a necessary step in the VBAC experience. “Even though it's impossible to guarantee that a previous C-section patient will be able to deliver vaginally, there are so many benefits with VBAC that many women feel it's well worth the effort. At UC Irvine Medical Center, most women attempting VBAC experience a successful vaginal delivery.”

For a referral to a physician specializing in VBAC, call 714.456.2911.



Senior Seminars

Breast Cancer Update

Dr. Karen Lane, UC Irvine breast cancer surgeon
Friday, Jan 15, 1-2 p.m., Newport Beach Central Library for Oasis Senior Center, 1000 Avocado Ave., Newport Beach

Nonsurgical Face Lifts

Dr. Margaret Mann, UC Irvine dermatologist
Tuesday, Feb 2, 1-2 p.m., Florence Sylvester Senior Center, 23721 Moulton Parkway, Laguna Hills

Exercise & Physical Activity: Why Are They Important for Healthy Aging?

Dr. Shahira Khoury, UC Irvine physiatrist
Monday, Feb 8, 1:30-2:30 p.m., Orange Senior Center, 170 South Olive St., Orange

Heart Failure: Signs, Symptoms and Treatments

Nathalie De Michelis, R.N., UC Irvine cardiovascular program manager
Thursday, Feb 11, 11-11:45 a.m., Brea Senior Center, 500 S. Sievers Ave., Brea

Hearing Loss

Dr. Hamid Djalilian, UC Irvine otolaryngologist
Friday, Feb 12, 1-2 p.m., Newport Beach Central Library for Oasis Senior Center, 1000 Avocado Ave., Newport Beach

Stroke Prevention

Dr. Vivek Jain, UC Irvine neurologist
Tuesday, Apr 6, 1-2 p.m., Florence Sylvester Senior Center, 23721 Moulton Parkway, Laguna Hills

Volunteer Opportunities

Make a difference in others' lives. UC Irvine Medical Center is seeking adults to join the volunteer staff to assist patients, help in the hospital, direct visitors and contribute in a variety of ways. Research shows that volunteering can improve moods, strengthen bodies and reduce stress. You can reap these benefits for as few as three hours a week. Volunteer today! Contact Michelle Sinclair at 714.456.6551 or sinclair@uci.edu.

Seniors: Ask the Doctor

Staying Active

Regular physical activity is important for seniors—winter or summer. But what should you do if you haven't exercised in a while and want to get back on track? Join us as Dr. Shahira Khoury, a UC Irvine Healthcare physical medicine and rehabilitation physician, discusses the importance of exercise for seniors and strategies to keep moving.

Q Why is exercise important for seniors?

A Studies show that regular physical activity reduces the risks for heart attack, blood vessel disease, stroke, diabetes, depression, obesity, osteoporosis and dementia. The improved strength and stamina resulting from frequent physical activity can also lead to greater independence for seniors. In fact, if exercise were available in pill form, it would be considered a wonder drug.



Dr. Shahira Khoury specializes in physical medicine and rehabilitation. She will speak on the importance of exercise for seniors on Monday, Feb. 8. For details, see "Senior Seminars" on this page.

Q How can I keep active during the winter?

A If you're already exercising regularly, mall walking or swimming in an indoor pool are great ways to stay active during the winter months. Exercise classes offered at community centers and gyms are also a good choice. People can also reap the benefits of exercise through everyday activities such as playing with their grandchildren, doing housework and climbing stairs.

Q If I haven't exercised in a while, how can I begin again?

A Start by talking with your doctor. Once cleared for exercise, you should set realistic goals and plan a time each day to exercise. It's essential to select an activity that's not only enjoyable and affordable, but also realistic and safe. For example, people with knee problems shouldn't jog, but they can usually walk at a safe pace, even if they need a walker or cane. No matter what you choose, it's important to concentrate not on your limitations, but on your abilities. And remember—more is not

always better. Start at a pace you can handle and increase your program in small increments.

Q What preparations are necessary?

A You should select shoes that offer proper support for the activity you've chosen and wear safety equipment such as a helmet if you're riding a bike. You should also use sunscreen even in the winter and be sure your diet is healthy. It all goes hand in hand.

Q What's more important— aerobics, strength training or stretching?

A Each plays an important role in keeping people fit. Aerobic exercise, including walking and swimming, increases cardiovascular function. Strength training builds muscles and improves bone mass and balance through the use of weights, machines, resistance bands and the weight of your own body. Stretching increases flexibility and alleviates stiffness. Yoga and Pilates are good stretching activities. They also help protect the back by strengthening core muscles.

Q Can people with mobility problems exercise?

A Yes. There's a type of exercise for almost everyone, no matter how frail or inactive a person may be. People with limited ability may have to proceed more carefully than others—and work with a personal trainer or specialized physical therapist—but they can still reap the rewards of exercise.

For an appointment or more information, please call 714.456.7007 or visit www.ucihealth.com.

When LESS is MORE

There's a surgical revolution taking place—and it promises to benefit millions of people worldwide.

Called laparoscopic-endoscopic single-site surgery (LESS), it's part of a natural evolution from minimally invasive operations requiring between three and six small incisions, to surgeries performed through tiny openings hidden deep within the belly button or other concealed sites.

"LESS represents an important advancement in the field of surgery," says **Dr. Ninh Nguyen**, a UC Irvine Healthcare gastrointestinal surgeon.

A pioneer in the use of laparoscopic operations,

Nguyen performs

gallbladder, appendix and

bariatric (weight-loss)

procedures using LESS

methods. As a result,

patients experience reduced

pain and a faster recovery

while avoiding visible

postoperative scarring. They

also have a decreased risk

for postoperative hernias

because there are fewer

incisions.

Scar-free surgery.

"Surgeons are constantly seeking the least invasive and most effective method to help patients," says

Dr. Michael Stamos, a

UC Irvine Healthcare colon and rectal surgeon

who is also a leader in LESS methods. He and

Nguyen are two of only a few surgeons in the

United States schooled in the challenging methods

involved in this approach. Using LESS techniques,

Stamos pioneered the no-visible-scar colectomy,

which entails removal of all or part of the large

intestine (colon). The procedure requires one tiny

incision inside the belly button through which the operation takes place. Another 2- to 3-inch incision is made below the bikini line to remove the organ and is camouflaged by natural body contours. Later, there's virtually no visible trace that surgery was performed. "When conventional surgical methods are used, this procedure requires a large abdominal incision," says Stamos. "Even a traditional minimally invasive colectomy involves three or four small visible incisions." UC Irvine Medical Center is one of the only hospitals in the United States to offer no-visible-scar colectomies.

"LESS is an important step toward scar-free and pain-free surgery—our ultimate goal," says Stamos.

What accounts for this major step forward? "LESS



was made possible by the development of new surgical scopes that are extremely flexible and adaptable," says Stamos. Called "articulatable" scopes, they're outfitted with a flexible-tip camera. When the device is inserted into an incision in the belly button, it enables surgeons to see high-quality images and fine details in the surgical field. The instrument's flexibility also allows doctors to view

the area from multiple angles in three-dimensional perspective. "We're able to change the direction of our view easily, as well as look around corners and behind structures," says Stamos. "Once the scope and other necessary instruments are introduced through the belly button, surgery proceeds inside the patient the same as if a large incision were made."

LESS is an important step toward scar-free and pain-free surgery—the ultimate goal of surgeons.

"LESS is considered remarkable for many reasons, including the fact it's a bridge to surgery that will involve no incisions whatsoever," says Nguyen. This huge transformation, which is taking place right now, involves a method called NOTES, or natural orifice transluminal endoscopic surgery. "With NOTES, a flexible endoscope is placed through one of the body's natural openings such as the mouth, anus, vagina, or urethra to access the area that needs surgery," says Nguyen. This revolutionary approach has many benefits, including complete elimination of wound infection and internal scar tissue, as well as external scarring. Furthermore, because no external incision is involved, NOTES potentially can be used in settings where sterile operating rooms are not available, such as battlefields and third-world country environments.

A long-awaited development. "Progress has been hampered by the slow development of surgical instruments for NOTES procedures, but headway is steadily being made in this area," says Stamos. He and Nguyen predict that NOTES procedures will be widely available within 10 years. "This is a long-awaited development and it will change the way surgery is done forever," says Stamos.

For a referral to a minimally invasive digestive disease surgeon, call 888.717.GIMD.

Toll free 877.UCI.DOCS



ONE PATIENT'S STORY

Mary Munday, a generous supporter of UC Irvine's Department of Ophthalmology, remembers the turmoil she experienced decades ago when her mother's eyesight began vanishing.

Diagnosed with macular degeneration—the leading cause of blindness in people over 55—the once vibrant Minnie McGinty suddenly found herself unable to read or watch TV and was largely confined to her home.

Munday not only despaired about her mother, but also worried about her own future. Macular degeneration appears to sometimes have a hereditary

component. Indeed, Munday's brother and sister later developed the condition.

To protect her sight, in the 1970s Munday began making the long commute from her Orange County home to UCLA's renowned Jules Stein Eye Institute for semiannual eye exams. About 15 years ago, though, a local ophthalmologist whom she trusted suggested she give UC Irvine a chance. After some hesitation, she eventually did.

At UC Irvine, Munday says she has received topflight care from "compassionate, highly skilled eye doctors." When Munday began seeing flashes of light, for instance, ophthalmologists diagnosed her with dry eye and successfully treated the condition.

Last year, **Dr. Jeremiah Tao** successfully removed precancerous basal cells from Munday's lower left eyelid. The doctor later performed reconstructive surgery by grafting skin taken from an upper eyelid onto the lower lid. Department Chair **Dr. Roger Steinert** later excised a precancerous, spider-web like growth from Munday's right eye.

Munday holds UC Irvine's ophthalmologists in such high esteem that she has become a major supporter of the Gavin Herbert Eye Institute. When completed, the institute will be a national center of excellence for eye care and eye research and the only university eye clinic between San Diego and Los Angeles. "I want to have a Jules Stein-type of institute down here, with the latest technology," Munday says. "We deserve one."



Dr. Jeremiah Tao



Dr. Roger Steinert

Help Us Help You

Imagine a world without cancer, Alzheimer's disease, blindness and other debilitating diseases.

The dedicated physicians, nurses and other healthcare professionals at University of California, Irvine envision such a place and work hard every day to move us closer to making it a reality. UC Irvine Medical Center has consistently been ranked by *U.S. News & World Report* as one of "America's Best Hospitals."

Discover. Teach. Heal. This is our commitment to our patients and the community: to offer compassionate care, to teach the doctors and nurses of today and tomorrow, and to foster major medical breakthroughs that save lives. We promise to treat our patients and their loved ones with care, expertise and respect 24/7, 365 days a year.

Now, we want to offer you the opportunity to partner with us in shaping the future of healthcare in

important, meaningful ways. Your generous support will help UC Irvine reach the next level of excellence in medicine.

UC Irvine, as part of its \$1 billion fundraising campaign, aims to raise over \$500 million to support stem cell research and the study and treatment of cancer, neurological disorders and other health concerns that matter most to you. Your kind gifts will advance lifesaving research, endow chairs for

distinguished physicians, help the university retain and attract key faculty, and underwrite construction costs for state-of-the-art medical facilities such as the recently opened UC Irvine Douglas Hospital. Together, we can create a brighter and healthier future.

For more information about making a gift to UC Irvine Health Affairs, please contact Suzanne Teer at Health Affairs Advancement at 714.456.3768 or visit www.ucifuture.com.

Thanking Our Donors

We are extraordinarily grateful to our donors whose generous gifts this year have enabled UC Irvine Health Affairs to continue to shape the future of healthcare for the entire community.

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This list recognizes new gifts made from 7/1/08 to 10/27/09.

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, Balance and Mobility for Seniors, meditation and nutrition counseling. Certain programs 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 1.877.UCI.DOCS or 877.824.3627 for registration and information.

FAMILY HEALTH

Asthma and Adults (1 Session)

Learn how to control asthma and not have it control you.

Cost: \$20. Free peak flow meter.

Friday, Mar 19, Jun 11 5-7 p.m.

Balance and Mobility for Seniors: A class that helps you stay on your feet (16-Session Series)

Designed to improve balance and mobility and reduce the risk of falls. Also focuses on flexibility, strength and endurance.

Participants must be medically stable senior adults who live independently and can walk at least 200 feet safely without the use of any assistive devices. A written medical clearance is required. Prior to class, participants must schedule a 30-minute evaluation. Cost: \$80. Includes evaluation.

Tuesdays and Fridays

Session One. Evaluations: Jan 5 or Jan 8 2-4 p.m.

Classes: Jan 12 – Mar 5 2-3 p.m.

Session Two. Evaluations: April 13 or April 16 2-4 p.m.

Classes: April 20 – Jun 11 2-3 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 CHOC Children's. Information: 949.824.2462 or www.cuidar.net. Call for meeting dates, times and locations throughout Orange County.

Breastfeeding (1 Session)

Includes process of milk production, how to breastfeed, avoiding potential problems and returning to work. Cost: \$20.

Thursday, Jan 21, Feb 18, Mar 18, Apr 22, May 20, Jun 17 6-8:30 p.m.

Spanish Breastfeeding (1 Session)

Tuesday, Jan 19, Mar 9, Apr 20, Jun 1 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, Jan 4, Feb 1, Mar 1, Jun 7 4-6 p.m.

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, Mar 15 – April 5 or Jun 14 – Jul 5 4-6 p.m.

Diabetes Overview (1 Session)

Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: \$20. Free glucometer.

Monday, Jan 11, Feb 8, Apr 12, May 10 4-6 p.m.

Spanish Diabetes Overview (1 Session)

Wednesday, Jan 6, 27, Feb 3, 24, Mar 3, 24, Apr 7, 28, May 5, 26, Jun 2, 23 6-8:30 p.m.

Location: UC Irvine Family Health Center Anaheim

Thursday, Jan 28, Feb 25, Mar 25, Apr 22, May 27, Jun 24 4-6 p.m.

Location: UC Irvine Family Health Center Santa Ana

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, Jan 20, Mar 17, May 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.

Monday, Jan 25, Mar 8, May 24 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

Friday, Jan 8, Mar 5 or May 7 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.

Monday, Feb 22, May 17 5-7 p.m.

Intuitive Eating (4- or 8-Session Series)

How to create a healthy relationship with your food, mind and body—where you become the expert of your own body. Cost: \$80.

Wednesdays, Feb 3 – 24 (4 Sessions) 5-7 p.m.

Wednesdays, Apr 7 – May 26 (8 Sessions) 5-6:30 p.m.

Lamaze Prepared Childbirth (5-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, Jan 13 – Feb 10, Feb 24 – Mar 24, Apr 21 – May 19 or Jun 16 – Jul 14 7-9:30 p.m.

Thursdays, Jan 14 – Feb 11, Feb 25 – Mar 25, Apr 22 – May 20 or Jun 17 – Jul 15 7-9:30 p.m.

Wed & Thurs Location: UC Irvine Medical Center Library, room 2105

Tuesdays, Jan 12 – Feb 9, Feb 23 – Mar 23, Apr 20 – May 18 or Jun 15 – Jul 13 7-9:30 p.m.

Tuesday Location: Santiago Canyon College, Orange Education Center, 1465 N. Batavia St., Orange. Register through SCC Continuing Education, 714.628.5900

Spanish Prepared Childbirth (4-Session Series)

Tuesdays, Feb 9 – Mar 2 or May 4 – 25 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, Jan 25, Mar 22, May 24 1:30-2:30 p.m.

Maternity Tea & Tour

Learn about maternity services and tour the UC Irvine Medical Center Maternity Unit. Cost: Free to all.

Thursday, Jan 28, Feb 25, Mar 25, Apr 22, May 27 or Jun 24 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, Mar 1 – 22 or Jun 7 – 28 6-7 p.m.

Meditation Special Topics: Body Scan Relaxation (1 Session)

Teaches awareness of each part of the body in sequence to relieve pain, promote relaxation and facilitate stress relief using visualization. Cost: \$20.

Monday, Apr 26 6-7 p.m.

Meditation: 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, Apr 5 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, Jan 15, Feb 26, Mar 19, Apr 23, May 21 or Jun 18 6-8:30 p.m.

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



Spanish Newborn Care (1 Session)

Tuesday, Mar 16, Jun 8 5:15-7:30 p.m.
Location: UC Irvine Family Health Center Santa Ana

Nutrition Counseling

Individual nutrition counseling with a registered dietitian. Call 877.UCI.DOCS to make an appointment. Cost: Call 877.UCI.DOCS to check current nutrition counseling charges or call your insurance company to check for coverage.

Preparing for Surgery – Mind, Body, Spirit

Learn about anesthesia choices, pain management strategies and relaxation techniques to promote recovery. Cost: Free to all. Monday, Jan 4, Feb 1, Mar 1, 15, Apr 5, 19, May 3, 17, Jun 7 or 21 4-5:30 p.m.
UC Irvine Douglas Hospital, 3rd floor, room 3001

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. Thursday, Jan 14, Feb 11, Mar 11, Apr 8, May 13 or Jun 10 6-7 p.m.

Stop Smoking (4-Session Series)

What to do before you quit smoking and how to live life afterward. Cost: \$80. Please call for dates and times.

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, third and fifth Thursday every month 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 1st floor, Patient and Family Resource Center

Bariatric Surgery Support Group

Offers support for patients before and after laparoscopic weight-loss surgery. Information: 888.717.4463 or 714.456.6185 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, Orange

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 conference room

Burn Survivors Support Group

Information: 714.456.5641 Third Thursday every month Noon-1:30 p.m.
Location: UC Irvine Douglas Hospital, 5th floor conference room 5843

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: www.cdc.uci.edu/chadd.shtml or 949.824.8372. RSVP is necessary. Second Wednesday every month 7-9 p.m.
Location: UC Irvine Child Development Center, 19722 MacArthur Blvd., Irvine

Diabetes Support Group

Open discussion on the ups and downs of diabetes self-management for those living with the disease. Family members also invited. Information: 949.824.8656 First Monday of every month 6-8 p.m.
Location: Gottschalk Medical Plaza, multispecialty suite, UC Irvine campus, One Medical Plaza Drive, 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

Husbands (Partners) of Women with Cancer Support Group

Web-based support for men whose spouses or significant others have been diagnosed with cancer. Information: 714.456.5235 Visit www.cancer.uci.edu and click on support group calendar.

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, 3rd floor, Breast Health Center

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 First Wednesday every month 2:30-3:30 p.m.
Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 8th floor, classroom C, Orange

Korean Women's Share and Care Group

Help and support for Korean-speaking women with cancer. Information: 714.456.5057 Second 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: 800.227.2345 Monday, Jan 25, Mar 22, May 24 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Multiple Myeloma Support Group

Information: 800.452.2873, ext. 233 First Thursday every month 6:30-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Spinal Cord Support Group

For those with spinal cord injuries and their friends and families. Information: 714.456.6628 Third Tuesday every month, except holidays Noon-1 p.m.
Location: Neuropsychiatric Center, Acute Rehabilitation Unit, conference room 135

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, Jan 14, Feb 11, Mar 11, May 13, June 10 No April meeting 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 special needs, including chronic illness, developmental delay, medical needs or cognitive issues. Information & registration: 714.456.5394 Third Saturday every month 9:30 a.m.-noon
Call for location

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: Chao Family Comprehensive Cancer Center, 3rd floor, Breast Health Center

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: 714.279.9717 Fourth Saturday every other month, Jan 23 Mar 27, May 22 1-3 p.m.
Location: Second floor above medical library, rooms 2105, 2106

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

Spanish Women with Gynecological Cancer

Information: 714.456.7934 Third Tuesday every month 6-7:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 1st floor, Resource Center

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