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ROBOTIC CANCER SURGERY

Just 10 years ago, the thought of a robot working in the operating room would have seemed like science fiction.

But today, these machines are among the most important devices that surgeons use at University of California, Irvine Medical Center.



Dr. Thomas E. Ahlering is director of UC Irvine's new Robotic Oncology Center.

The medical center has established what is believed to be the first center for robot-assisted treatment of cancer. It's part of the Chao Family Comprehensive Cancer Center—one of only 40 National Cancer Institute-designated comprehensive cancer centers in the U.S. and the only one in Orange County.

A major advance. “Typically, an operation for cancer is invasive,” says urologic oncologist **Dr. Thomas E. Ahlering**, director of the Robotic Oncology Center. “But because robot-assisted

surgery is performed through such small incisions and is so precise, there's considerably less pain, blood loss and risk of infection.” Renowned in his field, Ahlering helped pioneer the robotic prostatectomy, a procedure that involves removal of a cancerous prostate gland and surrounding tissue. He has performed more than 1,000 of these procedures

and is sought by patients throughout the world.

Currently, robotic technology is also used to operate on patients with kidney, ureteral, bladder, uterine, cervical and early-stage ovarian cancer. “In contrast to traditional laparoscopic surgery, which utilizes small incisions and rigid instruments that can limit a surgeon's range of motion, the robot makes it possible to access hard-to-reach organs with relative ease,” says

Dr. Robert Bristow,

director of gynecologic oncology. Treatment for cancer of the uterus, ovaries and fallopian tubes is usually a hysterectomy. “A conventional hysterectomy involves an incision from the pubic bone to above the belly button,” explains Bristow. “But a robotic hysterectomy is performed through four or five tiny incisions—and the precision of the machine results in far less tissue trauma and a faster return to everyday activities.”

And progress continues. Recently, UC Irvine Healthcare surgeons were among the first in the world to perform a robot-assisted thyroidectomy—the

removal of a cancerous thyroid gland. The robotic approach eliminates the very visible 3- to 5-inch neck scar traditionally associated with this operation by removing the malignant gland through a 1-inch opening in the armpit. The resulting scar is virtually invisible. Soon to join the growing list of surgeries performed with the robotic technology are operations for cancers of the lung, stomach, colon, rectum, mouth, throat and larynx.

Improving cancer care. UC Irvine Medical Center was among the first hospitals in the nation to install a robotic surgical system. It was also the site of the first robot-assisted surgery performed in Southern California. “The new Robotic Oncology Center fosters research and provides an environment in which increasingly innovative ways to use the robot are discovered,” says Ahlering. “This helps to improve the care of many cancer patients.”

For more information, call 877.399.IROC or visit www.ucihealth.com/roboticoncology.

MEET THE ROBOT

UC Irvine Medical Center recently installed its third robot, known formally as the da Vinci Surgical System®. During an operation, the robot is placed above the patient and controlled by the surgeon, who sits at a computer console a short distance away. One of the robot's long, thin arms holds a high-definition camera, while another retracts tissue.

The third and fourth arms hold surgical instruments introduced into the body through small incisions. Using the console's hand controls, the doctor orchestrates the robot's every move, while peering into a viewer that provides real-time, highly magnified 3-D video of the surgical site. The robot's “hands” are equipped with wrists that move in 360 degrees, making it possible to perform precise movements in tight spaces. These features and others make the robot ideal for cancer surgery.

Toll free 877.UCI.DOCS

Interventional Cardiology

The treatment of heart problems has progressed in quantum leaps over the last decade.

Today, there's a growing movement to treat complex cardiac conditions with minimally invasive methods—sometimes even by combining surgery with catheter-based procedures such as angioplasty.

As a result, heart specialists have begun to collaborate in ways never imagined before. “Until recently, cardiovascular surgeons, interventional cardiologists and heart-rhythm specialists worked in separate areas, sharing information—but never work space,” says **Dr. Dawn Lombardo**, a UC Irvine Healthcare cardiologist. “Now this has changed with the introduction of hybrid operating rooms designed to accommodate both catheter-based procedures and conventional cardiac surgery.”

Working together. UC Irvine Douglas Hospital's new hybrid suite is among the most advanced in the region. It will be used for a multitude of catheter-based strategies, including angioplasty, stenting and the treatment of blocked blood vessels in the heart. If needed, it can be converted instantly into a full-fledged cardiac operating room ready for the most sophisticated types of surgery.

“The hybrid suite's leading-edge design and digital imaging system allow interventional cardiologists, cardiovascular surgeons and heart-rhythm specialists to work side by side,” says interventional cardiologist **Dr. Pranav M. Patel**, director of the cardiac catheterization lab. “If complications arise, a catheter-based approach such as angioplasty can be converted immediately to a surgical procedure such as pacemaker insertion.” The hybrid suite also makes it possible for people who need bypass surgery and angioplasty during the same procedure to be treated in one location. The suite complements two state-of-the-art catheterization labs opened in 2009.

Another new development is the opening of a leading-edge electrophysiology (EP) suite. Here,

catheter-based studies of the heart's electrical system are performed to determine the cause of abnormal heart rhythms. “The new EP suite is equipped with imaging technology that provides a three-dimensional view of the heart,” says Patel. “This helps to pinpoint the electrical activity causing an abnormal heartbeat.” Treatments such as cardiac ablation to eliminate atrial fibrillation are performed in the EP suite. So are pacemaker and defibrillator insertion.



Faster recovery. “The introduction of catheter-based treatment has saved many patients from undergoing major operations,” says Patel. “These procedures allow people to recuperate faster with less pain. They also open avenues of treatment for patients who are too ill to undergo open-heart surgery.”

Patel recently repaired a patient's leaky mitral valve by using a catheter to deliver a “plug” to the site of the problem. “The patient had previously undergone open-heart surgery to replace the valve, but a leak developed around the edge of the new implant, leading to heart failure,” says Patel. “Normally, sealing the leak would have required major surgery—in this case, a second open-heart operation. But the repair was made through an opening about one-tenth of an inch long in less than an hour by threading a catheter into a leg vein and guiding it to the heart.” The patient was ready to go home the next day. This is believed to be the first time the procedure was successfully completed in Orange County.

Today, there's a growing movement to treat complex cardiac conditions with minimally invasive methods.

UC Irvine is also leading the way in making cardiac catheterization procedures safer for patients. Traditionally, catheters have been inserted through the femoral artery in the groin and guided to the heart. But because femoral access can cause bleeding, patients must lie perfectly still on their backs for up to six hours afterward.

Now UC Irvine performs the majority of cardiac catheterizations through the radial artery in the wrist, rather than the femoral artery. “This reduces bleeding by 50 to 60 percent,” says Patel. “The patient can sit up or even stand almost immediately afterward.” Currently, the radial-access method is used at only 1 to 3 percent of hospitals in the United States. As part of its focus on improving the safety of procedures, UC Irvine is teaching community cardiologists and the hospital's cardiology fellows this new approach.

For referral to a UC Irvine cardiologist, call 714.456.6699 or visit www.ucihealth.com/cardiology.

STROKE RECOVERY

About 6,400,000 stroke survivors are alive today—more than all those living with Alzheimer's and Parkinson's disease combined.

This high survival rate is a testimonial to the lifesaving advances made in stroke prevention and care over the past few years.

As Orange County's first Joint Commission-certified primary stroke center, UC Irvine Medical Center has led the way to improved outcomes for stroke patients. "Certification by The Joint Commission as an advanced primary stroke center means that the hospital has a rapid-response stroke team in place 24 hours a day, supported by leading-edge technology and systems," says **Dr. Vivek Jain**, director of the Stroke & Cerebrovascular Center. "This ensures that patients get the gold standard in stroke care."

Rapid assessment. How does it work? Patients who arrive at UC Irvine Medical Center's emergency room with stroke symptoms are quickly assessed and undergo immediate CT and MRI scans to determine what type of stroke they've suffered. About 88 percent of strokes are caused by blood clots that deprive the brain of oxygen. Clot-busting drugs and other treatments are administered to these patients if they meet certain guidelines.

The remaining 12 percent of strokes occur when blood leaks into or around the brain. This is often due to a ruptured blood vessel. Care can include surgery, a minimally invasive procedure or medical therapy. The UC Irvine stroke team oversees treatment, working together in a highly coordinated way. Composed of

emergency physicians, neurologists, neurosurgeons and neurointerventionalists, the team cares for people suffering from a stroke with the same urgency as heart attack patients are treated.

After initial therapy, patients are transferred to a specialized neuroscience unit at UC Irvine Douglas Hospital. Here, under the care of specially trained neuroscience nurses, they're monitored, stabilized and begin rehab. They're also started on medications to prevent future strokes and educated about how to avoid another attack. Some patients are eventually transferred to the hospital's acute rehabilitation unit. After the individual is discharged, rehabilitation sessions typically continue for about three months.



When it comes to stroke, rapid initial treatment and specialized, long-term rehab can make a huge difference in recovery.

"Until recently, it was believed that a stroke patient's chance for recovery reached a plateau around the 12th week of rehab," says **Dr. Steven L. Small**, chair of the Department of Neurology. But in the last few years, stroke experts have begun to re-examine this

premise. Small believes that current options for stroke therapy are too time-limited—and the goals far too modest.

"Studies show that the brain is 'plastic' and can build new connections between neurons to detour around parts of the brain damaged by stroke," says Small. "But neural repair often takes place over a period of many months, or even years. Furthermore, it takes intensive stimulation and training for the brain to establish new neural connections."

Reconnecting pathways. Small, along with neurologist **Dr. Steven C. Cramer** and other UC Irvine researchers, is investigating ways to help the brain

repair itself. Some stroke specialists are examining the effect of robotic-guided repetitive action on establishing new connections within the brain. Small is studying the effects of biologically motivated therapy with intensity to restore language and fine-motor skills. This involves patients participating in specialized training several hours a day supported by strategies such as medications, transplanted tissue, devices and electronic or magnetic stimulation. "Therapeutic intensity is known to be an important parameter of success in re-establishing neural pathways and function," says Small.

UC Irvine scientists are also investigating how stem cells can repopulate damaged areas of the brain with new neurons. Additionally, they're studying new medications to make the brain more receptive to accelerated recovery by rewiring itself in response to intensive physical therapy.

Small looks forward to helping establish a world-class clinical and research center for stroke neural repair. "Research in neural repair is the hope of the future for stroke patients," he says. For more information, call 866.STROKE.3 or visit www.ucihealth.com/stroke.

Toll free 877.UCI.DOCS

BRAIN TUMORS

The brain is a complex organ that makes us who we are.

Made up of an estimated 100 billion neurons and 300 billion glial cells that support them, the brain permits us to think, move, love, remember and breathe. It's no surprise, then, that a diagnosis of a brain tumor can be particularly devastating.

"There are more than 120 types of brain tumors—and each is unique," says neurologic oncologist **Dr. Daniela Bota**, medical co-director of the UC Irvine Comprehensive Brain Tumor Program. "Identifying the exact type of tumor can be challenging, and devising a targeted treatment can be complex." Patients with brain and spinal cord tumors are typically referred to tertiary care centers. These hospitals are staffed with nervous-system specialists and equipped with diagnostic

Diagnosis begins with a neurological examination in which doctors check the patient's senses, reflexes, coordination, mental status and memory. The results indicate the next step, which may be a CT scan, MR imaging, a brain angiogram or X-rays. Other high-tech imaging exams help doctors understand how the tumor is affecting brain activity and function—and if it can be removed safely. A brain biopsy confirms whether the growth is a fast-growing (malignant) or slow-growing (benign) tumor. "Classifying a brain tumor as benign or malignant is misleading," says Bota. "Benign tumors can exert pressure on delicate structures inside the skull, destroying tissue and causing problems throughout the entire body. All brain tumors are dangerous."

Multidisciplinary care. It takes a village of specialists and subspecialists to treat a brain tumor.

This includes neurosurgeons, medical neuro-oncologists, neuropathologists, neuroradiologists, psychologists and social workers. Once a patient's diagnosis is confirmed, this multidisciplinary group of experts meets to collaborate on an initial treatment plan. The team also meets regularly

afterward to assess the person's progress and adjust therapy as needed.

Delicate surgery. The first line of defense against brain tumors is usually surgery. "Optimal results require the involvement of surgical neuro-

oncologists, who dedicate their practice to operating on brain tumors," says **Dr. Mark Linskey**, surgical co-director of the UC Irvine Comprehensive Brain Tumor Program. Until the 1990s, operating on a brain tumor involved the removal of part of the skull to access the brain. "Current methods reflect the ever-growing trend toward minimally invasive operations," says Linskey. "Brain surgery is now often performed through the nose or a small hole cut behind the ear or at the eyebrow."

There are more than 120 types of brain tumors—and each is unique.

The accuracy of these delicate operations is increased by a technological breakthrough called intraoperative MRI (iMRI). The system can be wheeled in and out of a surgical suite much like a portable X-ray machine and enables doctors to see the brain in three-dimensional detail during all stages of an operation. iMRI also allows doctors to monitor shifts in brain tissue as they occur, and view where the tumor ends and normal tissue begins. Previously, doctors had to rely on scans taken before and after surgery. "Having access to this information in real time helps us avoid areas of the brain that control critical functions, while removing as much of the tumor as possible," says Linskey.

Radiation therapy may be recommended before, during or after surgery. Technological advances such as intensity-modulated radiation therapy (IMRT) allow treatments to conform to the exact contours of the target area while sparing nearby healthy tissue. Chemotherapy is also a mode of treatment if microscopic tissue testing indicates it's appropriate. At UC Irvine's Chao Family Comprehensive Cancer Center, dozens of clinical trials are under way. These provide patients with the newest chemotherapeutic drugs before they're available to the general public, making treatment more hopeful than ever before. For details, call 877.824.9111 or visit www.ucihealth.com/braintumor.



and treatment capabilities not widely available. As a tertiary care center, UC Irvine Medical Center is one of only four hospitals in Southern California—and the only center in Orange County—offering a comprehensive treatment program for brain and spinal cord tumors.

Body Contouring

A size 12 body in size 20 skin. That's the plight of many people who lose significant amounts of weight—typically 100 pounds or more.

“Think of a balloon,” says Dr. Al Aly, a plastic surgeon at the UC Irvine Aesthetic & Plastic Surgery Institute. “If you let the air out after a week or two, the elasticity is gone. The same thing happens to the skin of people who experience massive weight loss.”

Skin too large for a slimmed-down body has become more common as increasing numbers of severely overweight people undergo bariatric procedures. These bariatric surgeries include gastric bypass, gastric banding and sleeve gastrectomy. They're intended for those who have at least 75 pounds to lose.

“Very obese people often aren't helped by traditional weight-loss methods such as diet and exercise,” explains Dr. Ninh Nguyen, an internationally recognized UC Irvine Healthcare bariatric surgeon who pioneered the development of laparoscopic gastric bypass surgery. “But surgical procedures can be profoundly effective for them. Most people can expect to lose between 50 to 60 percent of their excess weight in the first two years, depending on the type of bariatric surgery they had.”

Altering problem areas. With weight loss, the risk of heart disease and certain cancers is greatly reduced. Sleep apnea usually disappears. And type 2 diabetes and high blood pressure often go into complete remission. Just as important, people who may have faced weight-related obstacles can enjoy a normal life.

For some people, though, rolls of loose skin get in the way. “Excess skin can be extremely uncomfortable, unsightly and prone to sweating, rashes and infections,” Aly notes. “It can be psychologically devastating for patients to lose so much weight and still not look their best.”



That's where the relatively new subspecialty of post-bariatric body contouring provides solutions. Aly, one of the world's leading authorities on the subject, says that operations to remove excess skin in bariatric patients didn't exist 10 years ago. “Now we have several procedures that can dramatically alter problem areas.” Aly pioneered most of these procedures.

Body contouring is an important option for many bariatric patients.

The operation that has the greatest effect on appearance is belt lipectomy. This complex procedure tightens hanging skin on the abdomen, thighs, back and buttocks and is usually only performed after massive weight loss. “Belt lipectomy is challenging and requires a highly coordinated team effort,” Aly says. “But it's the best operation for many people.”

Other surgeries may be performed to reshape the upper back and breast areas and to lift skin on the inner arms and thighs. All these procedures are technically demanding and best performed by a surgeon skilled in body-contouring techniques.

“You have to understand how to change a person's appearance not only surgically but also aesthetically,” Aly says. “The key is to safely reconstruct body tissue so it looks natural.” Aly emphasizes that body-contouring operations are major procedures with a lengthy recovery period, potentially serious complications and significant scarring. Because performing more than one surgery at a time increases the risk of complications, he generally schedules procedures at least six weeks apart. Even so, he says that patients need ongoing medical support—and lots of psychological reserves—to help the recovery process go smoothly.

Improving self-esteem. For most people, the results are worth it. In addition to improving physical health, body contouring can have an immense effect on a person's self-esteem. As one of Aly's patients told him, “Bariatric surgery gave me back my life. Plastic surgery allowed me to enjoy it.”

Still, he envisions a day when his services won't be in such demand. “Obesity is the No.1 healthcare issue of this century,” says Aly. “We can treat obese people and greatly improve their lives. But we also need to prevent the problem. At UC Irvine Medical Center, we have one of the best diabetes centers in the country, a superb team of bariatric surgeons, world-class body-contouring plastic surgeons and other obesity specialists. We're poised to become one of the foremost obesity prevention and treatment centers in the world.” For more information, call 877.UCI.DOCS.

Toll free 877.UCI.DOCS



Senior Seminars

For the latest information about senior seminars, call toll free 877.456.3770 or visit www.ucihealth.com. All seminars are free.

The Effects of Aging on Voice and Swallowing

Dr. Sunil Verma, UC Irvine otolaryngologist

- **Wednesday, Feb 9, 2 p.m.**
Emerald Court, 1731 Medical Center Dr., Anaheim
To reserve a seat for this date, call 714.778.5100
- **Tuesday, Feb 15, 1 p.m.**
Florence Sylvester Senior Center
23721 Moulton Parkway, Laguna Hills

Healthy Aging: How to Go Out With a Bang!

Dr. Kerry Burnight, UC Irvine gerontologist

- **Friday, Feb 11, 1 p.m.**
OASIS Senior Center, 801 Narcissus Ave.
Corona del Mar

Stroke Prevention

Dr. Vivek Jain, UC Irvine stroke specialist

- **Thursday, Feb 24, 11 a.m.**
Brea Senior Center, 500 S. Sievers Ave., Brea
- **Wednesday, Apr 6, 1 p.m., OASIS Senior Center,**
801 Narcissus Ave., Corona del Mar

Preventing and Treating Colorectal Cancer: What You Need to Know

Dr. Joseph Carmichael, UC Irvine colorectal surgeon

- **Wednesday, Mar 16, 1 p.m.**
OASIS Senior Center, 801 Narcissus Ave.
Corona del Mar

The Aging Spine: Sciatica, Stenosis and Scoliosis

Dr. Samuel Bederman, UC Irvine orthopaedic surgeon

- **Tuesday, Mar 22, 1-2 p.m.**
Florence Sylvester Senior Center
23721 Moulton Parkway, Laguna Hills

Macular Degeneration

Dr. Stephanie Lu, UC Irvine ophthalmologist

- **Tuesday, May 24, 1-2 p.m.**
Florence Sylvester Senior Center
23721 Moulton Parkway, Laguna Hills

Chronic Sinusitis

Dr. Naveen Bhandarkar, UC Irvine otolaryngologist

- **Tuesday, June 7, 1 p.m.**
Florence Sylvester Senior Center
23721 Moulton Parkway, Laguna Hills

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Seniors: Ask the Doctor

Voice and Swallowing Problems

The process of aging can bring about many changes, from the way we move to how well we remember. It can also take a toll on a person's voice and ability to swallow. Join us as Dr. Sunil Verma, an ear, nose and throat specialist, discusses age-related voice and swallowing difficulties.

Q How do voice and swallowing problems affect older people?

A In addition to the physical distress they cause, these conditions can result in serious quality-of-life issues such as anxiety, depression and social withdrawal. Swallowing problems are of particular concern because they can lead to choking and pneumonia, both of which can be life-threatening.

Q Are there treatments for these problems?

A Yes, and many of them are fairly simple. Although swallowing difficulties affect 14 percent of the senior population and voice problems affect 20 percent, recent studies show that many people don't know help is available for these conditions.

Q What can be done about a weak voice?

A Many people experience voice changes as they grow older. Patients may complain that they don't sound young anymore. They may also note that it takes a lot of effort to speak and people can't understand them as well as before. Hoarseness, pitch variations, voice breaks and loss of endurance can occur when the vocal cords thin due to aging. Treatment can be as easy as an injection performed in the office to "bulk up" the vocal cords.

Q What are the common signs of a swallowing problem?

A Difficulty swallowing pills, coughing while eating and food getting stuck in the throat are red flags that a problem has developed. Because swallowing disorders can be dangerous, it's important to seek a medical evaluation. Difficulties like these can

be the result of a muscle tightening around the esophagus or the development of pouch-like sacs in the back of the throat. Both conditions can be corrected with minimally invasive surgery.

Q What about constant throat clearing or the feeling of a lump in my throat?

A There are dozens of possible causes for these two common complaints. Both problems warrant a thorough examination by a doctor to rule out any serious causes. Once the reason for the condition is identified, treatment can be initiated to resolve symptoms.

Q How can patients keep their throats healthy as they age?

A Drink plenty of water, maintain overall body fitness, and avoid smoking, caffeine and alcohol. It's also a good idea to exercise and strengthen your voice daily by singing with the radio or reading a paper aloud two or three times a day for 10 to 15 minutes. Most of all, seek medical advice if you experience persistent swallowing or voice problems.



Dr. Sunil Verma is an otolaryngologist (ear, nose and throat specialist) with a focused expertise in voice, swallowing and breathing problems. He will give a lecture entitled "The Effects of Aging on Voice and Swallowing" on Wednesday, February 9, and on Tuesday, February 15. For more information, see "Senior Seminars" to the left.

For an appointment or more information, please call 714.456.7017 or visit www.ucihealth.com.

Seeking Perinatal Care

Every mother-to-be hopes for a healthy baby.

But medical problems sometimes complicate a pregnancy, threatening the well-being of a woman and her unborn child. That's when the expertise of a perinatologist can make a critical difference. Also known as a maternal-fetal medicine specialist, a perinatologist is an obstetrician/gynecologist specializing in high-risk pregnancies.

"Regular prenatal care is all many women need," says **Dr. Manuel Porto**, a leading perinatologist at UC Irvine Medical Center. "But expectant moms who face pregnancy-related complications require specialized care."

Unfortunately, not all women with high-risk pregnancies receive the treatment they need. "In some cases, a maternal-fetal specialist isn't consulted until the woman or baby is in distress. By then, problems are more serious and harder to manage," Porto says.

Identifying problems. He emphasizes that a woman should insist on seeing a specialist if she has symptoms her primary provider hasn't addressed. For instance, problems such as severe headaches, swollen hands and feet, unusual fatigue, abdominal pain, vomiting and bleeding occur in many normal pregnancies. But these may also be an indication of developing problems in a pregnancy. "To help prevent complications, women having unexplained problems should see a perinatologist as early as possible."

A number of factors can make a pregnancy high-risk, including pre-existing conditions such as diabetes, high blood pressure, asthma, and heart or kidney disease. Porto says women with chronic illnesses should consult a perinatologist before becoming pregnant. "Some medications and therapies can harm a fetus," he explains. "Changing or adjusting treatments before conception helps protect a future pregnancy. Once a woman conceives, we monitor her closely to ensure that she and the baby do well."

In some cases, age or weight can put a woman at risk. "Older mothers—women 35 and over—have a greater chance of complications during labor and delivery. They're also at increased risk of having a baby with a chromosomal defect such as Down syndrome. Women who are very overweight before pregnancy are also more likely to have a baby with birth problems."



About 10 percent of pregnancies are considered high-risk—and the number is rising.

Also at risk of pregnancy-related complications are women who are carrying more than one baby, are pregnant as a result of assisted reproductive technologies, or have had difficulty with a past pregnancy, including miscarriage or preterm labor. "The great majority of these women—even those with a history of miscarriage—can safely deliver healthy babies," Porto says. "But they usually require the support of an experienced, multidisciplinary team."

Not all complications can be anticipated. Some problems develop suddenly, often in the second or third trimester. The most common are gestational diabetes—a form of the disease that occurs only during pregnancy—and preeclampsia, which can cause dangerously high blood pressure. In such cases, a perinatologist can help manage the disorder, monitoring the health of both mom and baby.

At-risk women.

Expert care is particularly needed when a woman develops a problem with the placenta—the organ that nourishes a baby in the womb. If the placenta covers the cervix or grows too deeply into the uterine wall, severe bleeding can occur before and during delivery. Women with placental complications must be closely monitored by specialists throughout pregnancy and birth.

In addition to caring for expectant moms, a maternal-fetal specialist is essential when a fetus isn't developing normally or is found to have heart defects

or other serious health concerns. If discovered in time, some fetal abnormalities can be successfully corrected while the baby is still in the womb.

About 10 percent of pregnancies are considered high-risk, and the number is rising. "More women in their 40s are having children," Porto says. "And the epidemics of diabetes and obesity have led to an increase in pregnancy-related complications. But thanks to expert care, 95 percent of at-risk women have healthy babies. And that number may be even higher in the future." For an appointment with a maternal-fetal specialist, call 714.456.2911.

Toll free 877.UCI.DOCS

ONE GRATEFUL PATIENT

For five years, accountant Susan Baldassari experienced pain in her left breast.

And for five years, her community doctors told her she had nothing wrong, except for benign cysts in her “lumpy” breasts.

At first, her discomfort seemed bearable, but it progressively worsened to the point where her left nipple began to bleed inexplicably. Her physicians’ response: pain pills and biopsies. “They said I was fine,” says Baldassari. “Whenever I tried to follow up and ask what the biopsies showed, they just told me I was fine.”

Her doctors “didn’t seem to know what they were doing or care,” she says.

Fed up, Baldassari wrote several appeals to her insurer requesting a second opinion. Two months and four letters later, her HMO granted her one.

Baldassari decided to seek care at UC Irvine Medical Center. She did so because of her familiarity with the medical center’s strong cancer program and reputation for compassionate care. It was perhaps the most important decision she ever made.



Susan Baldassari is cancer-free, thanks to Dr. Karen Lane and the UC Irvine Breast Health Center.

At UC Irvine, Baldassari saw **Dr. Karen Lane**, clinical director of the UC Irvine Breast Health Center. Dr. Lane listened closely to her story and promised to find the source of her discomfort.

“I think patients really know their bodies,” Lane says. “If they tell you something is wrong, there probably is.”

She immediately ordered an MRI and later performed a lumpectomy, or partial mastectomy, on Baldassari’s left breast. Dr. Lane found cancer.

Together, doctor and patient decided on a double mastectomy, partly because a test had revealed the presence of BRCA1, a hereditary cancer gene. In September 2010, two teams of four surgeons, including Lane, spent 14 hours removing and partially reconstructing Baldassari’s breasts. All the while, doctors gave updates to Baldassari’s anxious family members.

Today, the 53-year-old mother of three is cancer-free and feeling great. Baldassari, who will soon receive implants and undergo reconstructive surgery, credits Lane for her bright future.

“I love her. My family loves her. She has a heart,” Baldassari says. “Dr. Lane cared about me more than any doctor I’ve seen in 20 years. She saved my life.”

Together We Can Defeat Cancer



Cancer, one of the nation’s deadliest killers, claimed the lives of an estimated 560,000 Americans in 2009, or 1,500 people per day, according to the American Cancer Society. Another 1.5 million Americans were diagnosed with the disease.

Against this backdrop, UC Irvine’s renowned physician-scientists at the Chao Family Comprehensive Cancer Center dedicate themselves every day to finding new ways to prevent cancer, improve treatments and enhance the lives of those living with the disease.

In the process, our distinguished cancer specialists have given hope to people throughout the world. From basic science that examines cell function to research that transforms lab discoveries into lifesaving treatments,

our cancer experts have moved us closer to finding a cure.

To ensure the continued excellence of UC Irvine’s cancer programs, the university, as part of its \$1 billion Shaping the Future Campaign, hopes to raise more than \$110 million for cancer. Now, we want to offer you the opportunity to partner with us in our fight.

Your philanthropic support will raise money to help UC Irvine researchers make groundbreaking discoveries,

fund several endowed faculty chairs, help recruit and retain key faculty in an increasingly competitive job market, underwrite community lectures and other educational activities, purchase advanced technologies and improve patient care. Together, we can create a brighter, healthier tomorrow.

For more information about making a gift to the Chao Family Comprehensive Cancer Center, please call Health Affairs Advancement at 949.824.0166 or visit www.ucifuture.com.

Thanking Our Donors

We thank our generous donors. Their support this year has enabled UC Irvine Health Affairs to make new discoveries, teach the next generation of physicians and provide healing to countless patients.

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the Education Connection

Classes are free of charge to UC Irvine Healthcare patients and their families, UC Irvine employees and volunteers. Exceptions are the Joslin Diabetes Center and Meditation for Health programs. Certain programs are also available in Spanish. Our classes have moved—all classes are located at UC Irvine Medical Center above the Grunigen Medical Library in the 2nd floor classrooms, unless otherwise indicated. Parking in the Visitor Structure will be validated at your health class. Registration is required. Call toll free 877.UCI.DOCS or 877.824.3627 for registration and information. UC Irvine Medical Center is located at 101 The City Drive South, Orange, CA.

FAMILY HEALTH

Adults With ADHD Children (1 Session)

Free seminar for parents interested in learning about ADD/ADHD in children. Guest speaker at every meeting. Information: 949.824.8372, www.uci.edu/chadd.shtml or ajun@uci.edu. RSVP is necessary. Second Wednesday every month 7-9 p.m.
Location: UC Irvine Child Development Center
19722 MacArthur Blvd., Irvine

Asthma and Adults (1 Session)

Learn how to control asthma and not have it control you by learning what it is and how to manage it. Cost: \$20/non-UC Irvine patients. Free peak flow meter. Friday, Mar 4, Jun 10 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 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/non-UC Irvine patients. Thursday, Mar 3, Apr 7, May 5, Jun 2 6-8:30 p.m.

Spanish Breastfeeding (1 Session)

Wednesday, Feb 23, Apr 20, Jun 15 9-11:15 a.m.
Location: UC Irvine Family Health Center Santa Ana

Diabetes Management Overview (1 Session)

Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: \$20/non-UC Irvine patients. Free glucometer. Monday, Feb 14, Apr 11, May 9 4-6 p.m.

Spanish Diabetes Management Overview (1 Session)

Wednesday, Feb 23, Mar 2, 23, Apr 6, 27, May 4, 25, Jun 1, 22 6-8 p.m.
Location: UC Irvine Family Health Center Anaheim
Thursday, Feb 24, Mar 24, Apr 28, May 26, Jun 23 4-6 p.m.
Location: UC Irvine Family Health Center Santa Ana

Diabetes Management Series (3-Session Series)

To help you avoid complications, information about the disease process and lifestyle changes, including food, exercise, medications and monitoring your blood sugar. Cost: \$60/non-UC Irvine patients. Free glucometer. Mondays, Mar 14–28, Jun 13–27 4-6 p.m.

Diabetic Diet (1 Session)

Food choices, portions and how they affect diabetes. Learn how to keep your blood-sugar levels at the healthiest range. Cost: \$20/non-UC Irvine patients. Monday, Feb 7, Apr 4, Jun 6 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/non-UC Irvine patients. Wednesday, Mar 16, May 18 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/non-UC Irvine patients. Tuesday, Mar 21, May 16 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: 714.456.7642. Friday, Apr 1, Jun 3 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 and prevent complications through diet, exercise, medication and lifestyle changes. Cost: \$20/non-UC Irvine patients. Monday, Feb 28, Apr 18, Jun 20 5-7 p.m.

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/non-UC Irvine patients. Monday, Mar 21, May 23, Jul 25 2-3:30 p.m.

Maternity Tea & Tour

Learn about maternity services and tour the UC Irvine Medical Center Maternity Unit. Cost: Free to all. Thursday, Feb 24, Mar 24, Apr 28, May 26, Jun 23 1:30-3:30 p.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Meditation for Health (4-Session Series)

This program will help participants learn how meditation can help to promote good health and a better quality of life. An introduction to the art of meditation, including a discussion of the various types and styles. Cost: \$40 to all. Mondays, Mar 7, 14, 21 & 28, May 2, 9, 16 & 23 6:30-7:30 p.m.
Location: UC Irvine Douglas Hospital, conference room 3005

Meditation Special Topics: Body-Scan Relaxation (1 Session)

Teaches awareness of each part of the body in sequence to relieve pain, promote relaxation and help relieve stress. Cost: \$20 to all. Monday, Apr 25 6:30-7:30 p.m.
Location: UC Irvine Douglas Hospital, conference room 3005

Newborn Care (1 Session)

Infant feeding, dressing, bathing, diapering, normal newborn appearance, and signs and symptoms of illness. Cost: \$20/non-UC Irvine patients. Friday, Feb 25, Mar 11, Apr 29, May 13, Jun 17 6-8:30 p.m.

Spanish Newborn Care (1 Session)

Wednesday, Mar 2, Apr 27, Jun 22 9-11:15 a.m.
Location: UC Irvine Family Health Center Santa Ana

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: Call 877.824.3627 to check current nutrition counseling charges. Call your insurance company to check for coverage.

Prepared Childbirth—Lamaze (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, cesarean delivery, medication and anesthesia. Cost: Free to all. Tuesdays, Feb 22–Mar 22, Apr 19–May 24 7-9:30 p.m.
Tuesday Location: Santiago Canyon College, Orange Education Center. Register through SCC Continuing Education, 714.628.5900. Wednesdays, Feb 23–Mar 23, Apr 20–May 25, Jun 15–Jul 13 7-9:30 p.m.
Thursdays, Feb 24–Mar 24, Apr 21–May 26, Jun 16–Jul 14 7-9:30 p.m.
Wed & Thurs Location: UC Irvine Medical Center, Bldg 56, #113.

Spanish Prepared Childbirth (4-Session Series)

Wednesdays, Mar 23–Apr 13, May 18–Jun 8 9-11:15 a.m.
Location: UC Irvine Family Health Center Santa Ana

Joslin Diabetes Center Education Classes

Joslin Diabetes Center at University of California, Irvine offers classes to help people learn how to successfully manage their diabetes. "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 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



Preparing for Surgery – Mind, Body, Spirit (Twice Monthly)

Learn how to prepare before surgery. Includes anesthesia choices, pain management strategies, relaxation techniques, and what to expect at the hospital before, during and after surgery. Cost: Free to all.
Monday, Feb 7, Mar 7, 21, Apr 4, 18, May 2, 16, Jun 6, 20 3-4:30 p.m.
Location: UC Irvine Douglas Hospital, 3rd floor, room 3001

WOW – Wise Old(er) Women (16-Session Series)

Therapy group for women 65 and older experiencing depression, anxiety or difficulty adjusting to situational challenges and stressors. Group members learn to use the wisdom acquired through a lifetime of experience to improve life satisfaction and a sense of well-being. There is a fee. Participants should be enrolled in Medicare or supplemental insurance plans. Information: 714.480.2421
Fridays, Apr 1, Jun 3 10-11 a.m.
Location: SeniorHealth Center, Pavilion IV, UC Irvine Medical Center

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. 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

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

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: UC Irvine Chao Family Comprehensive Cancer Center, 2nd floor

Kidney and Pancreas Transplant Support Group

Education and support for those with renal disease, for dialysis patients, and family and friends. Information: 714.456.8342
Spanish: First Wednesday every month 2:30-3:30 p.m.
English: First Tuesday 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, Mar 28, May 23 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

Rehabilitation Support Group

For those recovering from spinal cord injuries, stroke or other injuries and other diseases. Families, friends and caregivers are also welcome. Lunch box is available. Information: 714.456.6628
Third Tuesday every month 1-2 p.m.
Location: Neuropsychiatric Center, Acute Rehabilitation Unit common area

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: 714.456.8391 or eandrade@uci.edu
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
Monday, Feb 7, Mar 7, Apr 4, May 2, Jun 6 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, Mar 26, May 28, Jul 23 1-3 p.m.
Location: 2nd 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, Patient and Family Resource Center

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