

EYEING EARLIER DIAGNOSIS
OF PARKINSON'S DISEASE

EXPANDING OPTIONS FOR
WEIGHT-LOSS SURGERY



UC Irvine Health

WINTER 2016

live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA



FORGING A
SOLUTION
TO PAIN

TO THE COMMUNITIES WE SERVE



If you've lived in Orange County or the surrounding area for a while, you may know about our top-ranked healthcare system, which includes one of only 62 of America's Top Hospitals for quality and safety*.

In the past few years, we've expanded to various corners of Orange County and even to Corona to make it easier for residents to have access to our world-class care. You can now find UC Irvine Health primary care physicians in Orange, Tustin, Irvine, Santa Ana and Anaheim. These doctors will work with you to keep you healthy and functioning at your best. For patients who need specialty care, our primary care doctors will oversee your referral to one of our more than 500 specialty physicians, many of whom are leaders in their respective fields.

We've also opened offices in Newport Beach for cancer care, orthopaedic and sports medicine, digestive disease care, plastic surgery and other specialties. And we're partnering with Corona Regional Medical Center to bring several targeted specialty care services to residents of Riverside and San Bernardino.

Our mission is to make the county's best healthcare accessible to everyone. In this issue of *Live Well*, you will learn about our innovative program in Parkinson's disease and related movement disorders (page 6) and in managing chronic pain (page 12), plus we'll share tips, resources and classes to help you manage your health in 2016 and beyond. ■

Dr. Howard Federoff
UC Irvine Health Vice Chancellor, Health Affairs
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*Source: The Leapfrog Group's Top Urban Hospitals for 2015



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The information contained in this magazine is not meant
to replace the advice of your physician.

MAKE A DIFFERENCE

When a community hospital or doctor isn't equipped to address a complex medical condition, an academic medical center can provide the breakthrough care that makes a difference. UC Irvine Health is Orange County's only academic medical center, offering expert care.

Your philanthropic support drives clinical innovations like the ones you'll read about on the following pages, improving health for local residents and the world. If you would like to make a gift to thank a provider, honor the memory of a loved one or establish a lasting legacy, visit ucirvinehealth.org/giving or call 714-456-7350.

Learn how you can help transform healthcare.

OVERCOMING THE EFFECTS OF STROKE

WRITTEN BY TRAVIS MARSHALL

At the only university medical center in Orange County, UC Irvine Health researchers help test and introduce some of the most innovative treatments in the world—much to the benefit of our patients. In this issue's Discoveries column, our physicians describe research to help stroke patients heal “while the brain is on fire.”

DID YOU KNOW?

In 2013 UC Irvine Medical Center became the first hospital in Orange County to receive certification as a Comprehensive Stroke Center from The Joint Commission. This designation is reserved for hospitals capable of receiving and treating the most complex stroke cases.



Stroke is the leading cause of long-term disability in the country, according to the National Stroke Association. About 4 million Americans are living with the effects of stroke.

10% of stroke survivors recover almost completely

25% recover with minor impairments

40% experience moderate to severe impairments that require special care

10% require care in a nursing home or other long-term facility

In recent years, improvements in the diagnosis and treatment of stroke have led to fewer deaths. Despite that progress, nearly 700,000 Americans suffer strokes each year, and the condition remains the No. 1 cause of disability and a major cause of dementia. With more people surviving strokes, the need for better rehabilitation and recovery programs has never been greater.

“There’s really strong evidence from studies that the more rehab stroke patients get, the better they do,” says Dr. Steven C. Cramer, UC Irvine Health neurologist. “In the United States, people don’t get anywhere near the maximum doses of rehab. Some of that is just complexity, but a lot of it has to do with cost. A third reason is access: It’s hard for some people to get to their appointments, and there’s also a shortage of physical/occupational therapists.”

Through a National Institutes of Health grant, Cramer is directing a clinical trial to research whether telerehabilitation therapy can help improve patients’ access to—and frequency in attending—rehab programs.

His idea is simple: provide patients with in-home telehealth systems that use specially selected video games to improve arm movements and brain function, with an Internet video chat program so therapists can interact with patients and monitor their progress. Data so far show a 98 percent compliance rate and that study participants are improving.

Putting telehealth systems in patients’ homes makes it much easier for them to participate, Cramer says. The programs are designed to be fun, while requiring specific movements and problem-solving behaviors. “Video poker is our most popular game,” he says.

The other primary goal of the program is to enhance patients’ recoveries by educating them. “One of the biggest problems for stroke patients is that they just don’t know very much about their disease,” Cramer says. “One study I like to cite is that half of the people in the hospital for stroke can’t name a single stroke symptom. So in each daily session we incorporate stroke education in a *Jeopardy* format.”

Dr. Steven C. Cramer encourages the use of a telehealth video game console to promote stroke recovery.



In addition to promoting more effective rehabilitation, Cramer has spent years studying how stem cells can help the brain heal after a stroke. Stem cells have the potential to develop into many different cell types in the body during early life and growth.

“The brain is already galvanized for repair,” he says. “After a stroke it goes to work right away trying to rebuild the smoldering ruins left behind. Stem cells are attractive because in some animal studies these treatments have large and consistent effects.”

Of particular interest to Cramer—and the focus of a separate clinical trial—is a type of stem cell called mesenchymal cells, which are most readily found in bone marrow. “These cells have multiple mechanisms for action,” he says. “They are attracted to sites of injury, and they start cranking out multiple growth factors for healing. They also tend to promote new blood vessels, and they strengthen the immune system.”

Whatever the approach, Cramer says prompt attention is vital to improving stroke recovery. “In the first three months after a stroke, the brain is on fire with growth activity,” he says. “You have this critical window where we can make you a lot better.” ■

Join our program: If you or someone you know has weakness due to a recent stroke, visit ucirvinehealth.org/stroke for information on clinical trials focusing on stroke rehabilitation.



NEW SPECIALTY SERVICES AVAILABLE IN CORONA

UC Irvine Health specialty practices in Corona are expanding with the addition of cardiovascular and digestive disease services.

The UC Irvine Health Cardiovascular Center in Corona opened in October and is staffed by Dr. Isaac Tsai and Dr. Ihab Alomari. Tsai, an interventional cardiologist and associate professor, has practiced in Corona for many years. He is board-certified in cardiovascular disease and internal medicine. Alomari completed an interventional cardiology fellowship with UC Irvine Health. He is board-certified in internal medicine and cardiovascular diseases. The physicians provide cardiology services including consultation, noninvasive cardiology diagnostic testing and cath lab interventions.

The gastroenterology practice is staffed by Dr. Michael Molinari and Dr. Edward Politoske. The office is now part of the prestigious UC Irvine Health H.H. Chao Comprehensive Digestive Disease Center. "We are excited to expand our expertise and services in several communities by collaborating with exceptional local physicians to provide world-class care to patients and their families closer to home," says Dr. Kenneth Chang, CDDC director.

Both Molinari and Politoske are specialists experienced at treating the full spectrum of conditions of the digestive system.

UC IRVINE HEALTH CARDIOLOGY
341 Magnolia Ave., Suite 205, Corona
Appointments: 951-735-4771

UC IRVINE HEALTH GASTROENTEROLOGY
341 Magnolia Ave., Suite 207, Corona
Appointments: 951-734-9930

SAVORY WINTER SOUP

After indulging in the festive foods of the holiday season, it's nice to prepare a quick, healthy meal that is packed with nutrition—not calories. Katie Rankell, a health educator and registered dietitian with the UC Irvine Health Weight Management Program, says this soup will support getting back on track with healthy eating.

For more healthy recipes, visit
ucirvinehealth.org/recipes



CHICKEN & SPINACH SOUP WITH FRESH PESTO

Preparation and cooking time: 30 minutes

Servings: 5, about 1½ cups each

- 2 teaspoons plus 1 tablespoon extra-virgin olive oil, divided**
- ½ cup carrot or diced red bell pepper**
- 1 large boneless, skinless chicken breast (about 8 ounces), cut into quarters**
- 1 large clove garlic, minced**
- 5 cups reduced-sodium chicken broth**
- 1½ teaspoons dried marjoram**
- 6 ounces baby spinach, coarsely chopped**
- 1 (15-ounce) can cannellini beans or great northern beans, rinsed**
- ¼ cup grated Parmesan cheese**
- ½ cup lightly packed fresh basil leaves**
- Freshly ground pepper to taste**
- ¾ cup plain or herbed multigrain croutons for garnish (optional)**

1. In a large saucepan or Dutch oven over medium-high heat, warm 2 teaspoons oil. Add carrot (or bell pepper) and chicken; cook, turning the chicken and stirring frequently, until the chicken begins to brown, 3 to 4 minutes. Add garlic and cook, stirring, for 1 minute more. Stir in broth and marjoram; bring to a boil over high heat. Reduce the heat and simmer, stirring occasionally, until the chicken is cooked through, about 5 minutes.
2. With a slotted spoon, transfer the chicken pieces to a clean cutting board to cool. Add spinach and beans to the pot and bring to a gentle boil. Cook for 5 minutes to blend the flavors.
3. Combine the remaining 1 tablespoon oil, Parmesan cheese and basil in a food processor (a mini-processor works well). Process until a coarse paste forms, adding a little water and scraping down the sides as necessary.
4. Cut the chicken into bite-size pieces. Stir the chicken and pesto into the pot. Season with pepper. Heat until hot. Garnish with croutons, if desired.



THE ANTI-CANCER

Imagine being barely 40 years old, with a husband and young child, and learning you have advanced cancer. That's what happened to Tracy Chambers. Chambers, however, literally put her life in the hands of UC Irvine Health doctors at Orange County's only National Cancer Institute-designated comprehensive cancer center. This is a place of heroes: our patients, their families and our caregivers who, each day, bring their best to the fight against this disease. Read Chambers' inspiring story and those of other patients and caregivers at ucirvinehealth.org/anti-cancer



NUTRITION

- **Per serving:** 204 calories; 8 g fat (2 g saturated, 4 g mono); 29 mg cholesterol; 16 g carbohydrates; 18 g protein; 6 g fiber; 691 mg sodium; 529 mg potassium.
- **Nutrition bonus:** vitamin A (110% daily value), folate and vitamin C (20% Daily Value)
- **Carbohydrate servings:** 1/2
- **Exchanges:** 1 starch, 1 vegetable, 2 lean meat, 1 fat

ASSESSING SLEEP APNEA AT HOME

Sleep apnea is a serious condition that affects as many as 12 million Americans, but the condition often remains undiagnosed. Traditionally, testing for the disorder, in which people have pauses or shallow breathing during sleep, required at least one overnight stay in a sleep disorders laboratory. However UC Irvine Health specialists are now using a new take-home test to evaluate select patients for sleep apnea. The device, called WatchPAT™, is worn on the patient's wrist and, via sensors, monitors peripheral arterial tone, oxygen levels in the blood, movement and body position, heart rate and snoring.

"It's convenient because it allows patients to sleep in a comfortable environment, which is believed to produce more reliable results," says Dr. Paul Schalch Lepe, a UC Irvine Health otolaryngologist. "In the sleep lab, you're in an unfamiliar environment and new routine, and the quality of the data won't be as reliable. The WatchPAT gives us enough information to reach a diagnosis."

The American Academy of Sleep Medicine has issued guidelines for which patients are appropriate candidates for at-home testing. These patients have a high likelihood of having sleep apnea based on physical examination, daytime sleepiness, snoring and sleep apnea spells witnessed by another person, such as a spouse. The patient cannot have other major health problems because the WatchPAT doesn't rule out complex heart arrhythmias or sleep disorders that are neurological, such as seizures, complex movement disorders or behavioral sleep disorders such as sleepwalking.

However, 40 to 60 percent of patients are likely candidates for at-home testing, Schalch Lepe says. It's important to recognize and treat sleep apnea.

"Patients say, 'So what? I'm snoring or sleepy.' But sleep apnea is one of the risk factors for a number of conditions, such as stroke," he says. Sleep apnea raises the risk of cardiac events, arrhythmias, sudden cardiac death, hypertension, congestive heart failure and insulin resistance.

"Identifying sleep apnea is the first step, and there are treatment options, such as continuous positive airway pressure (CPAP) devices, surgical interventions, oral appliances; there are multiple things that can be done," Schalch Lepe says. "But it all starts with getting the patient diagnosed. And for the appropriate candidates, we can now expedite that by having them undergo sleep apnea testing at home."



For more information, visit ucirvinehealth.org/ent



DIGESTIVE DISEASE CENTER UNDERGOES EXPANSION

Construction is underway to remodel and expand the H.H. Chao Comprehensive Digestive Disease Center (CDDC) on the campus of UC Irvine Medical Center. The renovated facility will reopen in the summer of 2017 with new procedure rooms for endoscopic and outpatient surgery and additional exam rooms.

The new construction will modernize the original facility to reflect technological innovations in the diagnosis and treatment of digestive diseases and will accommodate the growing demand for services, says Erwin Altamira, director of operations and finance for the CDDC. "We've been growing significantly over the past few years, and our volume is way above what was anticipated," he says.

The remodeled facility will be convenient for patients and aesthetically pleasing. "We're making these improvements with the patient in mind," Altamira says. "We'll have more space to perform difficult procedures in a timely fashion. We will truly meet the expectations patients look for in a world-class center."

During construction, CDDC patients are being seen in the Chao Family Comprehensive Cancer Center, next door to the CDDC building; the Aesthetic & Plastic Surgery Institute at the UC Irvine Health Manchester Pavilion, adjacent to the medical center; and the Pacific Medical Plaza in Newport Beach.





PROGRESS AGAINST
*Parkinson's
Disease*

UC Irvine Health doctors aim for earlier diagnosis and treatment of a mysterious ailment.

WRITTEN BY SHARI ROAN | PHOTOGRAPHED BY LAUREN PRESSEY



Every evening after dinner, just as the sun is waning in the western sky, Arthur “Jay” Sagen begins to feel troubled and turns to his wife of 51 years, Diane, for reassurance. Jay, 76, was diagnosed with Parkinson’s disease—a degenerative brain disease—six years ago.

He has the typical symptoms of tremors and difficulty moving. And like many patients in the advanced stages of the disease, he occasionally experiences delusional thinking or hallucinations.

The behavioral symptoms surfaced a few years ago when the retired artist and art teacher started seeing black cats squirt by in the periphery of his vision. Then one day in 2013, Diane, 72, a retired marriage and family therapist, came home and Jay warned her, “The living room is full of people.”

“It was upsetting, but I had read that there was a possibility of hallucinations,” Diane says. “His symptoms are usually worse at night when the light is dimmer and he can misread things. Usually after dinner we have quite a conversation about who is and who isn’t here.”

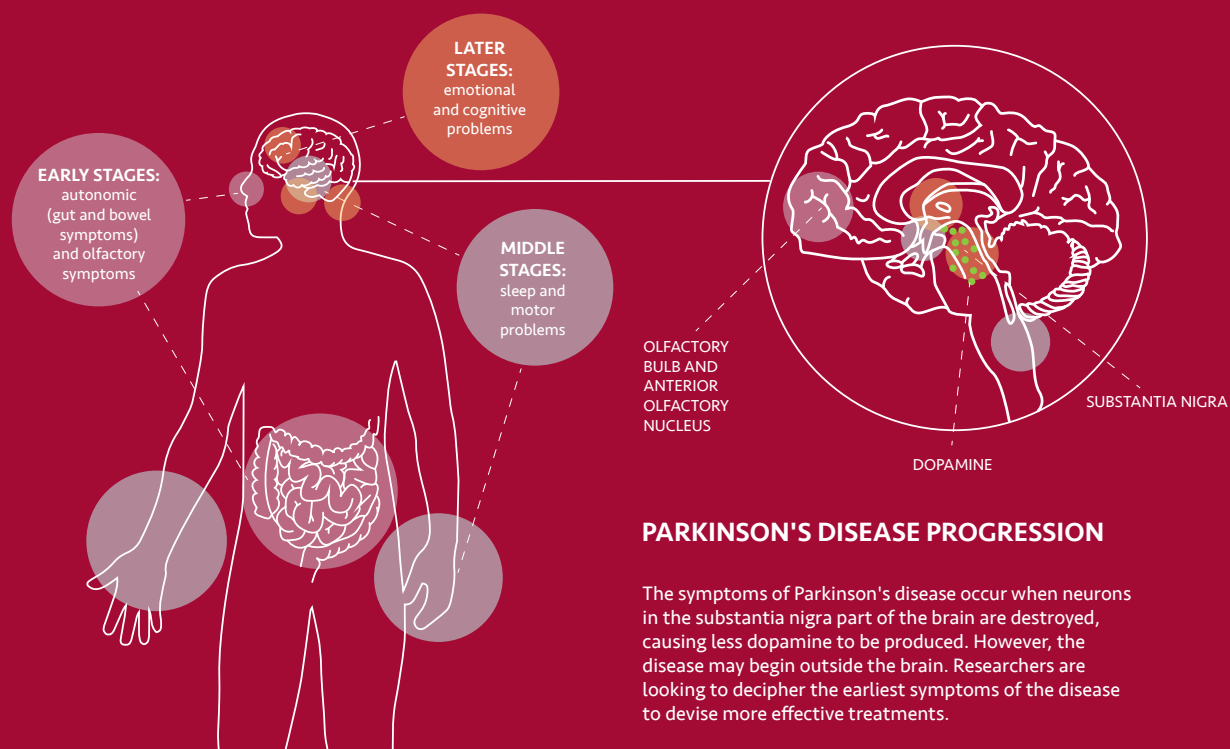
For treatment and support the Sagens turn to the UC Irvine Health Parkinson’s Disease and Movement Disorders Program, where experts

recognize the broad array of symptoms and are equipped to help. The overarching goal of the program is to keep patients functioning as well—and for as long—as possible while searching for a cure to this mysterious condition.

“They are so knowledgeable,” Diane says of the program’s staff, composed of four physicians, including her husband’s physician, Dr. Neal Hermanowicz, director of the Movement Disorders Program.

About 1 million Americans are afflicted with Parkinson’s disease and related “Parkinsonian” movement disorders, such as Lewy body dementia. The risk of developing the disease increases with age, and the average age of diagnosis is 60. Thus, with an aging population, about 2 million Americans will be living with the disease by 2030, Hermanowicz says.

Parkinson’s disease attacks a part of the brain called the substantia nigra and causes the destruction of cells that produce dopamine, a neurotransmitter critical to movement and cognitive function. As dopamine is lost, classic Parkinson’s disease symptoms set in, including tremor, rigidity, weakness, problems with posture, and behavioral symptoms such as confusion, anxiety and hallucinations.



PARKINSON'S DISEASE PROGRESSION

The symptoms of Parkinson's disease occur when neurons in the substantia nigra part of the brain are destroyed, causing less dopamine to be produced. However, the disease may begin outside the brain. Researchers are looking to decipher the earliest symptoms of the disease to devise more effective treatments.

AIMING FOR EARLIER DIAGNOSIS AND TREATMENT

It's not yet clear, however, what causes the disease or even where it begins. According to research presented at a fall 2015 symposium on the disease at UC Irvine, the disorder may begin outside the brain—perhaps in the peripheral nervous system. Pinpointing where the disease originates and identifying its earliest biological signals, called biomarkers, could lead to earlier diagnosis and more effective therapies to preserve brain function, says Dr. Howard Federoff, dean of the School of Medicine and vice chancellor of UC Irvine Health. Federoff is also one of the nation's foremost experts in Parkinson's research.

"Twenty-five years ago we knew far less than we know today about Parkinson's," he says. "It is our conviction that the earlier the diagnosis, the better the chance to do neuro-protection."

Researchers already know that some of the earliest symptoms of the disease include a deteriorating sense of smell as well as constipation, rapid eye movement, anemia, anxiety, mood problems and sleep disturbance.

"For the last 10 or 15 years, the emphasis has been not just on motor symptoms; it has changed to detecting much earlier symptoms, such as mood changes, sleep changes, bowel movement problems," says Dr. Nicolas M. Phielipp, an assistant professor in the Department of Neurology. "These seem to be symptoms that herald the motor aspects of the disease." Phielipp is also part of the Movement Disorders Program along with Dr. Anna Morenkova; both fellowship-trained in movement disorders. The fourth member of the team is Dr. Frank Hsu, chair of the Department of Neurosurgery and an expert in surgical treatment.

In the past decade or two, many treatments for Parkinson's disease and other Parkinsonian movement disorders have been tried and failed. But experts now suggest that perhaps those therapies might work in patients who are diagnosed earlier—with less-advanced disease—rather than on patients who are in more advanced stages, Phielipp explains.

UC Irvine Health is at the forefront of research in earlier diagnosis and treatment. Phielipp is launching a project seeking to identify early, specific biomarkers of the disease by examining the brain with sophisticated imaging devices and muscle recordings while individuals perform simple motor tasks, like tapping their fingers on a table.

"If we can find an early marker of the condition, even without fully understanding what is going on, trying therapies earlier in the disease process increases our chances of success in trying to slow down or stop the disease," he says.

UC Irvine Health is also part of the prestigious Parkinson Study Group, a nonprofit organization of physicians and other healthcare providers from medical centers in the United States, Canada and Puerto Rico experienced in the care of Parkinson's patients and dedicated to clinical research. The group is enrolling participants in several studies, including a Phase 3 study, called STEADY-PD, to assess a medication called isradipine and its ability to alter the progression of Parkinson's disease.

"We have a very large clinical trials program at UC Irvine Health neurology," says Dr. Steven L. Small, professor and chair of the Department of Neurology. "UC Irvine Health neurology is focusing not only on the state-of-the-art treatments of all neurological diseases but also on experimental agents that we think can help when other things can't help. We have many clinical trial options."

GENE THERAPY HOLDS PROMISE

Other studies are underway to assess drugs that impact motor symptoms. And Federoff is part of a multicenter study group exploring gene therapy for Parkinson's disease. The first gene therapy clinical trial for Parkinson's disease began in 2003, and one decade later five such trials were underway. The progress reflects an improved understanding of the brain biology and anatomy, Federoff says.

Gene therapy involves introducing a healthy, functioning gene into the brain that will begin making a fresh supply of dopamine. Federoff and his colleagues have devoted many years developing a tool, called a viral vector, for safely delivering gene therapy to the brain. They disable a virus, removing its infectious material, and transfer an engineered gene into the cell.

"The vector is a way to deliver the payload," he explains. "It's engineered to carry the therapeutic gene. The aim is to support the health of the neuron so it can function properly."

The researchers have already shown that the viral vector is safe and well-tolerated by patients, and they've learned how to make the vector

in large quantities—another crucial step. The next phase of the research focuses on using the vector to deliver a gene with information capable of producing a substance called glial cell-derived neurotrophic factor (GDNF). GDNF is a chemical that may help protect and strengthen brain cells that produce dopamine. Studies in non-human primates show that delivering the GDNF gene to the brain causes brain cells important to dopamine production to stabilize and even regrow.

A Phase 1 clinical trial to test the therapy's safety and tolerability in 24 patients is now underway at the National Institutes of Health. "We will have more data than has ever been collected, and I think this will greatly inform us going forward," Federoff says.

PRESERVING QUALITY OF LIFE

While future treatments may arrest or cure the disease, UC Irvine Health professionals today offer a broad array of treatments and support services to help patients remain as functional as possible. The remarkable drug levodopa is a mainstay of Parkinson's disease therapy. The drug treats the symptoms of stiffness, tremors and muscle spasms.

Some patients are also candidates for deep-brain stimulation, a surgery for Parkinson's disease. Deep-brain stimulation involves surgically implanting a battery-operated device in the brain, similar to a heart

Jay sometimes doesn't recognize Diane and demands to know where his wife is. Occasionally she picks up her home phone and calls herself on her cell phone so that Jay can "speak to her."

"I get impatient at times because I know certain things are not true, and I want him to know it's not true," she says. "He takes a low dose of a medication called clozapine now, and it has helped. And I can get Dr. Hermanowicz on the phone when I need him."

About 50 percent of people with Parkinson's have symptoms of hallucinations, often mild, says Hermanowicz. The hallucinations are most commonly visual but also can be auditory, such as hearing people speak in the home when no one is present, or they may be tactile, such as the sensation of someone touching them. Delusions are less common but can include thinking that someone is going to harm them or is stealing their money, he says.

"Delusions are always unpleasant, nasty and disruptive," he says. "I've had patients call 911 at 3 a.m. because they thought someone was trying to break into their house."

A meticulous evaluation of the patient can help pinpoint what may be causing the symptoms. Antipsychotic medications are often prescribed, Hermanowicz says. The healthcare team also works hard to address depression and anxiety that may accompany the disease.

"TRYING THERAPIES EARLIER IN THE DISEASE PROCESS INCREASES OUR CHANCES OF SUCCESS IN TRYING TO SLOW DOWN OR STOP THE DISEASE."



Dr. Neal Hermanowicz



Dr. Nicolas M. Phielipp



Dr. Steven L. Small



Dr. Howard Federoff

pacemaker, that delivers electrical pulses to areas of the brain that control movement and blocking abnormal nerve signals that cause tremors, rigidity and movement problems. It is considered for people whose symptoms respond to levodopa but experience bothersome motor fluctuations, Phielipp says.

"We have a very active, clinical deep-brain stimulation program at UC Irvine Health," he explains. "We do offer this treatment when it's appropriate. It's not for everyone. Patient selection is very important to its success."

Another significant focus of the UC Irvine Health program is on the behavioral symptoms of Parkinson's disease. While often unaddressed, symptoms like delirium, hallucinations, anxiety, depression, apathy and compulsive behavior are not uncommon. Doctors can prescribe antipsychotic medications to help alleviate behavioral symptoms.

Families are also educated about what to expect and are steered to resources for support. For a time, Diane and Jay Sagen attended an exercise group for patients with Parkinson's disease and their caregivers. Jay is now on a medication to quell the hallucinations, while Diane attends a caregiver support group and does yoga to alleviate stress.

"Parkinson's keeps people in their chairs," he says. "Exercise can play an important role in treating depression." Hermanowicz often refers patients to a therapist at UC Irvine Health who is specially trained in Parkinson's disease.

He and his colleagues also steer patients and their caregivers to support services. Hermanowicz co-founded the California Parkinson's Group to foster support and collaboration among individuals and families in Orange County living with young-onset Parkinson's disease.

"Quality of life concerns drive our actions," Phielipp says. "If we don't yet have the cure, the main goal of every visit is addressing quality of life."

UC Irvine Health is especially equipped to address the broad array of needs, Small says. The UC Irvine Health Department of Neurology has doubled in size in just last five years.

"As an academic medical center, all our specialists are subspecialty-trained," he says. "Everyone who takes care of Parkinson's disease in our institution has a Parkinson's disease fellowship. UC Irvine Health neurology is an huge resource for world-class care in Orange County." ■

Learn more about Parkinson's disease at ucirvinehealth.org/parkinsons

BARIATRIC SURGERY

Expanding choices lead to shrinking waistlines.

WRITTEN BY NANCY BRANDS WARD
PHOTOGRAPHED BY LAUREN PRESSEY



Surgeries to help people lose weight and become healthier are among the most frequently performed elective operations in America today. UC Irvine Health is at the forefront in offering the newest and most effective bariatric procedures. The program at the UC Irvine Health H.H. Chao Comprehensive Digestive Disease Center is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program and is led by Dr. Ninh T. Nguyen, chief of the Division of Gastrointestinal Surgery and vice chair of the Department of Surgery, UC Irvine School of Medicine. *Live Well* spoke with Nguyen about the latest advances in treating obesity and how patients benefit.

WE HEAR THAT OBESITY IS EPIDEMIC IN AMERICA. IS IT TRUE?

The obesity epidemic is rampant. Right now more than one-third of Americans are obese. Obesity is defined as a body mass index [BMI, based on height and weight] equal to or greater than 30.

THE GASTRIC BALLOON PROCEDURE WAS JUST APPROVED BY THE FOOD AND DRUG ADMINISTRATION. WHO IS THIS PROCEDURE FOR?

The gastric balloon procedure is particularly exciting since we haven't had a procedure to offer to obese patients with BMIs less than 35—those who are just 50 pounds over their desired weights. With this procedure, either a single or dual balloon is inserted into the stomach through the mouth with an endoscope, then inflated with a saline solution and left in place for six months. The balloons take up a significant amount of space, and patients cannot eat as much and they feel full sooner. After the balloons are removed, patients follow up monthly with our team members, including work with a dietitian and social worker to maintain their weight losses.

THE FDA ALSO RECENTLY APPROVED A PROCEDURE CALLED VBLOC THERAPY. HOW DOES IT WORK?

We insert a pacer lead—a device like a cardiac pacemaker—around the vagus nerve that periodically blocks signals between the brain and the stomach. Unlike with the gastric sleeve and gastric bypass, we don't need to remove or reroute anything. Research has shown that people lost an average of 28 percent of their excess weight during the first year. We are offering VBLOC therapy to adults with BMIs between 35 and 45 who also have an obesity-related condition such as type 2 diabetes.

WHAT TYPES OF BARIATRIC SURGERIES DO YOU OFFER FOR SEVERELY OBESE PATIENTS?

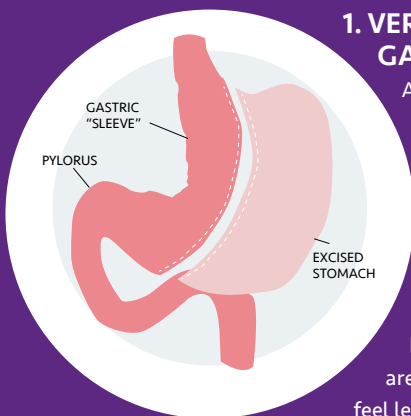
For patients with BMIs of 35 with conditions such as diabetes or hypertension, or BMIs of 40 or more, we offer the Roux-en-Y gastric bypass and the vertical sleeve gastrectomy. With the bypass, we construct a small pouch to restrict the size of the stomach and bypass parts of the digestive tract to limit the calories absorbed as food passes through the intestines. Patients with diabetes or metabolic syndrome are more likely to be candidates for the bypass, as studies have shown that gastric bypass is

NEW WAYS TO LOSE WEIGHT

UC Irvine Health offers some of the latest and most innovative bariatric procedures.

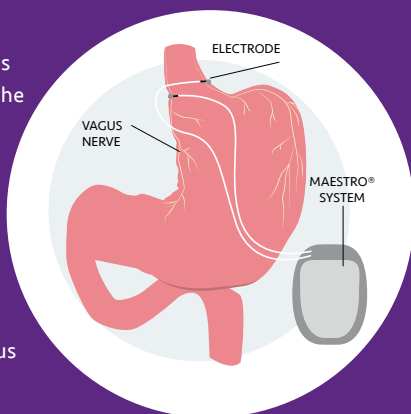
1. VERTICAL SLEEVE GASTRECTOMY

A portion of the stomach is removed through tiny incisions, leaving a smaller, tube-shaped stomach. By removing the outer part of the stomach, the majority of the cells that produce the hunger hormone ghrelin are removed, and patients feel less hungry.



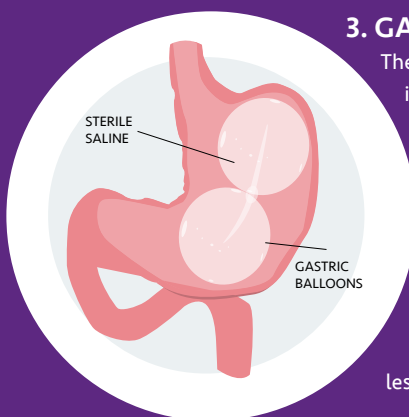
2. VBLOC

A pacemaker-like device is implanted in the skin of the abdominal wall during a minimally invasive procedure. The device is linked to two electrodes which are placed at the trunk of the vagus nerve. The therapy works by periodically blocking vagus nerve signals that govern food intake.



3. GASTRIC BALLOON

The gastric balloon is inserted in the stomach during a nonsurgical procedure. After insertion, the balloon is inflated with sterile saline solution. With the grapefruit-sized balloon or balloons in place, there is a sensation of fullness so patients eat less and lose weight.



more likely to improve or resolve these conditions. With the sleeve, we make the stomach smaller, reducing its capacity by 80 percent, so patients feel full sooner. We also remove a portion of the stomach that secretes the hunger hormone, so the hunger sensation is decreased. We perform these procedures laparoscopically—through incisions that are 2 centimeters or smaller.

PATIENTS WHO HAVE UNDERGONE BARIATRIC SURGERY SOMETIMES NEED A SECOND PROCEDURE, EITHER BECAUSE OF COMPLICATIONS FROM THE ORIGINAL SURGERY OR PROBLEMS AFTER REGAINING WEIGHT. WHAT CAN YOU DO FOR THEM?

We perform revisional surgery for patients who have developed complications—such as chronic obstruction, reflux or leakage—from their original operations. Additionally, we perform revisional surgery for patients who have not lost sufficient weight or have regained weight. For example, a patient with poor weight loss after adjustable gastric band surgery may be a candidate to have the band removed and undergo a sleeve gastrectomy. In a patient who had a gastric bypass, endoscopic gastric revision may be an option. After the patient is sedated, a flexible scope is passed through the mouth into the stomach pouch. We then place sutures to reduce the size of the stomach and stomach outlet.

WHAT'S THE COST OF THE OBESITY EPIDEMIC?

The problem with obesity is that it's associated with a whole host of medical conditions, such as hypertension, diabetes, high cholesterol, obstructive sleep apnea and fatty liver, to name a few. Obese individuals with metabolic syndrome—high blood pressure, diabetes and high cholesterol—are at high risk for developing coronary artery disease and having heart attacks and strokes, even at a young age. The health risks associated with obesity are cumulative and costly: obesity-related disease drives more than 20 percent of all healthcare costs—that's almost \$200 billion a year.

WHO ARE THE BEST CANDIDATES FOR BARIATRIC SURGERY?

People who qualify for bariatric surgery are adults with BMIs of 35 with at least one obesity-related condition, or those with BMIs of 40 or more. Individuals with conditions such as depression, eating disorders and substance abuse have to be treated before they can be candidates for surgery. Good candidates need to be willing to continue follow-up care in our multidisciplinary program after surgery.

HOW SUCCESSFUL ARE THESE SURGERIES IN HELPING PATIENTS LOSE WEIGHT AND CONTROL THEIR DISEASE?

Overall, patients lose 65 to 75 percent of their excess weight over the first year, and 90 percent maintain that weight loss over the next five years. Studies show they also experience a 60 to 80 percent improvement in their obesity-related health problems. Many of the obesity-related conditions, particularly high blood pressure and type 2 diabetes, improve or resolve relatively quickly after the operation. We can see benefits within one month after surgery. Some patients reduce their diabetes medication, and some will eventually get off it altogether. Studies have shown a 40 percent reduction in the risk of death associated with cardiac disease.

HOW DO YOU HELP PATIENTS DECIDE WHAT PROCEDURE TO UNDERGO?

We spend time listening to the patient, evaluating the patient's health conditions and explaining the options and recommendations. It's just one of the reasons we have been designated a Boeing Center of Excellence for bariatric surgery, one of only four in the country and the only one on the West Coast. ■

Learn more about weight-loss surgery
at ucirvinehealth.org/bariatric



A man with dark hair and a slight beard, wearing a black long-sleeved shirt, is sitting on a yellow stool in a workshop. He is holding a piece of dark metal in his hands. The background is a dark blue pegboard wall with various tools hanging on it, including several large metal clamps and several long, thin metal rods. The lighting is dramatic, with strong shadows.

DEMYSTIFYING PAIN

Experts at the Center for Pain Management get to
the root of the problem.

WRITTEN BY LINDA MARSA | PHOTOGRAPHED BY SHANE O'DONNELL

Tucker Parris was driving cross-country from Virginia to San Diego, where he was stationed in the Navy, when he was involved in a nearly fatal, service-related auto accident in Flagstaff, Ariz. He broke his neck and a vertebrae in his lower back and spent the next year recuperating in a hospital in San Diego.

"The only thing that saved me was that I was in good shape and had enough muscle mass to compensate for the loss of blood," says Parris, who was 19 at the time.

The once-healthy young man had been such a fine athlete he was assigned to battle harsh and dangerous conditions in his job as a Naval aviation rescue swimmer on search and rescue helicopter missions. Now, however, he was wracked by "ferocious" pain. Even though he was able to resume work in the military and was honorably discharged, Parris was left with a nagging ache in his lower back that worsened over the years. Eventually he was gripped in such agonizing pain that he couldn't sleep, his mobility began to deteriorate and he walked with a pronounced limp.

"AN HOUR LATER (AFTER TREATMENT), SHE SAW ME WALK LIKE A NORMAL PERSON FOR THE FIRST TIME IN THREE YEARS."

"Aside from the debilitating back spasms, the worst part was that I lost my identity," he says. "I was always physically active and enjoyed physical hobbies like running, but I had to stop everything when the pain took control of my life." His search for relief was compounded by the fact that he was deeply reluctant to take heavy-duty narcotics because he had seen people on painkillers become addicted. For nearly a decade he bounced from one doctor to another, desperate for an alternative but often having his concerns dismissed—until he found Dr. Padma Gulur, director of the UC Irvine Health Center for Pain Management.

Her approach was different from the outset. At their first meeting she and her team spent more than an hour with him, seeking to uncover clues that other doctors had possibly overlooked. "Pain is very challenging to treat, especially when it becomes chronic," Gulur says.

A subsequent MRI revealed that Parris had an undiagnosed compression fracture at the base of his spine. Because it had been untreated for so long, the injury damaged nerves throughout his entire spinal column. Parris underwent a radiofrequency nerve ablation, a procedure in which the nerves are cauterized so they stop sending pain signals to the brain. He felt relief immediately. An hour after his first treatment, he says, "my wife saw me walk like a normal person for the first time in three years."

Today, his pain is considerably less severe, and he is able to get a full night's sleep. "I have to go in for periodic tune-ups because the nerves eventually grow back," says Parris, now 32, who lives with his wife in Huntington Beach and works in a family business. Under the moniker TAP Forge, he is now able to devote much of his time to the physically demanding hobby of bladesmithing, which involves forging and hand-carving knives. "In many ways, I feel like Dr. Gulur gave me my life back," says Parris.

The Center for Pain Management, led by Gulur, employs a suite of different strategies to customize a comprehensive care plan aimed at alleviating acute or chronic pain, whether it is caused by cancer, arthritis,

headaches or serious injuries. "We do a thorough assessment and then map out a treatment plan that includes various modalities, because no single treatment is completely effective," Gulur says. "That's what sets us apart—we take the time to understand the right plan for the patient."

Generally there are two types of pain: nociceptive pain, which is throbbing or aching pain caused by inflammation in the organs and musculoskeletal system, and neuropathic pain, when the nerves are damaged and the pain feels more like a burning sensation as it radiates from one side to the other and disrupts sleep.

"Neuropathic pain is more challenging to treat and get under control," says Gulur. "And not all pain is equal, which is why each type should be targeted with different treatments. Many patients have a combination so you have to target both. Unfortunately many patients wait too long to come in, and by that time the pain has taken up residency and become chronic."

Consequently, pain specialists at the center take an approach that employs a combination of medications, physical therapy, biofeedback, massage and leading-edge interventions like radiofrequency nerve ablation or transcutaneous electrical nerve stimulation (TENS) therapy, which uses electrical shocks to dampen nociceptive pain. They're also looking at new medications and novel interventions that include spinal cord and peripheral nerve stimulators to relieve nerve pain, stem cell therapy and platelet-rich plasma treatments to rebuild damaged tissue and bones, and cooled radiofrequency that targets nerve pain.

In the future, Gulur and her colleagues hope to personalize treatments even more by using blood tests that identify genetic markers to determine which medications will work for individual patients.

They're careful to monitor patients who are taking opioids—which include OxyContin, Demerol and Dilaudid—to prevent addiction or accidental overdose. In 2012 there were more than 1,800 opioid-related deaths in California, and nearly three-quarters of them were linked to abuse of prescription pain medications.

"We do risk assessments as well as educate patients about safe storage and disposal," Gulur says. "We want their pain treated while making sure it is being done in a safe way."

Patients also find relief at the UC Irvine Health Susan Samueli Center for Integrative Medicine, which offers several approaches that complement traditional pain management techniques. These include acupuncture, osteopathic and therapeutic massage, restorative yoga and classes in Egoscue movement, which helps people with joint pain.

Mindfulness-based stress reduction is also taught at the center. "While its primary purpose is to help people manage stress, mindfulness was originally introduced for pain management," notes Laurie Macaulay, the Samueli Center's associate director.

"The good news," Gulur concludes, "is that we now have a wide array of tools to relieve suffering and get people back to normalcy."

Normalcy is just fine with Parris. "The pain is tolerable," he says, "and I can actually function. Because of UC Irvine Health doctors, I now have the freedom and independence that I fought for in the first place." ■



Dr. Padma Gulur

Learn more about pain management at ucirvinehealth.org/pain



ADVANCE DIRECTIVES: CONTROL OVER YOUR CARE

WRITTEN BY SHARI ROAN

A few months ago Dr. Douglas G. Merrill was faced with an all-too-common situation. An elderly woman with end-stage cancer suffered a stroke. Her only surviving relative lived overseas and couldn't be reached. Important and difficult decisions regarding her care, such as whether she would want life-sustaining treatment, were left to her doctors, who had never met her before.

The patient did not have an advance directive—a simple document that describes an individual's healthcare wishes and designates a relative or close friend to make decisions if the patient is incapacitated.

"An advance directive would have told us who she wanted to speak for her," says Merrill, chief medical officer of UC Irvine Medical Center. "In this case, people who didn't know her or what her desires were had to make decisions for her."

An advance directive is a legal document that explains what kinds of healthcare you desire in case of a serious injury or illness. UC Irvine Health patients are encouraged to complete an advance directive, which becomes part of their medical records.

An advance directive can clarify such issues as whether you want to be resuscitated if you become terminally ill or permanently unconscious, or whether you want home hospice care instead of being cared for in the hospital. At a minimum, you can simply name an "agent"—a trusted person who will speak and provide consent for medical decisions on your behalf.

"There are two parts to this," Merrill explains. "You need to determine who that person will be and then talk with that person about how you want your care to go. Even when there are friends and relatives present

when you are suffering, they often don't know what you would have wanted so they end up agonizing, or even arguing, over decisions."

It's not just aimed at end-of-life care, adds Dr. Aaron Kheriaty, an associate professor of psychiatry and director of the medical ethics program at UC Irvine School of Medicine.

"One of the myths is that advanced care is just planning about end-of-life care," he says. "There may be situations in which a person is temporarily incapacitated, but there is a reasonable chance of recovery." Most people are comforted by the knowledge that they have communicated their wishes in advance, he says.

"It can be hard to get the conversation going, but once you get people talking you realize most people actually want to talk about it," Kheriaty says. "People feel empowered and relieved."

Any adult can fill out an advance directive. It's free, doesn't require a lawyer and can be revised if you change your mind about your care. UC Irvine Health has launched a comprehensive program to make it easier for people to write advance directives. The program includes training caregivers on discussing advance directives with patients and free public classes to explain the document.

UC Irvine Health physicians will encourage their patients to discuss advance directives during office visits. The patient's "agent" is encouraged to attend this meeting.

"We want to answer patients' questions accurately," Kheriaty says. "We want patients to express their values and what they want, so we can honor their values. It's not our role to impose upon them what we think they ought to do. Advance directives are a key part of providing care that is truly patient-centered." ■

A CLASS ON ADVANCE DIRECTIVES

A one-hour class on advance directives will be held on March 17 and May 19, 11 a.m. to 12:30 p.m., at UC Irvine Douglas Hospital, 3rd floor, room 3005. A UC Irvine Health doctor and social worker will explain what a healthcare directive form is and how it's used. We will have forms for you to fill out in class. A notary public will also be available to notarize your completed form. Please bring your family and support persons with you to this important class. **For information or to register, call 877-UCI-DOCS (877-824-3627) or visit ucirvinehealth.org/planahead**





An enthusiastic team from UC Irvine Health participated in the Congenital Heart Walk at Irvine Regional Park, Sept. 19.



The Super Saturday Community Health Fair, held at the UC Irvine Health Manchester Pavilion on Oct. 10, featured free flu shots and screenings.



Dr. Richard Van Etten, director of the Chao Family Comprehensive Cancer Center, was among the participants at the Leukemia & Lymphoma Light the Night walk in September at Angels Stadium. Another Light the Night walk was held in October in Riverside.



A holiday party honoring cancer survivors was held by the Chao Family Comprehensive Cancer Center on Dec. 17. Doctors, nurses and other staff joined patients to enjoy holiday festivities.

UC Irvine Health was a proud sponsor of the Pancreatic Cancer Action Network's PurpleStride Orange County 2015 held Nov. 14 at William Mason Regional Park in Irvine.





HEALTH CLASSES

Most classes are free. Exceptions are listed. Classes may cost \$20 for people who are not UC Irvine Health patients. Some classes are available in Spanish. Registration is required. Class dates and times can change. If you are registered, we will notify you of any changes. All classes are one session unless otherwise noted.

LOCATIONS:

- **UC Irvine Medical Center**, 101 The City Drive South, Orange, above the Grunigen Medical Library in the second-floor classrooms. Parking in the medical center visitor structure will be validated.
- **UC Irvine Douglas Hospital**, 101 The City Drive South, Orange
- **UC Irvine Health-Tustin**, 1451 Irvine Blvd., Tustin
- **UC Irvine Health Family Health Center-Santa Ana**, 800 Main St., Santa Ana
- **UC Irvine Health Family Health Center-Anaheim**, 300 Carl Karcher Way, Anaheim

Visit ucirvinehealth.org/events or call toll-free 877-UCI-DOCS or 877-824-3627 for registration and information.



ADVANCE DIRECTIVE

March 17, May 19 | 11 a.m.-12:30 p.m.
UC Irvine Douglas Hospital, room 3005

BREASTFEEDING

Feb. 4, March 3, April 7, May 5, June 2, June 30
6-9 p.m. | UC Irvine Medical Center

DIABETIC DIET

Feb. 1, April 4, June 6 | 4-6 p.m.
UC Irvine Medical Center

DIABETES OVERVIEW

March 10 | 4-6 p.m.
UC Irvine Health-Tustin
April 13, May 11 | 4-6 p.m.
UC Irvine Medical Center

DIABETES OVERVIEW, SPANISH

Feb. 17, May 18 | 4-6 p.m.
Family Health Center-Anaheim
March 16, June 15 | 5-7 p.m.
Family Health Center-Santa Ana
Jan. 20, April 20 | 5-7 p.m.
UC Irvine Medical Center

DIABETES MANAGEMENT SERIES (THREE-CLASS SERIES)

Feb. 10, 17, 24 | 4-6 p.m.
UC Irvine Medical Center

DIABETES MANAGEMENT SERIES (THREE-CLASS SERIES)

June 9, 16, 23 | 4-6 p.m.
UC Irvine Health-Tustin

HEALTHY LIVING SERIES (SIX-CLASS SERIES)

Feb. 8, 22, 29, March 7, 14, 21 | 9:30 a.m.-noon
March 24, 31, April 7, 14, 21, 28 | 9:30 a.m.-noon
Office on Aging, 1300 S. Grand, Santa Ana,
building B, 1st floor, room F

HEALTHY LIVING SERIES, SPANISH

Feb. 4, 11, 18, 25, March 3, 10
9:30 a.m.-noon
April 4, 11, 18, 25, May 2, 9
9:30 a.m.-noon
Office on Aging, 1300 S. Grand, Santa Ana,
building B, 1st floor, room F

HEART FAILURE

March 14, May 9 | 2-3:30 p.m.
UC Irvine Medical Center

HEART FAILURE, SPANISH

Feb. 9, May 10 | 4:30-6 p.m.
Family Health Center-Anaheim

HEART HEALTHY DIET

March 14 | 4-5:30 p.m.
UC Irvine Medical Center
May 9 | 4-5:30 p.m.
UC Irvine Health-Tustin

HIGH BLOOD PRESSURE

Feb. 9, April 12, June 14
UC Irvine Medical Center | 6-7:30 p.m.

HIGH BLOOD PRESSURE, SPANISH

March 10, June 9 | 4:30-6 p.m.
Family Health Center-Anaheim

JOINT REPLACEMENT, HIP OR KNEE

Feb. 1, Feb. 16, March 7, 21, April 4, 18, May 2, 16,
June 6, 20 | 2-3 p.m.
UC Irvine Douglas Hospital, 3rd floor, room 3001

MATERNITY RECEPTION

Feb. 8, March 14, April 11, May 2, June 13
6:30-7:30 p.m.
UC Irvine Medical Center,
building 53 auditorium

MEDITATION FOR HEALTH SERIES

(Four-class series)
Cost: \$40
March 7, 14, 21, 28 | 6:30-7:30 p.m.
June 6, 13, 20, 27 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, room 3005

MEDITATION FOR HEALTH SPECIAL TOPIC BREATHING

Cost: \$20
May 16 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, room 3005

MEDITATION SPECIAL TOPIC BODY SCAN RELAXATION

Cost: \$20
April 18 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, room 3005

NEWBORN CARE

Feb. 5, March 11, April 15, May 5, June 10
6-9 p.m.
UC Irvine Medical Center, building 56, room 113

OSTOMY (ONE CLASS)

Feb. 24, March 30, April 27, May 25, June 29
6-7 p.m.
UC Irvine Douglas Hospital, room 3005

PARENTING 3- TO 5-YEAR-OLDS (NINE-CLASS SERIES)

Cost: \$150/parent couple; scholarships and financial aid available
Jan. 19, 26, Feb. 2, 9, 16, 23, March 1, 8, 15
6-8 p.m.
UC Irvine Medical Center
Call Child Behavior Pathway at 949-267-0200
for more dates and locations.

PREPARED CHILDBIRTH (FIVE-CLASS SERIES)

Feb. 17, 24, March 2, 9, 16 | 7-9:30 p.m.
Feb. 18, 25, March 3, 10, 17 | 7-9:30 p.m.
April 13, 20, 27, May 4, 11 | 7-9:30 p.m.
April 14, 21, 28, May 5, 12 | 7-9:30 p.m.
May 18, 25, June 1, 8, 15 | 7-9:30 p.m.
May 19, 26, June 2, 9, 16 | 7-9:30 p.m.
UC Irvine Medical Center, building 56, room 113

PREPARING FOR SURGERY MIND, BODY AND SPIRIT

Feb. 1, 16, March 7, 21, April 4, 18, May 2, 16,
June 6, 20 | 3-4:30 p.m.
UC Irvine Douglas Hospital,
3rd floor, room 3001

PREVENT STROKE

Feb. 9, April 12, June 14 | 4-5 p.m.
UC Irvine Medical Center

SIBLINGS

Feb. 10, May 11 | 4-5 p.m.
UC Irvine Medical Center neuropsychiatric
building, room 101

STOP SMOKING (FIVE-CLASS SERIES)

Jan. 13, 20, 27, Feb. 3, 10 | 5:30-6:30 p.m.
March 16, 23, 30, April 6, 13 | 5:30-6:30 p.m.
May 25, June 1, 8, 15, 22 | 5:30-6:30 p.m.
UC Irvine Medical Center

STOP SMOKING, SPANISH

March 23 | 5-6 p.m.
Family Health Center-Anaheim
June 1 | 5-6 p.m.
Family Health Center-Santa Ana

Visit ucirvinehealth.org/events or call
toll-free 877-UCI-DOCS or 877-824-3627
for registration and information.

**SUPPORT GROUPS****ART FOR THE SOUL**

714-456-5235

BARIATRIC SURGERY SUPPORT GROUP

888-717-4463 or 714-456-7800, ext. 1967

**BRAIN TUMOR EDUCATION/
SUPPORT GROUP**

714-456-8609

BURN SURVIVORS SUPPORT GROUP

714-456-7437

GRIEF SUPPORT GROUP FOR CHILDREN

714-456-2295

**INFLAMMATORY BOWEL DISEASE
SUPPORT GROUP**

714-456-7057

**KIDNEY AND PANCREAS TRANSPLANT
SUPPORT GROUP**

714-456-8342

**KOREAN WOMEN'S SHARE
AND CARE GROUP**

714-456-5057

LOOK GOOD, FEEL BETTER

800-227-2345

MULTIPLE MYELOMA SUPPORT GROUP

800-452-2873, ext. 233

**SUPPORT FOR PEOPLE WITH ORAL
AND HEAD AND NECK CANCERS
(SPOHNC-UCI-ORANGE)**

714-456-5235

**TRIGEMINAL NEURALGIA
ASSOCIATION SUPPORT GROUP**

714-730-1600

**YOUNG ADULT CANCER
SUPPORT GROUP**

714-456-7057

Learn more about our support groups
online at ucirvinehealth.org/events or
call the numbers listed.

**CHILD
DEVELOPMENT
CLASSES**

Classes are held at the UC Irvine Health
Child Development School,
19262 Jamboree Road, Irvine.

There is a fee for the classes.

For more information call 949-824-2343
or visit cdc.uci.edu.

**SOCIAL SKILLS FOR CHILDREN WITH
ADHD AND ASD**

Eight-week series begins Jan. 26 (ages: 8-11)
Eight-week series begins Jan. 27 (ages: 6-8)
6-7:30 p.m.

**INTRODUCTION TO PARENTING
TECHNIQUES**

Eight-week series offered quarterly
Wednesdays, 6-7:30 p.m.

**EVENTS**

UC Irvine Health is proud to sponsor community events that support a variety of health conditions and challenges. Lace up your shoes, join a walk and get moving to raise awareness of these worthy causes.

BRAIN TUMOR LA 5K

APRIL 9, 8 a.m.

Fairplex, Pomona. Info: hope.abta.org

EPILEPSY WALK

APRIL 23, 8:30 a.m.

TeWinkle Park, Costa Mesa
Info: epilepsywalkoc.kintera.org

MARCH OF DIMES MARCH FOR BABIES

APRIL 24

Fashion Island, Newport Beach
Info: marchofdimes.org

MS WALK

APRIL 30, 8 a.m.

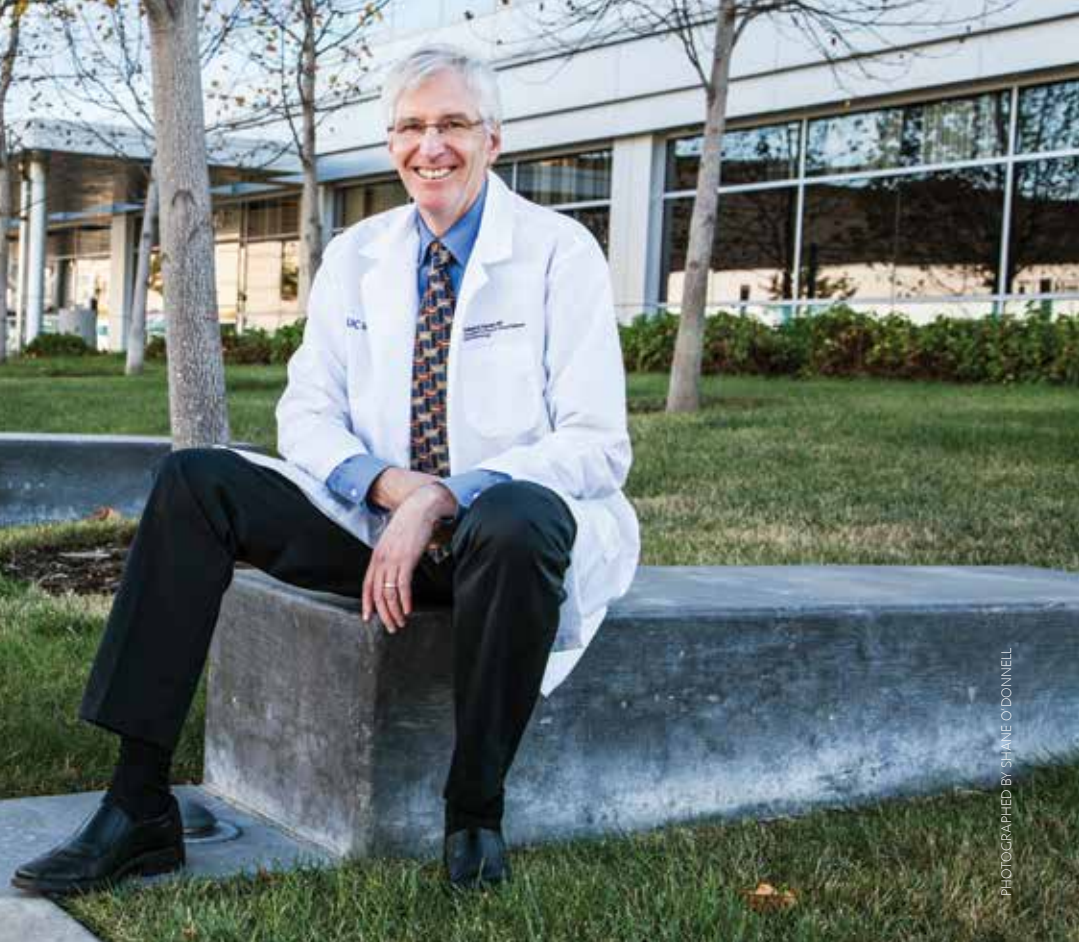
UC Irvine Student Center, Irvine
Info: nationalmssociety.org

DONATE LIFE WALK

APRIL 30, 7 a.m.

Cal State Fullerton intramural field, Fullerton
Info: donatelifeoc.org





PHOTOGRAPHED BY SHANE O'DONNELL

PUTTING YOUR COLONOSCOPY BEHIND YOU

March is National Colon Cancer Awareness Month. That means Dr. William E. Karnes will be pressing his campaign for a colon cancer-free Orange County. Karnes, a UC Irvine Health gastroenterologist, has made it his mission to encourage colon cancer screening to reduce the occurrence and deaths from the disease.

He has done this by asking UC Irvine Health patients to take a short survey on a mobile device that assesses their risk of developing colon cancer and shows how simple changes can reduce the risk. And if you're overdue for your colonoscopy? Look out. This is a man who takes a massive inflatable model of the colon (pictured on back cover) to health fairs and has even been known to don a costume—Polyp Man—to make his point.



Polyp Man is a really embarrassing look for me. But I have special interest in preventing colon cancer. There aren't any other cancers out there that have this precancerous stage (the polyp stage) that sits there, that's so easy to find and easy to remove. It gives us a window of opportunity that's 10 to 15 years long. Just find it and take it out—no cancer!

Unfortunately polyps cause no symptoms, so screening tests are necessary. Colonoscopy is the best test for finding polyps and the only test that can remove them. If we can get people in to identify polyps and take care of them, we can easily reduce the risk of colon cancer by 90 percent.

We have a simple survey that can be done in the waiting room of the doctor's office that tells your lifetime risk of getting colon cancer, what factors are responsible for the risk and the various things you can do to lower your risk. Family history and genetics can cause your risk to be very high.

You can eat more vegetables and see how your risk moves down. Now add a colonoscopy and see your risk shrink by up to 90 percent. My vision is to have this risk-assessment tool available to everyone.

Some people get their colonoscopies and other people say, 'You're not sticking that thing up my rear end; no way.' I always tell the 'average risk' people, 'You have a 1-in-20 chance of getting colon cancer if you do nothing. If you wait for symptoms, 50 percent of the time, the cat's out of the bag and the cancer is already advanced and cannot be cured with surgery or chemotherapy.'

I want people to say, 'Well I really don't want a colonoscopy, but I would like every opportunity to never get colon cancer, or to at least find it early when a doctor can fix me.' A lot of the reluctance is embarrassment. I was embarrassed both of the times I had colonoscopy. These are people I know looking at my rear end! But I weigh that with the benefits and get the colonoscopy.

Colonoscopy is easier and has improved. Pain can be made a non-issue. We have pain medication and sedatives that cause people to not remember the procedure. The scopes have gone from being like a Mack truck to being a nimble Miata that's easier to drive.

Also our screen resolution is amazing. We can see and remove much smaller polyps. We also have underwater colonoscopy now. Instead of pumping air in the colon, we can put in water. Water doesn't cause the colon to distend, but it makes it easier to drive the scope up and around turns, and to remove polyps.

The other thing people should know is that the quality of the colonoscopist is important. Each doctor has a polyp detection rate. That is our batting average. People need to know that. Every colonoscopist should strive to 'leave no polyp behind.'



— Dr. William E. Karnes

For more information, visit
ucirvinehealth.org/colorectal



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Source:
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