Reimagining Health Care

Representing a new era in patient care, our recently introduced UCSF Health is a health system that expands the delivery of innovative, high-quality and high-value care to people throughout the Bay Area and beyond.

This new system reflects a growing shift in health care delivery across the nation. Academic medical centers like ours are forging partnerships and affiliations with community hospitals and physician practices to take advantage of each other’s strengths and to increase access to care.

To learn more about UCSF Health and the many ways UCSF saves and improves the lives of scores of patients, please visit www.ucsfhealth.org/possible.

Sincerely,

Mark R. Laret
President and Chief Executive Officer
UCSF Health

Healing Abounds and Leaps & Bounds are published by UCSF Medical Center and UCSF Benioff Children’s Hospital San Francisco as a community service and are not intended for the purpose of diagnosing or prescribing. If you have questions about your health, please contact your health care provider.

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Small but powerful, the tiny thyroid gland releases hormones that regulate the body’s metabolism, from how fast your heart beats to how quickly you gain weight. If the gland’s hormone production lags, hypothyroidism results, and the body feels sluggish—like a car running out of gas. If it overproduces, hyperthyroidism occurs, and the body goes into overdrive, causing palpitations, rapid weight loss and nervousness.

But no thyroid disorder is dreaded as much as cancer. Of all malignancies, thyroid cancer is increasing the fastest, with nearly 63,000 new cases last year—triple the number diagnosed in 1990.

What’s causing the spike? It may simply be better diagnostics. “Using thyroid ultrasound and other advanced imaging methods, we’re spotting very small cancers that previously went undiagnosed,” says UCSF endocrine surgeon and thyroid expert Dr. Quan-Yang Duh. He and his team are investigating less invasive ways to treat thyroid cancer—and whether the smallest tumors need treatment at all. “Many micro-cancers—those smaller than 1 centimeter—may never cause problems,” says Duh. “In these cases, monitoring may be preferable to surgery.”

And more good news: Thyroid cancers are typically slow growing and highly treatable. UCSF has a 98 percent five-year survival rate for thyroid cancer. The removal of all or part of the malignant gland is the standard treatment for thyroid cancers large enough to qualify for surgery. At UCSF, which has one of the nation’s largest thyroid surgery programs, doctors are experts in minimally invasive techniques—a practice that’s reduced the incision size from 3 to 5 inches to much smaller and virtually invisible in some cases. The medical center is one of only a few hospitals in the country using advanced ultrasound guidance in the operating room for pinpoint precision. The UCSF team also specializes in treating other thyroid disorders, from the rarest to the most common, including Graves’ disease, an autoimmune disorder that causes hyperthyroidism. “With multiple teams of experts,” notes Duh, “we’re ready for anything.”

For more information about our Endocrine Surgery and Oncology Clinic, visit www.ucsfhealth.org/endocrinesurgery.
In his 33-year career as a conceptual artist at Lawrence Livermore National Laboratory, John Maduell illustrated futuristic technologies few others could imagine. But he never envisioned the toll diabetes and vascular disease would take on his body—or that one day he might lose his legs because of these problems.

Maduell’s troubles started two years ago when he developed a diabetic ulcer on his left foot. “Before I knew it, I was in the hospital, with three toes amputated,” he says. Still, the wound didn’t heal, and Maduell was told removing the entire leg was his only option.

Instead, he sought help at UCSF’s Center for Limb Preservation, which brings together podiatrists, vascular surgeons and other specialists to provide efficient, coordinated care for people at risk of foot or leg amputation due to complex, lower-extremity wounds. “Even small wounds progress rapidly in people with diabetes, and like many of our referrals, John came to us when it was almost too late,” says Dr. Michael Conte, who co-directs the center with Dr. Alex Reyzelman, a podiatric surgeon. “Time is tissue, and we had to move quickly to save John’s leg.”

Maduell’s problem required the immediate removal of infected tissue from his foot by Reyzelman and a team of UCSF podiatric surgeons. Then Conte performed surgery to reroute blood around a series of blocked arteries extending from Maduell’s knee to his foot. Once the infection cleared and blood flow improved, the team completed closure of the foot. The treatment was successful, and Maduell was walking normally after several weeks of healing and outpatient treatment. But a year later, he developed another ulcer—this time on the other foot. Once again, Conte’s team acted quickly and saved his leg. “I’m eternally grateful to Dr. Conte and the entire team,” Maduell says. “They’re the best in the world at what they do. Had I not gone there first, I would have lost both legs.”

To learn more about the Center for Limb Preservation, visit www.ucsfhealth.org/limbpreservation.
A Multifaceted Approach to ILD

Interstitial lung disease can deprive people of oxygen. And hope. That’s why our team of specialists works harder to help patients breathe easier.

Try breathing through a straw for one minute, then imagine doing it all day, every day. That’s the plight of many people with interstitial lung disease (ILD), a group of chronic breathing disorders that includes pulmonary fibrosis and pneumonitis. These diseases cause inflammation and scarring of the tissue around the lungs’ microscopic air sacs, preventing enough oxygen from reaching the bloodstream and making patients short of breath.

Many other conditions cause similar symptoms, making ILD especially challenging to detect. “It can take a year or more for many people to get an accurate diagnosis,” says Dr. Harold Collard, director of UCSF’s Interstitial Lung Disease Program. But not with the UCSF ILD team in charge. Composed of pulmonologists, radiologists and pathologists—often joined by rheumatologists—the team meets weekly to review each case in detail. Once a diagnosis is reached, patients have an hour-long visit with an ILD physician, as well as ongoing educational and emotional support. The ILD team also discusses treatment recommendations with the patient’s referring physician.

“Referring physicians want help with the diagnosis and treatment plan, while people with ILD need to learn how to live with this challenging disease,” explains ILD Program nurse educator Sally McLaughlin. “Working in partnership with the patient and doctor gives us the chance to achieve all these goals. Our motto is, ‘We’re all in this together.’”

“By the time people come to us, the disease is often advanced, which is so unfortunate,” Collard says. “ILD is rarely curable, but in almost all cases identifying and treating the disorder early can slow progression and make a real difference in quality of life.” Because UCSF is a research institution, many patients also have the opportunity to join clinical trials. “At UCSF, people learn that despite what they may have been told elsewhere, ILD is not a hopeless disease; we can slow its progress now and offer hope for the future.”

For more information on the Interstitial Lung Disease Program, visit www.ucsfhealth.org/ild.
Should I have joint replacement surgery—or can it wait? That's the question millions of people with osteoarthritis ask themselves every year as they hobble through life with painful knees and hips. Worried about postoperative pain and whether the implants will wear out before they do, many put off the decision for another year—and another and another.

But the facts speak for themselves: Knee and hip replacements are two of the most successful procedures performed today. "Implants are expected to last up to three decades with normal wear," says Dr. Erik Hansen, a UCSF orthopedic surgeon. "And new pain-control strategies are keeping patients so comfortable they're often able to walk as soon as they get to their hospital room. Pain management is a concept we really take to heart."

To get a jump on discomfort, patients receive pain medication an hour before surgery. Known as preemptive analgesia, it blocks the central nervous system's response to pain. Most also receive a spinal block and nerve catheter that target discomfort at the surgical site. With excellent pain control, patients are able to begin physical therapy soon after their operation.

New hip and knee implants, combined with advances in surgical techniques, play an important role in this scenario. "Innovative design features allow us to fine-tune the implants," says Hansen. "Our goal is to re-create the patient's unique anatomy, while being as gentle to the body as possible."

Other major breakthroughs abound: Direct anterior total hip replacement, which avoids cutting muscles and tendons, accelerates healing and rehab. Blood-thinning medication adjusted for a patient's risk factors prevents blood clots after surgery. And new medications that minimize surgical bleeding have made blood transfusions a rare occurrence for most joint replacement surgeries.

"People typically wait three to five years too long before they have surgery," says Hansen. "My advice is to get it done while you can enjoy life to the fullest."

For more information on joint replacement surgery, visit www.ucsfhealth.org/jointreplacement.
In the not-so-distant past, treatment for uterine fibroids almost always signaled the end of a woman’s chance to have children. That’s because a hysterectomy—the surgical removal of the uterus—was the most common way to remove these noncancerous tumors that can cause debilitating symptoms like heavy periods, excruciating pain, pelvic pressure and frequent urination.

“Many women are still told that a hysterectomy is their only option,” says Dr. Alison Jacoby, director of the UCSF Comprehensive Fibroid Center. True, a hysterectomy is an effective treatment for women—no uterus, no fibroids—but not right for everyone. “Some women want to preserve their fertility, while others just don’t want to lose their uterus,” Jacoby says.

As part of the UCSF Women’s Health Center, now celebrating its 20th anniversary as a National Center of Excellence, the Comprehensive Fibroid Center offers a wide range of fibroid-removal options. This includes innovative, minimally invasive techniques to treat fibroids while leaving the uterus intact—and pregnancy a possibility.

Women with smaller and fewer fibroids might opt for a robot-assisted laparoscopic myomectomy. This technological innovation allows surgeons to operate through four tiny incisions in the abdomen, with greater precision than traditional techniques. “Women go home the same day, their fibroids gone and uterus intact,” Jacoby says.

Several other fertility-saving techniques are also available. Some fibroids can be removed through the vagina, instead of the abdomen, with a uterus-sparing procedure called a hysteroscopic myomectomy. Another procedure—uterine artery embolization—eliminates fibroids by cutting off their blood supply with tiny particles injected into the uterine arteries. And the newest innovation—focused ultrasound surgery—is a completely noninvasive procedure performed with the patient inside an MRI scanner. While the scanner targets the fibroids and shows the structures that should be avoided, a high-energy ultrasound device destroys the growths from below. “Women need to know they have options,” says Jacoby. “And that we’re here for them.”

See some common questions and answers about fibroids and their treatment at www.ucsfhealth.org/education/fibroids.
From Pancreatectomy to Play Dates

Saving Lorelei’s life meant severe, lifelong diabetes. Or so her parents thought. Until they came to us.

With bright blue eyes and a sweet smile, 3-year-old Lorelei Batty was the picture of good health. But her life took a sudden turn in December 2014 when she developed an inflamed pancreas. Called pancreatitis, the condition is exceedingly rare in children.

During the next nine months, Lorelei was an inpatient at seven different hospitals. She was having “daily, excruciating pain. She would almost pass out,” says her mother, Karilynne Batty. Because the illness was caused by a genetic mutation and her pancreas was so heavily scarred, doctors recommended removal after all other treatments had been tried. (Continued on page 11)
Healthy Skin, Happy Faces

Our pediatric skin specialists were once kids, too. So they know healthy skin is crucial to a child’s happiness.

Whether it’s acne that erodes a teenager’s self-confidence, eczema that leaves a child too miserable to sleep, a disfiguring birthmark on a newborn’s face, or a severe skin inflammation that affects overall health, the Pediatric Dermatology Clinic team at UCSF Benioff Children’s Hospital San Francisco is passionate about helping kids.

With locations at Mount Zion and Mission Bay, the clinic is among the nation’s largest and most active, caring for children at every age and stage. “Although other dermatologists see children with skin disorders, UCSF pediatric dermatologists differ in that, in addition to board certification in dermatology, all of them have specialty board certification in pediatric dermatology,” says Dr. Bruce Wintroub, chair of the Department of Dermatology.

“It’s important for kids and families to have access to that expertise.” The team treats the full spectrum of skin disorders in children, ranging from the most common to the rarest. Young patients with conditions such as infantile hemangiomas, port-wine stains, and other disfiguring blood-vessel birthmarks and tumors can find new hope at the clinic’s Birthmarks and Vascular Anomalies Center. Dermatologists and other specialists provide state-of-the-art treatments like pulsed dye laser to treat port-wine stains, beta blockers to shrink hemangiomas, and other treatments for rare vascular conditions. “Pulsed dye laser is safe and gentle enough, even for infants,” says pediatric dermatologist Dr. Ilona Frieden. “And using beta blockers has revolutionized hemangioma treatment.”

Parents concerned about a suspicious-looking mole can rely on the team’s expertise. “We have special, noninvasive tools to examine moles and determine if they need to be removed,” says Frieden. The team’s research into childhood melanoma has been responsible for more accurately diagnosing this deadly disease, which manifests differently in young children than adults.

“Above all,” says Frieden, “our team understands the impact skin conditions can have on a child. Even common disorders like eczema and acne can have a devastating effect on a child’s self-esteem. Kids can really suffer—and we’re here to change that.”

To learn more about our dermatology clinics for children, visit www.ucsfbenioffchildrens.org/dermatology.
But there was a catch: Simply extracting the pancreas—along with its embedded insulin-producing islet cells—would result in severe, lifelong diabetes.

Then Batty learned about an operation called total pancreatectomy with islet autotransplantation available through the UCSF Benioff Children’s Hospital Pediatric Pancreas Program funded by Marc and Lynne Benioff. It entails removing the pancreas, isolating its islet cells, and injecting them into the liver. Once established there, the islet cells can produce insulin to control the body’s blood sugar. Using the patient’s own islet cells reduces the risk of rejection and diabetes.

When Lorelei was admitted to UCSF, pancreatic secretions had filled her abdomen and chest, damaging her heart and lungs. Unless this complication was resolved, “we didn’t think she would survive the surgery,” says Dr. Sue Rhee, co-director of the Pediatric Pancreas Program. On Sept. 8, 2015—Lorelei’s fourth birthday—the young Santa Maria resident was finally stable enough to undergo the nearly 10-hour procedure. “It was a complicated surgery,” says Dr. Andrew Posselt, the transplant surgeon who performed Lorelei’s surgery. “It was challenging, but went very well.”

So well, in fact, that Lorelei was back home by mid-October. She currently takes insulin, but her doctors are hopeful she eventually won’t need it. “As soon as she wakes up in the morning, she’s ready to play,” says Batty. “It’s such a joy to see her be a child again.”

To read more about Lorelei, go to www.ucsfbenioffchildrens.org/lorelei.

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“Ask the Pediatrician”

How Can Parents Minimize Sibling Rivalry From the Start?

“It’s best to prepare a child early by talking about the pregnancy, letting him feel the baby move in mommy’s tummy, and explaining what his future role will be,” says UCSF pediatrician Dr. Lee Atkinson-McEvoy. “The message can be as simple as, ‘We’re a family, you’ll be the older brother, and you can help me take care of the baby.’” Any anticipated changes, such as switching bedrooms, should also be introduced before the baby arrives.

Even with good preparation, a sibling’s fear of displacement may ramp into high gear once the newcomer is on the scene. Parents can counteract this starting with the sibling’s visit to the hospital. “The newborn should be next to mom—not in her arms—so there’s no physical barrier between her and the older child,” says Atkinson-McEvoy. “Small gifts ‘from the baby’ also make the sibling’s first introduction to the newborn a positive one.”

The true test comes when baby arrives home. “What seems like sibling rivalry often has nothing to do with the newborn. Instead, it’s the child reaching out to the parent for attention and affirmation,” says Atkinson-McEvoy. Spending time alone with the older sibling and acknowledging his feelings can help. Parents can also establish a team spirit by letting the older child help with the baby, praising him for his assistance, and reaffirming his role in the family.
When Laura was diagnosed with stage 4 breast cancer, friends encouraged her to go to UCSF’s Carol Franc Buck Breast Care Center. Here, she met Dr. Mark Moasser, a man who would change her prognosis and her life. See Laura’s story and others at www.ucsfhealth.org/possible.