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UConn House Call

REMARKABLE CARE THROUGH RESEARCH AND EDUCATION



WHEN HEART VALVES CAUSE TROUBLE

The heart is a sophisticated pump that relies on its various parts to function properly. One of those parts, the heart's valves, is important to the heart's overall health. But heart valves don't always work as they should.

What the valves do

The heart has four chambers. Blood is pumped through the chambers aided by four heart valves. The valves open and close to let the blood flow in only one direction. Each valve has a set of flaps, also called *leaflets* or *cusps*. When working properly, the heart valves open and close fully.

Kinds of valve disorders

A valve disorder occurs when one or more of the valves doesn't function properly. Valve disorders can be present at birth or can be the result of rheumatic fever or bacterial infections. Sometimes, as you get older, a valve simply wears out or becomes thickened with calcium deposits.

"Two specific forms of valvular heart disease are becoming increasingly prevalent," says Bruce Liang, M.D., chairman of the Pat and Jim Calhoun Cardiology Center at the UConn Health Center. The first form, called *stenosis*, occurs when the heart valve can't open completely, due to age-related calcium deposits, so blood is pumped through a smaller-than-normal opening. The second form, called *regurgitation* or *insufficiency*, occurs when the valve cannot close completely, which can cause backflow.

Two very common valve regurgitation conditions are *mitral regurgitation* and *mitral valve prolapse*. Mitral regurgitation may be the result of dysfunction or injury to the valve following a heart attack or infection of the heart valve. Surgery may be necessary to repair or replace the valve. Mitral valve prolapse is usually benign, and causes few, if any, problems. Occasionally, it can be associated with symptoms and, on rare occasions, it can require surgery later in life.

However, valve regurgitation conditions can result in an increased risk

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for valve infection, called *bacterial endocarditis*. “These patients can present with fever, weight loss, loss of appetite, anemia, breathing problems and progressive fatigue,” says Dr. Liang. Patients with regurgitation conditions often take antibiotics before procedures, such as dental work or surgery, to reduce their risk for infection.

Treatment

While many people with valve disorders never have heart trouble, your physician (and your dentist) should be aware of your condition. “Progression of valve disease can diminish heart function and, in turn, cause heart failure,” says Dr. Liang. “If a patient with a valve disorder begins to have unusual symptoms—such as chest discomfort, dizziness, shortness of breath or fatigue—he or she should seek prompt medical attention.”

If you have a mild valve disorder, your doctor may simply check your heart on a regular basis, which usually means a periodic ultrasound of the heart or echocardiogram, without any additional treatment. Antibiotics can be used to prevent infections. For more serious valve symptoms, medications—like diuretics and digoxin—may be used to combat heart failure. Surgery to either

repair or replace the malfunctioning valve may in some cases be recommended. “At the UConn Health Center, we have the expertise to properly evaluate and diagnose patients with any kind of valve disorder,” says Dr. Liang. “We have surgical expertise, if surgery becomes necessary. The key is to offer surgery at the optimal time—not too late or too early.”

The UConn team, as part of its research

program, is also investigating the process by which valve function deteriorates. “It is anticipated that this effort will advance our understanding and thus the treatment of patients with valvular heart disease,” says Dr. Liang.

To learn more, visit us on the web at heart.uhc.edu. To make an appointment with a UConn cardiologist, please call 800-535-6232 or 860-679-7692.

THE PAT AND JIM CALHOUN CARDIOLOGY CENTER

At the UConn Health Center’s Pat and Jim Calhoun Cardiology Center, a multidisciplinary team of top cardiologists, hypertension specialists and vascular surgeons diagnose and treat cardiovascular diseases—the most prevalent diseases among Americans.

UConn Health Center physicians help patients manage risk factors, such as high cholesterol, high blood pressure and diabetes. Patients also have access to the latest surgical procedures, performed by some of the top cardiac and vascular surgeons in the country. Additionally, as part of an academic medical center, UConn Health Center physicians and researchers work together to develop new treatments for cardiovascular diseases.

It’s no wonder the UConn Health Center cardiology team is winning hearts.



Jim Calhoun

WHEN TO SEEK A SECOND OPINION

Considering a second opinion? You should. In the serious business of medicine, second opinions play a crucial role in helping physicians provide—and patients receive—the best possible care.

There are many reasons for a patient to seek a second opinion. “Many times, getting a second opinion reflects the patient’s desire to be proactive and take charge of their condition,” explains Michael Steinberg, M.D., a primary care physician at the UConn Health Center.



Generally, consider getting a second opinion in the following scenarios:

- You are diagnosed with a rare, serious or life-altering condition.
- Major surgery is recommended.
- Elective surgery is recommended. (Some health insurance plans require a second opinion for elective procedures.)
- A diagnosis is unclear.
- You are not responding to current treatments.

Patients should not worry about upsetting their physician if they are interested in getting a second opinion. “Physicians accept the fact that opinions may differ on how to treat tricky or persistent health problems,” says Dr. Steinberg. “We aren’t affronted if patients seek other input. I often encourage my patients to obtain a second opinion. A fresh look from another qualified physician can sometimes offer new ideas or alternative conclusions.”

Urologist and surgeon John Taylor, III, M.D., agrees. “Seeking a second opinion will not imply

an insult to your provider,” he says. “Most physicians are accustomed to questions about second opinions, and generally they can even provide patients with other doctors’ names.”

Both Drs. Steinberg and Taylor remind patients who seek second opinions to go prepared. “It is helpful to have pertinent information, such as X-rays, lab tests and biopsy reports, on hand,” says Dr. Steinberg. “Ask your physician to send the necessary medical records to the second physician. This will limit duplication of tests and allow the second physician to make informed decisions.”

Ultimately, with the help of the patient’s physicians, the patient should be able to make an informed medical decision about what’s best for his or her health. “I tell my patients that this is their experience,” says Dr. Taylor. “When it comes to their health, they should treat it like any other important life decision.”

To make an appointment with a UConn physician, please call 800-535-6232 or 860-679-7692.

RECONSTRUCTIVE SURGERY AFTER BREAST CANCER

For breast cancer patients, having to undergo a mastectomy can be emotionally and physically devastating. But today, thanks to advances in plastic surgery and microsurgery, many mastectomy patients can have reconstructive surgery that makes life after cancer a whole lot easier.

Why breast reconstruction?

For most women, losing a breast to cancer is like losing a limb. “Breast reconstruction is important, because losing a breast has a profound emotional impact on a woman—it can even impact her interaction with society,” says Rajiv Chandawarkar, M.D., a surgeon at UConn Health Center. “The patient may feel she’s lost her femininity. Although prosthesis works for some, many women don’t feel complete without their breasts. Now, after the trauma of breast cancer treatment, women have real hope for feeling complete again.”

Timing of reconstruction

An immediate reconstruction is done during the same surgery in which the mastectomy is performed. A delayed reconstruction is done months or years later. “An immediate reconstruction lets the patient wake up with a breast, and theoretically the emotional results are slightly better,” says Dr. Chandawarkar. “But further cancer treatments—particularly radiation, which causes scarring—often preclude immediate reconstruction. In those patients, delayed reconstruction is an option that gives excellent results.”

Reconstruction options

Using artificial implants or the patient’s own tissue (called *autologous reconstruction*) are two broad options for reconstruction. Both have advantages and disadvantages. “Surgically speaking, artificial implants are quicker and easier,” says Dr. Chandawarkar. “However, implants have drawbacks, such as scarring, potential for rupture and an unnatural look in older patients.”

Using the patient’s own tissue doesn’t require introducing a foreign object into the body, as with implants, and generally has more natural-looking results. “Basically, we reconstruct the breast using skin, muscle, fat and blood vessels from the lower abdomen,” says Dr. Chandawarkar. “There are several methods of autologous reconstruction. Most recently, we’re using the DIEP perforator flap or SIEA flap reconstruction methods, which involve using tissue from the abdomen while leaving much of the abdominal muscles intact. As a result, patients typically experience fewer complications due to muscle loss.” However, in some patients these techniques are not easily performed based upon the patient’s anatomy, and another reconstruction method that sacrifices very little of the abdominal muscles needs to be used.

Autologous reconstruction is a complex surgery, with a longer recovery time than is necessary with implants. Also, obese patients and smokers may not be good candidates for autologous reconstruction.

Patients should know that breast reconstruction and breast symmetry procedures are covered

by insurance as dictated by a federal law passed in 1998. (This law also applies to those who had a mastectomy prior to 1998 and who may want reconstructive surgery in the future.)

In addition to reconstructive surgery, Dr. Chandawarkar performs a full range of plastic surgery procedures. He sees patients on the Health Center’s main campus in Farmington as well as at the Simsbury office at 381 Hopmeadow Street.

For more information or to make an appointment with Dr. Chandawarkar, please call UConnLink at 800-535-6232 or 860-679-7692.

ANSWERS TO YOUR BREAST CANCER QUESTIONS

If you or someone close to you has recently been diagnosed with breast cancer, you probably have more questions than answers. But help is now available, thanks to the new *Breast Cancer Resource Guide of Connecticut*.

This important guide provides comprehensive information and facts about breast cancer, covering issues such as treatment options, symptom management, financial advice, support groups and a list of the state’s cancer services.

Please visit us on the web at breastcancer.uhc.edu for a free online copy.



UPCOMING EVENTS

DISCOVERY SERIES

Always Informative, Always Free

Be an Active Member of Your Health Care Team

Thursday, May 13, 7 p.m.

GET MOVING

NATP—Pre-Participation Sports Physicals

Offered by the Department of Orthopaedics,
10 Talcott Notch Road
Wednesday, June 9, 2 to 7 p.m.
Fee: \$25

GET READY FOR BABY

Infant Care Class

Monday, May 10, June 14 or
July 12, 7 to 9 p.m.
Fee: \$10

Childbirth Preparation Class

Wednesdays, June 23 to July 28,
7 to 9 p.m.
Fee: \$100

Childbirth Preparation Refresher Class

Wednesdays, May 19 and 26, or
July 7 and 14, 7 to 9 p.m.
Fee: \$40

Breastfeeding Class

Thursday, June 3, July 1, or
August 5, 7 to 9 p.m.
Fee: \$10

Hospital Maternity Tours

Children and grandparents are
welcome to attend tours. Class
size is limited to 7 families. This
tour is free.

Saturday, May 22, June 5, or
June 19, 3:30 p.m.

**To register for any of the above,
call UConnLink at 800-535-6232.**

INTRODUCING...

Wayne A. Frederick, M.D., a surgical oncologist specializing in cancers of the liver, colon and pancreas, recently joined the faculty of the UConn Health Center. Dr. Frederick sees patients at the UConn Comprehensive Cancer Center in Farmington.

At the UConn Comprehensive Cancer Center, Dr. Frederick joins a team of specialists and surgical oncologists that offers comprehensive cancer care to Connecticut patients. "Dr. Frederick brings to UConn the latest innovations in advanced techniques for surgically complex types of cancer, including recurring colorectal cancer, cancers of the liver and pancreas, and other types of gastrointestinal cancers," says Robert Kozol, M.D., director of the department of surgery at the Health Center.

Dr. Frederick is a board-certified surgeon and was recently appointed to the Young Surgeons Committee of the American College of Surgeons.



Wayne A. Frederick, M.D.

CANCER SURVIVORS DAY

Join us on Sunday, June 13 at the UConn Health Center

12:30 p.m.—service of thanksgiving and reflection

1 p.m.—refreshments

1:30 p.m.—keynote speaker Carolyn Runowicz, M.D.

Please call 800-535-6232, or 679-7692 locally, to register.

UConn ONLY CONNECTICUT SITE OFFERING DBS

Deep brain stimulation, or DBS, can help control some of the symptoms of Parkinson's disease, including tremors, sluggish movement, rigidity and impaired coordination. DBS, a relatively new procedure, is now available at the UConn Health Center.

"DBS can help patients with moderate to advanced Parkinson's disease have a better quality of life," says Joy Antonelle deMarcaida, M.D., a UConn Health Center neurologist. "At the later stages of the disease, medications only provide a few hours of symptom relief after each dose. This limits the patient's daily activities, because medication fluctuations can leave them immobile for up to an hour."

The DBS surgical procedure involves channeling electrodes implanted in the brain to a pair of devices called pulse generators that are placed in the upper right and left sides of the chest, explains UConn Health Center neurosurgeon Ahmed Khan, M.D.

Each implant is then programmed to send high frequency electrical charges to a specific part of the brain. By placing a programming

device on the chest, over the pulse generator, Dr. deMarcaida can monitor and change the parameter settings to reach optimum relief for the patient.

Parkinson's disease affects about one in every 100 people, most age 65 and older. "We don't know what causes Parkinson's, but we know it results in irreversible cell deterioration," says Dr. deMarcaida.

"Since we've not yet found a cure for Parkinson's, we can only treat the symptoms with medications and procedures like DBS. However, research is ongoing, and we won't give up hope for a cure."

