For the 10th consecutive year, UC Irvine Medical Center has been named a “Best Hospital” by U.S. News & World Report, earning recognition in 2010 for three specialties—ear, nose and throat, gynecology and urology.
To learn more, visit www.ucihealth.com.
Every year, 85,000 American women are diagnosed with some form of gynecologic cancer, upending their lives and striking at the very core of their self-image.

The three most common are cancer of the uterus, ovaries and cervix, followed by the fallopian tubes, vagina and vulva.

“Treatment for most of these conditions involves a partial or total hysterectomy,” says Dr. Robert Bristow, director of gynecologic oncology at the Chao Family Comprehensive Cancer Center at University of California, Irvine Medical Center. “This is combined with removal of nearby lymph nodes to determine if the cancer has spread.” Until recently, the surgery was grueling because the lymph nodes extend into the abdomen, and doctors using conventional open surgical methods made an incision from the pubic bone to above the belly button. Recovery sidled a woman for several weeks or months.

But now, thanks to the surgical robot, operations for uterine, cervical and early-stage ovarian cancer are more precise and less invasive than ever before. “In contrast to traditional laparoscopic surgery, which utilizes small incisions and rigid instruments that can limit a surgeon’s range of motion, the robot is known for its dexterity,” says Bristow, a nationally respected expert in minimally invasive techniques. “The robot is equipped with three mechanical arms. They’re attached to robotic wrists that can move in any direction, far surpassing the ability of humans.” Pincer-like fingers add to the robot’s dexterity, making it easier for doctors to perform highly complex surgeries through tiny incisions. Furthermore, the robotic system’s camera produces high-definition, 3-D video images of the entire surgical site—a vast improvement over the limited field of vision and two-dimensional images generated in traditional laparoscopic surgery.

Robotic surgery for gynecologic cancer is one of many services offered through UC Irvine’s new Robotic Oncology Center, believed to be the first center of its kind in the nation. “The learning curve for this type of surgery is steep,” says Bristow. “Our specialists perform a high volume of complex robotic surgeries and are leaders in the field.”

Another factor plays an important role in gynecologic cancer treatment: Studies show that care by a gynecologic oncologist—an OB/GYN who subspecializes in treating cancers of the female reproductive organs—increases survival rates significantly. The UC Irvine gynecology team is composed of physicians who are widely respected for their patient care and research. “Although the gynecologic oncologist may play the role of ‘team captain,’” says Bristow, “a multidisciplinary approach is also essential. A team of medical, surgical and radiation oncologists meets routinely to discuss each patient’s treatment plan, ensuring highly individualized, holistic and comprehensive care.”

High-risk women. Another effort of the UC Irvine gynecologic oncology program is to prevent reproductive tract cancer by identifying and treating high-risk women before they develop the disease. This includes women infected by the human papillomavirus (HPV), who are vulnerable to cervical, vulvar and vaginal cancer. Other high-risk women include Jewish women of Ashkenazi heritage (ovarian and breast cancer); those exposed while in the womb to diethylstilbestrol (DES), a drug to prevent miscarriages (cervical and vaginal cancer); and patients on long-term hormone replacement therapy (endometrial and ovarian cancer). Women with a family history of ovarian cancer are also at high risk for developing the disease.

For more information about the gynecologic oncology program at UC Irvine Medical Center, call 714.456.8000.
**KIDNEY TRANSPLANTS**

A perfect match. That’s the hope of nearly 87,000 Americans who are currently on the national waiting list for a kidney transplant.

**Until recently, many of these patients** had to wait years for a kidney that was a good genetic match. But now, patients are able to receive kidneys donated by live donors even if the two individuals don’t have compatible blood and tissue types.

“The normal antibodies most people have will destroy a transplanted organ if it comes from a donor with a different blood type,” says Dr. Clarence Foster, a kidney and pancreas transplant surgeon with UC Irvine Healthcare.

“The body will also attack a transplanted kidney if the recipient is ‘sensitized’ to proteins in the donor’s tissue.” Sensitivity to these factors develops from exposure during previous transplants, blood transfusions or pregnancies.

**A big step forward.** But doctors have come up with a solution for blood and tissue incompatibility. By filtering out destructive antibodies from a potential recipient’s blood—a process known as plasmapheresis—and giving medications to prevent their return, the transplant patient’s body becomes a compatible home for an otherwise incompatible donor’s kidney. Patients need five to 10 plasmapheresis treatments before they receive a transplanted kidney from an incompatible donor. Several more treatments may follow after the operation.

“The two-step process of plasmapheresis, combined with drugs to prevent organ rejection and repress antibodies, represents a big step forward, making many more live-donor kidneys available for people who so desperately need them,” says Dr. Hirohito Ichii, a UC Irvine Healthcare transplant surgeon.

**Becoming a live donor.** Potential donors must be at least 18 years old and free from significant medical problems. Donor candidates undergo a comprehensive medical and psychological evaluation to ensure their safety. The UC Irvine Healthcare kidney transplant team is one of only a few in the nation to remove a donor’s kidney using single-incision laparoscopic surgery (SILS). “In contrast to traditional laparoscopic surgery, which requires three or four small incisions, SILS is performed through a single half-inch opening hidden deep within the belly button,” says Ichii. “As a result, there’s no visible postoperative scarring and only a tiny bandage is required to close the incision. SILS also results in less pain for patients—and a faster recovery time.” Donors are usually hospitalized for one or two days. At UC Irvine Medical Center, about half of all kidney transplants involve live donors, which is higher than the national average.

**Transplant patients can now receive kidneys from live donors with incompatible blood and tissue types.**

Over the years, UC Irvine transplant surgeons have performed hundreds of organ transplants, and the transplant program has grown significantly every year. UC Irvine specialists are strong advocates of live-donor transplantation. “Kidneys can come from either deceased or live donors.” says Foster. “But the organs of living donors function better and last longer than cadaver kidneys.”

**A multitude of benefits.**

What accounts for this? Living kidney donors must undergo dozens of tests before they’re considered candidates. As a result, only the healthiest people—and the best kidneys—are selected. Furthermore, kidneys from deceased donors are preserved for up to 48 hours in a cold environment while a recipient is selected from a regional list of candidates. Cooling can prevent the organ from functioning immediately after it’s transplanted. But kidneys from living donors don’t have to be preserved. The donor and recipient are just steps away from each other in adjacent operating rooms when the organ is removed. As a result, a kidney given by a live donor typically begins functioning as soon as it’s transplanted. The bottom line: A live-donor kidney that works immediately and is compatible because of pre-transplant treatments may be a better choice than waiting for a perfectly matched cadaver kidney.

For referral to a UC Irvine Healthcare transplant specialist, call 877.KDY.PANC or 714.456.8441.

www.ucihealth.com
Sports-Related CONCUSSIONS

What do football, hockey, wrestling, soccer, cheerleading, basketball and water polo have in common?

They are among the high-impact, injury-prone sports that generate 300,000 concussions annually in the United States—an estimated 42,000 of them in Orange County alone. The UC Irvine Comprehensive Sports Concussion Program was created to address this enormous public health problem and help ensure that athletes with brain injuries receive proper evaluation and care.

“Most people don’t realize how common concussions are or how serious they can be, especially for kids whose brains are still developing,” says Dr. David Kruse, UC Irvine Healthcare sports medicine specialist. “You don’t have to black out or have memory loss to have a concussion. Even a mild bump that results in momentary disorientation can be serious.”

A concussion occurs when a blow to the head or other injury changes the chemical balance of brain cells. This can lead to a variety of symptoms—most often headache, dizziness, blurred vision, nausea, trouble concentrating, and sometimes, but not always, loss of consciousness. With total rest—including the avoidance of taxing video games and intense cramming for exams—the immediate effects of a concussion usually go away within seven to 10 days. But the long-term outlook is much more troubling. “We now know that people who sustain multiple concussions can experience cognitive problems later, including depression, dementia and memory loss,” says Kruse.

Repeat concussions. A condition called second impact syndrome, which occurs when a player is hit before the brain fully recovers from a previous injury, can add fuel to the fire. “After one concussion, you’re at increased risk of another,” Kruse says. “Having repeat concussions in a short period of time can lead to permanent brain damage and even death.” Because sports-related brain injuries are so serious, the California Interscholastic Federation—the state’s governing body for high school sports—has enacted new regulations to protect young athletes.

Six states have passed legislation to prevent repeat concussions and similar laws are being considered at the federal level.

Playing it smart. “Players with a suspected concussion should leave the game immediately and get medical attention,” Kruse explains. “They shouldn’t resume play until a specialist determines they have fully recovered. Healing may take days, weeks, or even months. It’s important that injured players are treated by concussion specialists because symptoms and related care can vary.”

Most people don’t realize how common sports-related concussions are—or how serious they can be.

The UC Irvine sports concussion team—which includes specialists in physical medicine and rehabilitation, as well as in pain medicine—evaluates and treats athletes at all levels, ranging from weekend warriors to high school, college and professional players. Patients needing more extensive care or testing are referred to specialty centers at the hospital.

Follow-up is also provided, including the close monitoring of athletes as they return to play.

An important service offered through the program is pre-injury assessment—a battery of tests given before the season begins to determine baseline brain function. “If a player is injured, he or she is tested again,” explains UC Irvine Healthcare neuropsychologist David Franklin, Psy.D. “Comparing the pre- and post-injury assessments helps us determine the extent of damage and guides return-to-play decisions.”

Education is also important in preventing and managing concussions. In August, UC Irvine sports concussion specialists participated in a symposium to help athletic trainers, coaches and team doctors recognize and treat traumatic brain injuries. “We also want to make athletes and parents more aware of the symptoms and dangers of concussions,” says Franklin. “We may not be able to prevent those injuries, but we’re doing everything possible to ensure that players recover fully and stay healthy.”

For more information on the UC Irvine sports concussion program, call 714.456.7015.
Coping With Gout

Gout causes untold misery for several million Americans every year—and the number continues to climb. But with proper treatment, recurrent attacks of the disease can often be minimized or eliminated. Join us as Dr. George V. Lawry, a rheumatologist with UC Irvine Healthcare, discusses this condition.

**What is gout?**
Gout is one of the most common forms of arthritis. Typically, the initial onset of the disease is sudden, frequently starting at night with excruciating pain, redness, swelling and warmth in one joint—often the big toe. The disease can also target the instep, ankle, knee, elbow, wrist and fingers. With proper treatment, the first or second attack of gout can be the last. But in half of all cases, patients develop chronic gouty arthritis, which can lead to loss of motion, joint deformity and constant pain over the years.

**How is gout treated?**
Medication and lifestyle changes go hand in hand in reversing the buildup of uric acid and reducing the frequency of attacks. Because foods rich in a chemical called purine may contribute to high uric-acid levels, dietary modifications are important. Patients should avoid purine-rich food and drink, including organ meats, shellfish, beer, hard liquor and high-fructose beverages such as sugared soft drinks. Weight reduction may also be helpful.

**What about medications?**
The goal of initial treatment is to extinguish the “fire” of pain and inflammation. This can be achieved with nonsteroidal anti-inflammatory drugs (NSAIDS), low doses of a drug called colchicine, corticosteroid pills and joint injections.

**What’s the next step?**
To ensure successful management, most individuals also need long-term uric-acid lowering medication to increase the excretion of uric acid or to reduce its production. Drugs include allopurinol, probenecid and a new medication called febuxostat. A major reason for recurrent attacks is underdosing, so close medical surveillance is necessary. When the patient and physician team up, it’s nearly always possible to prevent future attacks by improving understanding of the disease and observing a fairly simple, lifelong dietary and medication program.

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

**Seniors: Ask the Doctor**

Dr. George V. (Geordie) Lawry is a board-certified rheumatologist. He’s appreciated for his fascinating presentation, “Gout: A Fierce and Fascinating Beast!” Using a “garbage dump” analogy, he explains this complex condition in a way that entertains and educates. For details, see the listing to the left.
SAVING LIMBS

About 10 million people nationwide have peripheral artery disease.

The condition, known as PAD, occurs when the inside walls of blood vessels of the arms or legs become narrowed by plaque deposits. This can restrict blood flow in the affected limbs, sometimes causing exercise-related leg pain that disappears when a person rests.

Although many people don’t take PAD seriously, it can develop into a daunting condition called critical limb ischemia (CLI). With CLI, foot or leg pain is relentless, occurring even at rest. Additionally, poor circulation causes non-healing sores to develop on the legs and feet, sometimes leading to gangrene. So serious is the problem that 30 percent of CLI patients nationwide—many of them with diabetes—require amputation within 12 months of being diagnosed because the condition has not been recognized and treated early.

Turning the tide. Multidisciplinary treatment by a team of experts can often turn the tide for CLI patients. At UC Irvine Healthcare, the first step is often high-quality diagnostic angiography, available only at hospitals with state-of-the-art equipment.

“Both CT and MR angiography produce detailed images of blood flow and blood-vessel blockages,” says Dr. Mayil Krishnam, a cardiovascular imaging specialist. “The test that’s used is determined by the unique needs of the patient and other factors. Whether CT or MR angiography, both tests are noninvasive and save fragile patients from being catheterized twice—once for diagnosis and a second time for treatment.”

Inter-specialty teamwork is of the utmost importance when it comes to CLI, with doctors from several specialties meeting to discuss appropriate treatments for each patient. One option is catheter-based treatment, including balloon angioplasty.

“This nonsurgical procedure is ideal for patients who aren’t candidates for peripheral bypass surgery due to fragility or other reasons,” says Dr. Laura Findeiss, a vascular and interventional radiologist with UC Irvine Healthcare. The X-ray-guided procedure is performed through a small incision in the groin. Using a catheter with a diameter of 2 millimeters—or about eight one-hundredths of an inch—the radiologist guides the long, slender tube through blood vessels to the site of the blockage. “The catheter is long enough to allow continuous access from the groin to the toes—something that hasn’t been possible until recently,” says Findeiss. For patients whose blood vessels are so compromised that it’s difficult to reach the blockage, Findeiss inserts a catheter in both the foot and the groin, meeting the problem in the middle. Once the blockage is cleared, stents are often inserted to hold blood vessels open and prevent future plaque from forming.

Although many people don’t take peripheral artery disease seriously, it can develop into a daunting condition called critical limb ischemia.

“The balloon is sometimes imbedded with microblades to penetrate the surface of the plaque,” says Findeiss. “It can also be inflated with cold nitrous oxide. This freezes the plaque, making scar tissue less likely to form in the treated artery.” Another option involves shaving the plaque from inside the artery.

But each patient is unique. For many other people, peripheral bypass surgery is the best solution. During this procedure, the surgeon creates a detour around the blockage using the patient’s own blood vessel or synthetic materials. “The result is restored blood flow, which helps save limbs that would have to be amputated otherwise,” says Dr. Roy Fujitani, a vascular surgeon.

Increasingly, doctors are performing hybrid operations that combine open surgery with catheter-based procedures. To facilitate this important development, UC Irvine Medical Center recently opened two state-of-the-art hybrid operating suites specifically designed for this new approach. “The new ORs are equipped with leading-edge imaging systems, streamlining care for patients who need both catheter-based and traditional open surgery for cardiovascular problems,” says Fujitani.

He and Findeiss, along with vascular surgeon Dr. John Lane, perform treatments for the entire spectrum of PAD and CLI, including preventive measures to minimize the disease’s progression and prevent complications. These strategies, combined with the prompt restoration of blood flow in an affected leg and immediate tissue reconstruction, markedly enhance the success rate for saving limbs, as well as avoiding PAD-related complications such as heart attacks and strokes.

“We also optimize outcomes by closely following our patients—often for many years,” says Fujitani.

For referral to a vascular specialist, call 877.UCI.DOCS.
Classes are free of charge to University of California, Irvine Healthcare patients and their families, UC Irvine employees and volunteers. Exceptions are the Joslin Diabetes Center, meditation, nutrition counseling, tea ceremony, WOW and Healthcare Skills programs. Certain programs are also available in Spanish. Unless otherwise indicated, all classes are located at UC Irvine Manchester Pavilion, 200 S. Manchester Ave., Suite 840, Orange. Registration is required. Call toll free 877.UCI.DOCS or 877.894.3627 for registration and information.

FAMILY HEALTH

Asthma and Adults (1 Session)
Learn how to control asthma and not have it control you. Cost: $20. Free peak flow meter.
Friday, Dec 10
5-7 p.m.

Spanish Attention and Behavior Problems (10-Session Series)
Free parenting skills classes for parents of children ages 3–5 with attention and behavior problems. Offered through a joint project of UC Irvine and Children’s Hospital of Orange County. Information: 949.824.2462 or www.cuidar.net. Call for meeting dates, times and locations throughout Orange County.

Breastfeeding (1 Session)
Includes process of milk production, how to breastfeed, avoiding potential problems and returning to work. Cost: $20.
Thursday, Oct 28, Nov 18, Dec 16
6-8:30 p.m.

Diabetes Management Overview (1 Session)
Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: $20. Free glucometer.
Monday, Oct 11, Nov 8, Dec 13
4-6 p.m.

Spanish Diabetes Management Overview (1 Session)
Wednesday, Nov 10, Dec 15
6-8 p.m.
Location: UC Irvine Family Health Center Anaheim
Thursday, Oct 28
4-6 p.m.
Location: UC Irvine Family Health Center Santa Ana

Diabetic Diet (1 Session)
Monday, Oct 4, Nov 1, Dec 6
4-6 p.m.

Early Pregnancy (1 Session)
For expectant mothers and their birth partners in the first four months of pregnancy. Includes nutrition, exercise, prenatal care, warning signs and car safety. Cost: $20.
Wednesday, Nov 17
6-8 p.m.

Heart-Healthy Diet (Cholesterol Awareness) (1 Session)
Monday, Nov 9
4-6 p.m.

Hepatitis C Pre-Treatment Education (1 Session)
For the person who is considering or about to begin hepatitis C treatment. Includes information about hepatitis C, treatment, management of side effects and injection training. Family members and other support persons are encouraged to attend. Registration required: 714.456.7642
Friday, Oct 1, Dec 3
9-10:30 a.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Hypertension (High Blood Pressure) Management (1 Session)
How to control blood pressure through diet, exercise, medication and lifestyle changes. Cost: $20.
Monday, Oct 18
5-7 p.m.

Living Well With Heart Failure (1 Session)
Overview of heart failure, symptoms and basic lifestyle changes to manage the condition, including diet, exercise and medications. Cost: $20.
Monday, Nov 9
9:30-3:30 p.m.

Maternity Tea & Tour
Learn about maternity services and tour the UC Irvine Medical Center Maternity Unit. Cost: Free to all.
Thursday, Oct 8
1:30-3:30 p.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Meditation for Health (4-Session Series)
An introduction to the art of meditation, including a discussion of the various types and styles. Cost: $40.
Mondays, Nov 1 – 22
6-7 p.m.

Meditation Special Topics: Body-Scan Relaxation (1 Session)
Teaches awareness of each part of the body in sequence to relieve pain, promote relaxation and facilitate stress relief using visualization. Cost: $20.
Monday, Oct 18
6-7 p.m.

Prepared Childbirth – Lamaze (5-Session Series)
Offered in conjunction with Santiago Canyon College Continuing Education. For expectant mothers and their birth partners beginning the sixth month of pregnancy. Topics include relaxation, Lamaze techniques, labor and birth, cesarean delivery, medication and anesthesia. Cost: Free to all.
Tuesdays, Oct 26 – Nov 23
7-9:30 p.m.
Tuesday Location: Santiago Canyon College, Orange Education Center, 1465 N. Batavia St., Orange. Register through SCC Continuing Education, 714.698.5900
Wednesdays, Oct 27 – Nov 24
7-9:30 p.m.
Thursdays, Oct 28 – Dec 3
7-9:30 p.m.
Wed & Thurs Location: UC Irvine Medical Center Library, room 2105

Preparation for Surgery – Mind, Body, Spirit (Twice Monthly)
Learn how to prepare before surgery. Includes anesthesia choices, pain management strategies, relaxation techniques, and what to expect at the hospital before, during and after surgery. Cost: Free to all.
Monday, Oct 4, 18, Nov 1, 15, Dec 6, 20
3-4:30 p.m.
UC Irvine Douglas Hospital, 3rd floor, room 3001

Joslin Diabetes Center Education Classes
Joslin Diabetes Center at University of California, Irvine offers classes to help people learn how to successfully manage their diabetes. “Diabetes Today” offers single-topic sessions that address specific issues of diabetes management. Classes are held at the center, located at Gottschalk Medical Plaza on the UC Irvine campus. There is a fee and insurance pre-authorization is recommended. For a full description or to schedule an appointment, please call Joslin Diabetes Center at UC Irvine at 949.824.8656 or visit www.ucihealth.com/joslin.

Joslin Diabetes Center
at University of California • Irvine
Sibs (1 Session)
For children about to become big brothers and big sisters who want to learn what will happen when mom goes to the hospital to have the baby. Cost: $20.
Tuesday, Oct 12, Nov 9, Dec 14 6-7 p.m.

Weight Control / Intuitive Eating (4-Session Series)
Become the expert of your own body and learn to create a healthy relationship with your food, mind and body. Cost: $80.
Wednesdays, Oct 27 – Nov 17 6-8 p.m.

WOW – Wise Old(er) Women
Therapy group for women 65 and older experiencing sadness, depression, anxiety or difficulty adjusting to situational challenges as they age. The group strives to use wisdom acquired through a lifetime of experience to improve life satisfaction and ability to function. Participants should be enrolled in Medicare or a supplemental insurance plan. Information: 714.480.2421. Call for meeting times.
Location: Senior-Health Center, Pavilion 4, UC Irvine Medical Center

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)
For parents and professionals interested in learning about ADD/ADHD in children and adults. Guest speaker at every meeting. Information: 949.884.8379, www.cdc.uc Irvine/CHADD.shtml or ajun@uci.edu. RSVP is necessary.
Second Wednesday every month. No Jan meeting. 7-9 p.m.
Location: UC Irvine Child Development Center, 19792 MacArthur Blvd., Irvine

Diabetes Support Group
Open discussion about the ups and downs of diabetes self-management for those living with the disease. Family members also invited. Information: 949.884.8656
First Monday of every month 6-8 p.m.
Location: Gottschalk Medical Plaza, multispecialty suite, UC Irvine campus, One Medical Plaza Drive, Irvine

Epilepsy Educational Support Group
Social and educational support group for adults with epilepsy, offered in collaboration with the Epilepsy Alliance of Orange County. Guest speaker at most meetings. Information: 714.557.0002
Third Friday every month 7-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Inflammatory Bowel Disease Support Group
An ongoing support group for individuals with the diagnosis of Crohn’s disease or ulcerative colitis. Topics may include stress management, coping strategies, alternative medicine, dating/relationships and more. Information: 714.456.7057
First Wednesday every month 6:30-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Kidney and Pancreas Transplant Support Group
Education and support for pre-dialysis, dialysis, pre-transplant and post-transplant patients, family members and friends. Information: 714.456.8342
First Wednesday every month. No Dec meeting. 6-30-3:30 p.m.
Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 8th floor, conference rooms A, B and C, Orange

Korean Women’s Share and Care Group
Help and support for Korean-speaking women with cancer. Information: 714.456.5057
Second Thursday every month 3-4:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Look Good, Feel Better
Help with appearance changes during cancer treatments. Information: 800.927.9345
Monday, Nov 29, Jan 24 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Multiple Myeloma Support Group
Information: 800.459.2873, ext. 233
First Thursday every month 6:30-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

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

Spanish Super Sibs Klub
Therapeutic workshop for children ages 8–12 with siblings who have special needs, including chronic illness, developmental delay, medical needs or cognitive issues. Information & registration: 714.456.5394 or magnuson@uci.edu. Registration required one week before attending first meeting. No Dec meeting. Call for location.

Support for People With Oral, Head & Neck Cancers (SPOHNC-UCl-Orange)
Information: 714.456.5935
Monday, Oct 4, Nov 1, Dec 6, Jan 3 6-30-8 p.m.
Location: Chao Family Comprehensive Cancer Center, 3rd floor, Breast Health Center

Trigeminal Neuralgia Association Support Group
Information, education and support for patients and their families living with TN and related facial pain conditions. Guest speaker at every meeting. Information: 714.279.9717
Fourth Saturday every other month
Sept 25, Nov 27, Jan 22 1-3 p.m.
Location: Second floor above medical library, rooms 2105, 2106

Women’s Share and Care Group
Support and education for women with cancer. Information: 714.456.8609
Second and fourth Tuesday every month 10-11:30 a.m.
Speaker on fourth Tuesday
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

HEALTHCARE SKILLS

Basic Life Support – Healthcare Provider
Adult, pediatric and infant CPR, two-rescuer CPR, foreign-body airway obstruction, AED and barrier devices. Based on American Heart Association standards and guidelines. Registration: 714.456.7991
Cost: $75 (includes parking pass, card and book)
Wednesday, Oct 27 8:30 a.m.-1:30 p.m.
Wednesday, Nov 24 8:30 a.m.-1:30 p.m.
Thursday, Dec 16 8:30 a.m.-1:30 p.m.
For the 10th consecutive year, UC Irvine Medical Center has been named a “Best Hospital” by U.S. News & World Report, earning recognition in 2010 for three specialties—ear, nose and throat, gynecology and urology.

To learn more, visit www.ucihealth.com.