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Spring 2008

MISSISSIPPI ValleyHealth

A Publication of Mississippi Valley Health Network

FOR THE
LOVE
OF THE
GAME

A SOCCER REFEREE
GETS NEW HIPS

TEENS ARE
LOSING IT

HEARING LOSS
from mp3s

DRUGS IN
OUR WATER?

SERIOUS ISSUES ABOUT
what's in our water

A REAL PAIN
IN THE NECK

A better solution
to repair disc
degeneration

SPRING GREENS:
Quad City Veg/Salads

Plus:
Spring
Shape Up
Tips!

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What healthcare should be.™

To learn more about the Mississippi Valley Health Network or to find a specialist visit: mvhnetwork.com or call 563-459-6577.

AT THE MISSISSIPPI VALLEY SURGERY CENTER,
YOU'LL GET THE
NEWEST MEDICAL TECHNOLOGY.
YOU'LL ALSO GET SOME OF THE OLDEST.



Imagine a place that still believes in a personal touch. A place that instills a new twist on an old idea about healthcare – that patients get better, faster, when they're able to concentrate on their recovery rather than worry about the hassles of the healthcare system.

At the Mississippi Valley Surgery Center, we make sure patients are able to experience healthcare the way it should be. We provide personalized attentive care and flexibility in scheduling that gets you on the road to recovery safely and quickly.

You see, there's more to quality healthcare than high-priced equipment, sprawling campuses and miles of bureaucratic red tape that takes your focus off getting better and on to how you're going to pay for it.

If you or someone you know is facing an upcoming surgical procedure, ask your doctor about the options open to you through the Mississippi Valley Surgery Center.

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HEALTH NETWORK™**

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The Mississippi Valley Surgery Center is a proud member of the Mississippi Valley Health Network.

MISSISSIPPI

ValleyHealth
A Publication of Mississippi Valley Health Network™

EDITORIAL

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John Dooley, M.D.

EDITOR

Alison Beardsley

The health content in *Mississippi Valley Health Magazine* is intended to inform, not prescribe, and is not meant to be a substitute for the advice and care of a qualified health-care professional.

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Welcome

What Healthcare
Should Be.™



**John Dooley,
M.D.**

Welcome to the inaugural issue of Mississippi Valley Health! The magazine's purpose is to provide the Quad Cities and area communities with a wide array of local health and wellness information, going beyond the routine. I believe our Quad City medical community is thriving with current techniques and therapies that are not only convenient, but encourage a swift return to everyday life. But who are these health providers? What are the proven techniques?

It is sometimes difficult to find useful information about local health care providers. Often a person will seek advice from a family member, neighbor or co-worker, however they may lack sufficient knowledge to provide an informed answer. We want to provide you with local medical information and personal experiences to help you to make a more appropriate healthcare decision.

This inaugural issue also announces the formation of the Mississippi Valley Health Network. This is not an insurance network but a network of health care providers allied to provide health care as it should be provided. The Mississippi Valley Health Network grew from a group of physicians that operates Mississippi Valley Surgery Center in Davenport, Iowa. They practice throughout the Quad Cities and surrounding areas and cover a wide variety of specialties. These physicians have been cooperating since the Surgery Center first opened in 1996. Over time, these physicians have developed common values and goals to improve the delivery of health care to ambulatory patients. They believe healthcare should be delivered safely, respectful of your time and circumstances, and targeted for a rapid return to your lifestyle. This network of providers has set this objective in order to benefit you, the patient.

**THIS IS WHAT HEALTHCARE
SHOULD BE.**

Mississippi Valley Health Network is proud to be an integral part of this community and is sponsoring this magazine to enhance our local healthcare experience. Your comments are always welcome. Please send them to me at 3400 Dexter Court Suite 200, Davenport, Iowa 52807 or publisher@mvsurgerycenter.com.

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Family Health

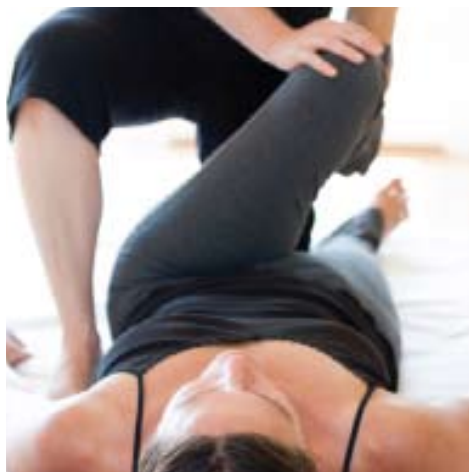
Mp3 players are beginning to cause significant damage to young people's hearing.

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Fitness

Shaping up for spring can lead to strains, sprains or worse. Check out our exercise tips to get in shape and prevent injury before you play your favorite summer sports.

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surgical techniques:

A Quad City neurosurgeon is leading the way with less invasive neck surgery that promotes quick recovery and less scarring.

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	MAY	JUNE	
	<p>May 3, 2008 Stroll Thru Springtime. Blackhawk State Historic Site, Rock Island, IL</p> <p>A springtime rite that grows more popular every year, join local naturalists who serve as guides to point out local wildlife, spring flowers and migrating birds at Blackhawk Park's Stroll Thru Springtime. Hikers with binoculars will enjoy the bird hike starting at 7 a.m. Refreshments in the historic Lodge Room are served at 9 a.m. Relax and enjoy a program and munch on homemade violet jelly before setting out on the wild-flower hike from 10 a.m. to 12 p.m. The event is free and all ages are welcome. For more information on this or other Blackhawk Park events, call (309) 788-9536 or visit www.blackhawkpark.org/events</p>	 <p>June 14, 2008 Komen Race for a Cure® Moline, IL</p> <p>Mothers, fathers, sisters, daughters, breast cancer survivors. You'll find them all at the annual Komen Race for the Cure® held in downtown Moline. In 1982, Nancy G. Brinker promised her dying sister, Susan G. Komen, that she would do everything in her power to end breast cancer forever. The promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. For more information contact on the Quad Cities event call the Hotline: (877) 921-2873 or Email: qcracefortheure@genesishhealth.com</p>	<p>June 15, 2008 Ride the River, Father's Day Davenport, IA</p> <p>For dads, families or for those who love to ride for health or a worthy environmental cause, join thousands of Quad Citians for the annual Ride the River. Held each Father's Day, avid and recreational cyclists embark on a scenic tour along both sides of the Mississippi River. There are even opportunities to make a river crossing by boat from Davenport to Illinois routes. Riders can pedal a basic route of 16 miles or longer tours of up to 60 miles. Proceeds for the event support the River Action organization dedicated to promoting stewardship and protecting the Mississippi River and its watersheds. Register by mail or online at www.riveraction.org</p>
	<p>From fitness runs to rambles in area forest preserves, check out our favorite highlights for spring Quad City events to boost</p> <p>YOUR MIND, BODY, AND SPIRIT.</p>	 <p>May 10, 2008 Illinois Spring Bird Count</p> <p>The Mississippi River Flyway is a significant route for bird species making their annual migrations. In the spring, near the peak of song-bird migration, Quad City Audubon Society field parties often identify 100 or more different species during the annual Spring Count. You can either join in the Spring Bird Count with a field group, or you may choose to count the birds that visit your feeder or a neighborhood park. For more information visit the Audubon Society Web site: www.quadcityaudubon.org</p>	 <p>June 21, 2008, People and Pooches Walk Scott Co. Park, Whispering Pines Shelter</p> <p>Bring along your best four-legged friend and enjoy a great walk for an important cause. The Susan L. Bader Foundation of Hope, Inc. is a grass roots non-profit organization that works to give "HOPE" to patients and families dealing with pancreatic cancer. For more information visit their Web site at: www.slbfoundationofhope.org. or contact Amy Bader, 563-343-5615.</p>



T **THINK YOUR TEENAGER DOESN'T HEAR YOU?** IT MAY BE MORE THAN OLD-FASHIONED REBELLION, BUT A DEGENERATIVE HEARING LOSS CALLED TINNITUS DUE TO LOUD mp3s...

You see them on ears everywhere. Grade schoolers. Teens. Soccer moms. Weekend warriors. Portable digital music players have become standard equipment in the library, outdoors or in the work cubicle. Your mother knew when the stereo was too loud, but now, technology is creating a health threat that may go unnoticed until the damage is done.

Teens experiencing hearing loss

“I saw a 12 year old recently who had the hearing loss of many 60 year-olds,” says Molly Parker, Au.D., Audiologist with ENT Professional Services, Davenport. “He was a marginal candidate for hearing aids from noise exposure and his hearing loss was entirely preventable. In general, we are seeing younger people with hearing problems long before we should.”

Loud music can set the mood and get the blood pumping, but it can also cause tinnitus, a condition marked by ringing in the ears. It affects millions of Americans. Experts say the volume from your mp3 today will cause bits of damage in your ears over time. “Hearing loss is insidious because there is no pain associated with it and it occurs gradually over years,” warns Parker. “By the time you notice hearing loss, it is too late to do anything about it. Noise exposure is cumulative, and depending on how long and how loud the exposure was, you would notice the effects over a period of time, even if the noise occurred when you were a child.”

Tinnitus becoming prevalent

“I am seeing more younger people with tinnitus than I did 10 years ago,” she adds. Parker advises that when wearing earphones or ear buds, it is important to keep the level of sound at a reasonable level. What does that mean? “Excessive noise exposure can be caused by a single loud blast such as a gun blast, or longer exposure from a lower level sound. For example, music from an iPod over several hours can be just as damaging as a single blast from a gun. The damage from noise exposure is cumulative over a lifetime,” she explains. So how do you know whether you have had too much sound

exposure? “The biggest warning is usually ringing in your ears (tinnitus),” says Parker. “Often the tinnitus goes away after a day or two, but eventually remains as more and more damage occurs. Tinnitus is a sign that the nerve endings in your inner ear have been damaged.” Parker says that while the most common age she sees for this



Molly Parker, Au.D., ENT Professional Services

problem are men and women in their 40s (who are beginning to notice the effects of hearing loss) it's the younger ages she worries about. “Unlike their parents, kids are not usually as sensitive to their hearing or their health. Parents usually come in because their teenager complains that they cannot hear well or they cannot understand their favorite TV show.”

“I SAW A 12 YEAR-OLD RECENTLY WHO HAD THE HEARING LOSS OF MANY 60 YEAR-OLDS”

Signs of Hearing Damage

- Tinnitus (ringing in the ears)
- Auditory fatigue (your ears feel tired)
- Sensitivity to loud noises after exposure
- Muffled or a feeling of pressure in the ears
- Speech is not clear, conversation is heard but not understood

Tips for Safe mp3 Use

1. Limit mp3 exposure to no more than 30 minutes if you are cranking up the volume. (Longer mp3 use is OK if the volume is kept to a reasonable level.)
2. Listen to your ears—they will warn you of over-exposure.
3. The mp3 is too loud if you can hear the words to the songs that your kids listen to. Turn the volume down or limit their exposure to 30 minutes.
4. If someone has to raise their voice so you can hear them, the volume is too loud.
5. If you already have hearing loss, you are at greater risk for more noise-induced hearing loss; be more conservative about your noise exposure.

Source: ENT Professional Services, Davenport





IT'S NO COINCIDENCE THAT AS TEMPERATURES GO UP, SO DO SPORTS INJURIES.

Just because you're ready to hit the ground running and strive to take your 5K to a 10K, doesn't mean you'll do it in a week," warns Jason Strang, clinical coordinator for Plaza Physical Therapy, Davenport. "It's easy to let our enthusiasm for getting outdoors overextend our joints and muscles, and that can lead to strains, sprains, or much worse."

Check out your favorite summertime sports and read our recommendations for a spring shape up routine:

Tennis and Baseball – Arms and Shoulders

Arm and shoulder soreness and muscle strains can commonly affect fair-weather tennis or baseball players. Tendonitis of the elbow or "tennis" elbow, which is inflammation of the ligament, is also common for tennis players.

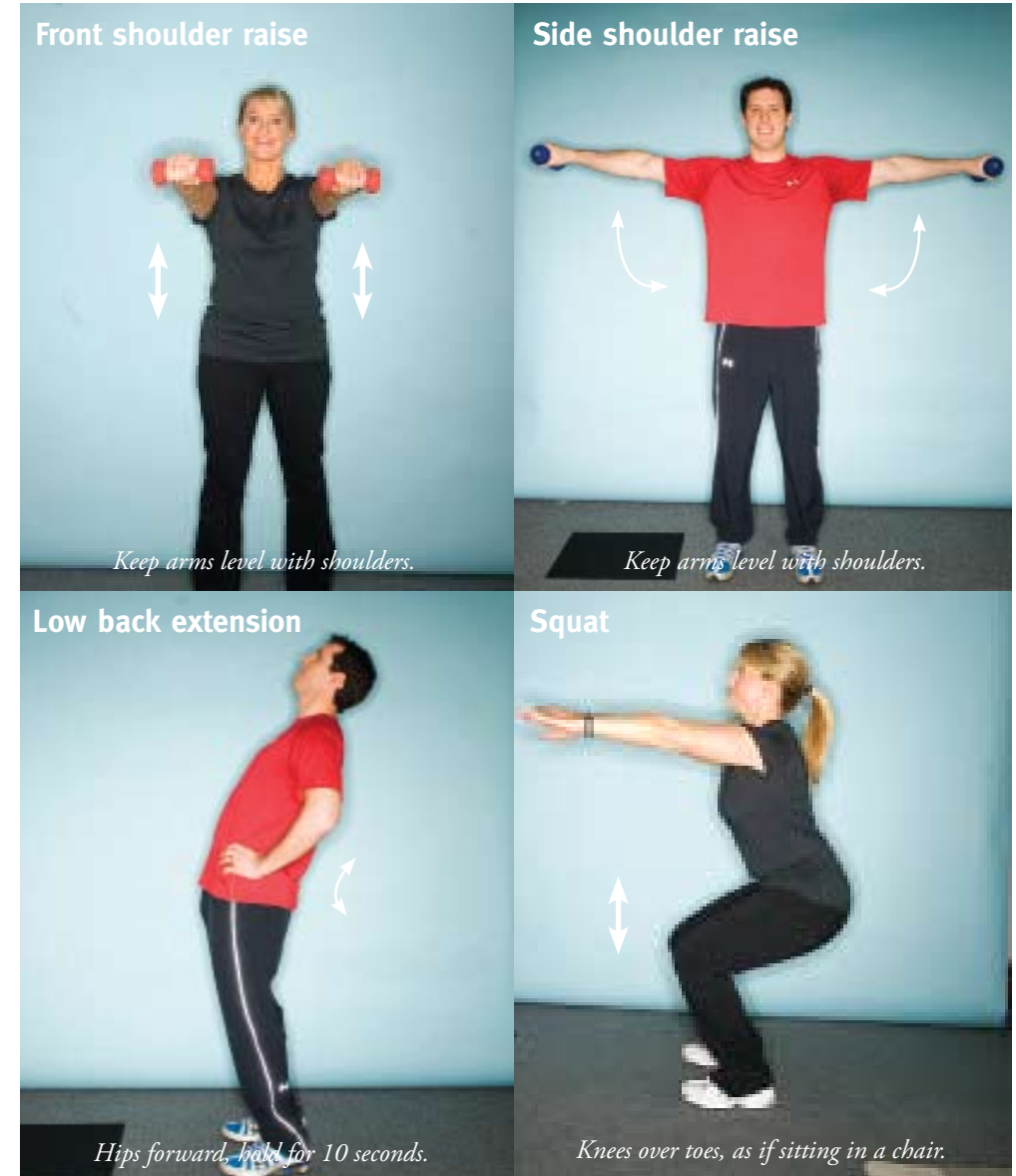
Prevention: Pre-season muscle strengthening and stretching exercises are key. Simple exercises that strengthen the shoulder help build the shoulder muscles. Do three sets of 10 of the featured exercises three times a week.

Biking – Lower back and Quadriceps

Quad City cyclists hitting the local river bike paths can experience low back discomfort and quadriceps soreness.

Prevention: Cyclists need to strengthen the lower back and increase distance gradually to prevent muscle soreness in the quad or thigh muscles. Simple exercises include low back extension and quadriceps stretching. Do three sets of 10 of the featured exercises three times a week.

continued on pg... 24



WE HELP PEOPLE GET BETTER FASTER. APPARENTLY, WE HELP PEOPLE SLEEP BETTER, TOO.



You have to go in for surgery. The last thing you want is your family worrying, especially the person who's world revolves around you. The burden of the stress on the family can be as difficult for a patient to manage as the questions that continue to linger while he waits in his room. Traditional care has become a game of waiting...

wondering...worrying. But the healthcare professionals in the Mississippi Valley Health Network take a different approach. We view the practice of healthcare as a partnership with our patients. Together, we share a bond that nurtures the family relationships vital to recovery and on-going wellness.

We provide the information and empathy necessary to help calm fears and make good decisions. Good decisions that result in conveniently scheduled appointments, faster recoveries at home instead of a hospital room. It's an approach to healthcare that goes above and beyond the traditional boundaries. And that should help you, and everyone else, rest a little easier.

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“ON SUMMER WEEKENDS I WOULD REF AS MANY AS FIVE GAMES, BUT IT SEEMED THAT WHEN I TURNED 45, IN THE DAYS FOLLOWING GAMES, MY BACK WOULD HURT SO BAD, I WALKED AS IF I WERE CRIPPLED.”

—Tom Wells, Bettendorf

HE'S GOT GAME.

ON MOST WEEKNIGHTS AND WEEKENDS YOU'LL FIND 50-YEAR OLD TOM WELLS, BETTENDORE, CALLING THE SHOTS ON AREA SOCCER FIELDS.

“When my kids were small, I got involved with the local soccer league, and before I knew it I was coaching. As the kids got older and I learned the game (not to mention experiencing a little frustration with some bad calls), I figured it was my turn to step up and begin refereeing myself,” Tom laughs.

As his children grew, so did Tom's love for soccer, and he stayed in the game, even after his kids quit playing. However running up and down soccer fields began to take its toll. “On summer weekends I would ref as many as five games, but it seemed that when I turned 45, in the days following games, my back would hurt so bad, I walked as if I were crippled,” Tom recalls.

Tom remembers seeking the advice of Drs. Michael Dolphin, D.O., and John Hoffman, M.D., Orthopaedic Specialists (OS), Davenport. “Both doctors said my hips were shot and that the cartilage was wearing away. I was the perfect candidate for hip replacement.

New strides in total joint surgeries

"I have to tell you I was really embarrassed about having my hips replaced and a bit intimidated with going through what I thought would be this horrific surgery," said Tom. However, little did Tom know that as he was raising his kids and mentoring an entire generation of soccer players, tremendous advancements were occurring in the field of total joint replacement surgery.

"I've been doing total joint procedures for 20 years, and in the last decade, improvements in surgical techniques, anesthesia, and joint technology have meant patients have returned to their active lives much faster than before," says Dr. John Hoffman. "I perform a minimally invasive procedure, where incisions are approximately 4 inches long. Traditional joint replacement surgery incisions are 8-12 inches long. We are employing new surgical techniques that are sparing patients' muscle tissue. We have also fine-tuned regional anesthetic and pain management protocols. All of these factors come together allowing most patients to be walking within a day of their procedure," explains Dr. Hoffman.

"I WAS HOME AND WALKING WITHIN 24 HOURS AND EVEN WENT INTO WORK PART TIME FOUR DAYS AFTER THE PROCEDURE."

Dr. Hoffman has been performing minimally invasive joint replacement procedures for the past five years and performs approximately 600 operations each year. "It used to be that we considered total recovery within one year as acceptable, and now our patients are active and back to work within weeks or months depending on the case."

Tom Wells can attest to the strides made in total joint replacement. "The surgery was better than I imagined. I do not do well under general anesthesia and felt the spinal anesthesia was much better." Mississippi Valley Surgery Center also ensures patients receive personalized care during the recovery period by providing a higher nurse-to-patient ratio (one nurse for every two patients) than most hospitals. "The nurses were great and seemed to be more attentive than previous experiences I've had in hospitals," added Tom. "The care at Mississippi Valley Surgery Center was just terrific."



Dr. John Hoffman, Orthopaedic Specialists, PC, Davenport

Growing trend of outpatient care

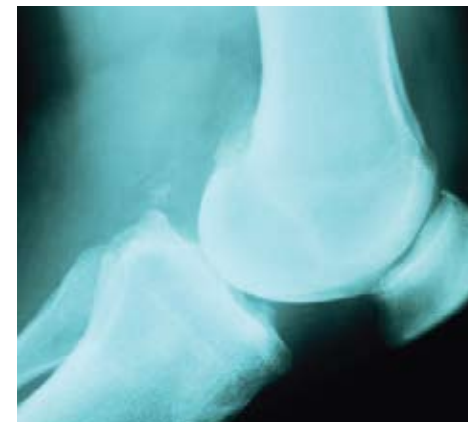
The Mississippi Valley Surgery Center is the only Medicare-approved Ambulatory Surgical Center (ASC) between Chicago and Omaha that performs total joint replacements. Most major insurance carriers cover this procedure in the outpatient setting. "Insurers are beginning to see the benefit of performing this procedure in an outpatient setting from both a quality and cost perspective," adds Dr. Hoffman. "Joint replacements just five years ago required a major incision, long-acting anesthetic and extended convalescence. Medical innovation now allows this procedure to be performed safely and effectively in the outpatient setting. Patient satisfaction has increased tremendously."

Home and walking

"I was home and walking within 24 hours and even went into work part time four days after the procedure," Tom said. One month after his first hip was replaced, his second surgery took place in January 2008. "Plaza Physical Therapy played a big role in my recovery and strengthening process," Tom added.

"They were instrumental in my recovery, taking care of my wound and helping me re-learn how to walk correctly. There were a number of therapists who took a personal interest in my recovery and pushed me to where I needed to be," he says. In six weeks, he was back to work full-time and is now ready to be on the soccer field again.

Tom is hoping Dr. Hoffman will give the nod to resume refereeing this summer. "I really think I'll be able to keep up with those nine and 10-year olds," he says. "They are such a joy to referee, because you can really help them out there on the field when they're playing. The look on their faces is such a reward, and I love seeing their smiles."



Total Joint Replacement FAQ

What is total joint replacement?

An arthritic or damaged joint is removed and replaced with an artificial joint, called prosthesis.

What is a joint?

A joint is formed by the ends of two or more bones that are connected by thick tissues. The bone ends of a joint are covered with a smooth layer called cartilage. Normal cartilage allows nearly frictionless and pain-free movement. When the cartilage is damaged or diseased by arthritis, joints become stiff and painful.

Why is total joint replacement necessary?

The goal is to relieve the pain in the joint caused by the damage done to the cartilage. A physical examination, and possibly some laboratory tests and X-rays, will show the extent of damage to the joint. Total joint replacement will be considered if other treatment options will not relieve the pain and disability.

How is a total joint replacement performed?

You will be given an anesthetic and the surgeon will replace the damaged parts of the joint. For example, in an arthritic knee, the damaged ends of the bones and cartilage are replaced with metal and plastic surfaces that are shaped to restore knee movement and function.

In an arthritic hip, the damaged ball (the upper end of the femur) is replaced by a metal ball attached to a metal stem fitted into the femur and a plastic socket is implanted into the pelvis, replacing the damaged socket.

Although hip and knee replacements are the most common joint replaced, this surgery can be performed on other joints, including the ankle, foot, shoulder, elbow, and fingers.

What is the recovery process?

In general, your orthopaedic surgeon will encourage you to use your "new" joint shortly after your operation. After total hip or knee replacement, you will often stand and begin walking the day after surgery. Initially, you might have to walk with a walker, crutches, or a cane.

Most patients have some temporary pain in the replaced joint because the surrounding muscles are weak from inactivity and the tissues are healing. This will end in a few weeks or months.

Physical therapy is an important part of the recovery process. Your orthopaedic surgeon or the staff will discuss a physical therapy program for you after surgery. After your surgery, you may be permitted to play golf, walk, and dance. More strenuous sports, such as tennis or running, may be discouraged.

Source: American Academy of Orthopaedic Surgeons



Techniques

A Real Pain In the Neck

AS WE AGE, WE ALL EXPERIENCE SOME FORM OF DISC DEGENERATION.

Cast iron skillet are heavy. And it was lifting one of those old-fashioned pans that convinced Nancy Jipp, Bettendorf, it was finally time to see a doctor. “I couldn’t lift the skillet anymore, and I was beginning to notice that the right side of my body was also being affected.”

Nancy had sustained a neck injury several years prior, but the thought of surgery was enough to put off the decision. “I had herniated a disc in my neck about eight years ago, and had tried just about every option available to avoid surgery.”

However, life has a way of changing the best of plans, and Jipp, a 44-year old mother of three, Nurse Midwife and Surgical Services Manager at Mississippi Valley Surgery Center (MVSC), Davenport, found the prospect of further pain and physical limitations unbearable. After years of enduring multiple epidural steroid treatments, chiropractic adjustments, acupuncture, physical therapy and pain management medications, it was time to consider a surgical option.

Disc degeneration and pain

“Her spinal cord was severely compressed and she was beginning to lose strength and function,” says Dr. Anthony Maioriello, M.D., MS, Neurosurgeon, Midwest Brain and Spine, and one of the few in the Quad Cities who performs multiple-level cervical spine fusions.

“Nancy’s original injury was beginning to affect nearby vertebrae levels,” he explained. “She had degenerative cervical disc disease. It’s a natural process called spondylosis. As we age, we all experience some form of disc degeneration. But in Nancy’s case, her injury aggravated the condition and she developed a deformity. Bone spurs began to form and pushed on the nerve roots and her spinal cord. And while we always explore non-surgical options first, in Nancy’s case, other avenues had failed.”

Cosmetically oriented, less scarring, and back home

Recovering from major surgery played a role in Nancy’s reluctance to consider a surgical option originally. However advances in care and the ability to have the procedure performed in an outpatient setting alleviated her concerns. “I checked into the Mississippi Valley Surgery Center before lunch and left the next morning,” Nancy recalls.

“The procedure took about three hours,” says Dr. Maioriello. “We removed the three herniated discs, drilled out the bone spurs that were compressing her spinal cord, and realigned her cervical spine. We inserted three bone grafts between the vertebral bodies and bolted a 7 cm titanium plate with eight screws to fuse four cervical vertebrae together to maintain the new alignment.”

“I CARE ABOUT HOW MY PATIENTS LOOK AND FEEL AFTERWARDS.”

Dr. Maioriello has been performing cervical spine fusions at the MVSC since April 2007. He says while there is a misperception that outpatient facilities are not as safe as hospitals, there are advantages. “Ambulatory Surgery Centers have higher nurse-to-patient ratios resulting in more attentive care and have lower infection rates than hospitals.” Far from what most people imagine when they think of surgery on the spine, recovery went smoothly. “My husband and daughter were able to spend the night with me at the Surgery Center, and they brought in real food. I had two personal nurses that night. They were so conscientious that when they took my vitals, I was never awakened! I went home at 7:30 a.m. the next morning.”



Dr. Anthony V. Maioriello, Midwest Brain and Spine, Davenport

Even more surprising was the reaction she got from friends who wanted to see her scar. “One friend had a similar procedure done and her scar was about 4-5 inches vertically, down the length of her neck. My scar is just over an inch and is hidden in the horizontal crease of my neck. My friend just couldn’t believe it,” Nancy added.

Why does scarring vary among patients? “It’s much quicker for surgeons to create a long, vertical, incision,” explains Dr. Maioriello. “Scarring is minimal because I take the time to do it through a smaller, cosmetically oriented incision. I care about how my patients look and feel afterwards. They feel less violated and there is less of a reminder of the surgery. I encourage patients to ask about incisions prior to surgeries because there are options.”

While looking good is critical to recovery, Nancy regained her strength soon after surgery. “As a mother of three with an active career, my kids and patients demand the best of me,” she added.



Flushing an old drug down the toilet used to be the recommended option for disposing of old or leftover drugs. No more. Just recently, a well-publicized Associated Press story about drugs in the water supply has raised serious issues about pharmaceuticals in our water.

Here in eastern Iowa, three professionals share public worries about the same issue: the growing number of pharmaceuticals causing a safety threat at home, and the resulting environmental impact these chemicals, hormones, and other compounds could be having in the Mississippi River and our drinking water.

More medications pose greater safety threats

Susan Alden, a certified nurse practitioner with the Mississippi Valley Pain Clinic, can tell you all about the higher numbers of medications in our daily life. “I have seen patients who take as many as 20 different medications a day,” Susan explains. “I counsel my patients (many recovering from surgeries who require pain medications) to be aware of the dangers these drugs cause to unwary children, pets or wildlife if improperly thrown in the garbage or flushed down the toilet.”

Drugs can contaminate the environment

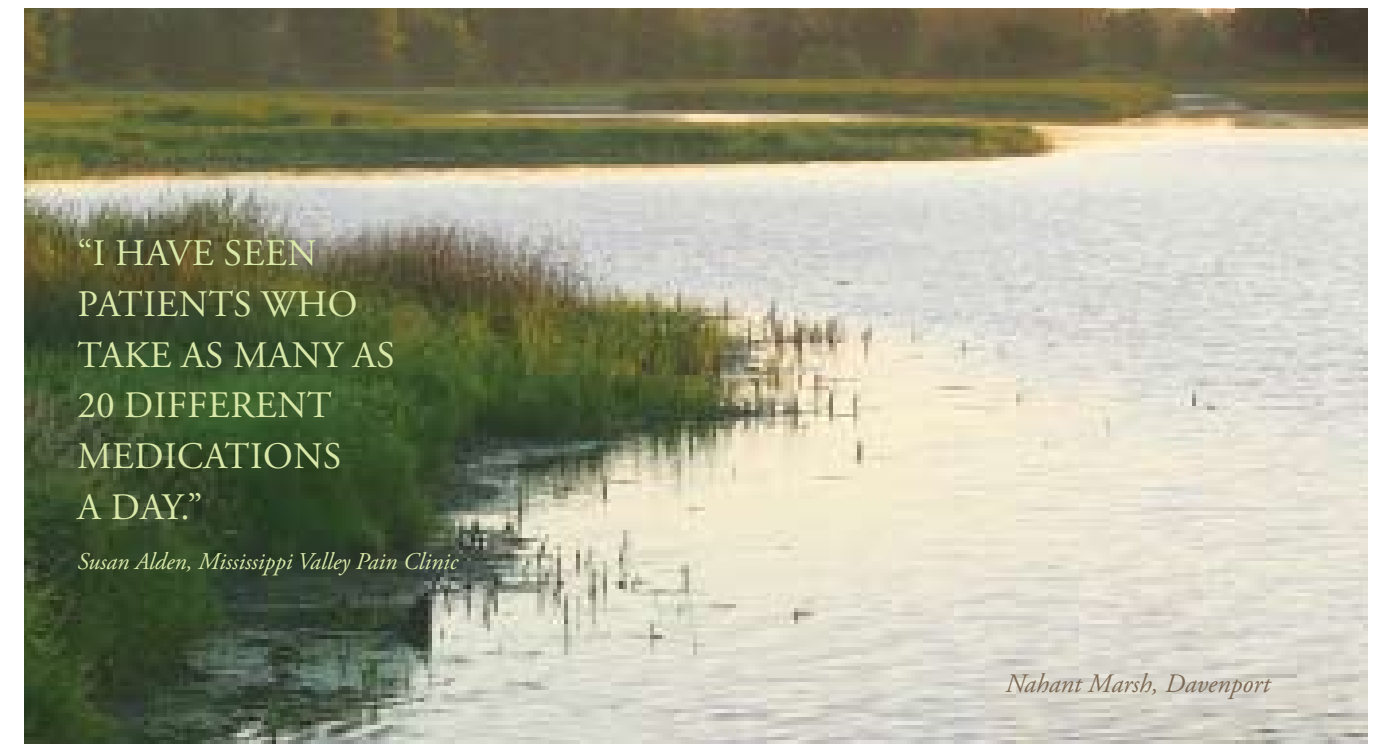
Not only are the drugs posing a threat to people, but also to the environment. For Quad Citians, proud to call the Mississippi River home, there is an increasing urgency to become stewards of protecting our local waterways.

Amy Johannsen, Coordinator of Partners of Scott County Watersheds, says water quality is a significant issue for our community. “Medications and pharmaceuticals are not treated out of the water, and there are studies measuring how drugs like birth control pills and anti-depressants are affecting the reproductive cycles of fish and frogs,” she explains.

Dana W. Kolpin, an Iowa City-based research hydrologist with the United States Geological Survey, conducted the first national study published in 2002 on the effects of pharmaceuticals and water quality. After sampling 139 streams in 30 states including Iowa and Illinois, scientists found steroids, nonprescription drugs and insect repellent to be the most commonly detected chemical groups in susceptible streams. “We are finding these compounds everywhere: our soils, our water, streams and rivers. There is a growing body of evidence that some of these compounds can affect wildlife,” says Dana.

“Although our 2002 study generally found prescription drugs in low levels, we are truly in the first steps of understanding how all of this can affect human health and our drinking water. Our waste treatment plants and drinking water treatment facilities were not designed to remove these contaminants.”

Tips on disposal, page 18



“I HAVE SEEN PATIENTS WHO TAKE AS MANY AS 20 DIFFERENT MEDICATIONS A DAY.”

Susan Alden, Mississippi Valley Pain Clinic

Nabant Marsh, Davenport

Tips for Disposing Leftover Medicines

1. Keep the medication in its original container.

- To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication.)

2. Modify the medications to discourage consumption.

- For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
- For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it.
- For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.

3. Seal and conceal.

- Tape the medication container lid shut with packing or duct tape.
- Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
- Do not conceal medicines in food products because animals could inadvertently consume them.

4. Discard the container in your trash can.

- Do not flush medications down the toilet or put the container in your recycling bin!

Sources: Substance Abuse and Mental Health Services Administration; Waste Commission of Scott County

Quad City Operation Medicine Cabinet

Both Iowa and Illinois Quad City residents are encouraged to dispose of prescription and non-prescription drugs through the Waste Commission of Scott County's Household Hazardous Waste Program. Call (563) 381-1300 to make an appointment and simply bring in any medications, needle sharps, or over-the-counter medications to the Household Hazardous Material Permanent Facility, located at the Scott Area Landfill. In the metro area, make an appointment at the Household Hazardous Satellite Facility, located at 5640 Carey Ave., Davenport.

Each fall the Waste Commission of Scott County also holds its annual Operation Medicine Cabinet event for residents who want to dispose of household hazardous or pharmaceutical waste properly. The event in 2008 will be held September 18-20 in Eldridge, Bettendorf, and Davenport.



Health Bites

Spring Greens

When the tulips and lilacs bloom, Midwesterners begin heading to local farmers' markets to hunt for their favorite fresh produce that signals warmer days ahead.

Below, doctors, patients and families of the Mississippi Valley Health Network share their favorite recipes featuring the common fresh fruits and vegetables you'll find growing on local Quad City area farms every spring...

Recipes

Dr. Lauri Harsh, Gastroenterologist, Eastern Iowa Gastroenterology, is a fan of fiber. Below is a family favorite featuring the spring delicacy asparagus...

Asparagus Salad

- Field greens from the store or a farmer's market
- Fresh mushrooms
- Grape tomatoes
- Fresh asparagus (cut into bite-size pieces)
- Fresh feta or blue cheese

DIRECTIONS:

Put asparagus bits into baggie with a little water and microwave for about one minute. Rinse in cold water to stop the cooking process. Mix the salad with all the vegetables and pour about 1/2 bottle of Italian dressing over it, then toss. Sprinkle your choice of cheese over the top of the salad and serve.

more recipes, see page 21...



Quad City Area Farmers' Markets

Here's a short list of Quad City-area markets. Be sure and check beforehand for official start dates:

East Moline Farmers Market:

Skate City Parking Lot • 1112 42nd Avenue, • East Moline, IL 61244 • Contact: (309) 936-7792 • May-October, Sunday & Wednesday, 8:00 a.m.-12:00 noon.

MVGA Bettendorf Farmers Market:

State Street between 20th and 21st Streets • Bettendorf, IA 52722 • Contact: Jane Weber (563) 332-5529 • May – October, Thursday, 2:00 p.m.-6:00 p.m.

MVGA Davenport Farmers Market:

River Drive & Western Avenue parking lot next to the old Freight House • Davenport, IA 52802 • Contact: Jane Weber (563) 332-5529 • May-October, Wednesday & Saturday, 8:00 a.m.- noon.

River City Market Association at Modern Woodmen Park

(formerly John O'Donnell Stadium) parking lot • Gaines Street & River Drive • Davenport, IA 52802 • Contact: Lou Ann Cedillo (563) 299-3333 • May-October Wednesday & Saturday, 8:00 a.m.- noon.

A Field Guide to Springtime Fruits and Veggies

Quad Citian Sonita Oldfield-Carlson grows an organic subscription garden for families and friends at The Farm of Skeeter Creek, CSA, Orion, IL. “Growing fresh, local food is much better for us and the environment because local food doesn’t travel thousands of miles to reach us,” she says. Below is a list of her springtime fruits and vegetables and ideas for quick preparation...

Asparagus: May/Early June: Key Nutrients: Folicin, Vitamin C. To prepare: Steam or sauté in olive oil and/or butter.

Greens: Spinach: May/June: Key Nutrients: Vitamins A, C, Folicin, Iron, Magnesium. You may also find Chinese Greens like Bok Choy and Chinese cooking greens. To prepare: Sauté greens or enjoy spinach fresh (raw) in salads.

Leaf Lettuce: May/Early June: Key Nutrients vary depending upon the plant variety, but generally are rich in Calcium, Vitamin C, beta-carotene. To prepare: wash and enjoy! Baby lettuces are usually sweeter/milder and more tender than their mature counterparts.

Peas: Snow & Snap: June. Key Nutrients: Folicin, Vitamin C, Iron, Thiamin. Snow Peas have less fiber than snap or green peas because the seeds (peas) are immature. To prepare: Snow Peas are a great raw snack and easy to use in stir-fry; Snap/green peas should be shelled and steamed. Dressed with a little butter, they’re terrific.

Radishes: Early June: Not nutritionally outstanding overall, but have some Vitamin C. To prepare: Enjoy as a snack, shredded, diced, sliced. Many varieties can be steamed like turnips, glazed like carrots.

Scallions or green onions: May/June: Key Nutrients: Vitamin C, Folicin. Green tops have five times as much Vitamin C, ounce for ounce, as full-grown onions. Scallions and green onions are so versatile, you can use them in anything you’d season with onions or chives.

Rhubarb: May/early June to early July: Key Nutrients: some Vitamin C, some Calcium, though absorption of the latter is blocked by the oxalic acid in the plant. In preparation, never use the leaves and don’t cook rhubarb in cast iron or aluminum. Though botanically speaking it’s a vegetable, rhubarb is baked or stewed with sugar to counter its tart flavor.

Strawberries: Look for them at fresh market in June, or plan to visit U-pick growers and stock up. Nutrients: Vitamin C - 60% more by weight than grapefruit; 8% more than oranges, some potassium also. To prepare: rinse with green caps on to prevent water logging; gently pat dry and remove caps. Make any jam right away. Enjoy, because the local fresh-market season is pretty short!



Angie VanUtrecht, Director of Operations, Orthopaedic Specialists, PC, says the tarragon dressing tossed with craisins and almonds is what makes this spring green salad unique...

Mixed greens, almonds, and tarragon

Salad

Combine the following...

Bag mix of spring greens (found in stores or farmers’ markets)
Sliced mushrooms
Craisins
6 oz. fresh feta cheese
Almond accents

Tarragon dressing

3-4 minced cloves of garlic
1 Tbsp Dijon mustard
1 tsp tarragon leaves
1/4 c. tarragon vinegar
1/2 c. oil
salt and pepper

Combine the salad ingredients in a bowl. Put dressing in shaker and mix ingredients well. Toss dressing into salad just prior to serving.



Brian Bourke, manager of the Mississippi Valley Surgery Center Billing Office, submitted this recipe saying the romaine and poppy seed combination makes this recipe “awesome.”

Romaine with Sesame and Sunflower Seeds

Toss in salad bowl:

1 head torn romaine
2 c. shredded cheddar cheese
1 1/2 c. sesame sticks
1/2 c. sunflower seeds
Poppy Seed Dressing

Combine the following ingredients and chill:

1/3 c. honey
2 T. cider vinegar
1 T. yellow mustard
1 t. salt
3/4 c. salad oil
2 t. poppy seeds

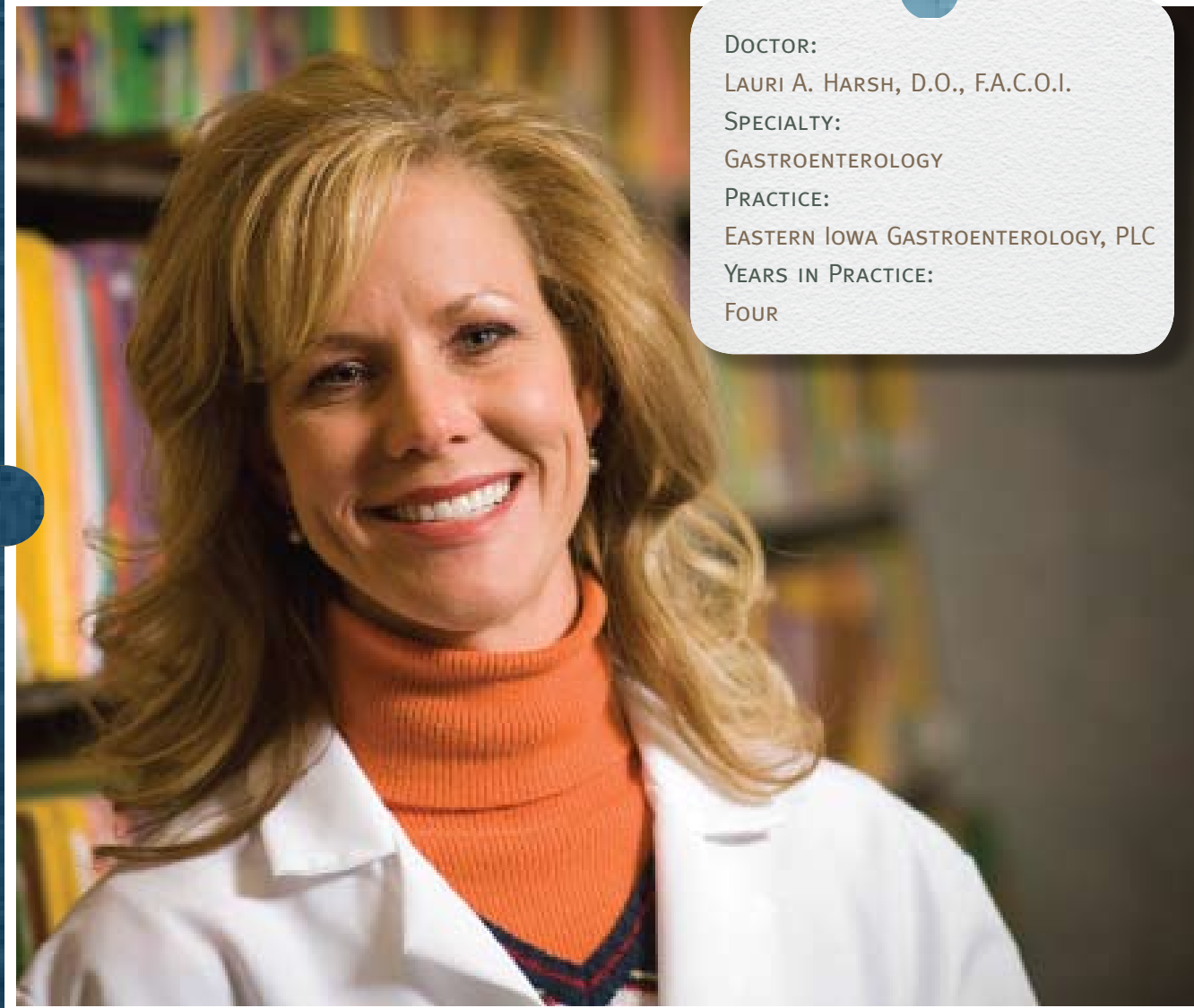
Directions: Chill for 1/2 hour. Pour dressing over salad mix just before serving.



Doctor Profile

Lauri A. Harsh,

D.O., F.A.C.O.I.



DOCTOR:
LAURI A. HARSH, D.O., F.A.C.O.I.
SPECIALTY:
GASTROENTEROLOGY
PRACTICE:
EASTERN IOWA GASTROENTEROLOGY, PLC
YEARS IN PRACTICE:
FOUR

The Mississippi Valley Health Network of practices brings together a comprehensive group of physicians who share common values of patient-focused care in partnership with the Mississippi Valley Surgery Center. In each issue, we'll spotlight one of our network physicians who lives our mission to ensure patients have access to the best, most affordable and technologically advanced care in an outpatient setting – where we treat patients so they can fully recover and get back to their homes, families, and lives.

WHAT INSPIRED YOU TO PRACTICE MEDICINE?

Two very sick grandmothers with cancer when I was in the second and eighth grades.

WHY GASTROENTEROLOGY (GI)?

I chose GI because of the variety. Not only am I in the office, but I'm also treating acutely ill patients in the hospital and performing procedures every day. Early in residency I noticed most GI patients would do what you tell them because they can feel their symptoms and want to get rid of them (bloating, gas, nausea, vomiting, diarrhea, heartburn). It's very different, from say, cardiology because with heart conditions, you often can't feel high cholesterol or high blood pressure, so patients aren't always willing to follow recommendations.

WHAT'S YOUR GREATEST WORRY IN HEALTHCARE?

My greatest concern with healthcare right now is that many people do not seek out care because of the cost. This puts some people in grave danger, especially if they are having symptoms (rectal bleeding, weight loss, vomiting). I am seeing younger and younger patients with colon cancer who are screened too late (Stage IV) because of money issues. It's a shame.

TELL US ABOUT YOUR FAMILY:

Medicine runs in the family. I'm married to another doctor, Tom Ramstack, D.O. (ER), and have two daughters, Rylee, age six, and Tyler, age four.

WHERE DID YOU GROW UP?

I'm a local hometown girl, growing up in Eldridge, IA.

WHAT'S YOUR FAVORITE PLACE ON THE PLANET?

A beach. In the sun. Anywhere!

WHAT WORRIES YOU?

My children's future and their education, job opportunities and how we are affecting the environment.

WHAT ARE YOU READING RIGHT NOW?

I read a lot of biographies on famous people, for example, "The Diana Chronicles" (Princess Diana), "Brothers" (JFK and Bobby Kennedy), and Marilyn Monroe.

WHAT DO YOU DO FOR FUN?

I do crazy marathon runs with friends. We train all year over the Internet since none of us live in the same city to train/run together!!!

WHAT ADVICE DO YOU WISH PATIENTS WOULD TAKE MORE OFTEN AND WHY?

When patients are faced with a medical condition, they often research the Internet to learn as much as they can. But I really counsel my patients to consider how the Internet information is being presented, which is, that the Internet gives you ALL the information about every single disease out there. The information does not pertain to each specific, individual patient and the patient's particular symptoms. Patients shouldn't worry about the "what ifs" but deal with the "what is" instead. We are really trying to do what's best for the patients.



...continued from pg. 7

Golf – Lower back, stomach and shoulders

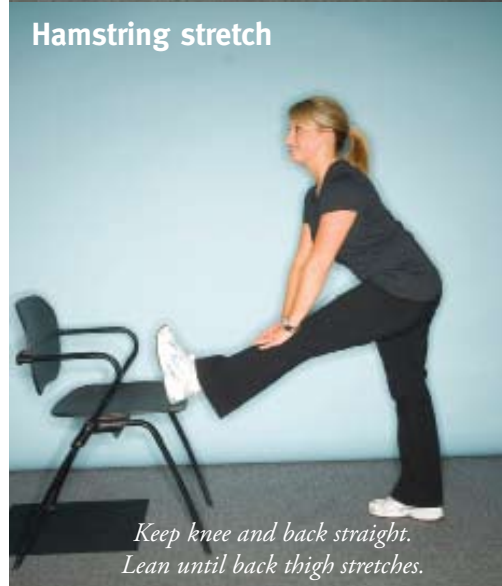
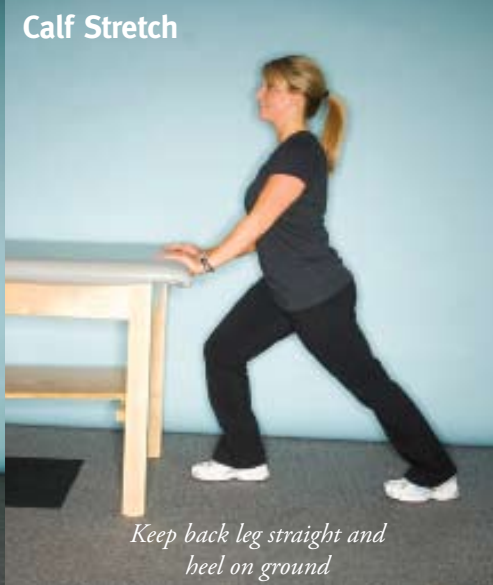
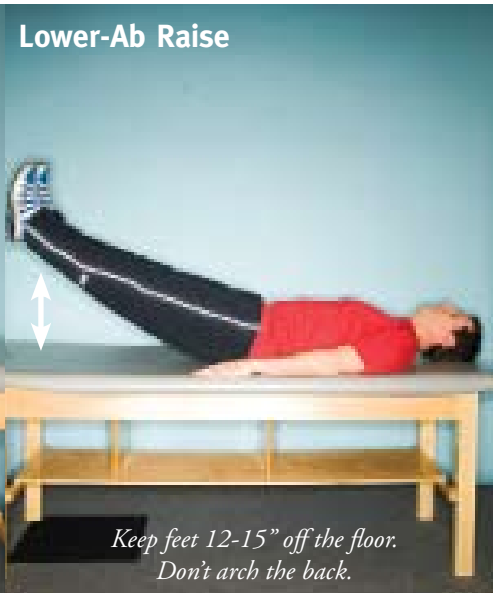
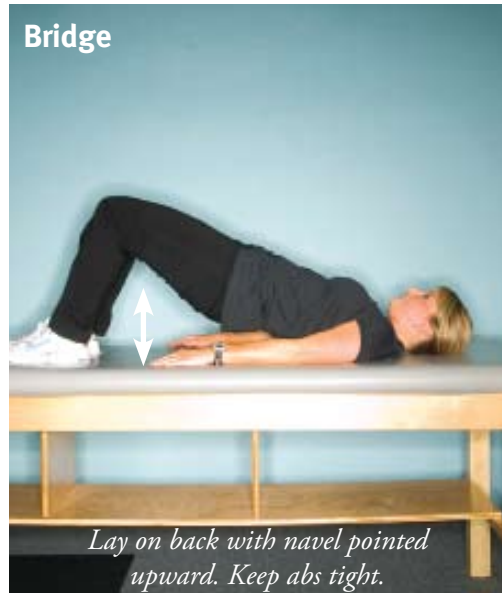
Just watching The Masters usually gets most golfers ready to hit the links as soon as local courses open. Typical injuries include low back pain or shoulder/arm soreness.

Prevention: Golfers need to strengthen the low back, stomach and shoulder areas. A regime of low back extension and lower leg raises along with shoulder strengthening exercises can help minimize injury. Do three sets of 10 of the featured exercises three times a week.

Jogging/Walking – Feet, heels and leg muscle groups

Just a whiff of spring air will motivate most joggers out of the winter gym routine and back onto their favorite Quad City routes. Typical injuries experienced are foot, heel and knee pain – especially when transitioning from indoor treadmills to harder road and sidewalk surfaces outdoors.

Prevention: Joggers and walkers need to stretch the calf/hamstrings and quadriceps muscles. Simple exercises are calf stretching, hamstring stretch, and quad stretch with heel-to-bottom. Don't forget to purchase a new pair of shoes. Do three sets of 10 of the featured exercises three times a week.



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Dr. John Hoffman
Fellowship trained sports medicine surgeon



Dr. Tuvi Mendel
Fellowship trained foot and ankle surgeon



Dr. Tyson Cobb
Fellowship trained hand surgeon



Dr. Michael Dolphin
Fellowship trained spine surgeon