Heart: Patch may be the solution

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normal growth.

Larger holes require surgery. Sometimes they are stitched shut but more often a patch is sewn over the hole.

In a developing, less invasive technique cardiologists insert a pair of umbrella-shaped patches on either side of the hole.

"Imagine two umbrellas point to point," Roth said, describing the procedure. They are pushed into place on either side of the hole by a catheter temporarily inserted into a large vein in the leg. One umbrella is pushed through the hole and opened. Then the second umbrella is opened. Once in place, the back to back umbrellas prevent the flow of blood from one chamber to the other.

Malformed valves impede the flow of blood into or out of the heart forcing it to work harder. They may cause long-term heart damage and limit the growth and activity of the child.

Sometimes the defect can be repaired with a valvuplasty — the insertion of a thin tube called a catheter with a balloon that is inflated to stretch the opening of the valve. A similar procedure is used to open the aortic valve on the left side of the heart when it is defective. The surgeon may try to cut the valve open or replace it.

Babies are sometimes born with major vessels attached in the wrong place. Surgery to repair such problems may be done during the first few days or weeks of birth.

"We don't have enough history to know the long-term prognosis for these babies. We're only 20-30 years into these surgeries. We know many work for that long," Roth said.

Most children with heart defects can be active, Roth said. "I wouldn't recommend competitive athletics," he said, "but can a person live a full, rewarding life without football? I think so."

With some more serious defects, the future is not so bright. Without a heart transplant, babies die if they are born with a major part of the heart missing, "usually boys, usually the left side," Roth said.

Fortunately, it's very rare, Roth said. He added that during his first few months at the Marshfield Clinic in Wisconsin where he worked before coming to Cedar Rapids last year, he saw six such cases. "I quit drinking the water," he joked.

Long study tracks cholesterol problems of young Iowans

By Elizabeth Kutter
Gazette staff writer

Gary McCleary raised his hand when University of Iowa researchers asked members of his Muscatine junior high class to volunteer for a study about cholesterol in children.

Twenty-two years later, Gary, now 36, is still a part of the longitudinal study that has tracked the serum cholesterol levels of Muscatine youngsters into adulthood.

Dr. Ronald Lauer
Directs study

"We're not really interested in cholesterol by itself," said Dr. Ronald Lauer, professor in the department of pediatrics at the University of Iowa Hospitals and Clinics. "We're interested in do high cholesterol levels in children result in heart disease?"

High cholesterol is a known predictor of heart disease in adults, Lauer said, but in 1970 nobody knew whether high levels in youngsters might provide a clue to help predict heart disease.

At five-year intervals, Gary and thousands of other Muscatine students, have lined up to have their cholesterol levels checked. Gary, a chubby child, has seen his level drop with each test. "I'll be back in five years," Gary told doctors after they completed a CT scan, a computerized method of making multiple X-ray images of a cross-section of his heart.

Researchers have found that many children with high cholesterol may eventually have desirable levels of cholesterol as adults. However, children with high cholesterol levels and a second risk factor — a family history of heart disease — appear to be at high risk, Lauer said.

New studies of C.R. youngsters

Spin off studies have resulted from the initial Muscatine study. One involves two groups each of 50 Cedar Rapids youngsters. They are participating in the Dietary Intervention Study in Children (DISC) to determine the value of childhood intervention in preventing heart disease.

The services of a dietitian, a psychologist and a pediatrician are used to change the lifestyle of youngsters with high cholesterol levels. The second group, a control group, receives no intervention.

Cholesterol levels in children and adults in the United States are higher than their age groups in other parts of the world, Lauer said. The countries with lower cholesterol levels have consistently lower incidence of coronary heart disease. "Therefore concern remains for cholesterol levels in U.S. children," Lauer said.

All 4 C.R. mammography facilities are accredited

CANCER UPDATE

Shirley Ruedy
Gazette columnist

When is the best time to have a mammogram? Are all the mammography sites in Cedar Rapids accredited?

These are two of the concerns of Cancer Update readers. They're good questions, too, with a broad base of interest, so here goes:

Q. I have read that during a woman's monthly cycle there are some days better than others for getting a mammogram. . . I can't remember which days the report said were best. . . What do you know about this? — L.B., Cedar Rapids.

A. I passed the question on to Kay Jackson, director of women's and children's services at Mercy Medical Center, which incorporates the Women's Center. Says Jackson: "The best time is a week to 10 days after the first day of flow. This is to avoid premenstrual edema (swelling) and tenderness. This should minimize personal discomfort during the mammogram."

While we're on the subject, Pat Ouverson reminds us that there are still funds to assist women who need financial help with either screening or diagnostic mammograms. Ouverson (cancer education coordinator for the Eastern Iowa Center for Cancer Detection, Treatment and Research) explains that the funds come from the annual Women's Race Against Breast Cancer.

The person to contact is Karen Higgins, Mercy Women's Center, 398-6821, Mondays through Fridays, 8 a.m. to 4:30 p.m.

Q. A while back you did an article which listed five questions by (Dr.) Sondik (that) a woman should ask about mammography. What about a follow-up article concerning whether our local facilities — St. Luke's (Hospital), Mercy (Medical Center), Erskine (Diagnostic Center), OB-GYN (Associates) meet Sondik's criteria . . . — Suzanne Smith, Cedar Rapids.

A. All four of the major sites mentioned in your letter are now accredited by the American College of Radiology. Cancer Update had a call a few weeks ago from OB-GYN, informing us that it had just received ACR accreditation. This is the official certification that women should be concerned about. I have mentioned before the three locales that were accredited, and am happy to say that now all four are.

A special note: Women who have had implants require additional breast views, accomplished in *implant specific mammography*, and professionals performing and reading mammograms should have special training in this. All four local sites are also qualified to do this.

A future guest column will be devoted just to mammography.

It's hard to believe in this day and age, but currently there are no federal regulations for mammography centers, or their equipment, or the people who take the x-rays (technologists) — or who read them (radiologists). The new Mammography Standards Act of 1992 won't become law until Oct. 1 of 1994. Until then participation is voluntary.

We are blessed in this area with high quality health care. The five questions listed by Dr. Edward Sondik (of the National Cancer Institute) actually fall under one umbrella: Are you ACR accredited? This one answer really answers the other five questions. I think where one has to assume a wary stance and go question by question is in geographical areas where the quality of the health provider must be ascertained — where one glib and fast "yes" might be too easy.

Although there can be additional questions beyond that of ACR accreditation, the vast majority of women will be safely served by that one question.

If you're ever in doubt of any facility, simply ask to see the American College of Radiology certificate. It is usually displayed near the equipment or in the lobby. All staff should know where it is and be proud to show it.

Send your questions on any aspect of cancer to Shirley Ruedy, Cancer Update, The Gazette, Cedar Rapids, Ia., 52406.

Prescription information available for older Iowans from Grassley office

An information paper titled "Prescription Drug Programs for Older Americans," can help many older Iowans who cannot afford prescription drugs.

Prepared by the Senate Special Committee on Aging, this paper lists 40 programs sponsored by prescription drug manufacturers. These programs make medications available free to individuals who can meet certain criteria.

For copies, call one of the following offices of Sen. Charles Grassley: Washington, D.C. - 202/224-3744, Des Moines - 515/284-4890, Cedar Rapids - 319/363-6832, Sioux City - 712/233-1860, Davenport - 319/322-4331, Waterloo - 319/232-6657.

Aaron

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anything we wanted. It was pretty good. I didn't want to leave, actually." After a week, they sent him home anyway.

Aaron insists he's had no special treatment from his family or his friends because of his heart surgery. He can't play contact sports like football, but he doesn't care. "I wouldn't have done that anyway," he said.

"We treated him special," his mother said, "in that when it seemed like he was getting sick we took him to the doctor sooner." What might be a common cold in his sister, Kristin, 12, would develop into pneumonia in Aaron. "But that's all," she said.

Right after his most recent surgery Aaron admitted that kids at school asked him a lot of questions. "I was kind of a fad for awhile," he said. But "it didn't last."

"Mostly they wanted to know how I got out of gym for six weeks."

For awhile after his surgery Aaron attended Mended Hearts, a support group he helped establish in Cedar Rapids.

Mended Hearts support group

Members of Mended Hearts visit pre-operative heart patients and their families and tell them what to expect. "It's a great idea," Aaron said. "If I was a kid (facing surgery), I know I would have liked another kid 13 to say, 'Hey I'm doing fine. I do things. I walk. I eat. I'm a person.' "

Aaron still hopes to participate in Mended Hearts, but that will have to wait. In January, the Marrs — Margie and Robert, who are professors at Coe College, and Aaron and Kristin will move to London where the elder Marrs will teach for a term.

Aaron said his most recent heart surgery will be his last. "I'm fixed. I think they gave me a full-size tube. And if they didn't, I think I'll say, 'This is enough.' "

Want to improve yourself? Check the seminar list in each Sunday's Money pages.

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Incontinence after surgery is condition that can be cured

DEAR ABBY

Abigail Van Buren
Universal Press Syndicate

Dear Abby: A year ago, I was diagnosed with prostate cancer and successfully underwent surgery to remove my prostate. Like most men, I was barely aware that I even had a prostate gland, let alone that it could cause a serious problem, until faced with my own diagnosis. As the beneficiary of early detection, I know it is extremely important for men to consult their physicians and receive regular prostate screenings.

Since I began speaking about this, I have received hundreds of letters from all across the country. Many who write me have experienced incontinence after prostate surgery. Often it is temporary, but sometimes it is a prolonged condition that causes anxiety and disruption in people's lives. I was spared incontinence, but I'm writing in hopes of letting your readers know there is help for those suffering from incontinence.

An organization in South Carolina called "HIP" (Help for Incontinent People) has been very effective in helping people cope with, and overcome, this problem. To receive its information, send a long, stamped, self-addressed envelope with $1 to: HIP, P.O. Box 544, Union, S.C. 29379.

Thank you, Abby, for passing the word along. — SEN. BOB DOLE, WASHINGTON, D.C.

Dear Sen. Dole: I am familiar with HIP and have recommended it in the past. Since urinary incontinence is a problem for both men and women, the information will benefit many.

In a HIP brochure titled "Incontinence After Prostate Surgery," a support group called "US TOO" was mentioned. This support group for men and their families offers counseling, fellowship and discussion of the latest medical choices following prostate surgery. US TOO provides a forum where participants compare experiences and discuss matters of mutual interest. There are 120 chapters in Canada and the United States. For information about US TOO, call (800) 242-2383.

For additional information about incontinence, write: The American Foundation for Urologic Disease, 300 W. Pratt St., Suite 401, Baltimore, Md. 21201. Urinary incontinence is a far-reaching problem that many people are unwilling or unable to discuss publicly because of embarrassment. It won't be resolved until the afflicted realize there is strength in numbers and start talking candidly and openly to one another.

★ ★ ★

Confidential to "Lexie" in New York City: "To keep all your old friends is like keeping all your old clothes — pretty soon your closet is so jammed and everything is so crushed, you can't find anything to wear.

"Help these friends when they need you; bless the years and the happy times when you meant a lot to each other, but try not to have the guilts if some of your new friends mean more to you now." — HELEN GURLEY BROWN

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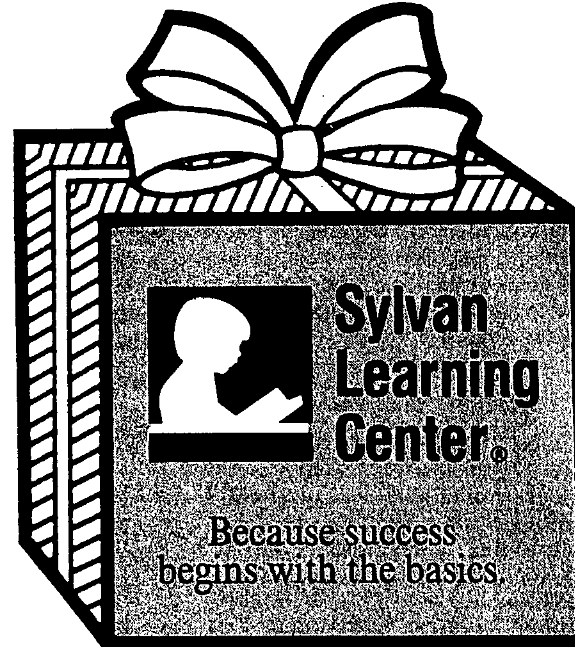

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Beauty and the Beast

A special holiday tale brought to you by The Gazette.

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