

University of Arkansas for Medical Sciences

CONSULT

A Newsletter for Medical Professionals

News to **Know:** Updates from UAMS

Primary Care CME in April

The Spring Review, a four-day virtual conference hosted by the UAMS Department of Family and Preventive Medicine's Community Health and Education Division, will be held from 8 a.m. to 10 a.m. and noon to 2 p.m. on April 26, April 27, April 28 and April 29. The 16 hours of virtual continuing medical education, broken into two blocks per day, will provide information that primary care physicians can use in their practices. For more information and an up-to-date lineup of speakers, email Andrea Hooten at ahooten@uams.edu

Help Spread the Word about ARresearch.org

The UAMS Translational Research Institute offers a simple way for Arkansans to participate in health-related studies through ARresearch.org. This online registry, available in English and Spanish, includes more than 8,000 Arkansans from all 75 counties. UAMS researchers invite registrants to participate only if the study aligns with their selected health interest areas. Please let your patients know about this unique opportunity. For more information, visit **ARresearch.org**.

Omar Atiq, M.D., Named President-Elect of ACA

Omar Atiq., M.D. a medical



oncologist
specializing in head
and neck cancers
and cutaneous
malignancies at
the Winthrop
P. Rockefeller

Cancer Institute at UAMS, is now president-elect of the American College of Physicians, the largest medical specialty organization in the United States.

Atiq, a professor in the College of Medicine's Department of Internal Medicine, Division of Hematology and Oncology, is the first Arkansan elected to the position. The title will take effect on April 30, and in 2023, he will assume leadership of the organization of internists, which has 161,000 members worldwide.

Veteran Podiatrist Joins Foot & Ankle Team



Barbara Porchia, DPM, of Camden joined UAMS' orthopaedic team of foot and ankle providers in January. She treats a wide

range of podiatric conditions, from ingrown toenails to heel pain to wound care, and has a special interest in diabetic foot care.

She was in private practice for more than 20 years after earning a Doctor of Podiatric Medicine from Kent State University College of Podiatric Medicine (formerly the Ohio College of Podiatric Medicine) in Cleveland.

To make a referral, call 501-526-1046.

Prostate artery embolization, expert kidney cancer treatment at UAMS



Robert G. Dixon, M.D., has joined UAMS as a professor in the Division of Interventional Radiology in the College of Medicine's

Department of Radiology. He is an expert in the treatment of renal cell carcinoma and brings to UAMS prostate artery embolization, a minimally invasive treatment for symptoms caused by benign prostatic hyperplasia (BPH). He was an emergency room physician for a decade and then was fellowshiptrained in interventional radiology, which he has practiced for about 18 years.

Dixon came to UAMS from the School of Medicine at the University of North Carolina at Chapel Hill, where he had clinical academic appointments in radiology and urology since 2004. He earned his doctor of medicine in 1984 at the State University of New York in Syracuse.

To make a referral, call 501-686-6918 or 501-686-6124.

Physician Relations

Physician Relations & Strategic Development

Chief Clinical Officer Rawle A. Seupaul, M.D. RASeupaul@uams.edu

Director

Melanie Meyer, M.Ed. melanie@uams.edu

Manager

Carla Alexander, M.Ed. carla@uams.edu

Byron Jarrett physicianrelations@uams.edu

Wendy Sheridan wendy@uams.edu

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Editor

Linda Satter

Designer

Kayleigh Myers

Vice Chancellor for Communications & Marketing

Leslie Taylor



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Quiz of the Month

QUESTION

Which one of the following management approaches is most appropriate for a skin abscess caused by community-acquired methicillinresistant Staphylococcus aureus without associated systemic symptoms or cellulitis?

- a) Incision and drainage of the abscess
- b) Dicloxacillin
- c) Cephalexin
- d) Trimethoprim-sulfamethoxazole
- e) Cephalexin plus incision and drainage of the abscess

News to Know: Updates from UAMS

(Continued from page 3)

Fellowship-trained **Endocrinologist Directs UAMS Weight Loss Program**



Dinesh Edem. M.D. a fellowship-trained endocrinologist, has joined UAMS as an assistant professor in the Division of Endocrinology and

Metabolism in the Internal Medicine Department and as director of the Medical Weight Management Clinic, which is aimed at diabetic or pre-diabetes patients who are obese. He is also seeing general endocrinology patients and has a special interest in type 1 and type 2 diabetes, thyroid disorders and male hypogonadism.

Edem was previously a clinical assistant professor of medicine and endocrinology at Indiana University School of Medicine in Lafayette, Indiana.

He obtained his doctor of medicine from Topiwala National Medical College in Mumbai, Maharashtra, India in 2009;

completed a residency in internal medicine at Johns Hopkins University/Sinai Hospital of Baltimore in Baltimore, Maryland; and completed his endocrinology fellowship in 2017 at the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

To make a referral, call 501-296-1220.

UAMS Researchers Making Big Strides in Detecting Cancer Through Blood Tests



Donald L. Johann Jr., M.D., an associate professor in the **UAMS** departments of Biomedical Informatics and

Internal Medicine, and principal investigator of an FDA clinical trial to develop an advanced method for diagnosing and monitoring lung cancer with a simple blood test, reported Nov. 30 in Oncology Live that investigators at the Winthrop P. Rockefeller Cancer

Institute have made big strides in so-called liquid biopsies over the last five years.

Johann and other researchers around the world earlier reported their validation of the processes for using the technique to detect cancer. They noted that the less invasive approach, compared to tissue biopsies, can detect large tumors and metastatic cancers with about 100 % accuracy.

"We can find circulating DNA (ctDNA), which are nucleic acid biomolecules shed by a tumor into the blood and detected by next-generation sequencing," he said in the November article. "Investigators at UAMS are now working to translate foundational work into cutting-edge care for patients with cancer at all stages of disease and across tumor types and eventually for screening assays."



UAMS PHYSICIAN RECRUITMENT & PROVIDER PLACEMENT PROGRAM

The UAMS Physician **Recruitment & Provider Placement Program** has a team of placement specialists dedicated to serving the recruitment needs of our partner communities, UAMS Regional Campuses and UAMS faculty. Physician/provider opportunities are available in all specialties throughout Arkansas.

FEATURED JOBS

UAMS/WRMC Emergency Medicine Residency Program Director: The UAMS

Department of Emergency Medicine, in conjunction with community partner Washington Regional Medical Center (WRMC), is seeking a Residency Program Director to develop and lead a new 3-year EM training program in Northwest Arkansas.

Primary Care Physician: Central Arkansas location seeking FP, IM or IM/PEDS physician to provide quality primary care to patients in the clinic setting, including inpatient. Also assists with administrative and organizational initiatives.

Specialty Opportunities: New opportunities available in rheumatology, radiation oncology, orthopaedic surgery, neurology and allergy/immunology.

Recruitment services contact: Carla Alexander: 501-686-7934 or carla@uams.edu

For a complete listing of job descriptions and opportunities, visit: MedJobsArkansas.com

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PHYSICIAN PROFILE

UAMS Forms Advanced Heart Failure Program; Begins LVAD Implantation



Arkansas has the third-highest death rate from heart disease in the nation. That fact, combined with UAMS' mission of improving the health of all Arkansans, led to the establishment of the UAMS Health Heart Center by **Paul Mounsey, M.D., Ph.D.,** director of the Internal Medicine Department's Division of Cardiovascular Medicine.

The center provides a broad spectrum of health care services for people with all types of heart disease, integrating multiple services that include general cardiology, electrophysiology, interventional cardiology, structural heart disease and advanced cardiac imaging.

Most recently, the center added an **Advanced Heart Failure Program** that caters to all heart failure patients, from those at the very early stages to those at the end stages of life. It is especially beneficial for patients who have already undergone medical therapy, who have experienced frequent hospitalizations and who have an impaired quality of life. The program also serves patients with end-stage organ involvement, such as kidney failure or liver congestion; those with end-stage coronary disease who aren't eligible for revascularization or ventricular tachycardia; and those who have implanted defibrillators that are unresponsive to therapy.

In March, the center began implanting **left ventricular assist device (LVADs)**, also known as artificial hearts. The center plans to eventually offer heart transplants, followed by lung transplants and, at a later date, combined heart and lung transplants. Dual-organ transplants have never been done in Arkansas.

The program also provides devices that monitor heart function, enabling physicians to adjust medications without patients having to make frequent hospital visits, and offers home inotropes to help the heart pump and improve blood pressure for end-stage heart failure patients and those who aren't candidates for advanced therapies.

Kalaivani Sivakumar, M.D., who is fellowship-trained in advanced heart failure and cardiac transplantation, is the medical director of the advanced heart failure program.

Jay K. Bhama, M.D., who is fellowship-trained in advanced cardiac surgery, cardiothoracic transplantation and mechanical circulatory support, is the overall director of the advanced heart failure program. Bhama is also chief of the Division of Cardiovascular Surgery and surgical director of the Heart Center.

To make a referral, fax 501-686-1538.

RONALD D. ROBERTSON, M.D.

Professor and Chair, Department of Surgery UAMS College of Medicine

What inspired you to become a doctor?



I went to the University of Arkansas to become a veterinarian. I grew up on a farm and had plans to return to my roots. Then my father developed significant coronary artery disease that ultimately took his life.

His physician took me under his wing and allowed me inside the career of medicine. He made me believe in myself and that I could make a difference. I developed a passion for patient care and interaction, changed my major to pre-med and never looked back.

What do you like most about your specialty?

In surgery, you have the opportunity to make a tangible and even significant difference in a single patient interaction. The bond that is created between the surgeon and the patient is so special. The trust that is placed in my hands every time I interact with a patient or perform an operation is an amazing feeling.

What makes you unique among your peers?

I have always had an amazing work ethic. I also have 27 years of experience in surgical care. There is no replacement for experience. Experience coupled with great empathy and compassion make me unique.

Why did you come to UAMS?

Since I began medical school at UAMS 34 years ago, I have been so proud to be a physician here. My specialty is trauma and acute care surgery, and UAMS is THE PLACE for the best trauma care in Arkansas. I have seen this program grow from 800 to over 3,500 trauma activations per year. The impact we have on the care of injured Arkansans is unrivaled. We are the state's only Adult Level 1 Trauma Center.

What are your clinical specialties?

I have a very broad practice in general surgery with an emphasis on abdominal wall reconstruction. I am also fellowship-trained in trauma, critical care and emergency general surgery.

What is the phone number doctors can use to make a referral to you?

They can schedule a patient visit through 501-526-1033 or call my office directly at 501-686-6502 to discuss a patient.

MEDICAL CASE STUDY: RE-DO MITRAL VALVE REPLACEMENT

Initial Contact

A 47-year-old Cabot woman was admitted to a local hospital in May 2021 after arriving at the emergency room complaining of severe shortness of breath. She had undergone a mitral-valve replacement surgery five years earlier at another hospital to treat mitral stenosis — a narrowing of the heart valve that blocks blood flow to the left ventricle and can make a person tired or short of breath.

Since that surgery, however, she continued to experience shortness of breath, sometimes to the point of being barely able to walk, and despite several visits to emergency rooms, was unable to find lasting relief. The hospital started the patient on medication but in early June, after failing to see significant improvement, contacted the **UAMS Health Heart Center.**

She was evaluated by J. Paul Mounsey, M.D., Ph.D., an electrophysiologist who is the director of the Division of Cardiovascular Medicine at UAMS, and Srikanth Vallurupalli, M.D., an associate professor of cardiology at UAMS who is director of the Non-Invasive Cardiovascular Laboratory. After Vallurupalli performed an echo cardiogram that pinpointed the problem, Mounsey called in Jay K. Bhama, M.D., a nationally recognized heart surgeon who is chief of the UAMS College of Medicine's Division of Cardiovascular Surgery and surgical director of the UAMS Heart Center.

Assessment

Bhama said it was immediately clear from the echo cardiogram results that the patient wasn't experiencing a problem with the valve itself, but with the way the prosthetic valve had been sewn in originally. Because the stitches hadn't been lined up correctly, the 2016 surgery had actually created a new problem for the woman.

It was "a very unusual" situation, he said, "because typically, valves don't cause these problems if they're put in correctly."

In this case, Bhama said, "She's a smaller woman, with a smaller heart, which can be problematic. It's important how the stitches are put in, because if they happen to be misaligned, a small heart is much more susceptible to misalignments making a huge difference. In a bigger heart, we almost never see this, but in small patients, we do occasionally see where the strut of the valve is interfering with the blood exiting the heart."

Bhama noted that while human hearts vary in size, the prosthetic valves are a standard size. In this case, one of the three posts that the valve tissue is suspended from was obstructing the outflow valve to the patient's heart, "so every time the heart would squeeze, the blood would hit up against the outpost, preventing the blood from coming out of the heart."

This had created the opposite problem that the patient had before her first surgery, when the blood had trouble getting into the heart

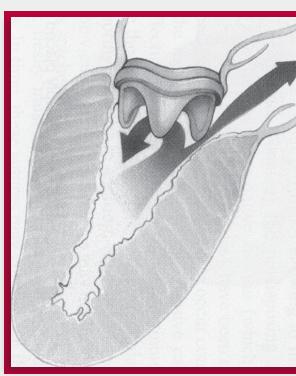
"Medications can be used to improve symptoms very slightly, but this woman would never be able to exercise without an operation," Bhama said. "There was absolutely nothing that could be done except a reoperation to remove and replace the valve."

"He noted, "It is always a highrisk endeavor to do complex reoperative valve surgery, but it's also a very exciting opportunity."

He explained that "at UAMS, you have a unique opportunity to help somebody that no one else can. Especially in Arkansas, it's hard to find an academic heart surgeon who is going to do a complicated operation that is very risky. But that's where we, as a university, come in. We have a lot of technology that allows us to do this type of stuff very safely. We're willing to take on the tough cases. We want to be the folks that are innovating care for the community."

He said that without surgery, the woman faced "a sentence to a miserable life" that couldn't be resolved with medication or other non-invasive measures.

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Procedures

After an initial appointment in the Heart Center clinic, the patient was scheduled for elective surgery on July 14. On that date, Bhama performed a redo mitral valve replacement, tricuspid valve repair through a second sternotomy, after determining the surgery couldn't be performed through the side, in a minimally invasive manner. The procedure, in which he replaced the valve in such a way that it wouldn't block the outflow tract, went smoothly

and lasted about two hours.

Follow Up

"She did very well after her operation," Bhama said several months later. "She experienced immediate relief and has continued to do well."

The patient, a captain in the U.S. Air Force, returned to UAMS for a follow-up visit three months after the surgery, and is scheduled to return every year thereafter to ensure everything is working properly.

Her experience, Bhama said, is a

good example of why, for patients who have had prior surgery and still have symptoms, "it's always valuable to seek input from a heart surgeon, to make sure that there is not something else that can be done surgically.

"Often times, there's an assumption made that once a patient has had surgery, that those options have been exhausted, but often times we find that even in patients who have had prior heart surgery, we can still offer them something."

Jay K. Bhama, M.D.



Professor and Chief of Division of Cardiovascular Surgery, Department of Surgery, UAMS College of Medicine Surgical Director, UAMS Heart Center

Education

Doctor of Medicine, Baylor College of Medicine, Houston, Texas

Residency

General surgery, Michael E. DeBakey Department of Surgery, Baylor College of Medicine

Fellowship

Advanced cardiac surgery, Mayo Clinic in Rochester, Minnesota

Cardiothoracic transplant and mechanical circulatory support, University of Pittsburgh Medical Center, Pittsburgh, PA.

J. Paul Mounsey, M.D., Ph.D.



Professor and Director of the Division of Cardiovascular Medicine, Department of Internal Medicine, UAMS College of Medicine

Education

Doctor of Physiology, St. Thomas Hospital Medical School, London, U.K.

Doctor of Medicine, University of Oxford Medical School, U.K.

Residency

Internship and Residency,
University of Oxford Medical School

Fellowship

Cardiology, University of Newcastle upon Tyne, U.K.

Cardiac electrophysiology, University of Virginia

Srikanth Vallurupalli, M.D.



Associate Professor

Division of Cardiology

Department of Internal

Medicine, UAMS College
of Medicine

Education

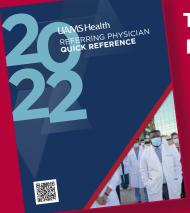
Doctor of Medicine, Jawaharlal Institute of Post Graduate Medical Education and Research in Pondicherry, India

Residency

Internal medicine, University of Illinois at Urbana-Champaign

Fellowship

Cardiovascular diseases, UAMS Health



The 2022 UAMS Referring Physician Quick Reference is now available online at <u>UAMS.Health/MD</u>.

New in this year's reference
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To request speakers or topics or to learn more about how the UAMS Physician Relations & Strategic Development team can help you, visit UAMShealth.com/MD

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Nasal Ketamine TreatmentJeffrey Clothier, M.D.
Psychiatric Research Institute

APRIL 12

Management of Liver Metastasis

Adam Wolfe, M.D.

Department of Radiation

Oncology

APRIL 26

Health Equity and Value-based Care

Miranda Morris Aledade, Inc.

MAY 3

Basics of Kidney Transplant

Aparna Sharma, M.D. Department of Internal Medicine-Nephrology

MAY 10

Immunotherapy: Dawn of a New Age in Myeloma

Fritz van Rhee, M.D. Clinical Director of UAMS Myeloma Center

MAY 17

Adverse Childhood Experience and Complex PTSD: My Personal Story of Facing and Overcoming the Stigma of Mental Illness

Masil George, M.D.

Department of Geriatrics

MAY 24

Contracting

Charlene Kim Associate General Counsel

JUNE 7

Women's Heart Health Susan Smyth, M.D.

Susan Smyth, M.D.

Department of Cardiology

JUNE 14

Hepatisis C Update

Jinendra Satiya, M.D. Department of Internal Medicine-Gastroenterology

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Incorporating Podiatry into Primary Care Clinics

Barbara Porchia, M.D.

Department of Orthopaedics

JUNE 28

What Constructive Health Policy Looks Like

Joe Thompson, M.D. Arkansas Center for Health Improvement

JULY 20

Surgical Overview of Vascular Access,Peritoneal Catheter and Kidney Transplantation Raj Patel, M.D. Department of Surgery