



Got a Medical Mystery? Call the UAMS Health Interventional Radiologists!



Mollie Meek, center, then clockwise from upper right: Li, Dixon, Priddy and James Meek.

When faced with diagnosing a challenging set of symptoms, do you ever wish you could look inside the patient's veins, arteries and organs to observe the moving parts in real time?

Perhaps a referral to a specialist is in order, but how do you choose the right one when the symptoms could fall under more than one category?

If only there were a group of medical detectives of sorts whose tools include high-tech imaging equipment that allows them to peer deep into those intricate passageways to find everything from blocked arteries to punctured organs to vascular malformations!

Fortunately, the five interventional radiologists at the University of Arkansas for Medical Sciences (UAMS) are both diagnosticians and physicians who routinely work alongside other specialists and see patients in their own clinics to unearth and treat many such problems. They provide consultations and perform a broad spectrum of minimally invasive

procedures to fix the problems they find.

"We touch virtually every specialty in the hospital," said **Robert G. Dixon, M.D.**, an interventional radiologist whose expertise includes treating renal cell carcinoma, a form of kidney cancer, and kyphoplasty, a procedure in which a cement mixture is injected into the vertebra to treat spine fractures and osteoporosis.

Because UAMS is the only adult Level 1 trauma center in Arkansas, the interventional radiologists at UAMS Health often find themselves summoned - even in the middle of the night - by the Emergency Department to see a hemorrhaging trauma patient in need of embolization.

They also perform minimally invasive procedures for chronic or ongoing conditions, in addition to assisting surgeons

with complications. They might work with gynecologists and orthopedists one day, and transplant surgeons and cancer specialists the next.

Their imaging techniques include fluoroscopy (X-rays that produce live action images), Magnetic Resonance Imaging (MRI) scans, Computed Topography (CT) scans and ultrasounds, and their tools include needles, wires, catheters, stents, coils and embolization beads.

Mary E. "Mollie" Meek, M.D., director of the Division of Interventional Radiology in the UAMS College of Medicine Department of Radiology, said her group is the biggest provider in the South of Y-90 (yttrium radiation) treatments for liver-cancer patients. In the procedure, a small catheter is placed into the arteries leading to the liver and then microscopic beads filled with the radioactive isotope yttrium-90 are injected, so "instead of getting radiation treatment from the outside, you're getting radiation



New Treatment for Painful Diabetic Neuropathy Now Available at UAMS

Implantation of a 10 kHz spinal cord stimulator, the first spinal cord stimulation system specifically approved by the FDA to treat pain in the legs and feet caused by painful diabetic neuropathy (PDN), is now available at UAMS.

The benefits of the breakthrough treatment provided by the high-frequency 10 kHz system were first reported in Apr. 2021, then by Diabetes Care in late November, citing six- and 12-month findings, respectively, of a research study involving 216 adults at 18 centers nationwide. Erika Petersen, M.D., a UAMS neurosurgeon, was the primary investigator, while Johnathan Goree, M.D., director of the UAMS Chronic Pain Division of the UAMS Department of Anesthesiology, was a co-investigator.

They are continuing to follow patients but are no longer enrolling participants.

“Patients with painful diabetic neuropathy have no way to cure their condition, and many have trouble achieving lasting relief from their pain,” Petersen said. “However, with high-frequency 10 kHz SCS, I’m seeing durable pain relief and potentially disease-modifying neurological improvements, which could be a game-changer when it comes to how we treat patients with impaired sensory function related to diabetic neuropathy.”

Additional results of the study pertaining to quality of life were published in July in Mayo Clinic Proceedings: Innovations, Quality & Outcomes.

“The study results show that 10 kHz spinal cord stimulation provides large, clinically meaningful reductions in pain as well as large improvements in sleep and quality of life,” Petersen said. “Clinically, the implications are substantial as doctors now have a new treatment option to offer their patients, and one that can provide real benefits to patients’ lives.”

This summer, Petersen presented 24-month results from the two-year study at meetings of the American Diabetes Association and the American Society of Pain and Neuroscience.

“No other medication or treatment option has been as effective and durable to treat PDN-related foot pain,” she said.

The Senza Spinal Cord Stimulation system was developed by Nevro and works by sending electrical pulses to interrupt pain signals and provide pain relief. The system’s implantable pulse generator is placed under the skin of the abdomen or buttocks along with the leads – thin wires that deliver the electrical pulses from the pulse generator to the spinal cord.

To make a referral, call 501-686-5270.



The Nevro HFX spine model with the implantable pulse generator (IPG) and percutaneous leads. Photo courtesy of Nevro



As influenza season approaches, it’s time to think about which flu vaccine is right for ourselves and our patients. While everyone

is at risk, some people have an increased risk of complications from the virus, including those younger than 2 and older than 65; those with diabetes, heart or kidney disease; and pregnant women. The best protection is vaccination, which also reduces the risk for severe disease, hospitalization and flu-related complications. The Centers for Disease Control and Prevention recommends it for everyone 6 months and older, with exceptions for people with severe allergies to the vaccine’s components.

The different types of vaccines available can be confusing. Quadrivalent vaccines, which include two types of Influenza A and two types of Influenza B viruses, are recommended for people 6 months through 64 years old without underlying health conditions.

For those allergic to eggs, in which quadrivalent vaccines are grown, options include Flucelvax for people 6 months and older, and Flublok for those 18 and older. FluMist is the only approved live attenuated vaccine that is intranasal for people ages 2 to 49, but is contraindicated in young children with underlying respiratory conditions, those with immunocompromised conditions and pregnant women.

A high-dose quadrivalent vaccine is recommended for anyone 65 and older.

For more information and flu activity forecasts, visit [cdc.gov/flu](https://www.cdc.gov/flu)

Sincerely,

Michelle Krause

Michelle Krause, M.D.
Chief Clinical Officer
UAMS Medical Center
Professor of Nephrology
Department of Internal Medicine

UAMS Stroke Program Continues to Rack Up Awards

UAMS recently received the American Heart Association's GoldPlus Get With The Guidelines-Stroke Quality Achievement Award, for the eighth consecutive year, for its commitment to ensuring stroke patients receive the most appropriate treatment.

The AHA also awarded UAMS Honor Roll Elite recognition in the Target: Stroke category for the second consecutive year, for administering crucial medication to stroke patients within an hour of their arrival at least 85% of the time.

Earlier in the year, Healthgrades honored UAMS as a Five-Star Recipient for Treatment of Stroke. In 2018, UAMS was certified as the first Comprehensive Stroke Center in Arkansas by the nonprofit Joint Commission for having the ability to receive and treat the most complex stroke cases.

UAMS Movement Disorders Clinic Recognized Nationally for Treatment of Parkinson's and Huntington's diseases

The Huntington's Disease Society of America has named UAMS a Center of Excellence for the treatment of Huntington's Disease, for the second year in a row. The 55 centers across the country provide an elite multidisciplinary approach to research and treatment focused on the fatal genetic disorder that causes the progressive breakdown of nerve cells in the brain.

Meanwhile, the Parkinson's Foundation Global Care Network has designated UAMS a Comprehensive Care Center for providing outstanding care and resources to Parkinson's disease patients and the community. The designation is limited to just 15 medical centers across the country over the next five years, and UAMS is one of just six to attain it so far.

Both centers are part of the UAMS Movement Disorders Clinic, part of the UAMS College of Medicine Department of Neurology.

To refer a patient to the UAMS Movement Disorders Clinic, call 501-686-5838.



Otolaryngologist Susan D. Emmett, M.D., Directs UAMS Center for Hearing Health Equity

Susan D. Emmett, M.D., MPH, an otolaryngologist and public health-trained researcher, has joined UAMS to lead the new Center for Hearing Health Equity, which is funded by the National Institutes of Health and focuses on understanding hearing health disparities and barriers to accessing hearing care, both in Arkansas and around the world.

Emmett is an associate professor in the College of Medicine Department of Otolaryngology-Head and Neck Surgery, where the center is based, and has a secondary appointment in the UAMS Fay W. Boozman College of Public Health. She came to UAMS from Duke University School of Medicine in Durham, N.C., where she earned her medical degree in 2010, was an associate professor of surgery and was an associate research professor of global health.

UAMS Opens Glomerular Disease Referral Clinic

A clinic for adult patients who suffer from glomerular disease, a type of kidney disease that reduces the kidneys' ability to maintain a balance of certain substances in the bloodstream, is being established at UAMS to aid in the prompt diagnosis and treatment of glomerular diseases, including rare diseases that often get misdiagnosed.

Referred patients will be seen in the clinic to establish the disease's cause and form a treatment plan. The clinic and referring physician will then discuss whether subsequent care will be administered by the referring nephrologist or nephrologists at UAMS. If the patient is enrolled in or referred for clinical trials, the referring nephrologist will receive both a phone call and a written statement of findings and recommendations, and when appropriate, tests will be done.

To schedule a patient in the clinic, call 501-526-1040.

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CONSULT

Quiz of the Month

QUESTION

Which one of the following sets of electrolyte changes would be most likely to occur after initiation of a continuous intravenous insulin infusion in a patient who is in a hyperosmolar hyperglycemic state?

- a) An increase in the serum sodium level and a decrease in the serum potassium level.
- b) A decrease in the serum sodium and potassium levels.
- c) An increase in the serum sodium and potassium levels.
- d) A decrease in the serum sodium level and an increase in the serum potassium level.
- e) No change in the serum sodium level and an increase in the serum potassium level.

News to Know: Updates from UAMS

For a list of new physicians, visit UAMShealth.com/MD

(Continued from page 3)



Mauricio Garcia, M.D., Named chief of UAMS Division of Gastroenterology and Hepatology

Mauricio Garcia Saenz de Sicilia, M.D., has rejoined the UAMS Department of Internal Medicine as an associate professor and chief of the Division of Gastroenterology and Hepatology, where from 2013 through 2017 he held the positions of director of the Primary Liver Tumors Clinic, director of hepatology services, co-director of gastroenterology and hepatology services, and liver transplant medical director.

He served most recently on the faculty at the Washington University School of Medicine in St. Louis, which he joined in 2020 as an associate professor in the Division of Gastroenterology's hepatology program.

Garcia earned his medical degree at the Universidad Nacional Autonoma de Mexico in 2004. He completed his residency in internal medicine and fellowships in gastroenterology, transplant hepatology and advanced transplant hepatology.

To refer a patient to the Gastroenterology Clinic, please fax the patient's records, diagnosis and demographics to 501-603-1539.



J. Paul Mounsey, M.D., Ph.D., invested in Kirkpatrick Chair

J. Paul Mounsey, M.D., director of the UAMS Division of Cardiovascular Medicine, was invested July 29 in the Don and Carolyn Kirkpatrick Chair in Cardiovascular Medicine. Mounsey is a nationally recognized expert in the management of complex heart rhythm disturbances. Under his guidance, cardiovascular services at UAMS have expanded rapidly with the goal of eventually providing fully comprehensive cardiovascular care including heart and lung transplants.

Carolyn Kirkpatrick and her late husband, Don, made a \$1 million gift to establish the chair with the hope that it would help advance the world-class cardiology care at UAMS.

ARresearch.org



Helping Connect Arkansans with UAMS Health Research

Arkansans have a simple way to participate in health-related studies. **ARresearch.org**, an online registry created by the UAMS Translational Research Institute, is available in Spanish and includes more than 8,500 Arkansans from all 75 counties. When filling out the form, registrants choose from 31 health interest areas, such as COVID-19, weight management, cancer, heart disease and a healthy volunteer option. Many studies, such as online surveys, do not require travel, and some are conducted at UAMS Regional Campuses. Compensation is provided in many. Study volunteers are crucial for helping researchers meet enrollment goals and improve the quality of their findings. Please spread the word to your patients and others.

For more information, visit **ARresearch.org** or contact **ARresearch@uams.edu**.

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

Family Medicine Faculty: Family Clinic of Ashley County is seeking a motivated board-certified/board-eligible family medicine physician to join a well-established practice in operation since 1982.

Specialty Opportunities: New opportunities available in neurosurgery, neurology, pediatrics, rheumatology, urology, pulmonary and radiology.

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

Cover story continued

treatment directly into the tumor.”

The procedure has proven highly effective at prolonging and improving the patients’ quality of life, said Meek.

James Meek, D.O., and **Erin Priddy, M.D.**, perform most of the Y-90 procedures at UAMS Health, while Dixon performs prostate artery embolizations. The team also includes **Li Ruizong, M.D.**, who practices general interventional radiology.

In prostate artery embolizations, Dixon injects beads into the arteries that feed the prostate to shrink the prostate and alleviate symptoms of benign prostatic hyperplasia (BPH), a noncancerous enlargement of the prostate gland that is common in men older than 50, causing a need for frequent urination.

The interventional radiology team also provides embolization of uterine fibroids, addresses tumors throughout the body with procedures such as thermal

ablations, treats pulmonary embolisms and deep-vein thrombosis, and sometimes performs complex venous reconstruction for swollen, aching and discolored legs. They biopsy organs, place stents in arteries, drain blocked bile ducts, divert urine through nephrostomies, laser gallstones and biliary stones, and create forearm fistulas, a less-invasive means of joining a vein onto an artery to create an access point for hemo-dialysis.

“We treat almost every organ in the body,”
Mollie Meek said.

One condition they regularly treat, a genetic blood vessel disease called hereditary hemorrhagic telangiectasia (HHT), has earned UAMS a national designation as an HHT Center of Excellence.

To refer a patient for diagnoses and outpatient procedures both streamlined and complex, call 501-686-6124.



SHASHANK KRALETI, M.D.

Director, Primary Care and Population Health Service Line

Director, Little Rock Family Medicine Residency Program at UAMS

Vice-Chair for Clinical Affairs

Associate Professor, UAMS Department of Family and Preventive Medicine

What inspired you to become a doctor?

I am good with numbers and was planning to be an engineer until my brother persuaded me to try medicine. I thought about going into business management immediately after medical school, but working with patients during and after my residency changed my mind. I navigated toward management in health care as a middle ground between both passions.

What do you like most about your specialty?

I like to be the diagnostician and an advocate for my patients and their communities. I like the relationships and trust that develops by taking care of multiple generations of families. I also like that family physicians have the flexibility to modify their practices to do anything and everything, and that they are uniquely positioned to work in rural and underserved areas where the need for health care is greatest.

What makes you unique among your peers?

I couldn't do the same thing every day, and family medicine offers the variety that I need. Also, if I see a problem, I will try to fix it. I am not bogged down by how big the problem is. I like to keep learning and growing.

Why did you come to UAMS?

Coming from overseas, I had no connections to any part of the United States and applied to several residency programs. When I interviewed at UAMS, I knew it was where I needed to be, because of the people. That is also the reason I'm still here. I have seen only love, mutual respect and passion for the practice of medicine, and that motivates me. Also, Arkansas offers everything a family needs and UAMS allows me to continue to grow and realize my dreams. There is no better place to live!

What are your clinical specialties?

As a family physician, I am a generalist. However, I have trained myself to be a proceduralist, and we perform all ambulatory procedures at the UAMS Health Family Medical Center in Little Rock. Having completed a fellowship in clinical informatics, I also provide assistance throughout the state with the Electronic Health Records system.



MEDICAL CASE STUDY: TRANSPLANT URETER STRICTURE REPAIR

Initial Contact

Shortly after joining the University of Arkansas for Medical Sciences (UAMS) Department of Urology in October 2021, endourologist **Julie Riley, M.D.**, was approached by a colleague about evaluating a 55-year-old female patient with ureter stricture disease.

The woman had undergone a kidney transplant from a living donor 11 years earlier, at another hospital, due to glomerulonephritis. Over time, the new kidney began to lose some of its function, and doctors discovered there was a buildup of scar tissue creating a blockage throughout the length of the donor ureter, preventing it from draining. This caused swelling, put pressure on the kidney and led to numerous infections.

For more than a year, the woman sought relief through procedures involving stents and nephroureterostomy tubes, but continued to experience decreased ureter function as well as discomfort from the recurring infections. She was also frustrated that the recurring issues cramped her active lifestyle and felt she wasn't doing justice to the living kidney donor's sacrifice.

Riley's unique combination of specialized skills as both a urologist and a transplant surgeon isn't available elsewhere in Arkansas or in many locations across the United States. She knew she could do something to help the patient, who she said "was getting by, but was miserable."

So, "I tried one last effort to try to do some different techniques to open up this ureter using all

my telescopes and things, and it just didn't work," Riley said. "It scarred down again, and it just wasn't draining, so I offered her an opportunity to have a re-implant procedure."

Assessment

Reimplant procedures, in which the ureter is repositioned in the bladder wall so the bladder muscle will keep urine from traveling back into the kidney, are complex and fairly uncommon. However, Riley had expertise in the urological challenges posed by the reconstruction techniques and the added benefit of being able to consult with UAMS' kidney transplant team.

She said she weighed four options: attaching the renal pelvis directly to the bladder, which would be functional but not ideal, as the patient would be able to feel bladder activity in her kidneys; using a piece of the bladder to construct a flap to raise the bladder up to the kidney, which wouldn't reach very well and could leak; attaching the renal pelvis directly to the patient's native ureter, which remained in her body in very good condition and, as native tissue, was unlikely to scar over; or reconstructing everything, which would probably require the patient to live with tubes and could still cause her to lose the kidney due to infection.

Riley decided on the third option: attaching the renal pelvis directly to the native ureter, which would allow the urine to go from the kidney into the renal pelvis, then into the ureter down to the bladder.

"Then it actually functions like a real kidney because it's doing what it always should be doing, which

is draining urine into a ureter that goes into a very natural connection into the bladder," Riley said.

Procedures

In January, Riley began the surgery by creating a small incision in the same place doctors used in the 2010 kidney transplant.

Working meticulously over about six hours, she moved the patient's transplant ureter to her native ureter and then attached the renal pelvis directly to the native ureter with sutures.

Riley stitched the organs together while deftly maneuvering around the surrounding blood vessels. She finished by inserting a stent from the bladder to the kidney to allow the inflammation around the stitching to heal.

Follow-up

The patient remained in the hospital for four or five days, then spent about six weeks recovering at home.

"She was fatigued, and it took some time to heal, but she did feel a lot better because she wasn't getting infections, and her kidney was really draining much better," Riley said.

The patient returned to the clinic about three weeks after being discharged so Riley could remove the stent. During this visit, Riley recalled, "she was already significantly better. The color in her face was back, and she was moving around a lot more."

"Then when I saw her at the six- to eight-week mark, she was like a brand new person." Riley said. "She was moving around and just happy, and had a lot of hope back. She was just incredibly grateful that Dr.

Julie Riley, M.D.



Associate Professor
Residency Program Director
Department of Urology
UAMS College of Medicine

Education

Doctor of Medicine with Distinction in Community Services, St. Louis University School of Medicine

Residency

Urology, University of Missouri-Columbia

Fellowship

Endourology, robotics and laparoscopy, University of Pittsburgh

Lyle J. Burdine, M.D., Ph.D.



Assistant Professor
Department of Surgery - Transplantation/Hepatobiliary Surgery
UAMS College of Medicine

Education

Doctor of Medicine, University of Texas Southwestern Medical Center, Dallas

Residency

General surgery, UAMS

Fellowship

Multiple abdominal transplant surgery, University of California, San Francisco

(Continued from page 6)

Burdine and I were willing to take on a very complicated case and really just work through it. The stakes were high, and she was aware of that.”

Six months later, Riley said the patient still had a “nice, open channel” allowing her urine to drain without the need for any tubes or the worry of related infections.

Discussion

Lyle Burdine, M.D., Ph.D., UAMS’ lead transplant surgeon, said the patient’s medical condition is one that “is very

difficult to fix through traditional medicine. Having Dr. Riley here, as an expert in urology as well as a transplant surgeon, has allowed us to provide additional care to fix issues like this.”

This case is an example of how UAMS’ emphasis on multidisciplinary care provides a unique benefit for patients whose conditions involve more than one specialty.

“We are the only place in the state that can provide this type of care,” Burdine said.



Now Available Epic Care Link Site Administrators

Site administrators are responsible for maintaining an office’s user accounts by submitting new account activations, verifying accounts are current, resetting account passwords and deactivating non-active accounts. Having a designated administrator will help manage users, prevent unauthorized access to patient data, ensure quicker access to accounts and improve self-service.

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Thank you, UAMS Health EpicCare Link team

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[Tip Sheet for referring patients to UAMS Health](#)

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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

OCTOBER 4

Podiatry

Barbara Porchia, M.D.
Department of Orthopaedics

OCTOBER 11

Ventricular Arrhythmia Ablation

Auras Atreyas, M.D.
Department of Cardiology-
Effective October 31

OCTOBER 18

PRI

Shona Ray, M.D.
Department of Psychiatry

OCTOBER 25

Mindful or Mind Full? An Introduction to Mindfulness Professional Development

Puru Thapa, M.D.
UAMS Wellness Programs

NOVEMBER 1

Ethical Dilemmas in Caring for Older adults at End of Life

Masil George, M.D.
Department of Geriatrics

NOVEMBER 8

Obesity and Type 2 Diabetes

Dinesh Edem, M.D.
Department of
Internal Medicine

NOVEMBER 15

Diabetes Management in the Hospital

Joseph Henske, M.D.
Department of
Internal Medicine

NOVEMBER 22

No lecture/Holiday

NOVEMBER 29

Human Trafficking: Do You Know Who Is In Your Exam Room? Professional Development

Melony Hilton, RN, MBA,
FACMPE, CPHRM
SVMIC

DECEMBER 6

Melanoma

Sonia Orcutt, M.D.
Department of Surgery

DECEMBER 13

Transplant Update

Martha Estrada, M.D.
Department of
Surgery-Transplant

DECEMBER 20

No lecture/Holiday

DECEMBER 27

No lecture/Holiday