

# Dialogue

News for physicians about Mayo Clinic Arizona

May  
2006  
Reading time  
five minutes

**CLINICAL TIP**  
DIEP breast reconstruction can preserve abdominal muscle function while rebuilding breast tissue.

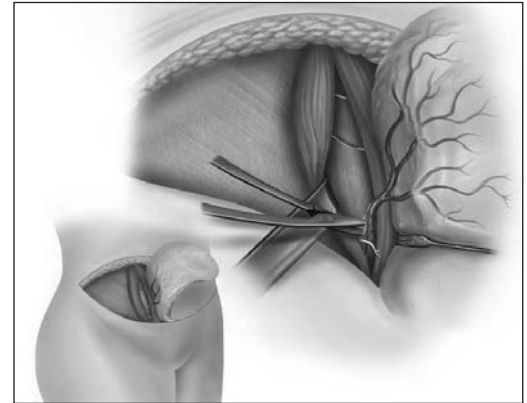
## DIEP Flaps for Breast Reconstruction after Mastectomy

Mayo Clinic is the first medical center in Arizona to use a muscle-sparing micro surgery technique, the Deep Inferior Epigastric Perforator (DIEP) breast flap procedure, to safely and effectively rebuild natural breast tissue after mastectomy.

For women diagnosed with breast cancer, losing a breast through mastectomy is emotionally and physically traumatic. Conventional breast reconstruction procedures use the skin and fat of the lower abdomen to replace the breast, but the process of retrieving blood vessels sacrifices all or part of the rectus abdominis muscle leading to potential complications including abdominal wall weakness and hernia.

With DIEP, Mayo Clinic plastic surgeons remove the overlying flesh and perforating vessels of the lower abdomen while leaving abdominal muscle in place. The tissues and vessels are then replanted to create a natural-looking breast.

"The fact that we can preserve some of the normal breast skin and also rebuild what has been taken away helps with patient physical recovery, emotional recovery, and sense of



With DIEP, the overlying flesh and perforating vessels of the lower abdomen are removed while leaving abdominal muscle in place.

well-being," says William J. Casey, M.D., Mayo Clinic surgeon.

DIEP has many patient benefits including less postoperative pain compared to standard TRAM flaps, lower hernia rates, shorter hospitalization, faster recovery and preservation of abdominal muscle function. Certain health situations or previous abdominal surgeries may preclude patients from being candidates for a DIEP breast flap procedure. ■

**CLINICAL TIP**  
There are now close to one million adults with congenital heart disease in the U.S., and the patient population is growing by five percent per year.

## Treatment for Adults with Congenital Heart Disease

As little as 50 years ago, 75% of children with congenital heart disease did not survive past the first year of life. Today, advances in medical care such as imaging, anesthesia, intensive care, open heart and postoperative long-term care have helped these patients live productive lives well into adulthood.

"This is a highly subspecialized area of cardiovascular medicine," says A. Jamil Tajik, M.D., director of the Adult Congenital Heart Disease program at Mayo in Arizona. "Our specially trained surgeons, physicians, sonographers, nurses, and a geneticist are well-equipped to provide state-of-the-art care for this unique group of patients."

Mayo Clinic physicians pioneered many of the diagnostic modalities and surgical techniques used today to treat congenital heart disease and increase survival rates. Dr. Tajik and

his cardiologist colleague, James B. Seward, M.D., were the first two Mayo Clinic cardiologists to develop expertise in the field of adult Congenital Heart Disease, and they shared a joint appointment with the Divisions of Pediatric Cardiology and Adult Cardiology at Mayo Clinic, Rochester, Minn.

Because congenital heart disease is such a complex condition, these patients need to be seen by specially trained physicians for diagnosis, prognosis, management and long-term evaluation and management of residual sequelae. Even after surgical repairs have been made, congenital heart disease is seldom cured, and patients require long-term specialty care and follow up throughout their lives. Mayo Clinic now offers specialized treatment at its practice in Arizona for adults with congenital heart disease. ■

For information about Mayo Clinic go to: [www.mayoclinic.org](http://www.mayoclinic.org)

## Liver Transplant Program Update

### CLINICAL TIP

**Mayo Clinic Arizona's liver transplant graft and patient survival statistics exceed national averages in all categories placing it among the top 15 programs nationwide.**

Mayo Clinic in Arizona, has completed more than 300 liver transplants since the program began in 1999 with outcomes exceeding national averages in all categories. Graft and patient survival statistics at one month, one year, and three years place Mayo among the top 15 liver transplant programs in the U.S. out of 123 programs nationwide. For example, the one year survival rate is 91.9% compared with a national average of 86.38%.

Mayo has completed 58 adult-to-adult living donor liver transplants making it the largest Living Donor Liver Transplant program in Arizona and the fourth largest in the U.S. " This procedure allows many patient benefits including minimal cold-ischemia time and optimal procedure timing for more effective monitoring and treatment of transplant

recipients," says David D. Douglas, M.D., medical director, Mayo Clinic Liver Transplant program.

Since opening the Living Donor Liver Transplant program in 2001, Mayo has consistently placed among the top 10 transplant centers in the U.S. for volume of living donor liver transplants. Mayo Clinic also was one of the first six centers in the U.S. to achieve certification from the United Network for Organ Sharing (UNOS) for living donor liver transplants.

Professional Research Consultants, Inc. (PRC) recently awarded Mayo's liver transplant program the 5 Star Excellence in Healthcare award—a recognition given only to hospitals and clinical practices that achieve a score in the top 10% nationally in patient satisfaction surveys. ■

## Kidney/Pancreas Transplant Program Update

### CLINICAL TIP

**Mayo Clinic Arizona's Kidney/Pancreas Transplant program is the largest in the Southwest, and it is recognized as a United Resources Network (URN) Center of Excellence.**

In 2005, Mayo Clinic had the largest kidney transplant program in the State of Arizona and one of the largest pancreas transplant programs in the entire Southwest. Since the program opened in 1999, 500 kidney transplants and 51 pancreas transplants have been completed.

Of the 51 pancreas transplants, 30 were simultaneous kidney/pancreas transplants. About 30 percent of simultaneous kidney pancreas transplant recipients received transplant in a preemptive fashion (before being on dialysis) in contrast to 5-10 percent across the U.S.

"Steroid Avoidance Therapy is our primary immunosuppression therapy for kidney and simultaneous kidney and pancreas transplant recipients," says Raymond L. Heilman, M.D.,

medical director, Kidney/Pancreas Transplant program. "In the last three years, we have treated over 200 transplant recipients with this protocol with excellent patient and graft outcomes that exceed the national average."

Additionally, over the last three years, Mayo Clinic has successfully transplanted more than 40 recipients at the Arizona practice with a positive flow crossmatch (meaning patients have developed antibodies against their kidney donor) with excellent patient and graft outcomes, similar to that seen in deceased donor kidney transplants. In total, program outcomes exceed national averages in all categories—including one month, one year, and three year graft and patient survival rates. ■

## Research Protocol

*This is a multicenter clinical trial to evaluate the safety and tolerability of an IL-1 inhibitor in patients that have been unable to taper off glucocorticoid treatment without relapse.*

## Mayo Clinic Enrolling Patients for Clinical Therapeutic Trial in Polymyalgia Rheumatica

### Inclusion:

- Age ≥ 55 years at time of original diagnosis with one year disease duration
- Current or prior treatment with glucocorticoids
- Stable or reduced prednisone dose within the last month of ≤15 mg/d
- ESR ≥ 40 mm/hr and/or hs-CRP > 20 mg/L

### Exclusion:

- Giant Cell Arteritis
- Synovitis
- Treatment with DMARD (Disease Modifying Anti-Rheumatic Drug) such as methotrexate,

sulfasalazine, hydroxychloroquine within the past 8 weeks

- Treatment with azathioprine, cyclophosphamide or cyclosporine within the past 6 months
- Prior treatment with biologic agents
- IM/IV or intra-articular glucocorticoid within the past 2 months
- History of fibromyalgia or chronic fatigue syndrome
- History of non-skin malignancies in the last five years

We invite you to refer patients to be evaluated for potential enrollment at Mayo Clinic Arizona. Please contact study coordinator, **Marie Malikowski, RN, at (480) 301-4981.** ■