

FALL/WINTER 2020



Mary Greeley
MEDICAL CENTER

Health

CONNECT

Dr. Nima Golchin

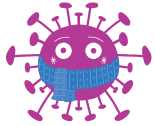
OUR INTERVENTIONAL RADIOLOGIST IS IN ... & HE'S SAVING LIVES

- ▶ COVID-19, Winter & The Holidays
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Winter + Holidays + COVID-19. It's a combination sure to induce stress. Infection prevention specialists explain how to cope with it all.

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A skid loader bucket crushed a Story City man's foot. Find out how a team at Mary Greeley and an advanced piece of medical technology saved it.

Calendar

COVID-19 has resulted in many Mary Greeley-sponsored meetings and events being cancelled, postponed or delivered remotely. For status on an event, please visit our website, www.mgmc.org/classes.

PRESIDENT'S LETTER

By **Brian Dieter**
Mary Greeley President and CEO

An Ounce of Prevention

These are unsettling times, especially when it comes to matters of health. We will, one hopes, learn many lessons from the COVID-19 pandemic. One of the most important will be the lasting reminder that we each have a responsibility to take care of ourselves and each other.



Nationally, there is strong evidence that many people have put off cancer screenings due to the pandemic. We've seen this trend at Mary Greeley and McFarland Clinic. These screenings are one of the easiest and most important preventative health steps that a person can take. A National Cancer Institute report indicated that an additional 10,000 people could die from breast and colon cancer because they delayed screenings due to the pandemic.

We await a vaccine for COVID-19 but the flu vaccine is here and readily available. Unfortunately, less than half of Americans get the vaccine. That's particularly troubling when many medical professionals are saying that because of the convergence of COVID-19 and flu, this year might be the most important year to get a flu vaccine. Clinics and pharmacies have the vaccine ready at an affordable cost. County health offices are offering vaccines free of charge for underinsured and uninsured.

COVID-19 is still with us, making the need for masks and physical distancing ever present. (Handwashing is important, too, but it's always important.) These measures are going to grow in importance as cold weather and holidays approach. A new report from the CDC suggests that small gatherings are driving a rise in COVID-19 cases. CDC Director Paul Redfield recently was quoted as saying, "What we're seeing as the increasing threat right now is actually acquisition of infection through small household gatherings... We think it's really important to stress the vigilance of these continued mitigation steps in the household setting."

A recent 60 Minutes segment on efforts to develop a COVID-19 vaccine reported that doctors they interviewed would prefer people wear masks than hold out hope for a vaccine. While a vaccine is on the way, the doctors stressed that mask wearing is proving to be the best strategy against spreading the virus.

The New Year is approaching and with it comes those proverbial resolutions that are easy to make and easier to ignore. For 2021, maybe that could change. Maybe we need to resolve to re-commit to COVID-19 preventative measures. Maybe we need to truly resolve to take better care of ourselves. That means exercising, eating healthier, quitting smoking or vaping, listening to the experts, and, above all, appreciating each other more, especially the most vulnerable members of our families and communities.



Visit us on the internet
Learn more about Mary Greeley's programs and services at www.mgmc.org.

Contact us
Individuals are encouraged to contact Mary Greeley Medical Center if they have any concerns about patient care and safety in the hospital that have not been addressed. If the concern continues, individuals may contact the Iowa Department of Inspections and Appeals, 321 E. 12th St., Des Moines, IA 53119. You may also call 515-281-7102 or e-mail webmaster@dia.iowa.gov.

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CONNECT WITH US!



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Your Pediatrician

McFarland physicians turn to Facebook to stay connected with patients, parents and guardians.

COVID-19 presented McFarland Clinic pediatricians with a communications challenge.

"When community spread began in Iowa there were many fears and unknowns," says Dr. Corrine Patten, a McFarland Clinic pediatrician. "Many parents were home with questions or medical concerns, they didn't feel like they could leave their home to see the doctor, and didn't know which voices to listen to."

Pediatricians wanted to tell parents and guardians in their own words what they were learning about the virus each day as medical professionals. MyChart became a tool that they used to communicate directly with them, along with media from McFarland Clinic's website.

"We wanted people to know that we made changes to our space to protect them when they came in. We wanted to tell people they could have a virtual visit with us right from their home and how to do that," she says.

The department is using MyChart more than ever to communicate with patients about a variety of topics, including specific health questions, current or changing policies, how to do virtual visits, and even curbside check in for in-office appointments.

The Pediatrics department has now created their first Facebook page to expand their means of communication with their patients and their parents/guardians. The Facebook page features information about department announcements, health topic information, and local news pertaining to pediatrics.

Patten says although it is still very new, the page will allow families to find all aspects of information they might need. The department is excited to post videos and information that is relevant to the season.

For instance, Patten says the department receives hundreds of calls about swimmer's ear in the summer. Although they are happy to take those calls, now parents can read about swimmer's ear on the Facebook page for peace of mind.

STAY CONNECTED

McFarland Pediatricians have started a Facebook page in an effort to remain connected to their patients and their parents. Find it here: www.facebook.com/mcfpedsame

NEW Faces



Alex Harvin, MD

Radiology

Joined McFarland Clinic: July 2020

Dr. Harvin received his B.S. in Biology from the College of Charleston. He received his Doctorate of Medicine from the Medical University of South Carolina. He did his surgery internship, radiology residency, and neuroradiology fellowship at the Medical University of South Carolina.



Yamuna Gorantla, MD

Endocrinology

Joined McFarland Clinic: July 2020

Dr. Gorantla received her Bachelor of Medicine and Surgery from Guntur Medical College in India. She completed her internal medicine residency at Advocate Illinois Masonic Medical Center in Chicago. She did her endocrinology fellowship at Rush University Medical Center & John H Stroger Hospital in Chicago.



Michelle Riesselman, MD

Anesthesiology

Joined McFarland Clinic: August 2020

Dr. Riesselman received her B.A. with Honors in Biology from the University of Iowa. She earned her Doctorate of Medicine from the University of Iowa Carver College of Medicine. She did her anesthesiology residency at the University of Iowa.



Susan Comer, MD

Pediatric Hospitalist

Joined McFarland Clinic: September 2020

Dr. Comer received her B.S. in Biology and Spanish from Simpson College. She earned her Doctor of Medicine from the University of Iowa Carver College of Medicine with a global health distinction. Dr. Comer completed her residency and pediatric global health track at Creighton-Nebraska Universities Health Foundation.



Angela Sehgal, MD

Hospitalist

Joined McFarland Clinic: September 2020

Dr. Sehgal received her Bachelor of Medicine and Bachelor of Surgery from Manipal University's Kasturba Medical College. She went on to complete her internal medicine residency at the University of California San Francisco at Fresno.



This can be a stressful time of year. The weather gets chilly and windows and doors that have been open during warmer days get closed tight. Thanksgiving and Christmas arrive, bringing the need to shop and the irresistible urge to gather with friends and family. But this year is different, and likely it will be even more stressful because the guest that won't leave is still around: COVID-19. For tips on how to manage this less-than-wonderful time of the year (at least this year), we turned to some of our infection control specialists—Emily Law, BSN, RN, and Jennifer Richards, BSN, RN.

Is the risk of spreading COVID-19 greater in enclosed spaces?

It is. When a virus is exhaled indoors through sneezes, coughs, talking, and breathing, it tends to stay aloft longer than it does outdoors. We inhale it easily in indoor conditions where the air tends to be still. This is why health-care professionals urge you to avoid prolonged indoor contact with anyone who does not live in the same household.

It's holiday season. Is there any safe way to have gatherings of friends and family in your home?

The risk of transmission exists in any gathering of people who aren't strictly isolating. However, there are ways you can reduce that risk.

Most important, stay home if you develop any symptom at all, even one as trivial as a runny nose or headache. Get tested for the virus if you have been exposed to someone who has tested positive, and stay home until your risk of

infection has passed, whether you have any symptoms or not. You can catch and transmit the virus even if you never have symptoms yourself.

The Centers for Disease Control has a lot of good information for the holidays (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>).

To reduce your risk of getting or transmitting the virus indoors, follow these suggestions:

















- Handwashing—Wash your hands before, during, and after your gathering. Place hand sanitizer with at least 60% alcohol in prominent places for your guests. Put disposable paper towels in the bathroom, so no one shares a towel.
- Distancing—Select your space and guest list to accommodate the recommended 6 feet of distance. The more time spent together, the greater the risk of exposure, so consider the duration of your gathering.
- Masking—Wear masks unless eating. This goes for children over two years old as well. Make it fun! Wear masks that celebrate the season, a theme, or your favorite team. Please note that the Centers for Disease Control recommends not using a costume mask (such as for Halloween) as a substitute for a cloth mask unless it is made of two or more layers of breathable fabric that covers your mouth and nose and doesn't leave gaps around your face. Do not wear a costume mask over a cloth mask because it can be dangerous if the costume mask makes it hard to breathe. Instead, consider using a holiday-themed cloth mask.

- Cleaning—Clean surfaces frequently. Wherever the virus lands, it can ultimately infect you if you touch that spot and then touch your mouth, nose, or eyes.
- Ventilating—Air movement helps dissipate the virus. Indoor spaces have less air flow and may make distancing a challenge. The safest place to socialize is outdoors. Plan a physical activity such as hiking, sledding, or snowshoeing. Gather around a bonfire or in a garage with the doors open. Use space heaters if safe to do so. If you must gather indoors, open your windows and turn on your fans. If you have forced-air heating, run the fan continuously. Replace your HVAC filter as recommended. Use of HEPA filters or air purifiers may be helpful if windows cannot be opened.

What about holiday shopping? Retailers are suffering and will be hoping for some lift from holiday shoppers. What should you do to safely shop at the mall?

First, stay home if you have any symptom or have been exposed to someone who has tested positive. Do as much shopping online as you can. Opt for retailers who offer pickup to reduce your time within the store. If you must go inside a store, wear a mask, clean your hands frequently, and allow 6 feet of distance between yourself and other shoppers. Many retailers have started offering assigned hours for high-risk persons. Consider these hours if applicable, and avoid times of peak shopping.

IS IT COVID-19, THE FLU, A COLD, ALLERGIES OR ASTHMA?

Symptoms	Coronavirus [†] (COVID-19) Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms	Seasonal Allergies Abrupt onset of symptoms	Asthma Gradual or abrupt onset of symptoms
 Length of symptoms	7-25 days	Less than 14 days	7-14 days	Several weeks	Can start quickly or last for hours or longer*
 Cough	Common (usually dry)	Common (mild)	Common (usually dry)	Rare (usually dry unless it triggers asthma)	Common (can be dry or wet/productive)
 Wheezing	No	No**	No**	No**	Common
 Shortness of breath	Sometimes	No**	No**	No**	Common
 Chest tightness/pain	Sometimes	No**	No**	No**	Common
 Rapid breathing	Sometimes	No**	No**	No**	Common
 Sneezing	No	Common	No	Common	No***
 Runny or stuffy nose	Rare	Common	Sometimes	Common	No***
 Sore throat	Sometimes	Common	Sometimes	Sometimes (usually mild)	No***
 Fever	Common	Short fever period	Common	No	No
 Feeling tired and weak	Sometimes	Sometimes	Common	Sometimes	Sometimes
 Headaches	Sometimes	Rare	Common	Sometimes (related to sinus pain)	Rare
 Body aches and pains	Sometimes	Common	Common	No	No
 Diarrhea, nausea and vomiting	Sometimes	Rare	Sometimes	No	No
 Chills	Sometimes	No	Sometimes	No	No
 Loss of taste or smell	Sometimes	Rare	Rare	Rare	No

Your symptoms may vary. [†]Information is still evolving. Many people may not have symptoms. *If your quick-relief medicine is not helping your asthma symptoms, or if you are in the Red Zone on your Asthma Action Plan, call your health care provider or seek medical attention immediately. **Allergies, colds and flus can all trigger asthma which can lead to shortness of breath, chest tightness/pain and rapid breathing. COVID-19 is the only one associated with shortness of breath on its own. ***If you have allergic asthma, you may have symptoms of both asthma and allergies at the same time.

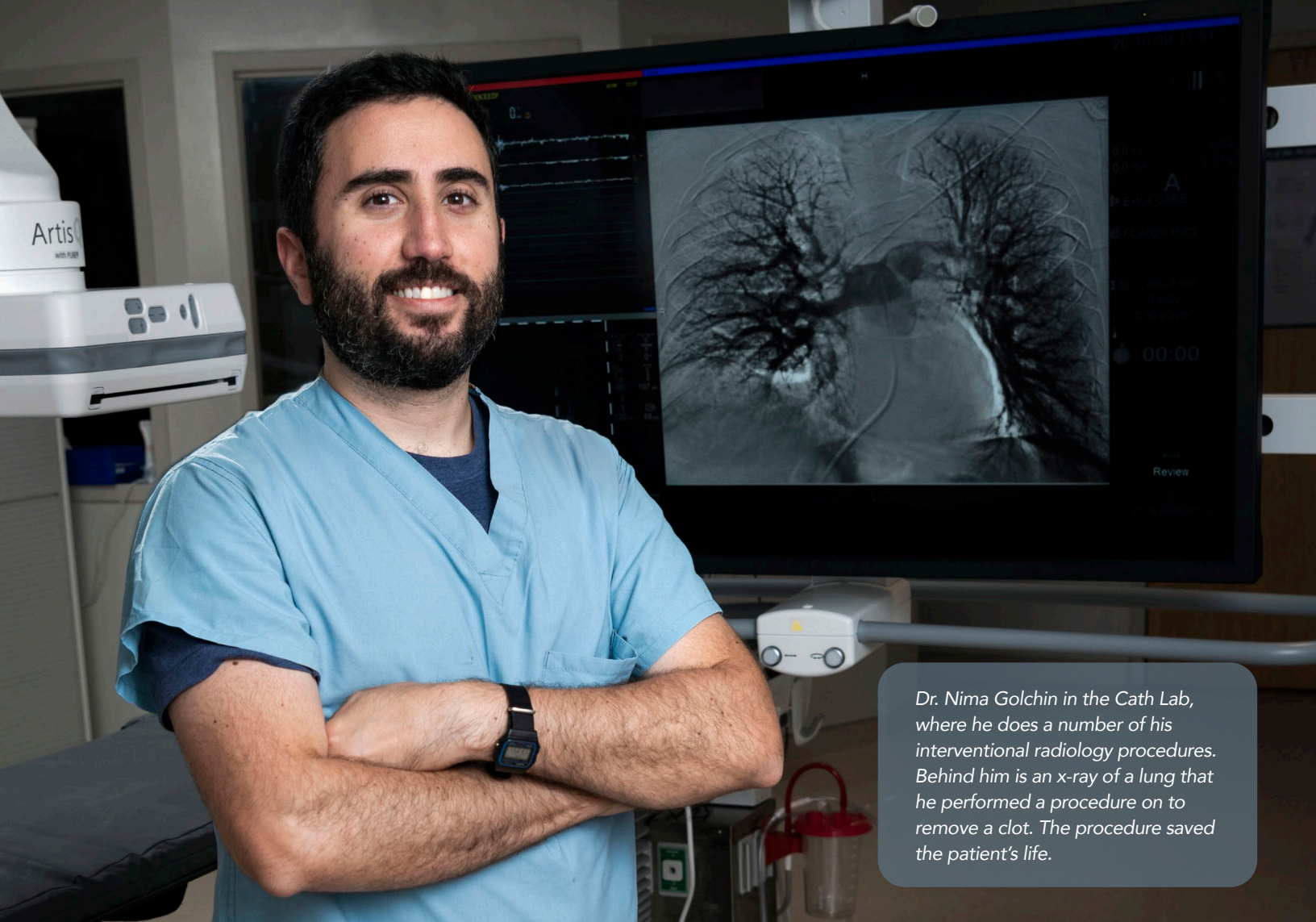
Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention. edited 8/25/20 • aafa.org/covid19

Any other thoughts about how to navigate the coming winter?

Commit to taking care of yourself and your family. Put a schedule in place to actively care for your body, mind, and spirit. Here are a few ideas:

- Exercise. Whether you go for a run on ice-free days or work out in your own home, stay active. Hike up and down your steps and do a few yoga poses. Try some new online workouts. Get the kids involved!

- Eat healthy foods. Go online to find new ways to prepare winter produce such as root vegetables and squashes. Experiment with new recipes for hearty soups. Reserve sweets for special occasions.
- Stay in touch. Socialize in person using the recommendations above. Reach out to friends and family by phone and video calls. Get creative about what to do during your virtual gatherings. Try sharing a meal, reading a book to a child, or listening to music.



Dr. Nima Golchin in the Cath Lab, where he does a number of his interventional radiology procedures. Behind him is an x-ray of a lung that he performed a procedure on to remove a clot. The procedure saved the patient's life.

WHAT IS INTERVENTIONAL RADIOLOGY?

Interventional radiology (IR) is a specialized field within radiology in which doctors use medical imaging—such as MRI, CT, x-ray, and ultrasound—to assist in minimally invasive surgical procedures that diagnose, treat, and cure many kinds of conditions.

Because most IR procedures are minimally invasive, they can be less expensive as well as less painful than a typical surgery. In some cases, they can even eliminate the need for a patient to be admitted to the hospital.

Dr. Golchin is able to perform procedures at Mary Greeley that previously would have required a patient to be transferred to a different facility.

"We see a fair amount of emergencies that can be fixed in 20 minutes or less at the hands of Dr. Golchin," says Scott Cue, director of Outpatient Services. "Prior to his arrival, some of those emergency cases would be transferred in the hopes that the patient would survive the journey to get the care they needed. We no longer have to do that because they can receive that care at Mary Greeley."

A few IR procedures were already being offered at Mary Greeley, but with the addition of Golchin, additional

procedures are now being performed. Among them are the following:

- **Port placement**—A patient who requires frequent intravenous (IV) medications can be helped greatly by having a port placed. This allows healthcare providers easy, reliable access to administer medicine.
- **Fistula creation**—A fistula is extremely important for people with severe kidney disease who undergo dialysis. It allows for high blood flow so that the largest amount of blood possible can pass through the dialyzer, purifying as much of the blood as possible.
- **Chemoembolization (coming soon)**—A treatment for liver cancer, chemoembolization involves injecting chemotherapy drugs into the artery that supplies blood to the tumor in the liver. This allows for a higher dosage of chemo drugs to be injected than with standard chemo and can also decrease the side effects of standard chemo.
- **IVC filter placement**—An inferior vena cava filter is inserted to prevent clots from traveling throughout the body. This is the procedure that Alice May (see main story) had done after her pulmonary embolism.

INSIDE MAN

BY
STEPHANIE MARSAU

Dr. Nima Golchin returned to his hometown and brought a new specialty with him—a specialty that's saving lives.

Dr. Nima Golchin was performing a procedure in the Mary Greeley Cath Lab when a call came in from the GI unit.

A McFarland Clinic colleague called seeking Golchin. He needed help with a patient who was experiencing internal bleeding. Golchin relayed back that he would be there when he finished the procedure he was doing.

Minutes later, another call came about the same patient, this time with more urgency. Golchin was needed NOW. He finished the procedure he was doing and rushed a short way down the hall to GI. The patient's bleed was more complex and extensive than originally thought and required a delicate procedure that involved Golchin going in intravenously with a thin wire called a catheter to the site of the bleed. The catheter transported a coil that was carefully wrapped around the area of concern, subsequently stopping the bleed.

It's a procedure Golchin was able to do because of his highly specialized training as an interventional radiologist. Thanks to Golchin, the patient was able to be immediately treated at Mary Greeley, instead of being transferred to another hospital and facing the very real risk of not surviving the trip.

That's a dramatic medical story, but don't expect to hear about it from Golchin.

He'd rather not talk about himself.

Never mind that as an interventional radiologist (see sidebar page 4) he's brought a specialty to central Iowa healthcare that provides a range of services to patients—many of them potentially lifesaving. To paraphrase that Liam Neeson character, Golchin possesses “a particular set of skills.” He doesn't, however, have much of an appetite for attention.

He insists that the help he provides his patients is the same care any other physician would provide. Golchin is exceptionally personable, but when asked about himself and the people he's helped, he finds it difficult to discuss. He deflects the attention away from himself and talks about the patients, their families, and the coordinated care he provides in conjunction with Mary Greeley staff and McFarland Clinic physicians. He seems happiest when praising other team members for the work they do and gives them more credit than he gives himself.

But, sorry Dr. Golchin, credit is unavoidable, as one of your patients is about to make crystal clear. A certified nurse midwife at McFarland Clinic, Alice May credits Dr. Golchin with saving her life.

POST-SURGICAL SCARE

Last November, May underwent cataract surgery on her left eye and it did not go well. When it came time to have her right eye done a month later, on December 18, she was anxious. The morning of her surgery, she woke up with chest pain and shortness of breath—all symptoms of a panic attack, which made sense considering her surgery was in a few hours.

Her surgery was a success and after arriving home at 2:30 p.m., she opted to take a nap. Upon lying down, her shortness of breath got dramatically worse, which confused her. With the surgery over, she assumed the anxiety would have subsided. She decided to wait an hour to see if things changed, but 40 minutes later she knew something was wrong.



Alice May, a certified nurse midwife at McFarland Clinic, is back to work after suffering a life-threatening pulmonary embolism that was successfully treated by Dr. Golchin.

“Healthcare providers are great at instructing their patients when to go to the doctor,” says May. “When it comes to ourselves, there's almost this internal struggle that goes on. That day part of me was telling myself to just lie down and calm down. Another part was telling me this wasn't normal. And then I heard Dr. Donnelly's voice.”

Dr. Stephanie Donnelly had been May's anesthesiologist earlier that morning. While in recovery, Donnelly had noted that Alice's stats weren't quite normal. Her oxygen saturation seemed low, but not low enough to be concerned.

With Donnelly's words echoing in her head, May called for her husband and said they needed to go back to the hospital.

She and her husband pulled into the

ENHANCING THE CATH LAB



The Cardiac Catheterization Lab, or Cath Lab for short, is where Dr. Golchin performs nearly all of his procedures.

“With the addition of Dr. Golchin to our staff, we are now able to do procedures at Mary Greeley that we couldn’t do before,” says Scott Cue, director of Outpatient Services. “Some of these procedures would not have been possible without upgrading some of the equipment in the Cath Lab, so we did what we needed to in order to provide the best possible care for our patients.”

The x-ray equipment was due for an upgrade, and the new equipment provides better images and lessens the amount of radiation to which patients and staff are exposed.

A large 50-inch monitor allows multiple images to be shown on the same screen, and the quality of the images themselves has improved drastically.

“This new equipment gives us images with remarkable resolution and detail,” says Cue. “This allows us to see even the smallest arteries and veins, which allows us to better treat our patients and give them the best outcomes possible.”



Golchin in the Cath Lab performing a procedure. To accommodate the skills Golchin brought to the hospital, Mary Greeley upgraded space in the Cath Lab.

Mary Greeley Medical Center Emergency Department around 3:45 p.m. She remembers pulling in and telling her husband she didn’t think she could walk.

“He came around to help me out of the car and took my arm. We took four or five steps and my vision started going black. I knew I was going to pass out,” recalls May.

At that point, it was all hands on deck. May was wheeled into the Emergency Department, where the staff initially thought she had fallen and hit her head. It wasn’t until Dr. Travis Mattson, Emergency Department physician, asked if they had traveled anywhere recently that the pieces started to come together.

“My husband and I had traveled to central Missouri the previous week and that Friday, my leg had started to hurt,” May says. “I’d had back surgery 10 years ago and it was the same kind of pain. So much

so, that the day before my cataract surgery I looked up my neurosurgeon’s number.”

An ultrasound on Alice’s leg showed what Mattson suspected—a clot behind her left knee that extended down her calf. She was then sent for a CT scan.

“Things started to move very fast at that point,” May says. “I remember thinking this is urgent—they’re worried.”

PAGING DR. GOLCHIN

May can remember hearing Golchin introduce himself and then she heard him say something about a submassive saddle pulmonary embolism. A healthcare provider herself, May knew that was bad. Even knowing that, May said she felt at ease with Golchin.

“He was able to explain things in a way I could understand,” says May. “Yes, I’m a healthcare provider—but it’s different

when it’s happening to you. He didn’t speak to me like I was a provider, but he also didn’t speak to me in layman’s terms—he fine-tuned his communication to me and it was greatly appreciated.”

A couple months prior to this, May had listened to Golchin speak at a Physician Grand Rounds presentation at Mary Greeley. As a new interventional radiologist, he was speaking to other providers about the range of services he could provide for their patients.

“As they were wheeling me to the Cath Lab, I looked at Dr. Golchin and told him that I remembered him being introduced at Grand Rounds,” says May. “I also told him that I remember thinking that day that I hoped if I was ever critically ill, he would be the one to help me.”

She was about to get her wish.



Alice May conferring with Kathy Vince, a former patient.

FILTERING OUT THE BAD

Once in the Cardiac Catheterization Lab (see sidebar page 6), Golchin inserted something called an inferior vena cava (IVC) filter, which looks like an open, upside down umbrella. The filter gets threaded down into the inferior vena cava (a large vein of the heart that carries blood from the lower body) and sits there like, well, an umbrella. This way, if any more of May's clot broke off, the filter would catch it and prevent it from traveling to her heart, lungs, or brain.

After the procedure was over, May went to the Intensive & Coronary Care Unit (ICCU), where Golchin told her that her oxygenation was very poor. She had suspected this as it was hard for her to

breathe. She was told that if she didn't improve, she would need to go back to the Cath Lab and the clot would have to be removed.

Golchin checked on May throughout the night, and slowly but surely her oxygenation began improving. At 4 p.m. the following day, he was confident that she was out of harm's way and would not need to return to the Cath Lab. The next day Alice was transferred out of the ICCU on to an inpatient unit.

"I felt extremely comforted by the fact that it was Dr. Golchin himself that checked on me all night long," she says. "It eased my anxiety knowing that if something did happen, he was right there and the ICCU nurses, who were also so attentive, wouldn't need to call a doctor to come in."

May would remain in the hospital for an entire week and was released on Christmas Eve day. She returned to her practice on February 3. Golchin had told her it could take up to six months to feel normal again, but she felt fine by the

beginning of March. In fact, she began training to run a 5K this fall and will do so in late November with Dr. Golchin by her side, along with Scott Cue, director of Outpatient Services and a few of her McFarland Clinic co-workers.

Remembering her healthcare, May is almost brought to tears when asked about Golchin.

"If he weren't here, they would have transferred me to Des Moines and 100 percent of my support is here," she says. "I felt 100 percent confident being at Mary Greeley, and it meant the world to me that I could stay there because of Dr. Golchin. It adds a layer of comfort when you're with people in a facility you trust"

When Golchin is asked about May and her gratefulness for him, he smiles and shakes his head, almost as if he can't believe someone would credit him with saving their life.

"I was glad to be here for her. I'm glad to be here for all of the patients I've helped," he says. ■

▶ VIDEO

Alice May talks about being treated for a life-threatening blood clot by Dr. Nima Golchin, an interventional radiologist, at www.mgmc.org/Alice



Attitude is Everything

BY STEVE SULLIVAN

A young mom and teacher faces breast cancer with humor, honesty, optimism, and loads of support from Mary Greeley.

Pregnant with her second child and coping with morning sickness, Lacey Dreeszen leaned over a toilet to throw up when her first born, Owen, walked into the bathroom.

"When you are done *bawfing* can you get me some juice?" asked the then 5-year-old.

That story is a Dreeszen favorite, which is no surprise because it is about one of this devoted mom's kids. It never fails to inject some levity to the most serious of moments or a smile to the most serious of faces.

That's why, when she was being treated for breast cancer, she made sure to tell it to her oncologist.

DISCOVERY & DIAGNOSIS

On a chilly day in late February 2019, Dreeszen was playing with her youngest son, Eli, when she experienced a pinching sensation on her left side. Later, Dreeszen felt what she suspected was a lump in the area.

"I thought, 'That's not supposed to be there,'" she says. "I kind of knew something was wrong—wrong enough to at least call the doctor."

Her family physician immediately ordered a mammogram and ultrasound. The tests confirmed Dreeszen's suspicion. There was a tumor. A biopsy followed, confirming breast cancer.

That's a tough diagnosis for any woman to hear, but consider Lacey Dreeszen's

situation. This is a woman in her early 30s. She has a husband (Nathan, an electrician) and two young sons, one with special needs. She's a teacher, and among her responsibilities has been teaching reading to students for whom English is not their primary language. A lot of people, including a lot of kids, count on her.

Dreeszen, who lives in Boone, is blessed with the ability to stay positive when the opposite would be totally understandable, not to mention a terrific sense of humor. These traits have guided her and her family as they have responded to her cancer diagnosis.

"Oh really?" That was her first thought when she got the news.



▶ MEET LACEY DREEZEN
Lacey Dreeszen talks about her breast cancer diagnosis, and everything that helped her get through it, at www.mgmc.org/Lacey

Opposite page (from left): Lacey Dreeszen chronicled her cancer treatment through selfies and snaps: she and son, Owen, with shaved heads; with Katie Duncan, RN, BSN, radiation oncology; and with Susanne Briggs and Jackie Washington, radiation therapists. (This page) Lacey Dreeszen with her husband, Nathan, and boys Eli and Owen.

Breast cancer “doesn’t sound like something that really happens to a 33-year-old, but I was actually relieved to know it,” she says. “That kind of sounds silly, but when I went in and sat down, and the doctor says, ‘I just have to tell you, you have cancer,’ it was kind of an ‘oh my gosh, that’s horrible,’ but it was something else too. I was glad. Now it was a thing that I can deal with, that I can work with. We can get through this.”

SPREADING

She had plenty of support from her cancer team, which included Dr. Joseph Merchant, McFarland Clinic oncologist. She first met Merchant in Boone, when he was at the Boone County Hospital Specialty Clinic providing oncology/hematology outreach services.

“That made me feel even more comfortable. Dr. Merchant was awesome. He was really calm and just sat down and was like, ‘Well, here’s the deal. We need to get it out. Then we’re going to

do chemotherapy as kind of a further treatment, but also hopefully kind of preventative by that point, because hopefully we’ll get all the cancer out,’” she says.

The initial plan was to perform a lumpectomy, but a subsequent mammogram and ultrasound indicated a second tumor. Dreeszen’s cancer was spreading.

“Finally, it was, ‘You’re going to have a mastectomy,’” she says. “That was fine. I would rather have it all gone. That’s why I always say I’m the luckiest. I have the best kind of cancer, because they can just cut it out and I can move on.”

TELLING THE KIDS

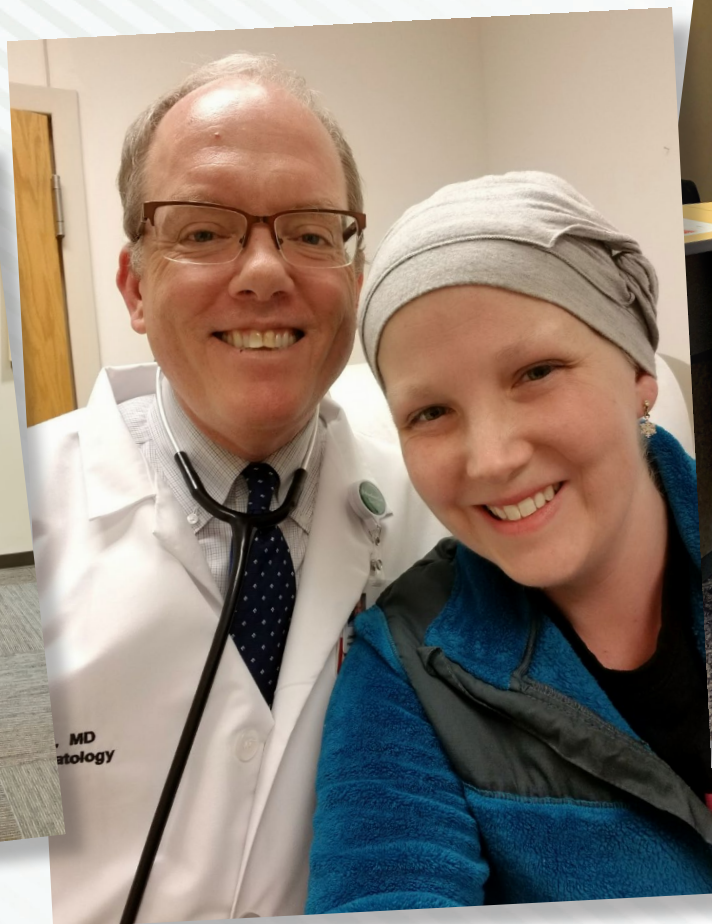
The Dreeszens began sensing something unusual in son Owen’s behavior when he was around 2.

“Everything had to be in order—the toy trains lined up perfectly,” she says. “Preschool was fine but kindergarten was

hard. He had trouble communicating his emotions. He couldn’t organize his thoughts.”

Owen is autistic, and he has also been diagnosed with ADHD and OCD. He’s a sweet kid, quiet when he’s not obsessively asking questions. Dreeszen wasn’t worried about explaining her cancer to Eli, as he was too young to understand it. Owen, though, would require a careful approach.

“They were the last ones I told because I didn’t want to upset them any sooner than I had to,” she says. “I told them about two weeks before my surgery. I brought Owen to the park, just him and me. I said, ‘I’ve been going to a lot of different appointments for the doctor. I’m going to have my breast removed, because I have cancer.’ Cancer was a word he knew and that it was not a good thing. But he couldn’t see it. That’s what makes sense to him in the world, something tangible. I let him feel my tumor, let him feel the lump on the side



More pics! (From left) Lacey on her last day of radiation treatment at Mary Greeley; with Dr. Joseph Merchant, McFarland Clinic oncologist; and Team Lacey at the William R. Bliss Cancer Center.

of me, and asked, 'Do you feel that? Yeah, that's what shouldn't be there and they can't get it out right, so they're just going to take that whole piece of me off.'"

Owen asked why that had to happen. His mom again explained that the lump, the tumor, shouldn't be there and it needed to come out. "That's why I'm sick. That's the part that's making me sick," she told him.

MASTECTOMY

Facing the removal of her breast, Dreeszen focused on what would matter in the long run.

"At first, it's a shock. They're taking a piece of you, and it's a big piece of you. But what's the trade-off going to be? Am I going to deal with this one little piece of me being gone, or am I to be gone? Obviously the choice was pretty easy when it came down to that," she says.

She approached everything with her typical humor, even telling a friend, "It's 40 solid weeks of treatments and appointments. It's

like a pregnancy, but I don't get stuck with a baby in the end."

The mastectomy was performed at Mary Greeley by Dr. Benjamin Schlicher, a McFarland Clinic general surgeon.

"There was hardly any pain. I'm like, 'Wow, Dr. Schlicher did amazing, because I feel fine.'" Afterward, I kept getting told that I have a beautiful scar by all my radiation people," she says.

She healed faster than expected and was able to begin 20 weeks of chemo treatments earlier than originally scheduled. Chemo was followed by 5 weeks of radiation. She avoided most of the typical side effects of cancer treatment, except for fatigue.

"These two little guys were coming at me all the time, 'Let's do this, let's do this.' I think telling them 'No' was more painful than just doing stuff a lot of the time. I wasn't going to stretch myself and hurt myself, but I wanted to be present for them," she says.

DISCOVERING BLISS

Dreeszen is doing great these days. She's busy with her family and back to teaching, and once again adjusting to the unexpected: the pandemic.

"There is no quiet time in my life," she says.

Dreeszen received wide-ranging support during her treatment. Friends, family, and members of her church stepped in to help. Her teaching colleagues covered her classes and a coworker organized a "Team Lacey" T-shirt fundraiser. A meal train was put together. She got an endless stream of cards and notes of encouragement, including from her students. Her husband's job accommodated his need to be there for his wife.

"I didn't do this alone. I don't know how anyone could," she says. "A sense of humor got me a long way, but the huge amount of support people were willing to provide really made it possible."

An important discovery during her treatment was the William R. Bliss Cancer Center, a service of Mary Greeley and McFarland Clinic. She didn't know about the center prior to her diagnosis, but "I'm so glad I do now."

"They all talk to each other—the oncologist, the surgeon, and everyone working for you. They have an actual team of doctors that talk about you. They made everything so smooth," she says. "It was just a blessing to have Bliss here so close, and that there's such a serious place. It's not a joke. It's an actual cancer treatment center, right here in Ames."

Dreeszen took advantage of the services offered by the Cancer Resource Center, including counseling, housekeeping help, prosthetic support, and hormone therapy.

"The second that I found out I had it, they set me up with Angela (Long, Cancer Resource Center coordinator), who's awesome. She was really the one who

could sit down and, in regular people words, tell me what my cancer was, tell me what was coming up, tell me the steps and the options. It really takes someone who's not a doctor, but who knows doctor language, to sit there and go through it with you," she says. "That was just a comfort, and of course she always has Kleenex, so if you need to sit down and cry, Angela's office is your place to go, because you do need that sometimes."

LAUGHS

Sometimes you may need to cry, that's true. Dreeszen also knows that sometimes a good laugh is the best medicine.

"Lacey let me know right off the bat that she was going to see humor in things and that made my work with her so much easier. The great thing about Lacey is that she is the same person before, during and after her cancer fight," says Merchant, her oncologist. "I think many patients

with cancer, once they are past the shock of getting a diagnosis, can start to see that some situations are just ridiculous enough to be funny. Doctors, patients and nurses in oncology do more laughing than many might expect—not because having cancer is funny, but because laughter helps deflect emotional pain, anxiety and provide witness of hope to those around." During her treatment, she had a goal to get Merchant to crack up.

"Dr. Merchant and I are tight. He calls himself a worrywart. He can be a little serious, but I can't be that serious all the time. I'm going to have fun," she says.

Owen's "bawfing" story did the trick.

"Dr. Merchant just started laughing, which was lovely to see. I like seeing everybody laugh. I like seeing everybody have fun, because this isn't a fun thing to go through, but you might as well have a good attitude about it," she says. ■

Support Outstanding Care

When you make a gift to the Mary Greeley Foundation, you help make it possible for us to continue to provide outstanding cancer care to people like Lacey Dreeszen. Your gift supports resources our patients need, including the committed Cancer Resource Center team that navigates treatments, from start to finish. To learn more about how you can support the William R. Bliss Cancer Center, contact the Mary Greeley Foundation at 515-239-2147 or mgmc.org/foundation



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To learn more about supporting the priorities of Mary Greeley, contact the Mary Greeley Foundation at 515-239-2147 or visit www.mgmc.org/foundation.

BY STEPHANIE MARSAU

CRUSHED

How a hyperbaric oxygen chamber and a team at Mary Greeley saved a Story City man's foot.

As a semiretired farmer, working with skid loaders is familiar territory for Roger Christian.

On March 31, 2020, while helping out at his son's farm just outside Roland, the unexpected happened. Christian was removing a skid loader bucket when the heavy piece of machinery swung loose, crashing down on his right foot.

Christian had suffered a crush injury, which is just what it sounds like. Crush injuries can be particularly challenging to treat because when they occur, all of the blood vessels that supply that area of the body with oxygen are compromised. Oxygen is needed to help heal the injury.

After arriving at Mary Greeley and being assessed, a decision was made to call Dr. David Cain, a McFarland Clinic foot and ankle surgeon.

"Dr. Cain was on call and came in right away, which I was very thankful for," Christian said. "We were told that surgery would need to happen within six hours and if he hadn't come in, I would've been transferred to Des Moines. I didn't want that—I wanted to stay close to home."

HYPERBARIC OXYGEN THERAPY

"Roger had a pretty severe injury," Cain said. "The bucket had not only crushed his foot, but it had also lacerated it, which resulted in having to partially amputate his first and second toes."

Wanting to save the rest of the foot, Cain created skin flaps using skin from the bottom of Christian's foot. With little to no oxygen able to get through the crushed blood vessels, however, something else was needed to make sure that the skin flaps didn't fail. If that happened, there was a chance that Christian would lose more of his toes.

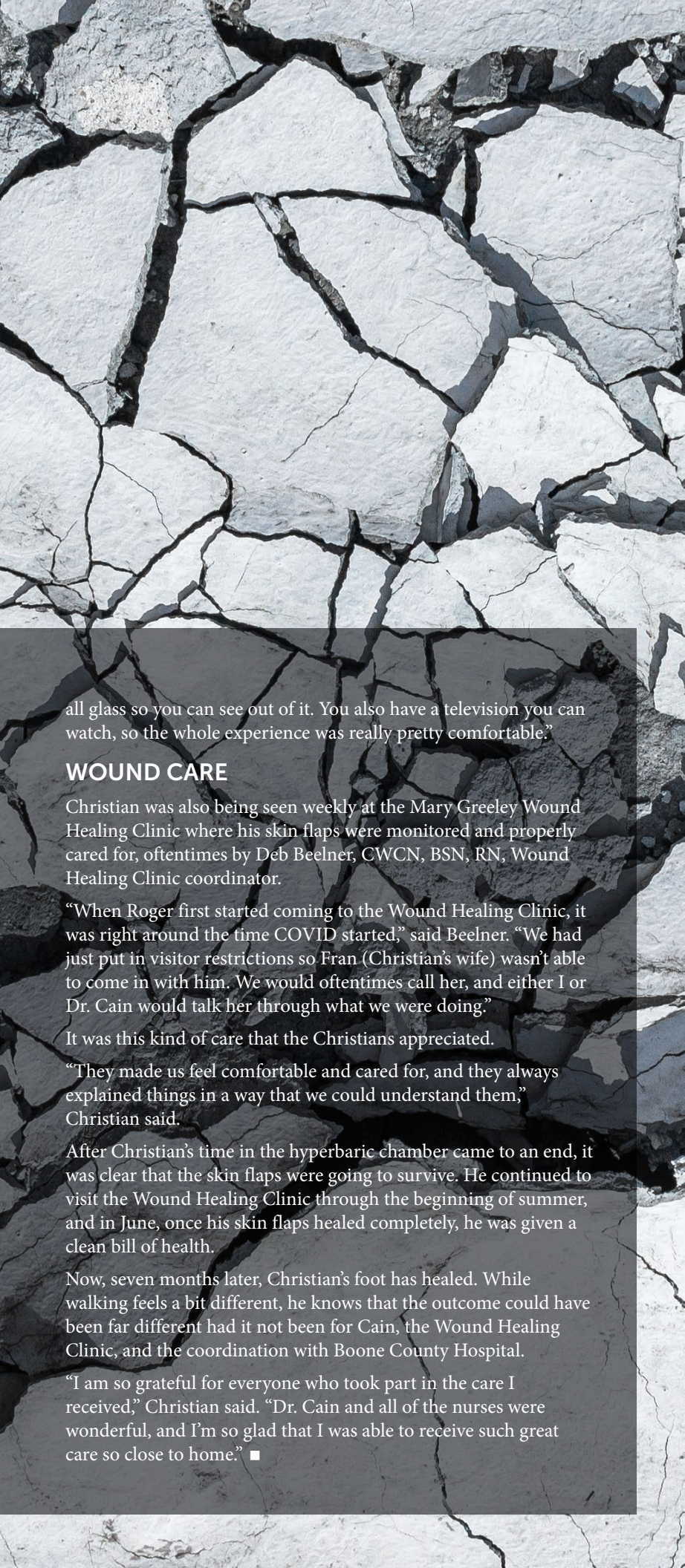
"A crush injury is a complex injury as it can cause a 'second hit'," says Cain. "You have the initial injury, which in Roger's case was the bucket crushing his foot. The trauma of the injury can also cause delayed symptoms such as circulatory impairment or arterial spasm and impaired flow from progressing edema. It was imperative that we tried to get Roger on the road to recovery prior to that happening."

Cain has seen firsthand the healing power of the hyperbaric oxygen chamber and knew that crush injuries are one of the things it can be used for. The only problem was that Mary Greeley didn't have one yet. (See sidebar on page 13 and back cover to learn more.)

"Oxygen was needed to save the skin flaps on Roger's toes and there is no better way to do that than in the hyperbaric chamber," Cain explained. "The chamber increases the atmospheric pressure and then also delivers 100 percent oxygen to the patient. Those two things combined can help provide oxygen to areas of compromised blood flow by increasing the oxygen content of the blood so desperately needed to help with the healing process."

Mary Greeley has a long-standing collaborative relationship with Boone County Hospital, which has a hyperbaric chamber. Cain made the recommendation that Christian spend 90 minutes a day, five days a week for 30 days in the hyperbaric chamber. His first visit was on April 1, and for the rest of the month Christian drove from his home in Story City to Boone.

"They were concerned initially about how I would react to the chamber because some people feel a little claustrophobic," Christian remembered. "It is small, but it's



Mary Greeley will soon have two hyperbaric oxygen chambers like the one seen in this photo.

all glass so you can see out of it. You also have a television you can watch, so the whole experience was really pretty comfortable.”

WOUND CARE

Christian was also being seen weekly at the Mary Greeley Wound Healing Clinic where his skin flaps were monitored and properly cared for, oftentimes by Deb Beelner, CWCN, BSN, RN, Wound Healing Clinic coordinator.

“When Roger first started coming to the Wound Healing Clinic, it was right around the time COVID started,” said Beelner. “We had just put in visitor restrictions so Fran (Christian’s wife) wasn’t able to come in with him. We would oftentimes call her, and either I or Dr. Cain would talk her through what we were doing.”

It was this kind of care that the Christians appreciated.

“They made us feel comfortable and cared for, and they always explained things in a way that we could understand them,” Christian said.

After Christian’s time in the hyperbaric chamber came to an end, it was clear that the skin flaps were going to survive. He continued to visit the Wound Healing Clinic through the beginning of summer, and in June, once his skin flaps healed completely, he was given a clean bill of health.

Now, seven months later, Christian’s foot has healed. While walking feels a bit different, he knows that the outcome could have been far different had it not been for Cain, the Wound Healing Clinic, and the coordination with Boone County Hospital.

“I am so grateful for everyone who took part in the care I received,” Christian said. “Dr. Cain and all of the nurses were wonderful, and I’m so glad that I was able to receive such great care so close to home.” ■

HYPERBARIC OXYGEN CHAMBERS COMING TO MARY GREELEY

In early 2021, Mary Greeley will unveil two hyperbaric oxygen chambers. Hyperbaric oxygen (HBO) therapy is indicated for 14 different conditions. Among them are crush injuries, gangrene, hypothermia, carbon monoxide poisoning, diabetic foot ulcers, and necrotizing fasciitis (flesh-eating disease).

First used in the 1940s by the United States Navy to treat deep-sea divers with decompression sickness, also known as the bends, HBO therapy started being utilized for other conditions in the 1960s when it was found to be effective in counteracting carbon monoxide poisoning.

When a patient enters the hyperbaric chamber and begins treatment, it is sometimes referred to as “diving,” which is an homage of sorts to its first use in helping deep-sea divers.

During a “dive,” the atmospheric pressure is raised, which allows for the patient to receive 100 percent oxygen. The blood carries the extra oxygen throughout the body, infusing the injured tissues that need more oxygen so they can begin healing. Patients may feel pressure in their ears similar to when they are in the mountains or on an airplane, but swallowing or chewing gum will “pop” their ears back to a normal.

Nurses in the Mary Greeley Wound Healing Clinic have been trained in the use of HBO therapy and will serve as backups for a newly hired hyperbaric oxygen therapy technician who is also cross-trained as a paramedic. A patient in the chamber also has the ability to be supervised remotely by a physician as well as in-house staff.



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HBO IS COMING to Mary Greeley

HBO is Hyperbaric
Oxygen therapy.



HBO is used for wound healing, including:

- ✓ Slow to heal or non-healing wounds
- ✓ Diabetic foot ulcers or leg ulcers
- ✓ Non-healing skin grafts or surgical flaps
- ✓ Symptoms occurring on or around a point of radiation
- ✓ Surgical wounds that have opened
- ✓ Chronic bone infections (osteomyelitis)
- ✓ Crush injuries

HBO is coming to Mary Greeley in early 2021. Stay tuned for more details.