

Fall 2024

Dubuque

LiveWell

 UnityPoint Health
Dubuque



5-STAR
QUALITY

As awarded by Centers for Medicare
and Medicaid Services (CMS).

4 YEARS IN A ROW

FORECAST BRIGHT

How Meteorologist Terry Swails
Weathered Stroke and Surgery

PAIN- & CANE-FREE

Woman Enjoys More Mobility with
New Treatment for Back Pain

WHEN MINUTES

MATTER

Lifesaving Heart Attack Treatment

MAMMOGRAM MYTHS

Addressing Common Misconceptions



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BREAST CANCER SCREENING

SCHEDULE
YOUR
APPOINTMENT
TODAY!



Early detection saves lives.

To schedule your mammogram,
call Finley Hospital Radiology at
(563) 557-2878.

Doctor's order is required.



UnityPoint Health
Finley Hospital

Finley Hospital Offers Robotic-Assisted Option for Lung Biopsy

Finley Hospital is now offering patients a new, minimally invasive option for lung biopsies using a robot-assisted surgical tool. It allows physicians to obtain tissue samples from deep within the lung and potentially diagnose lung cancer earlier. Finley is the first hospital in Dubuque with this robotic technology.

The Ion Endoluminal Robotic Bronchoscopy System features an ultra-thin, maneuverable catheter that allows navigation far into the peripheral lung, and provides stability and precision needed for biopsy compared to manual techniques.



nodule is reached, the catheter locks in place. A flexible biopsy needle then passes through the catheter to collect tissue.

“The earlier lung cancer is diagnosed and treated, the greater the chance of survival,” said Finley Hospital Operating Room Director Julie Sturbaum. “We are proud to offer this potentially lifesaving technology, to continue offering the best possible patient care.”

The Ion system is designed to fit easily into a bronchoscopy suite and integrate with existing technologies in Finley Hospital’s operating rooms.

Ion is equipped with a small camera, which gives doctors real-time video of the lungs. Once the suspicious lung

To learn more about surgery at Finley Hospital, visit uph.link/BabkaSurgeryCenter.

Nationally Recognized for High-Quality Stroke Care

The American Heart Association (AHA) recently awarded Finley Hospital with a Get With The Guidelines® - Stroke Gold Plus quality achievement award for its dedication to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines, ultimately leading to more lives saved and reduced disability.

THE HOSPITAL ALSO RECEIVED:

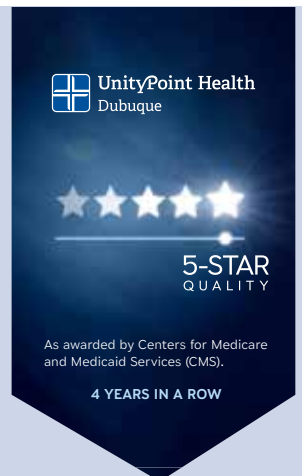
- **AHA’s Target: Type 2 Diabetes™ Honor Roll award**, recognizing Finley’s dedication to ensuring Type 2 diabetes patients, who might be at higher risk for complications, receive the most up-to-date, evidence-based care when hospitalized due to stroke.
- **An American Stroke Association certificate of achievement** for participation in the Mission: Lifeline® Stroke post-acute care initiative to enhance guideline-based care for stroke patients, ultimately improving and prolonging lives.



5-Star CMS Rating Four Years in a Row

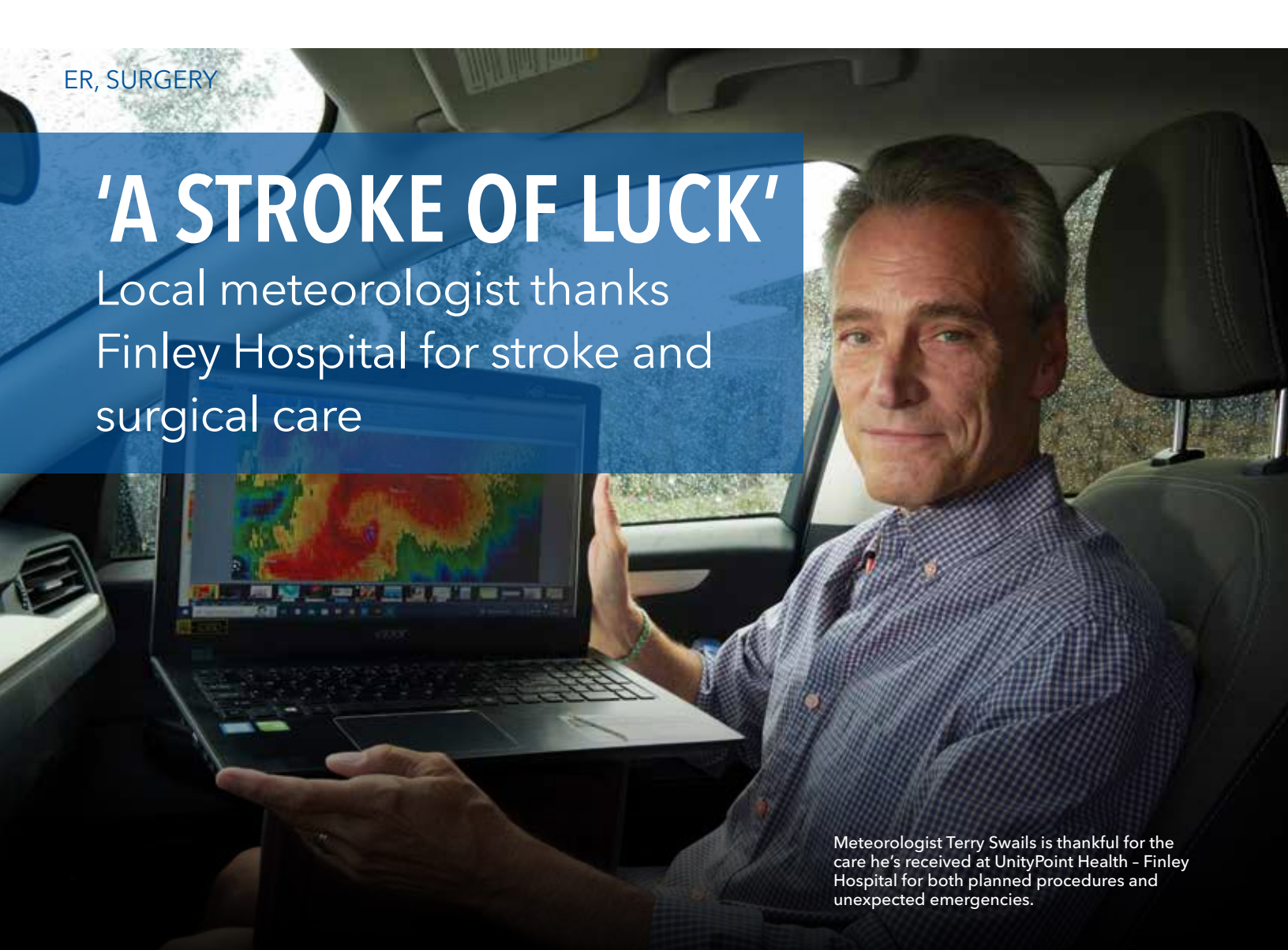
UnityPoint Health - Finley Hospital has received a five-star rating from the Centers for Medicare & Medicaid Services, or CMS, for the fourth year in a row. Only seven hospitals in Iowa received five stars, the highest rating from CMS.

The hospital rating is based on data measuring five aspects of quality of care including mortality, safety of care, readmission, patient experience, and timely and effective care, as reported by CMS’ Care Compare tool, which you can view by visiting [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).



'A STROKE OF LUCK'

Local meteorologist thanks
Finley Hospital for stroke and
surgical care

A man with grey hair, wearing a blue and white checkered button-down shirt, is sitting in the driver's seat of a car. He is holding a laptop on his lap, which displays a colorful weather map. He is looking towards the camera with a slight smile. The background shows the interior of the car and a view of trees outside.

Meteorologist Terry Swails is thankful for the care he's received at UnityPoint Health - Finley Hospital for both planned procedures and unexpected emergencies.

After 44 years as an on-air meteorologist for stations like KWWL, KWQC and KGAN, Terry Swails is still keeping an eye on the skies.

The East Dubuque, Ill., resident continues his weather reports and forecasts with daily posts on his blog, TSwails.com. It's an outlet for his passion about weather, but also a place to share personal stories.

One post, aptly titled, "A Stroke of Luck," told the story of his recent health scare and thanked hospital staff for their work that night.

"When you walk into a situation that is unknown, and you need serious help, there is no better feeling than knowing dedicated professionals are there to help," Swails wrote.

"I don't know the names of many who treated me, but the doctors, nurses, technicians and therapists were flat out amazing."

SURPRISE SYMPTOMS LEAD TO EMERGENCY VISIT

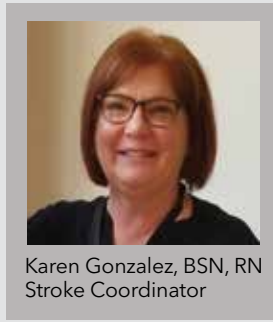
Earlier that day, Swails had an outpatient heart procedure out of town to treat his irregular heartbeat. After arriving home, eating dinner and looking at some weather data, Swails began noticing he was seeing double.

"At first I assumed I was just tired, but the more I thought about it, strokes are a big part of having irregular heartbeats," he said.

Swails' wife, Carolyn, took him to the Finley Hospital Emergency Department. The emergency team issued a "stroke alert" - which mobilizes nurses, providers, lab, CT techs, radiologists and other team members - to assess and diagnose Swails' symptoms.

"Two million brain cells are lost every minute during an acute (ischemic) stroke, so time is of the essence when a

person displays these symptoms,” said Karen Gonzalez, BSN, RN, stroke coordinator at Finley Hospital. “It’s amazing how our team rushes into action in these emergency situations.”



Karen Gonzalez, BSN, RN
Stroke Coordinator

Swails had a head CT scan and brain MRI, neither of which showed signs of a clot or bleeding. He was diagnosed with a transient ischemic attack (TIA), or mini-stroke, which causes temporary lack of blood flow to a part of the brain.

Any kind of stroke is a medical emergency. Because both an ischemic stroke and a TIA have similar symptoms, a medical team is required to identify the type of stroke involved. Ischemic strokes need immediate treatment to prevent brain damage or death, however a TIA resolves on its own. Within 48 hours, Swails’ vision had completely returned to normal.

PLANNED SURGERY STILL A ‘GO’ AFTER STROKE

As luck would have it, Swails had hip replacement surgery scheduled at Finley’s Babka Surgery Center just before experiencing his stroke. He would soon return to the hospital and team who cared for him, as he was given the green light to proceed with the surgery.

He began experiencing hip pain after suffering from and compensating for anterior Achilles tendonitis in his left heel for about a year and a half.

He consulted with Bryan Trumm, MD, of Dubuque Orthopaedic Surgeons, P.C., who recommended an anterior hip replacement. The anterior approach is a minimally invasive technique where the surgeon accesses the hip joint from the front of the hip rather than the side or back. This method offers faster recovery times and less post-operative pain.

“Being able to provide this advanced surgery to Terry allowed for a smoother surgical experience and quicker recovery,” said Dr. Trumm. “This type of hip surgery has become a positively transformative experience for patients to relieve pain from osteoarthritis, rheumatoid arthritis, hip fractures and more.”

RECOVERY

Swails’ surgery was on March 12, and after about three weeks of physical therapy, he was up and around, even mowing the lawn.

“The recovery was tough initially, but the results were worth it. I’m back to my usual activities and feeling much better,” Swails shared. He was impressed with the care he received after surgery.

“It was very personal,” he said. “Everybody was so down-to-earth and truly concerned I was comfortable and getting the attention I needed. I, of course, had a little experience [in the ER] previously, so I had something to compare it to. I didn’t notice any drop off. Everybody was extremely committed to their jobs.”

Thanks to expert and compassionate care close to home, Swails is back to doing what he loves. He expressed his appreciation with these final thoughts in his blog:

“The way I see it, I had a ‘stroke of luck,’ and I’m going to take advantage of it,” Swails wrote after returning home from the hospital following his TIA. “The weather charts will be fired up tomorrow, and I’ll be back in the game of weather and life. Thank you all for your well wishes! Roll weather...TS.”

For more information about emergency care at Finley Hospital, visit uph.link/EmergencyCare_DBQ.

To learn more about orthopedic surgery, visit uph.link/BabkaSurgeryCenter.

BALANCE Lost	EYES Blurry	FACE Drooping	ARM Weakness	SPEECH Difficulty	TIME To Call 911
B	E	F	A	S	T
Is the person suddenly having trouble with balance or coordination?	Is the person experiencing blurred or double vision or a sudden loss of vision in one or both eyes without pain?	Does one side of the face droop or look uneven?	Is one arm weak or numb?	Speech slurred or mumbled?	Call 911 immediately if you see any of these symptoms!

Every 40 seconds, someone in the United States has a stroke.

Every 4 minutes, someone dies from a stroke.

Stroke is the leading cause of serious long-term disability.

TIME LOST IS BRAIN LOST.

Know the warning signs of stroke and B.E.F.A.S.T



(L-R) Paul Oyen, Tom Vaasen, Mike Hahn and Ray Bruner supported each other through their prostate cancer journeys.

'IT'S NOT SOMETHING PEOPLE TALK ABOUT'

Four Wisconsin men bond over shared diagnosis

When 69-year-old Mike Hahn of Lancaster, Wisc., was preparing for prostate cancer treatments in April 2022, he didn't tell many people at first.

"I got a call about my treatments when I was giving a friend a ride home," Hahn said. "That was the first he knew I had prostate cancer. It isn't something you always talk about."

Just a year later, that friend, Tom Vaasen, 66, also of Lancaster, was diagnosed with prostate cancer too. Because of their conversation, Vaassen knew he had someone to go to for advice and a listening ear.

SUPPORTING OTHER MEN

As a former board member of the Grant County Cancer Coalition, Hahn told the organization's nurse if anyone with prostate cancer needed to talk to someone who'd been through it to send them his way.

One of the men he spoke with was Ray Bruner, of Fennimore - a friend of more than 45 years. Bruner, 70, was diagnosed in May of 2023, and he was terrified.

"I thought I was a goner," Bruner said.

Hahn told him about his experience and helped quell his fears, so he

was able to take action. Like Hahn, Bruner sought treatment at the Wendt Regional Cancer Center inside UnityPoint Health - Finley Hospital.

"I first went to a doctor in Madison, and after talking to Mike, I calmed down," Bruner said. "He answered my questions and reminded me about all the construction in Madison. He said, 'you're leaving an hour ahead and still barely getting there on time. Why would you want to drive so far?'"

Hahn, who owns Pioneer Ag, has now mentored several other friends through their cancer diagnoses, including another Lancaster resident, 59-year-old Paul Oyen, who was

diagnosed around the same time as Vaassen.

"There was no history of prostate issues in my family," Vaassen said. "So, it was kind of a blow. Then all these names of other guys that had it came out of the woodwork."

The four men credit the detection and successful treatment of their prostate cancer to keeping tabs on their health with yearly physicals.

They made sure to keep a close eye on their prostate-specific antigens (PSA) - a protein produced by cells of the prostate gland - which are often elevated in those with prostate cancer. PSA is measured through a blood test during a routine exam.

"I have been checking my PSA every six months since 2008 because my dad had prostate cancer when he was in his 60s," Hahn said.

Paul Lindholm, MD, radiation oncologist at the Wendt Regional Cancer Center, notes the importance of keeping an eye on PSA numbers to know what's normal.

"Baseline PSA screening at a younger age helps clarify or improve the decision for treatment," Dr. Lindholm said.

Dr. Lindholm notes the earlier prostate cancer is found and treated, the more likely it can be contained and eliminated.

The American Cancer Society recommends men who have an average risk for prostate cancer be screened at age 50. It suggests earlier screening for those with family history of the disease. Frequency depends on PSA test results and recommendations by a primary care provider.

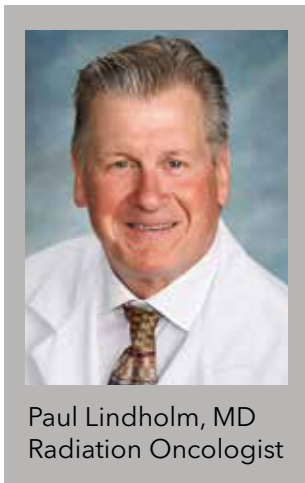
CANCER CARE CLOSE TO HOME

The Wendt Regional Cancer Center offers radiation therapy, pain control, palliative care, a nurse navigator, tumor conferences and support groups - all in Dubuque. These services and the staff are why all four men say they were glad they chose the Wendt Regional Cancer Center at Finley.

In Hahn's case, his treatment included 28 rounds of radiation over six weeks.

"It was a blast," he said. "I got to be friends with everyone at the center."

Oyen and Vaassen heard Hahn always took the team members snacks when he went for treatment, so they decided to do the same. It soon became a 'treat war,' fought with cheese curds, cupcakes, string cheese and more.



Paul Lindholm, MD
Radiation Oncologist

Oyen went through 27 rounds of radiation. He was pleased to find the cancer center was able to accommodate his work schedule. Like Hahn, he developed close relationships with the staff at the Wendt Regional Cancer Center.

"You make new friends here because everyone is so easy to talk to and share stories with. They make it very comfortable," Oyen said.

"It made an unpleasant experience a pleasant one," Vaassen added. "Actually, it was a little sad when it was over because you get used to seeing Brittany, Chris, Mary Carol and Charlye regularly."

For more information about cancer care at the Wendt Regional Cancer Center, visit uph.link/CancerCare_DBQ.

Integrated Cancer Center Support Group

The Integrated Cancer Center, a partnership between Grand River Medical Group's Medical Oncology Clinic and UnityPoint Health - Wendt Regional Cancer Center, offers a monthly support group for cancer patients, no matter their cancer stage. It is also open to caregivers, family members and supporters.

Led by Integrated Cancer Center team members, the support group was created with all cancer patients in mind, no matter where they are in their cancer journey.

The group meets on the third Wednesday of each month from 3 to 4 p.m. in Suite 3300 of the Delhi Medical Center, 1500 Delhi St., in Dubuque. Topics discussed range from nutrition and symptom management to financial and emotional support.

The Cancer Support Group is the latest addition to the Integrated Cancer Center's Integrated Wellness Program.

The program's other offerings include:

- Oncology rehabilitation, with the goal of improving daily function and quality of life for every patient through preventive, restorative, supportive and palliative interventions.
- An exercise program to improve strength, endurance and mobility.

For more information regarding this support group, contact the Wendt Regional Cancer Center at (563) 589-2468 or visit uph.link/CancerCare_DBQ.



WHEN MINUTES MATTER

After lifesaving treatment and cardiac rehabilitation at Finley Hospital, Doug Roush is back to his active lifestyle.

Doug Roush's Monday morning started like any other. First, a sweat-drenched workout, followed by a shower and breakfast before heading off to work at AY McDonald.

About a half hour into his workday, heart attack symptoms began.

"I started feeling some chest pain," Roush said. "At first, I tried to ignore it. But it quickly became clear it was something serious."

From there, he broke out in a cold sweat and felt pain behind his jaw. He called his wife, Kim, who rushed him to the UnityPoint Health - Finley Hospital Emergency Department.

Roush was quickly diagnosed with a heart attack - specifically, a blockage in the left anterior descending artery, a heart attack commonly known as the "widow maker" due to its severity.

It came as a complete shock.

"I had no history of heart problems," Roush said. "I'm 50, work out regularly, and I was caught completely off guard."

The team rushed him to the cath lab for a balloon angioplasty and stents just 40 minutes after his arrival - a timeline that far exceeds the American Heart Association's benchmark of 90 minutes.

Finley Hospital aims for a door-to-balloon time of 60 minutes or less.

"It is important to treat a heart attack quickly because each minute after a heart attack, more heart tissue is damaged or dies," said Mike Banyasz, MD, medical director of the Emergency Department at Finley Hospital. "Medical treatment is needed to fix blood flow to the heart. Early treatment can prevent or limit damage to the heart and save your life."

“As soon as they realized what was wrong, everything shifted into high gear,” Roush said. “The doctors and nurses were amazing. They kept both me and my wife calm, and their quick actions really made a difference.”

After the procedure, Roush was feeling better. That afternoon he was asking if he could head home.

“It was a strange feeling,” Roush said. “I felt great, almost like nothing had happened. I’m not one who is very good at sitting around and not doing a lot. So that first week of recovery was rough for me.”

Post-procedure, Roush attended Finley Hospital’s Cardiopulmonary Rehab program three times a week. The program is designed for individuals who have experienced a heart attack or have other heart and lung-related health problems.



Mike Banyasz, MD
ER Medical Director

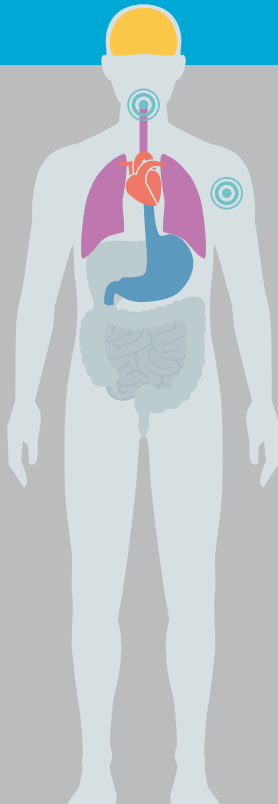
The rehab team creates an individualized treatment plan that includes evaluation and instruction on physical activity, as well as nutrition coaching, stress management and other health-related education. Cardiac rehab helps patients decrease the chance of additional heart problems, reduces the physical and emotional effects of heart disease, improves stamina and strength, and boosts confidence to resume an active lifestyle.

“They checked my pulse, my blood pressure and my oxygen level as I worked out,” Roush said. “They measured them before, during and after to see how well I recovered, and my heart rate during my work out. That was really educational. They emphasized paying attention to your body and what it’s telling you.”

Because of the Finley Hospital team, Roush is now back to his daily workouts and is confident in continuing his hobbies like golfing.

To learn more about heart care at Finley Hospital, visit uph.link/HeartCare_DBQ.

Symptoms of Heart Attack



If you or someone you love experiences heart attack symptoms, call 911 immediately. Symptoms can include:



BRAIN
Lightheadedness, dizziness



STOMACH
Nausea or vomiting



UPPER BODY
Pain in jaw, neck, arm, upper back



SKIN
Cold sweat



CHEST
Discomfort, pressure and pain



WHOLE BODY
Fatigue, back pain



LUNGS
Shortness of breath

PAIN- AND CANE-FREE AFTER SAME-DAY SPINAL PROCEDURE

Ruth Arlen, of Zwingle, has returned to gardening after having minimally invasive surgery to treat her lower back pain.

Ruth Arlen arrived at UnityPoint Health - Finley Hospital for an outpatient procedure using a cane to steady herself. Afterward, she no longer needed one.

Arlen was the first patient at Finley to have the Minimally Invasive Lumbar Decompression (MILD) procedure, to remove ligament tissue from the back of the spine to reduce pain and improve mobility.

"Before my procedure, I had a cane in my car, a cane in my husband's car, one in the house," Ruth said. "Now I can walk from the parking lot without a cane."

The Zwingle resident struggled with pain radiating from her lower back down her legs, so much so that she couldn't bend over to pick something up, stand or sit for long periods of time.

Arlen tried physical therapy, chiropractic care and injections. When she asked Timothy Miller, MD, Finley Hospital Pain Clinic, for other solutions, he suggested they try something new.

MINIMALLY INVASIVE SURGERY

The MILD procedure is a solution for a subset of patients who suffer from a condition known as Lumbar Spinal Stenosis (LSS). This is when the lower spinal canal narrows and compresses the spinal nerves in the lower back, causing pain when standing, walking, sleeping and more - with relief only when sitting or bending forward.

"We believe that's because the spinal nerves are being compressed," said Dr. Miller. "The MILD procedure helps reduce that pressure."

The procedure is performed in under an hour through a single, tiny incision using local anesthetic and light sedation. Through the incision, doctors then scoop away a portion of the thickened ligament, to decompress the spine and relieve pain. Relief can last more than five years.

The MILD procedure is recommended only after other treatment options, such as injections and therapies, have been exhausted. It can be an alternative to open-spine surgery, which some patients are unable or unwilling to have done.

Arlen has seen a significant improvement in her quality of life since the procedure.

"I can now sleep without a whole bunch of pillows and bend and do things I couldn't do before," she said. "I'm looking forward to going outside and gardening again."

If you or someone you love experiences chronic pain, ask your primary care provider for a referral to the Finley Hospital Pain Clinic. To learn more, visit uph.link/PainClinic_DBO.



Lacey Foley
Mammography Technologist

Mammogram Myths and Facts

When it comes to breast cancer and breast cancer screening, there are various myths about screening methods, radiation exposure, family history and more. In recognition of Breast Cancer Awareness Month in October, Lacey Foley, RT (R)(M), mammography technologist lead at Finley Hospital, addresses some of the most common misconceptions related to breast cancer screening.

Myth #1: Mammograms are dangerous because of radiation exposure.

FACT: The amount of radiation from a mammogram is tiny, much smaller than from an average X-ray or even from your natural surroundings. Our mammogram machines have protective barriers in place, which minimize overall exposure. Additionally, these machines are tested annually to ensure the exposure remains within standards.

Using compression means less exposure, as there is less tissue to penetrate. The goal of a screening mammography is early detection of a developing cancer, which can have a 99 percent treatment rate if found early. Mammography can find smaller cancers years in advance when compared to feeling it on the outside (such as finding a lump during a self-exam). The benefits of early detection certainly outweigh any risks.

Myth #2: Compression of the breast during the mammogram is bad for you.

FACT: Though compression can be uncomfortable, it's a benefit in many ways. First, compression helps by spreading the tissue so it's not so condensed in one area, allowing the radiologist to see through the thicker tissue. This allows them to see the smallest structures and increases the chance of finding a cancer earlier. It also requires less exposure time when taking an image.

Myth #3: Breast cancer doesn't run in my family, so I don't need a mammogram.

FACT: The first risk factor is being female. About 75 percent of breast cancers are found in those who have no family history, though having a family history of breast cancer can increase your risk. Consult a primary care provider about when and how often to have a mammogram.

Myth #4: I should just skip the mammogram and get a breast ultrasound instead.

FACT: Mammography is still the gold standard for detecting breast cancer and should be used first when it comes to screening. It shows the overall view of the breast tissue, whereas ultrasound shows/highlights a smaller area.

For instance, if you walk into a room and turn on the light, you can see the entire room, much like how a mammogram shows the entire breast. If you walk into a room and turn on a flashlight, you can see the area you shine the flashlight on, much like a breast ultrasound highlights a certain area. Both mammography and ultrasound complement each

other in different ways. Ultrasound is used more for smaller areas found on a mammogram and can also be used as a secondary exam for dense breast tissue, which is also initially found on a mammogram.

Myth #5: If I have to come back for more images after my screening mammogram, that means the technologist didn't get the right images the first time.

FACT: This is false 98 percent of the time. If you are called back from your screening mammogram, it usually means the radiologist has seen a change from your prior imaging, or one breast has different tissue make-up. We consider a change or dense tissue a "finding," much like when one of your lab results comes back out of normal range. When you see a change, that area needs to be further investigated to make sure it's a normal change, and not a change that may conclude a smaller cancer is starting to develop. For the two percent of those who are called back due to other reasons, most are due to motion on the image or needing more tissue.

Schedule Your Annual Mammogram

It's recommended women start with a baseline mammogram between the ages of 35-40, then start annual screening mammograms at age 40, or sooner if there's a family history of breast cancer. **Talk to your provider or call (563) 557-2787 to schedule your mammogram at Finley Hospital.**



NOW HIRING!

Join an amazing team today.

Scan to see our career opportunities!

