



Discover Health

WEST CHESTER CAMPUS

2019 Issue 3

A professional man in a dark grey suit, white shirt, and striped tie stands with his hands on his hips. He is positioned in front of a yellow and white airplane. The letters 'DCH' are visible on the side of the plane.

Know the Warning Signs
of a Heart Attack

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When Manjit Marwaha experienced a serious heart attack, physicians at UC Health's West Chester Hospital saved his life.

STRAIGHTENING UP

Curing Scoliosis of the Spine

Pamela McMaster, of Findlay, Ohio, has suffered with chronic back and nerve pain for as long as she can remember. Diagnosed with degenerative scoliosis, Pamela had two surgeries to correct her spine, in 1995 and in 2005. Those procedures never relieved her pain; and eventually she could not even walk. Her daughter, Mandy Bahe, resides in West Chester Township and encouraged her mother to seek the advanced care available at UC Health's West Chester Hospital.

"The pinched nerve made my leg completely non-responsive," said Pamela. "It was too painful to do anything: to get up or to move around. I always said that I would never have another surgery because those had not worked for me, but I needed to walk."

Degenerative scoliosis describes a side-to-side curvature of the spine, caused by degeneration of the moving parts of the spine. Over time, spinal asymmetry gradually worsens.

Pamela met with Rani Nasser, MD, UC Health neurosurgeon at West Chester Hospital and assistant professor of neurosurgery, University of Cincinnati College of Medicine. Dr. Nasser is also affiliated with the University of Cincinnati Gardner Neuroscience Institute's Back, Neck and Spine Center.

On July 11, Dr. Nasser performed a 15-hour surgery on Pamela, removing the remnants of previous surgeries and correcting her crooked spine with a series of supportive braces and cages.

"Pamela had developed a hunchback on top of her prior fusion operation, keeping her from being able to stand up or have independence," said Dr. Nasser. "We reshaped her spine to normal curvature. To do so, we implanted a brace for her spine, with cages held in place by screws and interbody spacers. It was a long operation and she did really well."



After performing surgery on Pamela McMaster, Rani Nasser, MD, reviews the remarkable before-and-after scans of Pamela's spine.

I immediately felt comfortable with Dr. Nasser," said Pamela. "He told me he was confident this surgery would be different—my back would be fixed for good.

West Chester Hospital offers state-of-the-art technology for spine surgery, including 3D navigation, but Dr. Nasser stresses that while technology is fantastic, the surgical techniques are most important.

No two patients are the same, he explains, as the curvature of the spine varies, and it takes thorough planning to get patients to where they need to be.

As for Pamela, she's planning her next adventure. "I want to get back to traveling and hiking—there was no hiking before surgery. Now I'm gaining my strength, taking the stairs instead of elevators and keeping up with physical therapy," said Pamela.

Today, Pamela is able to enjoy walks with her four-legged companion, Rascal, an Australian-Shepherd who is as spry and full of character as his owner.

"I've seen the X-rays and I'm just so happy," said Pamela. "Dr. Nasser isn't just a good doctor; he's a wonderful person. You can tell he truly cares about his patients."

An added bonus from her surgery? "Dr. Nasser gave me back three inches of my height," said Pamela. "I guess I'll have to change my driver's license!"

"We want the community to know we are here to offer advanced, comprehensive care, whether it's a minimally-invasive surgery where you return home that same day, or a more-complex procedure like Pamela's surgery — our high standard of care is the same," said Dr. Nasser. "West Chester Hospital is unique in that it is a community hospital with the added benefit of its academic affiliation with University of Cincinnati. Here, each person is an individual, not just a number in the system."

To receive a referral to a physician specialist at West Chester Hospital, call 513-298-DOCS (3627). Discover more at uchealth.com/neurosurgery.

AGING & PREGNANCY Q&A

What Are the Risks?

In general, people are living longer, and many women choose to launch careers before starting a family, which may delay pregnancy and childbirth. For women over the age of 35, pregnancy is considered high risk—but what exactly does that mean? Two UC Health OB/GYN experts at West Chester Hospital have the answers.

Why does pregnancy for women over the age of 35 place them at higher risk? How does a mother's age affect the gestation of her child?

Dr. DeFranco: Most women over the age of 35 are able to anticipate a healthy pregnancy. However, medical conditions such as diabetes, high blood pressure and obesity can be more common in women as they age. Also, women have higher risks of having a baby with a genetic condition, such as Down syndrome, as they age. Those risks increase with every year of maternal age and are not specific to only women over age 35.

Why do women's bodies not allow for childbirth past a certain age?

Dr. Westerfield: Women are born with all the eggs they will ever have. Over time, the number of eggs decreases, and the health of the remaining eggs declines as well. Since women lose eggs over time, this makes it more difficult to become pregnant past a certain point. However, at what age this happens is different for everyone.

Does UC Health offer extra support for high-risk patients?

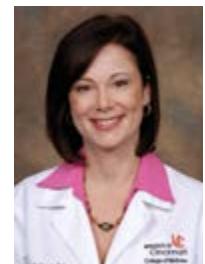
Dr. DeFranco: Yes, women with high-risk pregnancies may receive special tests during pregnancy such as blood tests, frequent office visits and exams by the high-risk pregnancy subspecialists and even high-complexity studies such as specialized ultrasound and/or MRI. We may also provide invasive diagnostic testing and treatments for some pregnancy conditions including amniocentesis, chorionic villus sampling, fetal blood transfusions and even fetal surgeries. Women with high-risk pregnancies may also receive care by a team of physicians from multiple specialties, which we refer to as multidisciplinary care.

How can women who become pregnant in their late 30s or early 40s have a healthy pregnancy? What advice can you offer?

Dr. Westerfield: Despite the scary-sounding risks, most patients who become pregnant at this age do have healthy pregnancies. By receiving early prenatal care, women can learn how to watch for signs of miscarriage and can schedule screenings for genetic abnormalities.



Lauren Westerfield, MD
OB/GYN



Emily DeFranco, DO
Maternal Fetal
Medicine Specialist

How does UC Health's West Chester Hospital support women who want a healthy pregnancy?

Dr. DeFranco: Our team of subspecialists and obstetricians provides detailed counseling for patients with higher risk pregnancies. We develop a unique pregnancy care plan specifically suited for each woman's special condition through our high-acuity care and close monitoring of both mother and baby.

Dr. Westerfield: At the UC Health Women's Center, we care for a large number of patients who have children into their late 30s and early 40s. We spend considerable time with all patients to discuss ways to maximize the health of their pregnancies. We also have support and resources through the UC Health Center for Reproductive Health for those who are having difficulty conceiving and are interested in fertility treatment.

The ABCs of High-Risk Pregnancies

Dr. DeFranco identifies three main types of high-risk pregnancies:

1. Women who become pregnant and have preexisting medical conditions, including high blood pressure, heart disease, diabetes, substance abuse disorders, autoimmune disorders, thyroid diseases, genetic (inheritable) diseases, obesity and cancer. We even treat pregnant women who have had transplanted organs before pregnancy, such as liver, kidney and even heart transplants.

2. Women who develop medical complications during pregnancy. The most common pregnancy complications we treat are preterm labor (labor before 37 weeks) and preeclampsia, which is high blood pressure caused by pregnancy.

3. Fetal complications. This category includes birth defects and abnormalities of the fetus. Some common birth defects include heart defects, cleft lip or palate, club feet or spinal cord defects. These are conditions that may be identified in the baby by routine ultrasound before delivery.

Advanced Treatments Available

- High-risk pregnancy management.
- Genetic and prenatal counseling.
- Management of fetal arrhythmias (heart rhythm irregularities).
- Preventive therapies.
- Intrauterine transfusion (delivering blood to the baby).
- Fetal shunt therapy (relieving pressure on the baby's organs).

To receive the name of an OB/GYN or maternal-fetal medicine specialist at West Chester Hospital, call 513-298-DOCS (3627). Learn more about the Women's Center by calling 513-475-UC4U (8248).

WATCH FOR THE WARNING SIGNS

A Heart-Stopping Moment Turns into a Success Story



In January 2019, Manjit Marwaha, 49, walked into the emergency room at UC Health's West Chester Hospital with his wife, Ruby, who drove him there because he was experiencing unabated chest pain for hours.

Since he had always maintained good health, Manjit did not think the pain was serious.

"I thought it was possibly indigestion or gallstones. This couldn't be a heart attack. It's me—I can't be having a heart attack," he said.

The emergency department staff keenly observed his demeanor and immediately started an electrocardiogram (EKG), a test that measures the electrical activity of the heartbeat.

"After two to three seconds, the technician stopped the test and said to me 'Stay there,' then rushed off," said Manjit. "I didn't have a clue what was happening."

A nurse then calmly walked Manjit and Ruby down a corridor and into an empty room.

"She explained that my condition was serious and told me what to expect during the next 90 seconds," said Manjit. "I couldn't believe how accurate her explanation was, down to the precise second."

Within 30 seconds, Naseer Khan, MD, UC Health interventional cardiologist at West Chester Hospital and assistant professor of clinical medicine at the University of Cincinnati College of Medicine, entered the room.

"Dr. Khan told me I was having a heart attack. I said 'No, that can't be right, I can stand up and walk'—but he quickly told me to 'Stop, please stay still.' That's when I knew I was in a bit of a predicament," said Manjit. "At that moment I looked back at Ruby and apologized for anything I had ever done wrong ... just in case."



Manjit Marwaha endured pain for one year before experiencing a life-threatening heart attack.

Dr. Khan explained the surgical procedure that Manjit needed and stated that a helicopter was on standby just in case the surgery was not successful. If needed, he would be airlifted to UC Medical Center for open-heart surgery.

"It was surreal," said Manjit. "On the gurney, I saw lights flashing rapidly above me like in a film, and then I was in the operating room being prepped for surgery," said Manjit.

He was given a mild sedative, but to his surprise, no anesthesia—Manjit observed as the team operated, and his adrenaline kept him very alert. Patients remain awake during these types of procedures because they may be asked to take deep breaths or hold their breath for a few seconds while X-rays are taken, and catheters are manipulated to reach the heart.

"I suppose that I went into an operational mode, like I do at work," said Manjit. "To be fair, my job focuses on 'critical mass'; in other words, if things go wrong, no matter what it is, I have to stay calm, keep everyone steady and make decisions under pressure. Don't get me wrong, the pain hurt, but I'm a pretty strong character, physically and emotionally."

Manjit Marwaha is vice president of cargo operations and performance at DHL Express Americas, with operations in 220 countries across the globe. His career demands that he travel at least once a week, and oftentimes more.

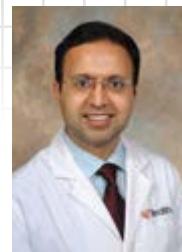
Manjit had dealt with intermittent chest pain for about a year before seeking help. A high tolerance to pain kept him from thinking that the pain was serious. His first major red flag caused him to miss spending Christmas with his family.

"I was meant to fly from the Cincinnati airport to the UK (United Kingdom). I was supposed to wake up at 4 a.m., but somehow I woke up disoriented at 7:30 a.m. and missed my flight," said Manjit. "That was the first time I had ever missed a flight in my life, and I spent Christmas alone."

He'd gotten through bouts of symptoms like sudden shortness of breath, nausea and an intermittent "jabbing" pain in his arm and chest. On the morning he chose to go to West Chester Hospital, the pain was constant.

According to guidelines from the American Heart Association and American College of Cardiology, once a patient is having a heart attack, the clock starts ticking—the blocked artery must be opened within 60 minutes, and the sooner, the better.

"We started the coronary angiogram, placing catheters into the wrists, which travel into the heart, where dye is injected into the heart's arteries and a tiny camera takes X-ray images so we can see exactly what's happening," said Dr. Khan.



Naseer Khan, MD

Interventional Cardiologist



Manjit had 100% blockage in his left anterior artery commonly called “the widow-maker.” This is an artery so significant that its name suggests the low survival rate if clogged. According to the American Heart Association, people like Manjit are called a “dead man walking,” because such severe blockages are normally only witnessed in autopsies if patients are not immediately treated.

Using the X-ray images as a guide, the blood clot was pulled out via the catheter. A small metallic tube, called a stent, was then placed inside the artery where it will remain for life. “Stents keep the artery from collapsing,” said Dr. Khan. “Eventually, tissue forms around the stent, and the body accepts it as a normal part of anatomy.”

Within 30 of the allotted 60 minutes, Dr. Khan and his team opened the artery, allowing blood to flow through it. They placed two stents in the left descending anterior artery to ensure it would not collapse. Manjit was taken to the Intensive Care Unit for stabilization.

“His second artery was also nearly completely blocked,” said Dr. Khan. “He was living with only one artery, not enough to sustain life. He could have died before arriving to the hospital.”

Manjit’s full occlusion, or blockage, in the widow-maker artery and 90% blockage in the second-largest artery is unusual for his young age.

“It might be correlated with his genetics,” said Dr. Khan. “His family is from India, and Asian men have a higher predisposition for developing coronary artery disease at an early age.”

A few months after the second procedure, Manjit experienced the now-familiar pain again. In about 15% of patients, the blockage in a major heart artery also involves an occlusion within a side branch. This is called a bifurcation lesion, which is complex and associated with higher needs of repeat procedures to treat narrowed heart vessels.

“We performed the third angiogram and found a blockage in the third coronary artery where we placed an additional stent—that’s how aggressive his disease was,” said Dr. Khan.

Manjit’s harrowing experience prompted family members and friends to start making lifestyle changes.

“My family was so distraught you would have thought they had the heart attack,” joked Manjit. However, he quickly becomes serious. “My thought patterns have changed because of this: I’m enjoying life a little more each day and not fussing about the silly little things. It has made me think—what am I leaving behind?”

The Advantages of Telemedicine

Telemedicine is video chatting for doctors and patients. Rather than having to physically go to the doctor’s office or wait to schedule an appointment, patients essentially install an app that allows them to consult their doctor remotely. Full exams are available via video consultation.

“UC Health’s West Chester Hospital is the only hospital in the immediate area offering telemedicine for cardiology patients,” said Dr. Khan. Over a dozen patients currently qualify to utilize telemedicine via West Chester Hospital. The technology isn’t typically used for cardiology patients but proved essential for Manjit, who maintains a busy schedule that involves frequent travel.

“Telemedicine is fantastic!” said Manjit. “Dr. Khan called me and asked, ‘Where are you?’ I had the third surgery at the beginning of the week and had flown for a meeting at the end of the week,” said Manjit. “Dr. Khan didn’t tell me not to fly, but we had a conversation to discuss it. Overall, it was just an amazing experience.”

To receive the name of a cardiologist at UC Health’s West Chester Hospital, please call 513-298-DOCS (3627). Learn more at uchealth.com/heart.



LIVING WITH EPILEPSY

Regaining Control and Leading a Productive Life

Imagine driving your car when suddenly it is no longer under your control—you know what the vehicle *should* be doing, but it does not respond.

Living with epilepsy is similar to the above scenario, except that you lose control of your own body; the illness takes over in the form of uncontrollable seizures.

Epilepsy is a neurological condition that causes seizures through electrical and chemical disturbances in the brain. According to the Epilepsy Foundation, three million people in the U.S. have been diagnosed with the disorder, making it the fourth most common neurological illness in the nation.

With the disorder difficult to diagnose and even more difficult to treat, people with epilepsy often experience increased anxiety and depression as a result of the uncertainty added to their everyday lives. Helping those who face epilepsy is precisely why Mark Callow, MD, chose to become an epileptologist.

"I started having seizures as a freshman in high school," said Mark Callow, MD, UC Health neurologist at West Chester Hospital and assistant professor of neurology at the University of Cincinnati College of Medicine and UC Gardner Neuroscience Institute.

"It was hard being age 14, going through puberty and also experiencing seizures. My epilepsy diagnosis led me to this career: I know what it's like to be sitting on the other side of the exam room."

Dr. Callow has been seizure-free for more than 10 years. He says his specific type of epilepsy is genetic, and he takes two medications every day as treatment.

People can develop epilepsy from anything that structurally damages the brain, such as events that result in brain trauma (i.e. car accidents), a stroke or a brain tumor.

UC Health offers specialized technology to both diagnose and treat patients with all forms of epilepsy. UC Health is the only adult health system in the region to offer inpatient epilepsy monitoring.

Upon arrival at the West Chester Hospital Epilepsy Monitoring Unit, patients are first examined by a physician subspecialist (Dr. Callow, for



The Epilepsy Monitoring Unit at West Chester Hospital provides life-improving treatments for epileptic patients in the community.

instance). A technologist then prepares the patient for an electroencephalogram (EEG), a test that evaluates electrical activity in the brain by monitoring the synapses firing between brain cells.

The equipment tracks the patient's brain waves in real time. Awake or asleep, the brain is always active—during a seizure, a surge of electricity is blasted through the network of neurons in the brain, and that episode is recorded on the EEG.

Doctors identify the specific types of electrical surges, what they mean and where they're occurring in the brain.

"A patient could stay up to five days in the unit for monitoring, usually if they have a history of losing consciousness with no indication of why it's happening," said Dr. Callow. "Once we narrow down exactly where the issue is, we can treat the patient accordingly."

Medication is the first line of treatment to limit the amount and duration of a patient's seizures. However, one-third of epileptic patients don't respond to medications and may require surgical treatment.

Medication is the first line of treatment to limit the amount and duration of a patient's seizures. However, one-third of epileptic patients have intractable epilepsy—a disorder in which seizures are not relieved by treatments such as medication—also known as "uncontrolled," "refractory," or "drug resistant" epilepsy. These patients may be candidates for transformative technology, or dual device stimulators. Similar to pacemakers, which treat heart conditions, three types of devices may be used to stimulate the brain:

- Vagus Nerve Stimulator (VNS)
- Deep Brain Stimulator (DBS)
- Responsive Neuro-Stimulator (RNS)

DBS and RNS devices are implanted into the brain where they operate independently. VNS is implanted into the neck, where it delivers electrical impulses to the vagus nerve. Patients with VNS are given a wristband, and when they feel a seizure coming on, they can turbo-activate the VNS via the wristband, sending an extra surge of electricity to instantly stop the seizure in its tracks.

Uncontrolled epileptic seizures can take over patients' lives, making it impossible to perform normal activities like going to school or work or driving a car. The Epilepsy Monitoring Unit at West Chester Hospital provides life-improving treatments for epileptic patients in the community.

If you suffer with epilepsy, seek treatment and remember that you are not alone.

"I think it's important to share my personal story with patients," said Dr. Callow. "Now I have a career, I'm married and have children."

"An epilepsy diagnosis doesn't mean life is over—it will be a challenge—but most people live a completely normal life once they receive proper care."

For the name of a neurologist who specializes in epilepsy, call 513-298-DOCS (3627). Learn more at uchealth.com/epilepsy.



Mark Callow, MD
Neurologist

DOWN THE HATCH

New Treatments for GERD and Swallowing Disorders

Symptoms are stealthy, starting with a smoldering tightness right below the breastbone, followed by a burning sensation in the esophagus—sometimes making swallowing difficult. Acid reflux may come on quickly but can also linger unbearably long. Bending over or lying down only exacerbates the pain.

If you regularly experience acid reflux four or more times a week, you might have gastroesophageal reflux disease (GERD).

New, advanced treatments are available for GERD and swallowing disorders only at UC Health and West Chester Hospital, easing the severity of symptoms and in many cases permanently resolving them.

Kevin Grimes, MD, UC Health gastrointestinal surgeon at West Chester Hospital and assistant professor of surgery at the University of Cincinnati College of Medicine, is the only surgeon in the U.S. to have completed a full year of formal training from the Digestive Diseases Center at Showa University Koto Toyosu in Japan.

There, Dr. Grimes was trained to perform the world-famous Peroral Endoscopic Myotomy (POEM) procedure, which originated at Showa University Koto Toyosu in 2010. POEM uses endoscopic technology to treat achalasia, which is a swallowing disorder. Achalasia is a rare disease of the esophageal area, making it impossible for the esophageal sphincter and surrounding muscles to properly relax—keeping food from properly passing into the stomach.

“Swallowing disorders mean the esophagus isn’t doing what it’s supposed to, and achalasia is one specific underlying disease that causes the disorder,” said Dr. Grimes. In achalasia, the lower esophageal nerves begin to degenerate, followed by the degeneration of muscle cells. We don’t know what causes this; it could be genetic, or possibly a symptom of an autoimmune disorder.”

During his time overseas, Dr. Grimes was a clinical fellow focusing on digestive surgery and endoscopy. To perform clinical procedures, Dr. Grimes was issued a temporary Japanese medical license and trained closely with achalasia specialist Haruhiro Inoue, MD.

POEM patients experience significantly higher success rates than those who undergo standard surgical procedures, due to its minimally invasive technique. POEM patients don’t incur large incisions and are therefore able to recover rapidly—often only requiring a minimum hospital stay, if at all.

Before POEM, achalasia treatment was constrained to oral medications, stretching of the esophagus, injection of muscle-relaxing medication into the esophagus and more invasive surgery.

As for GERD, the goal is to stop acid from refluxing back up into the esophagus.

“GERD can be cured, depending on the severity of the case,” said Dr. Grimes. “Our treatments range from surgery down to some simple endoscopic procedures. For surgical patients, our goal is that people will no longer need medication.”

For the name of a gastrointestinal surgeon, call 513-298-DOCS (3627). For more information, visit uchealth.com/services/esophageal.

Some patients with GERD can find symptom relief through lifestyle changes such as weight loss and a specialized diet.

“Losing weight can make a huge difference instantly,” said Dr. Grimes. “Being overweight compresses everything, placing pressure on the diaphragm and pushing the stomach up toward the chest, disrupting natural barriers that prevent reflux.”

First-line treatment is medicine and lifestyle changes, such as a modified diet. Avoid fatty and spicy foods, caffeine and alcohol that loosen the muscle between the esophagus and the stomach, triggering GERD symptoms. Not smoking and sitting upright for at least one hour after eating are also recommended.

If first-line treatment doesn’t eliminate symptoms, an endoscopy procedure is often the next step.

“If patients want to avoid surgery, we can perform an endoscopy procedure where we make a scar inside the stomach, which helps tighten up the valve, keeping acid from making its way up the esophagus,” said Dr. Grimes.

Fundoplication is another surgical option in which the fundus (a piece of the stomach) is wrapped around the bottom of the esophagus to tighten the sphincter. This is performed laparoscopically, with small incisions and a quick recovery time.

UC Health Esophageal Disease Center

UC Health has leading-edge technology for diagnosing often elusive esophageal mobility disorders.

For example, an outpatient test called esophageal manometry is available, which identifies specific problems of movement and pressure in the esophagus that may lead to issues like GERD and swallowing disorders.

“Esophageal manometry tests the strength and coordination of the muscles while you swallow,” said Dr. Grimes. “It’s a procedure that we perform at the UC Health West Chester Campus that isn’t common. We’re able to diagnose some esophageal disorders that might otherwise go undetected without that kind of technology.”



Kevin Grimes, MD, is helping people achieve a higher quality of life through advanced medical treatment.



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Health Events Calendar

The UC Health West Chester Campus is a health information resource for people in its surrounding communities. Events and activities listed are held within West Chester Hospital, 7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

Free Community Seminar Series

• Free Diabetes Education: With Knowledge, Comes Control

A free diabetes seminar is offered on Sat., Feb. 1, 9 a.m. – 12 noon. To register, visit uchealth.com/wchevents or call 513-298-FAST (3278). A monthly diabetes support group is offered at 6 p.m. on the first Tuesday of each month. Registration is not required. Call 513-475-7400 for more information.

• Heart Health Seminar

Saturday, Feb. 15 (9-10:30 a.m.) and Wednesday, Feb. 19 (7-8:30 p.m.). Join the region's leading cardiology specialists for a free educational seminar about cardiovascular health.

• Joint Pain Seminar

Saturday, April 18 (9-10:30 a.m.) and Wednesday, April 22 (7-8:30 p.m.). This free seminar will feature the region's leading orthopaedic specialists who will discuss causes and treatment options for joint pain.

Register for the events above online at uchealth.com/wchevents or by calling 513-298-3000. Seminars are held in the plaza conference room located on level A of the hospital.

Volunteer Opportunities

Are you looking to share your time and talents? To learn more, contact Christine Martin at 513-298-7728 or christine.martin@uchealth.com.

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