

Discover Health

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Pelvic Floor Disruption: Finding Solutions

The pelvic floor includes muscles, ligaments, connective tissues and nerves that support the pelvic organs such as the bladder and rectum. In women, the pelvic organs also include the uterus, cervix and vagina. The muscles form what looks like a hammock between the bones of the pelvis. When muscles and surrounding tissue are injured or weakened, pelvic floor dysfunction occurs.

Pelvic Organ Prolapse

Prolapse occurs when the pelvic muscles and tissue can no longer support one or more pelvic organs, causing them to drop or press against the vaginal walls. Muscles can gradually weaken or be damaged.

"I had minor urinary incontinence on and off for years — when I coughed or laughed. Because so many women experience this, I didn't think anything of it until the prolapse happened," says Judy Wilkin.

Judy sought care from her primary care physician, who referred her to James Whiteside, MD, UC Health urogynecologist, director of the Division of Female Pelvic Medicine and Reconstructive Surgery, and professor in the Department of Obstetrics and Gynecology at the University of Cincinnati College of Medicine.

"Judy had an anterior wall prolapse. Her uterus had fallen and was pushing the anterior vaginal wall beyond the vaginal hymen," says Dr. Whiteside. "The vagina is like a hammock suspended between the opening of the vagina and the uterus." The bladder sits in the hammock, which can become stretched or is no longer held up properly, causing it to fall.

"As you grow older, the pelvic muscles become weaker. If those muscles are not able to support the bladder, when you cough, urinary incontinence occurs," says Dr. Whiteside. "Judy was also experiencing urge incontinence where the bladder contracts when you don't want it to. This can happen because the bladder is not in a normal anatomic position."

On March 24, 2021, Dr. Whiteside performed a hysterectomy and laparoscopically inserted a synthetic mesh suspending the vagina and the bladder to the sacrum — all in a same-day, minimally invasive procedure.

"My recovery was quick, and the difference is unbelievable — it's like night and day. It has changed my quality of life in an immense way. A huge weight has been lifted from my everyday life," she says. "Dr. Whiteside was very caring and took time to explain every part of the process. Knowledge is power, and I'm so glad I went with his suggestions."

Urinary Incontinence

Urinary incontinence means a person urinates involuntarily. Women feel the compelling desire to urinate, resulting in rushes to the restroom with urine leakage sometimes occurring.

Tina A. began experiencing symptoms of urinary incontinence years ago, but symptoms were manageable — until last summer. "It seemed to happen overnight, and it was really bad," she says.

The New Pelvic Health Center at UC Health

The Pelvic Health Center is located at UC Health's West Chester Campus, led by Ayman Mahdy, MD, urologist and James Whiteside, MD, urogynecologist. It is the region's only pelvic health center staffed by fellowship-trained urogynecologists from both gynecology and urology.

"In the past, urology and gynecology had overlap but did not necessarily work together under one roof — our combined skill set is what makes our center unique," says Dr. Whiteside.

Tina's doctor referred her to see Ayman Mahdy, MD, UC Health chief of urology, medical director of urology at West Chester Hospital, professor of urology and director of voiding dysfunction and female urology in the Department of Surgery at the UC College of Medicine.

"Dr. Mahdy ordered a series of tests. He said I was a good candidate for the sling procedure," says Tina. "I trusted his recommendation and am so glad I did — I went home the same day of my procedure and was only sore for a few days."

"Tina had the courage to take good care of herself when she came to us," says Dr. Mahdy. "We always start with conservative treatment, such as removing bladder irritants, medications and physical therapy. Tina tried the conservative treatment for two months, but none were the right fit for her. We performed a sling procedure in March 2021, and she's done excellent."

The sling is an outpatient surgical procedure performed exclusively through the vagina with no external incisions or visible scars. A small incision is made within the vagina and a synthetic mesh sling is inserted under the urethra for support.

Tina says the results were immediately life changing. Prior to surgery, she had to rely on pads and adult diapers. She avoided situations where she might feel embarrassed or uncomfortable.

"I don't have to worry about going out in public and having to make sure I'm not leaking," says Tina.

"Incontinence deserves awareness and attention along with other diseases like diabetes, heart disease and cancer," says Dr. Mahdy. "If you're having urological issues, seek advice. Your symptoms are valid; this is a disease that can be managed with minimally invasive treatment."



James Whiteside, MD
Urogynecologist



Ayman Mahdy, MD
Urologist

Judy Wilkin has returned to a healthy, happy lifestyle after treatment for prolapse.



Contact the UC Health Pelvic Health Center at 513-475-UC4U (8248) or visit [uchealth.com/women/programs-specialties/womens-services/urogynecology](https://www.uchealth.com/women/programs-specialties/womens-services/urogynecology).

Avoid Heart Hazards and Achieve Good Heart Health

Heart disease is the leading cause of death for both men and women in the U.S., causing one in every four deaths. Do you know the top hazards to your heart health?

- Smoking.
- Excess weight.
- Certain types of red meat.
- Soda.
- Excessive alcohol use.
- Sitting for hours.
- Poor sleep quality.

Arvin Ejaz, MD, UC Health cardiologist, medical director of clinical cardiology at West Chester Hospital and assistant professor in the Department of Cardiovascular Disease at the UC College of Medicine, shares his knowledge about how to have a healthy heart.

What is the best diet for heart health?

Diets that have been studied and promoted by the American Heart Association focus on a low-fat, low-carb plan as well as avoidance of processed foods. Eat as many natural fruits and vegetables as possible. Avoid processed carbohydrates, sugars and fatty foods.

What types of exercise delivers the most heart benefits?

Focus on simple exercises that get you moving and increase your heart rate. Start slow, set a goal and work your way up to that goal. Begin by walking 10-15 minutes three times a week. Then, increase walk time by 15 minutes, or increase distance or pace. Biking and swimming are also great activities for beginners. It's important to get yourself acclimated to activity as a routine. Listen to your body and don't overdo it. Do something that you enjoy so you're more likely to sustain the habit.

Are heart screenings available?

The best thing to do is to talk to your doctor about your risk factors and any symptoms you may have. A strong family history, high cholesterol, diabetes or high blood pressure may make you a candidate for a stress test.

How does stress affect the heart?

Increased stress generally causes inflammation in the body, which is a risk factor for heart disease. It is very important to manage your stress. Stress management is key, and although everyone has different stressors, there are always ways to reduce the impacts of stress.

Cardiology Performance Improvement Project Optimizes Patient Care

Arvin Ejaz, MD, UC Health cardiologist, is leading a heart failure research project, compiling and analyzing heart failure data that will improve and enhance heart care at UC Health.

Heart failure is a progressive disease. When patients are in the hospital frequently, they often have a poor prognosis. Dr. Ejaz looks at the frequency of hospital readmissions for heart failure. When patients are in the hospital, he ensures that they are on the appropriate medications which he hopes will reduce readmissions in the future.

"While our work focuses on quality improvement, we are finding ways to improve our overall treatment of heart failure in terms of performance — the sequencing of events and the timing of patients receiving care. Our hope is to keep people out of the hospital so they may live a healthy lifestyle at home."

Does sleep impact the heart?

Sleep provides time for the body to restore and recharge. Getting seven to eight hours of sleep each night is very important for our overall health, including the heart. Insufficient or fragmented sleep can contribute to problems with blood pressure and heighten the risk of heart disease, heart attacks, diabetes and stroke.

What's the latest advice on aspirin treatment?

You are able to use aspirin therapy when you have had a heart attack, have had stents placed, or have had bypass surgery — anyone with a history of coronary artery disease. For patients who do not have a history of heart disease, recent data has shown that aspirin may not be much benefit unless they have specific indications — for example, those who have had a stroke, who have peripheral vascular disease or who have blockages in the arteries in the legs or arms.

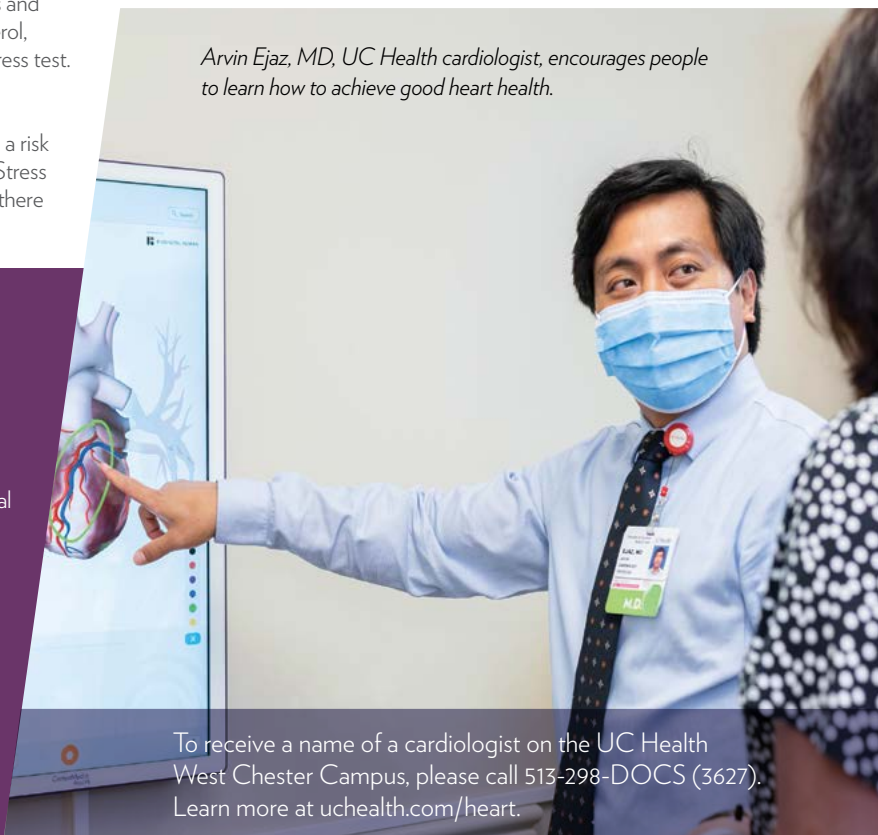
What is the biggest misconception about heart health?

One of the biggest questions I am asked after someone has a heart attack is, "How does this limit me for the future?" Some people think that because they had a heart attack, they really need to limit themselves in terms of what they do. That is not the case. As long as a person makes a good recovery, having a heart attack should not limit them at all. In fact, I encourage them to use that as a call to action for themselves to become more active in cultivating a healthier lifestyle.

Are there any new treatments for heart disease?

New medications have recently been approved for treating heart disease. I believe we can really make a difference in people's lives because of the medications and the advanced testing modalities and treatments that we have available today.

Arvin Ejaz, MD, UC Health cardiologist, encourages people to learn how to achieve good heart health.



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

Surprise Special Delivery: High-Risk Pregnancy Brings a Tiny Blessing

Tracey and Jeff Carson's story begins 25 years ago when they welcomed their first child, Jacob. In her 30s, Tracey underwent a uterine fibroid embolization (UFE) to remove painful fibroids (noncancerous tumors) from the wall of her uterus.

About 30% of women in the U.S. suffer from uterine fibroids. UFE changes ovarian function, which can significantly affect the ability to become pregnant.

Fast forward to 2020. Tracey was taken aback when she had a positive pregnancy test at the age of 46.

"Initially, we were shocked and overwhelmed, because we had settled into the lifestyle of empty-nesters," says Tracey. "We worried about the pregnancy — whether our baby would be healthy — and if we would have the stamina to keep up with the schedule of being new parents again."

The couple quickly became excited about their new baby. Her pregnancy was considered high-risk due to the UFE procedure, but aside from more vigorous surveillance by her doctor, Tracey navigated the months with ease.

On the evening of June 2, after Tracey and Jeff finished having dinner with friends. Tracey felt tightness and when she went to the bathroom, she realized she was bleeding. "Since we were barely at 35 weeks, I was alarmed. We knew the importance of

finding 'the nearest port in the storm,' so we immediately headed to the closest Emergency Department, which was at West Chester Hospital," says Tracey.

Tracey was admitted to the hospital's maternity unit where the doctors and nurses monitored her status and told her that her water had broken and that the baby would be coming soon. Elizabeth Adu-Gyamfi, RN, called Tracey's physician and, after a brief phone consultation, the doctor concurred that the delivery would happen at West Chester Hospital.

"The doctors and staff there confidently reassured me that they saw no reason for me to need a Caesarean section as the baby was not in distress. This was such a relief because having a vaginal delivery was important to me," says Tracey.

Around 4 a.m., Tracey received an epidural to manage her pain better. Ella Kay Carson was born at 7:34 a.m. on June 3, weighing 4 pounds, 7 ounces.

A thorough check by doctors confirmed that Ella was small, but healthy, and she did not require monitoring in the nursery. "She was with me the whole time. I was really lucky to start skin-to-skin immediately and began breastfeeding. She latched right away even though she was itty bitty," says Tracey. "We were able to go home after just two days at the hospital. I thought it might take longer because of her birth size and being a preemie, but she was eating well and gained weight quickly."

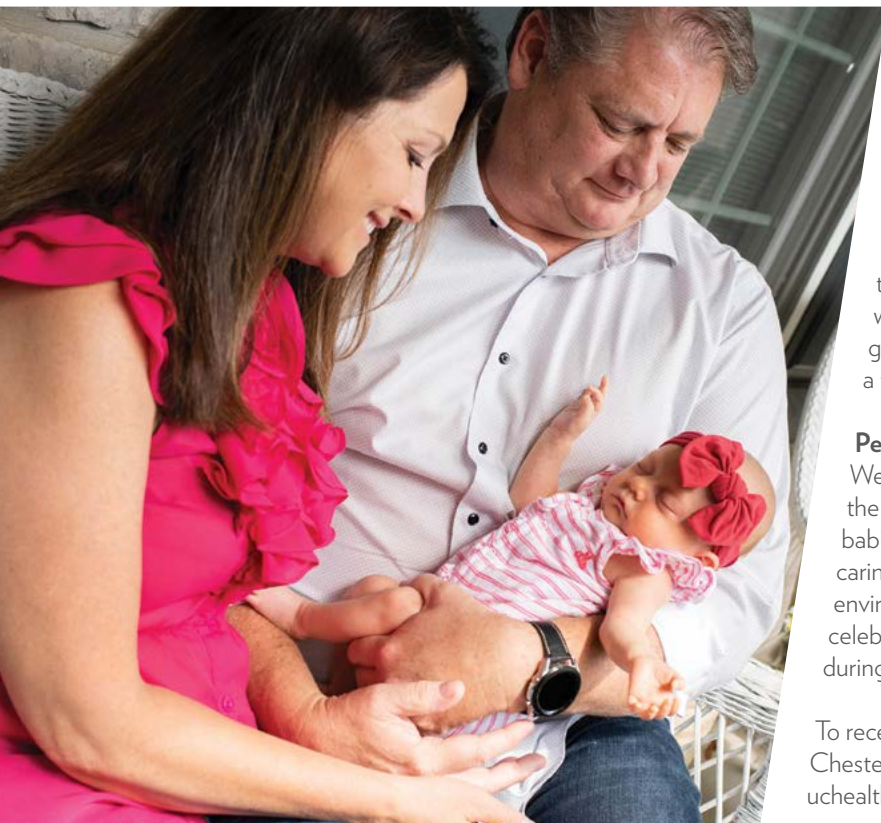
"I want other women out there to know it is possible to become pregnant at age 46," says Tracey. "It's possible to have a safe pregnancy after UFE — just because it is not the norm does not mean it's impossible."

"And we could not have asked for a warmer welcome for the newest member of our family than what we had at West Chester Hospital. Everything felt personally tailored to us and we knew that if I had any complications, they could handle it with expertise," says Tracey. "There were too many special moments to count, and I'm forever grateful. It was a wonderful way to begin our new journey as a family of four."

Personalized Care Tailored to Parents and Babies

West Chester Hospital offers many amenities that cater to the individual needs and comfort of new parents and their babies. Skilled and knowledgeable physicians, and competent, caring nurses work together to create a pleasant birthing environment. Parents are treated to a special "date night" celebratory dinner, birthday cakes and other sweet treats during their hospital stay.

To receive the name of a OB/GYN on the UC Health West Chester Campus, call 513-298-DOCS (3627). Learn more at [uchealth.com/westchesterhospital/services/maternity-services/](https://www.uchealth.com/westchesterhospital/services/maternity-services/).



Three nurses at West Chester Hospital provided care to Tracey and Ella. They share their thoughts on the special care they provide to patients and families.



Oksana Syrovatko, RN

"The best part of my job is taking care of moms and babies, being involved in one of the happiest memories a family experiences — the first moments of life. Our team is a family at West Chester Hospital — this is our differentiator and allows us to be there for our patients in a personal way."

Patrice Mabra, RN

"I truly enjoy my job. I love being with families and their new babies. I get to be there when babies are born and that is such an honor — I never take it for granted. The best part of my job is helping a family feel confident to care for their babies."



Elizabeth Adu-Gyamfi, RN

"As obstetrics nurses, we possess the knowledge and experience that enable us to fully support our patients. It is important to help moms be aware of what is happening during their hospital stay, teaching them about the care we provide and how they are an important part of the care process."



Surprise parents Tracey and Jeff Carson are surrounding baby Ella with lots of love.

Be Proactive with Prostate Health

The prostate is a small gland that surrounds a portion of the urethra, the tube that carries urine from the bladder. An integral component of the male reproductive system, the prostate gland often grows larger as men age. While growth can be a natural part of the aging process, it can also signal warning signs of prostate cancer.

“Aside from skin cancer, prostate cancer is the most common cancer affecting men in terms of incidence and it is the second highest in terms of mortality—patients must be proactive when it comes to the prostate,” says Nilesch Patil, MD, UC Health urologic surgeon and associate professor in the Department of Surgery at the University of Cincinnati College of Medicine.

The good news is prostate cancer can be successfully managed if detected early. Early prostate cancer usually does not present symptoms; however, it is very important for men to be aware of risk factors and proactive about screening.

Signs and Symptoms

Schedule an appointment with a healthcare provider if you are experiencing any of the symptoms below.

- A need to urinate often, especially at night.
- Weak or interrupted urine flow.
- Trouble starting to urinate.
- Trouble emptying the bladder.
- An inability to urinate.
- Accidental urination.
- Pain or burning when you urinate.
- Blood in your urine or semen.
- Pain or stiffness in your lower back, hips, ribs or upper thighs.
- Loss of ability to have an erection.
- Weakness or numbness in the legs or feet.

Stay Informed with Regular Screening

Men should be regularly screened for prostate cancer. Screening tests check for disease in people even when they don't have symptoms.

“UC Health offers an incredibly useful tool for investigating the prostate and detecting any abnormalities,” says Dr. Patil. “We use MRI (magnetic resonance imaging) as a diagnostic screening tool. Previously, the only available screening option was a blood test which observes prostate-specific antigen (PSA) levels.” PSA, a protein made by both normal and cancerous cells of the prostate gland, can help detect cancer through the blood.

“Many things cause elevation of the PSA, for example: urinary tract infection, a naturally large prostate or catheter placement,” says Dr. Patil. Men with high PSA levels typically undergo a biopsy to confirm the diagnosis.

Using MRI to screen for prostate cancer is as accurate as a biopsy. It can detect how advanced the cancer is and whether it has spread to other areas of the body. In some cases, MRI screening can save patients from needing to undergo biopsy. If cancer is detected, specialists can identify whether the level of cancer requires immediate treatment.

MRI guidance is highly specific compared to a standard rectal exam or PSA blood test. “Some areas of the prostate are unable to be examined during a rectal examination. The prostate is such a small gland located deep inside the pelvis that a standard physical

can only examine about 20 percent, whereas the MRI gives us a global view of the entire prostate,” says Dr. Patil.

If a biopsy is needed, the MRI imaging is referenced along with transrectal ultrasound imaging, a procedure that releases sound waves that bounce off the surface of the prostate. The sound waves are recorded and converted to imaging which the urologic surgeon references during the procedure. Small needles remove tiny amounts of tissue samples from several areas of the prostate—usually about six. Samples are analyzed by lab specialists to detect cancer levels.

The Risk Factors for Prostate Cancer

A risk factor is anything that may increase your chance of having this disease and can include older age, being African American, a family history of prostate cancer and more. While the exact cause of someone's cancer may not be known, risk factors can make it more likely for a person to have cancer.

“A healthy lifestyle is crucial for prevention of not only prostate cancer, but all cancers. Our No. 1 recommendation is to be aware of your health and take care of your body, every positive change matters,” says Dr. Patil.

Prostate Cancer Clinic

The first of its kind in the area and the region's only provider of focal therapy and robotic surgery for prostate cancer treatment, the University of Cincinnati Center's Prostate Cancer Clinic educates patients about treatment options so they may determine a plan that best fits their lifestyle.

“We are constantly refining our surgical techniques to keep as much of the prostate intact as possible, as opposed to removing the entire gland as has been done in the past. This provides better outcomes, including maintaining erectile function and urinary continence,” says Dr. Patil. “It's a very exciting time for cancer care providers – we are taking part in research to help us discover new tools and techniques.”

Nilesch Patil, MD, UC Health urologist, encourages men to be proactive with prostate health.

For the name of a urologist on the UC Health West Chester Campus, call 513-298-DOCS (3627). Learn more at uchealth.com/en/conditions/prostate-cancer.



Never Smokers and Lung Cancer

It seemed impossible when Dr. Ambor Bends learned she had lung cancer. The 46-year-old veterinarian and mother of two never smoked, has no family history of cancer and never experienced any notable hazardous exposures.

Exposure to tobacco smoke is the primary etiologic factor responsible for lung cancer, however, the rate of lung cancer in never smokers is significant. It's estimated that in the U.S., 19% of women with lung cancer had never smoked, compared to 9% of men with the disease.

Ambor went to her primary care physician for unrelated symptoms. During the exam, her doctor ordered several tests, including a chest X-ray. The imaging revealed a nodule in Ambor's lung.

"At first, I wasn't concerned. Due to my low-risk factors, my doctor was optimistic, but she ordered a CT scan to be sure," says Ambor. The CT scan confirmed the nodule, and the local hospital gave Ambor the choice to have a biopsy or wait three to four months and have more scans for surveillance.

Ambor's sister, Carrie Jennings, a certified nurse practitioner at UC Health, stepped in to help. "Carrie encouraged me to come to UC Health for a second opinion."

Ambor met with Christopher Radchenko, MD, medical director of the UC Health Incidental Pulmonary Nodule Program and assistant professor in the Department of Internal Medicine at the University of Cincinnati College of Medicine.

"Our team specializes in evaluating all aspects of each patient's case. First, we look at personal history and risk factors, then calculate an initial risk assessment using this data," said Dr. Radchenko. "Next, we evaluate all X-rays and CT scans. The appearance of the nodule in Ambor's left lung was pathognomonic, meaning that it was specifically characteristic or indicative of a type of lung cancer. Although Ambor was low risk, we worried this was early lung cancer."

Lung cancer is the deadliest cancer, killing nearly 146,000 Americans each year — more than colon, breast, pancreatic and prostate cancer combined.

Fortunately, lung cancer can be curable if detected early and aggressively treated. The University of Cincinnati Cancer Center has the region's most advanced lung cancer team, focusing on improving survival through early detection, accurate diagnosis, state-of-the-art treatment and clinical trials.

Advanced Testing Enables Improved Treatment

Dr. Radchenko performed a navigational bronchoscopy to biopsy the nodule which uses electromagnetic navigation with computed tomography (CT) images to make a three-dimensional map of the lungs. The bronchoscope (a fiber-optic, lighted tube) is passed into the airways of the lungs, allowing the pulmonologist to navigate directly to the nodule to retrieve tissue (biopsy). Dr. Radchenko also biopsied Ambor's lymph nodes to ensure that the cancer did not spread.

The results were positive for adenocarcinoma lung cancer. Considering that the stages of lung cancer range from 1–4, Ambor's cancer was caught early at stage 1, which means the nodule size is 3 centimeters or smaller.

"Less than 24 hours after my biopsy, Dr. Radchenko told me my diagnosis and said it was important I schedule surgery, because with treatment this was a curative situation," said Ambor.

Ambor was scheduled to have lobectomy surgery, to be performed by Robert M. Van Haren, MD, UC Health thoracic surgeon and assistant professor in the Department of Surgery at the UC College of Medicine.

Each lung is divided into sections called lobes, with the right lung made up of three lobes and the left lung having two lobes. During

a lobectomy, the surgeon removes only the cancerous part of the lung rather than the entire lung.

Surgical Advancements

Dr. Van Haren performed a robotic-assisted left upper lobectomy, which is often considered the most challenging due to the complex anatomy of the lung. Robotic technology is a significant advantage to the field of thoracic surgery and is routinely used to perform minimally invasive lobectomies.

After surgery, Ambor recovered at home with her husband Chris and their two children, Liam and Colin. "My husband was my No. 1 support."

Taking walks in their neighborhood helped Ambor's recovery both physically and psychologically. "I started by just making it to my mailbox and back, then Chris encouraged me to walk to one more mailbox on our street each day to strengthen my lungs and increase my endurance," says Ambor.

"We were able to remove all of the cancer at the time of surgery, and Ambor's most recent follow-up imaging was clear, so she has been cancer-free for a year now," said Dr. Van Haren. "Considering the type of cancer she had, and how early it was caught and removed, the chances of recurrence are low."

"Because Ambor's cancer was discovered and removed at an early stage, she did not require chemotherapy or radiation. She only needs periodic CT scans for surveillance," says Dr. Van Haren. "The best part of my job is seeing patients like Ambor thrive year after year."

Ambor chose to share her story in the hopes it helps women pay attention to their health and well-being. "If you don't smoke, you don't think you could be at risk for lung cancer. I encourage women to be vigilant about their health and get regular medical checkups. Pay attention to your body and validate your instincts."



Christopher Radchenko, MD
Pulmonologist



Robert M. Van Haren, MD
Thoracic Surgeon

While Ambor Bends never smoked, she was diagnosed with lung cancer.



For the name of a lung cancer specialist on the UC Health West Chester Campus, call 513-298-DOCS (3627).
Learn more at uchealth.com/en/cancer-center.

Analyzing Your Brain's Blood Flow: Diagnostic Cerebral Angiography

Diagnostic cerebral angiograms are now being performed at UC Health's West Chester Hospital by Charles J. Prestigiacomo, MD, UC Health neurosurgeon and professor in the Department of Neurosurgery at the University of Cincinnati College of Medicine.

A diagnostic cerebral angiogram is a specialized medical exam using high-tech imaging equipment and X-ray pictures to examine blood vessels in the head and neck, including the brain.

While CT scans or MRIs provide a rapid series of images, those images are static. "The diagnostic cerebral angiogram is visually dynamic," states Dr. Prestigiacomo. "This procedure allows us to see how the blood is flowing and identify any disease states. For example, patients who have aneurysms or bleeding in the brain for reasons unknown, the angiogram gives us incredibly important answers."

"The introduction of this advanced technique at West Chester Hospital is a step forward that allows for more-advanced care in West Chester and surrounding communities," says Dr. Prestigiacomo. "Offering this procedure provides patients with the best possible outcome without traveling long distances for advanced care."

How does it work?

After sedation medicine is administered, a small catheter is inserted into the femoral artery in the leg, providing a direct pathway to vessels within the head and neck. The imaging equipment uses X-rays to help doctors guide the catheter to the vessel they need to see. A contrast medium (dye) is injected into the vessel through the catheter. The contrast defines the areas being examined and doctors are able to view blood vessels and blood flow in real-time — as the images are projected onto monitors similar to a television screen. At the end of the procedure, the catheter is removed and the site is bandaged. Patients are in recovery for four to six hours, then return home the same day.

"Until about 25 years ago, a viable treatment for stroke was not available. With this procedure, we have the capability to pinpoint what is causing a stroke, such as a blood clot, and then remove that clot before significant damage has occurred. Patient outcomes are much better," adds Dr. Prestigiacomo.

What does it detect?

- Aneurysm, a bulge or blister in an artery due to the weakness of the arterial wall.
- Atherosclerosis, a narrowing of the arteries.
- Arteriovenous malformation, a tangle of dilated blood vessels that disrupts normal blood flow in the brain.
- Brain tumors.
- Blood clots.
- Stroke.
- Vascular dissection, a tear in the wall of an artery.

What are the benefits?

Even today, with many other methods of evaluating blood vessels available such as computed tomography angiography (CTA) and magnetic resonance angiography (MRA), this is the only procedure that helps physicians understand the flow of blood within the patient.

"When a patient's physician has any questions about the brain's blood vessels that cannot be answered through traditional imaging, an angiogram can be administered within 24 to 36 hours, leading to a quicker diagnosis and treatment, if needed," states Dr. Prestigiacomo.

To receive the name of a neurosurgeon on the UC Health West Chester Campus, call 513-298-DOCS (3627). Learn more at uchealth.com/en/neuroscience-institute.



Charles J. Prestigiacomo, MD
Neurosurgeon

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