

# The FOCUS

Bloodless Medicine & Surgery Program

Fall 2015

MedStar Franklin Square  
Medical Center

MedStar Georgetown  
University Hospital

## Physician Spotlight



### Mohammed Bayasi, MD

Attending Physician, Colon & Rectal Surgery  
Department of Surgery  
Georgetown University School of Medicine  
Assistant Professor of Clinical Surgery

Dr. Bayasi received his medical degree in 2006 from the University of Damascus in Damascus, Syria. He completed his residency in the field of surgery in 2012 at the University of Texas Medical Branch, and his fellowship in colon and rectal surgery in 2013 at the University of Louisville.

He has served as an attending physician in the department of surgery at Georgetown since October 2013. He also serves as a board member for the Chesapeake Colorectal Society. In addition to colon and rectal cancer, Bayasi specializes in the treatment of inflammatory bowel disease, diverticular disease of the colon, hemorrhoids, anal fissure and pain, and fecal incontinence. His clinical focus is minimally-invasive and robotic surgery, as well as enhanced recovery after surgery.

As a physician who has treated many patients of the MGUH bloodless program, Dr. Bayasi states, "it is a great addition to MGUH. [The program] works closely with the patient to optimize their health and maximize their blood level prior to surgery. The coordination between physicians, nurses, staff, and patients is what makes the program really unique."

**FUN FACT:** Dr. Bayasi is fluent in Arabic.

### MGUH Department of Surgery

Pasquerilla Healthcare Center • Fourth Floor



For inquiries or to schedule an appointment, call the bloodless program office for assistance at **202.444.1797**

## Patient's Perspective as told by Lawrence Quinn

In mid November 2014, it occurred to me that I needed a colonoscopy when I began experiencing rectal bleeding. A colonoscopy was performed on January 28 which revealed I had cancer in my lower colon, although there were questions on what kind of cancer. The test was repeated and I was diagnosed with **noncutaneous melanoma**. This particular melanoma, which occurs *inside* the body rather than on the skin, is a very unusual cancer, with only about 2,500 cases reported in the U.S. each year.

My doctor recommended I see MedStar Georgetown University Hospital (MGUH) colorectal surgeon, Dr. Mohammed Bayasi (featured in this issue's *Physician Spotlight*). A week later, I met with Dr. Bayasi and he questioned my diagnosis so he requested to run the test again. By March 20, it was confirmed to be melanoma, and Dr. Bayasi felt we had no choice but to surgically remove it. Because of the cancer's close proximity to the rectum, he believed I would unfortunately need to have a permanent ostomy. Surgery was scheduled for April 13.

In the meantime I had a CT and PET scan. Additionally, my wife did not want me to have a permanent ostomy, so my daughter lined me up to see some specialists in Boston that had experience with my form of melanoma. I learned that chemotherapy and radiation do not work. At that time, there were no proven ways to deal with the cancer other than remove it, but it has a record of coming back before too long.

There was a potentially effective treatment option that could be used, but *only* if I was in Stage IV. Due to the size of the cancer they suspected I was in that stage, but that could not be confirmed until I was operated on. The doctors were not willing to proceed with treatment unless the cancer was removed. They recommended I have the surgery at MGUH, and agreed with Dr. Bayasi that due to the location of the cancer, there was no choice but to have a permanent ostomy.

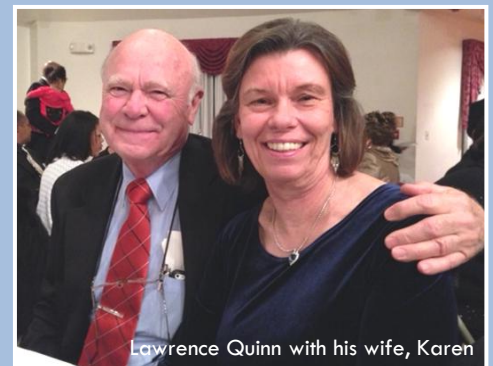
A few days prior to my scheduled surgery, Dr. Bayasi phoned to inform me he wanted to postpone surgery in order to see if there was any way a permanent ostomy could be avoided. On April 16 a

colonoscopy confirmed that it was impossible to operate without making a permanent ostomy, so my surgery was scheduled for May 4. Dr. Bayasi suggested I follow up with fellow MGUH surgeon, Dr. Waddah Al-Refaie, who also had some experience with melanoma. I also met with Dr. Michael Atkins of the Lombardi Cancer Center at MGUH, who would work with me post-surgery. Everyone on my team agreed that the operation was necessary.

In early April, I also met with the MGUH bloodless program team. They have a well-developed, efficient department to assist patients like me, who do not accept blood transfusions due to strongly held bible-based beliefs. They thoroughly reviewed all of the bloodless alternatives available to me and they documented the minor blood fractions, treatments and procedures that I was willing to accept.

The day of surgery finally arrived. The bloodless program nurse coordinator, Dick Verstraete, remained at my bedside in the pre-op room to ensure my wishes were fully understood and followed. The surgery was a great success and there was minimal blood loss. After the operation, a scan showed that I was entirely free of melanoma. Because of the high risk for recurrence, I am currently part of a double-blind study being undertaken to help those that had melanoma. I am happy to report that everything continues to go exceedingly well.

My experience has proven that MGUH, the Lombardi Cancer Center, and the Bloodless Medicine and Surgery Program, are all run extremely well, and their staff is kind, thorough, and wonderful to work with. I would highly recommend their expertise to anyone seeking medical or surgical care.



Lawrence Quinn with his wife, Karen

## Melanoma: Not Just a Skin Cancer

Affecting more than one million Americans a year, skin cancer is the most common of all cancers. Fifty thousand of these individuals will develop **melanoma**—the deadliest form of skin cancer. Melanomas, which arise from the melanocytes (the pigment producing cells of the skin), are the most aggressive forms of skin cancer and spread rapidly throughout the body. As a result, melanoma claims the lives of nearly 10,000 people a year and the rate continues to increase.

### Why is melanoma so serious?

Although African Americans with the disease have a poorer prognosis, melanoma is much more prominent in whites. In fact, the annual incidence rate of melanoma has increased in whites by more than 70% over the last 20 years. While it's usually considered a disease of aging, it is becoming much more common in younger people ranging from 25-29 years old. Prolonged exposure to the sun is the primary culprit for melanoma cancer, and early detection is the key to defeating it. When detected early, melanoma is highly curable, with a five-year survival rate of 98%. At Stage III, when the melanoma spreads to the lymph nodes, the five-year survival rate drops over 30%. When the disease becomes metastatic (Stage IV), the five-year survival rate is only around 16%.

### Noncutaneous Melanoma

About seven percent of all melanoma

cancers are found elsewhere in the body, such as the eye and mucus membrane sites (e.g., colon, anus, rectum, nasal sinuses, and mouth). This is known as noncutaneous melanoma. The melanocytes lay hidden deep in these noncutaneous areas and do not produce any overt symptoms; therefore, the cancer typically goes undetected until the cancer spreads and advances to Stage III or IV.

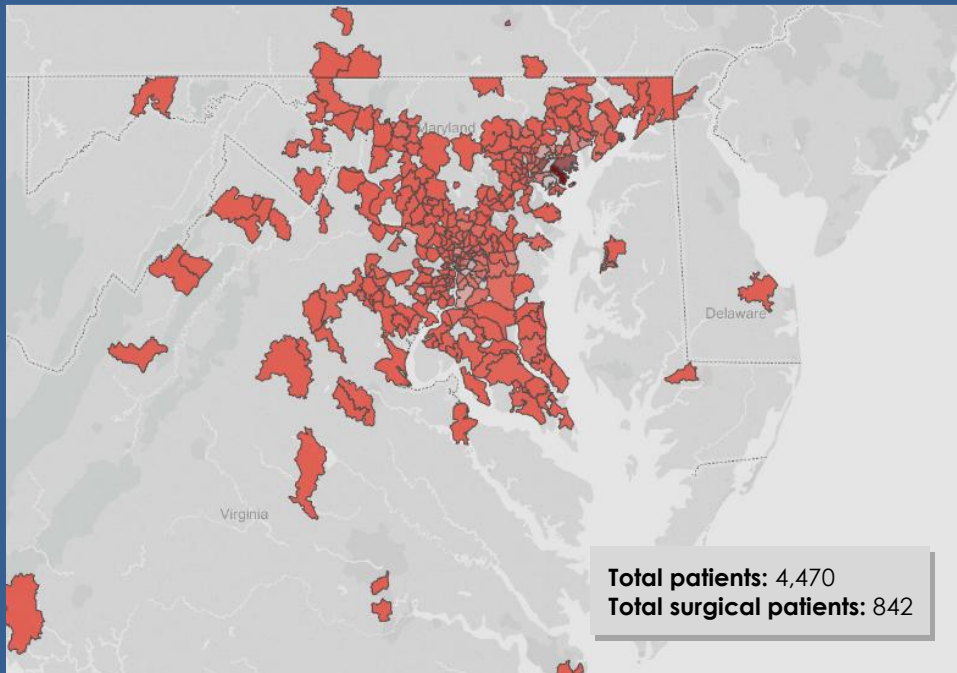
### New Treatment Options

Metastatic melanoma is considered a terminal illness as there is no cure. Chemotherapy treatment has been used with limited success. While surgery is an integral part of the overall plan of care, melanoma tumors usually return, especially if the cancer cells have spread to other parts of the body. A promising new avenue of fighting melanoma cancer is immunotherapy treatment. This treatment uses the power of your own immune system to fight the cancer. Immunotherapy treatment is the most promising new cancer treatment since the development of chemotherapy in the 1940's. Not only are these new therapies proving to be powerful cancer fighters, they do not come with the negative side effects associated with chemotherapy. At the MGUH Lombardi Cancer Center clinical trials are being conducted using these new exciting cancer-fighting treatments.

Contributed by **Dick Verstraete, RN**  
Nurse Coordinator, **BMSP at MGUH**

**SINCE JANUARY 2011, MedStar Health has proudly served many patients from Delaware, District of Columbia, Maryland, Pennsylvania, and Virginia through the services of the Bloodless Medicine and Surgery Programs at MedStar Franklin Square Medical Center and Georgetown University Hospital.**

### Total patient population of MedStar Health bloodless programs:



The Bloodless Medicine & Surgery Program teams of MFSMC & MGUH have coordinated efforts to host another educational seminar for the community!

**Saturday, November 7 at 1:00p**

**Sheraton Columbia  
Town Center Hotel  
10207 Wincopin Circle  
Columbia, MD 21044**

— lunch will be provided —

**Bloodless surgical techniques will be discussed by some of MedStar's top physicians:**

Mohammed Bayasi, MD | Colorectal Surgery  
Leigh Matlaga, MD | Obstetrics & Gynecology  
Peter O'Hare, MD | Urogynecology

*also on the program...*

A brief video presentation followed by a lively Q & A with our programs' nurse coordinators, Jeong Chae, RN & Dick Verstraete, RN

**To register in advance for this FREE event, please contact:**

Christine Pedraza at (202) 444-1797 or [christine.m.pedraza@gunet.georgetown.edu](mailto:christine.m.pedraza@gunet.georgetown.edu)

or

Jeong Chae at (443) 777-8893 or [jeong.h.chae@medstar.net](mailto:jeong.h.chae@medstar.net)

Please freely share this invitation with your friends, family, and anyone who may be interested in the benefits of bloodless medicine.

### TWO LOCATIONS TO SERVE YOU!

**MedStar Franklin Square Medical Center  
Baltimore, MD**  
office: 443.777.8893 • fax: 443.777.8196  
[jeong.h.chae@medstar.net](mailto:jeong.h.chae@medstar.net)

**MedStar Georgetown University Hospital  
Washington, DC**  
office: 202.444.1797 • fax: 202.444.0234  
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