

The FOCUS

Bloodless Medicine and Surgery Program

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MedStar Franklin Square
Medical Center

MedStar Georgetown
University Hospital

Physician Spotlight



Edward C. McCarron, MD, FACS
Department of Surgical Oncology

Dr. Edward McCarron graduated from the University of Maryland School of Medicine in 1997. He is a board certified surgeon fellowship trained in surgical oncology. As an integral part of the oncology team at the Harry and Jeanette Weinberg Cancer Institute at MFSMC, Dr. McCarron treats a wide range of cancers using some of the most advanced surgical technologies available. He specializes in the treatment of melanoma, endocrine disorders, and gastrointestinal malignancies.

Dr. McCarron is a Fellow of the American College of Surgeons as well as a member of the Society of Surgical Oncology and the American Society of Clinical Oncology. Baltimore Magazine named him "Top Doc" for surgical oncology in 2015.

FUN FACT: When Dr. McCarron is not practicing medicine, he enjoys fishing, walking, and watching sporting events.

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For inquiries or to schedule an appointment,
call the bloodless program office for
assistance at **443.777.8893**

Patient Perspective as told by Lisa Leake

My Aunt Brenda was born prematurely weighing only two pounds. And despite having mild cognitive impairment, limited sight, and profound hearing loss, she has thrived and has been the center of our family. A few months ago Brenda had a routine colonoscopy and endoscopy. The endoscopy was performed due to a chronic morning cough Brenda has had for years. We suspected a hiatal hernia or GERD.

Much to our surprise, the endoscopy showed a rather large mass in her small intestine. We were referred to a surgeon, but after seeing the size and position of the mass and understanding that we wanted "bloodless surgery", she referred us to her colleague. You see, having a bloodless procedure was very important to us...and to Brenda. Despite her mild cognitive impairment, Brenda made it clear that she wanted to follow the Bible's admonition to abstain from blood.

Brenda went in for endoscopic surgery, so we were stunned when the surgeon came out and told us he had **not** removed the mass. He said it was bigger than he had thought—about the length of a pinky finger—and it was in a very bad spot. The tumor was growing right by the opening of the liver and pancreatic duct. He said the tumor would have to come out, because he feared it would soon grow to block the opening.

We were then referred to one surgeon after the other because after explaining our stand on blood transfusions we had to endure relentless questioning. At times we were almost begging the doctors to do the procedure without blood. To further complicate things, Brenda had mild chronic anemia. Surgeon after surgeon would flat out refuse or say they would only operate if transfusion was a possible option.

After prayerful consideration we decided we would no longer allow ourselves to be given the runaround, but rather we would take matters into our own hands and be guided by our faith. We sought a hospital that routinely performed bloodless surgery

because the others truly were resistant and uninformed. We finally selected MedStar Franklin Square Medical Center.

Online I found the number for the bloodless medicine and surgery program; I called and was immediately put at ease. Michael Hofmann, coordinator of the BMSP, put us in touch with a surgeon that specialized in the type of surgery Brenda needed. How we wished we had gone to Franklin Square first! So much stress and aggravation could have been avoided.

We met with Dr. Edward McCarron, a surgical oncologist at the Cancer Institute at Franklin Square (*featured in the **Physician Spotlight** column to the left*). He was so pleasant and took no issue with our stand on blood. He thoroughly explained that Brenda would need a Whipple procedure, a rerouting of the small intestine and ducts, but that her case would be even more complicated because her liver and pancreas were normal. He explained that damaged organs are swollen and hard, making them easier to see and sew, while a normal pancreas and liver are the consistency of a scrambled egg. "Imagine trying to sew that", he said. Despite the seriousness of Brenda's surgery he exuded confidence, experience, and warmth.

To address her chronic anemia, Brenda was given an iron infusion and two doses of erythropoietin a week apart. Her expected hospital stay was 10 to 14 days with 1 to 2 days in the ICU. Afterward, she would have a feeding tube to allow her intestines and pancreas to heal.

Brenda's surgery was scheduled for February 25, 2016. She had responded well to the blood building treatments. That coupled with the fact that there was minimal blood loss during surgery, her anemia was never an issue. After a few months with a feeding tube, Brenda has returned to eating whatever she likes and everyone is so pleased that the "center point" of our family is still with us, healthy and happy.

We would like to thank, the BMSP team who have truly been a wonderful and constant support. Jeong Chae, the program's

The risks of postpartum hemorrhage and the benefits of advanced planning

Postpartum hemorrhage occurs in approximately 4-6% of deliveries and is defined as more than 500 mL loss for a vaginal delivery and as more than 1000 mL loss for cesarean delivery. It's associated with significant morbidity and mortality, and the risk increases with placenta previa, advanced maternal age and repeated cesarean deliveries.

Placenta previa is a problem of pregnancy in which the placenta grows in the lowest part of the womb (uterus) and covers all or part of the opening to the cervix. The main symptom of placenta previa is sudden bleeding from the vagina and bleeding may be severe and life threatening. Labor sometimes begins within several days of the heavy bleeding, while other times bleeding may not occur until after labor starts.

Placenta previa is more common in women who have many previous pregnancies, a multiple pregnancy (e.g. twins, triplets, etc.), and scarring on the lining of the uterus due to a history of C-section. Regarding the increased risk with cesarean delivery, if there is a history of one prior cesarean delivery, the risk of placenta previa increases to 11% and the risk continues to escalate with each subsequent cesarean.

Advance Planning

It is highly encouraged for pregnant bloodless program patients to plan ahead in order to help them maintain their practices in case of emergency. Primary health care providers, whether obstetrical or family practice, should have this discussion with the patient. The annual well-woman visit is an optimal time to identify anemia and increase iron stores before a pregnancy.

Furthermore, during pregnancy there is a seven- to eight-month period when the woman is seeing a health care provider regularly. It is an ideal opportunity to allow for the identification of anemia early in pregnancy, the initiation of dietary changes, an addition of supplements, a reassessment of iron stores and discussion of other causes or treatments for anemia before delivery.

It's preferable to build up iron stores before delivery. The most effective therapy is intravenous iron infusion.

Concurrent vitamin C supplementation promotes iron absorption. Other vitamin supplements that may be recommended are either vitamin B12 and/or folic acid. In some cases, replenishment of iron stores can be accomplished through a combination of iron and erythropoietin (EPO) therapy. EPO is a hormone produced by the kidneys that stimulates bone marrow to produce more red blood cells.

Clear Communication

Frank discussions between the health care provider and the patient facilitate optimal patient care while acknowledging the patient's beliefs. The patient should identify herself as a Jehovah's Witness and using the bloodless program's Instructions of the Patient Consent form, she can list what she considers acceptable treatment options. Both the patient and her healthcare provider should have copies of this consent form and an advanced directive, which can then be attached to her prenatal records. These documents will serve as essential guides for the labor and delivery team caring for her.

Coordinators of the BMSP are always available to provide the mother and her supporting family members with instruction, literature, and guidelines regarding bloodless medicine alternatives. After making an informed decision, the patient's customized choices and a plan of care will be developed. In the event she has not made a formal plan for what minor fractions and procedural methods would be acceptable, the patient or the medical team may request the assistance of a BMSP representative; however, in order to ensure the best outcomes, early communication with the BMSP team is highly recommended.

Throughout the patient's course of care, the bloodless program team strives to promote patient-focused, spiritually sensitive care for the maternal-fetal dyad, while maintaining safety and implementing best practices. That is one reason expecting mothers choose MFSMC and MGUH.

Contributed by Jeong Chae, BSN, RN
Patient Clinical Coordinator
MFSMC Bloodless Medicine & Surgery Program

(Patient Perspective continued)

patient clinical coordinator, was literally there for us before, during, and after surgery. Jeong smoothed the way for us during this time in every way imaginable. We can't thank him and Michael Hofmann enough for their support and care.

I would also like to thank Dr. Edward McCarron and his team for not only being a part of the BMSP, but doing it to perfection, saving lives as well as calming hearts. Our thanks also go to the unit 4CB team that made the transition from hospital to home care easier. We highly recommend the Bloodless Medicine and Surgery Program at MedStar Franklin Square to anyone seeking quality medical care with a personal touch.



From left to right: Brenda (the patient), together with her niece, Lisa (the nurse and secretary), and her two sisters, Irene (the coordinator) and Dorothy (the driver), took a team approach to dividing the duties of care.



If you, or someone you know, would like to share a positive experience as a patient of the Bloodless Medicine and Surgery Program at **MFSMC** or **MGUH**, please feel free to submit the story along with a photo to christine.m.pedraza@gunet.georgetown.edu

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