

NEWS AND INFORMATION FOR FRIENDS  
OF MEDSTAR WASHINGTON HOSPITAL CENTER

**CENTER**

# Scope

FALL 2015



## Back on Track After ACL Repair



MedStar Washington  
Hospital Center



# Back on Track



**R**unning in the esteemed Penn Relays is every high school track star's dream. Maryland teen Kaniya Brown lived that dream her freshman, sophomore and junior years, but doctors told her a knee injury would block her as a senior.

Kaniya Brown, a freshman at the University of Maryland Eastern Shore, is running again after an ACL repair.

# After ACL Repair

## New ACL Repair Surgery Gets Athletes Back in the Game

"I was saying to myself, 'That's just not an option for me,'" says Kaniya, now 18.

Her injury, suffered while playing soccer for Henry E. Lackey High School in Indian Head, Md., was serious. Tears of the anterior cruciate ligament (ACL) are among the most common sports injuries. While surgical procedures have helped many athletes of all abilities resume their favorite activities, the methods are far from perfect. Indeed, recent studies show that many people who undergo conventional ACL reconstruction procedures begin to suffer painful arthritis-like symptoms, forcing them to give up sports involving running and jumping.

Kaniya could have been one of them. When an MRI in September 2014 confirmed a torn ACL, her orthopaedic surgeon said she would not be able to run competitively after conventional surgery. Kaniya wouldn't settle for that, partly because she was determined to have another go at the Penn Relays before starting college.

Her father, Robert Brown, did some research and found orthopaedic surgeon Wiemi Douoguih, MD, with MedStar Orthopaedic Institute. He also serves as medical director for MedStar Sports Medicine in the Washington region. In addition, he is medical director for the Washington Nationals, the Washington Capitals and the Washington Wizards. Dr. Douoguih had begun performing a new kind of ACL repair that allows athletes to bounce back faster and better.

"In this procedure," he says, "we put a Kevlar®-laced, braided suture around the repaired ligament to provide additional support. Functioning much like a knee brace, located only inside the joint, this innovative suture helps patients recover faster."

"When she first came to see me," he says, "she told me she really wanted to compete in the Penn Relays again. It was only five months away, but she was a great candidate for the procedure." He performed the



Wiemi Douoguih, MD, demonstrates how the Kevlar-laced suture supports the ligament.

surgery in October, and two weeks later, Kaniya was walking and able to return to school. She began physical therapy the following week. Dr. Douoguih says, "Now, her knee is operating like a normal knee. By all measures, it was an absolute success."

**"NOW, HER KNEE IS OPERATING LIKE A NORMAL KNEE. BY ALL MEASURES, IT WAS AN ABSOLUTE SUCCESS.**

**—WIEMI DOUGUIH, MD**

And, yes, she competed in the Penn Relays as a senior.

A year later, it's almost as though the ACL injury never happened. "I'm running and can play soccer again," reports Kaniya, now a freshman at the University of Maryland-Eastern Shore. "I'm also looking forward to trying out for the track team when the outdoor season begins in March." Kaniya hopes to compete in the 200- and 400-meter dash events, and the 4x400 and 4x800 relays.

She adds that the only injury-related pain she experiences comes when there's a change in the weather—a common side effect of many joint surgeries. "My knee tells me when it's going to rain," she says with a laugh. "It's pretty reliable."

**For more information about this procedure, please call 202-877-DOCS (3627).**



# Full Sail for Patient with 24-year Artery Blockage



**H**undreds of people with chronic artery blockages could benefit from a new technique to clear those old blockages.

Take Dick Talley, for instance. He likes to sail, race go-karts, and work out. Since a coronary artery bypass in 1991, the St. Leonard, Md., resident had felt just momentarily slowed by a minor stroke four years ago.

Then, early in 2014, a heart attack trimmed his sails. Deepening fatigue meant he had to rest more than garden, and skip out on sailing and racing. "I hated to admit having no energy," says Talley, 70.

Talley's cardiologist performed an angiogram and diagnosed chronic total occlusion (CTO), the complete blockage of a coronary artery. In addition to the original blockage, his bypass had closed. CTO occurs in 15 to 20 percent of patients with significant coronary artery disease. The cardiologist sent Talley to MedStar Heart & Vascular Institute's interventional cardiologist Robert Gallino, MD, at MedStar Washington Hospital Center.

Dr. Gallino favored a procedure called CTO percutaneous coronary intervention (PCI). He would open Talley's original blockage that occurred 24 years earlier.

American physicians had used a similar method on CTOs in the leg with excellent results, "and the Japanese started doing it with the heart in the early 2000s," says Dr. Gallino. The procedure is tricky, especially this one, since Talley's blockage was 24 years old and had grown and hardened over time. Part of the procedure involved reaching the blockage by advancing special guide wires from the right side of the heart, all the way through to the left side, where he could then open the blockage with angioplasty, a procedure to restore blood flow through the artery.



Nelson Bernardo, MD, and Robert Gallino, MD perform two of these surgeries each week.

Dr. Gallino and Nelson Bernardo, MD, started performing hybrid CTO PCIs about 18 months ago. Only eight U.S. hospitals do more than 50 such procedures a year. Drs. Gallino and Bernardo do two each week.

Traditional surgery opens the chest and means a week in the hospital and six weeks' recovery. If this procedure occurs on a Monday or Tuesday, Dr. Gallino says, the patient can be playing golf that weekend.

Talley's procedure was clear sailing—an amazing result given the blockage was 24 years old. Such procedures used to be considered impossible.

"We're treating blockages many people thought weren't treatable," Dr. Gallino says. "That's tremendously gratifying." As for Talley, "I went from just taking an afternoon sail around the Chesapeake Bay to feeling like I can sail around the world!" And no, that's not a metaphor. Starting next fall, the veteran boater plans to spend three years sailing the globe. "This heart's going to outlive me," he says. "I'm lovin' life."

**For more information about this procedure, please call 202-877-DOCS (3627).**



# Surgeons Visit Class to Explain Teacher's Rare Throat Disorder



(L to R) Christian Shults, MD, and Rajesh Malik, MD, visit Calvert Elementary School, where they explained to students why their teacher, Marilyn Beeson (back row) collapsed during class. Here the students are pointing to Mrs. Beeson, who is relieved to be back with her students.

Instrumental music teacher Marilyn Beeson had just finished teaching her lively class of fourth and fifth graders who were preparing for their spring concert.

She was taking a drink when she felt a tickling sensation in her throat, "and then it closed up completely," Mrs. Beeson recalls. "I thought I was going to die in front of the kids."

A student ran to the school nurse, who summoned paramedics. "I asked the EMTs not to use sirens so the children wouldn't be upset," Mrs. Beeson recalls.

A CT scan at Calvert Memorial Hospital revealed a blood vessel pressing on her esophagus, effectively blocking her throat. Mrs. Beeson was diagnosed with a serious swallowing disorder known as dysphagia lusoria. She was transferred to MedStar Washington Hospital Center, where gastroenterologist Z. Jennifer Lee, MD, confirmed the diagnosis and ensured there were no other complications. Then vascular surgeon Rajesh Malik, MD, and cardiac surgeon Christian Shults, MD, both with MedStar Heart & Vascular Institute, at MedStar Washington Hospital Center, took over her care.

"This is an unusual condition that requires a multidisciplinary

approach," says Dr. Shults. "And being at the Hospital Center means being able to collaborate with colleagues from different disciplines to come up with a solution."

After consulting with each other and with Mrs. Beeson and her family, the physicians performed two surgical procedures a few days apart to redirect and reposition the artery. "This approach eliminates the pressure on Mrs. Beeson's esophagus so it won't cause problems for her in the future," explains Dr. Malik.

Both surgeries went well, and Mrs. Beeson felt the difference immediately. "From the time I awakened from surgery, I no longer felt any kind of rubbing sensation in my throat," she says.

"Mrs. Beeson is recovering well, and the problem with her artery is completely resolved," Dr. Shults says. Dr. Malik adds, "It's great to be able to help her feel more comfortable and allow her to eat and drink without worry or fear."

"This was a frightening thing to go through, but I trusted Dr. Shults' and Dr. Malik's opinions and expertise," Mrs. Beeson says. "I feel so much gratitude to them for performing this complicated procedure so successfully."



Calvert Elementary students surprised Drs. Shults and Malik with a special performance. After the doctors spoke, they patiently answered questions, including: "Do you ever operate on other body parts?" to "What would have happened if you hadn't operated on Mrs. Beeson?" to "How long do you have to go to school to be a doctor?" It was a special day for students and doctors, alike.

# Medical Advice:

## *When Should You Follow It?*



Mary Melancon, MD

### Mammograms and Pap Screenings

The federally sanctioned U.S. Preventive Services Task Force recently issued new findings about women's health. The panel of experts recommended that women begin routine screening mammograms at age 50. This differs from long-established guidelines advising women at low risk for breast cancer to begin screening at 40, and continue them annually. That's still the recommendation of the American Congress of Obstetricians and Gynecologists. And, more recently, the American Cancer Society changed its recommendation to age 45.

Mary Melancon, MD, an obstetrician/gynecologist, says patients often ask what they should do. "We are happy they are reaching out," Dr. Melancon said. "Every woman's situation is different, and your health provider is your best resource."

Dr. Melancon notes that the major advisory groups, including the American Cancer Society, agree that women with low risk factors for cervical cancer need a Pap screening every three years from ages 21-29, and every five years for ages 30-65, including a screening for human papillomavirus, or HPV. Women are at high risk for cervical cancer if they have a weakened immune system, are HIV positive, or have a previous history of cervical cancer or pre-cancer.

However, Dr. Melancon emphasizes, even if testing isn't recommended yearly, it's still important for women to receive regular gynecological checkups. "We urge women to maintain a relationship with their providers, even after menopause," she says. "It's vital to check in, remain current with health screenings and discuss any changes or concerns."



Meeta Sharma, MD

### Blood Sugar Targets for Diabetes Patients

In April, the American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) released new guidelines for patients with diabetes, including a lower target for HbA1c test results. (The HbA1c reflects a person's average blood sugar reading over three months.) The AACE and ACE guidelines recommend an HbA1c of 6.5 or lower. The American Diabetes Association's target remains 7.0.

"People might have been confused by these different target numbers, but overall, the recommendations have more commonalities than differences," says endocrinologist Meeta Sharma, MD. The difference between the two recommendations "is actually very small," Dr. Sharma says. "And all of the organizations stress the need to control glucose levels safely."

"Glycemic target is affected by a number of factors—how long someone has had diabetes, their age and other health conditions," Dr. Sharma says. An elderly person with cardiovascular issues may be at greater risk for hypoglycemia (dangerously low blood sugar), and the consequences of keeping tighter control may outweigh the benefits.

"There is never one recommendation or solution that works for all," says Dr. Sharma.

If you have concerns that you would like to discuss with one of our doctors, please call 202-877-DOCS (3627).



*In some ways, it's never been easier to live a healthy, vibrant life. We have 24/7 access to the latest health recommendations about wellness, preventive testing and treatments for challenging conditions. But sometimes it's overwhelming to have so much new, and sometimes contradictory, information from healthcare organizations. Which recommendations should you and your loved ones follow?*

*Fortunately, our MedStar physicians can help. Here, they share their expertise on recent findings about diabetes, hypertension, gynecological health and medication adherence. The common thread: while recommendations are important, no two people are the same, and it's best to seek advice from your provider before making major healthcare decisions.*



Lowell Satler, MD

## Confusing Prescriptions

Taking prescribed medications correctly is vital. When those with cardiovascular conditions, for instance, don't follow their medication regimes, the consequences can be catastrophic, says Lowell Satler, MD, an interventional cardiologist and medical director of the Cardiac Catheterization Lab.

"Taking drugs incorrectly is a major cause of hospital admission and re-admission," Dr. Satler says.

Patients with new diagnoses may feel overwhelmed and unaware of medication's importance in their treatment, he says. One recent study found that more than 25 percent of cardiac patients had not filled their prescriptions a week after their hospital discharge.

Fortunately, MedStar has systems to help patients, including texts and e-newsletters as reminders. Also, Dr. Satler says, "we have the Med-to-Bed program, where a pharmacist sends patients home from the hospital with a 30-day supply of their prescriptions, and our nurses do check-in calls to answer patients' questions and make sure they understand how to take their medications correctly."

Dr. Satler is also helping develop an educational video on medication adherence that features a cardiac patient who didn't comply, and suffered a heart attack.



Allen J. Taylor, MD

## New Blood Pressure Recommendations

With studies producing different results, "this can be a confusing time for patients," says Allen J. Taylor, MD, chief of Cardiology at MedStar Washington Hospital Center and MedStar Georgetown University Hospital.

He noted findings from the study of Systolic Blood Pressure Intervention Trial (SPRINT), sponsored by the National Institutes of Health and the National Heart, Lung and Blood Institute. Preliminary SPRINT results indicate that maintaining a systolic blood pressure of 120 mm Hg — versus a higher target of 140 mm Hg — greatly reduces the chances of cardiovascular complications, such as stroke and heart attack, in adults 50 and older. (The systolic, or top, number measures pressure when the heart contracts. The current recommended ceiling is 140 mm Hg for most adults, and 150 mm Hg for ages 60 and older.)

Although this new information sounds initially compelling, Dr. Taylor cautions, it's difficult to determine how much it may change patient care.

"First, we don't have complete study results," he says. "When we know the extent of benefits, medications used and any risks of the more intensive treatment, we can better determine how to apply the findings to patient care."

"Your particular circumstances are always the most important thing to consider in setting healthcare goals," Dr. Taylor says.



# MedStar Washington Hospital Center

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## What's New

### Curb Your Appetite with vBloc Alternative

#### Innovations in Bariatric Surgery

Pacemakers have long been used to regulate heart function. Now, a similar approach called vBloc® may help patients with obesity and weight control problems regulate their appetites.

The therapy, recently approved by the FDA, uses a small device to help patients better regulate their appetites, allowing them to eat more appropriate portion sizes and avoid snacking between meals.

Unlike more complex bariatric surgery procedures such as gastric bypass, sleeve gastrectomy and adjustable gastric banding, the vBloc device can be implanted on an outpatient basis, and adjusted as needed using wireless communication technology. vBloc therapy patients may also have fewer meal and lifestyle restrictions.

While vBloc is a promising alternative therapy for weight loss, it's not for everyone. "vBloc opens up possibilities for weight loss surgery patients who have a lower body mass index," says Timothy Shope, MD, a bariatric surgeon at MedStar Washington Hospital Center. "Patients still need to first come through our weight loss program and be evaluated to see if they are eligible for the therapy."

For more information about bariatric surgery and vBloc, call 202-877-DOCS (3627).



## CENTER Scope

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(L to R) Michelle Murphy, former stroke patient Joe Murphy and Amie Hsia, MD, medical director, Comprehensive Stroke Center, at the Golf Classic in September.