Dramatic Weight Loss Restores Her Health and Confidence
Springing Back

Susan Radtke is not the same person she was two and a half years ago. She's 190 pounds lighter.

Susan Radtke with her grandson, Quintin, at his Calvert High School junior varsity football game

“BUT THE BEST PART? I CAN DO THINGS WITH MY FAMILY. NOW I CAN GO TO MY GRANDCHILDREN’S FOOTBALL GAMES INSTEAD OF HIDING.” —SUSAN RADTKE

A Whole New Life After Bariatric Surgery and Body Contouring

Susan, 48, of Prince Frederick, Md., spent the last 25 years morbidly obese, reaching 360 pounds. After gastric sleeve surgery in March 2014 and excess skin removal 18 months later, she’s now at 170 pounds and still losing. But gaining so much more: “I don’t hide anymore,” she says. “I’m not depressed. I can spend time with the five grandchildren I just inherited when my son got married.”

Susan says she was a closet eater as a child, hiding food under her bed, but was never overweight. Once she became pregnant in her 20s, everything changed. “I gained 150 pounds with my first son,” she says, and another 60 pounds with her second. Sleep apnea and high blood pressure followed, as did depression. “I was so ashamed,” she recalls. “If I needed to go shopping, I waited in the car until no one was standing in front of the store, so I could slip in without being seen.”

Two things gave Susan the will to turn her life around. First, she needed knee replacements because of arthritis, but the surgeon refused until she lost weight. And, her mother-in-law’s reply to Susan, when Susan offered to help with her declining health, was “How can you take care of me, when you can’t take care of yourself?” Susan says, “I knew I had to do something.”

Then the pivotal moment: “I was sitting in my car in the grocery store parking lot,” she recalls, “and heard a radio ad for bariatric surgery. I said to myself, ‘I have to call right now or I won’t do it.’” From her car, she made the appointment with MedStar Washington Hospital Center’s bariatric surgery program.

At the bariatric surgery orientation, Susan learned she’d need to lose some weight first, attend nutrition classes and undergo diagnostic tests. Her husband and sons were very supportive. Five months later, in March 2014, having dropped about 90 pounds after following the program’s diet, Timothy Shope, MD, performed gastric sleeve surgery, a minimally invasive procedure that reduces the size of the stomach.

After surgery, she lost another 100 pounds. But excess skin was a problem. “I was hoping that five nights a week at the gym would allow me to avoid plastic surgery,” she says. “But I didn’t like what I saw.”

Praful Ramineni, MD, a Hospital Center body contouring plastic surgeon, said Susan was a great candidate for surgery. She had to wait another six months to ensure her weight had stabilized before he removed excess skin from her belly, arms, back and thighs. Two months later, her scars are fading. “I am so happy,” she says. “On vacation, I got the first tan ever on my stomach! But the best part? I can do things with my family. Now I can go to my grandchildren’s football games, instead of hiding. I’ve even been horseback riding with my niece.”

Susan’s advice to others: “If you are considering surgery, please do it. My whole life is evolving in a good way. My relationships, my mental health, everything.”

To schedule an appointment with the Bariatric Program, call 202-877-DOCS (3627).
Relieving the Burden of Obesity

Is bigger always better? Certainly not when it comes to weight. As one’s body mass index (BMI) rises above the normal range of 18.5 to 25, the risk increases for serious yet often preventable conditions, such as diabetes, heart disease, stroke and some forms of cancer.

Genetics, certain diseases and medications can contribute to obesity, but excess weight is most often a result of poor eating and activity habits. Crash diets or exercise blitzes won’t solve the problem; indeed, they often create new health problems. Obesity is an individual condition and shouldn’t be carefully addressed and managed. If your weight isn’t solving the problem, indeed, they often create new health problems.

Eating and activity habits. Crash diets or exercise blitzes to obesity, but excess weight is most often a result of poor diet, genetics, certain diseases and medications can contribute to obesity.

As obesity and its effects are better understood, the field of bariatric surgery has evolved to provide an effective and long-lasting weight loss alternative for many patients.

Because the Hospital Center has a wide range of specialties, "we can care for patients who’ve had difficulty losing weight by other means, as well as those dealing with other conditions, such as cardiovascular disease or orthopaedic issues," says Timothy Shope, MD, chief of the Hospital Center’s Bariatric Surgery Section. "We perform both conventional gastric bypass surgeries as well as innovative, minimally invasive procedures, such as sleeve gastrectomy and plastic surgeons who works with Dr. Shope’s bariatric team to offer patients surgical procedures to remove excess skin and lift sagging muscles. "After massive weight loss, many patients have excess skin in the belly, thighs, upper and lower back, breasts, arms and face, “ he says. “They can develop rashes, skin break-down and fungal infections with the excess skin, particularly around the belly. Insurance covers most belly procedures, but the rest are usually considered cosmetic surgery. We wait until the patient’s weight has remained stable for six months, typically 12 to 18 months after bariatric surgery, before doing surgery.”

“Patients are ecstatic they can go to the beach and not be covered up,” he says. “They are whole new people.”

WEIGHT GAIN DURING PREGNANCY

An already obese mother may face a greater risk for complications before and after childbirth, says Praful Ramineni, MD, an attending physician in Maternal and Fetal Medicine. “We try to use our prenatal care as an opportunity to discuss options for healthier weight management.” Because the physicians are interacting with obese mothers more frequently in the months leading up to childbirth, they can more closely monitor their weight and help them keep any gains to a minimum. “Sometimes, it’s even possible for them to lose weight during pregnancy if they’re eating right,” Dr. Overcash adds.

TYPE II DIABETES

Similarly, the Hospital Center’s endocrinologists stress diet and exercise strategies when working with obese patients whose blood sugar levels may be elevated, but fall short of the threshold for type 2 diabetes, a condition that can be controlled with diet and exercise.

Medications are another option but they come with caveats, according to Meeta Sharma, MD, medical director of the Diabetes Team. “Some medications can have side effects, and may not be covered by some insurance plans,” Dr. Sharma explains. “Even then, patients still need to make lifestyle changes to complement the medication.”

SLEEP APNEA

Strongly linked to obesity, sleep apnea is a fragmented sleep cycle that can worsen other weight-related issues. Patients often feel fatigued, irritable and depressed, sapping the precious motivation necessary to improve their overall health.

The continuous positive airway pressure (CPAP) mask is “the gold standard” for treating sleep apnea, according to Otolaryngology Department Chair Stanley Chia, MD, but it’s not always a popular or effective solution. Other approaches to sleep apnea have their own trade-offs.

For an appointment with one of our specialists, call 202-877-DOCS (3627).
Edward Cornfeld, MD, a former Ob/Gyn from Rockville, Md., is one lucky man. At 87, the avid swimmer sits in the warm sun of his bright kitchen and thinks back to last June 18. “I remember waking up briefly in the ambulance, but that’s about it,” he says. What he doesn’t remember is a heart attack that began just before a performance of District Merchants at Washington, D.C.’s Folger Theatre early this summer. The event was meant to be a fun, relaxing evening with three friends. As the players warmed up the crowd and bantered with audience members, Dr. Cornfeld’s breathing became restricted, and he collapsed on the gray stone of the intimate theater.

In the balcony, Michelle Michaels heard the cries for help. A nurse practitioner and former employee of MedStar Washington Hospital Center, Michaels says she assumed a doctor would certainly rush to help. “I waited for a minute,” she recalls. “There are doctors everywhere, so I assumed someone would help.” When she realized that no one was moving, she dialed 911 and, to her surprise, was the first to report the incident. After providing basic information, she rushed down the balcony steps, through the lobby, and on to the orchestra floor where she began administering CPR to Dr. Cornfeld.

Sitting nearby, Dylan Mehri, a student at Oberlin College in Oberlin, Ohio, debated leaving his seat and offering his help. He recalls thinking, “I’ll probably just be in the way. Someone else must be coming to help, right?” When no one appeared, Dylan got up. “I didn’t realize what I was doing at first,” he said. “I just took my CPR card out of my wallet and told the woman, Michelle, that I knew CPR and could help.” He knelt by Dr. Cornfeld’s side and began compressions.

According to the American Heart Association, 100 compressions a minute are recommended to best mimic a heart rate and keep blood flowing throughout the body to keep oxygen circulating to the brain.

Michelle shouted to the crowd of onlookers, “Is there an AED or a stethoscope or anything here we can use?” A staff member brought an AED (automated external defibrillator), and Michaels applied the panels to Dr. Cornfeld’s chest. Operating under the instructions of the machine, she administered a shock, then Mehri maintained hands-only CPR until the ambulance’s emergency medical technicians (EMT) arrived a few minutes later.

And that was the key. Those six to seven minutes that Dr. Cornfeld was unconscious were critical. “Time is life,” said Paul Corso, MD. “Had Michelle and Dylan not acted with the speed and knowledge they did, it is quite possible Dr. Cornfeld would not be with us today.”

Dr. Corso, chairman of Cardiac Surgery for MedStar Heart & Vascular Institute at the Hospital Center, performed quadruple bypass surgery on Dr. Cornfeld a few days after he was stabilized. Dr. Corso says that because Dr. Cornfeld swam every day and did some light work with weights, he was an excellent surgical candidate with a strong chance for recovery. And while Dr. Corso performed the lifesaving surgery, he still gives most of the credit to the good Samaritans who acted that day. “EMTs aren’t everywhere,” he says. “The more people who take the time to get certified in CPR and implementing an AED, the more people will be saved.”

After several weeks of recovery at the Hospital Center under the watchful eye of Dr. Corso and a staff that Dr. Cornfeld praises as “being set up just for my recovery and anticipating my every need,” followed by another couple of weeks in a rehab facility closer to his home and family, Dr. Cornfeld is thriving.

With a strong grip on his coffee cup and a shimmer of vitality flashing across his face, he asks, “How do you repay someone for your life?”

WHY CPR IS VITAL

Cardiopulmonary Resuscitation, or CPR, is an emergency procedure performed when someone’s heart stops effectively pumping blood. This is called cardiac arrest. It combines chest compressions often with an automated external defibrillator (AED) to keep blood circulating until help arrives to restore blood circulation and breathing. In cardiac arrest, the heart is unable to pump blood through its chambers. Deprivation of oxygen for too long can cause brain damage and other vital organ damage even if the patient eventually regains consciousness. An AED is a portable electronic device that helps the heart to reestablish an effective rhythm by literally shocking a patient’s heart back into its own rhythm. The compressions in CPR help the chest to move up and down as blood is pushed through the system, while an AED can help restore the electrical rhythm to get the heart back to beating on its own.

For information about CPR training, see the back page.
In September 2013, my doctor sent me to a cardiologist because he didn’t like how my EKG looked during my annual physical exam. It was “off” for a 41-year-old man. It was a good thing he did. The cardiologist discovered a bicuspid aortic valve [A normal heart has three leaflets, not two.] More testing revealed a large aneurysm in my ascending aorta [a bulge in the part of the aorta closest to the heart]. He suggested I consult with Drs. Paul Corso and Ammar Bafi at MedStar Washington Hospital Center.

Frankly, I was concerned about the big and busy image of the Hospital Center. Could it possibly have a world-class heart surgery wing? After meeting with Drs. Bafi and Corso, my wife Allison, and I sprinted across the country searching for the best doctor and hospital: Northwestern, the Cleveland Clinic, and Suburban Hospital in Bethesda. Friends and family recommended doctors in New York, Philadelphia, and even at Stanford.

While all those hospitals have terrific reputations, with a one-year-old son, it would have placed an enormous amount of stress on my wife to have the surgery performed elsewhere. So I called Dr. Bafi back. For 20 minutes, he clearly and confidently explained how the surgery would work. I was convinced.

The entire time, the best doctor, nurses and physicians assistants, and an efficient hospital staff were in our backyard. I have no regrets about the choice we made.

I was terrified the day of the surgery, but everyone from the check-in staff and the team who prepped me for surgery were comforting and compassionate. The food was fine, but my appetite wasn’t.

Two years later, when I think of Dr. Bafi smiling and confident in the middle of the operating room, looking like there was no place he would rather be, my eyes well up with tears. Thanks to Dr. Bafi and the Hospital Center, I’m alive and healthier, and back to chasing after our lively three-year-old son, Reid.

Jonathan Kaplan is the communications officer for the Washington, D.C., office of the Open Society Foundations.

Zika, MERS, SARS, SARS-CoV, H5N1, and let’s not forget HIV. Viruses present an alphabet soup of terror, and seem to appear out of nowhere.

A virus is a tiny organism that contains genetic material. When attached to a living human cell, it starts to grow, multiply and evolve. That’s why they can be so difficult to contain—once a treatment is developed, the virus may already have changed.

Viruses are spread by mosquitoes and other insects, by human contact or through the air. Antibiotics have no effect on viruses. But vaccinations, when available, pre-infect you so your body develops a defense against a specific virus.

WHAT ARE SOME COMMON VIRUSES?
• Colds
• Influenza (flu)
• Hepatitis C
• HIV (Human Immunodeficiency Virus, which causes AIDS)
• SARS
• MERS

WHAT DO I NEED TO KNOW ABOUT ZIKA?
Zika is carried by a specific kind of mosquito found in warmer climates. First appearing several years ago in South America, it has spread through the Caribbean and Latin America. Those bitten by a mosquito carrying the Zika virus may be infected. Zika also can be spread by sexual contact with an infected person. A few cases have been diagnosed in the U.S. by Zika-carrying mosquitoes in parts of Miami. More cases in the U.S. are a result of travel. “The mosquito carrying the Zika virus can come this far north, but the virus is not in D.C. yet,” says Glenn Wortmann, MD, director of Infectious Diseases at MedStar Washington Hospital Center. About 80 percent of people infected with Zika show no symptoms. Those with symptoms report a flu-like illness, with fever, rash, aches and pains. The biggest danger is the threat to unborn babies. If a pregnant woman is infected with Zika, her baby may be born with microcephaly, a condition in which a baby is born with an abnormally small head, brain damage and other defects.

The World Health Organization and the Centers for Disease Control and Prevention (CDC) recommend pregnant women not travel to the Caribbean and Latin America. All pregnant women who have been to these regions should be tested and avoid unprotected sex with partners who have visited these regions.

If you do travel to these countries, use insect repellent and wear long pants, long sleeves, hats and shoes. Sleep in screened or air-conditioned rooms or under a mosquito net. The CDC is an excellent source of information about which viruses are a threat in which countries. Go to www.cdc.gov for up-to-date information about Zika virus. Dr. Wortmann adds, “Beware. The Web is awash with opinions and misinformation, but you can trust the information on the CDC site.”
Drill, Baby, Drill

EMERGENCY READINESS PREPAREDNESS

In this city, a major catastrophic event is not ‘if’ it’s ‘when,’” says Craig DeAtley, PA-C, director of the Hospital Center’s Institute for Public Health Emergency Readiness, also known as EROne. “We will have our turn at being Brussels or Paris, and the Hospital Center is just one of the critical players in what will ultimately be the community response.” While others sleep soundly in the nation’s capital, DeAtley and his EROne colleague Pete Jensen, CHEP, are awake, imagining worst-case scenarios—and planning the drills that will help the medical teams prepare. Active shooter? Already a regular drill—and as a result, the team was more than ready for victims from the 2013 Navy Yard shooting. Ebola? The negative air flow Biocontainment Unit has been built—and dismantled and rebuilt—several times.

DeAtley, a former paramedic and 41-year seasoned emergency room physician assistant, and Jensen, also a paramedic and emergency preparedness veteran, rely on their combined 80 years of emergency experience to make the Hospital Center the best at dealing with the worst. DeAtley started drills here in 2006, when the hospital received a $5 million grant after 9/11 to launch a model healthcare emergency coalition. These days they run more than a dozen preparedness exercises a year, including a major “Code Orange” city-wide disaster drill that involves D.C. emergency responders and actors portraying injured patients. After the drills, the extensive debrief reveals needed changes to improve the plan.

“It’s ultimately about making the emergency response a muscle memory,” notes Jensen. “Ideally, everyone has practiced enough that when the real thing happens, it’s fairly automatic.” Between drills, Jensen takes training directly to the hospital’s more than 50 units, outpatient clinics and procedural areas. He reviews evacuation procedures, updates codes, and makes certain everyone has a personal emergency plan in place at home. “You can’t help others if you’re worried about where your family is,” he says.

DeAtley thinks of emergency management as a marathon that will never end. “You repeat everything again and again, and then something new like Zika arrives, and you have to start fresh,” he says. “When you have the responsibility of keeping the region’s biggest hospital, its busiest trauma center, and its only burn center ready and able to respond to anything, you know you just can’t rest.”

For information about personal emergency plans, visit our blog at MedStarWashington/CenterView and search “Emergency Plan.” And don’t forget to subscribe to the blog for regular health information.

MINIMALLY INVASIVE ROBOTIC SURGERY REPAIRS PROLAPSE

You Don’t Have to Live with Bladder Problems

Cheryl Iglesia, MD, performs pioneering robotic surgeries to repair prolapse.

The 60-year-old healthcare professional has served as an operating room nurse and in various administrative roles for more than 37 years. But when she noticed a change in her body—a feeling of urgency to urinate more frequently—she waited to seek treatment, just as many of us might.

“I knew something was different, and the change definitely disrupted my daily activities,” she says. “For a while, I chose to just live with it.” Eventually, though, her symptoms worsened, and she consulted Cheryl Iglesia, MD, director of Female Pelvic Medicine and Reconstructive Surgery at MedStar Washington Hospital Center.

It’s not uncommon to put off seeking help, says Dr. Iglesia. “Women don’t always prioritize their own health and comfort,” she says. “They sometimes feel embarrassed to discuss issues like these, or may not realize that there are very good options for treatment.”

Dr. Iglesia found that the patient’s bladder was prolapsing, or shifted downward because it was no longer properly supported by the muscles of the vaginal wall. Bladder prolapse can be related to aging and stresses on the body from childbirth, among other factors. She recommended a pioneering surgical procedure called robotic sacrocolpopexy.

“Using the da Vinci Xi® surgical robot, we can attach a Y-shaped mesh, which forms a sort of hammock to lift the bladder through a series of four to six tiny 8-mm incisions,” Dr. Iglesia explains. “There is very little bleeding, and people often recover more quickly than they would from a traditional open procedure.”

Her patient says that knowing what to expect made her more comfortable with the prospect of surgery. “Dr. Iglesia showed me computer-generated images of where my organs were positioned compared to where they should be ideally—a great learning tool,” the patient says. “It made me understand why I was feeling the way that I was.”

After her surgery, she recalls, “I knew immediately that there was a difference—my system felt like it used to.” She was discharged the next day.

“I had some minor soreness, and took pain medications for only a few days. Within a week I resumed walking a few miles,” she says. Four weeks later she was able to return to work full-time.

The patient says she hopes people will learn from her experience, and she’s grateful to Dr. Iglesia. “She is an exceptional physician who also has a special talent for listening—she’s clearly doing what she is meant to be doing.”

Being able to make a difference in a woman’s quality of life is her favorite part of her job, says Dr. Iglesia. “We want women to believe that their well-being is important and know that we can help them.”

For an appointment with a specialist, call 202-877-DOCS (3627).
Save a Life!

Learn Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Use

Sudden cardiac arrest can happen to anyone, at any time. With training, you can learn when and how to use an automated external defibrillator (AED) and to perform cardiopulmonary resuscitation (CPR).

MedStar Health’s Simulation Training & Education Lab, or MedStar SiTEL, is an authorized American Heart Association Training Center, which offers classes in Heartsaver® CPR/AED training and first aid for community members. Classes are $50 to $85 per person and last three to six hours. If you’d like to host a course at your location, call Cheryl Camacho at 202-888-9181 or 443-239-1187 or email her at Cheryl.Camacho@email.sitel.org.

Learn more by visiting our blog at MedStarWashington.org/LearnCPR.

Medical Intel: Advances in Health Care

In these podcasts, specialists at MedStar Washington Hospital Center share the inside story of advances in health care that can make a difference for you and your family.

Go to MedStarWashington.org/Podcast.