On the Frontlines of Traumatic Brain Injury
Robert Brewer became one of the most critically ill neurological patients that MedStar Washington Hospital Center has ever treated. But thanks to the team’s depth of expertise and experience, the 30-year-old survived and regained his previous life.
All the Way Back

TURNING THE CORNER AND HEALING AFTER A TRAUMATIC BRAIN INJURY

It all started last May when Brewer decided to enjoy the spring evening by renting a bike and peddling home from work. Near Union Station, a speeding vehicle crashed into the helmetless Brewer, knocking him to the ground and fleeing the scene. A good Samaritan immediately called 9-1-1 and paramedics rushed Brewer to MedSTAR, the Hospital Center’s Level I Trauma Center. On-call that night was Edward Aulisi, MD, chief of neurosurgery, who cared for Brewer during his first critical hours. But the next day, Brewer’s condition worsened, a serious but common occurrence after a traumatic brain injury. Dr. Aulisi called in his colleague, Rocco Armonda, MD, neurosurgeon and also the Hospital Center’s director of Neuroendovascular Surgery since 2013. After 31 years in the military, including a deployment to the Middle East, Dr. Armonda had seen a lot of patients with severe brain injuries. But Brewer was among the worst and, ultimately, luckiest Dr. Amonda had treated in his career.

“The force of the impact was so great that it broke the densest bone in the body, the petrous portion of the skull base,” says Dr. Armonda. “Just about every part of Robert’s brain was affected with swelling and bleeding. He was unresponsive, in a coma and, quite frankly, we didn’t know if he’d make it or — if he did — what his quality of life would be.”

Region’s Most Sophisticated Neuromonitoring Capabilities

Fortunately for Brewer, the Hospital Center treats some of the most severe brain, spine, spinal cord and peripheral nerve disorder patients in the mid-Atlantic region. As such, it features a multidisciplinary team of specialists in neurology, neurosurgery, orthopedics and related fields, as well as specially trained nurses and other healthcare professionals. A 14-bed Neuro Intensive Care Unit combines the region’s most sophisticated neuromonitoring capabilities with subspecialty critical care staff, contributing to the neuro program’s high quality outcomes—and its standing as the busiest and most experienced in the area. The team used two specialized techniques to treat Brewer. First, Dr. Armonda inserted a highly sensitive probe that monitors brain pressure, oxygen and temperature simultaneously and minute by minute.

“WE WERE SO VERY FORTUNATE AND BLESSED THAT ROBERT RECEIVED THE MOST SPECIAL, AMAZING AND HEALING CARE POSSIBLE.”

—BETH BREWER

Second, the team gave Brewer’s brain time to rest and heal by rapidly lowering his body’s temperature—effectively slowing down all bodily processes. Brewer was kept in this state of suspended animation for five days, under constant watch in the ICU. When Brewer turned the corner, the team started gradually warming him back up, an especially delicate undertaking, which lasted for three more days.

Thankfully, Back to Work and Loving Life

Nearly three weeks later, Brewer graduated from MedStar Washington Hospital Center to its sister facility, the equally renowned MedStar National Rehabilitation Hospital, to begin the arduous task of learning how to talk, walk and otherwise function all over again.

While Brewer has no recollection of the accident or his critical care stay, bit by bit, the rest of his memories and faculties returned. His mother, Beth, wrote a heartfelt letter to the 2H neuro ICU team at the Hospital Center, which in part read: “Our family collectively believes Robert is with us because of each of you: the best of the best. We were so very fortunate and blessed that Robert received the most special, amazing, and healing care possible. Now that the critical moments have passed, and I can look at Robert in total amazement, I become weepy.”

In September 2014—only four-and-a-half months after the accident—Brewer was back at work.

Today, Brewer is again managing a full portfolio of federal and private sector clients as a senior consultant for Deloitte. He is also back on a bike, albeit with a heightened sense of caution, a tremendous appreciation for the people who saved his life…and a helmet.

“I was so fortunate that Dr. Armonda—someone who knows all there is about traumatic brain injury from first-hand battlefield experience—was a member of the wonderful team that cared for me,” Brewer says. “Thanks to him, Dr. Aulisi and everyone else at MedStar Washington Hospital Center, I can do the vast majority of what I did before and continue to pursue the life I love.”

If you or a loved one could benefit from our neurosurgery treatments, call 202-877-DOCS (3627).
Colleges is supposed to be the time of your life. For Ashley Donald, though, the college experience has involved a lifetime of changes. Yet, thanks to her positive outlook, it has also opened up a lifetime of opportunities.

This smart, charismatic 22-year-old Howard University student is living with a chronic autoimmune condition called Crohn’s disease, which causes inflammation of the digestive tract.

Donald, a radio-TV-film major, was diagnosed with Crohn’s in December 2012, and despite medication and repeated surgeries, her disease was uncontrolled.

“Crohn’s disease is very challenging to treat,” explains Thomas Stahl, MD, regional director of the MedStar Colorectal Surgery Program and interim chair of the Department of Surgery at MedStar Washington Hospital Center. “Multiple surgeries are the norm. This is a chronic, lifelong disease. But the more proactive and involved patients are, the better they can cope.”

Proactive and involved are words that describe Ashley Donald to a “T.”

As a patient of the colorectal surgery program at the Hospital Center, Donald had access to a team of fellowship-trained, board-certified surgeons who specialize in minimally invasive surgery to reduce pain and speed up recovery time. These surgeons work closely with gastroenterologists to provide the most appropriate, coordinated medical and surgical care for all patients.
“Because Ashley is so young, we wanted to try every option before considering another surgical approach—an ileostomy,” says her colorectal surgeon, Anjali S. Kumar, MD, MPH, academic director of the MedStar Colorectal Surgery Program. An ileostomy, or ostomy, diverts waste from the body when the colon or rectum does not work properly. This waste is removed through a surgically created opening in the abdomen, called a stoma, and into an external pouch.

“But when Ashley didn’t respond to medication or other surgeries, we discussed her complex case as a team and all agreed that the ostomy approach was best,” says Dr. Kumar. She counseled Donald and her mother about the decision, explained the procedure itself, and through many phone calls and emails, they worked around Donald’s busy college schedule.

Donald was appreciative. “Dr. Kumar always made me feel comfortable and the Hospital Center’s nursing staff took care of me with a smile on their faces.”

“Psychologically, a diagnosis of Crohn’s disease is difficult for anyone. Ashley has a positive attitude that really shines through,” say Dr. Kumar.

A Warm Welcome for Stella the Stoma
During the course of her care, Donald kept up this positive attitude—and has even gone so far as to give her stoma a name: Stella. She is also now reaching out to others to serve as a resource and to provide support, particularly for young people. Donald started her own blog called, Stella the Stoma (stellathestoma.wordpress.com), writing about what it’s like to deal with Crohn’s as a young person and covering topics such as how to find cute clothes—even two-piece swimsuits—that cover her stoma.

“I sent a link to my blog to some of my professors and they couldn’t believe what had been happening the entire semester,” recounts Donald. “The blog helped me let them know my situation without having an awkward conversation. Many of them were proud of me for making it through the semester. I will be graduating on time in May, thanks to the support of my professors, Dr. Kumar and MedStar Washington Hospital Center.”

Leading the Way and Improving Lives
The MedStar Colorectal Surgery Program’s colorectal surgeons treat hundreds of patients from throughout the mid-Atlantic who have Crohn’s, along with other diseases of the digestive tract, including colorectal cancer. All of the surgeons work collaboratively with physicians in other disciplines to evaluate every treatment option and develop a comprehensive, integrated and coordinated care plan together with each patient. The program provides a high level of care and treats patients with the most advanced, complex diseases and disorders of the colon, rectum and anus.

If you experience digestive tract pain or have any of the symptoms, please call the MedStar Colorectal Surgery team for an appointment at 202-877-DOCS (3627) or visit MedStarWashington.org/Colorectal.
Jennifer Pinder, a Washington, D.C. native, was 26 years old when she noticed a small lump in her gums. Although it wasn’t causing pain, she promptly paid a visit to her dentist. “I’ve always been diligent about my oral health,” says Pinder. “As soon as I noticed that something was different, I knew I should have it checked out.”

Pinder’s dentist was concerned, so he referred her to Dr. George Obeid, DDS, chairman of the Department of Oral and Maxillofacial Surgery at MedStar Washington Hospital Center. The department’s surgeons are highly trained in the latest techniques to diagnose and treat conditions and injuries of the mouth, jaws, neck, face and skull. Dr. Obeid performed a biopsy, which revealed Pinder had a rare type of tumor known to be aggressive and with the potential to invade the rest of her jaw. The only treatment option was to remove it through surgery.

Dr. Obeid was struck by Pinder’s strong ability to face the challenge. “I told this young, attractive woman that the only treatment is to remove part of her jaw with the potential disfiguring effect on her face. Yet, Jennifer never flinched, accepted the recommendation and was always upbeat and optimistic about the future.”

“For me, the hardest part was that I was 26 at the time,” Pinder says. “I felt like I was supposed to be having a good time like all of my friends – but instead, I had to have a serious surgery and there were a lot of unknowns ahead of me.”

A Jaw Fit for Cheeseburgers

The one thing that was certain was that Pinder’s quick action when she noticed something wrong prevented the tumor from becoming even more serious. Without prompt medical treatment, the tumor could have grown and seriously affected her ability to chew and talk.

Over the next five years, Pinder had a series of procedures to remove the tumor and rebuild her jaw using bone from her hip. She lost five teeth in the initial surgery, and she spent almost a year subsisting on a liquid diet.

“I love to eat, so that part of the ordeal was tough for me,” Pinder explains. “I mostly ate noodles, soup and milk shakes. The food I dreamed of eating most was a juicy cheeseburger.”

Though her journey was difficult, Pinder got through it thanks to her strong support system and faith.

“I hope that others will learn from my story and recognize the importance of paying attention to changes in their health.”

—Jennifer Pinder

“Dr. Obeid’s bedside manner is the gold standard,” says Pinder. “He treated me like a family member. The Hospital Center was so great—I couldn’t imagine being cared for anywhere else.”

Though her medical issues took a toll, Pinder still tried to maintain the routine of her life. She kept her job as a researcher at a not-for-profit housing agency, taking a week off for each surgery. She traveled, visiting Rio de Janeiro for Carnival shortly before her most complicated surgery. “I tried not to look at it like I was a victim,” Pinder says. “I tried to look for the lesson and the opportunity to grow as a person.”

Vigilance Paves Path to Full, Active Life

Today, Pinder, now 38, is tumor-free and living her life to the fullest. She is an avid runner, having completed six half-marathons and one full marathon. She enjoys cooking, traveling and spending time with her family, especially her two nephews and four godchildren.

Pinder hopes that others will learn from her story and recognize the importance of paying attention to changes in their health.

“Even if it’s the most minor thing, have someone take a look at it,” she says. “I think sometimes people are scared their doctor will think they’re paranoid. But if you’re concerned about your health, you should absolutely talk to your doctor. That conversation might save your life.”

Take Jennifer Pinder’s advice if you have any sudden mouth or jaw symptoms (see sidebar). For an appointment with an oral and maxillofacial specialist, call 202-877-DOCS (3627), or visit MedStarWashington.org and search oral surgery.
“THE HOSPITAL CENTER WAS SO GREAT—I COULDN’T IMAGINE BEING CARED FOR ANYWHERE ELSE.”

—JENNIFER PINDER

Oral Health: When to Visit Your Healthcare Provider

Everyone should visit the dentist twice a year to ensure good oral health. But if you notice any of the following signs or symptoms, don’t wait—make an appointment right away:

Jaw Tumor Signs and Symptoms

- New or suspicious lumps in your mouth or throat
- Jaw pain
- A swollen or misshapen jaw
- Difficulty chewing or swallowing
- Difficulty moving the jaw or tongue

Mouth Cancer Signs and Symptoms

- Lesions that do not go away within two weeks
- White or red patches anywhere in your mouth
- New or suspicious lumps in your mouth or throat
- Bleeding gums
- Consistently sore gums
- Difficulty chewing or swallowing
- Difficulty moving the jaw or tongue
- Ear pain
- A chronic sore throat or hoarseness
- Unexplained numbness in your face
Throughout his long life, 98-year-old Bennett Boskey—attorney, legal scholar, writer and all-around Renaissance man—has probed for answers. Only these days, the people he questions are more likely seeking charitable support than judicial fairness.

Among them are Ron Waksman, MD, director of Cardiovascular Research and Advanced Education, MedStar Heart & Vascular Institute and Stephen E. Epstein, MD, executive director of the Cardiovascular Research Institute who have questions of their own: What causes plaque in blood vessels to rupture? With new approaches, can stem cell treatments live up to their potential to improve symptoms and outcomes? Can nanoparticles deliver therapies directly to targeted sites?

Until 2001, however, such lines of inquiry held little attraction for Boskey. With a wide-ranging intellect and equal number of interests, he has been a generous and loyal donor to causes and institutions dear to him and his family for many years. But medical research wasn’t one of them.

Then, at age 85, he underwent emergency quadruple bypass surgery at MedStar Washington Hospital Center. After 32 days in the hospital, Boskey showed his appreciation and gratitude with a six-figure gift, his first ever to the Hospital Center. In turn, hospital leadership presented him with various funding options; he chose cardiovascular research.

Fourteen years later, he’s still funding the program that pursues a deeper understanding of heart disease, healing and, ultimately, how to improve patient care. Today, Boskey’s nearly $3 million in support, including a major gift toward the new Heart Hospital, are leading the way to future achievements.

“The MedStar Heart & Vascular Institute already had a reputation for doing innovative research when we first came to Bennett’s attention,” says Dr. Epstein, a cardiologist, cardiovascular investigator and frequent recipient of Boskey’s support. “But he’s given us the ability to advance to the next level. Thanks to him, the work we’re doing now will have a major impact on cardiovascular research worldwide.”

Dr. Waksman is another beneficiary of Boskey’s support. With his backing, the interventional cardiologist started a center to study platelets, a blood component, four years ago. Today, it is one of the leading research centers in the nation devoted to the study of platelet reactivity—determining how well, and how quickly, blood cells clot under different circumstances.

“Mr. Boskey gave us the seed money we needed and helped get us off the ground,” Dr. Waksman says. “Now, we’re recognized for our expertise, and able to attract substantial grants to further our efforts.”

Such progress pleases the results-oriented Boskey.

Donations do help save lives. Make a difference by contributing to the work of MedStar Washington Hospital Center. Reach out to the Washington Hospital Center Foundation at 202-877-6558.

“I WANT MY GIFTS TO BE USED IMMEDIATELY— TO HELP MAKE SOMETHING HAPPEN NOW.”

—BENNETT BOSKEY
Critical thinking and quick action helped Elizabeth Swanson, RN, “connect the dots” to answer her question: Why was her patient’s condition continuing to deteriorate?

A man was transferred to MedStar Washington Hospital Center with a diagnosis of “cold foot,” which is usually linked to a blood flow issue caused by a clot. Swanson, a nurse on unit 4F, became increasingly concerned, though, when his condition worsened and his symptoms did not fit with a common blood clot diagnosis. When she received the lab report from the transferring hospital, she realized he was already suffering from sepsis, but she also saw something in the report that she did not recognize—the words *vibrio vulnificus*.

Recognizing that something was clearly wrong, Swanson reached out to the hospital’s epidemiologist, Dr. Ligia Pic-Aluas, who happened to be on the unit at the time. *Vibrio vulnificus* is actually a type of flesh-eating bacteria that occurs naturally in saltwater. Together, Swanson and Dr. Pic-Aluas went immediately to talk with and examine the patient.

Sure enough, he had been fishing in the Chesapeake Bay the day before.

“Being from Colorado, it’s not something I’d seen before,” says Swanson, “but nurses have to advocate for patients when they notice a change and I was concerned that he might not be on the best antibiotics for this bacteria.”

When Dr. Pic-Aluas confirmed the lab’s report, she set in motion emergency surgery to remove the infected tissue and ordered the correct antibiotics. Thanks to Swanson’s nursing instincts and persistence in finding a solution, the man still has his leg, and his life.

“It makes my job worth doing and this is why I come to work each day: I not only love to care for the patients but I absolutely love putting all the pieces together so they can get back to their loved ones.”

Enjoy a video featuring Elizabeth and more team members who put our patients first, above all else. Visit us at MedStarWashington.org and click on the YouTube link.
Sharon Allen was tired. But then again, the 40-year-old had just given birth to a baby girl—her fifth child—and was trying to readjust to a busy family life at home. Ten days later, when her shoulders started to ache as well, Allen thought maybe the flu was partially to blame. But that night, breathlessness and a gnawing sense of unease woke her up repeatedly through the night. By morning, she felt terrible.

Unbeknownst to Allen, she was showing some of the classic signs of heart disease in women.

“Women’s symptoms are often different than men’s, more subtle and harder to discern,” says Jennifer L. Ellis, MD, cardiac surgeon at MedStar Heart & Vascular Institute at MedStar Washington Hospital Center, the region’s nationally recognized leader in advanced cardiac care. “Furthermore, many women still consider heart disease a ‘man’s disease,’ and are reluctant to think that their heart might be the cause of their symptoms. Yet women account for more than half of all heart fatalities each year.”

Like Allen, her husband Dorian was also unaware of those facts. But the look on his wife’s face telegraphed that something was drastically wrong. “I saw panic,” he says, recalling how he rushed his wife to the new, free-standing health center that, fortunately, had just opened a block away.

The center’s staff quickly determined their young patient needed much more urgent care than they could provide and immediately sent her to the nearest hospital emergency room. There, technicians, nurses and experienced physicians alike reached the same conclusion as, one by one, all
ECMO Works Hard While Hearts Rest

Like the heart-lung machine, the Extracorporeal Membrane Oxygenation system (ECMO) uses a pump, ventilator and tubes to temporarily assume the function of either or both organs. The medical devices work by diverting blood away from the heart and/or lungs, re-oxygenating it and then re-circulating the replenished fluid throughout the body. The chief differences lie in when and how each system is used.

Invented in the mid-1950s, the heart-lung machine is restricted to the operating room. It completely bypasses the heart and lungs to create a motionless and bloodless operating field. Most procedures that require the heart to be stopped during surgery would be impossible without the heart-lung machine.

ECMO was designed 20 years later for longer-term use in the neonatal intensive care unit. With ECMO, the heart is never stopped, allowing for an unlimited treatment period. The life-support device takes over much, but not all, of the heart program in the metropolitan region to earn this national recognition.

“The newest, most cutting-edge procedures and devices—the things you read about as ‘coming soon’—are already available at MedStar Heart & Vascular Institute,” says Dorian. “It’s a testament to their expertise and leadership.”

So, too, is Allen’s recovery.

“The girls and I could have lost her,” Dorian says. “Dr. Ellis is our hero.”

Join Sharon Allen by living a full life with your loved ones! Have your heart health examined by experts at MedStar Heart & Vascular Institute. Call 202-877-DOCS (3627) to schedule an appointment and for more information, visit MedStarHeartInstitute.org.
What should you do if you think you are having a heart attack? Call 9-1-1. Unfortunately, many people think the answer is to call family or friends. According to MedStar Heart & Vascular Institute researchers, calling 9-1-1 first will speed access to lifesaving treatment. In a new study, researchers found that patients transported to the hospital by first responders were treated faster than those who used their own transportation.

“We want people to trust their care to medical professionals and call for help at the first warning signs of a heart attack,” says Lowell F. Satler, MD, the study’s co-author and director of the Cardiac Catheterization Laboratory at MedStar Heart & Vascular Institute at MedStar Washington Hospital Center. “Our message is simple. Don’t call a relative or friend or drive yourself or others to the hospital. Calling 9-1-1 first can be the difference between life and death.”

The study showed that 83 percent of heart attack patients who used emergency medical services (EMS) reached the Cardiac Catheterization Laboratory in fewer than 90 minutes—the gold standard—compared to 54 percent of self-transported patients.

Another benefit of calling 9-1-1 first: EMS personnel can begin treatment immediately on-site and en route to the hospital, expediting timely communication of critical medical information directly with hospital personnel before a patient arrives.

Phase 1 of New State-of-the-Art Heart Hospital Opens

An entire floor of the new Heart Hospital at MedStar Washington Hospital Center was dedicated in January by MedStar Heart & Vascular Institute medical staff, associates and administrators. The opening of the new 60-bed unit marks the completion of Phase I of four phases in the construction of the first dedicated Heart Hospital in the nation’s capital.

At 35,000-square-feet, the new fourth floor features both private and semi-private patient rooms with the most current technological monitoring devices and equipment.

“This new facility and its structure will allow patients with similar medical issues to be together on single-care units that have dedicated teams of cardiologists, cardiac and vascular surgeons, nurse practitioners and nurses, to more efficiently deliver the highest quality cardiovascular care,” says Stuart F. Seides, MD, physician executive director, MedStar Heart & Vascular Institute.

Once all phases of construction are completed, the new Heart Hospital will consolidate all cardiovascular care in the Hospital Center’s North Addition, covering more than 160,000 square feet. The 164-bed facility is projected to be completed in the spring of 2016.