Life’s Simple Pleasures Restored

DEBILITATING LEG PAIN GONE AFTER MINIMALLY INVASIVE SURGERY

NEW TREATMENT FOR SLEEP APNEA

MORTON’S NEUROMA: A COMMON, BUT TREATABLE, FOOT AILMENT
Leisurely walk along a fishing pier on a recent vacation with his wife would not have been possible for Kevin Dougherty earlier this year. That’s because the 62-year-old retiree was experiencing claudication—or too little blood flow—in his right leg, which in turn caused pain and cramping when Kevin walked even very short distances.
A lifelong smoker who had previously undergone a carotid endarterectomy for plaque build-up and blockage in the carotid artery in his neck, Kevin Dougherty knew the underlying cause of his constant leg pain was likely peripheral vascular disease (PVD). The potentially serious but treatable circulation problem occurs when the vessels that supply blood flow to the legs are narrowed. PVD is typically caused by atherosclerosis, or plaque build-up inside the vessel walls.

Kevin, despite living in Bethany Beach, Del., knew exactly who he wanted to treat his condition—Edward Woo, MD, an internationally known surgeon who leads the vascular surgery program at MedStar Heart & Vascular Institute. Kevin met Dr. Woo during a previous procedure, while they were both living in Pennsylvania. In fact, Dr. Woo’s brother repaired Kevin’s congenital heart valve defect years earlier.

After confirming peripheral vascular disease with diagnostic testing, Dr. Woo brought Kevin to MedStar Washington Hospital Center. Here, he placed stents, or thin, wire mesh tubing, to help keep the vessel open in Kevin’s right upper leg. The blockage was reached through a small puncture in the groin area. The same-day procedure in March allowed Kevin to walk out of the hospital with less pain and cramping than when he walked in.

Dr. Woo. “If you have any concerns, it is important to talk to your doctor or make an appointment to see a vascular specialist. Without treatment, severe PVD can lead to worsening conditions, including dead tissue, gangrene, and even possible amputation of a limb.”

Kevin is grateful for both Dr. Woo’s care and expertise. “The amount of respect I have for Dr. Woo and his staff is immeasurable,” he says. “He is an amazing doctor, and I would recommend him to anyone.”

“My right leg feels great,” he adds. “Before, I couldn’t even walk a block. Now I can walk a half mile or more, and I try my best to keep up with my six grandchildren.”

MedStar Heart & Vascular Institute currently has a team of experienced vascular surgeons and physicians at MedStar Washington Hospital Center, MedStar Georgetown University Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center and MedStar St. Mary’s Hospital.

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“Lot of people may be experiencing leg pain and not know the cause of it,” explains Dr. Woo. “If you have any concerns, it is important to talk to your doctor or make an appointment to see a vascular specialist. Without treatment, severe PVD can lead to worsening conditions, including dead tissue, gangrene, and even possible amputation of a limb.”

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If you or a loved one is experiencing symptoms of peripheral vascular disease (see box at right), schedule an appointment with one of our specialists at 202-877-DOCS (3627).
Expertise, Experience and Excellent Care Restore Heart Patient to Former Self

Steven Jones, 61, could have lost his life when his unique mix of symptoms baffled another hospital. Fortunately, his wife, Sandra Swain, MD, medical director of Washington Cancer Institute at MedStar Washington Hospital Center, knew exactly what to do. Within hours, she had Steven transferred to the MedStar Heart & Vascular Institute at her place of work, where experts quickly revived hope and health.
The drama began in the early hours of a wintery Wednesday morning, when Steven, who was cleaning up after the couple’s kitchen remodelers, finally called it quits for the day. Using strong chemicals, the retired Treasury Department executive was startled but not alarmed when his heart suddenly started pounding. Not feeling well, he blamed the noxious fumes, took some aspirin and went to bed.

Before nodding off, however, Steven wisely woke his wife, to tell her about the incident. Soon afterward, his breathing became labored, prompting her to pack her husband in the car and head to the nearest emergency room.

It was the right decision.

Searching for Solutions

The couple arrived at the closest hospital at 3 a.m., where hospital staff gave their new patient a nebulizer to help ease his breathing. They also performed an ECG to get a snapshot of how well his heart was functioning.

But despite close monitoring and medication, Steven’s condition worsened. He lost consciousness and was placed on a ventilator, prompting the ever-more-anxious Dr. Swain to call colleagues at the Hospital Center. She was soon working with Andrew Shorr, MD, pulmonologist and medical director of the Hospital Center’s Medical Intensive Care Unit, on an emergency transfer for her husband.

Her motivation wasn’t solely based on familiarity, but on facts: MedStar Washington Hospital Center, founding hospital of MedStar Heart & Vascular Institute, is a major referral center for the region’s most complex cases, highly respected in pulmonology and nationally ranked in cardiovascular care and surgery.

Right Diagnosis, Right Treatment

At 2 p.m. Thursday, Steven was admitted to the Hospital Center where Dr. Shorr was on duty.

“Steven was clearly in shock, with low oxygen and blood pressure levels,” he says. “However, his symptoms didn’t fit the original hospital’s explanation of chemical inhalation. So we started from scratch to try to find the root of the problem.”

In a breakthrough moment, one specialist detected a heart murmur, confirmed by a cardiologist. Throughout the evening, Steven underwent several sophisticated tests, including two different types of echocardiograms, to further define what was happening. By 10 p.m., the team had the right diagnosis: a sudden rupture of the mitral valve, which allowed extensive fluid to build up in his lungs.

“Most of the cords that hold the valve flap in place ruptured, causing a torrential backward flow,” explains cardiac surgeon Ammar Bafi, MD, an expert in mitral valve repair. “While I’ve encountered this situation before, it’s quite rare.”

And quite dangerous. Before Dr. Bafi could repair the valve, Jones needed an intra-aortic balloon pump to stabilize his heart. That was inserted at 2 a.m. Four and a half hours later, Dr. Bafi successfully removed the damaged part of Steven’s valve, reconstructing what was left using the patient’s own tissue. He then inserted a ring, the only foreign material used in the procedure, to narrow the opening so the valve leaflets could close perfectly.

“Steven was very lucky,” Dr. Bafi says today. “The other hospital may not have discovered the real problem in time, or have had the right resources and staff to mobilize quickly, 24 hours a day.”

But the expertise and experience of Dr. Bafi and the team were the real keys to Steven’s successful recovery, and to Dr. Swain’s personal appreciation of MedStar Washington Hospital Center.

“MedStar Heart & Vascular Institute is a fabulous place with extremely professional, engaged and passionate people,” she states. “Though I knew from everyone else that the whole surgical team was exceptional, I was just amazed.”

Steven wholeheartedly agrees.

“I was on the edge of death and, without batting an eye, they figured it out, fixed it, and within days, I was up walking around,” he says. “I am forever grateful.”
The good news about urogynecological issues in women 50 and older is that most are very treatable, says Amy Park, MD.

“So many women feel uncomfortable discussing common issues, such as leaking urine and vaginal bulge, where the vagina can prolapse, which can result from aging and damage from childbirth injury,” she says. “But often, we can help them dramatically improve their quality of life. Treatment of the incontinence and prolapse enables them to regain their confidence, engage in social activities and exercise comfortably again.”

Options for treating common conditions include making dietary changes, such as reducing caffeine intake (excessive caffeine can be a bladder irritant), using low-dose estrogen creams for vaginal dryness and considering minimally invasive surgical procedures to correct stress urinary incontinence and pelvic organ prolapse.

Maintaining core strength is another important factor in urogynecological health, so Dr. Park recommends exercises like yoga, pilates or planks, which target the core muscles. But, she says, perhaps the most vital part of being active and healthy in the middle years is accepting where you are.

“You can’t compete against the idea of your younger self,” she explains. “I believe in the importance of optimizing who we are and what we want to do, whatever age we happen to be.”

Maintaining bone health is a lifelong pursuit, says James Tozzi, MD, an orthopaedic surgeon. “Good habits developed early in life, together with genetics, provide the foundation for a resilient skeletal system,” he explains.

However, Dr. Tozzi continues, two controllable factors can help us keep bones stronger at any age: the right exercise and a healthy diet (rich in calcium and Vitamin D, among other nutrients).

“Exercise that relies on some form of resistance, such as lifting weights, pilates or even swimming, is what helps us maintain our bone density,” Dr. Tozzi says. “Finding an activity we enjoy, so that we will make time to do it regularly, is essential for both physical and mental health.”

When might we want to seek advice about bone health? Dr. Tozzi says that for most people, the early signs of conditions related to bone deterioration (such as osteoporosis or osteoarthritis) will involve a change in how they are feeling. “If you develop pain that won’t go away, pain that wakes you in the night, or muscle pain that feels different than just the soreness that accompanies activity, you should consider being evaluated by an orthopaedist or internist,” he advises.
For many of us, the middle years (ages 50-70) are a time of vibrant change: our children are striking out on their own, our careers may be shifting, we may be considering a move or downsizing. It’s a time to appreciate where we are, and look forward to what’s to come.

Our bodies are changing too, and taking good care of ourselves allows us to embrace these new experiences. We’ve asked four of our MedStar physicians for advice to help you feel your best. Here they provide some information about common health issues, and when you may want to seek advice from an expert.

**Krishnan Venkatesan, MD**  
*Urology*

Men typically seek the care of a urologist, like Krishnan Venkatesan, MD, if they are experiencing issues such as problems with urination. Dr. Venkatesan, who is director of Urologic Reconstruction at MedStar Washington Hospital Center, explains that “men should see a urologist if they are experiencing changes in their urinary habits, such as a slowing stream, difficulty emptying the bladder, having to urinate more frequently or waking up multiple times at night to urinate.”

Some urinary issues are related to changes in the prostate (a walnut-sized gland next to the bladder that plays a role in nourishing and supporting sperm function). “This is typically the age where we start to see men present with symptoms of enlarged prostate,” Dr. Venkatesan explains. He also recommends that men discuss prostate cancer screening with their primary care physicians.

Erectile dysfunction can be another concern for men age 50-plus. “While this is an important quality of life issue in its own right, it is also important to note that erectile dysfunction may be an early sign of general health issues, such as cardiovascular disease,” Dr. Venkatesan points out. “Men at this age need to establish a relationship with a primary care doctor if they don’t have one already. These physicians can help identify risk factors that need to be addressed and refer people to a urologist when necessary.”

**Karen M. Johnson, MD**  
*Psychiatry*

People in the middle years are fortunate because life experience has helped them develop a strong sense of self and identity, says Karen M. Johnson, MD.

“By 50 and older, most of us know important things about ourselves: what we believe, what makes us happy, how to achieve some kind of balance in life,” Dr. Johnson explains. “We are better at loving who we are, and being at peace with ourselves.”

Older adults can use this knowledge to affirm priorities. “You may want to revisit your work life, streamlining it to focus on what gives you the greatest satisfaction and sense of purpose,” says Dr. Johnson. “Consider uncluttering your social group and investing your time with people who uplift your soul and spirit. Let go of unnecessary guilt—you are doing the best that you can. And find ways to say what you want to say in a respectful way, but still speak your truth.”

Embracing changing circumstances also helps us thrive. “If a longtime friend relocates, for example, you can maintain what’s important about that relationship in a different way. Schedule a trip together or chat on skype while sharing a cup of tea,” Dr. Johnson suggests. “The electronic world is still a new world to many of us, but this is a great time to use technology as a tool for connection.”
That “phantom pebble” and its accompanying pain may not be your imagination, but rather a common condition known as Morton’s neuroma.

Most often found in the spaces near the second or third toe, Morton’s neuroma results from a swelling of a nerve or adjacent tissue. The swelling can be enough to cause pain, but can also lead to the formation of a cyst, with the resulting effect ranging from minor annoyance, to severe burning or shooting pain.

“Even minor pain may cause you to limp or change your walk, which leads to other problems because your natural walking mechanics are all off,” explains John S. Steinberg, DPM, FACFAS, program director for the MedStar Washington Hospital Center’s Podiatric Residency.

While nearly everyone can experience Morton’s neuroma, it most frequently afflicts runners and other active people, as well as those who often wear high heels or dress shoes.

“Toes that are forced into a tight space for a long time undergo extra pressure that, in turn, causes the swelling and pain,” Dr. Steinberg says. “Combine that with high-impact activities, and it’s easy to see how the toes will be affected.”

Because the symptoms of Morton’s neuroma are so common, a patient’s description is often all a physician needs to make a diagnosis, though an ultrasound or MRI may be performed to verify the extent of the condition and to rule out any other contributing factors.

Treatment options vary, and are usually quite simple. They most commonly include physical therapy and injections of cortisone or alcohol solution to reduce swelling around the nerve. In some cases, the physician may prescribe custom orthotics to correct foot mechanics and separate the toes to prevent them from being compressed.

Only in the most extreme cases of Morton’s neuroma is surgery called for, says Dr. Steinberg.

“The old school approach was to simply remove the nerve, which was found to cause long-term problems,” he says. “Now, foot surgeons or plastic surgeons can perform an external neurolysis, which releases ligaments and tight tissue from around the nerve to create space. But again, such procedures can usually be avoided with proper conservative care measures.”
How many times have you taken off a shoe to shake out a pesky pebble that’s been hurting your toes? Yet, put the shoe back on, and it feels like the pebble is still there, along with the discomfort.

Morton’s neuroma also may be fully treatable without seeing a physician. Over-the-counter anti-inflammatory medications can reduce the swelling and pain, as will soaking the toes in alternating baths of comfortably hot and ice water. Full-length arch supports with solid shells can help ensure the feet receive the proper support. For athletes, a break from high-impact activities may be all that’s needed.

Of course, the best treatment for Morton’s neuroma is prevention.

“Change to shoes that are better fitting,” Dr. Steinberg advises, “so that toes will have the space and support they need.”

For more information, or to make an appointment with a podiatric surgeon who specializes in foot and ankle complications, call 202-877-DOCS (3627).

John S. Steinberg, DPM, FACFAS, program director for Podiatric Residency at Medstar Washington Hospital Center
Sprint Four the Cure

Join the Four Seasons Hotel Washington, DC™, and MedStar Washington Hospital Center in the fight against cancer at the 35th Annual Sprint Four the Cure on Saturday, Sept. 19, at the Four Seasons in Georgetown.

Sprint Four the Cure is an annual 5K chipped race held in partnership between the Four Seasons Hotel Washington, DC, and MedStar Washington Hospital Center. Since 2002, this family friendly event has raised more than $1 million to support cancer research efforts at MedStar Washington Hospital Center’s Washington Cancer Institute. Dr. Sandra Swain, Medical Director of the Washington Cancer Institute, notes that “contributions from this event, together with the proceeds generated by the Four Seasons’ annual June “Drive Four the Cure” golf tournament, continue to bolster the Washington Cancer Institute’s ability to conduct cancer research to make potentially groundbreaking new drugs available through clinical trials to our patients. We are sincerely grateful for the ongoing support provided by Four Seasons.”

As the regional leader in cancer treatment, the Cancer Institute provides access to a wide variety of important research studies, including therapeutic trials to treat our patient’s cancer. Clinical trials help develop new treatments for disease and illness and are the most effective tool for making possible advances and improvements in patient survival. In 2013 and 2014, more than 75 research trials were made available to Cancer Institute patients.

“I am proud of Sprint Four the Cure’s longstanding partnership with the Washington Cancer Institute at Medstar Washington Hospital Center,” says David Bernand, general manager of Four Seasons Hotel, Washington, D.C. “Seeing employees like Heidi Kirby fight and win against this deadly disease makes me truly grateful to all the volunteers and runners who make our donations possible.”

Race highlights include:

- Race tee-shirt with entry
- Raffle ticket for door prizes from a selection of D.C.’s finest restaurants, spas, shops and more
- Kids’ 100-yard dash (3 to 9 years of age)
- Four Seasons hot buffet breakfast for all entrants
- Great prizes for runners in a variety of categories
- Additional great prizes for top fundraisers

For more information or to register, contact Dennis Boyle at dennis.boyle@medstar.net, or 202-877-3028, or visit the Sprint Four the Cure website at www.sprintfourthecure.com.

Heidi Kirby, sales manager, Four Seasons Hotel, Washington, DC and recovering cancer patient, Washington Cancer Institute
Show Support

Golf Classic

MedStar Washington Hospital Center will host the 22nd Annual Golf Classic at Woodmont Country Club on Monday, Sept. 21, with Capitol File as the official media sponsor.

Proceeds from the Golf Classic will support three areas of excellence at the Hospital Center, The Center of Excellence in Nursing (CEN), MedSTAR Transport, and the Comprehensive Stroke Center.

These three programs are important in their own right for the patients we serve, but they also share common characteristics: their drive to constantly improve in quality and distinction, and their commitment to delivering exceptional patient-first care.

The Center for Excellence in Nursing was established in 2007 to advance the practice of nursing. One of the few hospital-based nursing development centers nationwide, the CEN supports nursing innovation, research, professional development, simulation, and clinical education for the Hospital Center’s more than 1,850 nurses.

MedSTAR (Medical Shock-Trauma Acute Resuscitation) Transport is the Washington region’s first hospital-based air medical service. Described as a flying intensive care unit, MedSTAR transports the sickest of the sick. Most transports are for critically ill patients who need a higher level of care than they are able to receive at their community hospital. About half are heart patients. Since record keeping began in 1988, MedSTAR has flown more than 58,000 inter-hospital, critical care and trauma missions. Last year, MedSTAR transported patients from the District of Columbia, Delaware, Maryland, North Carolina, Pennsylvania, Virginia and West Virginia.

The region’s first and only certified Comprehensive Stroke Center is at MedStar Washington Hospital Center. Comprehensive Stroke Centers are recognized as industry leaders and are responsible for setting the standard in highly specialized stroke care nationwide. This dedication to excellence shows that the Stroke Center is committed to improving outcomes for its 800+ patients annually.

MedStar Washington Hospital Center is proud to support these programs through our Annual Golf Classic and we welcome you to join us!

For additional information and sponsorship opportunities, please contact Morgan E. Milner, at 202-877-3269, or morgan.e.milner@medstar.net.
Stanley Chia, MD, discusses sleep apnea treatment options with patient Tyrone Evans.

“LIKE MORE THAN 70 PERCENT OF THOSE WHO HAVE HAD THE UPPER AIRWAY STIMULATION PROCEDURE, MY PATIENT’S SLEEP APNEA HAS IMPROVED DRAMATICALLY.”

—STANLEY CHIA, MD
Treatment for Sleep Apnea

For one 33-year-old Washingtonian, sleep was treacherous—and a good night’s rest had eluded him since childhood. He had suffered with obstructive sleep apnea for decades—gasing for breath dozens of times during the night. Sleep-deprived and literally tired of feeling that way, he sought help from Stanley H. Chia, MD, FACS, associate chair of Otolaryngology at MedStar Washington Hospital Center.

A thorough evaluation found that he was an excellent candidate for Upper Airway Stimulation (UAS) therapy—the first new treatment option for obstructive sleep apnea in more than a decade.

“This new technology, which was recently approved by the FDA, offers a subset of patients an effective therapy,” says Dr. Chia.

“In very severe cases of sleep apnea, patients may stop breathing over 100 times an hour. They try to get air in their lungs, but the airway collapses, blocked by tissue in the back of their throat,” he explains.

“Their oxygen levels drop, and they awake repeatedly during the night. Often they aren’t even aware of waking, until a partner complains about the snoring and gasping for air—the most common symptoms.”

**Risky Business**
The consequence of a chronic lack of sleep isn’t simply the constant exhaustion. “This disorder can cause or worsen some serious disorders, such as high blood pressure, stroke and heart disease,” Dr. Chia adds.

CPAP is the gold standard treatment for sleep apnea. The CPAP mask is worn over the mouth and/or nose, and is connected to a pump by a hose that pushes air into the wearer’s throat and keeps the airway open.

“It’s effective for many people,” Dr. Chia says. “But nearly half of patients prescribed CPAP cannot wear the mask through the night, so they are not treated adequately. Until recently, the only other surgical treatments available have had mixed results, and recovery is painful.”

**UAS: Implantable Technology**
Now, these patients don’t have to suffer. Today, they have another therapy option. “The Upper Airway Stimulation procedure isn’t for everyone,” Dr. Chia explains. “But it is proving effective for people with moderate to severe sleep apnea who don’t respond to other treatments.”

Candidates for UAS must meet some criteria. “They need to have a body mass index of less than 32, and a sleep apnea score of between 20 and 65, determined by a sleep study,” he says. During the surgery, a small generator device similar to a pacemaker is implanted under the skin below the collarbone. Another incision is made on the side of the patient’s chest where a wire sensor is tunneled under the skin and attached to the generator and senses the individual’s breathing.

Another incision is made in the neck and a lead is connected to the hypoglossal nerve, which stimulates tongue movement. With every breath the patient takes, a signal is sent to the nerve to stimulate the tongue, which moves forward in the mouth and opens the upper airway.

**Sweet, Sleep Relief**
After a month to allow tissues to heal, the device is calibrated. Then patients simply turn it on at bedtime, using a remote control.

“Like more than 70 percent of those who have had the UAS procedure, my patient’s sleep apnea has improved dramatically,” says Dr. Chia. “In fact, he told me that he is sleeping deeply enough to have dreams for the first time that he can remember—and getting a good night’s sleep for the first time in years.”

To learn more and for an appointment with Dr. Chia, call 202-877-DOCS (3627).

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**Obstructive Sleep Apnea Fast Facts**
Sleep apnea is a disorder in which breathing is briefly and repeatedly interrupted, because throat tissue collapses and blocks air flow.

**RISK FACTORS**
- Having small upper airway, or large tongue, tonsils or uvula
- Having recessed chin, small jaw or large overbite, large neck size
- Smoking and alcohol use
- Being age 40+ and/or overweight
- Being African-American, Pacific-Islander or Hispanic
- Having a family member with the disorder

**THE SYMPTOMS**
- Chronic snoring
- Feeling sleep deprived
- Difficulty concentrating, depression
- Falling asleep at work or driving
- High blood pressure or morning headaches

*Source: National Sleep Foundation*
Weight loss surgery can lead to dramatic results—many patients lose 100 pounds or more within the first year. While happy with the numbers on the scale, patients often are dismayed when they look at themselves in the mirror. The fat has melted away, but excess skin is hanging next to where the extra pounds once were.

This loose skin lacks the elasticity to spring back into place. Patients aren’t happy with the way they look, and they aren’t able to fit into new, smaller clothes. The loose skin may be difficult to keep clean, and skin folds may rub against other skin, leading to extra moisture, chafing, rashes or even infections. Also, this extra skin may make it difficult to exercise, which makes long-term fitness a challenge.

So what are they to do?

Body contouring surgery is often the next step for patients who have had a dramatic weight loss. This surgery removes hanging skin and stored fat deposits that remain after weight loss surgery. Board-certified plastic and reconstructive surgeons are the best choice for the best results.

“After massive weight loss—50-plus pounds to several hundred pounds—patients are left with excess skin, so they have a deflated look and appearance,” says Derek Masden, MD, a plastic and reconstructive surgeon at MedStar Washington Hospital Center. He and his colleague, Praful Ramineni, MD, perform this surgery about once a week. They work closely with the Hospital Center’s bariatric surgeons, many of whom send patients to them after successful bariatric surgery.

“We can do a number of different procedures that help patients achieve great results,” he continues. Patients may have one or all of these procedures, depending on their needs. Often, patients require more than one surgery to perform all the necessary work to achieve the best results.

The best candidates for body contouring surgery are patients whose weight has stabilized. They should be healthy, without other medical conditions, and committed to maintaining their current weight through good nutrition and fitness.

“Usually we wait until a year after weight loss surgery, because if you continue to shed weight, you’ll need surgery again,” Dr. Masden says. Often the bariatric (weight loss) surgeon and nutritionist are involved in the decision to go ahead with body contouring surgery. “We have to make sure the patient has enough protein reserve to be able to heal from these massive incisions,” Dr. Masden explains.

Surgery that includes several procedures can take six or more hours. “The way I explain it to patients is that it’s like tailoring clothes—we take out the excess,” Dr. Masden says. Typically, patients remain in the hospital for one or two nights, and can go back to work after two weeks. In comparison to many other surgeries, recovery is not too painful, Dr. Masden says, because no muscles or organs are involved.

Results can be dramatic, but patients should not expect a perfect body after surgery. Visible scars remain where the incisions were made.

Patients see results immediately after surgery and those results are long lasting—as long as the patient does not regain weight. A regular fitness routine helps maintain muscle tone, which also improves appearance. “Patients are really happy with the results,” Dr. Masden concludes.

For more information about body contouring, please call 202-877-DOCS (3627).
Patients may sometimes arrive alone at the hospital for diagnostic tests, but they are never alone when Cherri McMillan, imaging services scheduler, is on duty. Cherri takes special care with the patients in Interventional Radiology, and is especially on the lookout for one regular patient, who is elderly and lives alone. Cherri noticed a particular patient one evening as she was being discharged. It was getting late, and the patient was nervous that she had no way home. Without hesitation, Cherri quickly arranged transportation for the woman. She even called to check on the patient, ensuring that she made it home safely. "I did not think that getting a cab, which is something so small, would turn into something so great," says Cherri. Cherri considers the woman to be like family now. She calls the patient to remind her of her appointments and checks in on her general well-being. Aware that this patient is unable to walk far because of physical limitations, Cherri always is prepared to greet her with a wheelchair to ease the way. Cherri is a patient listener and always on the lookout for ways to keep her patients safe. She embodies MedStar Washington Hospital Center’s SPIRIT values of Service, Patients First, and Respect for All.

Enjoy a video featuring Cherri and more team members who put our patients first, above all else. Visit us at MedStarWashington.org and click on the YouTube link.
What’s New

Medical Intel

The inside story of advances in health care that can make a difference for you and your family.

New Glaucoma Surgery Provides Less Risk

Glaucoma is a leading cause of blindness in the United States. While medication can help, surgery is sometimes necessary. New, minimally invasive glaucoma surgeries can be done at the same time as standard cataract surgery and provide significantly less risk than traditional glaucoma surgery. Some involve the placement of a tiny stent in the eye, while others use endoscopic laser.

Many patients who have been on glaucoma medication for years are able to reduce, and in some cases, eliminate their need for these medications after surgery, says Mark Gonzalez, MD, ophthalmologist with the MedStar Eye Institute.

For an appointment with one of our ophthalmologists, call 202-877-DOCS (3627).

Don’t miss other Medical Intel segments featuring MedStar Washington Hospital Center physicians, airing Mondays at 7:27 a.m. on WTOP 103.5 FM.

Visit MedStarWashington.org/Intel to catch up on past segments.

Newly Approved WATCHMAN™ Device Reduces Stroke Risk in A-fib Patients

In June, Connie Wiley made history. She became the first person in the Washington region to have the tiny WATCHMAN™ Device implanted in her heart to lower her risk of a fourth stroke. After years of coping with atrial fibrillation (A-fib) and the resulting strokes, Connie’s risk is now lower and her energy higher.

A-fib is a common heart condition, currently affecting more than 5 million Americans. Researchers believe 20 percent of all strokes occur in patients with A-fib, which is why many patients like Connie are treated with blood thinners. The blood thinners reduce the likelihood of stroke-inducing blood clots within the heart, but can increase the risk of bleeding, so patients must be closely monitored. This new minimally invasive option can reduce the risk of stroke and allow patients to stop long-term use of blood-thinning medication. The procedure lasts under an hour and patients typically return home the next day. Most patients will be able to discontinue the use of blood thinners after 45 days.

For Connie’s full story and details on the WATCHMAN™, visit MedStarWashington.org/Watchman or call 202-877-DOCS (3627).