

NEWS AND INFORMATION FOR FRIENDS
OF MEDSTAR WASHINGTON HOSPITAL CENTER

CENTER

Scope

SPRING 2016



**His Heart is Mechanical,
But You'd Never Know!**



MedStar Washington
Hospital Center



Bernie routinely carries furniture weighing 200 pounds and lifts weights on his days off while he waits for a new heart.

"I'M GRATEFUL I HAVE THE VAD. THE DOCTORS GAVE ME A GIFT AND I'M GOING TO TAKE IT AS FAR AS I CAN. BUT I'M NOT STOPPING HERE...I WANT A NEW HEART."

—BERNIE HOLLAND

BERNIE HOLLAND KEEPS MOVING

While a Tiny Device Keeps His Heart Pumping

Herbert “Bernie” Holland is waiting for a new heart. But not idly.

The 58-year-old former U.S. Marine, who has a ventricular assist device (VAD) to support his weakened heart, is pushing the limits as far as his doctors will let him go.

In an average week, Bernie, 6’4” and 240 lbs., works 40 to 50 hours a week as a packer and mover for a Maryland moving company. He routinely lifts and carries furniture, weighing up to 200 lbs., up and down stairs.

Moving people has been Bernie’s career since he left the Marines in 1981. He specializes in moving prominent people—many military and D.C. elected officials—including former Secretary of State Colin Powell, as well as U.S. Marine Corps General James L. Jones.

But a decade ago, doctors diagnosed Bernie with cardiomyopathy, a disease that weakens the heart muscle.

In June 2014, he says, “I was pruning my roses and just couldn’t breathe. I thought it was the pollen, but went to the hospital anyway. They sent me to MedStar Washington Hospital Center by ambulance.”

The Advanced Heart Failure team at MedStar Heart & Vascular Institute (MHVI) told Bernie he had end-stage heart failure and needed a VAD to survive. On Aug. 5, 2014, Steven Boyce, MD, a cardiac surgeon at MHVI and a world expert and pioneer in VADs, implanted a VAD in Bernie’s chest.

The pumping device is connected to an external battery worn in a small pack on his waist.

It took time for Bernie to regain strength and retrain his body, but personal determination coupled with his Marine training had him back working a full schedule just four months later.

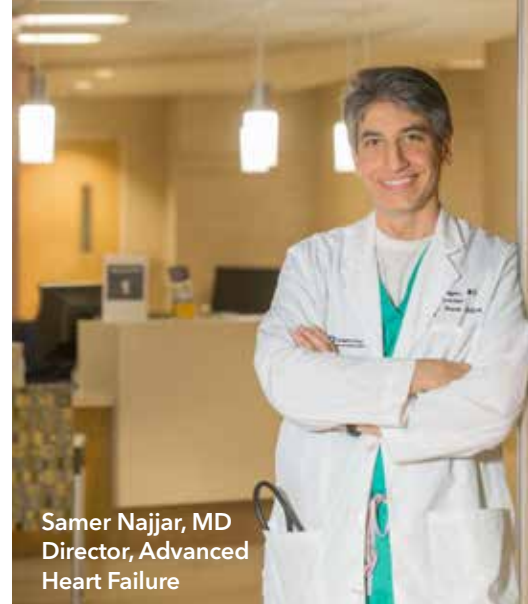
He is especially grateful to his mother-in-law, Margaret Wynn, and Edward Miller, a friend and his attorney, both of whom helped him through his recovery. “Recovery was hard, but you can’t give up or you’re finished,” Bernie says. “I’m grateful I have the VAD. The doctors gave me a gift, and I’m going to take it as far as I can. But I’m not stopping here.”

“There are a few things I can’t do,” he continues. “I want to swim in the ocean again, and I can’t with a VAD. I want to drive my own rig, but can’t with a VAD. I want a new heart.”

Bernie hopes to receive a new heart this year. He looks happily ahead to many years of productive work. He also has a dream—he wants to see his 14-year-old daughter Noel reach her goal of becoming a doctor.

Visit our blog at MedStarWashington.org/CenterView for 29 heart tips to help keep you healthy.

Ever-shrinking ventricular assist devices are transforming the way we care for patients with advanced heart failure.



Samer Najjar, MD
Director, Advanced
Heart Failure

Treating Heart Failure with Mechanical Pumps

A ventricular assist device (VAD) is a mechanical device that helps your heart pump blood to the rest of the body, so as to continually supply fresh oxygen and nutrients to all of your organs.

“We are the region’s leading center for patients with advanced heart failure,” says Samer Najjar, MD, director, Advanced Heart Failure, MedStar Heart & Vascular Institute at MedStar Washington Hospital Center.

The first VADs were temporary solutions. Patients stayed in the hospital, bedridden and hooked to the device while waiting heart transplantation. The second generation of VADs allowed greater mobility, with a control device and battery worn in a backpack. The latest VADs have fewer moving parts and are even more compact, with the control device and battery worn around the waist.

“Every year, we are seeing more advances in the treatment of heart failure,” Dr. Najjar says. “We are able to offer patients the option that suits them best—options they may not have had even a few years ago.”

Tips for Women's Health

When it comes to women's health, there are a lot of recommendations and medical information to keep track of, and sometimes it seems the guidance changes weekly. How often should I get a mammogram? My period is so heavy; is it too heavy? Is there anything I can do to stop running to the bathroom all the time?



Patricia Wehner, MD
Simplifying Mammography Guidelines

Breast surgeon Patricia Wehner, MD, understands that breast imaging guidelines can be confusing. Here, she provides some simple guidelines.

"Every woman is different, and it's so important to have a relationship with your doctor so that he or she can give you the best guidance," she explains. "There are many factors involved in making recommendations for our patients. In general, you should have your first mammogram between ages 40 and 44, and an annual test between 45 and 54. After age 55, talk with your doctor. You may still need an annual mammogram, but you may be able to extend it to every other year."

In some cases, your doctor may want you to have an ultrasound and/or an MRI as well. Ultimately, the approach your doctor recommends will be based on you: your age, personal medical history and family history.



James Robinson, MD
Fibroids? Solutions.

The most common problem that sends women to their gynecologist: abnormal uterine bleeding. Fibroids are often the culprit. "If you've got fibroids, welcome to being female," James Robinson, MD, says. "But today, you don't need to be overly worried. We can take care of them, usually in a minimally invasive way."

If you are still of child-bearing age, fibroids can be removed through keyhole incisions. If a hysterectomy is the route that you and your doctor choose, Dr. Robinson says, "to reassure you, this isn't your mother's hysterectomy." The surgery can be performed through a small incision and is now often an outpatient procedure. "We can get you back to the rhythm of your life a bit faster," he adds.

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

from our Experts

Why do I look older than I feel? Here is some advice from four MedStar Washington Hospital physicians: Have a good relationship with your providers. Express your concerns, be clear about what does and doesn't match up with your lifestyle, and work with them to find solutions that suit you.



Lee Richter, MD
Pelvic Floor Problems Solved

"Knowledge is power," Lee Richter, MD, says. "It's important for women to know about the conditions that will affect them in their lifetime." Forty percent of women in their 60s will experience a pelvic floor disorder.

Pelvic floor disorder refers to pelvic organ prolapse, urinary incontinence and/or bowel incontinence. Treatment ranges from conservative to aggressive approaches, from behavioral tips to medication, acupuncture to pessaries, physical therapy to minimally invasive outpatient surgery. Dr. Richter guarantees "no matter who you are, we will find something for you somewhere in the treatment spectrum."

Be specific about what is not working for you, and what you need fixed. "There is nothing more satisfying than having a woman get back to the quality of life she deserves," she says.



Derek Masden, MD
Many Ways to Treat Aging

"Plastic surgery isn't about changing who you are, or what you look like," says Derek Masden, MD, "but about recapturing the things you were proud of in your youth."

We lose bone and soft tissue as we age, and gravity is no one's friend. Dr. Masden says that making good lifestyle choices—exercising, not smoking, and taking common sense precautions to minimize sun exposure—will enhance your overall health and stave off the signs of aging on our faces.

Non-invasive procedures are available, such as appropriate skin care products, fillers, topical treatments and injectables. Laser treatments and chemical peels use the skin's own immune response to tighten up the skin. And surgery is an option for those who want a more radical change.



J.D. and Genevieve Murphy, standing, center, with members of MedStar Washington Hospital Center's leadership team, want to "light the way" so others understand how important philanthropy is for the hospital that the city turns to in a crisis.

Lighting the Way

J.D. AND GENEVIEVE MURPHY ARE GROWING THE PHILANTHROPY THAT GROWS THE HOSPITAL CENTER

As the largest hospital in the nation's capital, MedStar Washington Hospital Center is a familiar landmark, known for treating famous individuals and incidents. Whether it's The Burn Center responding to 9/11, or the Level I Trauma Center handling emergencies such as the Navy Yard shooting, or the MedStar Heart & Vascular Institute managing cardiac crises for the city's internationally recognized leaders, the Hospital Center provides continuous specialized support for the community.

Thanks to J.D. and Genevieve Murphy, the community is also growing its support for the Hospital Center. As leaders who support philanthropy at MedStar Washington Hospital Center, the Murphys have a long history of philanthropic support here. Their personal contributions have helped grow MedStar Heart & Vascular Institute, launched the pioneering Medical House Call program (which brings health care to seniors at home), given ongoing support to the Washington Cancer Institute, and established the Center For Excellence in Nursing (CEN), a unique nurse training and research facility that supports nursing professional development and research on best practices.

Gifts from the Murphys and other donors, both large and small, have resulted in almost \$48 million in philanthropic support for the Hospital Center in the last four years. As founder and former CEO of Bethesda-based CompuTech, J.D. has a long history in the D.C. community, and serves on the Board of the Catholic Charities Foundation. Genevieve, a D.C. native and graduate of Georgetown and George Washington universities, worked in government relations and is involved with philanthropies such as Unicorn Children's Foundation. Together, they say the area benefits from the Hospital Center's expertise and research, and they hope to increase awareness and participation in philanthropy for the hospital.

Richard G. Kief, senior vice president at the Hospital Center, notes that "J. D. and Genevieve both make an incredible difference in the lives of people in the Washington region. Their leadership, volunteer efforts, and personal commitment and generosity help numerous organizations and institutions in our community. We are fortunate to have their philanthropic support and for the great leadership example they set for others."

Philanthropy Supports Hospital Center Programs

Q: Is there a growing awareness of the need for philanthropy to support hospitals in general?

J.D.: Maybe 50 years ago, hospitals could support themselves through reimbursements. Equipment, capital improvements and staff training are no longer covered by the payments hospitals receive today. Philanthropic support is essential, and we feel the Hospital Center is one of those places people may not drive past every day, but they sure rely on it in a crisis. By stepping up, we hope others take notice.

Genevieve: We understand that many of the associates who work at the Hospital Center make gifts each year. Those gifts show that the people who work there value the patient care, research and training that happens there every day. We want to light the way for others who understand the importance of giving clinicians the support they need.

Q: What motivates you to support MedStar Washington Hospital Center?

J.D.: When I speak with physicians about what drives them to the Hospital Center from all over the world, they tell me it's that they treat diseases and conditions here they don't see anywhere else. We're supporting best doctors providing state-of-the-art care and nurses who know what they are doing and are given the training to support this advanced medical care.

Genevieve: I have aging parents who have had to deal with numerous medical issues. The physicians must understand and treat so many simultaneous conditions. The nurse is the mediator and link to medical knowledge. We want to support continuing professional development and facility improvements at the Hospital Center so they can continue to support their patients.

Q: How do you stimulate philanthropy for a facility that, as you say, most commuters do not pass every day?

J.D.: It is the hospital of choice in a crisis and for numerous professional athletic teams in the city. It was designated by the President as a center to treat patients suspected of having Ebola in D.C. There is incredible medicine available to area residents thanks to the Hospital Center, so we find there is actually a lot of interest in helping grow and maintain the work they do.

Genevieve: If you look at the city, thousands of young couples are moving into the areas around the Hospital Center, including Columbia Heights and Brookland. They are having families, and they want to have an excellent, modern healthcare facility in their neighborhood. With this shift, we see new interest in the Hospital Center.

If you'd like more information, or would like to join the Murphys in supporting the new Heart & Vascular Hospital, Washington Cancer Institute, the Center For Excellence in Nursing or one of our other amazing programs, please call the Office of Philanthropy at MedStar Washington Hospital Center at (202) 877-6558.



K. Eric DeJonge, MD, is director of Geriatrics and co-founder of the Medical House Call Program, which brings medical care to seniors at home. Last year the House Call team made 9,800 house calls and treated 794 patients.



In FY2015, Washington Cancer Institute at MedStar Washington Hospital Center had 1,815 admissions and 68,853 outpatient visits.



Nurse educator Charlie Sederstrom, MSN, RN, (in white lab coat) works with nurses (L to R) Shanique Cochran, RN; Mariama Yilla, RN; Andrew Velasquez, RN; and N.E.D., the simulation mannequin, in the Center for Excellence in Nursing (CEN). The CEN supports the hospital's 1,900 nurses through clinical education, research, simulation training and academic and leadership development.

Timely News You Can Use



What will you find when you visit our new blog? The latest information about our Medical House Call Program for the elderly, important updates on the Zika virus, 29 tips for your heart health, and a feature about Melissa Fries, MD, who has a unique way to relieve stress-raising cows, chickens and goats on her farm.

For insights into health care for you and your family and a peek into the inner workings of the busiest hospital in the nation's capital, visit MedStarWashington.org/CenterView, and subscribe to weekly emailed updates about the latest topics that we cover. Let us know what you would like to read about on the blog. Click on the Feedback link at the bottom of the page, or call our DOCS Line at 202-877-DOCS (3627). We look forward to hearing from you.

Learn more at MedStarWashington.org/CenterView.

CENTER Scope

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MedStar Washington Hospital Center, a valued member of MedStar Health, is committed to putting our patients first, above all else, with a focus on providing high-quality, safe care with compassion for all.

MedStar Washington Hospital Center, a private, not-for-profit hospital, does not discriminate on grounds of race, religion, color, gender, gender identity, physical handicap, national origin or sexual preference.

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Healthy Eating Series

2016 seminars sponsored by Washington Cancer Institute
Learn how healthy eating can help:

- Prevent cancer recurrence
- Enhance cancer survivorship
- Maintain a healthy weight
- Control diabetes

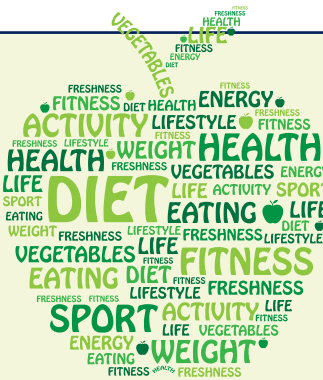
Speaker: Annelie Vogt, Oncology Nutritionist
2 to 3 p.m. in C-1119 at Washington Cancer Institute
110 Irving Street, NW, Washington, DC

Healthy Eating for Life

Monday, July 11
Monday, Oct. 3

Healthy Weight for Life

Friday, May 13
Monday, Aug. 1
Monday, Nov. 7



Control your Diabetes for Life

Monday, June 6
Monday, Sept. 12
Monday, Dec. 5

Register at the front desk of Patient Support Services (C-1200) or call 202-877-2273.