Second Chance at Life with a New Heart
Ms. Williams’ journey began a year earlier with what she thought was a stubbornly bad cold, complete with coughing, wheezing and shortness of breath. But after a month or so of self-medicating, her symptoms were no better, prompting a visit to her primary care physician in Annapolis, Md. “My doctor thought I might have bronchitis or asthma, and prescribed an inhaler,” Ms. Williams says. “But that didn’t work either. I just felt like something that didn’t work either.”

Her intuition was on target: A subsequent chest x-ray revealed an enlarged heart. Fortunately for Ms. Williams, her physician referred her to local cardiologist Jennifer Brown, MD, a member of MedStar Health Cardiology Associates—a regional network of specialists affiliated with MedStar Heart & Vascular Institute (MHVI) at MedStar Washington Hospital Center, one of U.S. News & World Report’s Top 50 cardiology and heart surgery centers nationwide.

As it turned out, Ms. Williams would need all the expertise and experience, talent and technology that MHVI could muster. The magnitude of Ms. Williams’ condition first surfaced when her heart went into a potentially deadly arrhythmia, right in front of Dr. Brown. Eight minutes and a MedSTAR Transport helicopter ride later, Ms. Williams’ life was in the hands of MHVI’s specialists.

“Ms. Williams’ heart was simply not pumping enough blood to sustain the rest of her body,” says cardiologist Samer Najjar, MD, medical director of the Hospital Center’s large, multidisciplinary Advanced Heart Failure Program. “By the time she arrived, she was entering late-stage heart failure.”

After trying sophisticated medications to reduce the load on Ms. Williams’ overworked heart, it soon became clear that Ms. Williams couldn’t survive much longer in her current condition. “I had to ask her one of the most difficult questions ever,” says surgical director for the Advanced Heart Failure program and internationally recognized pioneer in developing newer and smaller ventricular assist devices (VADs). “Did she want to be placed on the heart transplant waiting list? Or could she make peace with her fate?”

Faced with her options, Ms. Williams immediately signed up for a transplant—and the long wait until a suitable new heart could be found.

“I was only 42 then, and the news was shocking,” she recalls. “But I was absolutely going to fight for my life.”

That decision meant that Ms. Williams needed a VAD—a mechanical pump that can take over when the heart’s powerhouse, the ventricles or lower chambers, are too weak to work.

The goal was to give her time as she waited for a heart.

So, on Oct. 29, 2015, Dr. Boyce implanted a VAD in Ms. Williams’ left ventricle. But a mere week later, she needed another of the life-saving devices for her right ventricle, an extremely rare occurrence.

“While VADs are amazing and can preserve both life and its quality, they need a lot of attention and weigh heavily on a patient—physically, emotionally and mentally,” he says. “Living with one VAD requires a certain mind-set; living with two is nothing less than remarkable.”

Ms. Williams admits to having her fair share of rough days.

“For the better part of a year, the only thing standing between me and death were two machines and their eight-hour batteries were running low, they beeped for the VAD batteries. And they were gone! I had a new heart!” she says. “I was home in time for Thanksgiving.

On the one-year anniversary of her transplant, Ms. Williams says, “I thank God, the donor, and the medical team that gave me a second chance at life, and my family and friends for their tremendous and unwavering support. Being able to travel, exercise and, yes, even work once again feels wonderful. I’m loving my new life and feel absolutely great!"

For an appointment with one of our specialists, call 202-877-DOCS (3627).
On August 14, MedStar Heart & Vascular Institute (MHVI) welcomed Vinod Thourani, MD, as its first new chair of Cardiac Surgery in more than two decades. Dr. Thourani assumed the role from Paul Corso, MD, who successfully built and guided the program to its current prominence as one of U.S. News & World Report’s 50 best cardiovascular programs in the nation.

For example, MHVI has earned a national and even international reputation through the activities of some of its physician-scientists who were among the first to translate specific cardiovascular research findings from bench to bedside. Off the top of my head, I’m thinking of people like cardiovascular surgeon Dr. Steven Boyle—a pioneer in developing and perfecting the life-saving artificial pumps known as ventricular assist devices; interventional cardiologist Dr. Lowell Satler, who’s advanced our understanding of structural heart disease and how to fix it; and Dr. Ron Waksman, whose research has led to new and better cardiovascular technologies and devices in use worldwide today.

There are others, of course. But the point is: MHVI’s culture of innovation for the patient definitely appealed to me.

Editor: That all makes sense, since you’re a well-known researcher, with more than 300 publications to your credit. Will you continue that work at MHVI?

Dr. Thourani: Absolutely, especially since MHVI has already played a leading role in the development of transcatheter aortic valve surgery, in not only the standard or minimally invasive techniques, but also, in collaboration with Dr. Satler, the transcatheter technologies. Currently, I am the national principal investigator, or on the executive committee, for several major new surgical and transcatheter trials on replacement (TAVR) and other advances in structural heart disease. My interest lies in enhancing how we perform valve repair and replacement devices, and we are in the process of starting all of those trials at MHVI.

Editor: You’ve mentioned structural heart disease several times. What is it?

Dr. Thourani: Structural heart disease is a relatively young sub-specialty that repairs damages or defects affecting the heart’s architecture: its walls, muscles and, especially, its four major valves. Like the locks on a canal, those valves open and close tightly to let blood flow in and out of the heart’s chambers. But a multitude of things can go wrong. If the valves don’t close properly, they cause leaks and back-flows, as with mitral valve regurgitation. Conversely, they can narrow and stiffen, resulting in aortic stenosis, which restricts blood flow.

Editor: How did you get interested in the topic?

Dr. Thourani: About 13 years ago, I became mesmerized by the complexities of valve repair and replacement: They’re like little individual organs that live inside a larger one. Since then, we’ve made tremendous progress in understanding the valves, starting with the aortic. Now we’re applying what we’ve learned to the more challenging mitral and tricuspid valves. Mostly a disease of old age, structural heart disease will only increase as more Americans live longer. With a formal Structural Heart Disease Program already in place, MHVI is ahead of the curve—another reason why I came here.

Editor: Did you always want to be a doctor?

Dr. Thourani: My father was a non-invasive cardiologist who let me go to his clinic during the summers starting when I was only 8 or 9. I used to listen to my dad’s patients’ hearts with his stethoscope, and it was great! I was mesmerized and sold on this specialty forever. I was sure I’d be a cardiologist just like dad when I grew up. But once I was in medical school, I fell in love with surgery, much to my father’s dismay.

Editor: Lastly, tell us where you see MHVI in 10 years.

Dr. Thourani: MHVI is already known for great patient care and outcomes, even though, as a referral center, it treats the sickest patients. Working as a team, I want to build on this foundation of excellence, enhancing our reputation for leading-edge patient care and satisfaction, education and research.
Young Athlete Nearly Loses Leg in Rare Condition

POPLITEAL ARTERY ENTRAPMENT SYNDROME

Joel Patton was the quintessential picture of health, boasting a strong body and mind. An IT professional working on his PhD, the 35-year-old was a personal trainer during his off hours. In May 2016, his left foot began hurting, and he assumed it was an overworked muscle. When numbness and tingling followed, Mr. Patton sought medical advice. Several doctors visited him little. But one alert physician recognized something was gravely wrong, and quickly referred him to Rajesh K. Malik, MD, RPVI, FACS, a vascular surgeon with MedStar Heart & Vascular Institute at MedStar Washington Hospital Center.

“By then Mr. Patton’s left foot was red and cold to the touch,” says Dr. Malik. Mr. Patton had a dangerous blood clot in an artery in his leg. Mr. Patton recalls, “When Dr. Malik described the blood clot and said amputation was a possibility, it was a horror story coming true.”

Rare and Dangerous Thrombosis
A blood clot, or thrombosis, this severe is rare in young adults, Dr. Malik says. He started Mr. Patton on a blood thinner called heparin and began diagnostic tests. He discovered the clot at the popliteal artery, behind Mr. Patton’s knee joint.

“Minimally invasive surgery wasn’t possible, and open surgery was risky,” says Dr. Malik. “In an open procedure, we might have been able to take a piece of vein to create a bypass. But the risk of failure was great.”

Tackling Tough Choices
“But I thought we should sit tight and watch,” Dr. Malik says. Within a few days, some feeling returned to Mr. Patton’s foot. “The blood thinner was doing its job,” says Dr. Malik, but the clot’s cause remained unclear.

An MRI pointed to a rare condition called popliteal artery entrapment syndrome. Mr. Patton’s muscles and tendons near the knee were pressing against the popliteal artery, restricting blood flow to his lower leg. The condition is most often seen in young athletic patients with no other vascular problems.

“The muscle band was not in the correct position,” Dr. Malik says. “And because he was born with it, we knew it would also be present in his right leg.”

Correcting a Birth Anomaly
Dr. Malik believed corrective surgery to release the entrapped muscle would provide a cure and prevent recurrence for Mr. Patton.

“I entered through the back of the knee, and cut into the muscle band,” he says. “A month later, I performed the same procedure on the right leg.”

Months after surgery, Joel is navigating his way back to his active life.

“I’m working out smarter now,” he says. “I’m not running and not doing squats, but I’m ready to start intensive physical therapy. I’m grateful I put my confidence in Dr. Malik. He saved my leg.”

Reconstructive Foot Surgery Gives Dad Back His Quality of Life

I n June 2016, a painful sore on his right foot sent Robert Zeiders to his family physician in Harrisburg, Pa. Having struggled with weight issues and diabetes for several years, Mr. Zeiders, 35, was no stranger to foot problems. Now, however, his foot had lost some sensitivity and had swollen into a deformed shape. The new wound showed no sign of healing. An MRI revealed that the small bones of Mr. Zeiders’ foot were fractured and dislocated, indicating Charcot neuroarthropathy, or Charcot foot. The condition, common among those with diabetes, results from nerve damage and changes in circulation.

A wound care surgeon in Harrisburg said amputation might be Mr. Zeiders’ only choice, but he recommended getting a second opinion.

Podiatric surgeon John Steinberg, DPM, agreed that amputation was the likely outcome if Mr. Zeiders did nothing. Surgery on the foot was another option, but only if the persistent wound first healed properly. Otherwise, Dr. Steinberg said, the infection could spread to nearby bones.

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Mr. Zeiders made his decision. “I thought about what life would be like with me confined to a wheelchair, especially for my two daughters, who are 10 and 6,” Mr. Zeiders says. “There’s so much I still want to do with them. I really wanted to try surgery.”

Caitlin Zarick, DPM, a MedStar Washington Hospital Center specialist in reconstructive foot and ankle surgery, took over Mr. Zeiders’ case. She guided him through a treatment plan that included placing his foot in a total-contact cast to relieve pressure on the wound. Within five weeks, the wound had completely healed.

And by following a strict exercise and diet regimen, Mr. Zeiders got his diabetes under control, allowing for surgery to occur in the fall.

During the complex procedure, Dr. Zarick carefully realigned the rear and middle portions of Mr. Zeiders’ foot to correct its abnormal shape. Mr. Zeiders went home with his foot in a special cast, designed to keep pressure off the healing bones. After 12 weeks, he could put weight on the foot and begin physical therapy to gradually regain mobility.

Today, Mr. Zeiders wears sneakers with custom insoles, and his foot has healed. Although full recovery is far from complete, Mr. Zeiders can now focus on his other health issues. His ultimate goal is to return to work full time, and enjoy a more routine life with his family.

“If anybody with a similar condition asked me for advice, I’d tell them if there’s a chance, take it,” Mr. Zeiders says. “It’s by no means an easy process, but definitely worth trying when compared with the alternative.”

For an appointment with one of our podiatric specialists, call 202-877-DOCS (3627).
At 61, Brian Paul, DMD, was no stranger to neck pain. The periodontist, Navy veteran and self-described “fitness nut” suffered his share of muscle strains, injuries and deteriorating joints over the years, the result of his lifestyle and occupation. But the discomfort was something he could manage.

Until early October 2016, that is.

“All of a sudden, I had a sharp, shooting pain in my neck and shoulders,” Dr. Paul says, adding that many dentists suffer from neck problems. “Within days, it was radiating down into my hand. I couldn’t move my neck; couldn’t sleep. Powerful prescriptions couldn’t touch the pain.”

A trip to his primary care physician and an MRI confirmed what Dr. Paul already suspected: two deteriorating cervical discs, compounded by pinched nerves. Physical therapy, more medications and steroid injections brought temporary relief, but his pain always returned with a vengeance.

“My next stop was surgery,” he says. “But I knew that the standard neck procedure, fusion, could mean the end of my career. I was desperate to find another way.”

New Option, Better Results for Some

In an online search he found Oliver O. Tannous, MD, an orthopaedic spine surgeon at MedStar Orthopaedic Institute at MedStar Washington Hospital Center.

Dr. Tannous—who recently completed advanced fellowship training in state-of-the-art minimally invasive and motion preservation techniques—believed he might be a good candidate for a relatively new procedure, a cervical disc replacement.

“For the past 50 years or so, anterior cervical discectomy and fusion (ACDF) has been the gold standard for treating disc degeneration,” Dr. Tannous explains. “Yet it’s an imperfect solution. In the process of fusing two discs together, the spine is forever altered. You end up fixing one problem, but creating another.”

“Now orthopaedic spine surgeons have an option that preserves that motion and function by surgically replicating a healthy disc to replace the damaged one.”

Relief, and a Return to Normalcy

Cervical disc replacement has been in widespread use for only about a decade and was restricted to a single deteriorated disc. Recently, however, the FDA expanded its approval to cover two damaged discs next to each other, clearing the way for the more complex procedure that Dr. Paul underwent.

Cervical disc replacement is an option only for select patients. Those with arthritic neck joints, or joints that have severely lost height over the years from normal wear and tear, for instance, still require fusion. But for those who fit the profile, cervical disc replacement offers real benefits.

“Aftersurgery, the patient typically goes home the next day with a soft collar, or even no collar at all, instead of the rigid neck brace required after fusion,” says Dr. Tannous, who estimates he’s performed about 100 of the complex cervical disc surgeries to date. “Other than avoiding strenuous exercise for six weeks, there are no major restrictions on movement.”

Two weeks after Dr. Paul’s replacement, he was basically pain-free and once again working out through yoga, cardio- and strength-training. About six weeks later, his fine motor skills returned, letting Dr. Paul completely resume the career and other activities he loves.

“At one point, I thought I’d never be able to work again, but Dr. Tannous returned me to function,” Dr. Paul concludes. “I’m glad I found him. I owe him a lot.”

For an appointment with one of our orthopaedic specialists, call 202-877-6000.
Two Knees, Two Needs, Two Successes

A few decades ago, there was generally one medical solution to serious knee problems: total knee replacement. It required long and often painful recoveries. Today, orthopaedic surgeons have more sophisticated, longer lasting knee replacements at their disposal.

Additionally, they have more targeted, less invasive options for treating knee problems, without performing total replacements. Here’s an account of two women with very different knee problems that MedStar Orthopaedic Institute surgeons at MedStar Washington Hospital Center treated successfully.

The first patient was a candidate for partial knee arthroplasty and has recovered very well. The second patient required a total knee replacement, and her recovery—at 81—has been remarkable.

MOBILITY RESTORED THROUGH PARTIAL KNEE REPLACEMENT

Wendy Martin has always been active. “Given the choice, I would take the stairs,” she says.

So when Ms. Martin, now 48, slipped five years ago and tore her meniscus (the strips of cartilage that distribute weight evenly across the knee), she tried to bounce back quickly to her routine of power-walking five miles most days. But over the years, her knee became inflamed and increasingly painful. Physical and occupational therapy helped until one day when she was walking her dogs, and they pulled her in the wrong way. Her knee twisted painfully.

“I heard a pop, so I knew that wasn’t good news,” she recalls. She had torn her anterior cruciate ligament (ACL), which stabilizes the knee joint and provides rotational stability.

Ms. Martin was familiar with MedStar services through her job as a medical sales representative, so she sought out Evan Argintar, MD, MedStar Orthopaedic Institute surgeon and assistant director of Sports Medicine at MedStar Washington Hospital Center. Dr. Argintar saw she was a good candidate for a new surgical approach that combines the best practices from sports medicine and traditional joint replacement.

In the past, Dr. Argintar says, someone with serious knee problems—such as a torn ACL, cartilage damage, arthritis or another degenerative condition—would likely undergo total knee replacement surgery. Today, knee replacement remains the best option in some cases, he says. “But if someone has parts of the knee that are functioning well and parts that aren’t, we can do a combination procedure that, for example, preserves healthy cartilage while repairing a damaged ligament or tendon.” Patients tend to recover more quickly, he says, and face fewer restrictions on activities.

On November 15, 2016, Dr. Argintar performed a partial knee arthroplasty on Ms. Martin, inserting a small implant that replaced the damaged medial (inside) section of her knee. He also reconstructed her ACL.

Ms. Martin was pleased right away. “The pain was tolerable from the beginning,” she says. “I was on oral medications for only a week. I was up on crutches almost immediately and began using a cane within a few days.”

Within a few weeks she was walking her dogs (one at a time!) and carrying groceries. “The recovery does take work,” she says. “You have to be dedicated to physical therapy and rehab. But when I think about how much pain I was in a few months ago and how great I feel now, I’d recommend this procedure to anyone.”

“Although this is a novel approach, it combines techniques we know work well,” Dr. Argintar says. “We’re conducting more research and leading the charge, because we want qualified patients to get the benefits.”

To schedule an appointment with one of our orthopaedic surgeons, call 202-877-6000.

KNEE REPLACEMENT HELPS GRANDMOTHER REGAIN A PAIN-FREE LIFESTYLE

Mrs. Stith is home!

Word spread quickly through Frances Stith’s northwest Washington neighborhood last October when she returned from knee surgery at MedStar Washington Hospital Center. Remarkably, the 81-year-old grandmother was walking just fine.

Mrs. Stith had developed valgus knee arthritis, a painful and gradually debilitating condition that causes knees to bow inward. The deformity left her with “wind-swept” knees—knock-kneed on the right, bow-legged on the left. She needed a cane or walker to get around.

Some days, even the few steps between her bed and bathroom were more than she could bear. She largely stopped attending church, visiting the nearby senior center and even sitting on her front porch.

Surgery seemed inevitable, but Mrs. Stith worried about her age and mild diabetes. Those qualms evaporated when she met with Savyasachi C. Thakkar, MD, a MedStar Orthopaedic Institute surgeon.

“We fell in love with him immediately,” says Jocelyn Lawson, Mrs. Stith’s daughter. “Older patients need a certain bedside manner, and he has it.”

They agreed on a total knee replacement. Dr. Thakkar would replace her more troublesome right “knock-knee” with a long-lasting, lightweight implant, correcting the deformity and the source of her pain.

To limit the effect of pre-surgery fasting on Mrs. Stith’s glucose levels, Dr. Thakkar arranged the procedure for early morning. When she left her house at 5 a.m., Mrs. Stith says, “I couldn’t believe so many of my neighbors had gotten up early just to wish me well.”

The procedure took just over 90 minutes. “I woke up and asked when they were going to take me in, and the nurse said it was all over!” Mrs. Stith recalls. That evening, she was able to walk from her hospital bed to a chair with little assistance. She soon went to MedStar National Rehabilitation Hospital for two weeks of physical therapy, and then a happy, pain-free homecoming.

Ms. Lawson says Dr. Thakkar remained closely involved throughout her mother’s recovery phase. “He gave us his cell number, and always responded promptly if we had a question,” she says. “He’s been just fabulous.”

Mrs. Stith now enjoys her favorite activities again, and continues her therapy with short walks with friends or family members. Her message to those facing a similar choice about surgery for arthritis-related knee issues: “Go now. You’ll feel so much better when you’re done.”

To schedule an appointment with one of our orthopaedic surgeons, call 202-877-6000.
Baby-Friendly Initiative

Each month, about 300 newborns greet the world at the Hospital Center, and staff members are making a special effort to get them started on the best path possible.

The hospital is designated as a Baby-Friendly hospital as part of a worldwide effort to build strong bonds between mothers and babies. The program encourages breastfeeding, immediate skin-to-skin contact for mother and newborn, and shared mother-baby hospital rooms. During the last three years, the effort has seen positive results. The number of newborns being breastfed exclusively grew from below 20 percent to more than 80 percent.

“Evidence shows that breastfeeding improves health for both babies and mothers,” says Loral Patchen, PhD, MSN, CNM, director of the Midwifery Program at the Hospital Center. “Baby-Friendly practices are not all about breastfeeding, for example, measures such as skin-to-skin contact support a newborn’s ability to regulate heart rate, respiration and temperature.”

The hospital reinforces breastfeeding efforts after women and babies go home, with a telephone-based WarmLine to answer lactation questions and refer women to community resources.

Dr. Patchen says, “This is one of the most meaningful programs I’ve worked on during my career, and it has had a profound impact.”

BIKE HELMET SAFETY

Riding a bike is a rite of passage for most children. However, consider these alarming facts: Nearly all bicyclists who died (97 percent) were not wearing a helmet. Most of those fatalities—nearly three in four—involved a head injury. ThinkFirst Greater Washington Area, a chapter established by the Hospital Center, educates children about how to stay safe and distributes bike helmets.

“It’s so important to get children thinking about safety when they first begin to ride bikes,” says Maraki Endale, RN, nursing director of the hospital’s neuroscience unit, which treats patients with head injuries. “Our motto is, ‘Wheels on your feet, helmets on your head.’”

As of June, the program distributed helmets to 280 second grade students at eight schools in the District’s Wards 4, 6 and 7 after a hospital volunteer gave a short presentation about the importance of wearing a helmet and demonstrated how to properly wear one. The program was initiated by Rocco Armonda, MD, a Hospital Center neurosurgeon.

“Consider these alarming facts: Nearly all bicyclists who died (97 percent) were not wearing a helmet. Most of those fatalities—nearly three in four—involved a head injury.”

The program reached hundreds of women in the community. The team extended efforts to Wards 7 and 8. Now in the fourth year, the program has reached thousands of women in Wards 5, 7 and 8.

Dr. Huerta is following the same approach for colorectal cancer. The statistics are exactly the same—97 percent of those who have been diagnosed with advanced cancers have health insurance. With funding from the American Cancer Society and Cigna Foundation, he launched the first phase of the Colorectal Cancer Prevention in the Neighborhood program in July, using trained community health workers to administer questionnaires about barriers to care to men and women in the community. Additionally, they educate people in the community about colorectal cancer prevention and offer a free test to detect invisible traces of blood within the stool called a fecal occult blood test, or FOBT, that participants can do at home and mail in a provided envelope to the lab. Community health workers can also schedule colonoscopies at these education seminars.

Dr. Huerta says the goal is to educate people and ultimately get more patients to seek earlier treatment.

Breast and colorectal cancers are two of the most common cancers, and both are highly treatable when caught early. However, when cancer specialists at MedStar Washington Hospital Center examined patient data, they found higher numbers of patients coming to the hospital with more difficult cancers to treat. Advanced breast cancers, for example, were twice the national average. What’s more disturbing, the data showed that 97 percent of these patients coming to the hospital with advanced breast cancer had health insurance, so access to care was not the barrier.

Elmer E. Huerta, MD, MPH, principal investigator of the Cancer Preventorium at the Washington Cancer Institute at the Hospital Center, wanted to know why. Four years ago, with a grant from the Avon Foundation for Women, he established a new program: Breast Cancer Prevention in the Neighborhood.

Trained community health workers distributed questionnaires to 1,091 women. When asked why they thought women waited before seeking treatment, despite having health insurance, responses included personal factors such as time constraints; fear of losing a breast or negative side effects from treatment; misconceptions about mammography; and belief that they were not at risk for breast cancer.

Armed with that knowledge, the team developed tools to educate women about breast cancer. Community health workers made use of geo-mapping to target women at risk, and then approached these women at schools, churches and community centers. They began in Ward 5, the area closest to the Hospital Center, where many of the women with advanced breast cancer lived. Dr. Huerta says, “It was the perfect place to start.”

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Kidney Stones

DON’T LET TINY STONES CAUSE BIG PROBLEMS
By Daniel Marchalik, MD, Director, Ambulatory Urologic Surgery

A specialist in kidney stone disease, I frequently treat patients with this condition. Here’s some helpful information about this common problem, and some advice to help you avoid kidney stones.

The Facts
- Kidney stones are solid pieces of crystal that form in the urinary tract.
- Men have a nearly 20 percent chance of developing kidney stones during their lifetime, and women have a nearly 10 percent chance.
- If you have one kidney stone, the chances of developing another are greater than 50 percent.
- Kidney stones can put you at greater risk for long-lasting problems such as kidney failure, recurrent infections and other conditions.

Fortunately, being smart about your diet can help prevent kidney stones.

Drink Enough Water
Dehydration is the biggest risk factor for kidney stones. Our kidneys filter blood to make urine, and urine should be light yellow or clear. Water is best. Avoid soda and other sugary drinks when possible. Sugar can increase the risk for kidney stones. Citrus drinks like lemonade can actually help decrease your stone risk.

Reduce Salt and Protein
The American diet contains a lot of protein, especially animal-based protein, like chicken and other poultry, eggs, red meat and seafood. They contribute to the formation of kidney stones. Limit protein to two servings per day.

Salt, or sodium, also plays a big role in the development of kidney stones. We eat a lot of processed and packaged foods, which are salty. Salt is also found in unexpected places: ketchup, cereal, tomato sauce, bread and canned vegetables. Read the nutrition label on packaged foods, and aim for low-sodium or no-sodium options. And limit salt in cooking.

When to Treat Kidney Stones
Request an appointment with one of our urologists if you have the following symptoms:
- Changes in your urine’s color or appearance
- Nausea or vomiting that doesn’t go away
- Sharp pain in the side or mid-back, especially when accompanied by fever

Not all stones need surgery. We can monitor a small stone and make sure it passes on its own. But when a large stone blocks the ureter (the tube that carries urine from the kidney to the bladder), it probably needs to be treated. Otherwise, it can lead to permanent kidney damage. When surgery is indicated, we can do various types of minimally invasive surgery such as laser surgery, external shock therapy, or a special surgery for larger stones.

Since we know that more than half of patients who have a stone will eventually develop another one, we work to figure out why the patient has the problem and how we can fix it. We analyze the blood and urine to see if medication can help prevent future stones.

Kidney stones may be little, but they’re a big problem for our country. Making smart choices about what goes into your body can reduce your risk for the pain and consequences of kidney disease.

This article is an excerpt from one of hundreds of informative stories from our blog, Center View. Visit MedStarWashington.org/blog to see the full blog on kidney stones, and use the search function to look for more articles that may interest you. (To hear Dr. Marchalik’s podcast, visit MedStarWashington.org/podcast.)

People say thank you in so many ways. At MedStar Washington Hospital Center, grateful patients and their families often write letters of appreciation for their caregivers while others, like the Pheasant family, make gifts to support the hospital’s good work.

Grateful Family Funds Program to Thank Staff for Competence and Competency
D.C. Attorney Sarah Pheasant was happy building her life, jogging work, friends and tennis. In June, 2016, she reached to return a shot and pulled a left calf muscle. The backhand nearly proved fatal.

Visits to an urgent care center, physical therapy and an orthopedic boot didn’t help the pain. Early one morning, sweating and struggling to breathe, Ms. Pheasant called 9-1-1. When she woke four days later, in the Intensive Care Unit at the Hospital Center, she saw her family and asked, “What happened?”

Emergency Department Physician Ethan Booker, MD, recalls Ms. Pheasant when she arrived. “She was very sick, and couldn’t speak.” His team revived her twice when her heart stopped beating: “The sudden onset of symptoms like these in a healthy young patient strongly suggests pulmonary embolism (PE),” he says. PE is a condition that results when an artery is blocked in the lungs by a blood clot that has traveled from another part of the body.

Matthew Schreiber, MD, pulmonologist and associate director of the medical ICU, unraveled the mystery: the pulled muscle from tennis had kept Ms. Pheasant relatively immobile for weeks, and a blood clot formed behind her knee. Dr. Schreiber says, “If she hadn’t gotten to the ED when she did, the outcome would have been very different.” The ED team hustled her to interventional radiology, where Emil Cohen, MD, removed the clot.

Ms. Pheasant’s parents raced to the hospital and spent days in the ICU. Retired surgeon Thomas Pheasant and his wife, Linda, called their daughter’s recovery “miraculous,” and praise the expert care they received. “My family and I are so appreciative of the hospital and the entire team. When I talked to my Dad, he said he wanted to make some kind of gift, to say thank you,” Ms. Pheasant says. “My wife and I know that Sarah is alive because she had the right doctors with the right skill set, doing their job well,” says Dr. Pheasant. “I wanted to give a gift to the staff, because they made it possible for my entire family to celebrate the holidays together. My wife and I directed that the donation be used to fund educational efforts for the hospital staff.”

Richard Kief, senior vice president and chief philanthropy officer, says, “Their contribution recognizes the incredible skill and clinical expertise of our physicians, nurses and techns. It will help continue to offer our staff rich continuing educational experiences, which are vital to providing a high level of quality care.”

To share your story and say thank you to a caregiver, please contact the Philanthropy Office at 202-877-6558, or share your story with us online at MedStarWashington.org/Philanthropy.

Gratitude
The Pheasant family, shown here with Ms. Pheasant’s treatment team. Seated are father, Dr. Thomas Pheasant, mother Linda, Sarah and brother David.

SKILLS CAN BE LEARNED BUT THE MOTIVATION AND TRUE SPIRIT OF CARING, WHICH THESE PEOPLE DEMONSTRATE, ARE MORE DIFFICULT TO CREATE AND SUSTAIN. I CONGRATULATE YOU AND YOUR TEAM FOR CREATING THAT ATMOSPHERE OF CARING.

—THOMAS R. PHEASANT, MD

In a letter praising the doctors and the 3G ICU staff who treated his daughter.
What’s New

Thank You to MedSTAR Trauma and the teams at MedStar Washington Hospital Center

Pictured here are representatives of the Trauma Team and some of the hospital departments involved in trauma care.

On June 14, a shooting on a ball field in Virginia changed lives forever. And when MedSTAR Trauma received two severely injured patients from that tragic event—House Majority Whip Steve Scalise and U.S. Capitol Police Special Agent Crystal Griner—this team responded as they do every day, with incredible skill, focus and dedication. For nearly 40 years, they have been the unsung heroes for tens of thousands of people who have needed them in times of crisis. Our community, city and the entire region is fortunate to have such dedicated teams working for all of us each and every day.

Look for a special issue of CenterScope featuring our Department of Trauma Services coming soon.

MedStar Washington Hospital Center Receives Pathway to Excellence Designation

We just learned that MedStar Washington Hospital Center has earned the Pathway to Excellence® designation from the American Nurses Credentialing Center (ANCC), an enterprise of the American Nurses Association. More about this in an upcoming CenterScope, but earning this prestigious designation says to our patients, community and the region that our nurses are among the best of the best. This honor shows they are fully engaged in our mission and in leading our hospital forward to strengthen their profession and provide optimal patient care.

The Pathway to Excellence® Program is a trademark of the American Nurses Credentialing Center. All rights reserved. Learn more at MedStarWashington.org/CenterView.