Heart transplants triple during COVID-19.

Heart Transplant Patient Monti Schmitt of Fredericksburg, Va.
Every day, hundreds of area men and women wait for a phone call that will change their lives. Not even a devastating pandemic can put their needs on hold. As hospitals across the Northeast closed their doors to all elective cardiovascular surgery, MedStar Washington Hospital Center patients were given an unexpected gift: An influx of available donor hearts. Still the decision to continue heart transplantation in the middle of COVID-19 had to be carefully and cautiously made, says Samer Najjar, MD, medical director, Advanced Heart Failure. “We thought long and hard about our patients’ safety,” he explains, “and developed protocols to protect them each step of the way.” The result was a record-breaking number of heart transplants between March and May, when the Hospital Center transplanted 13 hearts.

**Teamwork ensures patient safety.**

“We had to make the decision as more and more opportunities arose during the peak of the virus,” says Ezequiel Molina, MD, surgical director, Heart Transplantation. “There were multiple conversations about what we needed to do to minimize risk to our patients.” With between 30 to 35 people on the hospital’s heart transplant waiting list, the opportunity to provide care became the priority. A series of practices were put into place that involved the entire multidisciplinary transplant team. Safety measures were established for each stage of the process—from removing the donor organ and inpatient care—to post-operative care in the hospital and at home. “And we discussed these factors with every transplant performed,” says Dr. Najjar.

Each time a heart becomes available, we always ask ourselves ‘is this heart, this patient, this moment a safe situation?’” adds Kimberly Demirhan, transplant coordinator. “The most important consideration is what is best for the patient at the time.”

First patients on the transplant list are closely monitored to be certain they are healthy enough to undergo surgery when a heart becomes available. “As a team we meet regularly to review every patient’s status,” says Maria Rodrigo, MD, medical director, Heart Transplantation. “This is especially important during COVID. But now these meetings are conducted virtually to protect team members and patients. We need to understand the type of support patients will have along the way, as well, since during COVID, family will have to say goodbye at the hospital door.”

“It is also critical to ensure that the hearts are healthy,” says Dr. Molina. “Every donor is tested for COVID.” And the team needs to consider where the hearts are coming from. “We send our own teams to harvest the hearts. If we think it would be too risky, we don’t accept the organ,” explains Dr. Najjar.

Hospital-wide procedures were put into place in February to protect patients, including universal use of PPEs—personal protective equipment—such as masks and face shields. In the ICU—cardiac intensive care unit—additional safety measures were adopted.

“A segregated area has been established within the surgical ICU away from COVID patients,” says Dr. Molina. “Additionally, we make sure that no staff member who is caring for COVID patients is caring for a transplant patient.”

Team members are closely monitored too. “Systems are in place through Occupational Health to be sure any staff member with symptoms is tested,” says Ms. Demirhan. “Early on we split our team in half to protect them and patients—one group at home, one in the hospital. In that way we always had a healthy, skilled team available.”

Patients are very closely monitored as well, and while hospitals that are tested for COVID when symptoms warrant. Today, patients are routinely tested before any surgery or procedure.

**Risk reduction continues post-procedure.**

Before discharge, heart transplant patients and families are taught what they need to do to minimize risk for all infections, including COVID. After discharge they require many tests and procedures. But now, whenever possible telemedicine, phone calls, and home visits are being used to reduce the number of hospital appointments. “Coordinators are available 24/7 to answer calls from our transplant patients,” says Demirhan.

“We also conduct phone and video meetings with families,” explains Dr. Rodrigo. “We have close relationships with our patients—some for many years. They trust that we will take care of them;” she says. “And no one has yet refused a heart. I think that says that our patients have a great deal of confidence in our ability to keep them safe.”

Samer Najjar, MD

Program Medical Director

Heart Failure Program Medical Director

Maria Rodrigo, MD

Heart Transplantation Medical Director

Kimberly Demirhan, RN

Heart Transplant Coordinator

Ezequiel Molina, MD, with surgical team

Heart transplant surgeons

Kitahara, MD, with surgical team

Samer Najjar, MD

Director, Advanced Heart Failure

Ezequiel Molina, MD

Surgical Director, Heart Transplantation

Maria Rodrigo, MD

Medical Director, Heart Transplantation

Kimberly Demirhan, RN

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Ezequiel Molina, MD, with surgical team

Heart transplant surgeons

Kitahara, MD, with surgical team
A long-awaited dream is realized.

Life was bliss for 25-year-old Tyquela Able. It was 2015 and she was loving motherhood and her new baby boy, Kimahni. But when her son was nine months old, Ms. Able was feeling fatigue that wasn’t simply the normal tiredness that comes from parenting an infant.

“I couldn’t go three steps up the stairs without feeling out of breath,” she says. Then she lost her appetite. After visits to urgent care, the local hospital, her primary care physician and a battery of tests, diagnoses ran from gallbladder disease to pneumonia. Ultimately, she was sent to MedStar Washington Hospital Center.

“Then everything happened so fast,” she recalls. “I had a series of tests including an echocardiogram, which showed that the left ventricle of my heart wasn’t pumping correctly.” Ms. Able was not getting adequate oxygenated blood to her body—her heart was failing.

“I was really shocked!” she says. But Ms. Able—a born optimist—thought “things could always be worse.” With her faith and her family, she felt all would be ok.

“I couldn’t go three steps up the stairs without feeling normal tiredness that comes from parenting an infant. It was 2015 and I was 25,” Ms. Able says. “My son Kimahni was nine months old, and I was loving motherhood and my new baby boy, Kimahni. But when her son was nine months old, Ms. Able was feeling fatigue that wasn’t simply the normal tiredness that comes from parenting an infant.

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Ms. Ross’s life began to crumble in 2000: a diagnosis of the heart muscle disease called cardiomyopathy; a painful fall and back surgery; a lost job and lost health insurance; no stable housing; and a startling new reality—a painful fall and back surgery; a lost job and lost health insurance; no stable housing; and a startling new reality—end-stage heart failure.

If life is a series of ups and downs, then 67-year-old Anita Ross has been on a perpetual rollercoaster ride for the last 20 years. Happily, with her own remarkable resilience and the expertise of the MedStar Washington Hospital Center team, her ride has ended on an upswing.

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It was not the life she would have ever imagined. Before her back injury, she was a hospital unit clerk with a stable life. But after she lost her job, she began to ration her life. But after she lost her job, she began to ration her heart medications. Multiple trips to emergency rooms ended one particularly difficult night in 2013.

“I called 9-1-1,” she recalls. “At the hospital, the cardiologist said, ‘Ms. Ross, you need a heart transplant.’ He told me he was sending me right away to MedStar Washington Hospital Center, and they would take care of me. At first, I was in denial. I didn’t realize my heart was failing.”

Patient faces a new reality.

When she arrived in the Emergency Department, Ms. Ross was immediately put into the care of the Advanced Heart Failure Program—one of the nation’s longest running, most sophisticated and successful. “I became Ms. Ross’s cardiologist,” explains Mark Hofmeyer, MD, medical director, Advanced Heart Failure Intermediate Care Unit. “When I first saw her, she was not only in heart failure but also had some serious musculoskeletal problems that caused her a lot of pain. We began treatment right away with a drug called milrinone to help improve the pumping of her heart.”

But it was also important to help her in other ways so a heart transplant would be feasible. The team’s financial counselor connected her to health insurance and Social Worker Karen Weingart, LICSW, who helped her find stable housing. Ms. Ross was also referred to the hospital’s chronic pain clinic to help alleviate the troubling hand and foot numbness that continued to plague her.

“I moved into a senior building and was so grateful to have my own apartment,” she says. With a home, Ms. Ross could take the first step toward a new heart. Implantation of an LVAD—a left ventricular assist device. The LVAD’s pump is implanted into the heart, and its power source is worn on the outside on a belt or a harness. The pump helps the heart push blood through the body and serves as a bridge to transplantation.

“Anita’s timing was perfect,” explains Dr. Hofmeyer. “The hospital was part of a national clinical research trial of the next generation LVAD, which greatly reduces the risk of having a blood clot.”

In February 2016, she underwent successful implantation. “I called it my heart jet fuel,” she says, laughing. “It was amazing.”

She continued to go to the hospital’s pain management clinic to help ease the progressing numbness. But because of her LVAD, non-surgical options were limited. Ultimately, she was referred to MedStar Orthopaedic Institute Spine Surgeon Oliver Tannous, MD.

Team effort and twice the expertise.

“When I first saw Ms. Ross, she was very debilitated and needed relief,” Dr. Tannous says. “But spinal surgery on patients with an LVAD is risky. They can’t have an MRI, so we must depend on CT scans and our clinical judgement to pinpoint the problem.”

Fortunately for Ms. Ross, he has performed thousands of spinal procedures. That experience allowed him to make a diagnosis: Dangerous compression of the spinal cord in her neck.

Dr. Tannous’s expertise and the hospital’s dedicated LVAD team made Ms. Ross’s surgery possible. “She also had the advantage of having the latest LVAD,” explains Dr. Hofmeyer. “We could more safely take her off blood thinners before surgery because of the reduced risk of a blood clot.”

“This surgery couldn’t be performed in a hospital that doesn’t have an experienced, interdisciplinary LVAD team,” says Samer Najjar, MD, medical director, Advanced Heart Failure Program. “The team is part of the process before, during, and after surgery.”

Ms. Ross was afraid but knew that without the procedure she would become too disabled to get a new heart.

In December 2017, she underwent surgery to remove the disc that was pressing on her spinal cord. “The LVAD coordinator and heart failure team’s anesthesiologist were in the OR monitoring the patient and her pump,” says Dr. Tannous.

Following surgery, she was admitted to the heart failure unit and then had physical therapy with its dedicated rehabilitation team.

“I really improved,” she says. “Then on May 22, 2018, I got the call. I had bought a new suitcase for the occasion. I called a cab and my family. The next day I got my new heart!”

Ms. Ross is back on her feet and doing well. “Now it’s me time,” she says. “I am so grateful to everyone who cared for me. I honestly love them.”

For more information about heart failure or for a spine surgery consultation, call 202-877-DOCS (3627).

If life is a series of ups and downs, then 67-year-old Anita Ross has been on a perpetual rollercoaster ride for the last 20 years. Happily, with her own remarkable resilience and the expertise of the MedStar Washington Hospital Center team, her ride has ended on an upswing.

Anita Ross’s Road to a New Heart

2000 Initial cardiomyopathy diagnosis
2013 End-stage heart failure
2016 LVAD implantation
2017 Spine surgery to remove disc pressing on spinal cord
2018 Heart transplant
The number of burn patients doubles during the pandemic.

As MedStar Washington Hospital Center prepared for the inevitable uptick in COVID-19 cases this past spring, Burn Center Director Jeffrey Shupp, MD, kept a close watch on trends in areas where the outbreak was further along. With most other large urban burn centers reporting a decrease in cases at that time, there seemed little reason to believe that the Washington, DC, area’s experience would be different. But as the number of local COVID-19 cases shot upward during March and April, so did the Burn Center’s caseload. By the beginning of June, the Burn Center had handled more than 400 patients—twice the average number of cases handled during the same time during the previous year.

“This is a very good example of how prepared we were to respond,” Dr. Shupp says. He adds that many burn injuries were related to accidental knocking a frying pan off the stove. “As we began getting burn patients who tested positive for COVID, we quickly converted half of the ICU beds to negative pressure spaces to treat both the burns and the virus, since some of the patients were positive. Because surgery was more difficult to perform on COVID-19 positive burn patients, Dr. Shupp’s team looked for ways to treat burns without surgery. One approach was to apply a topical cream of cerium nitrate silver sulfadiazine to the burn area, which helped the wounds close without the need for skin grafting.

Dr. Shupp notes that other cities’ initial low burn center caseloads eventually surged as well, and mirrored the Washington area’s increased percentage of cooking accidents. While he expects a more detailed study into pandemic-related burn cases at some point, “right now, we still have a lot of work to do.” That included the arrival of summer, and with it the usual increase in burns resulting from outdoor activities.

A severe camp re-burn. Among those eager to end long weeks of quarantine was Leslie Townsend, a Manassas, Va., hairstylist diagnosed with breast cancer last year. Having successfully completed radiation treatment in April, Ms. Townsend was more than ready for a camping trip in Pennsylvania with the family of her boyfriend, Butch, and her 12-year-old daughter, Wren. While grabbing a log to toss onto her campsite fire, Ms. Townsend inadvertently tripped and fell into the hot ashes. Although she quickly rolled out, her left hand, leg, and back were severely burned.

“It all happened so quickly,” she recalls, adding that she didn’t realize at the time that she had started to go into shock. “I knew I was hurt, but I kept telling my daughter everything was OK. I guess I just wanted the whole incident to rewind itself.”

Luckily, Wren ran for help, and soon her boyfriend was rushing her to the remote area’s small hospital. She was then helicoptered to the burn center at UPMC Mercy Hospital in Pittsburgh. A day later, she was transferred to MedStar Washington Hospital Center so she could continue treatment and begin physical therapy closer to home.

Having recently finished cancer treatment, “you’d think something like this would be pretty depressing,” she says. “But my week at MedStar was wonderful. I received great care, and everyone was so helpful.” She even jokes that when her discharge day arrived, “I almost didn’t want to leave!”

A month into her treatment regimen, Ms. Townsend had regained full dexterity in her left hand, with skin grafts on her back and thigh progressing as well. She will likely continue physical therapy for another year, which will include laser therapy on her leg and other measures to promote skin healing and reduce pain.

Though the burn put a damper on her summer, Ms. Townsend says her weekly physical therapy visits gave her a chance to stay in touch with the Burn Center nurses and others who helped her through the initial recovery.

“Everyone at MedStar has been exceptional,” she says. “Along with Wren and Butch, they’re my heroes.”

As MedStar Washington Hospital Center rapidly adjusted to meet the needs of COVID-19 pandemic, Burn Center Director Jeff Shupp, MD, (front, right) says because of COVID-19, his staff had to make rapid adjustments to the Burn Center. Initially, the Burn Center was going to be COVID-free, but they converted half of their ICU beds to negative pressure spaces to treat both the burns and the virus, since some of the patients were positive.

For more information, please call 202-545-5000.

Burn Center Director Jeff Shupp, MD, (front, right) says because of COVID-19, his staff had to make rapid adjustments to the Burn Center. Initially, the Burn Center was going to be COVID-free, but they converted half of their ICU beds to negative pressure spaces to treat both the burns and the virus, since some of the patients were positive.
Ordinarily, Evan Argintar, MD, would have spoken at length with Alice about her ligament issues and explained how the procedure might help. But any questions he posed would likely be met with a cocked head or ruffling of feathers. Alice, you see, is a bird—a six-year-old Stanley Crane who resides at the Smithsonian’s National Zoo in Washington, D.C. Native to the grasslands of South Africa, Stanley Cranes are distinguished by their long, thin legs and blue-gray wing feathers that trail to the ground. Considered a vulnerable species by conservation groups, Stanley Cranes have been among the Zoo’s nearly 100 bird species for many years. But Alice has always been special. She was hand-reared by a zookeeper when her parents had abandoned her in 2014. Alice quickly acclimated herself to human companionship. Her enthusiastic personality and easygoing demeanor in large groups made her herself to human companionship. Her enthusiastic personality and easygoing demeanor in large groups made her the perfect “ambassador bird,” often joining her keepers on supervised jaunts around the Zoo to delight and help educate visitors of all ages.

Injuries to long-legged bird are cause for concern.

Last summer, Bird House keeper Debi Talbott, noticed swelling around Alice’s left hock (roughly the crane version of a human ankle, though the birds have an extra joint). Alice seemed as playful as ever, including doing her trademark wing-flapping dance at the sight of her BFFs. But Ms. Talbott, a zookeeper for more than 30 years, knew any injury to a long-legged bird was cause for concern. They’re not pretty, and the prognosis is not always good,” says Ms. Talbott.

Radiographs by the Zoo’s veterinary staff revealed swelling and fluid around the area’s soft tissue, but no broken bones or a tumor. Pain medications and antibiotics provided only temporary relief, however, and Alice soon began favoring the leg, which was also becoming increasingly bowed. That’s when veterinarians began to suspect ligament damage. As is often the case for human patients with similar conditions, non-invasive methods were the first choice of treatment.

“Any other adult crane would’ve been difficult, since they can be quite aggressive,” says Zoo veterinarian Jessica Siegal-Willett, DVM. “Alice was very amenable to human care, so we could try other techniques before risking surgery.”

Alice apparently saw her treatment regimen as a game, delighting in picking and ripping soft support leg wraps until a new one was needed. After a few weeks of massage and deep-tissue laser therapy, Zoo vets worked with specialists at Animal OrthoCare to customize an orthotic leg brace to stabilize the joint. Because the device quickly proved uncomfortable and ineffective, Alice would have to undergo surgery.

An expert joins the team.

That’s when Dr. Argintar received a call from his friend Matt Glassman, a veterinarian at Friendship Hospital for Animals. “I’ve been involved with a lot of interesting consultations, but this really was a first,” Dr. Argintar says with a laugh. “Still, it was fascinating case, and when Matt invited me to help, I was eager to do what I could.”

To prepare for Alice’s surgery, the two physicians reviewed bird anatomy and case reports of similar surgeries. Alice’s procedure would prove to be a first, as there were no records of Stanley Cranes having undergone lateral collateral ligament repair. Below the skin, the configuration of ligaments and tendons is just a few millimeters wide. But on the whole, the surgical steps were not all that exotic.

“I came up with a plan for a procedure that’s popular for repairing the same kind of ligament issues with humans,” says the Sports Medicine orthopedic surgeon. Dr. Argintar and Glassman operated on an anesthetized Alice at the Zoo’s veterinary center. During the 45-minute ligament repair, they created an internal brace for the repaired lateral ligament. Temporary pins inserted in the surrounding bones supported an external fixator to protect the ligament repair during healing.

“The added support is needed because ligaments actually become weaker after repair during healing. The added support is needed because ligaments actually become weaker after repair during healing. We had to be more than ready to resume her social schedule.

“Every morning, she greets us by enthusiastically jumping up and down, and her disposition is as sweet and charming as ever,” Ms. Talbott says. “She is and has always been a happy girl!”

Relatively young for a Stanley Crane, Alice may well benefit from her unique surgical experience for decades to come. And she won’t be the only one.

“It was exciting to collaborate with a friend whose work is similar to mine, but in a different avian species,” Dr. Argintar says, adding that he and Dr. Glassman exchanged insights into dealing with non-compliance with post-operative treatment and applying human surgical techniques on animals.

What helped most, he adds, was having the perfect patient. “It was all about Alice,” he says. “She made the experience a pleasure for everyone.”

Reinforcing her reputation as “the perfect patient,” Alice was also amenable to regular post-op check-ups, which included brief sedation for x-rays. “She would wake up and walk out like it was nothing,” Ms. Talbott says.

Alice returns to Bird House after successful surgery.

Alice’s pins were removed 12 weeks after surgery, and she was allowed to return to the Bird House the following month. At a party to celebrate her “discharge,” Alice was treated to special cake topped with her name spelled out in crickets, her favorite food.

Today, Alice’s life has largely returned to normal, roaming freely with a small limp and a slight bow to her left leg being the only reminders of her one-of-a-kind experience.

“She’s never looked ‘normal,’ and we’re not sure if the cause is congenital or developmental,” Dr. Siegal-Willett says. “But considering what could have happened, her surgery and recovery couldn’t have gone smoother.”

The only thing missing from Alice’s life is visitors to meet and entertain. The Zoo’s closure for the COVID-19 outbreak coincided with a full renovation of the Bird House, which is scheduled for completion in 2021. By then, Ms. Talbott expects Alice will be more than ready to resume her social schedule.

“Every morning, she greets us by enthusiastically jumping up and down, and her disposition is as sweet and charming as ever,” Ms. Talbott says. “She is and has always been a happy girl!”
Returning to sports in a COVID-19 environment.

If you’re a high school football player, a collegiate soccer star or even a professional athlete, you might be wondering if it is safe to return to sports due to the COVID-19 virus. The answer is both complicated and multifaceted, says Wiemi Douoguih, MD, an orthopaedic surgeon and director of sports medicine for MedStar Washington Hospital Center.

“There are a lot of things to consider,” explains Dr. Douoguih who, in addition to his medical practice, cares for professional athletes in his role as medical director of Monumental Sports & Entertainment, which owns and operates three professional sports teams in the Washington, D.C., region. “The bottom line is we just have to be really careful. The most important thing is maintaining the safety of the athlete.”

“There are a lot of unknowns in terms of how this virus manifests,” says Dr. Douoguih, “and while we may have intentions of going back to sports, we need to also be aware of the disease burden.”

Important considerations include looking at the nature of the activity itself and whether it is amenable to reducing versus increasing the spread of the virus. For example, Dr. Douoguih notes sports like tennis or golf are much easier to maintain social distancing, whereas sports like wrestling or basketball are much less so.

Masks should be worn when possible, adds Dr. Douoguih, as it has shown to decrease the spread of the virus. Good hygiene should also be maintained, especially in high-touch areas such as locker rooms, weight rooms or other sports facilities. Limiting spectators and fans at competitions should also be factored into the decision-making process.

For athletic teams that have financial resources, initiating regular COVID-19 testing could also be a way to get more athletes back to sports, says Dr. Douoguih. More important, he notes, is making sure teams not only have a way of identifying new cases, but conducting contact tracing and implementing a plan should a team member contract the virus.

Currently, Dr. Douoguih says MedStar Health is working with state and local governments, as well as area school districts to determine how best to safely return children to sports. “It has been an ongoing discussion,” he says, “and careful consideration is being taken to make the best possible decisions.”

“We understand student athletes and parents are eager, anxious, and concerned about returning to sports, and decisions are not being made lightly,” he says. “With kids, you have to be careful and conservative so there is no long-term harm. Our goal is to someday be able to look back on all of this and say the right decisions were made, and no lasting damage occurred.”

To make an appointment with one of our MedStar Orthopaedic Institute surgeons, call 202-877-DOCS (3627).

In June, Dr. Aulisi used the Cirq arm for the first time in the Western Hemisphere to complete a seven-level fusion on a patient, which required 16 spinal screws. “In the past, we would put the screw in the pedicle. Now, with the Cirq, I can pick the exact part of the pedicle into which I want to place the screw.”

“Not only is this technology superior in terms of precision, but it is also safer for the patient,” Dr. Aulisi notes. “Using the Cirq cuts down on operating time, which means the patient is under general anesthesia for shorter periods of time. It also decreases the risk of complications.”

This is because the novel technology works in conjunction with an intraoperative AI RO CT scanner. “If something is off or not quite right, we can correct it immediately,” explains Dr. Aulisi. “Previously, a patient would have imaging scans done after the surgery was finished. If something wasn’t right, they would then need to undergo a second surgical procedure. Now, we can avoid that by immediately correcting any problems we see.”

Dr. Aulisi envisions using the Cirq for upwards of 400 cases a year and plans to use it for every case that involves instrumentation, or implants, such as rods, screws, plates, cages, or interbody devices. He also notes the technology will eventually be used to assist with brain surgeries.

To schedule a consultation with one of our neurosurgeons, call 202-877-5026.
Compassion is a requirement for every medical specialty, but some specialties require doctors to have an exceptional ability to listen to patients’ most hard-to-talk-about problems. Candid conversations about issues surrounding urination and sexual matters can be difficult for many patients. These sensitive, highly personal conversations are what led Rachael Sussman, MD, to choose urology for her medical specialty. She is the first female urologist at MedStar Washington Hospital Center Urology, and one of only 10 percent nationwide.

For men and women, urology deals with diseases of the urinary tract, from the kidneys that clean the blood and extract the urine, to ureters that carry urine to the bladder for storage, and on to the urethra that carries urine out of the body. For men, urology also deals with the male reproductive organs, including penis, testicles, and the prostate gland.

Problems with urination and leakage of urine are common and can greatly impact a person’s quality of life. Honest, open conversations can lead to solutions that dramatically improve a person’s life. “Urology gives me a great opportunity to make people happy,” Dr. Sussman explains. “I like to focus on these quality-of-life issues where I can help people.”

Some of the more common conditions she treats are urinary leakage, frequent urination, or an urgent need to urinate—changes that many men and women experience as they get older. For women, these conditions can be a result of childbearing. For men, these conditions can result from an enlarged prostate, which also may be due to aging.

After training as a urologist, Dr. Sussman completed a fellowship in female pelvic medicine, also called urogynecology, a specialty that treats women with urinary problems that result from uterine prolapse and other conditions associated with aging and childbearing.

Highly specialized surgeries can offer relief by lifting sagging structures and restoring vaginal anatomy. Whatever the cause, Dr. Sussman uses a step-by-step approach to identify the best treatment. “I use the least invasive treatment methods first,” Dr. Sussman explains. “This can include exercises to strengthen the muscles that control urination plus other behavioral approaches. Medications can also be used to relax the bladder or improve the flow of urine.

“We tailor our treatments to each patient’s goals and desires,” she says. That’s where her sensitivity and compassion come into play. When it comes to the treatment of pelvic organ prolapse in women, she is an expert in vaginal surgery, which allows her to treat problems without any visible incision. She also offers robotic surgery that can be performed through tiny incisions, which reduce pain and speed recovery. Men with enlarged prostates also benefit from new treatments. For example, a laser treatment can help reduce the size of the prostate to ease urination with a lower risk of bleeding than traditional surgery.

Dr. Sussman is part of a urology practice at MedStar Washington Hospital Center that includes seven urologists. “The value of a large urology practice is that each of us can be really specialized in what we do and stay up to date on the newest findings in the practice of urology. Patients can be sure that they have access to the best specialist for their particular condition.”

It’s never too early to seek treatment, Dr. Sussman concludes. “Things change as we age,” she says. “Early intervention can help problems from becoming worse over time. There are a lot of new treatments that are very effective.”

For more information or to schedule an appointment, call 202-877-DOCS (3627).

Dr. Sussman says her scope is louder than it has been in years after a voice restoration procedure.

“Restoring Voice is a Game Changer.”

For decades, Deirdre Roy struggled to speak. Sore throats and chronic hoarseness plagued the 51-year-old nutritional director, and she was sometimes mistaken for a male when she talked on the telephone. It began at age 15 when Ms. Roy lost her voice following a severe case of laryngitis. Once she began speaking, she strained to get her words out. In her early 20s, she sought treatment from an otolaryngologist, a physician trained in diseases of the ear, nose, and throat. After being diagnosed with vocal cord polyps, or callous-like growths, the doctor removed the polyps and recommended speech therapy.

“There was some improvement,” recalls Ms. Roy, “but it didn’t last long.” Within two years, she felt the straining returning. I had to work harder and harder just to get words out.

As the years passed, she got so bad, she says, that co-workers accused her of yelling at them. Strangers inquired if she was a lifelong smoker.

“I wasn’t yelling but it sounded like that because I was always struggling to talk,” explains Ms. Roy, who notes she has never smoked. “I was reluctant to answer the phone and always the last to speak up in a work meeting.”

Finally, she made an appointment with William Gao, MD, a board-certified and fellowship-trained laryngologist at MedStar Washington Hospital Center and MedStar Georgetown University Hospital. After performing a procedure that looks at the voice box, Dr. Gao diagnosed Ms. Roy with a large residual polyp and mild vocal cord scar.

In October 2019, she underwent surgery to correct the problem. First, Dr. Gao inserted a narrow metal tube through Ms. Roy’s mouth to expose her voice box. He then used surgical instruments to create a small flap around the base of the polyp, eventually removing the problematic tissue from the healthy tissue.

Dr. Gao then addressed the mild vocal cord scar by using a steroid injection to elevate the scar tissue that had been preventing normal vibrations. Following the outpatient procedure, Ms. Roy took several weeks off work to ensure complete voice rest and gradual transition back to normal voice use. She then began working with a speech language pathologist who taught her techniques for resonant voice use and reinforcing healthy vocal habits.

“A clear voice is something a lot of people take for granted,” says Dr. Gao.

“We don’t realize how important our voice is until we lose it, or until it is difficult for others to understand.”

Nanazeen Grant, MD, a board-certified, fellowship-trained laryngeal specialist at MedStar Health who has special training in laser surgery of the voice box, agrees.

“It is incredibly gratifying to help people regain their ability to communicate,” she says. “Many people, even in the medical profession, do not know that we have many tools to diagnose and treat this very complex and dynamic organ, from scopes with strobe lights to laser and injections, and much of it has developed in just the past 20 years.”

As for Ms. Roy, she is grateful for the care she received. “I feel so lucky to have found Dr. Gao,” she says. “He knew exactly what needed to be done. This is the best my speech has been in years.”

For more information or to schedule an appointment, call 202-877-6733.
MedStar Washington Hospital Center Again Ranks Among Top U.S. Hospitals for Cardiovascular Care.

MedStar Washington Hospital Center is again being recognized as one of the top 50 cardiovascular centers in the country. The Hospital Center’s Cardiology and Heart Surgery program moved up four spots from last year’s survey, to No. 37, in the 2020-21 U.S. News & World Report “Best Hospitals” rankings. It also received the highest rating possible in aortic valve surgery, congestive heart failure, heart bypass surgery, and transcatheter aortic valve replacement (TAVR). Only 134 of the more than 4,500 U.S. hospitals evaluated for Best Hospitals were ranked in any specialty.

The Hospital Center, home to MedStar Heart & Vascular Institute, has one of the highest-volume cardiac programs in the nation. It integrates the cardiovascular programs and services of all 10 MedStar Health hospitals and outpatient practices in Maryland, Virginia, and Washington, D.C. A first-of-its-kind clinical and research alliance with world-renowned Cleveland Clinic Heart, Vascular & Thoracic Institute, again ranked No. 1 in the nation by U.S. News, has continued to flourish since 2013.

U.S. News also cited two additional Hospital Center specialties as high-performing: Nephrology and Urology. Two other procedures and conditions, colon cancer surgery and chronic obstructive pulmonary disease (COPD), received the highest ratings.