Lymph Node Transfer Provides Relief to Breast Cancer Survivor
BY MARIANNE WORLEY

Susan Wolfe-Tank is enjoying relief from debilitating side effects of breast cancer treatment thanks to a revolutionary procedure called lymph node transfer, now available at MedStar Georgetown University Hospital.

Susan, 51, lives in northern Wisconsin. She was diagnosed with advanced breast cancer in August 2011. The tumor in her left breast was the size of a lime and buried deep within the chest wall. Working as a waitress, Susan Wolfe-Tank is enjoying relief from debilitating side effects of breast cancer treatment thanks to a revolutionary procedure called lymph node transfer, now available at MedStar Georgetown University Hospital.

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During cold winter weather, the MedStar Georgetown University Hospital Emergency Department sees an increase in patients with viral infections and potential complications, including pneumonia.

Common Infection, Serious Consequences
Pneumonia is an infection of the lungs that can be caused by viruses, bacteria, and fungi. The most common causes are the influenza virus and the pneumococcus bacteria. Pneumonia can become deadly when the air sacs in the lungs become inflamed and fill with fluid, preventing oxygen from reaching the blood and vital organs. This can cause a complication called sepsis.

At-Risk Populations
Pneumonia triggers mild to severe illness in people of all ages, but it is especially harmful to some. According to the Centers for Disease Control and Prevention (CDC), pneumonia is the leading cause of death in children younger than five years of age worldwide. People aged 65 and older are also at higher risk for pneumonia-related hospitalization and death.

Others susceptible to pneumonia include people who have underlying medical conditions, such as asthma, diabetes, heart disease or other chronic conditions; smokers; pregnant women; and children and adults with compromised immune systems.

When to See the Doctor
Although it is sometimes difficult to know when a simple cold has developed into pneumonia, some clues may include:
- Sputum-producing cough with deep congestion
- Chest pain
- Shortness of breath
- Persistent fever

Seek medical attention immediately if you experience difficulty breathing or shortness of breath, discoloration of the lips, pain or pressure in the chest or abdomen, dizziness or confusion, or signs of dehydration. Call your doctor if your milder symptoms do not improve within four weeks or if they worsen.

Treatment
Pneumonia is typically treated with antibiotics when caused by bacteria. When pneumonia is caused by fungi, it is typically treated with anti-fungal medication.

Prevention is Key
Vaccines can help prevent bacterial pneumonia and pneumonia-causing infections such as the flu. Vaccine recommendations vary based on age and medical conditions.

Although the influenza and pneumococcal vaccines are generally given annually, ask your doctor which vaccines are right for you or your loved ones, based on age, underlying health conditions, and other factors that may put you at a higher risk of infection.

Self-Care for a Better Recovery
Reduce your chance of getting pneumonia by managing existing medical problems and practicing good health habits: get plenty of sleep and exercise, manage your stress, and eat healthy foods, such as fresh fruit and vegetables high in vitamin C and other antioxidants.

You can also prevent catching or spreading respiratory infections by:
- Washing your hands regularly and disinfecting surfaces
- Covering your mouth when coughing or sneezing
- Avoiding contact with others who are sick, especially those with a fever

Taking care of yourself every day is an important part of preventing and lowering your risk of infection or further complications from pneumonia and other diseases.

To make an appointment with one of our physicians, call 855-213-2315. Visit MedStarGeorgetown.org/ED for more information about the Emergency Department.
Wearable Devices Track Sports Injuries, Provide Hard Data for Recovery Plans by Marianne Worley

When Georgetown University MBA student Andy Bird, 31, tore his left ACL playing basketball in November 2016, he expected a traditional course of physical therapy (PT) to get back to his active life after surgery.

About three months into Andy’s PT treatment plan, his physical therapist, Sameer Mehta, PT, DPT, clinical supervisor of Outpatient Physical Therapy at MedStar Georgetown University Hospital, began using a new technology called dorsaVi™, which provided a new perspective on Andy’s injury and rehabilitation.

DorsaVi is available at MedStar Georgetown and MedStar Health at Lafayette Centre in downtown Washington, D.C. The device provides real-time measurements for the body’s twists, turns, angles, symmetry, speed, and G-force. The results help clinicians build individualized patient rehabilitation plans based on hard data.

The dorsaVi technology consists of two three-inch sensors that are applied to the patient’s shins or back. The wireless sensors communicate with software on a tablet, capturing data and creating instant charts and graphs for the physical therapist to analyze. The duration of monitoring and the number of times dorsaVi is used depend on each patient’s needs.

“This technology gives us more real, true measurements to make appropriate data-driven decisions about someone’s health and give recommendations and a treatment plan for their activity,” says Mehta. “It can help expedite a patient’s recovery.”

The sensors can be worn either during a physical therapy session at MedStar Georgetown or for off-site monitoring sessions. During off-site monitoring, patients wear the sensors as they go about their regular life activities.

“I can fit my patients with the sensors, send them out on their run, and ask them to hit a button when they feel pain. The software will then show me what the patient was doing when they experienced the pain,” says Mehta. “Then I can adjust my treatment plan accordingly.”

The data that dorsaVi gathers can often be enlightening. During a physical therapy session with Mehta, Andy’s data showed something unexpected. “Andy’s tests showed that he was working really hard on his injured leg, but that his good leg had actually begun to experience some weakness,” says Mehta. “This is something that would be very difficult for me to capture without dorsaVi. Armed with that information, I was able to adjust Andy’s care plan and give exercises to increase the strength of his good leg, too.”

“I think this technology was incredibly important, especially as I progressed in my recovery and therapy,” says Andy. “Being able to see how I ran, how I moved, how I jumped in hard numbers provided the evidence of what I needed to do to get better, faster.”

With the help of Mehta and dorsaVi technology, Andy made a full recovery. Today, he is back on the basketball court. “It’s amazing to see our patients recover and get back to the activities they love,” says Mehta. “DorsaVi helps us get patients back in the game faster.”

To learn more about physical therapy at MedStar Georgetown, visit MedStarGeorgetown.org/DorsaVi or call 855-218-3777 to make an appointment.
Kidney and Pancreas Transplants Cure Type 1 Diabetes

By Susan Walker

Since he was diagnosed with type 1 diabetes at age 11, 44-year-old Ben Wall has worked hard to keep the disease from preventing him from living the life he wanted to live.

Type 1 diabetes is a chronic condition caused when the pancreas produces little or no insulin, a hormone used to regulate blood sugar. The disease can often be managed by taking insulin, monitoring blood sugar, maintaining a careful diet, and leading a healthy lifestyle.

Ben has always taken his health seriously. He and his wife, Kate, have been strict vegans for 15 years and love to walk and bike. Yet, despite the couple’s healthy habits, Ben began to experience more serious diabetic complications about ten years ago. Foot wounds that would not heal, a problem Ben first experienced in his teens, grew worse, making it more difficult to be on his feet. His foot joints degenerated, requiring amputation.

Kate watched Ben’s health with increasing concern. “Each time Ben faced a new complication, we were waiting for the other shoe to drop,” she says. “As his condition got more complicated, it felt like it was just raining shoes.”

Eventually, Ben’s diabetes caused kidney failure, a serious condition that requires dialysis or a kidney transplant. According to the National Institutes of Health (NIH), about one out of four adults with diabetes will develop kidney disease.

Ben underwent dialysis, a treatment that saved his life but left him feeling drained. Several of his family members and friends volunteered to donate a kidney. Only 10 to 15 percent of patients seeking a kidney transplant have a living donor. Transplants from a living donor last longest and work best.

It turned out that the best donor match was right under Ben’s own roof: Kate. She was more than happy to donate her kidney to her husband. “I love Ben and wanted to do everything I could to help him get healthier,” she says.

The surgery was extremely successful, with Ben’s kidney function returning to normal within just two days. “I felt better for the first time in years,” he says. “After a bit, I was back at work, getting more active, and taking walks with Kate again.”

The MedStar Georgetown Transplant Institute is the fifth largest program in the country for overall volume of kidney and pancreatic transplants. Peter Abrams, MD, director of Pancreas and Islet Cell Transplantation, performed the kidney transplant surgery once Ben was cleared for transplant.

Ben Wall’s type 1 diabetes caused serious health struggles. Thanks to a kidney donated by his wife, Kate, and the care he received at the MedStar Georgetown Transplant Institute, he has made a full recovery. Today, the couple is back to enjoying their healthy and active lifestyle.

I felt better for the first time in years. After a bit, I was back at work, getting more active, and taking walks with Kate again.

Ben Wall, Patient

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Philanthropic Investment Supports Endowment and New Medical/Surgical Pavilion

By Kate Mattern

The J. Willard and Alice S. Marriott Foundation was established with a simple but powerful mission: to give back. The private family foundation is committed to sustaining vibrant, healthy communities through support of transformative organizations. MedStar Georgetown University Hospital is honored to be among these partners.

As longtime supporters of MedStar Georgetown’s work, the Marriott family has recently deepened its investment in the physical and programmatic future of our care community. This past fall, The J. Willard and Alice S. Marriott Foundation granted $2 million to support the construction of our new Medical/Surgical Pavilion. The Foundation coupled this extraordinary investment with a $1 million Otolaryngology-Head and Neck Surgery endowment. This endowment will increase the Department of Otolaryngology-Head and Neck Surgery’s capacity to maintain technological resources and research infrastructure, as well as attract the most talented physicians and medical students from around the world.

Under the direction of Richard E. Marriott and J. W. Marriott Jr., the Foundation’s board is composed of descendants of J. Willard and Alice S. Marriott, original founders of the hospitality company that bears the family’s name. The Marriott family’s gifts to MedStar Georgetown stem from a commitment to health equity and their personal appreciation for care received at the Hospital.

Through our philanthropic support, we hope to grow the Hospital’s lifesaving efforts.”

The J. Willard and Alice S. Marriott Foundation’s investment will yield tangible results. “We are deeply grateful for the Marriott family’s comprehensive investment,” says Pam Maroulis, the Hospital’s vice president of Philanthropy. “The leadership conveyed by this significant contribution to our Medical/Surgical Pavilion helps to set the tone for our $112 million philanthropy campaign.”

Bruce Davidson, MD, chairman of the Department of Otolaryngology-Head and Neck Surgery, notes that this gift will increase capacity for medical innovation. “The family’s support of our department will drive further clinical advancement that will help our patients. There is no question that we will see the impact of this generosity for years to come.”

In addition to these most recent investments, funding from

The J. Willard and Alice S. Marriott Foundation is already fueling other important care initiatives. In 2016, the Foundation made a $6 million, five-year commitment to the Early Childhood Innovation Network (ECIN). Led by MedStar Georgetown University Hospital and Children’s National Health System, ECIN works to improve the academic, physical, and mental health trajectories of Washington, D.C.’s most vulnerable children.

Inspired by the Marriott family’s donation? There are countless ways that MedStar Georgetown patients can support our efforts to provide world-class care. Be it through gifts of time, talent, or treasure, we all have something to give back to our community.

For more information, visit MedStarGeorgetown.org/Contribute or call the Office of Philanthropy at 855-590-9558. Visit BuildingMedicalExcellence.com for specific information on the new Medical/Surgical Pavilion.
Pursuing her associate degree, and raising her family as a single mom, she was determined to get healthy while juggling her many responsibilities.

Susan received a mastectomy, during which 18 lymph nodes were removed from her breast. She also underwent chemotherapy, 33 rounds of radiation, and six reconstructive surgeries. All of these treatments were important to Susan’s care. However, the resulting scar tissue and the removal of lymph nodes created a painful and disfiguring side effect called lymphedema.

In 2016, her oncologist referred her to the University of Chicago Medical Clinic to seek care for her lymphedema. There, she met Plastic Surgeon David H. Song, MD. At the time, Dr. Song was in the process of moving to MedStar Georgetown University Hospital.

Today, Dr. Song is the Washington regional chief of Plastic Surgery for MedStar Health and chief of Plastic Surgery at MedStar Georgetown University Hospital. He is internationally recognized for his pioneering work in breast reconstruction and the treatment of lymphedema.

In May 2017, Susan came to MedStar Georgetown for a new procedure called lymph node transfer. During the procedure, Dr. Song moved healthy lymph nodes from Susan’s back and side to the area affected by lymphedema. This procedure is designed to restore the body’s ability to properly drain fluid.

“Lymphedema can occur in up to 20 percent of women receiving axillary node dissection for breast cancer treatment,” says Dr. Song. “When lymph node transfer is a good fit for a patient’s health needs, it can be an enormously effective treatment option.”

For Susan, the procedure was life-changing. “It was amazing,” she says. “After the surgery I had immediate relief. That heavy, aching feeling was gone.”

Most lymph node transfer patients can leave the hospital in just a few days and get back to some of their activities in a week or two. Susan was back to work one week after her surgery. She can wear her normal clothes and move comfortably again. “I’m so happy. My quality of life is so much better,” she says.

Now working as a general manager for a large hospitality chain, Susan wants other women to know that there is life and happiness after breast cancer. “I was blessed to remarry four years to the day from my last chemotherapy treatment, a very special day indeed!” she says.

To learn more about lymphedema treatment at MedStar Georgetown, visit MedStarGeorgetown.org/Lymphedema or call 855-482-6671 to make an appointment.

Meet David Song, MD
Dr. Song is the Washington Regional Chief of Plastic Surgery for MedStar Health and chief of Plastic Surgery at MedStar Georgetown University Hospital. Visit MedStarGeorgetown.org/SongVideo to watch Dr. Song discuss reconstructive plastic surgery.
New Sight-Saving System at MedStar Georgetown University Hospital

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“But last year, the Food and Drug Administration approved the use of a remarkable new therapy called corneal collagen cross-linking,” he adds. “While it isn’t a cure for keratoconus, it can stop the progression of the disease. Mr. Phillips was a perfect candidate for the procedure.”

“I was thrilled that there was something I could do to help myself,” says Anthony.

Painless Office Procedure

The relatively simple office procedure combines ultraviolet (UV) light and a photosensitizer to strengthen chemical bonds in the cornea. Dr. Lustbader and his team numb the eye, use a tool to clean cells from the surface of the cornea, and put in a riboflavin solution with eye drops. The solution is absorbed into the collagen of the cornea to tighten it and ultimately prevent further thinning. Then a simple UV light system is used to activate the solution. The procedure takes a little over an hour to complete.

“It was so simple, with zero pain,” says Anthony. “I saw a difference right away—my vision was less blurry. After a couple of months, no double vision. I’m going to have the other eye done soon.”

It’s estimated that one to two people in 1,000 suffer from keratoconus, although many people aren’t diagnosed until they notice significant deterioration of their sight. “And people who have been diagnosed with the disease may not know that we now have a technique to halt future damage to the cornea,” says Dr. Lustbader. “I encourage anyone who notices changes in their vision to talk to their ophthalmologist.”

Kidney and Pancreas Transplants Cure Type 1 Diabetes

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However, another surgery was required to keep him healthy. “Diabetes begins to injure the new kidney as soon as it’s transplanted,” explains Dr. Abrams. “A pancreas transplant, which restores normal glucose regulation, can actually cure diabetes. A healthy pancreas would protect Ben’s new kidney and prevent the development of further diabetic complications.”

When Ben had fully recovered from his kidney transplant, Dr. Abrams performed the pancreas transplant with an organ from a deceased donor. The MedStar Georgetown Transplant Institute performs more pancreas transplants than any other program in the region and achieves patient survival rates that exceed the national average.

After recovery, Ben is feeling like his old self again. “I just keep feeling better and better. With my diabetes cured, I don’t need to test my blood sugar or use insulin. I feel free,” he says.

Kate is thrilled to see Ben doing so well. “Ben was very sick for a long time and now I feel like he’s whole again. His experience shows that there’s hope in the most dire circumstances. We’re so grateful to the team at MedStar Georgetown. They put us back on the path to a better, healthier life.”

Meet Peter Abrams, MD

Dr. Abrams is director of Pancreas and Islet Cell Transplantation at MedStar Georgetown University Hospital. Visit MedStarGeorgetown.org/AbramsVideo to watch Dr. Abrams discuss kidney and pancreas transplant surgery.
MedStar Georgetown Awarded Advanced Certification as a Comprehensive Stroke Center

MedStar Georgetown University Hospital recently earned The Joint Commission’s Gold Seal of Approval® and the American Heart Association/American Stroke Association’s Heart-Check mark for Advanced Certification for Comprehensive Stroke Centers.

Patients who receive stroke care at MedStar Georgetown can feel confident that they are being cared for by a highly coordinated team of nationally recognized experts. “The Joint Commission’s recognition of MedStar Georgetown as a Comprehensive Stroke Center confirms that we are one of the elite programs in the nation,” says Andrew Stemer, MD, director of Stroke Neurology at MedStar Georgetown.

To learn more about stroke care offered at MedStar Georgetown, visit MedStarGeorgetown.org/StrokeCenter or call 855-218-3792.

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