

Active Lifestyle Preserved With Innovative Ankle Replacement Surgery

BY LYNN CANTWELL

David Kearing, MD, battled for years with post-traumatic ankle arthritis caused by years of repeated sports-related ankle sprains, one of which included a dislocation. He had two operations to address the arthritis, and he had taken so much over-the-counter pain medication that he began to develop an ulcer.

However, David's ankle pain continued, and it affected his home and work lives. "I couldn't walk on the beach with my family during vacations," he explains. "Even a middle-of-the-night trip to the bathroom was excruciating." On his job, the situation was just as challenging. "As an ER physician, I need to be able to move around, and I was just hobbling," he says.

Ultimately, David's arthritis reached its end stage, his joint having deteriorated to the point that he could no longer tolerate the pain.

David sought several opinions from foot and ankle specialists in the

Northeast. Each recommended ankle fusion surgery, which connects the bottom of the shinbone to the top of the foot. Although those who have this surgery no longer experience pain from arthritis, they can no longer move their feet up or down. This option would not work for David.

David knew that ankle fusion would limit his active life. As an avid skier and cyclist, he wanted to examine other options, and he performed some online research. His search led him to the fall 2009 issue of the *MyGeorgetownMD* newsletter and an article about a soccer dad who had an ankle replacement using the STAR™ device. STAR stands for Scandinavian Total Ankle Replacement, because it was designed by a famous Scandinavian surgeon. The three-piece device moves much like a natural ankle.

After reading the article, David called Paul Cooper, MD, orthopaedic surgeon and director of the Foot and

[continued on page six](#)



Photo by sportsgraphics.com

▲ **Dr. David Kearing's new ankle gave him the flexibility and stability to participate in Boston's Head of the Charles Regatta a mere nine months following his surgery.**



Photo by Marianne Worley

▲ **Mary Leigh Phillips' cystic fibrosis put her at high risk during pregnancy, but MedStar Georgetown helped deliver "miracle" baby, Jack.**

High-Risk Obstetrics Team Helps Mom With Cystic Fibrosis Deliver a Healthy Baby Boy

BY LESLIE WHITLINGER

For years, doctors warned Mary Leigh Phillips against getting pregnant. Her constellation of conditions—the result of cystic fibrosis (CF)—and the medicines needed to tame them could threaten the health and even the life of an unborn baby.

[continued on page seven](#)

IN THIS ISSUE

Page 2

Because You Asked: Rheumatoid Arthritis

Page 3

Newly Renovated Infusion Center

Page 4

Treating Pregnancy Emergencies

Page 5

Connect With Your Family

Because You Asked: Rheumatoid Arthritis—Not Your Grandmother's Rheumatism

BY LYNN CANTWELL

MEDICAL REVIEWER: SEAN WHELTON, MD, ASSOCIATE PROFESSOR, MEDICINE, AND ATTENDING PHYSICIAN, DIVISION OF RHEUMATOLOGY AND INTERNAL MEDICINE, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

"Because You Asked" focuses on topics suggested by our readers. If you want to suggest a topic for future issues of this newsletter, please email suggestions to torneyd@gunet.georgetown.edu.

Rheumatism. At some point, each of us has heard the term used by our parents, grandparents or even Granny Clampett from television's *The Beverly Hillbillies*. However, rheumatism, the catchall term for joint pain, and the actual disease rheumatoid arthritis, are not the same.

Rheumatoid arthritis (RA) is a chronic condition that causes pain, swelling,

stiffness and even deformity in the joints. RA is caused when the body's immune system, which is supposed to protect us from harm, malfunctions and attacks our joints. If left untreated, RA will ultimately destroy the joints and cause permanent disability.

Joints can lose cartilage and calcium, as well as become dysfunctional and not work well. People with RA can also

experience swelling and discomfort throughout their bodies. As a result, many people feel tired and become inactive, leading to obesity and related conditions, such as heart disease and diabetes. Further, being overweight puts excess stress on the knees and hips, making it even more difficult to move around.

There is no cure for RA. However, those with the disorder are no longer subjected to the lifetime of pain and joint deterioration that our grandparents experienced. In the last several years, treatments have become much more sophisticated and effective. In fact, when the disorder is caught early, RA sufferers can lead active, pain-free lives. Very powerful pain relievers and anti-inflammatory medications are often used to enable people to remain active. Over-the-counter medications, such as acetaminophen and ibuprofen, as well as steroids that are injected into the joints, can provide immediate relief while doctors address the cause of the RA.

Many RA medications weaken certain aspects of the immune system, so it is unable or less able to attack the joints. These immunosuppressive medications are much like the ones used during chemotherapy or those that help prevent the rejection of organs during transplants.

At MedStar Georgetown University Hospital, many advances are available to treat RA, including drugs that change how the immune system works to prevent it from attacking the joints. Every few months, new drugs

Arthritis: What a Pain!

There are four main categories of arthritic conditions that cause joint pain, swelling and stiffness. All of them have different causes and treatment medications.

1. Mechanical arthritis

The most common type of mechanical arthritis is osteoarthritis or aging joints. Medications used to treat osteoarthritis are those that reduce pain in the affected joints.

2. Inflammatory arthritis

Inflammatory arthritis occurs when the immune system attacks the joints. The most common inflammatory arthritis is rheumatoid arthritis. However, there are other types of autoimmune-related arthritis, including juvenile arthritis, lupus and psoriasis. Medications are used to control the pain and reduce swelling and stiffening, along with other drugs intended to either suppress the immune system or block its response.

3. Arthritis caused by mineral or crystal buildup

When crystals or minerals build up in the body, they can lead to arthritic conditions. The most common of these is gout, which occurs when the body has too much uric acid. Doctors treat this type of arthritis with medications to reduce both pain and the substance that is building up.

4. Arthritis caused by infection

Some infections can settle in the joints, causing arthritic symptoms, including painful and swollen joints. The usual culprits are staph, strep and Lyme bacteria. These infections typically respond to antibiotics. Once the infection is gone, the symptoms go away soon after.





▲ New, sophisticated treatments are reducing and eliminating pain from rheumatoid arthritis.

and targeted therapies become available that can be very effective in treating RA.

The goals of the rheumatologists at MedStar Georgetown are to control inflammation and keep people who have RA active. If the disorder destroys the joints, the hospital's rheumatologists and orthopaedic surgeons work together to help restore function. Additionally, the hospital provides a physical medicine and rehabilitation program for people who have had joint replacements or whose pain-related inactivity has caused them to become weak.

Today, many people who develop RA can lead more active lives.

For a rheumatology appointment, call **MedStar Georgetown M.D. at 202-342-2400.** georgetownuniversityhospital.org/rheumatology

MedStar Georgetown Opens New Infusion Center for Oncology Patients

BY MARIANNE WORLEY

MedStar Georgetown University Hospital has opened a newly renovated infusion center for patients who need chemotherapy and other infusion services, such as blood products, nutrients or medications injected directly into the body through blood vessels, muscles or beneath the skin. The center was designed to provide patients with the utmost comfort, as well as the highest-quality medical care and customer service.

Some of the amenities of the new center are 15 open bays, five private rooms and one semiprivate bay. And with the availability of valet parking,

the unit offers what is essentially "drive-up" access, which is a great convenience for patients who are coming to the hospital to receive infusion services. Also, the space boasts open, sunny treatment areas with individually controlled lighting and flat-screen televisions that patients can adjust.

This project was successful thanks in part to the generous donations of private donors who contributed funds to MedStar Georgetown's Lombardi Comprehensive Cancer Center Renovations Project.

To schedule an infusion center appointment, call **202-444-4399.**



Photo by Laura Brickley

▲ MedStar Georgetown's infusion experts provide exceptional care in a comfortable environment.

Treating Pregnancy Emergencies

BY BRENDAN FURLONG, MD, CHIEF OF SERVICE, EMERGENCY DEPARTMENT, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

Most pregnancies proceed normally and end happily with the birth of a healthy baby. But sometimes, problems occur that can pose a serious threat to baby and mother. Pregnancy complications, such as an ectopic pregnancy or miscarriage, can occur early during the first trimester. Others, such as preeclampsia and placental abruption, occur later in pregnancy—usually during the last trimester, days before an anticipated delivery or even one to two weeks after delivery. Such complications require emergency treatment to help ensure the health of mother and child.

Understanding risks and recognizing symptoms can be the first step to a speedy diagnosis and successful treatment.



Ectopic Pregnancy

What is it? Ectopic pregnancy occurs within the first three months of pregnancy when a fertilized egg grows outside the uterus, most commonly in the fallopian tube. This abnormality can cause the fallopian tube to rupture, which can lead to internal bleeding.

Who is at risk? Women with abnormal fallopian tubes are at higher risk. This irregularity can occur as the result of a number of conditions,

including pelvic inflammatory disease, pelvic infections, infertility, endometriosis, pelvic surgery or a previous ectopic pregnancy.

Symptoms: Abnormal vaginal bleeding, abdominal or pelvic pain, shoulder pain when major hemorrhage has occurred, weakness, dizziness or fainting.

To confirm the diagnosis: Blood tests, pelvic exam, ultrasound and a general assessment of the patient's condition.

Treatment: Patients who have not suffered a ruptured ectopic pregnancy will often receive medication. Some patients may require surgery, usually a minimally invasive laparoscopic procedure to possibly remove a portion of the fallopian tube. Other patients will undergo open surgery in which a larger incision is needed.

Preeclampsia

What is it? Preeclampsia is described as a combination of high blood pressure, protein in the urine and swelling in the legs, hands and/or face. This serious condition usually occurs in the second half of pregnancy (even sometimes within the first few weeks after delivery) and can affect multiple organs, including the liver and kidneys. When the condition progresses to include seizures, it is called eclampsia.

Who is at risk? While the cause of preeclampsia is still unclear, some women appear to be at a higher risk. Some risk factors include first full-term pregnancy; history of underlying medical conditions, such as high blood pressure, diabetes, lupus or renal disease; previous preeclampsia; carrying more than one fetus; obesity; and mother's age—both the very young and those who are older than 35.



Photo by Laura Brickley

▲ **Brendan Furlong, MD, helps women and newborns when crises arise.**

Symptoms: Headaches and vision problems that may be related to high blood pressure, rapid weight gain, swelling of the hands and face, upper abdominal pain and seizures, if the condition has progressed to eclampsia.

To confirm the diagnosis: Blood tests, blood pressure testing and urine studies.

Treatment: When a woman has preeclampsia, delivering the baby is the best way to protect both mother and child. When preeclampsia occurs at an early stage of pregnancy, i.e., early in the third trimester, every effort is made to delay delivery, giving the fetus more time to develop. Physicians will closely monitor the woman in the hospital and often prescribe medication to decrease blood pressure, prevent seizures and ultimately delay delivery of a very premature infant.

Placental Abruption

What is it? Placental abruption is a condition in which the placenta

Advanced Neonatal Care = Confidence for Expecting Moms

MedStar Georgetown's Neonatal Intensive Care Unit (NICU) is the region's most advanced center for the treatment of sick and/or premature infants. Its team of expert physicians and nurses combines compassionate care with the most advanced treatment options to help ensure better outcomes for seriously ill newborns. From the transport of critically ill infants to and from MedStar Georgetown 24/7 to support services for parents and siblings, MedStar Georgetown's NICU provides comprehensive services to treat the smallest, most fragile babies.

Visit georgetownuniversityhospital.org/nicu to watch an Ask-A-Doctor video featuring Siva Subramanian, MD, chief, Division of Neonatology. He answers commonly asked questions about the NICU.

detaches prematurely from the wall of the uterus, causing bleeding and reduction of oxygen and nutrients to the fetus.

Who is at risk? Women who smoke, have high blood pressure, have suffered traumatic injuries, are carrying twins or have a history of placental abruption.

Symptoms: Vaginal bleeding late in pregnancy, abdominal pain and tenderness.

To confirm the diagnosis: Physical examination, ultrasound and blood tests.

Treatment: When the placenta is partially detached, patients are hospitalized and closely monitored. If the placenta is completely detached,

doctors will deliver the baby immediately.

Every patient is unique, and symptoms of these complications and others will vary from person to person. It is always a good idea for a woman to call her physician or make a trip to a hospital emergency room if she experiences anything that seems unusual. And because these conditions may result in premature births, as well as blood loss and organ failure for mothers, it's best to be treated at a hospital with advanced specialty services for both mother and child.

To schedule a high-risk pregnancy appointment, call **MedStar Georgetown M.D. at 202-342-2400.** georgetownuniversityhospital.org/obgyn

Welcome New Physicians

We are pleased to introduce doctors who have recently joined the MedStar Georgetown team.

Family Medicine
Erica L. McClaskey, MD
Vincent Winkler Prins, MD

Breast Surgery
Bridget A. Oppong, MD

Hematology-Oncology
Chaitra S. Ujjani, MD

Pediatric Infectious Disease
Susan K. Wollersheim, MD

Vascular Surgery
Susanna H. Shin, MD

To schedule an appointment with a MedStar Georgetown physician, call **MedStar Georgetown M.D. at 202-342-2400.** georgetownuniversityhospital.org/findadoc

Stay Connected to Your Family and Friends



MedStar Georgetown University Hospital is pleased to offer CarePages—a free online community where patients, as well as close friends or family members, can stay in touch throughout treatment. With this service, you can create personalized and private Web pages to share health-related triumphs, hopes, encouragements and challenges. This secure tool allows users to receive messages,

post photos, recognize staff and connect to other patients.

From birth announcements to surgical recovery updates, MedStar Georgetown patients are using CarePages to stay connected to loved ones.

Start your **CarePages** profile today by visiting: georgetownuniversityhospital.org/carepages

Active Lifestyle Preserved With Innovative Surgery continued from page one

Ankle Center at MedStar Georgetown University Hospital. Dr. Cooper had performed the soccer dad's ankle replacement—the first in the United States following the approval of the STAR device by the Food and Drug Administration in 2009.

In September 2010, Dr. Cooper performed David's STAR surgery. David was in and out of the hospital in one day and able to walk within two weeks. Three months later, he was on skis.

Had David had an ankle fusion, he would have spent longer in the hospital and been in a cast for 12 weeks. Also, since he would not have been able to move his foot up and down, skiing would have been out of the question.

"To be able to offer this latest generation of ankle replacement to our patients is nothing short of revolutionary," says Dr. Cooper, who



Photo courtesy of Kim Kearing

▲ David Kearing, MD, was back on skis just three months after his ankle replacement surgery.

Facts about STAR™

STAR has many benefits compared to ankle fusion:

	STAR Ankle Replacement Surgery	Ankle Fusion Surgery
Durability/Duration of Repair	10-15 years	Lifetime
Average Recovery Time	Two weeks in a splint Walking boot with daily physical therapy for two to 12 weeks Ankle brace until no longer needed	12 weeks in a cast followed by a walking boot through the initial rehabilitation period
Patient Mobility	Able to move foot up and down and continue with most activity	Unable to lift or lower foot from the ankle
Average Hospital Stay	23 hours or less (same-day surgery)	24-48 hours
Treatment Flexibility	If an ankle replacement fails, the ankle can be fused at a later time	Once an ankle is fused, it cannot be replaced

has performed more than 600 ankle replacements, of which about 160 were with the new STAR device.

His results with the device have been overwhelmingly positive. Patients spend less time in the hospital, recover more quickly and are able to remain active because they have better movement in the joint than an ankle fusion would allow. Dr. Cooper anticipates that demand for the procedure will continue to grow because more people who are ages 65 or younger are experiencing end-stage ankle disease or osteoarthritis. Such conditions are caused by recurring athletic injuries or significant traumas, like those associated with car accidents.

"When you are in your 40s, 50s or even older and accustomed to being active, the inability to move your foot due to ankle fusion is not acceptable," says Dr. Cooper. Additionally, the joints that surround the fused ankle can become increasingly stressed, which can lead to arthritis. "It can become a vicious

cycle. In severe cases, we end up fusing other bones in the foot and ankle, and within five to ten years, we have fused so many bones that nothing moves."

In addition to the STAR surgery, which has been used in Europe for more than 20 years, there are various other surgical and nonsurgical treatment options for ankle arthritis. "Many people can avoid ankle replacement or fusion if we see them early enough. Often, there are medical and more conservative surgical solutions we can use to keep patients pain free and mobile before their arthritis reaches the end stage," says Dr. Cooper. "When we become involved with patients earlier, we can offer them a wider range of treatment options and, often, better outcomes without needing to replace the ankle."

For an ankle replacement consultation, call **MedStar Georgetown M.D.** at **202-342-2400**.
georgetownuniversityhospital.org/footandankle

High-Risk Obstetrics Team Helps Mom continued from page one

Then the 29-year-old discovered she was, unexpectedly, expecting.

"I was totally terrified," she says. "So many things could go wrong. Some CF medications can cause birth defects. And if my husband were a carrier, our baby would have a 50/50 chance of being born with the disease."

Unpreventable and incurable, CF is the most common life-shortening, inherited disease among Caucasians in the United States today, affecting about 30,000 people. With CF, the body produces thick, sticky mucus that causes breathing difficulties for all and a unique form of diabetes for many, including Mary Leigh. The disease also can affect the body's ability to break down food and absorb nutrients, while increasing vulnerability to pancreatitis, pneumonia and lung infections. Managing CF requires balancing medications, respiratory therapy, diet and exercise to keep nutrition up, blood sugar down and oxygen levels adequate.

Despite being vigilant about her health and physical fitness—even completing several half marathons and small triathlons—Mary Leigh knew that pregnancy with CF would be challenging for both her and her child.

So she, an economic consultant, and her husband, attorney Brian Morrison, used their analytical skills to research the best place for comprehensive high-risk maternal and neonatal care. They found the total package at MedStar Georgetown University Hospital, with its wealth of specialists, collaborative approach to patient care and top-rated Neonatal Intensive Care Unit (NICU).

Brian underwent testing with Laura Krass, a genetic counselor at MedStar Georgetown, to make sure he was not a carrier. In the meantime, Helain J. Landy, MD, chair, Department of Obstetrics and Gynecology, and an expert in high-risk maternal-fetal

medicine, began supervising Mary Leigh's care.

"In a normal pregnancy, hormones can stress the mother's ability to control glucose as the body works to deliver necessary fuel to the developing baby," Dr. Landy says. "The growing uterus also makes breathing increasingly difficult as it pushes against the lungs. Mary Leigh had both diabetes and trouble breathing before she even became pregnant. As a result, pregnancy put her and her baby at higher risk for a variety of new or worsening problems."

**I'M JUST SO AMAZED BY THE CARE
I RECEIVED...FROM THE WHOLE
GEORGETOWN TEAM.**

~ MARY LEIGH PHILLIPS, OBSTETRICS/
GYNECOLOGY PATIENT AND NEW MOM

In fact, only about 100 live births are recorded to American women with CF each year. Dr. Landy was determined to help Mary Leigh become one of the success stories.

Dr. Landy mobilized a multidisciplinary team of MedStar Georgetown specialists—including Natasa Janicic, MD, PhD, endocrinologist; Anne O'Donnell, MD, chief, Division of Pulmonary, Critical Care and Sleep Medicine; and Joseph Myers, MD, director, Obstetric Anesthesia.

With Mary Leigh and Brian as active partners, the team went to work. Dr. O'Donnell monitored Mary Leigh for increased mucus, which could raise the odds of developing lung infections and pneumonia and reduce oxygen to both mother and baby. Dr. Janicic kept Mary Leigh's growing need for extra nutrition delicately balanced with her blood sugar level. And Dr. Myers developed backup plans that weighed the effects of anesthesia on Mary Leigh's compromised lung function.

"Knowing how much was at stake, we anticipated every possible problem," says Dr. Myers.

"Fortunately, everything went as planned until late in the pregnancy, when the baby's growth slowed down," Dr. Landy says. Mary Leigh was admitted for bed rest and close observation, as more reinforcements—a cardiologist, wound specialist and neonatologist—were called in to prepare for a C-section. Husband and wife steeled themselves for the next steps.

"We were told that the baby would probably be underweight, have elevated sugar levels and have to go to the NICU," Mary Leigh says. "But against all odds, he was fine."

Delivered at 36 weeks, baby Jack weighed five pounds and went home with his grateful parents a few days after birth. At the same time, Mary Leigh became the first woman with CF to deliver a healthy baby in Dr. Landy's 25-year career and, she suspects, the first at MedStar Georgetown, ever.

"Jack is living proof of the power of a multidisciplinary team approach to care," Dr. Landy concludes. "Together with Mary Leigh's attitude and physical fitness—and Brian's support and involvement—we reached a happy outcome."

Adds Mary Leigh, "I'm just so amazed by the care I received from Dr. Landy and the whole Georgetown team, including the fantastic nurses, prenatal educators and lactation consultants. As a matter of fact, I'm now getting all my specialty and follow-up care there. I feel like a walking medical miracle, and Jack's my miracle baby."

For a high-risk pregnancy appointment, call **MedStar Georgetown M.D.** at **202-342-2400**.
georgetownuniversityhospital.org/obgyn

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Join MedStar Georgetown and the Fight Against Pancreatic Cancer

As the fourth leading cause of cancer death in the United States, pancreatic cancer is difficult to diagnose and treat. That's why MedStar Georgetown provides advanced diagnostics, innovative treatment options and promising new therapies to help people fight pancreatic disease.



Join us at the PurpleStride Walk to help advance research, support patients and create hope for those affected by pancreatic cancer.

PurpleStride Walk
Saturday, June 16, 2012
Freedom Plaza, Washington, DC

For more information, to register or to make a donation, visit purplestride.org and join team "MedStar Georgetown."

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