New Anesthesia Technique Provides Comfort to Queasy Patient  

By Jennifer Davis

Fifty-eight-year-old Angi English of Austin, Texas, was only in Washington, D.C., for a few hours this summer. She came for a White House tour as a student of the Naval Postgraduate School in West Virginia.

But during the walking tour, a pain in her foot that she thought was a spider bite became so bad she told friends she needed to go to the emergency department. When she arrived at Hand Surgery Returns Eager Rider to the Road

By Leslie A. Whitlinger

In early 2013, Donita Breland was worried. For some time, the 67-year-old hadn’t been able to grip the clutch of her beloved hot pink motorcycle without a sharp throbbing in her left hand. And it wasn’t just her life on the road that was being affected. As her thumb and middle finger grew more painful, daily activities—including favorite creative pursuits such as quilting and making stained glass—proved more and more difficult.

In 35 years, Donita and her husband Carlus have biked across at least 40 states. But without relief, Donita knew her upcoming annual road trip was in jeopardy. Fortunately, Donita knew exactly where to turn for the help she needed.

“I’ve met with many doctors for different problems over the years, but after three successful surgeries at MedStar Georgetown, I wouldn’t go anywhere else,” the Virginia resident says. “So I called my neurologist and asked him what to do. He immediately suggested Michael Kessler, MD, chief of hand surgery with the MedStar Orthopaedic Institute at MedStar Georgetown University Hospital.”

A major referral site for the most complex cases in the Washington, D.C., area, the department features fellowship-trained hand surgeons who employ the least invasive, most advanced and innovative treatments for the best possible results.

Thanks to her speedy recovery, made possible by the new ComfortSafe technique offered at MedStar Georgetown, Angi hasn’t had to slow down for a minute. She continues her biking trips and is pictured here in the Netherlands.

Donita is thankful for the care she received at MedStar Georgetown. She and her husband have been able to keep up with their cross-country road trips now that Donita can ride her motorcycle pain-free.

In 35 years, Donita and her husband Carlus have biked across at least 40 states. But without relief, Donita knew her upcoming annual road trip was in jeopardy. Fortunately, Donita knew exactly where to turn for the help she needed.

continued on page 6

continued on page 7
MedStar Georgetown University Hospital is bringing the first proton therapy center to the Washington, D.C., area. This revolutionary therapy will change the way adult and pediatric cancer patients are treated.

Proton therapy is an advanced type of external radiation treatment that accurately directs noninvasive, powerful beams of protons at tumors. This precision targets and destroys cancer cells while sparing healthy tissue, reducing side effects and lowering the chance of additional malignancies—especially in children, who are at an increased risk of radiation complications. Because of its precision, proton therapy is also used to treat a wide range of cancers in sensitive locations, such as the central nervous system, chest, head, neck, eyes and prostate.

“MedStar Georgetown’s Lombardi Comprehensive Cancer Center is the only center in the Washington metropolitan area to earn the National Cancer Institute designation as a comprehensive cancer center, which demonstrates MedStar Georgetown’s strength, expertise and multidisciplinary approach to cancer care for adults and children,” says Richard Goldberg, MD, president, MedStar Georgetown University Hospital. “Adding this technology to our already rich array of cancer treatments allows us to offer the greatest range of treatment options to patients.”

Once construction and installation of the new device, called the MEVION S250, is complete, MedStar Georgetown will become one of only 13 facilities in the United States—and the only facility in the region—to offer this treatment.

“Adding this service allows us to create treatment plans that make the most sense for patients with particular cancers and to provide the greatest number of care options, all close to home,” says Anatoly Dritschilo, MD, chair of the Department of Radiation Medicine.

The new therapy center will be part of a nearly 9,000-square-foot proton therapy clinical office suite, offering patients the full continuum of care at the same location where they see their oncologist.

Accessing this cutting-edge treatment close to home will be life-changing for pediatric patients and their families. MedStar Georgetown’s Lombardi Comprehensive Cancer Center has a long history of offering children comprehensive cancer services, including art therapy, social services, dietary counseling, and emotional and spiritual support, as well as the latest cancer therapies and clinical trials.

According to Louis M. Weiner, MD, director of MedStar Georgetown’s Lombardi Comprehensive Cancer Center and chair of the Department of Oncology at Georgetown University Medical Center, “The proton therapy program adds another tool for important cancer research that can lead to improved cancer outcomes.”

To learn more about this new therapy and other cancer treatments offered at MedStar Georgetown, visit MedStarGeorgetown.org/Lombardi or call 202-444-4000.
Love it or loathe it, winter is here. And while the cold and snow offer many people the chance to enjoy ice skating, sledding and other seasonal activities, those same factors can complicate daily life.

At this time of year, the Emergency Department (ED) often sees patients with back injuries from shoveling too much snow. Also common are sprains and broken bones from slips and falls on icy or snow-covered patches.

So whether you are setting out for the slopes or settling in to wait for spring, here are some safety tips to help you and your family avoid a weather-related injury.

1. Falls
   Be aware of your surroundings, especially underfoot. Check sidewalk and road conditions before venturing out. If temperatures fluctuate between melting and freezing, dangerous and hard-to-see black ice may develop. When you get out of your car, look down to see if there is any ice. If so, use your car for support.

   Clear driveways and sidewalks. Remove snow before it becomes compact, then apply sand and salt to prevent ice from forming.

2. Driving
   Pay attention. Stay off the road whenever possible during bad weather. If you must drive, listen to your radio for the latest road conditions and slow down. And regardless of the weather, put your cell phone away while driving.

   Be prepared. Make sure your car is well-maintained, with tires and brakes in good condition. Keep your gas tank full and keep a winter safety kit in your car (see # 4) in case you become stranded.

3. Overexertion
   Pace yourself. Snow is heavier than it looks, so use a small, ergonomically designed shovel and take breaks. If you are not active or have health issues—such as a bad back or heart condition—arrange for someone else to do the job.

   Exercise properly. Each year, people come to the ED with injuries from resuming winter sports they haven’t done in a year or longer. So start slow; cold weather puts extra stress on the body. Always stretch, warm up/cool down and hydrate during activities and workouts, indoors or outdoors. Make sure you use the right gear, from footwear to helmets to clothing designed to keep you warm and dry.

4. Emergency Plans
   Think ahead. What would you and your family need if a winter storm knocks out your power and keeps you at home for a couple of days? Or what would be useful to have in your car if you get stuck on the road?

Prepare a safety kit for your house and car, including:

- Ready-to-eat food that doesn’t require refrigeration or heating/cooking
- Manual can-opener
- Bottled water
- First aid kit and manual
- Flashlights, a battery-operated radio and extra batteries
- Extra blankets and sleeping bags
- Portable home heater, approved for indoor use
- One-week supply of essential medicines
- Back-up power source for any home medical equipment
- Fire extinguisher

By following these simple steps, you can help protect yourself and your loved ones from Old Man Winter’s most common safety hazards and enjoy the season at home—and avoid the Emergency Department!

For more healthcare tips and to learn more about our Emergency Department, visit MedStarGeorgetown.org/Emergency or call 202-444-2119.
What can I do before I have surgery to help my recovery?
Since joint replacement surgery is an elective procedure, there is time to make sure you’re well prepared. You will appreciate that you took these steps in advance of your surgery.

• Make your home recovery-ready by taking some simple steps:
  o Create more open spaces for clear passage.
  o Organize your bathroom, kitchen and bedroom so that the things you will need most are easy to reach.
  o If your bedroom is on a higher level than the ground floor, limit stair climbing by setting up a comfy place on your first floor where you can spend your day.
  o Obtain any equipment you may need, such as a shower seat, non-slip shower mat, toilet riser or any other devices to help you manage day-to-day activities.
  o Make sure you have all your regular medication prescriptions filled.

• Secure friends and family who will help with grocery shopping, doctor appointments and physical therapy until you are able to drive yourself—from two to four weeks, depending on your surgery.
• Before surgery, talk to your primary care physician about your health, and get health conditions under control. For example, since uncontrolled blood sugar can slow healing, make sure your diabetes is under control before surgery, or if you smoke, quit before surgery!

Do I really need physical therapy after hip, knee or shoulder replacement?
At MedStar Georgetown, most hip replacement patients are having anterior hip procedures, in which surgeons enter from the front of the hip. This results in less damage to muscles and tendons, faster recovery—and often no physical therapy after an initial visit to your home by a nurse and therapist.

On the other hand, knee replacement patients will need to follow a strict regimen of therapy to ensure the best possible recovery.

Patients undergoing shoulder replacement will also need physical therapy. Shoulder replacement patients start physical therapy while in the hospital and continue outpatient therapy for three to four months.

MedStar’s National Rehabilitation Network provides a wide range of comprehensive rehabilitation services for all musculoskeletal conditions, including rehabilitation following joint replacement (see call-out box).

Are there exercises I can do at home in addition to physical therapy?
Before you leave the hospital or during your first home care visit, you’ll be taught some simple exercises to perform. And if you continue recovery with outpatient rehabilitation, your therapist will show you some movements to do between appointments.

Shoulder replacement patients are asked to perform exercises at home once or twice a day for the first six weeks after surgery. These are called “passive range of motion” exercises, during which you use your “good arm”

[Image: Ask your doctor and physical therapist about the best at-home exercises you can do to help your healing process.]
G Simple stretching and light exercise, as prescribed by your doctor, can help you reach your post-surgery goals.

...to move your other arm up and down and to the sides, and to bend your elbow.

Hip and knee replacement patients should do leg strengthening and stretching by bending your leg at the knee and straightening your leg out in front of your body while seated.

What should I focus on during recovery?
Everyone recovers at a different pace. The most important thing is to follow the instructions of your doctor and physical therapist. Don’t overdo it! Too much exercise will only cause pain. Slow and steady wins the race, so try to relax when you return home after surgery. It’s best not to take a bath or use a swimming pool until your incision heals, which could be anywhere between four and six weeks.

If you have shoulder replacement surgery, don’t abandon your sling, as you will typically have to keep your arm immobilized when you are not doing your home exercises.

Robotic Surgery Enhances Safety and Precision in Liver Resections  by Tom Lander

When part of a patient’s liver needs to be removed, often the best results can be achieved by safe, precise, minimally-invasive surgery. At MedStar Georgetown University Hospital, patients have the benefit of a comprehensive array of surgical options to meet their needs, including robotic surgery.

Dr. Eddie Island, transplant and hepatobiliary surgeon at the MedStar Georgetown Transplant Institute, was the first surgeon in the D.C. metropolitan area to perform liver resections using the da Vinci® Surgical System. Commonly known as robotic surgery, this system gives surgeons enhanced precision and visibility when performing complicated surgeries such as liver resections.

“Resecting a liver is complicated surgery,” says Dr. Island. “However, by using the robotic platform, we are able to achieve more surgical control during the procedure and have the increased ability to intervene and work through any challenges that may present during surgery.”

“Our use of robotic surgery provides patients with true, tangible benefits,” comments Dr. Thomas Fishbein, executive director of the MedStar Georgetown Transplant Institute. “First, and foremost, it makes complicated surgery safer. And, it gives our patients a full spectrum of surgical options as we work with them to plan for the best possible surgical outcome.”

According to Drs. Island and Fishbein, patients who have undergone robotic liver resections have experienced very successful outcomes. It is important to know that robotic surgery may not be the right choice for every patient needing a liver resection, as there are many clinical considerations to assess before surgery. For example, surgeons will consider the amount of liver tissue that needs to be resected, as well as the location of the liver tissue as it relates to other organs and anatomy.

Our use of robotic surgery provides patients with true, tangible benefits.

Dr. Thomas Fishbein, Executive Director of the MedStar Georgetown Transplant Institute

“We find that robotic liver resections are particularly beneficial for patients who have had previous surgeries in the vicinity of the liver,” notes Dr. Island. “Also, patients who have a high body mass index may benefit from robotic surgery.”

“We take a very thoughtful and evidence-based approach to robotic surgery,” adds Dr. Fishbein. “We utilize it only when we know it is the most appropriate and safest option for the patient.”

As Dr. Island and MedStar Georgetown’s specially-trained robotic surgery team in the Operating Room continue to use this technology for liver resections, they become increasingly more efficient with the enhanced application of safety protocols in the process. This results in better surgical outcomes for patients, allowing them to return home quickly and begin the process of recovering from their liver disease.

To learn more about joint replacement, or to make an appointment, visit MedStarGeorgetown.org/Ortho or call 202-295-0549.

To learn more about this and other robotic surgeries, visit MedStarGeorgetown.org/Transplant or call 202-444-3700.
New Anesthesia Technique Provides Comfort to Patient continued from page 1

MedStar Georgetown University Hospital, doctors discovered she had a raging superbug infection (Methicillin-resistant Staphylococcus aureus or MRSA).

Angi was admitted for four days to get intravenous antibiotics. When the infections didn’t improve, doctors said she needed surgery to save her foot. The prospect filled her with dread.

“I have the hardest time with surgery and nausea,” Angi says. “When I had gallbladder surgery back home, I had to stay an extra night in the hospital because I couldn’t get the nausea under control.”

When she shared her concerns with staff at MedStar Georgetown, they told her about a new technique developed by MedStar Georgetown anesthesiologist Joseph Myers, MD, that uses fewer opioids to treat pain and therefore causes less nausea.

The protocol is based on the ComfortSafe Pyramid™, a pain treatment checklist that starts with the safest methods and only steps up to stronger medications if needed. “We start with several different medications and methods to address pain that have far fewer side effects than narcotics,” Dr. Myers explains.

He says the technique uses IV forms of acetaminophen and ketorolac, plus local anesthetics for nerve blocks. “They may not be that powerful on their own, but when combined they have an additive effect,” Dr. Myers says. “A team approach is a vital part of the technique as we work hand in hand with the surgeons to optimize the care plan.”

The ComfortSafe Pyramid can reduce or eliminate the need for narcotic painkillers. It has been successfully used for a wide variety of surgeries including amputations, hernia repair and jaw surgery. Critically ill patients subject to hypotension, elderly patients who may become confused after anesthesia and opioid-tolerant patients are all likely to benefit from the ComfortSafe technique.

In Angi’s case, she was given a non-narcotic IV medication and a nerve block that provided pain relief for more than a day. She received no narcotics.

“When I woke up after my surgery, I was clear-headed and alert. I remembered the conversations I’d had with my doctors and nurses. I ate crackers and apple juice right away and had no pain,” she says. “I never felt one ounce, not one iota of nausea. It was like night and day compared to my previous experiences with anesthesia.”

Angi was out of the hospital within a day. Now back in Texas, she feels grateful that she happened to be in D.C. when she was in need of this surgery.

“I was really lucky. I think the ComfortSafe technique is revolutionary. If I ever have to have surgery again, I would certainly ask for it,” Angi says. “I highly recommend it.”

To learn more about ComfortSafe at MedStar Georgetown or to make an appointment, visit MedStarGeorgetown.org/ComfortSafe or call 202-342-2400.
The clinical team treats tendonitis, arthritis, nerve injury, tumors and trauma, performing around 1,000 hand surgeries each year.

Dr. Kessler quickly pinpointed the culprit in Donita’s case: trigger finger, or locked finger, a common form of tendonitis. In this condition, the fingers remain curled after making and releasing a fist, limiting movement and causing pain. However, Donita’s risks for surgery included being an older individual, repetitive gripping from work or hobbies and certain health conditions such as diabetes. Complicating matters for Donita, she also had arthritis in both thumbs.

Knowing that hand problems often improve without surgery, Dr. Kessler recommended a conservative approach.

“In the beginning, we always treat major symptoms in the least invasive way possible,” he explains. “Even though many patients immediately think ‘surgery’ when a condition shows up on an X-ray, that approach should be the last resort.”

So in April, Donita’s treatment began with cortisone shots in both hands. When she didn’t feel better by May, it was time to explore next steps.

“I wanted to know what my options were,” she says. “If I had surgery, would I be healed in time for our next cross-country motorcycle trip? Dr. Kessler answered every question, something I really value in a doctor.”

After considering the risks and benefits, Donita decided surgery was right for her.

Using only one incision in the finger, one more in the thumb, and no pins, Dr. Kessler opened up the protective sheath covering the affected tendon in Donita’s left hand. The procedure gave the tendon more room to move, allowing it to slide the finger back and forth without stiffening. Altogether, the outpatient procedure took a little more than an hour.

For many patients, surgery offers permanent relief for trigger finger, along with major improvement in range of motion. It certainly worked for Donita.

After surgery, Donita first wore a splint, then a customized cast to immobilize her thumb and wrist for six weeks. Eight weeks of therapy followed to help restore strength and mobility.

Ten weeks out, she was once again doing everything she wanted to do: opening jars, quilting for her church’s mission and, of course, planning her next long-distance trip, all thanks to Dr. Kessler’s handiwork. His grateful patient vows not to forget.

“Dr. Kessler’s earned his way onto our list of MedStar Georgetown physicians who receive updates and photos from each of our next big adventures,” Donita says.

Welcome New Physicians

MedStar Georgetown is pleased to introduce the following doctors:

**General Internal Medicine**
- Vaurn Sharma, MD
- Ritu Shrotriya, MD

**Psychiatry**
- Sonal Jagasia, MD

**Pulmonary**
- Michelle Milic, MD

**Radiology**
- Amma Maurer, MD

To schedule an appointment with one of our physicians, call MedStar Georgetown M.D. at 202-342-2400.
New Option for Sleepless Nights Due to Apnea

Please join Suzette K. Mikula, MD for a free patient seminar to learn more about a new therapy for patients with moderate to severe Obstructive Sleep Apnea (OSA). MedStar Georgetown and MedStar Washington Hospital Center are the only hospitals in the D.C. metropolitan area now performing Inspire® Upper Airway Stimulation Therapy. Inspire Therapy eliminates the need for painful upper airway surgery and is for patients who cannot or will not use the currently popular CPAP (Continuous Positive Airway Pressure) or other approaches entailing external devices in the mouth.

Saturday, February 21, 2015, 11 a.m.

MedStar Georgetown University Hospital
3800 Reservoir Rd., NW
Washington, DC 20007

Please visit MedStarGeorgetown.org/SleepApneaEvent to register. For more information about this event, please contact Tuesday Coleman at 202-444-0558 or Tuesday.R.Coleman@gunet.georgetown.edu.