HEALTH NEWS *from*

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SPRING 2016

DEFINING MEDICINE

Treating adult scoliosis without open surgery

Minimally invasive spinal fusion is available at GW Hospital

INSIDE:

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

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DEFINING MEDICINE

IN THIS ISSUE:

Defining medicine starts before even entering our facility. We are committed to providing our community with prevention, education and treatment. Along with The George Washington University School of Medicine and Health Sciences and The GW Medical Faculty Associates, we are excited to have recently opened the Ron and Joy Paul Kidney Center. Made possible through a generous donation from Bethesda residents Ron Paul, EagleBank's Chairman and Chief Executive Officer, and his wife, Joy, the center promotes living kidney donation, offers education and information, and represents significant progress in the fight against kidney disease.

For those who do need to come to GW Hospital, we continue to further our healthcare promise to you. In this issue of *Health News*, you will read about two medical treatments that can minimize discomfort while improving quality of life. Cardiac surgeons are treating aortic stenosis with a procedure called transcatheter aortic valve replacement, or TAVR. This puts a heart valve procedure in reach for patients who would not be candidates for surgery in the past. Also, GW Hospital is one of a few hospitals in the region to use small incisions to correct adult scoliosis. On page 4, you'll read about Potomac, Maryland resident Fred Morser, who was rejuvenated by minimally invasive spinal fusion under the direction of surgeon Joe O'Brien, MD.

These are just a few of the stories that illustrate the skill and technology that come together to ***define medicine*** at GW Hospital. We are here to care for our patients and community, and we are thankful to each of you for letting us be your partner in health.

Barry A. Wolfman
Chief Executive Officer

GW Hospital receives national recognition from the *American College of Surgeons*

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has recognized the George Washington University Hospital as one of 52 participating hospitals that have achieved "meritorious outcomes for surgical patient care." This select group of hospitals was chosen based on quality scores in eight clinical areas. "The George Washington University Hospital is honored to be the only ACS NSQIP hospital in the D.C. region recognized for its patient safety and outcomes," said Barry A. Wolfman, CEO/Managing Director of GW Hospital. "This is a testament to the commitment of the physicians, nurses and staff, and the quality of our surgical care."

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Celebrating the announcement of the Ron and Joy Paul Kidney Center are (left to right): Dr. Jeff Akman, Dean of the GW University School of Medicine and Health Sciences; Barry Wolfman, CEO/Managing Director, GW Hospital; Keith Melancon, MD, Chief of the GW Transplant Institute and Professor of Surgery; and Joy and Ron Paul.

The Ron and Joy Paul Kidney Center opens

The George Washington University Hospital, The George Washington University School of Medicine and Health Sciences, and The GW Medical Faculty Associates collaborate to fight kidney disease and encourage transplants.

Ron Paul, EagleBank Chairman/CEO and champion for kidney research, understands the benefits of kidney transplants. He's had two of them. He and wife Joy are helping others in the region through a generous donation that opened the Ron and Joy Paul Kidney Center in November 2015. "Awareness is a big part of our commitment, because so many people suffer who may not have to," says Paul.

Education and treatment

Besides increasing awareness of kidney disease, a goal of the center is to provide patients with options, including transplantation. "We also promote the paired kidney exchange list to increase live donor matches," Paul says. Those who receive organs from living donors, according to the National Institutes of Health, tend to have more success with transplants.

A paired kidney exchange makes a transplant possible when a living kidney donor is incompatible with the recipient. Here, an exchange is made with a second donor/recipient pair. Each donor, in turn, gives his or her kidney to the other recipient, and both receive healthy, compatible kidneys.

"Donating a kidney is not as invasive as you might think," says Paul, whose transplants were with living donors. "My donors are leading healthy, active lives today."

A passion for helping people

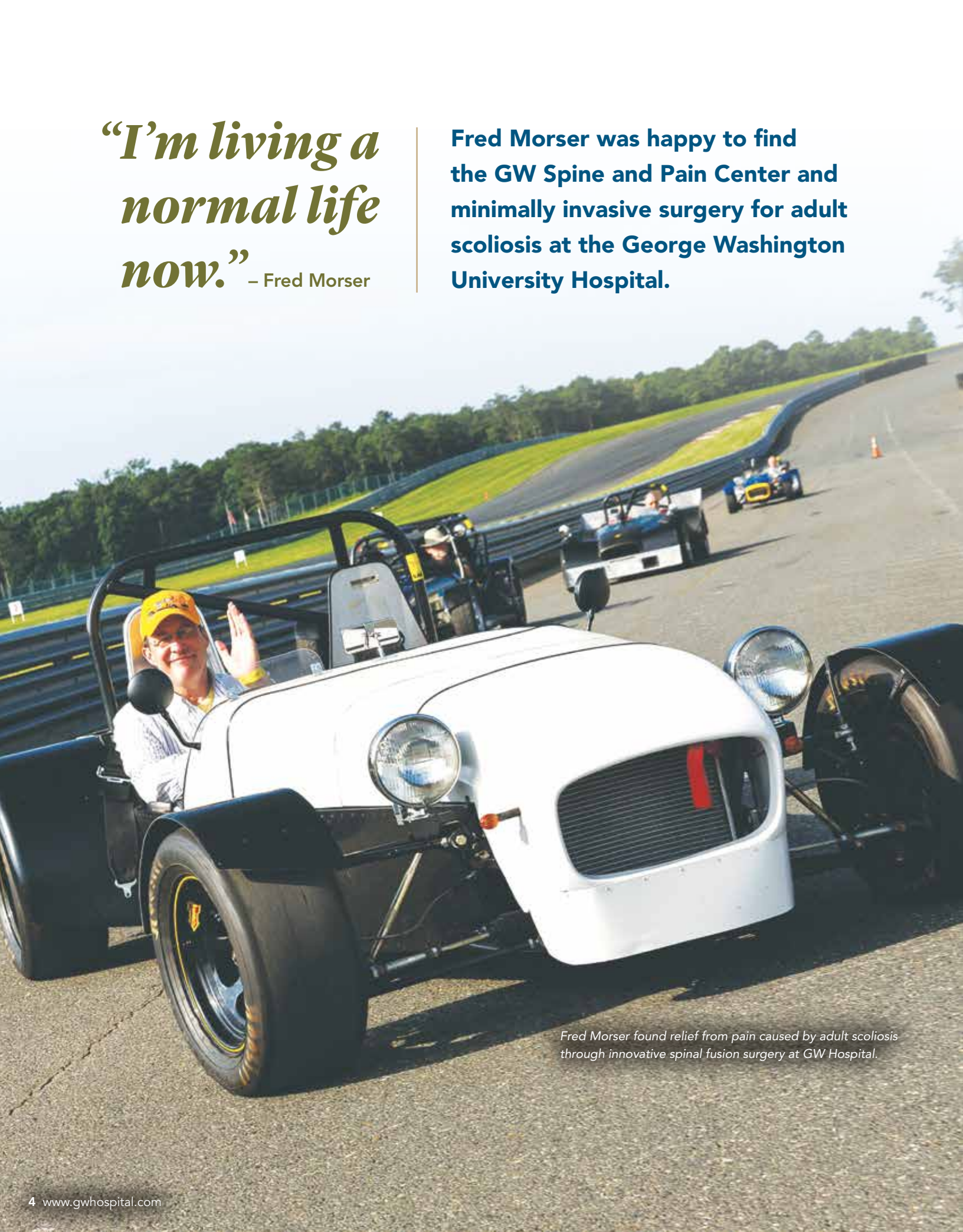
Ron and Joy Paul are working with a clinical team overseen by Keith Melancon, MD, FACS, Professor of Surgery and Chief of the GW Transplant Institute. The team recently performed the institute's first paired kidney exchange with three donors and three recipients. Transplant surgeons are also transplanting sensitized patients, whose bodies try to fight the transplant. "These innovative services are absolutely needed," says Dr. Melancon, "because the prevalence of kidney disease is so high in our region." ■

GW Ron and Joy Paul Kidney Center

To find out more about the Ron and Joy Paul Kidney Center, visit SMHS.GWU.edu/kidney. To request an appointment at the GW Transplant Institute, call 202-715-4225.

"I'm living a normal life now." – Fred Morser

Fred Morser was happy to find the GW Spine and Pain Center and minimally invasive surgery for adult scoliosis at the George Washington University Hospital.



Fred Morser found relief from pain caused by adult scoliosis through innovative spinal fusion surgery at GW Hospital.

For 20 years, Fred Morser, a government contractor who lives in Potomac, Maryland, cycled 25 miles every morning. He had to climb off his bike two years ago because the scoliosis he developed in high school gradually got worse as he grew older.

Scoliosis is an abnormal curvature of the spine often caused by disc degeneration. The deformity puts pressure on the nerves along the spinal cord. "My left foot would go numb. I was in so much pain, I had difficulty walking from the train to work," says Fred, now 58.

A minimally invasive solution

Fred tried physical therapy and injections, but the effects didn't last. In late 2013 he talked to Joe O'Brien, MD, Associate Professor of Orthopaedic Surgery and Neurosurgery and Associate Director, Spine Surgery. "He was the first doctor who said, 'I can help you,'" says Fred. Dr. O'Brien explained how a minimally invasive spinal fusion procedure using intervertebral cages could reduce Fred's pain without a large, invasive operation.*

Spinal fusion – for patients with severe conditions such as degenerative disc disease or adult scoliosis – involves permanently joining two or more discs in the spine so there is no movement between them. When using intervertebral cages, a bone graft is placed inside the cage – a large, hollow cylinder with holes in it. This allows bone to form around and through the cage connecting the vertebrae with solid bone.

The experience was "first-class"

In November 2014, Dr. O'Brien fused five discs in Fred's spinal column using intervertebral fusion cages. He placed them between the discs and added titanium rods to stabilize the skeletal structures. Fred was relieved to find Dr. O'Brien, one of a few doctors in the region who uses the minimally invasive technique. "Traditional spinal fusion is large, open incisions, and then literally lifting the muscles off the back," says Dr. O'Brien. "The minimally invasive technique preserves the muscular attachments."

The operation at GW Hospital incorporated the O-arm® Surgical Imaging System. This technology takes real-time images of the patient's anatomy in both 2-D and 3-D. It lets the surgeon view the surgical area clearly, and can increase accuracy, shorten procedure time and reduce radiation exposure. Fred had two surgeries, and went home three days after the second operation. He says the surgery and outcome "were fantastic," and he returned to work in six weeks.

Fred hasn't gotten back on his bike, but says the trade-off is worth it. "Now I can stand at a party or do yard work without looking for a place to sit down," he says. ■

** Individual results may vary. There are risks associated with any surgical procedure. Talk with your doctor about these risks to find out if minimally invasive surgery is right for you.*

To learn more about the GW Spine and Pain Center, visit www.gwhospital.com/spine.

GW appoints Raj Rao, MD, to serve as Chair of the Department of Orthopaedic Surgery

GW Hospital, The George Washington University School of Medicine and Health Sciences and The GW Medical Faculty Associates are pleased to announce **Raj Rao, MD,** as the new chair of the Department of Orthopaedic Surgery.

A Professor of Orthopaedic Surgery and Neurosurgery, Dr. Rao is nationally recognized for his research in spinal and orthopaedic disorders. He was appointed chair of the U.S. Food and Drug Administration's Advisory Panel on Orthopaedic and Rehabilitative Devices in 2014, and serves as associate editor of *The Spine Journal*. "Dr. Rao's vital orthopaedic research, commitment to his patients and staff, and his dedication to engaging with the communities he serves, will help us continue GW's legacy of progressive leadership," says Barry Wolfman, CEO of GW Hospital.

COLLAPSIBLE HEART VALVE can eliminate open-heart surgery

Transcatheter aortic valve replacement, or TAVR, a minimally invasive method for replacing diseased aortic valves, has been approved by the U.S. Food and Drug Administration. More than 50 TAVR procedures have already been performed at GW Hospital. In this Ask the Doctor, ***Farzad Najam, MD,*** Director of Cardiac Surgery, along with the newest member of the surgical team, ***Elizabeth Pocock, MD,*** Assistant Professor of Surgery, discuss TAVR and its benefits.

What is TAVR and what is it used to treat?

TAVR is a way to replace diseased valves in the aorta (the main artery that serves the heart), without performing invasive open-heart surgery. It is used to treat severe aortic stenosis, a buildup of calcium that can harden the valve and make it inflexible. When this happens, the valve doesn't open properly and blood flow to the aorta can be blocked. If left untreated, the heart is forced to work harder and can cause serious problems such as heart failure and cardiac arrest.

Who is a candidate for TAVR?

The patients best suited for this procedure are those who have medical conditions that make open-heart surgery extremely high risk or impossible.

For more information about TAVR, go to www.gwhospital.com/TAVR.

How is the procedure performed?

TAVR involves a collapsible valve that's expanded at the site of the old valve and takes over regulating blood flow. The valve is inserted using minimally invasive surgery and a catheter. The catheter is either threaded through the femoral artery in the groin or through a very small incision in the chest. These entry methods can eliminate the need to surgically open the chest with a large incision at the breastbone, which is how traditional valve replacements are performed.

How does this procedure benefit patients?

Many patients with severe aortic stenosis are advanced in age and have other medical conditions. Since surgery is usually the most effective treatment for aortic stenosis, a less invasive and safer alternative to surgical valve replacement is a big step forward. The potential benefits of minimally invasive surgery include less pain, a shorter hospital stay and shorter recovery time. ■

Individual results may vary. There are risks associated with any surgical procedure. Talk with your doctor about these risks to find out if minimally invasive surgery is right for you.

Sports medicine is a *"win-win"* at GW Hospital

Orthopaedic clinical specialists, physical therapists and athletic trainers provide experienced care for athletes and weekend warriors.

Regular physical activity, according to the Centers for Disease Control and Prevention, is one of the most important things you can do for your health. If an injury does occur, a multidisciplinary team at the George Washington University Hospital can help you regain strength and mobility. This is made possible through individualized rehabilitation from therapists experienced in sports injury, and with the care of highly skilled orthopaedic surgeons, if needed.

Dedicated to all kinds of athletes

GW Hospital's sports medicine program goes beyond medical/surgical care and rehabilitation. Professional athletic trainers work with patients to help prevent injuries in the future. This aspect is important in GW Hospital's role as the official provider of sports medicine and rehabilitative services to student athletes at The George Washington University (GWU).

"The GW Hospital program is an asset to GWU students and virtually any individual who participates in physical activity," says Jane Maynard, Division Director, Rehabilitation and Neurodiagnostics. "Bringing the resources of the hospital and university together like this is a great way to expand quality healthcare to more people in the community." ■

For more information about the sports medicine program, call 202-715-4204 or visit www.gwhospital.com/sportsmedicine.

Sports injuries treated at GW Hospital

- Neck and back injuries
- Shoulder, arm, elbow, wrist and hand injuries
- Hip and knee injuries
- Lower leg, ankle and foot injuries

Preventing future injuries

Clinical specialists and athletic trainers provide injury protection through:

- Manual therapy
- Running analysis
- Orthopaedic rehabilitation for cycling, swimming and golf
- Sport-specific skill recovery
- Plyometrics, dynamic balance and agility training
- GW Hospital's Hip Preservation Center

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