

HEALTH NEWS *from*

gw hospital

Compliments of the George Washington University Hospital

SUMMER/FALL 2016

TREATING THE BRAIN

The Neurosciences Institute
at The George Washington
University Hospital is one of the
premier neurological centers

INSIDE:

**Stories of hope from the
GW Transplant Institute**

First ever paired kidney
exchange at GW Hospital
saves three lives

An "amazing gift" helps
kidney transplant patient



THE GEORGE WASHINGTON
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DEFINING MEDICINE

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It is my pleasure to introduce myself as the new Chief Executive Officer at the George Washington University Hospital. I have had the privilege of working at GW Hospital since 1997 when I started my career at the bedside as a speech-language pathologist. Since then, I have been able to see the hospital grow and expand as the healthcare climate in Washington, DC and across the country has changed.

It is an exciting time to step into the role of CEO at GW Hospital as the hospital continues to achieve great success. In this issue, you will read about our latest accreditations in stroke and epilepsy as well as GW's nationally televised research on epilepsy. You will also learn about our rapidly growing transplant program and get an uplifting update from one of our former trauma patients.

As CEO, I am committed to ensuring that GW Hospital continues to be prepared and ready to meet any healthcare needs that may come your way by providing the highest quality care. I am pleased to say that GW Hospital continues to *define medicine* for residents in the DC area and this issue is just a snap shot of how we are doing that.

I look forward to serving you and your loved ones as the CEO at GW Hospital. Should you ever need us, please know that we are here.

Kimberly Russo
Chief Executive Officer

GW HOSPITAL *Welcomes New Residents!*

One of the ways that GW Hospital *defines medicine* is through its status as an academic medical center training the physicians of the future.

Residents At-a-Glance

GW Hospital has 108 Residents:

88

Post-Graduate Year One

20

Post-Graduate Year Two

Post-Graduate Year Two Residents with Matches:



National Resident Matching Program® (NRMP®)

SF (San Francisco) Match

Our New Residents Come from Across the World

Of Our 108 residents ...



Of Our 92 Residents from US Schools ...



9 Studied at The George Washington School
of Medicine and Health Science

That's more than 8 percent!

TREATING THE **BRAIN**

Nationally Recognized
**STROKE
CARE**

GW Hospital achieves highest
level of certified stroke care

CERTIFICATION RECOGNIZES EXCELLENCE IN
TREATING THE MOST COMPLEX STROKE CASES

The Joint Commission and the American Heart Association®/American Stroke Association® have certified the George Washington University Hospital as a Comprehensive Stroke Center (CSC). CSC certification recognizes the significant resources of a dedicated hospital staff and comprehensive capabilities – including neurosurgery, intensive care and intensive rehabilitation – to treat the most complex stroke cases.

“We’ve already established a reputation in the city for efficient, rapid acute stroke care,” says Mary Cres Rodriguez, RN, BSN, SCRN, Stroke Program Coordinator. “Now, all the other departments in the hospital have come together to raise the level even higher. We’re dedicated to increasing the chance for survival and to an improved quality of life for our patients,” she says. ►

TREATING THE BRAIN

What does it mean to be a Comprehensive Stroke Center?

GW Hospital's stroke program is among the most efficient in the nation, meeting the eligibility standards of a Comprehensive Stroke Center, including:

- Experience and expertise treating ischemic (blood vessel blockage) and hemorrhagic (bleeding) stroke
- 24/7 availability of staff, imaging, operating room and endovascular facilities
- Neuroscience ICU facilities and capabilities
- Advanced imaging including MRI/MRA, CTA, DSA and TCD
- Staff trained in vascular neurology, neurosurgery and endovascular procedures

"GW Hospital stroke team and staff are always on call. When a patient is having a stroke, every minute counts," says Wayne J. Olan, MD, Director of Minimally Invasive Neurosurgery. "We're making a big difference in the lives of patients and their families."

A dedicated Intensive Care Unit

After having a stroke, patients need close monitoring in a specialized Intensive Care Unit to watch for pneumonia, formation of new blood clots and the need for additional surgical intervention. "Stroke care is a model for multidisciplinary care," says Christopher Leon-Guerrero, MD, a board-certified vascular neurologist and Assistant Professor in the Department of Neurology. "It takes a village to provide the specialized care these patients need." ■

Recognize these signs of stroke and act **FAST**

The most common symptoms of a possible stroke can be remembered by this acronym:



FACE: Ask the person to smile. Does one side of the face droop?



ARMS: Ask the person to raise both arms. Does one arm drift downward?



SPEECH: Ask the person to repeat a simple phrase. Is it slurred or strange?



TIME: is critical! If you see any of these signs, call 9-1-1 immediately.

If these symptoms appear, DON'T WAIT! Call 9-1-1 or seek medical attention right away.



Left to right: Christopher Leon-Guerrero, MD, Assistant Professor, Department of Neurology, Kathleen Burger, DO, Neurologist, Director of the Stroke Center, Wayne J. Olan, MD, Director of Minimally Invasive Neurosurgery and Dimitri Sigounas, MD, Neurosurgeon and Interventional Neuroradiologist

“I knew my husband was *having a stroke*...”

Jim Taylor survives a massive stroke, thanks to the quick action of his wife and the team at GW Hospital



Teresa and Jim Taylor

On November 16, 2015, Teresa Taylor's husband, Jim, was reading in his home office. When she checked on him, she knew something was wrong. "His face was twitching, his speech was slurred, his head was drooping and his arms were just hanging down," says Teresa. "He had all the symptoms of a stroke."

Teresa called 9-1-1 and paramedics took Jim to the Center for Trauma and Critical Care at the George Washington University Hospital. "Luckily, Teresa knew the signs of a stroke," says Kathleen Burger, DO, Neurologist and Director of the Stroke Center at GW Hospital. "Jim was given tPA, a clot-dissolving medication and had a slight improvement," says Dr. Burger. "We injected dye into his arteries, found the clot, and extracted it. After the procedure, Jim was able to talk, raise his arms and walk, with no residual damage."

While doctors were evaluating Jim, they also discovered a narrowing of his carotid artery. Wayne J. Olan,

MD, Director of Minimally Invasive Neurosurgery, treated Jim in the ER. "Jim's right cerebral artery was narrowed, so we scheduled him to come back for a stent procedure," says Dr. Olan. "By placing the stent, we prevented another stroke from occurring."

Stroke treatment crucial within first three hours

Neurosurgeon and Interventional Neuroradiologist Dimitri Sigounas, MD, says receiving treatment within three hours of onset of stroke symptoms is crucial. "If there is a clot in the brain, there is no backup blood flow supply. After about six hours without circulation, the success of surgical intervention is cut dramatically," says Dr. Sigounas.

Dr. Olan explains that since the hospital received designation as a Comprehensive Stroke Center (CSC), their patient volume has increased, and so has community awareness. "We're the CSC closest to the White House, and we've become known as the place to go.

Our outcomes have been spectacular," says Dr. Olan. The goal is to have treatment initiated within 30 minutes of the patient getting to the hospital. "The first responders, our ER, the floor nurses, ICU and radiology – are all on board to make this happen," says Dr. Olan.

Dr. Sigounas says they are notified when a stroke patient is coming in. "It's incredibly responsive and impressive to watch," says Dr. Sigounas. "I live close by, so if I am on call, I can get to the hospital within minutes of an emergency."

Teresa says this was their first time at GW Hospital. "Jim is retired from the Navy, so he usually goes to Walter Reed Medical Center. But GW Hospital was the closest trauma center to us," says Teresa. She was glad to see posters in the hallways about signs of stroke. "It's good to remind people about that," she says. "I'm glad I knew the signs of stroke – that and GW Hospital helped to save my husband's life!" ■



To learn more about the comprehensive stroke care provided at GW Hospital, visit www.GWStrokeCenter.com.

BREAKTHROUGH



Neuroscience specialists at GW Hospital discover
promising new epilepsy treatment

Neurologist Mohamad Koubeissi, MD and
Neurosurgeon Donald Shields, MD spotlighted on The
National Geographic Channel's Breakthrough series

The George Washington University Hospital in Washington, D.C., along with The George Washington University School of Medicine and Health Sciences and The GW Medical Faculty Associates, were recently part of a new National Geographic Channel series called Breakthrough. The six-part series features scientific explorers whose work is considered cutting edge with "breakthrough potential." ►

THE EPISODE, "DECODING THE BRAIN,"

featured Neurologist Mohamad Koubeissi, MD, FAAN, FANA, Associate Professor of Neurology, Director of the George Washington University School of Medicine and Health Sciences' Epilepsy Center; Neurosurgeon Donald Shields, MD, Ph.D, MBA, FACS, Neurosurgeon and Associate Professor of Neurosurgery at GW University School of Medicine and Health Sciences; and the story of two patients as they underwent surgery and follow-up care at GW Hospital. One of the patients in the documentary, Danette Cunningham, shares her story on page 8.

The deep brain stimulation procedure for treatment-resistant epilepsy featured in the program involves implantation of electrodes into specific regions of the brain through a tiny hole in the skull. Electrical stimulation of the target region greatly reduced the amount of seizure activity in the patients' brains. Dr. Koubeissi says preliminary data is promising, with demonstrated seizure activity reduced by 92 percent. "Normally, the hope is to decrease seizure activity by 40-50 percent. But to see such dramatic reduction in seizure activity without affecting cognitive function and without clear side effects is a major breakthrough," says Dr. Koubeissi. ■

For more information about the episode, visit breakthrough.nationalgeographic.com.



Epilepsy Center

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

The GW Epilepsy Center is a level IV epilepsy center that uses a variety of diagnosis and treatment techniques to provide **personalized care** for those with epilepsy. The center offers 24-hour video-EEG monitoring of seizures, so patients can quickly receive a diagnosis and begin treatment.

Enrollment is now open for a one-year epilepsy research study.

PATIENTS RECEIVE:

- Free study-related medical care
- Free epilepsy education regarding lifestyle modifications
- Free tests related to the study

PARTICIPANT REQUIREMENTS:

- Have temporal lobe epilepsy
- Currently taking medications without full seizure control
- Age 18-65 (male or female)

The study looks at the effect of low frequency electrical stimulation in patients with mesial temporal lobe epilepsy. For more information, call 202-677-6210 or email neurostudies@msa.gwu.edu.

EPILEPSY AND SEIZURES

65 million

people worldwide have epilepsy

2 million

people in the United States have epilepsy

Between 4 and 10 out of 1,000 people live with active seizures at any given time

One-third of the people live with uncontrollable seizures because available treatments do not work for them

6 out of 10 people with epilepsy have no known cause

1 in 26 people in the United States will develop epilepsy during their lifetime

There are 150,000 new cases in the United States each year

Source: Epilepsy Foundation

“I BLACKED OUT WHILE DRIVING AND *didn't know why ...*”

D.C. resident benefits from a new type of deep brain stimulation procedure at GW Hospital

In 2013, Danette Cunningham, 47, was driving her car when she unexpectedly blacked out and crashed. She had no idea what happened, and didn't drive for four months. After replacing her car, Danette blacked out again while driving. After the crash, she would also get the shakes at times and hear voices in her head that were not hers. “I just wanted to be me again,” she says.

No memory of the accidents

Her physician thought she might have epilepsy and referred her to Mohamad Koubeissi, MD, FAAN, FANA, Associate Professor of Neurology; Director of the George Washington University School of Medicine and Health Sciences' Epilepsy Center, for evaluation. Dr. Koubeissi ran tests on Danette, explaining that when a seizure happens, consciousness shuts down, but the

body keeps running, controlled by the subconscious, almost like a robot. That is why Danette has no memory of having the seizures and the accidents.

Danette did not respond to prescription medications for her seizures, so Dr. Koubeissi suggested a new deep brain stimulation procedure for treatment-resistant seizure disorders designed to stimulate deep brain structures with low frequencies.

The delicate procedure begins

In June 2015, Danette was monitored for seizures before her surgery, and had four seizures in five days. On the day of the surgery, Donald Shields, MD, Ph.D, MBA, FACS, Neurosurgeon, and Associate Professor of Neurosurgery at GW University School of Medicine and Health Sciences, implanted monitoring electrodes so they could study her brain waves in the days following implantation. Next, they implanted the permanent deep brain stimulator into the hippocampal commissure of the fornix of the brain.

Tests showed Danette had only one seizure during the electrode implantation, and a month later she was back home and beginning to enjoy life again. “I have not had a seizure in over six months,” says Danette. Danette says she is gradually gaining back her quality of life and she is improving every day. “I will be forever grateful to Dr. Koubeissi, Dr. Shields and the staff at GW Hospital for the excellent care I received,” she says. ■

To learn more about epilepsy diagnosis and treatment options, visit www.gwhospital.com/epilepsy.

Danette Cunningham (R) is thrilled to be seizure-free and able to spend more quality time with her daughter, Brooke (L) and her granddaughter, Briana (on Danette's lap), who was born at GW Hospital.

"GW Hospital was MY ONLY HOPE ..."

Doctors remove Jim Karnes' clot filter using advanced interventional radiology procedure

Since 1999, Jim Karnes has had a history of blood clots in his legs, also known as deep vein thrombosis, or DVT. When he developed a second clot in 2011, his doctor in Virginia inserted a small filter into the affected vein, the inferior vena cava (IVC), the largest vein in the body that carries deoxygenated blood from the middle and lower body to the heart. The IVC filters are used to prevent clots from entering the lungs, which can be deadly. Once the filter is in place, blood flows around the clot until the body breaks it down naturally. What Jim didn't know was that the filter had been recalled and should have been removed 60 days after insertion.

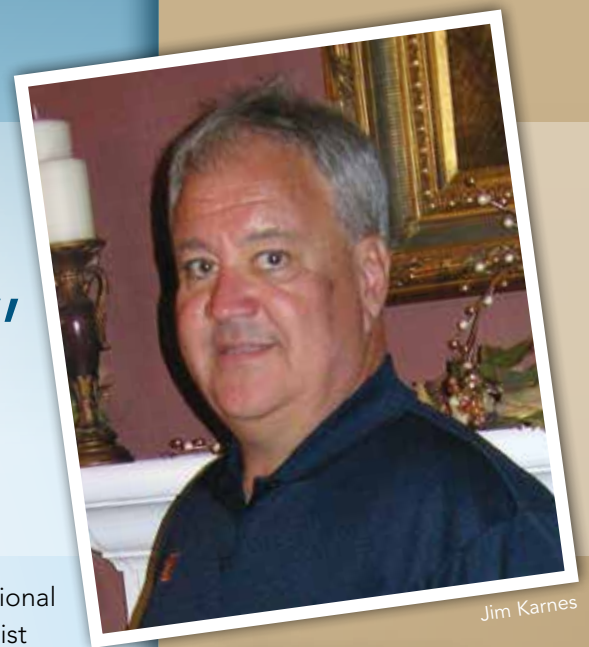
In fall 2015, Jim started to experience swelling and pain in his leg where the filter was located. Tests showed the end of the filter was broken, a clot had formed in the front of it, and a blood vessel had grown into the filter frame. Since doctors at two other hospitals were unable to remove the filter, Jim's doctor recommended he see an interventional radiologist at the George Washington University Hospital.



Interventional Radiologist **Albert Chun, MD**, says there are two different types of IVC filters - permanent or "optionally

retrieved." The filter Jim had was not meant to be permanent, and removal options were limited because of the filter shape and its contact with the vein walls. "If the filter wasn't removed precisely, the vein could tear, causing catastrophic bleeding," says Dr. Chun. For Jim's unusually complex procedure, doctors at GW Hospital used a special tool that hugged the walls of the vein, and they were able to successfully remove the filter.

Jim was excited with the outcome of his procedure. "Surgery took about five hours, but I went home the day after - Thursday - and was back to work on Monday," he says. "I feel great! I went from desperation in the beginning, to being overwhelmed with gratitude for the care I received at GW Hospital." ■



Jim Karnes

What is an IVC filter and why is it used?

IVC filters are used for patients who are at risk for developing blood clots in their legs, have a history of clots or are unable to be treated with other methods, including blood thinners.

Other indications for IVC filter use include patients who have pulmonary emboli (blood clots in the lung), have recently had a baby or a surgical procedure, or suffered traumatic injuries.

Filters can be permanently implanted or removed after a certain period of time. Your doctor can determine which filter would work best for your condition.

For more information on risk factors and symptoms of deep vein thrombosis, visit www.gwhospital.com/dvt.



GW Transplant Institute is helping reduce the wait for a kidney through specialty care for sensitized and incompatible patients

FOR PATIENTS NEEDING A KIDNEY TRANSPLANT, **HOPE IS HERE**

According to the National Kidney Foundation, nearly 26 million Americans have chronic kidney disease, for which a kidney transplant can be the most effective treatment option. The GW Transplant Institute incorporates advanced research, complex kidney transplant surgery, and connection of patients with compatible donors. This means those waiting for a kidney in the Washington, D.C. region may be able to undergo a transplant sooner.



"There are approximately 2,000 people in the Washington, D.C. area waiting for a kidney transplant, and in 2014, there were only 116 live kidney donors," says **J. Keith Melancon, MD, FACS**, Professor of Surgery and Chief of the GW Transplant Institute. Until recently, options

were limited. People with incompatible blood types could not receive or donate a kidney. To address this problem, the team at the GW Transplant Institute provides specialized treatment that can decrease the chances the body will reject a new kidney.

ABO-incompatible transplants

Certain combinations of O, A, B and AB blood types can cause sensitivity to receiving an organ from another person. If the recipient's blood contains antibodies that react to the potential donor's blood type, the reaction will lead to rejection of the transplant. This is especially common after someone

has already had one transplant. "Now, we can use medication to balance the body's chemistry," says Dr. Melancon. "This greatly enhances the ability of an ABO-incompatible donor-recipient pair to undergo successful transplant surgery."

Paired kidney exchanges

The GW Transplant Institute also helps patients through paired kidney exchanges. In this instance, if a donor and recipient are not a good match, kidneys can be exchanged with a second donor/recipient pair. If someone has previously had a kidney transplant, they may be "sensitized," meaning they have built up antibodies from that transplanted kidney. In this case, medication helps increase compatibility to kidneys from the opposite donor. "Only advanced centers have the ability to perform transplants on sensitized or incompatible patients," says Dr. Melancon. "We're committed to reducing patients' time on the waiting list* or on dialysis. A kidney transplant gives patients the best chance of long, sustained survival." ➤

*The United Organ Sharing (UNOS(SM)) national waiting list is a computer database of everyone in the United States and Puerto Rico waiting for an organ donation.

A photograph of David Tripp and Sue Soloducha sitting outdoors on a wooden bench. David, on the left, is an older man with white hair and glasses, wearing a dark suit, white shirt, and red tie. Sue, on the right, is a woman with blonde hair, wearing a white top with a floral pattern and a dark cardigan. They are both smiling. Between them is a small framed portrait of a young man, David's son.

“I received an amazing gift through amazing circumstances.”

– DAVID TRIPP

David Tripp, (L) and Sue Soloducha (R) will forever share a special bond. After her son suffered a tragic accident, Sue graciously offered one of his kidneys to David.

DAVID TRIPP, 59, AN ATTORNEY IN NORTHERN VIRGINIA,

suffered kidney damage after cancer treatment in 2012. He was turned down by two clinics for a kidney transplant because doctors thought anti-rejection medication could cause the cancer to recur. But a chance meeting between his sister, Mara, and a childhood classmate of his, Ron Paul, led him to a successful transplant.

The connection of a lifetime

Ron, a two-time kidney transplant recipient and the Chairman/CEO of EagleBank, learned of David's plight. He introduced David to J. Keith Melancon, MD, FACS, Chief of the GW Transplant Institute, who believed he could help David. Based on donor transplant allocation protocols, David was placed higher on the deceased donor waiting list. If his cancer recurred, he could lose his chance at a transplant.

On September 28, 2015, David received the call that would change his life forever. A friend of Mara's lost her son to an accident, and she asked David if he would like one of her son's kidneys. "I was speechless, yet filled with gratitude," says David. "She was in the midst of unspeakable grief, and she was thinking of the good that could come of her loss."

The first ABO-incompatible transplant at GW Hospital

Dr. Melancon found the donor kidney was not compatible with David's blood type, and a kidney transplant with an incompatible deceased donor had rarely been done. But David was treated with special medication and had a successful transplant in October 2015. "It was one of the first transplants of its kind in the country and the first done here at GW Hospital," says Dr. Melancon.



"At GW, we tailor our care to the needs of the patient. We follow up frequently, make sure he is doing well and make adjustments as needed," says **Muralidharan Jagadeesan, MD, FACP, FASN**, Chairman of Transplant Medicine and the Medical Director of the Kidney

Transplant Program. "Many programs may not have taken on a complex case such as David's, and we are pleased to say that we were able to help him." Today, David is doing well, is active and is working on regaining his health. "I am so grateful to my donor, Ron Paul and the staff at GW Hospital! Without them, none of this would have been possible," says David. ■



First-ever paired kidney exchange at GW Hospital saves three lives

What started out as three pairs of strangers ended with six people forever connected by an act of amazing generosity – three of them were kidney transplant recipients, and the other three were their donors.

When Vivianne Pommier went into renal failure for the second time, her son, Jordan Gray, wanted to donate one of his kidneys to her, but they were not compatible. Abdullah Al Ahmari needed a transplant, and his wife, Aziza, wished to donate one of her kidneys to help him. Unfortunately, they were not a match. Carol Miller's husband, Jim DiNatale, offered to be her kidney donor, but like the others, they were not compatible either.

Kidney "mix and match"

While none of the three recipients were matches for their chosen donors, they were matches for others in the group of six. "None of the pairs matched, and all the recipients were sensitized, meaning they had built up antibodies that would reject the new organ," says J. Keith Melancon, MD, FACS, Professor of Surgery, Chief of the GW Transplant Institute. "But through our specialized treatment for sensitized patients and the three-way coordination, all three people received new kidneys at the same time."



The surgeries took place in June 2015 over two days. Vivianne's paired exchange was performed by Dr. Melancon and **Thomas Jarrett, MD**, Chair of the Department of Urology at GW Hospital and Professor of Urology at The GW School of Medicine and Health Sciences.

She received Aziza Al Ahmari's kidney on a Monday, went home Friday and was back to work Monday – a week later. Says Vivianne, "I swam 16 weeks after my transplant, and I walk two to three miles every day. You need to stay healthy, because life doesn't stop."

Carol Miller has had kidney problems caused by type 1 diabetes since she was diagnosed at age eight. She had her first transplant 24 years ago, and in February 2015, her transplant began to fail. The GW Transplant Institute was her top choice. "I'm very active in the community and own an international communications business," says Carol. "Getting a new kidney has improved my health and I feel strong and healthy."

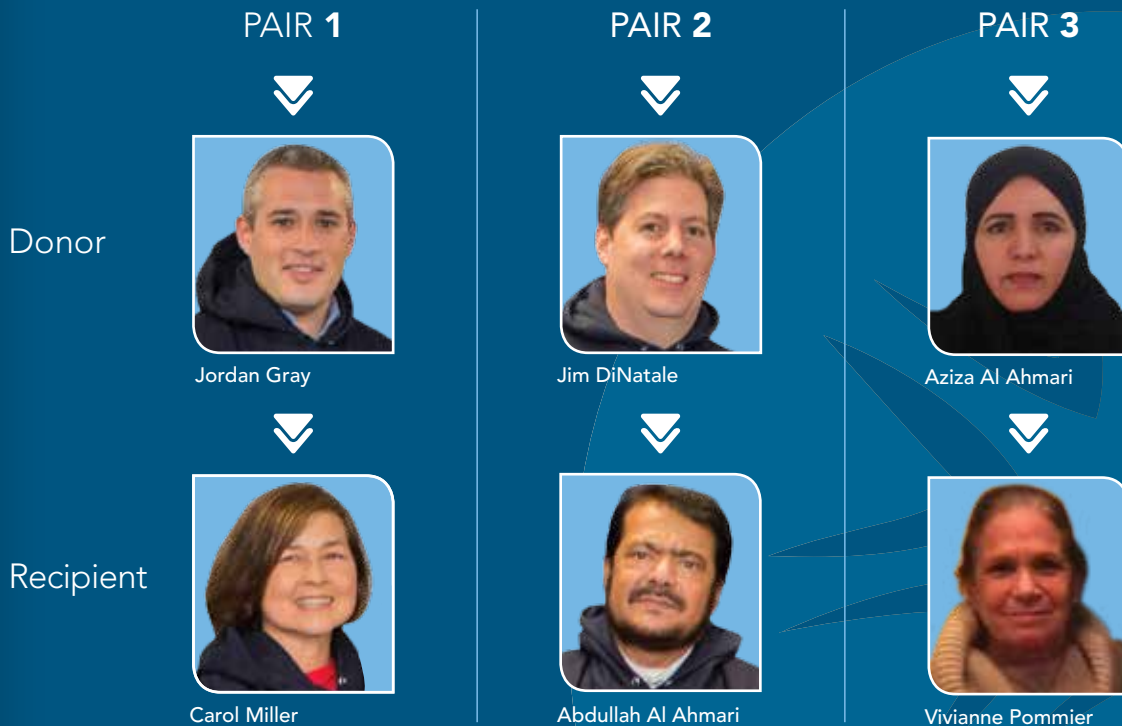
Vivianne's son, Jordan, donated his kidney to Carol Miller. Jordan, who works in marketing and is a weekend soccer referee, was back to his running routine four months after the transplant. "I feel good," he says. "The only way I know I have one kidney is when I see the scar."

"A win-win for everyone"

To round out the exchange, Jim DiNatale's kidney went to Abdullah Al Ahmari. Jim was impressed at how quickly Dr. Melancon and the team were able to coordinate the kidney exchange. "Dialysis wasn't Carol's best option due to diabetes, and I didn't think twice about giving up one of my kidneys for her. Even though we weren't a match, I was still able to help Mr. Al Ahmari by donating a kidney. It was a win-win for everyone!" says Jim.

"We now have the ability to remove the kidney using a minimally invasive technique, which means a shortened recovery time for the donor," says Dr. Jarrett, who helped perform the first paired kidney exchange in the world in 2001. "Shortened recovery time has led to greater desire to donate, more donors, and more availability for us to match candidates and save lives through these paired exchanges." ➤

PAIRED DONATION



At a celebration in November 2015 honoring the donors and recipients, emotions ran high as Jordan, Abdullah, Carol and Jim met for the first time since their surgeries. Ron and Joy Paul were also honored for their \$2.5 million gift to establish the Ron & Joy Paul Kidney Center, ensuring more exchanges like these will be possible. "I am filled with such gratitude and was so happy to finally meet my donor, Jim," says Abdullah. "His gift has forever changed my life!" ■

Ron and Joy Paul Kidney Center

THE GEORGE WASHINGTON UNIVERSITY

The Ron and Joy Paul Kidney Center provides education about kidney transplantation and encourages live donors. To find out more, visit www.GWKidney.org.



Transplant Institute
THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

To learn more about the GW Transplant Institute, visit www.gwhospital.com/transplant.

Many people with kidney disease do not find out they have it until it is advanced. Established in 2015, The Ron and Joy Paul Kidney Center works with GW to address the urgent need in the D.C. area for increased awareness of kidney disease prevention, diagnosis, treatment options and kidney donation.

For more information about kidney disease and how to get tested, visit GWKidney.org or call 202.715.4330.

What *expectant moms* want to know



There's a lot to consider when you are about to give birth, such as pain

management options and how to prepare yourself to successfully breastfeed your baby. **Nancy Gaba, MD, FACOG**, shares her thoughts on some of the questions asked by her patients.

Can I have my baby without pain medication?

At GW Hospital, we respect the way a woman wants to give birth, as long as it's safe for the mother and child. Physicians and certified nurse midwives are experienced in assisting women in having natural, vaginal births with the backup of medical staff and technology if needed. Expectant parents are encouraged to take advantage of hydrotherapy tubs, relax in comfortable surroundings and bring a doula into their labor and delivery experience.

What if there are complications?

A Level III neonatal intensive care unit (NICU) is available at GW Hospital. Our skilled NICU team which includes neonatologists, residents, respiratory therapists and neonatal nurses provides specialized care for babies who are critically ill, born prematurely, have difficulty breathing or are experiencing other complications.

Can I have a vaginal delivery if I have previously had a C-section?

We encourage our patients to consider a trial of labor after a prior cesarian delivery (TOLAC) in most cases. At GW, a majority of women who undergo TOLAC successfully have a vaginal birth after C-section (VBAC). A physician will consider the type of uterine incision and circumstances of the previous C-section(s), as the scar may not be strong enough to hold together during labor contractions. There might also be other risks in your health history that would prevent you from having a VBAC. Patients who wish to consider midwifery are also candidates for VBAC.

What if I need help with breastfeeding?

Most healthy, full-term babies are eager to begin breastfeeding within the first half hour to two hours after birth, but the first weeks of breastfeeding are a learning period for both mother and baby. All of our maternity nurses are specially trained to assist you with breastfeeding. Lactation consultants are also available seven days a week if your provider determines you need additional help. ■

Read more about how the comprehensive services at GW Hospital can offer the kind of birth experience you've always wanted. Visit www.gwhospital.com/maternity.

GW DEFINING Moments

GW Hospital patients share their lifesaving experiences



“I thank two for saving my life:
God and GW Hospital.”

– Noor Mustafa Shaikh

Noor Mustafa Shaikh, 41, barely escaped death on a cold night in January 2015.

He was hit and run over twice by a drunk driver outside of his Arlington business. Arlington County Fire Department Emergency Medical Services (EMS) took Noor directly to the George Washington University Hospital Center for Trauma and Critical Care (CTACC), a Level I Trauma Center. “When Noor arrived, he lost his pulse,” says Babak Sarani, MD, FACS, FCCM, Medical Director of Trauma and Acute Care Surgery. “His chance of surviving was about five percent.”

The lifesaving measures quickly taken by Dr. Sarani and the GW Hospital trauma team were among many *defining moments* for Noor. Since Noor had lost his pulse, they surgically opened his chest to perform an emergency cardiac massage. They clamped the main artery that comes off of the heart to push blood back to his brain. Using a state-of-the-art rapid infuser, they gave him 24 units of warmed blood – a replacement of all the blood in his body.

In the operating room, doctors discovered his chest was literally in pieces. His sternum, spine and all his ribs were broken. Over time, doctors reconstructed his chest using the RibLoc® Fracture Plating System, putting the ribs back together with special plates that are locked into place. GW Hospital was the first hospital in Washington, D.C. to use RibLoc. “We repaired Noor’s chest one side at a time,” says Dr. Sarani. “When both sides were done, Noor was able to lie on his stomach so spine surgeons could fuse his broken spine.”

Noor spent a month in the hospital undergoing additional surgeries and weeks of therapy and rehabilitation. A year later, he’s walking unaided and playing with his kids. He was even well enough to attend the 4th Annual Trauma Survivors’ Day at GW Hospital in November 2015, where he was reunited with Dr. Sarani, members of Arlington EMS and GW Hospital staff.

Noor doesn’t recall much about the accident, but he does remember his “remarkable care” at GW Hospital and his own *defining moment*. “When I first woke up in the hospital, my wife said God had given me another chance,” says Noor. “It’s true. I’m like a newborn baby, with a new life. I am grateful for everything the EMS, Dr. Sarani and his team did for me. They were all remarkable!”

To watch a video about the Center for Trauma and Critical Care, go to www.gwhospital.com/sarani.



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Managing Director

Bruno Petinaux, MD
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Susan Griffiths
Assistant Director, Marketing
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