

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

senior advantage

SPRING 2016

Mending *your heart*

Mitral valve surgery
for seniors at the
Cardiovascular Center

INSIDE:

All about palliative care

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A “defining moment”
fighting kidney cancer



THE GEORGE WASHINGTON
UNIVERSITY **HOSPITAL**



DEFINING MEDICINE

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From the CEO

It is always a good time to show love for our hearts. In this issue, we share with you how the George Washington University

Hospital is **"Defining Medicine"** in specialized areas of cardiac surgery, such as valve repair (see page 4). In addition to valve repair, surgeons at GW Hospital are using transcatheter aortic valve replacement (TAVR) to replace diseased valves. The minimally invasive TAVR procedure is performed with smaller incisions and can offer a shorter recovery time. Surgeries like these expand treatment choices and provide peace of mind. Extra reassurance comes from the advanced care of world-class physicians, leading edge therapies and genuine compassion – all part of every treatment plan at the George Washington University Hospital. I invite you to read this publication and learn more about how we can care for your heart right here at the George Washington University Hospital.

Barry A. Wolfman
Chief Executive Officer

*** *Defending Freedom. Defining Medicine.* ***

GW HOSPITAL VETERANS

In recognition of Veterans' Day on November 11, 2015, GW Hospital honored the 72 self-reported military veterans who are employed here at an event titled, **"Defending Freedom. Defining Medicine."** Veterans were given special recognition, with over 300 employees, physicians and visitors stopping by the celebration in the lobby. A highlight was veterans' reflections on their experiences. Christopher Miller, an emergency department nurse who served in the U.S. Army said: "I am challenged each day to be my best because my patients, their families and my coworkers depend on me. I am once again part of something much bigger than myself, and I know I am a better nurse having been a soldier first."



REDUCE YOUR RISK FACTORS FOR *stroke*

Nearly 800,000 people have a stroke each year, and someone in the United States has a stroke every 40 seconds.*



A stroke is called a “brain attack” for its similarity to a heart attack. With stroke, the flow of oxygen-rich blood to a portion of the brain, rather than the heart, is blocked. Without oxygen, brain cells can die in a matter of minutes. Prompt medical treatment can reduce damage to the brain and help avoid long-lasting disabilities. Stroke can occur in those who have no known risk factors; however, that’s not typical. To help prevent a stroke from happening, know your risk factors and take steps to control them.

Lowering risk factors can prevent or delay stroke.†

Certain habits and traits can increase your risk of having a stroke. Some can be controlled, while some cannot be. Practicing a healthy lifestyle – eating healthy foods, exercising and not smoking – is an excellent start. The following are other risk factors to consider:

- **High blood pressure.** This is the main risk factor for stroke. Blood pressure is considered high if it stays at 140/90 mmHg over time.
- **Age and gender.** Your risk for stroke increases as you age. Women are at higher risk for stroke: Each year 55,000 more women have a stroke than men.”
- **Race and family history.** African American, Alaska native and American Indian adults have strokes more often, and a family history of stroke is a risk factor.

- **Heart diseases.** Blood clots associated with coronary heart disease, heart failure and atrial fibrillation can lead to stroke.
- **Diabetes.** Diabetic patients have at least twice the risk for stroke; it is one of the leading causes of death in this population.”

Talk to your doctor

Your primary care doctor can help with ways to lower your blood pressure, or make changes to prevent heart disease and diabetes. Some people may need to take medication to help reduce their risk of stroke. Make an appointment with your doctor so you can assess what preventive steps you may need to take. ■

If you suspect a possible stroke, call 9-1-1. Watch a video to learn the signs at www.gwhospital.com/stroke.

*American Stroke Association®

**National Stroke Association®

***Stroke Res Treat. 2012; 2012: 673187.
Published online 2012 Dec 27. Diabetes
and Stroke Prevention: A Review.

Mending your heart

Surgeons at the Cardiovascular Center offer more options for senior patients with mitral regurgitation.

Mitral regurgitation is often a problem for seniors, with more than 10 percent of people over 65 affected.* Located between two chambers inside the heart, the mitral valve enables the blood to keep moving forward properly. Sometimes, the valve tissue loses its elasticity, allowing blood to “leak” backward into the heart in “mitral regurgitation.” This is a serious condition that can cause shortness of breath, leg swelling or even heart failure. >



Complex mitral valve repair

Farzad Najam, MD, FACS, Director of Cardiac Surgery at GW Hospital's Cardiovascular Center, specializes in mitral valve repair at GW Hospital. He says repairing the mitral valve is a complex procedure, but he prefers it over replacement if damage is not extensive. Dr. Najam performs mitral valve repair through open-heart surgery, cutting out part of the valve and "tailoring" it to fit tighter. Preserving the valve maintains the natural relationship between the valve and the heart's left ventricle. "The heart uses the mitral valve like a piston," says Dr. Najam. "The two work together in a way that is difficult to reproduce."

Mitral valve replacement

Sometimes, the mitral valve can't be repaired. The skilled multidisciplinary team at the Cardiovascular Center uses information from an echocardiogram (a test that shows pictures inside the heart) along with an operative view to make a decision. "We have to get in there and see the valve with our eyes to tell whether it's salvageable or not," says Cardiac Surgeon Elizabeth Pocock, MD. The Cardiovascular Center at GW Hospital offers both mechanical valves and those made of tissue for replacement procedures.

Each one has its benefits. "We choose the best type after thoroughly understanding a patient's symptoms and why a replacement is needed," says Dr. Pocock.

Studies show that mitral valve surgery can be safely performed on most elderly patients with mitral regurgitation.*

Early detection of problems

Dr. Najam emphasizes that even small signs of mitral regurgitation shouldn't be ignored, and problems should be addressed early. "Having surgery during the early stages of a heart condition is preferred," he says. "Once heart function begins to decline, surgery is much more risky."

Dr. Najam advises patients who have been diagnosed with valve prolapse (a valve that has slipped out of position), to seek medical attention right away. This is also true for people who experience atrial fibrillation, shortness of breath, heart palpitations or if they can't walk up steps without becoming winded. ■

TAVR: Treatment for aortic stenosis

If the main artery that serves the heart (aorta) gets clogged with calcium, its valves can become inflexible, blocking blood flow. This forces the heart to work overtime, possibly causing arrhythmia or heart failure. The Cardiovascular Center has introduced transcatheter aortic valve replacement or TAVR, and has now performed more than 50 procedures. TAVR involves an expandable artificial valve that's inserted through minimally invasive surgery at the site of the old one and takes over regulating blood flow. The operation is performed with small incisions and can offer a shorter recovery time. "TAVR can be a good solution for patients whose medical conditions make open-heart surgery high-risk or impossible," says Dr. Najam.

For more information about mitral valve repair and replacement, visit www.gwhospital.com/valve. Read about TAVR at www.gwhospital.com/TAVR.

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.

*Curr Opin Cardiol, Mitral Valve surgery in elderly patients with mitral regurgitation: repair or replacement with tissue valve? 2013 Mar; 28(2): 164-9; National Institutes of Health

Improving *quality of life* for chronically ill patients

Just about anyone with a serious illness can benefit from palliative care. It can give patients and their families a more supportive experience during the patient's hospitalization. **Danielle J. Doberman, MD, MPH**, Director of the Palliative Medicine Program at the George Washington University Hospital, explains the many different areas palliative care encompasses.

What is palliative care?

This multidisciplinary medical specialty does not replace other healthcare; it adds a layer of physical, emotional, spiritual and social support for patients and their families. The palliative care team comprises physicians, social workers, a nurse practitioner or physician's assistant and chaplains, who work with the patient's other medical providers. Team members help relieve pain and other symptoms, and assist the patient and family with decision-making.

Which patients need palliative care and how is it done?

Patients with serious illnesses such as cancer, congestive heart failure, Alzheimer's disease or stroke often require palliative care. Care is administered at the hospital bedside with the patient or the patient's family. Some circumstances call for a family conference, where a complex healthcare plan is openly discussed with patient, family and all treating medical teams.

How are palliative and hospice care different?

Palliative physicians and social workers focus on the patient's healthcare goals and merging their wishes with the care plan. Patients can have palliative care while they are still having disease-modifying treatment. Hospice care is focused on keeping a patient comfortable when he or she is no longer undergoing curative treatments.

What other kinds of assistance does palliative care offer?

Counseling about healthcare options is common. Should providers use a feeding tube? How do you write a living will? Should a cancer patient undergo chemotherapy? Is it time for hospice? Palliative caregivers may help a family who has a loved one anywhere in the hospital. They offer the important qualities of an understanding presence, clear communication and unlimited compassion. ■



For more information, contact the GW Hospital Palliative Medicine Department at 202-715-4337.



DEFINING Moments

GW Hospital patients share their lifesaving experiences



Patti and husband Pete Earley

“GW Hospital gave me hope – the best medicine.” – Patti Luzi

After noticing blood in her urine, Patti Luzi, 59, had a computed tomography (CT) scan that showed what looked like tiny cysts on one of her kidneys. Even though a biopsy came back negative, Patti was determined to have the cysts removed due to a family history of cancer. She felt overwhelmed until a friend referred her to Thomas Jarrett, MD, Chairman, Department of Urology; Professor of Urology at the George Washington University Hospital. Meeting him was Patti’s *“defining moment.”*

“In his calm, soothing manner, he told me it was early. What he now called lesions were still small and the surgeons at GW Hospital were highly experienced at this kind of procedure,” says Patti. “That was exactly what I needed to hear.”

Dr. Jarrett explained that cancer in Patti’s case couldn’t be ruled out. He also recommended robotic surgery to reduce the risk of cancer returning. Patti went into surgery on July 14, 2015, and after four hours, she woke in recovery to pleasing news: The lesions were removed along with a small part of one kidney. They tested positive for cancer, but were encapsulated, meaning the cancer had not spread anywhere else. “Robotic technology lets us offer a minimally invasive partial nephrectomy even in highly complex cases,” says Dr. Jarrett. “This has truly benefited patients through an improved recovery compared to open surgical techniques.”

“Dr. Jarrett and the surgical team did a great job,” says Patti. “GW Hospital was fabulous. The staff gave me the best possible outcome, and they gave me the best medicine – hope.”

To see a video of Dr. Jarrett, go to www.gwhospital.com/jarrett.

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

Barry A. Wolfman
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