

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

senior advantage

WINTER 2017

Tackling **LUNG CANCER**

**How screening
is saving lives**

INSIDE:

See what's new
in heart care



Learn the facts
about shingles



THE GEORGE WASHINGTON
UNIVERSITY **HOSPITAL**

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From the **CEO**

It's the time of year when you may be focusing on the resolutions you set for 2017. We are honored to be your partner in health and provide safe, quality, innovative care. Our commitment to these ideals is reflected in the services and stories that we share with you in this issue of *Senior Advantage*.

In the announcement below, we are excited to report that our newly renovated Spine and Pain Center is now open for patients. We also bring you a story about our thoracic program, which provides advanced care for the screening and treatment of lung cancer. And we share how we are outperforming national benchmarks in heart attack care, as well as introducing new and promising cardiovascular treatments.

Research, evaluation, teaching and discovery remain central to our values as an academic medical center. We are excited to continue this mission into the new year, as we work to advance medical breakthroughs and define the future of medicine for our community.



Kimberly Russo

Chief Executive Officer/Managing Director

GW Hospital opens relocated and renovated *Spine and Pain Center*

The new and improved Spine and Pain Center offers a calming, welcoming environment and a multidisciplinary team. The team treats individuals with spinal conditions and pain. The Center is now located on the 2nd floor at 2131 K Street, NW, Washington, DC 20037.

Services are available by appointment only, and a referral from your physician is requested. You may reach the new Center by phone at 202-715-4599, or by fax at 202-715-4598.



WINTERIZING YOUR ROUTINE

Two of the top health risks you may face at this time of year are falls and hypothermia, a serious and potentially fatal condition that can occur if your body's temperature goes too low. Injury Prevention and Outreach Coordinator Helaina Roisman, LGSW, reminds you of some simple steps you can take to stay safe this winter.

STEP OUT SMARTLY

- Before heading outside, make sure walkways are cleared of snow and ice.
- Wear shoes with strong treads and grip; and get rid of shoes that may have contributed to slipping or other problems in the past.
- Replace worn cane tips for better support.
- Remove snowy shoes when you get inside to avoid melted snow on floors, which can cause a slipping hazard.
- Get your vision checked regularly, and talk with your doctor about medicines that can contribute to dizziness or other falling risks.

HEAD OFF HYPOTHERMIA

- Dress in layers, which can help you retain heat; and wear a hat, scarf and mittens or gloves when you go outside.
- Keep blankets handy for extra warmth.
- Keep your home thermostat set to at least 68 to 70 degrees.
- Talk with your doctor about certain health conditions or medicines that can impact your body's ability to stay warm.
- Know the warning signs of hypothermia, which may include: confusion or sleepiness, slowed or slurred speech, shivering or stiffness in the arms and legs, weak pulse, poor control over body movements or slow reactions.*

DID YOU KNOW...

Senior Wellness Centers are located in every DC ward to promote the health and wellness of DC senior residents age 60 and older. "These senior centers are a great resource," says Roisman. Getting together with others is a meaningful way to share ideas and build confidence, she says.

*National Institutes of Health

Call 9-1-1 right away if you have concerns about a fall or possible hypothermia.

A thoracic team THAT UNDERSTANDS

Worrying about lung cancer can be scary, but a simple screening test and early detection could possibly save your life.

“The screening CT scan for lung cancer is non-invasive and does not require needles or IVs,” explains Keith Mortman, MD, Director of Thoracic Surgery and an Associate Professor of Surgery with the George Washington University School of Medicine and Health Sciences. “It’s important that a CT scan be performed in the context of a larger, multidisciplinary thoracic oncology program, such as we have at GW.” >



The main candidates for low-dose CT screening for lung cancer, he notes, are people who:

- Are age 55-79
- Smoked at least one pack a day for 30 years (or its equivalent), or are former smokers who stopped within the past 15 years

During the CT scan, you lie on a table, and the scanner moves around you, taking multiple pictures of your chest. Radiologists view the images to check for enlarged lymph nodes that might contain cancer, as well as lung nodules, small masses of tissue in the lungs. Even if nodules are found, they may not be cancerous, and further testing may be needed.

The goal is to detect lung cancer early, when it is more treatable.

In the event that surgery is needed, some seniors may feel apprehensive about undergoing a chest operation, Dr. Mortman acknowledges. “The team at The George Washington University Hospital specializes in a minimally invasive approach. This results in less pain after surgery, shorter hospital stays and a faster return to normal activities.”

With minimally invasive procedures, doctors don’t need to spread the patient’s ribs apart to access the operative area.

High-definition endoscopes with tiny, powerful cameras enable surgeons to see more detail, and slim tools navigate tight spaces for treatment. This can substantially reduce pain or discomfort associated with conventional surgery.

Along with advances in surgical treatments, there has also been notable progress in the fields of medical and radiation oncology, Dr. Mortman says. These include new, targeted therapies and more precise ways to deliver therapeutic doses of radiation, he notes.

Smoking is linked to 90 percent* of lung cancers, but there are other risk factors as well, including exposure to second-hand smoke, asbestos or radon, as well as a history of receiving high-dose radiation. A study by the National Cancer Institute found that patients who were screened with CT scans showed a 20 percent reduction in deaths from lung cancer than those who had chest X-rays.

“For patients who are diagnosed and treated for cancer, there are surveillance protocols we follow to ensure that the patient has the best possible long-term outcome,” Dr. Mortman says. ■

*Centers for Disease Control and Prevention

YOU'RE IN GOOD HANDS

Patients at The George Washington University Hospital are supported by a dedicated team of professionals, including thoracic surgeons, a thoracic surgical physician assistant, nurse navigator and administrative coordinator. The surgical team is part of a larger, multidisciplinary team that includes:

- Oncologists
- Radiologists
- Pathologists
- Pulmonologists
- Gastroenterologists
- Neurologists
- Nutritionists
- Rehabilitation Specialists

“These various specialists are, in many cases, world-renowned in their field,” Dr. Mortman says. “Together, we create a treatment plan that is individualized for each patient.”

Low-dose CT scans are covered by Medicare and most insurance plans. For more information or to schedule an appointment at George Washington University Hospital, call 1-855-GWLUNGS (1-855-495-8647).

Have you had your **SHINGLES VACCINE?**

Shingles is a painful and potentially debilitating rash that can affect people who had the chickenpox at some point in their lives, notes Infectious Disease Doctor **Gary Simon, MD**. The Centers for Disease Control and Prevention (CDC) recommends that people age 60 and older get vaccinated to help lower their risk of getting shingles. Even if you don't remember whether you had chickenpox, the CDC recommends that you be vaccinated. Dr. Simon explains more about this condition.

What causes shingles?

The same virus that caused you to get chickenpox, the varicella zoster virus, lies dormant in your body and can reactivate and cause shingles years later. Not everyone who had chickenpox will get shingles. Certain people are more at risk, including people who are older or have weakened immune systems, and people taking certain medications.

What are the symptoms of shingles?

One of the first things you might notice is a tingly, itchy or painful feeling in the part of your body where the shingles rash will develop. This may occur one to five days before you see the rash. Usually the rash appears around one side of your torso, but it can appear on any part of your body, including your face. Other symptoms may include fever, headache, chills or an upset stomach.

Is shingles contagious?

You can't pass shingles to another person; but you could potentially pass the varicella zoster virus to someone who is not immune to chickenpox, and that person could develop chickenpox. The virus can be spread through contact with the open sores of a shingles rash, so it's important to keep your rash covered while it is blistering. Shingles typically gets better after about two to four weeks.

Could shingles affect my health long-term?

Some people may continue to experience severe pain in the areas where the rash occurred. Rashes around the eye could cause infections that may result in vision loss. Other complications may include skin infections and neurological problems. Call your doctor right away if you think you may have shingles. Early treatment can help you avoid complications and recover more quickly. ■

Remember to talk with your doctor about the shingles vaccine. To find a doctor, call our free Physician Referral Line at 1-888-4GW-DOCS.



We're here for your heart

For emergency treatment of heart attacks, The George Washington University Hospital outperforms national benchmarks in delivering fast, advanced care.*

The most serious kind of heart attack – known as a STEMI (ST-Segment Elevation Myocardial Infarction) – occurs when the blood flow through a coronary artery is completely blocked. GW Hospital is one of only three hospitals in Washington, DC, designated for EMS transport of patients with a STEMI heart attack. Timely treatment is essential and often involves a non-surgical catheterization procedure to open the blockage.

A key quality measure in the delivery of care is “door-to-balloon time.” This is the time it takes for a cardiac patient to proceed from the hospital entrance to a catheterization procedure. “In GW Hospital’s latest acute myocardial infarction (heart attack) data from the National Cardiovascular Data Registry (NCDR®), the hospital again exceeded the national benchmarks in every category, including door-to-balloon time,” notes Jonathan S. Reiner, MD, Director of the Cardiac Catheterization Laboratory at GW Hospital and Professor of Medicine at the GW University School of Medicine and Health Sciences.

For patients requiring a catheterization procedure, the GW Hospital Cardiovascular Center offers transradial cardiac catheterization, which enables doctors to perform catheterization through a tiny puncture in the radial artery of the wrist. This advanced method has been shown to offer advantages, such as reduced bleeding. GW Hospital performs almost 80% of its percutaneous coronary intervention (PCI) procedures this way, compared to a recently reported U.S. average of around 27%.** ■

For more information about cardiovascular services at GW Hospital, visit www.gwhospital.com/heart.

What's new in heart care?

GW Hospital now offers The WATCHMAN™ atrial appendage system, which can offer select patients a safe and effective alternative to long-term oral anticoagulants. Also new is the Absorb® coronary stent, the first FDA-approved stent of its kind to be absorbed by the body after it has done its job.

Call 9-1-1 immediately if you suspect a possible heart attack. The warning signs* can include crushing chest pain and/or discomfort or pain elsewhere in the upper body, neck or arms, nausea, a cold sweat, fainting or lightheadedness, or shortness of breath.**

*National Cardiovascular Data Registry (NCDR®)
**Diagnostic and Interventional Cardiology (DAIC), May 27, 2016

***National Institute on Aging

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