HEALTH NEWS *from*

gw hospital

SPRING 2020

TACKLING *the opioid crisis*

Lobbyist Matt Mika speaks up for GW's innovative approach to pain management

INSIDE:

Matt Mika was one of the five people shot at the congressional baseball practice in June 2017.

Compliments of

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

DEFINING Moments

GW Hospital patients share their life-changing experiences

"My doctors at GW Cancer Center saved my life more than once."

– Antoinette Brosset

In 2017, Antoinette Brosset tackled ***breast cancer*** with specialized care from her medical team at the George Washington University (GW) Hospital Cancer Center. When cancer "knocked on her door a second time" in 2018 with a ***colorectal cancer*** diagnosis, her GW team was there for her again, every step of the way, with support, compassion and an innovative treatment alternative. She calls her doctors the "dream team." Thanks to the minimally invasive surgery GW offers, her recovery from colorectal cancer was "a breeze" compared to what it could have been, she says. "I'm very blessed."

Antoinette learned that she had colorectal cancer following a routine colonoscopy screening. Colorectal surgeon **Bindu A. Umapathi, MD,** explains that she had an early-stage cancer tumor located deep underneath the lining of her rectum. Unlike some rectal polyps, which can be removed during a colonoscopy, early-stage tumors can pose bleeding concerns and may be better treated with an advanced procedure called transanal minimally invasive surgery, or TAMIS, Dr. Umapathi says.

This procedure is offered at GW Hospital using the Medrobotics Flex® Robotic System, which can help surgeons access hard-to-reach anatomy. A compelling advantage is that surgery can be performed through the body's natural opening. "It's beneficial for the patient because it doesn't require abdominal incisions, there's usually no hospital stay, and patients recover faster and do well overall," Dr. Umapathi says. For Antoinette, the tumor was removed completely, and she required no additional surgery.

After her procedure, Antoinette recalls experiencing some bowel irregularity and bleeding, which can be expected in the first few days, but the pain was minimal and she appreciated the support of Dr. Umapathi and her team. Two weeks after surgery, she returned to her work as an attorney. Today she's back to her life with renewed energy and no colorectal issues.

Coping with two different cancer diagnoses has been challenging, but she found strength during both ***defining moments*** of her life at the GW Cancer Center. "I knew I was going to have excellent care, and that was so reassuring," she says.

GW Hospital was the first hospital in the world to perform colorectal surgery with the **Medrobotics Flex Robotic System** – a robot system designed to navigate the body's twists and turns. This technology may be used to treat certain early-stage colorectal cancer tumors and polyps, as well as some head and neck conditions.

Learn more at gwhospital.com/medflex.

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.

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

DEFINING MEDICINE

COVID-19 OUTBREAK - For information regarding GW Hospital's response, go to **gwhospital.com/coronavirus**

IN THIS ISSUE:

At The George Washington University Hospital, we are deeply committed to our mission of defining medicine by offering groundbreaking medical advances and technology that can enable better, faster recoveries. But there's something just as important as the innovative treatments we offer, and that's the relationship between the caregivers at our hospital and the people they serve.

This includes doctors, who help patients overcome complex medical challenges with compassion and understanding. It also includes nurses, who provide vital support and comfort, as well as clinicians, therapists, housekeepers and other hospital staff who play a role in caring for our patients with kindness and respect.

As we strive to deliver the highest level of healthcare for cancer, trauma and many other conditions, we never lose sight of what matters most to our patients. That may involve helping them find a better way to manage their pain, or offering a less-invasive treatment option so that they can return to their lives more quickly. Or sometimes it may mean listening or sharing a cheerful hello.

Each patient is unique. However, one objective remains constant: to provide the best possible care and make our patients feel heard and supported each time they come to GW Hospital.

Kimberly Russo
Chief Executive Officer

Walk-in neurosurgery appointments NOW AVAILABLE

A walk-in clinic is now open to provide same-day access to neurosurgical providers for evaluation and diagnosis of patients with conditions such as:

- **acute and chronic neck and back pain**
- **brain/spine tumors**
- **carpal tunnel**
- **Chiari malformations**
- **hydrocephalus**
- **spinal syrinx**
- **ulnar neuropathy**

No prior imaging is needed, and most insurances are accepted. The clinic is located at 2150 Pennsylvania Ave, 7th floor. Patients may call ahead to schedule at **1-888-4GW-DOCS** or walk in anytime between **8 a.m. and noon, Monday through Friday.**

Fate, hope and a *SECOND CHANCE AT LIFE*

Bonita Bell had a 3 percent chance of surviving, until a new heart technology saved the day.

For Bonita Bell, the day started like any other. She felt fine as she drove 35 miles from Maryland to DC to deliver a sewing project to a friend. But when she walked through the door of her friend's house, things grew out of focus and the room started to spin. "I just laid on the floor and asked for help. The next thing I knew, I was in an ambulance. The last thing I heard was, 'Reroute to GW Hospital.'" ➤

Bonita with her son, David, and her dog, Cranberry.

At GW Hospital, doctors quickly diagnosed Bonita with pulmonary embolism, a life-threatening condition that occurs when a blood clot breaks off and travels through the bloodstream to the lungs, blocking the normal flow of blood.

Elizabeth Pocock, MD

Generally, a key component of treatment entails blood-thinning medication, but Bonita had a complication that made her case much more challenging. "She had several instances of life-threatening hemorrhage, so we could not use any of the normal treatments," explains cardiac surgeon **Elizabeth Pocock, MD.** To save her life, the medical team became the first in the region to use advanced technology called **FlowTriever®**, which had only recently gained FDA approval.

By accessing the lungs through a vein in the top of her leg, doctors were able to use this device to suck the clot out, improving heart function while avoiding the need for drugs that could increase the risk of bleeding. "It made a tremendous difference for Bonita," says Dr. Pocock. "She would not have survived without it."

Bonita also received vital support from the hospital's **ECMO machine** – which works as an artificial heart and lungs by removing blood from the body, adding oxygen and returning it to the patient. "By taking the workload off the lungs and heart, the machine gives these organs time to rest and heal," says Dr. Pocock.

For 10 days, Bonita was unconscious as her family, friends and medical team rallied around her. "I had no idea as to the level of care I received until I woke up and my two sons were talking to me," she says.

Because of her unique complication, Bonita had a survival percentage of only 3 percent. But her sons never gave up hope as the medical team provided advanced treatments like ECMO to save her life. "I was blessed," says Bonita, grateful for the love and support of her sons throughout her hospital stay and recovery afterward.

From the time she regained consciousness, she set her sights on getting better. "Her personal motivation and drive tremendously impacted her recovery," says Dr. Pocock. Bonita also credits her success to the prayers of friends, family and support from her hospital team.

She still gets emotional when she talks about her experience at GW. ***"It wasn't just the doctors and nurses … even the people who came to clean my room on a daily basis, they always brought cheer with them. To go to the hospital and be treated that way was just awesome."***

Today she's happy to be back to sewing, spending time with friends and family, and taking care of her dog, Cranberry. "It's by God's grace that when I did get sick I was in the District of Columbia," she says. "I was able to be at the right place at the right time so they could get me to that hospital." ■

To see a video of Bonita's story, visit gwhospital.com/Bonita.
For more information about cardiac services, visit gwhospital.com/heart, or call 1-888-4GW-DOCS to schedule an appointment.

IMPROVING PULMONARY EMBOLISM RECOVERIES

Pulmonary embolisms occur when a blood clot becomes lodged in an artery in the lung. Sometimes this runs in families, or it may be associated with cancer or long periods of inactivity, like sitting in an airplane for an extended time. Symptoms may include sudden shortness of breath, chest pain, passing out and others. This condition can be fatal.

For those who survive, recovery can vary and may include diminished functioning and shortness of breath. Dr. Pocock says that the new **FlowTriever** device helps remove larger portions of clots and support patient recoveries.

GW Hospital was first in the region to use FlowTriever.

AN INNOVATIVE APPROACH **TO PAIN**

"We were treating the opioid crisis before the opioid crisis existed."
- Paul Dangerfield, MD

Paul Dangerfield, MD

Managing pain associated with a serious trauma or surgery is a critical part of treatment – especially at GW Hospital, where more than 2,000 patients each year go to the Level 1* trauma center for lifesaving care.

For well over a decade, the hospital's acute pain management team has been utilizing an innovative approach that can support better outcomes and lessen the risk of negative side effects, including but not limited to opioid addiction. "We're in an area where there are a lot of opioid-related deaths and a lot of addictions across all socioeconomic lines," says **Paul Dangerfield, MD,** Director of Acute Pain Management Service. "This is a huge society issue." *(See next page for DC impact.)*

MORE MEDICATIONS, SMALLER DOSES

Dr. Dangerfield explains that a focus of GW Hospital's pain management program is to use narcotics in a controlled way as just one part of a multimodal approach. Based on patients' individual needs, they are given multiple medications that work on different receptors in smaller doses. "Almost all negative reactions are dose-related," Dr. Dangerfield says. Lowering the dose reduces the chance of having unwanted side effects like chemical addiction. Not only is this approach safer, but it also can be more effective in managing pain. ➤

A key component of the pain program was adapted from the military and involves using nerve blocks to continually administer numbing medication to nerves that provide sensation to the affected part of the body where the pain is located. With this approach, medication is delivered through catheters attached to small portable pumps, which patients wear in the first crucial days of their recovery.

Marian Sherman, MD

In many cases, patients may go home with these nerve blocks, and because their pain is better controlled, they can better take care of themselves, which advances their recovery without prolonged use of opioids. "This early and aggressive pain management makes an enormous difference," says Dr. Dangerfield.

Anesthesiologist **Marian Sherman, MD,** who works with Dr. Dangerfield in the pain program, notes that the hospital's protocols can also reduce the risk of long-term problems. "If they have excellent pain control in that acute period, the first 24 to 72 hours, patients are less likely to develop chronic pain," she says.

IT TAKES A TEAM

In addition to inpatient care, GW Hospital also offers advanced pain management and nerve blocks for certain outpatient surgeries. When patients go home, they are given a phone number they can call any time, 24/7, for personal support from a member of the pain management team.

"It takes a lot of people to do this, it's a very resource-intensive treatment plan," says Dr. Dangerfield. To address the need for more government support and resources in this area, he has visited Capitol Hill with Dr. Sherman and pro bono lobbyists *(see next page)* to help educate lawmakers about the training, funding, insurance compensation and other support needed to make this level of care more widely available. Until insurance reimbursement is provided to cover the cost of treating acute pain and get a system like GW Hospital's up and running, most places are going to say, "It's too expensive, too resource-intensive," Dr. Dangerfield says.

"We're lucky that Kim Russo (the hospital CEO) is here. Kim had the vision. She took the risk, and it's paid off, because I think we're very far ahead of the curve … When you make someone's pain better, it is gratifying to the core." ■

On the next page, read the inspiring story of DC lobbyist Matt Mika, who was treated by the pain management team at GW Hospital – and how he's using his experience to help others.

**GW Hospital is an American College of Surgeons-verified Level 1* trauma center.*

Did you know …

Every day, more than

130 people

in the United States die after overdosing on opioids.*

In 2017, there were

244 overdose deaths

involving opioids in

Washington, DC

– a rate of 34.7 deaths per

100,000 persons,

which is over twice the national rate and the

3rd highest

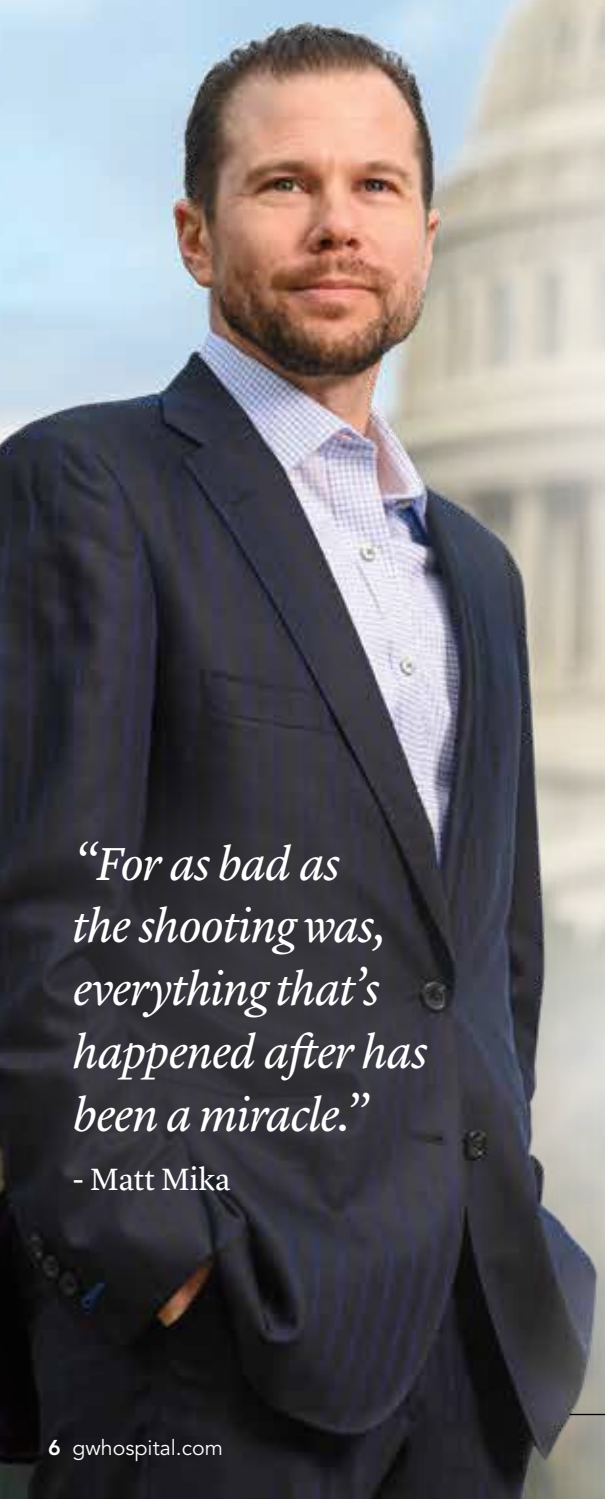
rate in the country.*

**Source: National Institute on Drug Abuse*

Speaking up for opioid alternatives

Shooting victim becomes pain management advocate

It was early on the morning of June 14, 2017, and Matt Mika was at a baseball practice in preparation for the annual Congressional Baseball Game the next day when a gunman opened fire. "There were probably 40 people on the field, including members of Congress, volunteer coaches like myself, news, press, friends, family, wives, kids, when it all started. There were five of us shot that day," Matt recalls. "I got hit twice, once in the chest and once in the left arm."



"For as bad as the shooting was, everything that's happened after has been a miracle."
- Matt Mika

He was rushed to GW Hospital and doesn't remember much about the next five days in the ICU before regaining consciousness. "I stayed in the hospital for another five days. My goal was to get back to life, back to playing sports," says the lobbyist and former college football and baseball player.

"Most of the doctors' biggest concern was my chest," he says, noting that the bullet had missed his heart by only half an inch. "But my arm kept hurting." GW Hospital's pain management team led by **Paul Dangerfield, MD,** treated him with a multimodal protocol that included using nerve blocks with numbing medicine to help relieve the pain *(see page 4)*. "I think the nerve block was a huge help because it was constantly working in collaboration with the other drugs," Matt says. "When I was released, probably one of the best things was that we had the physicians' direct numbers to call anytime we had a question or concern – one for my surgeon and one for the pain management team."

In total, he had five surgeries and two procedures to get "back to normal." He reached his personal goal of stopping opioids about three months after the shooting.

"I'm playing sports again and am back to being as healthy as I can be … Without Dr. Dangerfield and his team, I don't think I would have gotten off opioids so quickly."

Since his recovery, he has lobbied pro bono with a colleague and Dr. Dangerfield on Capitol Hill about what GW Hospital is doing for safer pain management. "You talk about the opioid crisis, but there are people out there doing it correctly," he says of the protocols that helped him personally. "They need to know that hospitals like GW are doing this, and we need more of it." ■

Learn more about the innovative work that GW Hospital is doing in opioid addiction prevention and see more patient stories at gwhospital.com/pain.

Mission Possible: **How she overcame pancreatic cancer**

Paulina after her recovery and below with her family.

It was a challenging turn of events that brought Paulina Romo Leroux to GW Hospital for specialty cancer care. The first sign of a problem was stomach discomfort, which a local care provider diagnosed as heartburn. But when her symptoms worsened and the pain moved into her back, she landed in an emergency room. Several months of testing found that she had a pancreatic neuroendocrine tumor. This is a less-common and slower-growing type of pancreatic cancer, but it has the potential to spread and can be life-threatening. "It was really scary," she says.

Lynt B. Johnson, MD

After meeting with several gastroenterology specialists, she turned to **Lynt B. Johnson, MD,** Executive Director of the Liver and Pancreas Institute for Quality at GW Hospital, for a second opinion. Dr. Johnson explained she was a candidate for the **"Whipple procedure"** – a complex, highly specialized surgery and the only known possible cure for her condition. During the Whipple procedure, the surgeon removes the head of the pancreas, the first part of the small intestine, the gallbladder and the bile duct, then reattaches the remaining organs to allow food to be digested normally. "We've adopted a minimally invasive technique to allow patients to recover faster and have less pain after the surgery," Dr. Johnson says. Still, this is a highly demanding operation, involving potential risks of complications and a challenging recovery.

Paulina also had the option not to have surgery and attend regular follow-up visits, but she didn't want to wait. "I wasn't comfortable having a tumor in my pancreas," she says. Turning to her family for support, she made the difficult decision to have the procedure in October 2018.

The surgery was a success, and the tumor was removed completely without any evidence of spread. She spent a week in the hospital, then two months recovering at home, with her family by her side. Today, she's back to eating, working and exercising like normal, and her future is bright. She says she has so much gratitude for Dr. Johnson, his staff and the people in the hospital who cared for her. "I felt I was in the right hands," she says. "This was a very challenging experience, but I believe I was so lucky, and it was worth it." ■

AN EXPERIENCED MEDICAL TEAM IS KEY

According to Cancer.Net, the 5-year survival rate for people with pancreatic cancer is 9%. Most pancreatic cancers are exocrine adenocarcinoma. Neuroendocrine tumors, like Paulina Romo Leroux had, account for only about 7% of all pancreatic cancers and in general have a 5-year survival rate of about 42%.* **"Experience is the key in providing the optimal outcomes," says Dr. Johnson, who has performed 600-700 pancreatic resections and Whipple procedures. For an appointment, call 1-888-4GW-DOCS, or visit gwhospital.com/pancreas.**

**Cancer.Net*
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.

Speaking up about pelvic floor disorders

Arlene Bright talks about the silent epidemic in women – and reclaims her quality of life

Charelle Carter-Brooks, MD, MSc

Arlene Bright is an accomplished nurse and mother who struggled for years with a problem that many women face, but few talk about: urinary incontinence. It began with occasional leaks and gradually worsened to the point where she'd lost all bladder control. Not only was it upsetting, it was painful and embarrassing. "I had to hope this didn't happen in the middle of meetings and events I was committed to," she says.

For years, she thought her symptoms were caused by an overactive bladder, but testing later showed that she also had pelvic organ prolapse and stress urinary incontinence. Prolapse occurs when the muscles and ligaments supporting the pelvic organs weaken or tear due to childbirth, aging or other factors, causing one or more of the pelvic organs to drop from their normal position. Stress incontinence is leaking with coughing, laughing, sneezing and sometimes running or lifting.

Urogynecology specialist **Charelle Carter-Brooks, MD, MSc,** who provides care at the **GW Pelvic Floor Center**, explains that pelvic floor disorders like Arlene was experiencing are actually quite common, affecting anywhere from one-quarter to one-third of women in their lifetime. "Many women do not seek care because they are embarrassed, unaware of treatment options or have accepted their condition as part of aging," she says.

Arlene says that when she met with Dr. Carter-Brooks about her condition, she felt heard and validated, and also hopeful that there was a solution. After considering her treatment options, she decided to move forward with a vaginal prolapse repair and a midurethral sling to address the structural issues disrupting her life. The outpatient procedure was done vaginally, with no abdominal incisions, and involved lifting the bladder, vagina and rectum to the normal position and implanting a sling under the urethra to help prevent urinary leakage. The recovery took about three weeks, but Arlene remembers feeling the effects immediately, as her normal functioning returned. ***"It was truly life-changing,"*** she says.

Since her recovery, simple things, like being able to get her hair done without making multiple trips to the bathroom, are a joy. Her message to others who may face similar struggles? "There are options … I did not realize how urogynecology really can change a woman's life until I went through it myself." ■

KNOW THE SIGNS. If you are experiencing a constant urge to urinate, urinary leakage or feel a bulge coming from your vagina, these are signs to seek care with a urogynecologist. Care is also provided for bowel incontinence, vaginal dryness and other pelvic floor issues. Treatment may range from non-surgical options, like physical therapy, medication or a pessary, to different minimally invasive surgical procedures.

Learn more at gwhospital.com/urogyn or call 1-888-4GW-DOCS.

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.

Tired of living in pain? Minimally invasive surgery for endometriosis and fibroids

Catherine Z. Wu, MD

For many women, problems such as abnormal uterine bleeding, fibroids and endometriosis can be disruptive and painful. When surgery is considered, minimally invasive techniques can offer an alternative to open procedures. ***"Many of our patients can go home the same day, resume normal activity within the first few days, and are able to return to work after two weeks,"*** says board-certified and licensed minimally invasive gynecological surgeon and associate professor of obstetrics and gynecology ***Catherine Z. Wu, MD.***

When is uterine bleeding considered abnormal?

Abnormal uterine bleeding may occur when periods last beyond five days, come sooner than 21 days or later than 35 days. Bleeding is also considered abnormal if it is heavy or prolonged enough to cause anemia (a low blood count) or if it negatively impacts patients' quality of life.

What are possible causes?

Some of the most common noncancerous causes include fibroids, adenomyosis (a disorder of the uterus lining), polyps, uterine infection or ovulation irregularities. However, abnormal bleeding can also be caused by something much more dangerous, such as cancer.

When might surgery be recommended?

Abnormal uterine bleeding caused by fibroids, adenomyosis and polyps can be treated surgically using minimally invasive techniques, with small incisions and sometimes no visible incisions. For patients, this can mean faster recovery, less pain, smaller scars and a quicker return to feeling better.

What about endometriosis?

General signs of endometriosis can include painful periods, painful intercourse, difficulty getting pregnant and ovarian masses. Endometriosis can greatly impact a woman's quality of life and is often difficult to treat. If a patient fails to improve on medical management, there are surgical options available as well, which can be done minimally invasively through small incisions. ■

Gynecologic surgeons at GW Hospital perform hundreds of procedures each year and are fellowship trained in minimally invasive gynecologic surgery and robotics.

To schedule an appointment, call 1-888-4GW-DOCS.

To learn more about gynecologic health and minimally invasive treatment for endometriosis and fibroids, see an extended version of this article at gwhospital.com/learnmore.

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.

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PREVENTIVE SCREENINGS
to maintain your health and wellness

COLORECTAL CANCER SCREENING

Starting at age 50, a full evaluation of the colon is recommended with either a colonoscopy or a sigmoidoscopy and radiologic test. Medicare Part B covers colorectal cancer screenings for men and women over age 50.

Call 1-833-GW4-CURE to schedule a screening.

PROSTATE CANCER SCREENING* - FREE!

Screening tests are held the last Friday of each month, from 1:00 to 5:00 p.m.

To schedule a screening, call 202-741-3106 or visit gwcancercenter.org/prostatescreening.

LUNG CANCER SCREENING - WE'VE BEEN RECOGNIZED!

GW Hospital has been recognized as High Performing in Lung Cancer Surgery by *US News & World Report*. The hospital has also been named a 2018 Lung Cancer Screening Center of Excellence by the Lung Cancer Alliance. Low Dose CT screening takes just about 60 seconds to complete and is covered by most insurance plans for those at high risk.

To learn more, call 1-855-GWLUNGS or visit gwhospital.com/lungscreening.

**For men between the ages of 40 and 70, without a history of prostate cancer.*

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