

HEALTH NEWS from

# gw hospital

Compliments of the George Washington University Hospital

WINTER 2017

## *Seventh inning* **SAVE**

**Michael Landrum shares  
his story of surviving  
cardiac arrest**

### **INSIDE:**

#### **Going for the gold**

A Paralympic swimmer  
fights her way back from  
a traumatic injury

#### **Advanced OB/GYN robotic surgery options**

World-renowned techniques,  
better patient care



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## DEFINING MEDICINE

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As we enter the new year, it’s a good time to reflect on our values and where we plan to go in 2017. At the George Washington University Hospital, we remain committed to our mission of providing the highest quality healthcare, advanced technology and world class service in an academic medical center dedicated to education and research.

In this *Health News*, you will read many examples of how we are fulfilling this mission. From coordinating with DC-area first responders on lifesaving cardiac and trauma care to offering minimally invasive surgical options – all of it is part of how we are dedicated to you.

As you will see in this issue and the year ahead, we continue our dedication to these areas, as well as to advancing the newly opened GW Cancer Center and expanding services in transplant, neuroscience and many more.

Our staff and providers continue to work so diligently to deliver a notable level of care. We are moving forward on our mission of *defining medicine* in order to provide the best for our patients.

Please know that we will continue this dedication and we promise to be here for you and your loved ones, should you need us. On behalf of the entire hospital, we wish you a healthy 2017.

**Kimberly Russo**  
Chief Executive Officer



## 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. For more information, call 202-715-4599.**

# Trauma Survivors' Day reunites former patients with those who saved them

*“GW Hospital is a special, special place.”*

– SAM ROSSIELLO

Each year, the George Washington University Hospital celebrates people whose lives were saved at the hospital. On December 9, Trauma Survivors' Day brought together nearly 200 people – former patients, their families, doctors, nurses, techs and employees across the hospital, who shared smiles, handshakes and hugs. At this year's event, seven former GW Hospital patients told their stories of survival and added their special thanks to the teams that gave them a second chance at life.

Hospital CEO Kimberly Russo says, “It's so wonderful to be here celebrating everyone and the challenges they have overcome to survive.” Director of Trauma and Acute Care Surgery Babak Sarani, MD, FACS, FCCM, says, “We went into medicine to take care of others. These former patients beat the odds, and we're happy to celebrate with them.”

The room was filled with emotion as former patients spoke of fighting their way back from serious life-threatening injuries, thanks to GW Hospital. Mohamed Fatni was struck by a car while riding his motorcycle. “It is a miracle I survived,” he said. Sam Rossiello needed his lower legs amputated after he was hit by a train. He now wears prosthetics, and recently participated in a 5K. His medical team was at the race to cheer him on. “These doctors and nurses are like family to me,” he says.

Larry Toye says, “If it wasn't for GW Hospital, I wouldn't be here.” Samuel Young echoed Larry's sentiments. He suffered a broken neck and spinal cord injury in a fall, and thought he wouldn't walk again. “My journey is not over, but I wouldn't be where I am without the help of GW Hospital.”

Other patients who shared their stories included Alexander Goedeck, Jeffrey Pool, and Ryan Brown. They all agreed that while their recovery continues physically and mentally, they are grateful every day for the medical teams at GW Hospital who saved their lives. ■



Top photo: Sam Rossiello, center, mingles with GW Hospital medical staff. Center photo: Babak Sarani, MD, FACS, FCCM, (L), and Samuel Young, after the presentation. Bottom photo: Mohamed Fatni, (L), wipes a tear as he shares his gratitude for the care he received at GW Hospital.

To watch a video about the Center for Trauma and Critical Care, go to [www.gwhospital.com/trauma](http://www.gwhospital.com/trauma).



# ROBOTIC-TRAINED SURGEONS join forces to perform a rare procedure

*Anissa Ferguson* fought cancer and won, and now advocates for others

According to the National Cancer Institute, colorectal cancer is one of the top three most diagnosed cancers, and for 75 percent of patients, there is no family history. Associate Professor of Surgery, Chief of the Division of Colon and Rectal Surgery Vincent Obias, MD, FACS, FASCRS, says chemotherapy and radiation can help shrink the tumors, but with the use of robotic surgery, patients usually have better outcomes. >



Vincent Obias, MD,  
FACS, FASCRS,

The GW Hospital was the first in the region to use the da Vinci® Surgical System for robotic colon and rectal surgery, and it is known as a Robotic Colorectal Surgery Epicenter.

Surgeons come to GW Hospital to learn techniques from Dr. Obias. "Traditionally, patients requiring rectal surgery for low rectal cancers needed a permanent colostomy or ended up with a large open incision," says Dr. Obias. "But we are able to avoid that by doing robotic surgery. Very few institutions in the area have surgeons who are experts in this type of advanced robotic minimally invasive surgery," he says.

The da Vinci robot's articulating instruments allow surgeons into smaller places where it is difficult for the human hand to reach. Instead of one long incision, only a few small openings are needed to access the area. Three-dimensional magnification provides greater precision for removing the cancer and suturing the area. It can also help reduce nerve damage, trauma, pain and recovery time as compared to open surgery.

### Robotic surgery success story

When Anissa Ferguson, PharmD, MS, was diagnosed with an aggressive stage II rectal cancer, she and her husband researched their options and decided to go to the George Washington University Hospital. Dr. Ferguson was treated with chemotherapy and radiation to help shrink the tumor. Because of the nature and location of the cancer, Dr. Obias teamed up with



OB/GYN Cherie Q. Marfori, MD, FACOG, who specializes in minimally invasive gynecologic surgery.

"I made the best choice for me," states Dr. Ferguson. "I am also grateful my surgery was done robotically. My recovery time was shortened and my scars are very small. Dr. Marfori and Dr. Obias did an excellent job!"

### "I felt human through it all"

Dr. Ferguson explains the most pivotal point in her life has been her experience with cancer and how GW Hospital helped her through it. "My doctors, their teams, and even receptionists made me feel human. It was not about insurance or co-pays and lab work," she says.

Of her patient advocacy and helping others survive and thrive, Dr. Ferguson encourages people to get a colorectal screening, especially if there is a family history of colon or rectal cancer.

Her experience at GW Hospital is something she shares with everyone. "The colorectal, oncology, OB/GYN and radiation teams are like a family to me. They all were particularly sensitive to my condition and truly cared about me," she says. "GW Hospital saved my life and enabled me to be here for my family, and I am eternally grateful!" ■



## Woman on A MISSION

After her experience battling cancer with the team at GW Hospital, Dr. Ferguson (pictured above) was inspired to help others. She created an advocacy group called The Ferguson Foundation, which addresses the needs of individuals affected by rectal cancer through education, awareness and philanthropy. Each fall, the group holds Rectify the Race – a 5K to bring awareness to rectal cancer and raise funds to support those battling rectal cancer. The team at GW is proud to be there each step of the way, supporting and participating in the race annually.

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**To find a doctor and discuss colorectal screenings, use GW Hospital's free physician referral line at 888-4GW-DOCS (449-3627).**

*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.*



# A team effort saves the life of a local baseball fan

**The perfect combination of EMTs, doctors and nurses yields a great outcome**

On June 30, 2016, Michael Landrum was sitting in the stands at Nationals Park watching his home team, the Washington Nationals, play baseball. Suddenly, he slumped over in his seat. Family members and bystanders rushed to start CPR while others called 9-1-1. “The last thing I remember was seeing squiggly lines,” says Michael.

The stadium’s security team witnessed the event on their monitors and dispatched on-staff emergency medical technicians (EMTs) within seconds. Using an automated external defibrillator (AED), they revived Michael. Washington D.C. Fire and EMS Department Captain Derek Weinroth, NRP, and his team arrived with advanced life support equipment. “On our way to the George Washington University Hospital, he went into cardiac arrest again, and we revived and stabilized him,” says Derek. ►

**M**ichael states he was awake when he arrived at the hospital and briefly saw his wife and son before he was taken in to the cardiac catheterization lab. "There was a flurry of activity, and even though I was sedated, I could tell the doctors knew what they were doing to treat me as quick as possible," says Michael.



Interventional Cardiologist **Ramesh Mazhari, MD**, was ready for Michael when he arrived at the hospital. "We performed

a coronary

angiogram," says Dr. Mazhari. "We found a blockage and placed a stent. If we didn't make that repair, it's possible he could have another cardiac event. His outcome was excellent because he was resuscitated quickly at the stadium," she says.

One of Michael's doctors, Cardiologist and Electrophysiologist Allen Solomon, MD, specializes in arrhythmias. "The chances of surviving this type of cardiac event are about five percent. By the time he arrived at the hospital, he was in good shape considering what he experienced because he received immediate medical attention," says Dr. Solomon. "Michael has a history of atrial fibrillation, and as a result of the cardiac arrest, we inserted a defibrillator," says Dr. Solomon.

Michael says he returned to Nationals Park and met with the emergency staff there, as well as members of the Washington DC Fire and EMS, to thank them for saving his life. "I am so grateful to everyone who had a part in saving my life. Their security cameras captured what happened, so they were able to send help quickly. And the team who took me to the hospital, they kept me alive. You can tell they love what they do," says Michael. Adds EMS Captain Derek Weinroth, things could not have gone better for Michael. "It was a perfect combination of help. His was a miraculous outcome!"

Recalling the treatment he received at GW Hospital, Michael says this hospital is different. "The quality of care, professionalism - everyone was just amazing. The doctors and the nurses are truly compassionate in the way they cared for me," says Michael. "They all have amazing gifts, and I am thankful they were able to find what caused my heart attack and fix it. If you are looking for the best doctors and nurses, they are right here at GW Hospital!" ■

**To learn more about cardiac catheterization and other cardiac care provided at GW Hospital, visit [www.gwhospital.com/cardiovascularcenter](http://www.gwhospital.com/cardiovascularcenter).**



Michael and Maria Landrum thank the team for their quick actions and saving Michael's life.

## Saving time can save lives

GW Hospital provides 24-hour interventional cardiology coverage and is one of only three hospitals in Washington DC classified as a STEMI (ST-Elevation Myocardial Infarction) receiving center.

GW Hospital's catheterization door-to-balloon times (the time it takes for a cardiac patient to proceed from hospital entrance to catheterization procedure) average 68 minutes\* and 100 percent of our patients are treated in less than 90 minutes.\* This is better than the American College of Cardiology benchmark of 75 percent of cardiac patients with a door-to-balloon target of 90 minutes or less.

\*Average based on statistics from July 1, 2015 – June 30, 2016

# Michelle Konkoly's *journey to* Paralympic gold

*The road to Rio began right here*

**O**n January 11, 2011, Michelle Konkoly, a member of the Georgetown University swim team, was trying to open a window in her dorm room. When it opened, it shifted and she fell five stories. She was rushed to the George Washington University Hospital. She had broken ribs, fractured vertebrae, a punctured lung and a severely injured foot. She was paralyzed from the waist down.



The trauma team, under the direction of Medical Director Babak Sarani, MD, FACS, FCCM,

works together seamlessly in an emergency, simultaneously assessing the patient. "We call it the 'Golden Hour', which is the time to address all injuries. The care is customized to the patient's needs," he says. "Sometimes we have to operate immediately, and other times we need to stabilize the patient and reduce swelling before anything else." ►

Photo courtesy of OIS/IOC





### ***Hard work reaps rewards***

After stabilizing Michelle, Spinal Surgeon **Warren Yu, MD**, operated within 24 hours to fuse the vertebrae. She moved back home to Pennsylvania for the next part of her journey - rehabilitation. "I was paralyzed for two months after my accident.

But I was working really hard because I was determined to get back on my feet," she says. Once her outpatient rehab was completed, she spent another eight weeks working on her gait pattern while wearing a supportive harness. By July 2011, Michelle was walking unassisted.

Michelle went back to Georgetown in August 2011, to continue competing at the Division 1 level. She took a break during her sophomore year to regain her strength, but became an active and competing member of the varsity swim team her junior and senior years. In the meantime, her mother told her about the Paralympics, and she went through the classification process and started training for the London 2012 trials. She missed making the 2012 team, but her times were improving, so she set her sights on the 2016 Paralympics in Rio de Janeiro, Brazil.

At the trials in July 2016, her swim times were faster than before her accident. "I had to train extra hard to compensate for the limited function in my legs," says Michelle. "So when my times came back so fast, I knew my hard work had paid off!" During the Paralympic Games in September 2016, Michelle won two gold medals, one silver and one bronze, and set one World Record, two PanAmerican Records, two Paralympic Games Records, and four American Records.


### ***"GW Hospital has contributed to my success!"***

Michelle insists she is not a one-woman show. "I am very fortunate to have had the best surgeons at GW Hospital put me back together," she says. "They fixed what was broken, and that allowed me to start my rehabilitation back home." She is also grateful for all the physical and occupational therapists who were part of her journey. "Knowing they were behind me made it so much easier to focus on my recovery. Their support, and that of family, friends and trainers has meant the world to me!"

Life after the Paralympics is busier than ever for Michelle. She will be starting medical school in September 2017, and wants to focus on working with disabled children, helping them live a full life like she has. "I have spoken with children with disabilities whose doctors have told them they can't do certain things. That tells them they are limited," she says. "I want them to know that they have no limits and say to them, 'Let's figure out HOW to do this!'" ■



Michelle Konkoly proudly shows off her medals from the 2016 Rio Paralympics.



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**To learn more about The Center for Trauma and Critical Care and watch Dr. Sarani discuss trauma surgery, visit [www.gwhospital.com/trauma](http://www.gwhospital.com/trauma).**

# A reassuring approach to **PAIN MANAGEMENT** after surgery



At the George Washington University Hospital, a highly skilled team of doctors and clinicians provides individualized pain relief as you



recover from surgery and other serious medical treatments. This includes a plan to transition home comfortably. Anesthesiologists **Paul Dangerfield, MD**, and **Marian Sherman, MD**, explain.

## What kinds of services are provided?

Pain management is provided for patients who undergo elective procedures such as joint replacement, mastectomies and other surgeries, and for patients who have suffered an accident or traumatic injury. This type of care, sometimes called acute pain management, typically lasts for a defined recovery time and is different from chronic pain management, which is also offered at GW Hospital.

## Which pain relief options are best?

We tailor care to your individual needs, depending on the specific part of your body impacted and the type of pain involved. For example, anti-inflammatory drugs can be helpful in managing a post-injury response or musculoskeletal issue. We may also employ catheter-directed therapies through the use of peripheral nerve catheters and epidurals. We conduct daily evaluations while you are in the hospital and adjust your treatment plan as needed.

## What distinguishes care at GW Hospital?

The GW team uses a multi-modal approach to pain management that involves a combination of medications and procedural interventions. For some patients, nerve block treatment may be administered using a small catheter placed under the skin to continuously infuse local anesthetic. Patients can receive this treatment in the hospital and also as they transition home.

## Can pain medication be addictive?

Yes, certain narcotics and opioid medications have addictive properties, and we carefully limit and control the use of these using the multi-modal approach mentioned above. Treating and controlling pain effectively from the beginning can help prevent chronic pain and reduce the chances of addiction. ■

For more information about pain management at GW Hospital, visit [www.gwhospital.com/painmanagement](http://www.gwhospital.com/painmanagement).



**“WE’RE GOING OUTSIDE THE BOX”**

# Advancing care for late stage THROAT CANCER

The George Washington University Hospital (GW Hospital) and The GW Medical Faculty Associates physicians published a study last June revealing that late stage oropharynx (throat) cancer may be successfully treated without radiation. A second phase of research is now underway and near completion of accrual.



“Until now, it has been believed that radiation is necessary in all patients, treating stages III and IV throat cancers,” says **Nader Sadeghi, MD**, Director of Head and Neck Surgery at GW Hospital and lead author of the study published in the *Head & Neck* journal. “This

research shows that we may be able to effectively treat this cancer without radiation, ultimately eliminating long-term side effects from radiation.”

Dr. Sadeghi, who is also a professor of surgery at the GW School of Medicine and Health Sciences, notes that radiation can cause problems like permanent tissue scarring, which may impact mobility of the jaw and muscles. Radiation may also affect saliva production, taste and swallowing. The data from the GW study “can mean significantly less disruptive, yet very effective, treatment for people with late stage cancer,” Dr. Sadeghi says.

***The research involved 17 individuals, four with stage III and 13 with stage IV cancers. Patients received three rounds of chemotherapy to reduce the size of their tumors. They then underwent transoral robotic surgeries at GW Hospital to remove their tumors along with removal of neck lymph nodes. After three years, results showed a more than 94 percent survival rate, without tumor recurrence.***

Dr. Sadeghi notes that while smoking and alcohol consumption remain large risk factors for oral and pharyngeal cancer, HPV (the human papilloma virus) is also a common cause; many people affected are between only 40 to 60 years old. “We’re going outside the box to advance care for patients,” he says. ■



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*The George Washington University Head and Neck Surgery program is now seeking participants for a phase-2 single arm clinical trial testing this new paradigm. Individuals facing stage III or stage IV oropharyngeal (throat) cancers who are interested in being considered should **call 202-741-3338 or 202-741-2981.***

**For more information about the clinical trial, visit <https://clinicaltrials.gov/ct2/show/NCT02760667>.**

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.



# Leading-edge approaches TO CANCER TREATMENT in a world-class facility

*A full continuum of advanced breast care, right here at home*

When it comes to breast health, it's comforting to know that the facility you choose features a full continuum of advanced care, such as that offered at the GW Comprehensive Breast Center. From detection, to treatment and after-care, nationally and internationally known physicians specialize in one field – breast care.

### Diagnosing breast cancer

Rachel Brem, MD, is Director of Breast Imaging and Intervention, as well as a Professor of Radiology at the George Washington University Hospital. She says because of MRI or molecular breast imaging technology, for 10 percent of the women diagnosed with breast cancer, additional cancer will be found that cannot be seen with regular mammography or ultrasound. "Women with dense breast tissue are at higher risk for breast cancer, and a certain percentage of mammograms don't always pick up cancer in dense tissue," she says. Newly diagnosed women receive additional testing to determine the exact nature of the cancer. ►



Rachel Brem, MD



Teresa Buescher, MD



Rebecca Kaltman, MD



Christine Teal, MD

### **Biopsy or surgery?**

Christine Teal, MD, Chief of Breast Surgery and Director of the Breast Care Center, says a patient can either have a tumor and the surrounding tissue removed, a partial or complete mastectomy or a mastectomy with reconstruction. Dr. Teal says she has seen a rise in younger patients who require mastectomies. "We try to work around that if we can. If the patient meets certain criteria, we do gene testing, and that helps us determine if we actually need to remove the breast." Also on the rise is the number of patients opting to have reconstructive surgery at the same time surgery is done. "This means they don't have to come back for a second procedure, and that is much easier on them," say Dr. Teal.

### **Options in breast reconstruction**

Teresa Buescher, MD, Assistant Professor of Surgery, specializes in microvascular breast reconstruction, which involves using the patient's own skin and tissue. "Many women opt to have reconstruction, and we can offer them multiple options. It really depends on the patient's

health, cancer treatment, preference and other variables," says Dr. Buescher. "We work with our patients to give them the results they are looking for, so they can feel as normal as possible following their diagnosis and treatment."

### **Pre- and post-surgery care with Breast Cancer Rehab and Lymphedema Therapy**

When a patient has breast cancer surgery involving the removal of lymph nodes, or has radiation therapy, complications can develop including lymphedema. Lymphedema is a condition that causes fluid retention and tissue swelling in a limb or body region. Senior Occupational Therapist Marcella Bassora, OTR/L, CLT, says, "We have certified oncology and lymphedema therapists who meet with patients for pre- and post-surgery education and individualized treatment. Patients participate in a comprehensive evaluation with treatments focused on reducing swelling and scar tissue, infection prevention, addressing functional impairments and improving quality of life."

### **Cancer Genetic testing – understanding your risk**

Early detection and preventing cancer are the daily focus of the Ruth Paul Hereditary Cancer Program. Women and men with a family or personal history of cancer can be referred for genetic counseling and testing. Breast Oncologist and Program Leader, Rebecca Kaltman, MD, says there are a host of genes that can contribute to one's risk of developing cancer. "With the advent of panel testing, testing for multiple cancer related genes at the same time, we are better able to define an individual's cancer risk. We are now able to detect mutations in cancer genes that were previously poorly understood or not identified," she says. "If we find a patient has a genetic mutation in a cancer-related gene, we now have guidelines that help us make recommendations to effectively reduce that risk. We also have specialists here at GW who are committed to providing the highest level of state-of-the-art care to manage these high-risk individuals." ■

**For more information on the comprehensive and advanced breast care offered at GW Hospital, visit [www.gwhospital.com/breastcare](http://www.gwhospital.com/breastcare).**

**Mobile mammography is another way women can receive breast screenings in a convenient, comfortable setting. The GW Mammovan travels to various sites in the DC metropolitan area. For more information, visit [www.gwdocs.com/mammovan](http://www.gwdocs.com/mammovan).**





Obstetrician and  
Gynecologist  
Gaby Moawad, MD,  
consults with a patient  
about a procedure.

# Exceptional gynecologic care using advanced and complex robotic options

*Defining medicine* by offering world-renowned techniques

Minimally invasive gynecologic surgery is becoming more common. And at the George Washington University Hospital, they are including more sophisticated options that allow for better patient care. "We have the technology and capability to perform single port, reduced port and advanced robotic surgery," says Gaby Moawad, MD, Robotic Surgeon and Assistant Professor of Obstetrics and Gynecology. "We believe minimally invasive surgery is far superior than open surgery and produces better results." >



## “My care was nothing short of *exemplary*”

Marjorie Innocent, PhD, was recovering from laparoscopic surgery when she began to have complications. She went to the nearest ER – GW Hospital. A CT scan revealed she needed emergency surgery, which could be extensive. “I agreed they should do whatever was medically necessary,” says Marjorie.

“Based on what the medical staff and Dr. Moawad told me, I realized this surgery was significant and how close I was to having a far different outcome. Dr. Moawad saved my life!”

Marjorie says the care she received was stellar. It was her first time experiencing the process of care, from ER to surgery to recovery. “One resident in particular comforted me the whole time. I could not believe the amount of doctors involved in my care,” says Marjorie. “I had this incredible peace come over me, and just knew they were going to take good care of me.”

### Options in robotic surgery

Dr. Moawad explains GW Hospital offers various types of robotic gynecologic surgery, such as single-port, which is a one-inch incision through the belly button. “We can remove uterine fibroids and do hysterectomies using the single-port technique,” he says. Another option is reduced-port robotic surgery. Typical robotic and laparoscopic surgery can involve as many as five small incisions. But reduced-port can be done using only three small incisions. “We tailor the most minimally invasive procedure to each patient and perform more than 200 procedures a year,” says Dr. Moawad. He says this type of surgery allows many patients to go home the same day and heal in the comfort of their own home.

### Advanced techniques for complex procedures

One of the more advanced techniques is known as robotic cerclage. Dr. Moawad explains this is for women who have lost several pregnancies due to cervical incompetence. “The cervix is stitched shut to maintain the integrity of the pregnancy,” he says. “We do it robotically using only three ports with great results.”

At GW Hospital, there are multi-disciplinary experts trained in robotic surgery. For example, a patient may be a candidate for minimally invasive surgery for endometriosis, but

may also need bladder repair. The gynecologist can come in and do his/her part, then the urologist can come in and do his/her part. Having that whole team ensures the patient can have the most complex surgery done in a minimally invasive fashion,” says Dr. Moawad. Trained in several disciplines, he can often address a patient’s multiple health issues in one procedure.

### Optimizing the patient for surgery

Proper pre-operative care is a priority because it results in lower complications and better outcomes. For example, if a patient has low iron, she is referred to a hematologist before surgery to avoid fatigue and weakness following surgery. “Getting the right care prior and all in one system makes the difference,” he says. “Some surgeries are more complex than people think. We need to have a complete history of the patient because surgery is only one part of the treatment.”

As a result of their high success rate, Dr. Moawad says GW Hospital gets referrals to treat complex cases from doctors who don’t have expertise with advanced minimally invasive techniques. “Some of my patients obtain second and third opinions, all of which recommend open surgery. But when they come here, we are able to do it in a minimally invasive fashion,” says Dr. Moawad. ■

**To learn more about robotic surgery or find a surgeon at GW Hospital, visit [www.gwhospital.com](http://www.gwhospital.com).**

*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.*



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