

HEALTH NEWS *from*

gw hospital

WINTER 2018



A heart that can *keep up*

James Bershon's minimally
invasive TAVR procedure
helps him stay active

INSIDE:

Solving a medical mystery

Jonathan Koch's recovery
from a rare illness

Opioid alternative

How Robyne Doyle found
pain relief after surgery

Minimally invasive GYN surgery

Lori Kalani's life-
changing treatment

Compliments of



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DEFINING MEDICINE

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Jonathan Koch's amazing recovery and reunion with his GW Hospital caregivers

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We have many inspiring stories to share with you as we reflect on 2017 and look ahead to a new year.

On our cover, we introduce you to James Bershon, who is back to his active life after undergoing minimally invasive heart valve

replacement surgery. We also tell you about a very special reunion with Jonathan and Jennifer Koch, who returned to GW Hospital to celebrate Jonathan's remarkable recovery from a rare and life-threatening illness. Jonathan's brave battle back to health following a breakthrough diagnosis in our ICU has inspired many people nationwide.

In other stories, you will learn about Leslie Yeransian's special delivery in our Women's Center, Lori Kalani's life-changing gynecologic surgery, and Robyne Doyle's successful experience with pain management following breast cancer surgery.

Here at GW Hospital we remain focused on *defining medicine* through research, innovation, and providing high-quality, advanced care. We thank our patients for sharing their experiences and celebrating their successes with us.

Kimberly Russo
Chief Executive Officer



TUNE IN TO GW HOSPITAL'S NEW HEALTH AND WELLNESS PODCAST SERIES

Get your health information on the go or right on your computer with a series of educational podcasts called GW Hospital HealthCast. Our experts share the latest information on healthcare and how it affects you and your family.

Visit gwhospital.com/podcasts to download or stream episodes. They are also available on iTunes and iHeartRadio.

Help for *excessive sweating*



Sweating is natural and healthy, but for some people excessive sweating may be a medical condition called hyperhidrosis. Fellowship-trained cardiothoracic surgeon Keith Mortman, MD, FACS, FCCP, has treated hundreds of patients with this condition

and has seen firsthand the profound effect severe sweating can have on people's lives. "There may be the young woman who didn't go to her senior prom because the sweating was so bad, or the boy who didn't learn to drive a car because his hands kept slipping off the wheel," he says.

For certain patients with this condition, a minimally invasive outpatient procedure at GW Hospital can provide immediate relief.

"The main thing we need to differentiate is whether it's primary or secondary hyperhidrosis," says Dr. Mortman. The primary condition – which is the kind that can be treated surgically – begins in early childhood and tends to be much more focal, commonly affecting the palms, soles of the feet, underarms or face, Dr. Mortman explains.

People with secondary hyperhidrosis, on the other hand, tend to be older, and the sweating is secondary to something else, such as an endocrine condition or the side effect of a medication.

For patients with primary hyperhidrosis, the surgical treatment, called endoscopic thoracic sympathectomy (ETS), addresses sweating caused by over-excitation of the sympathetic nerve, which is located in the chest, says Dr. Mortman. "Through two pinpoint incisions in the armpit, we go in with a tiny scope, identify the nerve, and divide it," he explains. The procedure usually takes less than 30 minutes and patients go home about an hour later to recover for a couple of days. It is highly effective, especially for hand sweating, and can also offer very good results for sweating in other areas, Dr. Mortman says.

"It's such a life-altering procedure for many patients," Dr. Mortman says. In less than 30 minutes, people's struggles with sweating can be dramatically relieved. ■



ETS is covered by most insurance providers. To hear Dr. Mortman's full podcast segment on the procedure, visit gwhospital.com/sweat.

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.

Overcoming THE ODDS TOGETHER

When a rare and mysterious illness suddenly had Jonathan Koch critically ill, the advanced team at GW Hospital unraveled the complex case and helped him achieve a remarkable recovery.

Jonathan's illness started when he was at home in Los Angeles, getting ready to go to a professional conference in Washington, DC. He is a TV producer, whose work includes shows like "The Kennedys" miniseries and the 2013 movie "Ring of Fire."

When he began feeling sick before his trip, he went to a hospital in LA, got a shot of morphine and was given the okay to go. Just days later, his condition had taken a mysterious and dramatic turn for the worse, and he was at GW Hospital fighting for his life. ►



Pictured left, Jonathan and Jennifer Koch share a hug with Dr. Lynn Abell, who was instrumental in Jonathan's care. Above, Jonathan and Jennifer stay resilient together, returning to their home in California where they were married in a quiet ceremony.

"His body was not responding to any of the treatments we were providing and he was continuing to decline," said Lynn Abell, MD.

Jonathan recalls when doctors told him that there was a high probability he would not survive. "I thought about contacting my daughter, she was 15 at the time," he says. But he didn't. "I decided I wasn't going to die because I don't think daughters should grow up without their daddies if it's possible not to," he says.

He called his then-girlfriend of seven years, Jennifer Gunkel, to tell her that things were more serious than he thought. She got on a plane to DC right away.

Fearing that he was in full septic shock, doctors put him into a medically induced coma. "He was near his last breath," says Dr. Abell. Then came a defining moment that changed everything.

In piecing the clues together, one of the doctors had the breakthrough realization that Jonathan's illness could be a rare immune disorder known as "HLH" (hemophagocytic lymphohistiocytosis). "It's basically your immune system in overdrive. There's some trigger, often times viral, but it's mostly seen in pediatrics," explained Dr. Abell.

"The more detective work we did, the more likely it seemed that this really was the diagnosis," said Critical Care Medicine Director Michael Seneff, MD.

Testing confirmed it; and doctors immediately revamped Jonathan's treatment to target HLH. "Over just a few days, he started making a quick recovery of his organ systems," Dr. Abell recalls.

In the long recovery that followed, Jonathan faced many challenges. His body's intense battle with sepsis had deprived his limbs of vital oxygen, causing painful and irreversible damage to his hands and feet. "The amazing work of Dr. Victoria Shanmugam and Kara Couch was vital to stopping the continuation of the spread of the gangrene," recalls Jennifer. "They worked tirelessly for Jonathan, wrapping and treating his limbs every single day and sometimes even twice a day. They even ordered special oxygen pumps."

Before his illness, Jonathan was the picture of health, and he and Jennifer were determined to help him get back to as normal and active a life as possible. "GW Hospital and the doctors there are on the cutting edge of medicine," says Jennifer. "Being able to give all the information to patients is incredibly helpful because feeling like you have some options gives you hope."

When Jonathan and Jennifer returned home to California, Jonathan had his left hand amputated and they pursued the



Pictured from left are Jennifer Koch; Lynn Abell, MD; Michael Seneff, MD; Bruce Abell, MD; Jonathan Koch; and Victoria K. Shanmugam, MD.

possibility of a hand transplant. The care at GW Hospital helped make him a strong candidate. He spent months working to get stronger for the transplant procedure and underwent the emotional loss of the lower part of his right leg, as well as his toes and part of his fingers on his right hand; but he remained determined. The transplant was successfully performed in October 2016.

In the midst of his recovery, Jonathan fulfilled a proposal he made at GW Hospital. He married Jennifer in a quiet ceremony in their backyard.

As they walked hand-in-hand into GW Hospital earlier this year for a reunion with the medical team, emotions were high. Even though they were far from home, they were with family. "Thank you for saving my husband's life," said Jennifer. "Thank you so much, just for everything." ■

To view a video of Jonathan's story, visit gwhospital.com/KochStory.

Delivering a more *personal childbirth experience*

Growing up in the suburbs of Boston, where her late father was Chief of OB/GYN at Newton-Wellesley Hospital for three decades, Leslie Yeransian always envisioned having the best childbirth experiences. She was blessed with two healthy children in her first two pregnancies, but the deliveries didn't go as expected. Both resulted in unplanned C-sections. She was left feeling disappointed and defeated. Recovering from her C-sections was difficult and painful. The third time would be different, she decided – especially since she needed to rebound quickly to chase after her active toddlers. ►



Leslie Yeransian and her husband, Tom Dolsak, spend family time with their kids, Jack, Roman and baby Oscar.

The first challenge was finding a team that would work with her. "After two C-sections, most doctors and midwives don't give the option to have a vaginal birth," she explains.

Leslie's exhaustive search to find a willing and capable provider led her to GW Hospital. When she was less than four months from her due date, she reached out to Terry Francis, Director of Women's Services, and received a call back right away. Terry shared information about the hospital's C-section rate – which was 24% in 2016 compared to a national rate in 2015 of 32%.* Even more important to Leslie was the hospital's experience helping women achieve a vaginal birth after cesarean (VBAC) through its collaborative care model. This approach supports natural childbirth with a certified nurse midwife in a hospital environment. Leslie, who lives about 30 miles from the hospital, had found her team.

Board-certified OB/GYN and maternal-fetal medicine subspecialist John Larsen, MD, FACOG, FACMG, recently retired from The GW Medical Faculty Associates, explains that GW Hospital tries to offer a broader choice to women in planning their childbirth. When a patient presents her strong personal desire to give birth vaginally, he says they talk about it together. "If something looks too dangerous, we would say no," he says, recognizing that the health of mom and baby always comes first.

"Our key priority is to help women feel safe and supported," says Whitney Pinger, director of midwifery at GW Hospital. "When expectant moms feel safe, they have less anxiety, and that changes their brain chemistry. Feeling safe actually helps to promote a spontaneous and normal labor process," Whitney explains. This safe feeling was not something Leslie experienced with her first trial of labor after cesarean (TOLAC), but would have made all the difference in the outcome, she says.

After following the midwifery guidelines on diet, exercise and other best practices, Leslie delivered Oscar Ward Dolsak naturally, just 90 minutes from her first contraction. "I say he's my Oscar Award, and I credit this speedy labor and remarkable birth to GW Hospital," she says. "It was an all-hands-on-deck effort. Everyone was there to support me – my midwife, the attending physician, my doula, the charge nurse and the labor nurses. My neonatologist, Dr. Tetyana Nesterenko, worked with Whitney to ensure that Oscar could go quickly to my chest. I felt safe and loved at my most vulnerable time," Leslie says. "God put all the right people into action." ■

**Centers for Disease Control and Prevention*

Visit gwhospital.com/birthplan to hear a podcast on how to choose your own birth plan, presented by a GW Hospital midwife and OB/GYN.



Leslie enjoys a tender moment with Oscar.

Specialized care for mom and baby

"Here at GW Hospital, we follow evidence-based practices that support the safest, best possible childbirth experience in accordance with each mom's individual birth plan," says board-certified OB/GYN Nancy D. Gaba, MD, FACOG, chair of the Department of Obstetrics and Gynecology. "We help moms make informed choices based on their personal medical history and what is important to them."

For babies who are born prematurely or with special needs, the Level III Neonatal Intensive Care Unit (NICU) provides 24/7 emergency care. Even women with the most straightforward pregnancies can develop significant complications during labor and delivery, says Whitney Pinger. "When that happens, we have all the necessary medical systems in place. The NICU is part of that," she says.

Cheers to a safe *new year!*

As we begin 2018, it's a good time to recommit to safe and healthy practices. Here are some factors to consider when consuming alcoholic beverages.

Know the alcohol content.

Make sure you know how much alcohol you're consuming. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) says that in the United States, one "standard" drink contains roughly 14 grams of pure alcohol, which is found in:



12 ounces of regular beer, which is usually about **5% alcohol**



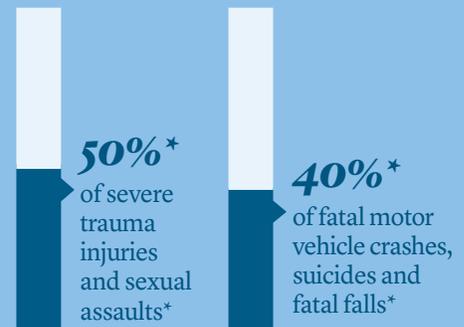
5 ounces of wine, which is typically about **12% alcohol**



1.5 ounces of distilled spirits, which is about **40% alcohol**

Beware of the risk of injuries.

Drinking too much alcohol can put you at greater risk of injury or death. Alcohol is a factor in about:



Understand your tolerance.

Many different factors affect people's reaction to alcohol, including age. Getting older can lower the body's tolerance for alcohol the NIAAA says. For healthy adults in general, drinking more than these single-day or weekly limits is considered "at-risk" or "heavy" drinking.*



More than 4 drinks on any day or 14 per week



More than 3 drinks on any day or 7 per week

Get home safely.

Assign a designated driver, or take advantage of driving services and ride-share opportunities. Look for promotions offering free-ride-home services.



*National Institute on Alcohol Abuse and Alcoholism

Reducing Traffic Fatalities in DC: GW Hospital was selected as the lead hospital in DC's Vision Zero project, which is an initiative introduced by DC Mayor Muriel Bowser that aims to achieve zero transportation-related fatalities and serious injuries by 2024. As the lead hospital, we are partnering with DC's Office of the Attorney General and other local law enforcement agencies to replicate our "Impaired Operator Blood collection" process. This process improves the blood draw system in emergency departments. This will help increase accessibility of blood specimens, allowing law enforcement to better prosecute offenders and in turn, reduce impaired driving.

Recover better, feel better, **LIVE BETTER**

Expanded outpatient rehab through GW Hospital offers more of what you want and need after a surgery, illness or injury.

In order to provide the most effective and individualized care, the outpatient rehab team at GW Hospital has built its program around the people who know the community's needs best: patients and the doctors and therapists who care for them. "We are working very diligently with physicians to identify what our patient population's needs are, and to have the services in place to address those needs," says Jason Olsson, OTR/L, Outpatient Rehab, Spine & Pain Center manager.

The outpatient rehab team has doubled in size over the past two years and has added approximately 40 percent more floor space at its location at 2131 K Street, NW, with plans of further expansion. This expands services to support a number of rehabilitation needs, such as:

- neurological conditions including stroke, brain injury, multiple sclerosis and Parkinson's disease
- balance impairments, dizziness and concussion
- lymphedema management for patients recovering from cancer treatment
- pelvic conditions including incontinence, pain and sexual dysfunction
- sports injuries
- wheelchair evaluation and custom fitting
- dance rehabilitation

Whether patients are coping with a major medical diagnosis, a weakened or painful arm or leg, an injury such as a sprained ankle or limitations related to aging, the outpatient rehab team aims to improve the lives of everyone they meet. "Every patient comes to rehab for a different reason," Jason says. "What's most important is how they feel and how much their function has improved." ■

To learn more about outpatient rehab, who might benefit and specialized programs like hip preservation and oncology rehab, listen to our podcast at gwhospital.com/rehabpod. To view rehab options at GW Hospital, visit gwhospital.com/rehabcare.

How can therapy help?

Physical therapy:

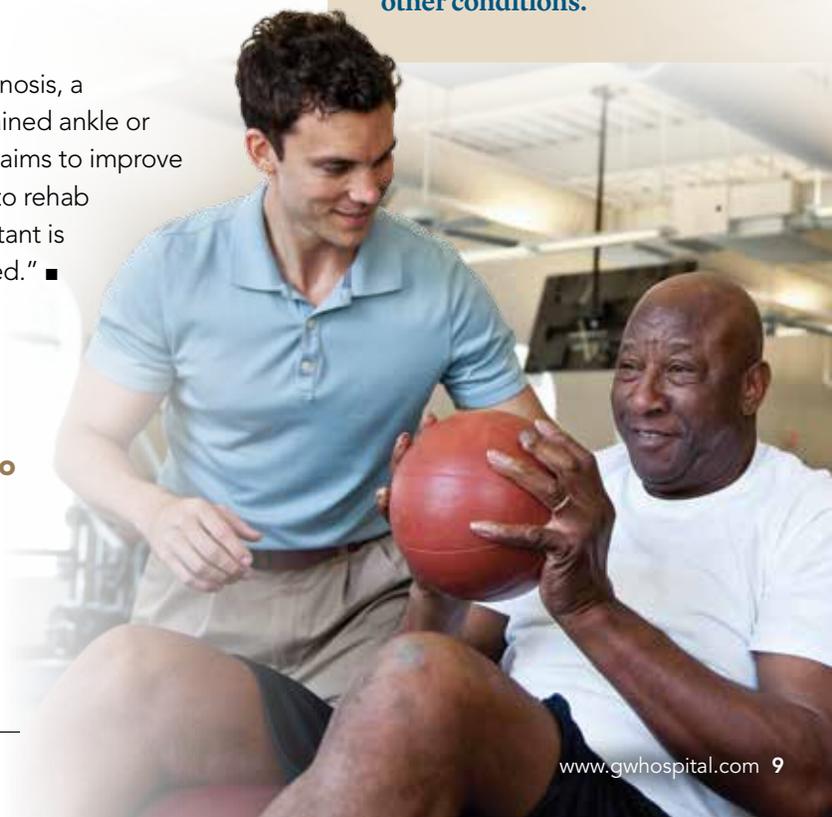
Helps improve or restore mobility and reduce pain. May be supported by specialized programs such as aquatic therapy, dance rehabilitation and dry needling.

Occupational therapy:

Helps restore and enhance strength and coordination for daily living skills such as dressing and cooking. May address conditions of the hand, wrist, elbow and shoulder.

Speech and language therapy:

Treats speech, language, swallowing or cognitive deficits. May support patients recovering from brain injuries, head and neck cancer, and other conditions.



DEFINING our hospital's role as teacher, provider and innovator



You've probably heard people refer to GW Hospital as a "teaching

hospital" or an "academic medical center." But what exactly does this mean, and how might it impact the care provided to patients? Here to shed some light on this topic is Chief Medical Officer **Bruno Petinaux, MD.**

What is a teaching hospital?

A teaching hospital is one involved in the education of physicians, nurses, physician assistants (PAs) and other healthcare professionals. The mission is not just one of providing outstanding patient care, but doing so in the context of education, research and training future healthcare providers.

Will a student be responsible for my care?

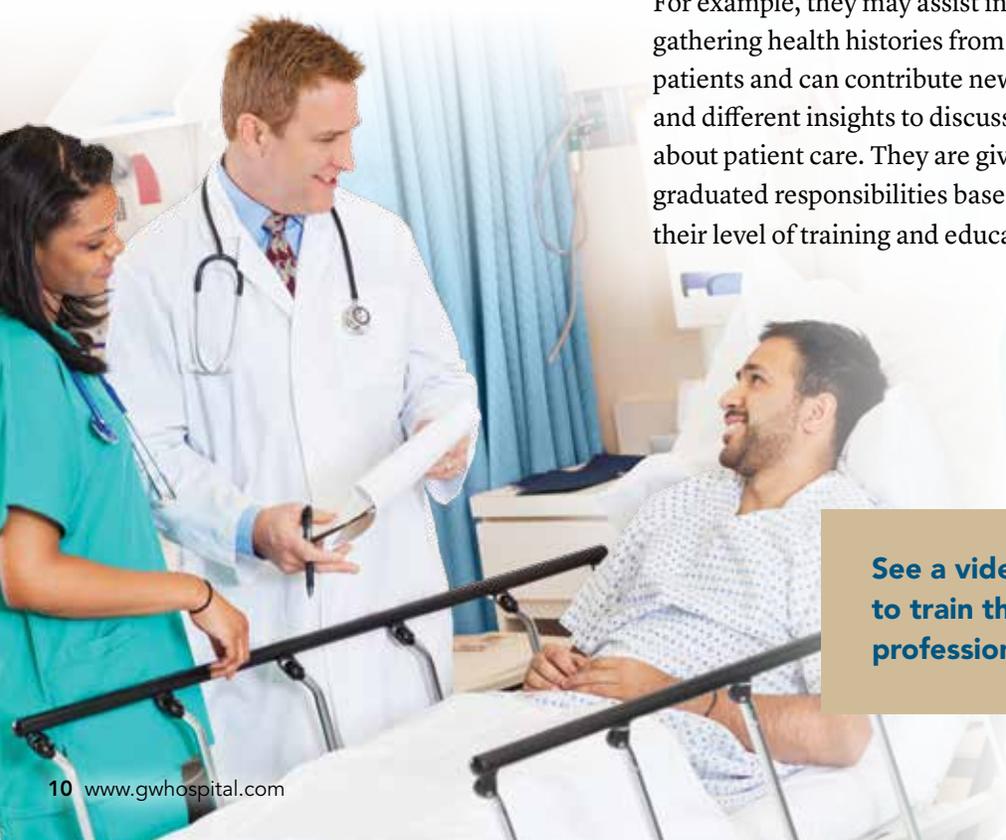
In an academic environment, there are very clear-cut lines of supervision and responsibility, and your attending physician always has the ultimate responsibility for your care. Medical students, residents and fellows all work under the direction of the attending physician. For example, they may assist in gathering health histories from patients and can contribute new and different insights to discussions about patient care. They are given graduated responsibilities based on their level of training and education.

What is the difference between the levels of training?

Medical students are still in medical school and are very limited in the care they can provide to patients. Residents are physicians who have earned their medical degree and practice under the supervision of an attending physician to complete training in a particular area of medicine, such as internal medicine. Fellows are residents who have completed their training and wish to specialize even further, such as an internist who wants to pursue cardiology or pulmonology.

What role can research play in my care as a patient?

The goal of research is to improve upon the care that we deliver, and clinical trials can help us do that in an objective way by testing new and innovative treatments. Having the opportunity to participate in these trials can be a huge advantage for patients if new treatments are found to be effective. Being a vibrant educational community, we are passionate about the research work we do to stay on the cutting edge of new discoveries. ■



See a video series about GW Hospital's mission to train the next generation of healthcare professionals at gwhospital.com/mission.

Staying on the go WITH HIS NEW HEART VALVE



James Bershon, 72, had quadruple bypass surgery years ago and had been doing well. But he then began to experience the symptoms of aortic stenosis – a condition that occurs when there is a narrowing in the opening of the aortic valve of the heart, restricting blood flow out to the body.



James Bershon keeps busy with many hobbies, including his passion for cars.

“The problem is I was out of breath a lot,” he says, noting that he would often have to stop and take a break while working on his cars or walking the acreage surrounding his home in southern Maryland.

Aortic stenosis can be related to age and the buildup of calcium or scarring from a prior heart valve surgery. James’ prior open-heart procedure made him a high-risk candidate for redo open-heart surgery and a strong candidate for transcatheter aortic valve replacement (TAVR).

TAVR is a minimally invasive treatment option for select patients who are inoperable or deemed at intermediate to high risk for open surgery, says cardiologist Christian Nagy, MD, of GW Hospital. The procedure involves making a small incision in the groin or sometimes the chest, and threading a small collapsible valve through a blood vessel to the heart. The new valve is then expanded, pushing the old valve aside and taking over regulating blood flow.

James spent four nights in the hospital for the TAVR procedure and says he didn’t experience

any pain, just some discomfort from being hooked up to medical equipment. “It really was a piece of cake, to be honest,” he says. “GW Hospital just has an excellent staff,” he says. “I’d highly recommend them to anybody.”

He no longer has to worry about stopping to catch his breath, and just weeks after his surgery he was at the Telluride Film Festival in Colorado, enjoying his renewed health at 9,000 feet. “I’m still a very active person,” he says. Thanks to TAVR, he can keep on doing the things he loves. ■

Minimally invasive treatment with TAVR

GW Hospital has a dedicated, multidisciplinary team to support candidates for TAVR, from preliminary testing through recovery. The procedure is performed in a hybrid operating room, which is equipped with advanced imaging equipment to support minimally invasive, catheter-based procedures. It also has the capabilities of a traditional operating room, ensuring a safe setting for patients to receive advanced cardiac care.

To learn more, visit gwhospital.com/tavrcare.

FINDING A BETTER WAY

Minimizing opioid medication while maximizing post-surgical pain relief



When Robyne Doyle was 48, she was diagnosed with breast cancer and underwent a double-mastectomy with reconstruction surgery at GW Hospital. Her primary concern was getting back to her kids, who were 13 and 8 at the time.

She had enjoyed a long career as an ICU nurse at GW Hospital, so she knew firsthand how difficult recovery can be. "I told my kids I'd be in bed for five days and I'd be in a lot of pain," she recalls. Then her anesthesiologist told her about nerve block therapy for pain relief, and she decided to give it a try.

The paravertebral nerve block involves placing a catheter about one inch off-center of the back, and hooking it to a pump that continually administers numbing medication during the first crucial days of recovery, explains anesthesiologist Paul F. Dangerfield, MD, director of acute and chronic pain services and assistant professor of anesthesiology at the George Washington University School of Medicine and Health Sciences. The medication is contained in a ball attached to the catheter, which patients wear in a fanny pack strapped around their waist. ►

Robyne Doyle with her daughters, Emerson and Piper.



The multidisciplinary pain management team at GW Hospital develops individualized treatment plans to help manage pain safely and effectively.

OPIOIDS and surgery

People are increasingly aware of the risk of addiction when taking opioids, which are classified as narcotics and can be prescribed for pain relief. A link between surgery and long-term opioid use was found in a national study published in *JAMA Surgery*.*

In the study, researchers found that about six percent of people who hadn't been taking opioids before their operation, but were prescribed the drugs to ease their post-surgery pain, were still getting the drugs three to six months later.

GW Hospital is committed to reducing the risk of opioid addiction among patients, while still providing effective pain relief. Offering a multi-modal approach to pain management is an important way the hospital is working to achieve this goal.

*Published online April 12, 2017.

This therapy is offered in conjunction with an anti-inflammatory medicine and a very low dose of Valium to relax the muscles, Dr. Dangerfield explains. By using this multi-modal approach, the goal is to minimize the use of narcotics and at the same time improve the quality of pain control, he says.

"This is really targeted pain relief, very similar to an epidural, but instead of going into the mid-line of the back, it's just off to the side of the backbone," explains anesthesiologist Marian Sherman, MD, who serves as assistant professor of anesthesiology and critical care medicine at the George Washington University School of Medicine and Health Sciences, along with anesthesiologist Anna Katharine Hindle, MD.

"It can get you through that first really uncomfortable time," says Dr. Hindle. "For most patients, it really does minimize the amount of other medications they need to take."

Robyne spent two days in the hospital before returning home from her surgery with her fanny pack. Throughout her recovery she says she never had any pain. "I was able to get to the bus stop to pick up my kids just 48 hours after surgery. I'll never forget their smiles when they saw me standing there. They just wanted things to be normal. It was a gift to show them that I was okay."

With advances in care, GW Hospital can now more precisely place nerve blocks using ultrasound guidance. This can support greater success rates and patient satisfaction, Dr. Dangerfield says. Nerve block therapy can be used for a wide variety of conditions, from broken ankles to knee or shoulder surgery.

Ultimately, it's about giving patients safe, effective choices. Educating them about the different therapies available is the first step. "On the day of surgery, it really is the patient's choice," says Dr. Hindle. ■

To see a video about nerve block therapy, visit gwhospital.com/relief.

Maintain your health through **EARLY DETECTION**

We are here to partner with you not only when you're sick, but also to maintain your good health through regular screenings. Here's information about three common screening tests that can help identify diseases earlier, when they are more treatable. Your doctor can advise you about which of these or other screening tests may be recommended for you and when you should have them.

PROSTATE CANCER SCREENING (FREE!)

GW Cancer Center offers free prostate cancer screenings for men ages 40 to 70 without a history of cancer. Screening tests take just 15 minutes and are held the fourth Friday of each month, from 8:30 to 11:30 a.m., at GW Medical Faculty Associates Building - Department of Urology, 22nd and I Streets, NW, 2nd floor, Washington, DC (one block from the Foggy Bottom Metro).

People at increased risk for prostate cancer include: African-American men, men with a family history of the disease, older men and those who are overweight.

Schedule your free screening by calling 202-741-3106 or visiting gwcancercenter.com/prostatescreening.



KIDNEY DISEASE SCREENING (FREE!)

Simple blood and urine tests can be used to screen for kidney disease. This condition can go unnoticed until it is very advanced; early detection can slow or even prevent its progress.

The primary risk factors for kidney disease are: diabetes, high blood pressure, cardiovascular disease and family history of kidney failure.

To schedule a screening, call 1-833-KIDNEY-3 or visit gwkidney.org.



LUNG CANCER SCREENING

Computed tomography (CT) uses no contrast dyes and only takes 60 seconds to complete. It is covered by Medicare and most insurance plans for those at high risk.

You may be at high risk for developing lung cancer if you: are between 55 and 77 years old; have smoked a pack of cigarettes or more every day for at least 30 years or the equivalent; are a current smoker, or quit smoking less than 15 years ago.

To schedule an appointment or for more information call 1-855-GWLUNGS (495-8647) or visit gwhospital.com/lungscreening.





DEFINING Moments

GW Hospital patients share their life-changing experiences



EMPOWERED BY ADVANCED GYNECOLOGICAL CARE:

“I finally found the treatment I was looking for.” – Lori Kalani

Dealing with gynecological issues is a very personal matter for any woman, and for Lori Kalani, managing her menstrual symptoms became a monthly struggle with debilitating pain and discomfort. She has a busy career as co-chair of a major DC legal practice, and coping with this private health issue was starting to really affect her quality of life at work and at home. For a long time, she took a birth control pill to manage her symptoms, but things continued to get worse. “I got to the point where I needed a different solution, up to and including a hysterectomy,” she says.

She was disappointed to find, after meeting with different doctors, that they discouraged her from surgery, and she continued to suffer. Then she met board-certified and fellowship-trained OB-GYN Gaby Moawad, MD, who performs a high volume of minimally invasive gynecologic surgeries at GW Hospital, a referral center for complex procedures. “He is very sympathetic and spent a lot of time educating me,” says Lori. “My *defining moment* was when he agreed hysterectomy was an option, and told me I was a good candidate for a single-site robotic procedure.”

With this minimally invasive procedure, there is a 10-14 day recovery, compared to 6-8 weeks for traditional surgery, and patients can recover in the comfort of their own home, Dr. Moawad explains. The procedure was performed through a one-inch incision in Lori’s belly button that is virtually scarless. Dr. Moawad also made a minimally invasive repair to address a problem Lori was having with leaking during exercise. “Now my bladder is perfect,” she says.

Because of her career, the quick recovery was important to Lori, and it was exactly as Dr. Moawad told her it would be. Since the surgery, she’s been relieved of the monthly bloating and backache, and she’s no longer interrupted by debilitating pain during work trips and presentations. Also, she can now exercise and run worry-free because of the extra repair Dr. Moawad performed. Getting back to her life was even easier than she thought it would be. “I felt like I never missed a step,” she says.

To learn about options for gynecologic surgery, visit gwhospital.com/gyn.

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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