

Colorectal cancer surgery
Adding precision can mean less discomfort

**Gymnast Elena Corcoran's 'defining moment'**"I never missed a competition"





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Every story in this *Health News* reflects how we are *defining medicine* at the George Washington University Hospital. The physicians, surgeons, nurses and staff at GW Hospital are dedicated to our patients, always finding new ways to provide advanced, compassionate care to help you regain and maintain good health.

Take for example the story on page 7 about Elena Corcoran, who won a full gymnastics scholarship to the George Washington University. Severe pain in her hips threatened to slow down her competitive gymnastics season in 2013. After seeing numerous doctors, she says that Scott Faucett, MD, Assistant Professor of Orthopaedic Surgery, was the first one who understood her condition. A three-part surgery at GW Hospital brought her back to winning awards five months later.

In addition, our comprehensive cancer services are becoming even more robust with the growth of the new GW Cancer Center, a collaborative program between GW Hospital, the GW School of Medicine & Health Sciences and The GW Medical Faculty Associates. We're pleased to welcome Eduardo M. Sotomayor, MD, new director of the GW Cancer Center. The Center encompasses all of the advanced cancer programs we offer, including those featured in this issue – the GW Comprehensive Breast Center and our colorectal cancer program.

We continue to look for ways to research, innovate and refine our care as we grow our programs. At GW Hospital, we're *defining medicine* so that you, your friends and loved ones have access to advanced, high-quality care – no matter what may arise.



Barry A. Wolfman
Chief Executive Officer



## Why advanced medical technology matters THE GW RADIATION ONCOLOGY CENTER

Treating cancer with radiation today can mean better treatment with less discomfort. TrueBeam™ STx technology makes it possible for patients to receive fast, accurate image-guided treatments targeted to a specific area, sparing healthy tissues nearby.

At the GW Radiation Oncology Center, the system helps patients through real-time imaging. It lets surgeons and physicians see tumors clearly and can decrease operation time for more comfortable exams.

To learn more about the GW Radiation Oncology Center, visit www.gwhospital.com.

# Always prepared

There are only two United Nations-certified disaster search and rescue teams in the Western Hemisphere and physicians from GW Hospital serve on one of them. They're on your side in every kind of emergency.



"We can face different hazards in Washington, DC, due to our location," says Bruno Petinaux, MD, Co-chair of the Emergency Management Committee at GW Hospital. "On the Fourth of July, we had 400,000 people less than two miles from the hospital. We had to be able to respond to anything."

Dr. Petinaux and Co-chair Anthony Macintyre, MD, are experienced in organizing emergency resources and providing care during largescale disasters. As members of USA-1, the Fairfax County Urban Search and Rescue team, they both traveled to Kathmandu, Nepal, after the earthquake on April 25, 2015. They also served during the Haiti earthquake in 2010.

"After an earthquake or bombing, our patients are not on a gurney, they are in confined or collapsed spaces. Our first challenge is

access, followed by planning for and providing care, securing the structure and removing the person safely," says Dr. Petinaux.

Drs. Petinaux and Macintyre were on a plane to Nepal 50 hours after the 7.8 earthquake hit last April. Their team of 56 included paramedics, engineers and six search and rescue dogs. They began their nearly three-week mission by searching buildings to make sure no one was left inside. They cleared rubble at sites like schools and hospitals in case people were

trapped. Besides rescuing survivors, the team's engineers checked buildings to declare them safe.

In Washington, DC, Dr. Petinaux and his staff make sure emergency processes are in place at the hospital. They take care of about 80,000 ER patients each year, and many more in the event of a largescale emergency. "We hope we never have to face a major disaster," says Dr. Petinaux. "It helps to know that the George Washington University Hospital takes emergency management seriously."

Learn more about GW Hospital's emergency services at www.gwhospital.com/emergency.



# MORE TOOLS for fighting BREAST CANCER

The GW Comprehensive Breast Center offers routine services such as imaging together with advanced programs like cancer prevention. atients can find reassurance when they turn to the GW Comprehensive Breast Center. It's dedicated to all aspects of breast care, and is also the place for some of the latest advances in cancer surgery and reconstruction. Surgeons offer leading-edge therapies, along with kindness and understanding. And there's easy access to services at GW Hospital. Christine Teal, MD, FACS, Associate Professor of Surgery and Chief of Breast Surgery, says these are some of the reasons "why our breast program is so amazing." >



#### THREE DISTINCT OFFERINGS IN CANCER CARE

The breast center offers highly specialized programs, surgeries and approaches for women who have breast cancer or want to prevent it. Here are a few:

#### The Ruth Paul Cancer **Prevention Program**

Mutations (changes) in certain genes, including BRCA1 and BRCA2 genes, can increase the risk of breast or ovarian cancer. Women who have a family history of cancer or who have had cancer at an early age may be referred for, or can request, genetic counseling and testing. If mutations are found, a team of genetic counselors and medical specialists work with patients to manage their risk. "We may recommend increased monitoring, special imaging or

"I believe newer technologies and all the choices at the GW **Comprehensive Breast** Center raise the level of care available in the city for breast cancer patients or those at high risk for it."

**CHRISTINE TEAL, MD, FACS** 

medication to lower one's risk," savs Rebecca Kaltman, MD, a breast medical oncologist. "Highrisk mutations may also call for preventive surgery, another option that we discuss with the patient."

#### Nipple-sparing mastectomies

If breast cancer or genetics leads to removal of one or both breasts, most women who opt for reconstruction want to look natural afterward. Many patients are candidates for nipplesparing mastectomies. "To be sure this procedure is done safely, we remove the tissue behind the nipple and send it separately to be tested for cancer cells," says Dr. Teal. "If it's negative, we can safely allow the patient to keep her own nipple."

#### Same-day surgery and reconstruction

Conducting a mastectomy and breast reconstruction the same day can mean one surgery instead of two. This is more convenient and less stressful for patients. To help the staff at the GW Comprehensive Breast Center reach this goal, technology called SPY Elite® is used. Through contrast imaging, it can detect tissues that might increase complications after surgery. If the skin looks healthy, the plastic surgeons can often safely go straight to placing an implant. "Now we can know the safest reconstruction options for patients at the time of surgery," says Dr. Teal. ■

#### Eduardo M. Sotomayor, MD, to lead GW Cancer Center



Eduardo M. Sotomavor, MD, has been named the first director of the GW Cancer

Center (GWCC), established by the GW School of Medicine & Health Sciences, GW Hospital and The GW Medical Faculty Associates. The GWCC coordinates all cancer-related activities, such as obtaining grants and overseeing a cancer research center.

"We are thrilled to have Dr. Sotomayor, a recognized leader in cancer care, join our team," says Barry A. Wolfman, CEO of GW Hospital. "With his leadership, the GW Cancer Center will offer patients and their loved ones access to advanced treatment, giving them hope during what can be one of the most challenging times of their lives."



#### Comprehensive Breast Center

Learn more about the GW Comprehensive Breast Center's full range of services at www.gwhospital.com.

#### **ASK THE DOCTOR**

# Technology can make a difference in colorectal cancer surgery



Colorectal cancer is one of the top three most diagnosed cancers.\*

Vincent Obias, MD, FACS,

FASCRS, Associate Professor of Surgery and Director of Colon and Rectal Surgery, recommends screenings for adults between ages 50 and 75. People at higher risk may need to be screened at a younger age or tested more frequently. If cancer is found, he gives patients the advantage of skilled robotic surgical treatment. Here, Dr. Obias answers some basic questions.

### What causes colorectal cancer?

It can be genetic or happen out of the blue. The National Cancer Institute reports that 75 percent of patients have no evidence of inheriting the disease. Other risk factors range from diet and taking anti-inflammatory drugs, to cigarette smoking and having had polyps (abnormal tissue growths) in the colon.

### What's the latest news in colorectal cancer surgery?

The best news for some time has been the da Vinci® Surgical System. The robot has multiple arms, with the surgeon controlling three instruments and a camera. This lets us perform even deep pelvic dissections easily. Stable camera views allow us to cut cleaner, more precise margins around the cancer and better avoid the nerves. This increased precision can help decrease pain and recovery time for patients.

#### Does da Vinci provide benefits specifically for rectal surgery?

Yes. The rectum is essentially the last 20 centimeters of the large colon, making cancer here difficult to remove. If the patient needs radiation or chemotherapy, we often do that first, then perform surgery. The robot's articulating wristed instruments let us get into places the human hand has difficulty reaching. It also makes suturing easier because we can better access these very small spaces.

## What should you look for in a hospital if you're facing colorectal surgery?

Choose a hospital with a highvolume colorectal program; highvolume hospitals usually have more
experience and the best outcomes.
Our work with the da Vinci Surgical
System has given GW Hospital
the distinction of being a Robotic
Colorectal Epicenter. Doctors from
around the country come here to
study the techniques we use.



\*National Cancer Institute

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.



66 GW Hospital was amazing. I never missed a competition.

- Elena Corcoran, former collegiate gymnast

Pain in her hips was constant for gymnast Elena Corcoran. She was in the middle of her sophomore year at the George Washington University and deep into competition season. She tried all kinds of therapies; even cortisone shots. Nothing changed until the defining moment she met Scott Faucett, MD, MS, Assistant Professor of Orthopaedic Surgery, and a hip and knee sports medicine surgeon at GW Hospital.

Dr. Faucett identified several problems in Elena's hips. She had impingement, where extra bone had created lesions that were preventing the ball and socket from moving smoothly. Elena also had a torn labrum (cartilage along the rim of the hip socket), and she had a tendon snapping out of its groove in the pelvic bone.

Three days after finishing her gymnastics season on March 22, 2014, in "major pain," Elena was admitted to GW Hospital. Dr. Faucett performed surgery on her right hip, the most serious of the two. He removed the lesion, repaired the labrum and released the tendon by lengthening so that it could move more easily. "I loved Dr. Faucett," says Elena. "I've seen a lot of doctors, and he is one of the best."

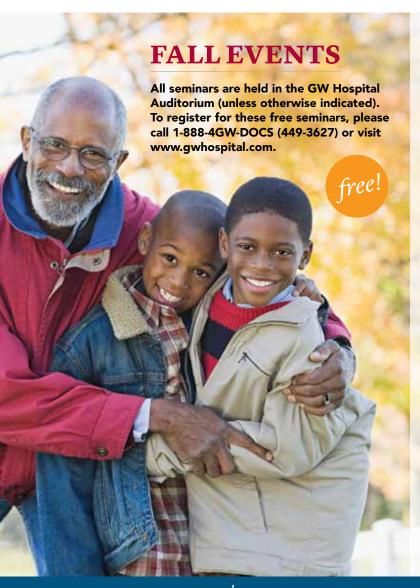
After physical therapy, Elena was "fully functional" by September, and she went on to win numerous awards during her last two years of competition, including the team's first East Atlantic Gymnastic League Championship.

Dr. Faucett explains that success is the result of an entire team of specialists, including surgeons, physical therapists, radiologists and nurses. "These patients are very active, doing what they love. You can't just say, 'stop doing it,'" says Dr. Faucett. "Being able to get them back to a high level of activity – especially with the speed at which they move – is a testament to the procedure and the team's understanding of the conditions."

To learn more about hip preservation, go to www.gwhospital.com/hippreservation.

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#### **Blood in Your Stool: What Could it Mean?**

DATE: Monday, November 16

TIME: 5:30 - 7 p.m.

PRESENTERS: Samir Agarwal, MD, Colorectal Surgeon;

Vincent Obias, MD, Colorectal Surgeon

Have you experienced blood in your stool? Learn what this could mean, as well as when to get a colonoscopy screening and how it could save your life.

#### **New Year, New You: Body Contouring** after Weight-loss Surgery

**DATE: Monday, December 14** 

TIME: 5:30 - 7 p.m.

PRESENTER: Benjamin Wood, MD, Plastic Surgeon

Are you experiencing excess skin or other effects from weightloss surgery? With cosmetic reconstruction, you can help decrease these effects. Learn about the latest advances and options available to help you achieve the body you desire.

#### **Innovative Shoulder Surgery: Less Pain, Faster Recovery and Excellent Results**

**DATE: Wednesday, December 16** 

TIME: 6 - 7:30 p.m.

PRESENTERS: David M. Lutton, MD, Orthopedic Surgeon; Paul Dangerfield, MD, Anesthesiologist

You've been dealing with shoulder pain long enough. With new shoulder reconstruction techniques, accelerated rehabilitation and advanced pain management, the outcome of shoulder replacement surgery has dramatically improved. Learn how it can speed recovery time, reduce pain and improve your quality of life.

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