

HEALTH NEWS *from*

gw hospital

Compliments of the George Washington University Hospital

SUMMER 2015

DEFINING MEDICINE

Minimally invasive surgery

**Making the complex
more convenient**

INSIDE:

Hip replacement from the front

Anterior approach can mean
faster rehabilitation

David Rovner's 'defining moment'

"I'm so glad I went to GW Hospital."



THE GEORGE WASHINGTON
UNIVERSITY **HOSPITAL**



THE GEORGE WASHINGTON
UNIVERSITY HOSPITAL

DEFINING MEDICINE

IN THIS ISSUE:

4 MINIMALLY INVASIVE THORACIC SURGERY

Making the complex more
convenient

6 ASK THE DOCTOR

Increasing women's options
in gynecological surgery

7 DAVID ROVNER'S 'DEFINING MOMENT'

GW Hospital's trauma team
saved his life



As a university academic medical center, the George Washington University Hospital strives to "define medicine" by implementing advanced technologies and procedures. As part of this, we were the first in D.C. to offer the da Vinci® Surgical System robot for minimally invasive procedures. The desire to reduce discomfort and shorten

recovery time for patients undergoing surgery is at the core of what we strive to do, and we've focused this *Health News* on our capabilities in this area. We cover gynecological surgery, thoracic surgery and orthopedic surgery – all of which can be done at GW Hospital with smaller incisions, less pain and shorter hospital stays. On page 6, you'll read about the Single-Site® technique, which is performed with one tiny incision for virtually "scarless" surgery.

While we are committed to defining medicine, we never lose sight of why we are here – our patients. GW Hospital is dedicated to providing our patients and their loved ones with compassion and high-quality service. Patients come to GW Hospital for our combination of physician leaders, academic research and high-tech medical and surgical capabilities. It's here you'll find options, practice-based knowledge and the ever-advancing benefits of frontline technology – all while in the support of our devoted care team.

Thank you for reading this *Health News*, and enjoy your summer!

Barry A. Wolfman
Chief Executive Officer

Summer is the perfect time to have a full-body skin check

In the last 40 years, the rate of skin cancer among women ages 18-39 years has increased 800 percent, and 400 percent among men in the same age group.* Fortunately, survival rates for melanoma have also increased. Early detection is key, as earlier staged melanomas have a more favorable outcome.

To find a doctor, call our free physician referral line at 1-888-4GW-DOCS.

*Skin Cancer Foundation



A “*truly minimally invasive approach*” to hip replacement

Muscle-sparing surgery from the front can mean more mobility sooner.



Fewer patients are putting off hip replacement surgery now that there are ways to reduce the time it takes to recover. “Many patients have lifestyles that favor a shorter recovery,” says John Scanelli, MD, a joint replacement specialist with the George Washington University Hospital.

Dr. Scanelli, who is fellowship trained in hip and knee replacement surgery, explains that patients themselves are seeking out this procedure. “The anterior approach, multimodal anesthesia and rapid rehabilitation protocols can decrease the time patients need to recover in the hospital after hip replacement. More patients are also going home rather than to long-term care facilities after hip replacement,” says Dr. Scanelli. “Some patients even safely go home the day of the operation.”

The anterior approach involves making the operational incision in the front of the hip rather than the side or back. What gives this technique its advantage is the fact that no muscles or tendons are cut during the operation. This usually makes it less painful and less difficult to recover. In most cases, patients are up and walking the day of surgery, and leave the hospital the following day.

“The posterior approach, or entering from the back, carries an increased risk of dislocation; and the direct lateral approach, entering from the side, is associated with an increased risk of a permanent limp,” says Dr. Scanelli. “The anterior technique has neither of these downsides.” He says because the patient is lying on his or her back during an anterior operation, instead of on their side, the surgeon can more accurately assess leg lengths.

Patients today want to return to an active lifestyle and get back to work sooner, and the anterior procedure can be one part of facilitating their rapid recovery. Modern hip replacement can now afford patients less pain and the ability to regain their mobility faster, with some discontinuing their walking aids within days to weeks after the operation. “Because we no longer have to cut through muscle to expose the hip joint, this approach is truly minimally invasive,” says Dr. Scanelli. ■

Read more about the orthopedic services at The Total Joint Replacement Center, including “Joint Camp” classes for patients at 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 minimally invasive hip replacement surgery is right for you.



MINIMALLY INVASIVE *thoracic surgery*

Making the complex more convenient

The surgery team that treats the lungs, esophagus and chest is safely extending the possible benefits of minimally invasive surgery, including reduction of pain and a decrease in the length of hospital stay, to one of the most complex areas of medicine.

Keith Mortman, MD, FACS, FCCP, Director of Thoracic Surgery, and Gregory Trachiotis, MD, FACS, FCCP, Chief of Cardiothoracic and Thoracic Surgery, make up the thoracic surgical team that performs a range of procedures, from lobectomy – where the cancerous portion of a lung is removed – to a sympathectomy, to cure profuse sweating. Technology supporting the team at the George Washington University Hospital includes a da Vinci® robot, and a minimally invasive surgical approach is seen as a benefit to both the patient and the surgeon. ►

It's not just about the incision

While the incisions used when performing minimally invasive thoracic surgery are smaller than those of a traditional, open operation, this isn't the primary reason for a reduction in pain. It's because the surgeon doesn't have to spread the patient's ribs apart to view the operative area. "Many procedures can be performed through the single-port video technique, an advancement made because of better cameras and tools to perform thoracic procedures," says Dr. Trachiotis. With today's high-definition endoscopes – which comprise tiny but powerful cameras – surgeons can see more detail, and the tools used to navigate tight spaces during the operation are exceptionally slim. "Also, in partnering with our cardiothoracic anesthesiologists, special modalities such as thoracic epidural catheters can lead to improved pain control, pulmonary function and recovery in the hospital," he adds.

"Often, we can see better than if we were looking through an open incision, because you can only spread the ribs apart so far," says Dr. Mortman. "The endoscope brings light inside, and lets you see throughout the chest. You can get way up into the apex or way down, and if you have to go further, you advance the endoscope, which doesn't increase pain."

Confidence comes from a skilled medical team

Part of an academic medical center and teaching hospital for residents, the George Washington University Hospital thoracic surgery department includes physicians who have published their work in medical journals and who lecture nationally and internationally. Support staff complements these credentials, and includes a physician's assistant, Kevin Dubree, PA-C, who has 17 years' experience, and a nurse navigator, Meg Flood, RN. The latter helps smooth the surgical experience by talking with patients, setting up appointments, ensuring studies are up to date, ordering pre-operative testing, handling paperwork and assisting with post-op follow-up.

Since about half of the patients seen have had a cancer diagnosis, the team communicates closely with specialists like pulmonologists, radiation oncologists and medical oncologists in a weekly thoracic oncology conference to discuss test results and plan the next steps for patients. In this way, each aspect of a patient's case is considered from a wide perspective, and treatment is tailored individually.

"When you choose GW Hospital, you're choosing a medical staff of physicians who are leaders in their fields, with outcomes that meet or exceed national benchmarks," says Dr. Mortman. "The specialists here want to obtain the best outcome for each patient." ■

Read more about the doctors on the thoracic surgery team at www.gwhospital.com/thoracic.

Lung cancer screenings available

Screenings for lung cancer at GW Hospital are low-dose CT scans that use no contrast dyes. The scan itself takes only 60 seconds to complete, and is now covered by Medicare. "We continue to be very busy with the screening program, and are seeing a lot of 'gray' areas," says Dr. Mortman. "In these cases, it's extremely important to have found a possible problem so it can be monitored."

To schedule an appointment, call 1-855-GWLUNGS (495-8647).



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.

Increasing women's options in *gynecological surgery*



Minimally invasive, or virtually scarless surgery is becoming

the norm, and surgery through one small incision is not uncommon. However, it's vital to match surgical techniques with appropriate patients, and to tailor treatment to each individual condition. In this Q&A, **Gaby Moawad, MD**, Robotic Surgeon and Assistant Professor of Obstetrics and Gynecology, shines light on the surgery now associated with less pain and faster recovery.

What are the benefits of minimally invasive surgery over the traditional kind?

A less invasive procedure is naturally not as painful; you're not cutting as much muscle and tissue. There's less bleeding because the camera we use can see even miniature vessels and we can avoid them. Not to mention, less scar tissue, which makes future surgeries less risky for the patient. The result is more attractive cosmetically, and most patients have a faster return to normal activities. We usually perform minimally invasive surgery with a couple of small incisions. Sometimes, Single-Site® robotic surgery can be done through just one incision in the belly button.

Why does GW Hospital stand out in minimally invasive gynecological surgery?

Four good reasons: We are able to offer many options to our patients; we're able to tailor treatment to each patient's condition; we have a high success rate; and we're a referral center for treating complex cases, often those that other surgeons do not have the skill, training and expertise to treat with a minimally invasive approach.

What gynecological procedures can be done through a single incision?

Hysterectomy was the first Single-Site® robotic surgery to be approved in gynecology, and others have followed. At GW Hospital, we also perform minimally invasive robotic myomectomies, which are removal of fibroid tumors. In February 2015, we performed one of the first Single-Site® robotic myomectomies ever, and the patient went home the same day. She had only a 1-inch scar and in two weeks, she was back to her normal routine. In this instance, there was one tumor, but we can also remove multiple tumors, even though the procedure can be much more challenging.

Can any woman have a Single-Site® robotic hysterectomy?

Someone with an especially large uterus – the average measures about 3 by 2 inches – would not be a candidate. Likewise, if a woman has had multiple prior open gynecological surgeries and has significant scar tissue, she wouldn't be an appropriate patient. ■

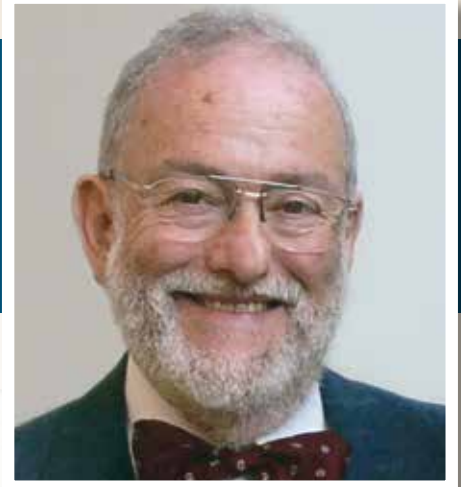
Read more or find a robotic surgeon at GW Hospital by visiting www.gwhospital.com.

Individual results may vary. There are risks associated with any surgical procedure. Talk with your doctor about these risks to find out if minimally invasive or robotic surgery is right for you.



DEFINING Moments

GW Hospital patients share their lifesaving experiences



David Rovner

“GW Hospital has the best Level I trauma center around.”

David Rovner, a retired endocrinologist, was walking down D Street to 10th, and that's the last thing he remembers.

Information pieced together from bystanders gave Rovner a picture of what happened the morning of November 28, 2012. He was walking to a meeting when he was struck by a bus and thrown about 15 feet through the air. In a single, *defining moment*, everything went blank. He may not remember the accident, but he says, two-and-a-half years later, he knows one thing for sure: “GW Hospital has the best Level I trauma center around.”

Rovner was rushed to the George Washington University Hospital's Center for Trauma and Critical Care, where the trauma team determined that besides a crushed left arm, Rovner had a condition called “flail chest.” This is where three or more ribs are broken in multiple places and are no longer connected to anything, creating a “free floating” chest wall. Extreme pain and difficulty breathing accompany the condition. “All 12 ribs on David's left side were broken, many in multiple places, and 4 ribs on his right side were broken as well, so his chances of survival were very low,” says Babak Sarani, MD, FACS, FCCM, Medical Director of Trauma and Critical Care Surgery.

As the first trauma center in the Washington Metro region to perform “rib plating” with a new system called RibLoc®, GW Hospital's trauma bay was indeed the right place at the right time for Rovner. Surgeons repaired his chest wall using the system's U-shaped plates and locking screws, and virtually eliminated his chest pain. “David was transferred to rehabilitation only two weeks after his operation and never required a prolonged means of life support, which is nothing short of remarkable,” says Dr. Sarani.

Rovner is glad his memories of the accident are few. He does recall waking up a week later with his grown children surrounding his bed, and the “lovely” GW Hospital staff. “Every member of the staff was absolutely interested in the individual person and communicated in an engaging manner. My wife and I noticed it immediately,” says Rovner. He doesn't hesitate to credit the trauma team as well for exceptional work. “I was very fortunate to be taken to GW Hospital. If I hadn't been there, I would be dead because of the severity of my injuries,” he says.

To see a video about the Center for Trauma and Critical Care, go to www.gwhospital.com/sarani.



THE GEORGE WASHINGTON
UNIVERSITY HOSPITAL

900 23rd Street, NW
Washington D.C. 20037

PSRT STD
U.S. POSTAGE
PAID
PERMIT NO. 322
PONTIAC, IL

Finding a doctor is easy and FREE

With Direct Doctors Plus®

Whether you need a check up or suffer from a chronic or acute condition ... there are lots of reasons to see a physician.

Direct Doctors Plus® is here for you.
1-888-4GW-DOCS (3627)

- **FREE** physician referrals
- **FREE** connection to doctors' offices to help you schedule an appointment
- Friendly, knowledgeable representatives

When you need a doctor ... We can help!



*Connect
WITH US!*



Like our page on
Facebook



www.gwhospital.com
202-715-4000

HEALTH NEWS FROM THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Barry A. Wolfman
Chief Executive Officer/
Managing Director

Gary Little, MD
Medical Director

Susan Griffiths
Marketing Manager

Information in *Health News* comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health please contact your healthcare provider. Models may be used in photos or illustrations. Any opinion expressed by an author whose article appears in this publication is solely the opinion of the author and does not necessarily reflect the views of the George Washington University Hospital or Universal Health Services, Inc. Physicians are on the medical staff of the George Washington University Hospital, but, with limited exceptions, are not employees or agents of the George Washington University Hospital. The hospital shall not be liable for actions or treatments provided by physicians. ©2015. All rights reserved. Printed in the U.S.A.

You may have received this mail because your address appears on a purchased mailing list. The companies from whom we purchase mailing lists are responsible for removing your name if you do not wish to be listed. To add or remove your name and address from our mailing list, please contact the George Washington University Hospital's Marketing Department; the Direct Marketing Association, Farmingdale, N.Y.; or log on to <http://www.dmachoice.org>