

CONNECT

A MAGAZINE FOR PHYSICIANS

SUMMER 2024

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Multidisciplinary Approach
Key to Best Outcomes** > pg. 4

**Surgical Interventions for
Tricuspid Valve Disease** > pg. 15

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**MedStar Franklin Square Medical
Center Achieves Comprehensive
Stroke Center Designation**

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A MAGAZINE FOR PHYSICIANS

Connect is a publication of MedStar Health. Published for physicians, Connect is focused on MedStar Health's regional service lines in Central Maryland. The information provided in this publication is intended to educate readers about subjects pertinent to their professional practice or personal health, and is not a substitute for consultation with other physicians.

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On the Cover

The Comprehensive Stroke Team at MedStar Franklin Square Medical Center includes Paul Singh, MD, MPH, FAHA, director, Comprehensive Stroke Center and Neuroendovascular Surgery; Scott DeBoer, MD, PhD, medical director, Neurocritical Care Medicine; and Samir Sur, MD, director, Cerebrovascular and Skull Base Surgery (pictured left to right).

Dear Readers,

Nearly five years ago, we outlined an ambitious strategic plan for MedStar Health focused on strengthening our core businesses and growing adjacent businesses while enhancing our models of care to best meet the evolving needs of our patients. The progress that has been made since then has been remarkable thanks to the input and dedication of our providers, associates, and many valuable partners. In this issue of *Connect*, we highlight a few of these initiatives.

We significantly expanded our Neurosciences program at MedStar Franklin Square Medical Center through investments in talent and technology...investments that enabled us to achieve the highest-level designation as a Comprehensive Stroke Center by The Joint Commission and the Maryland Institute of EMS Systems (MIEMSS). This most demanding stroke certification is designed for hospitals that have specific abilities to receive and treat extremely complex stroke cases and meet rigorous quality standards.

At MedStar Heart & Vascular Institute at MedStar Union Memorial Hospital, we continue to provide patients with the most innovative treatments through a robust cardiovascular research program—the breadth and depth of which is unmatched in the region. We have helped pioneer many of the advances that have been made in this challenging field and rank among the nation's leading sites in evaluating emerging technologies and procedures.

The growth of our adjacent businesses has been equally important, so our patients receive the right care at the right time in the right setting. To that end, we have opened another MedStar Health Surgical Center in Annapolis greatly expanding the range of treatments we now offer in the area. This further demonstrates our commitment to providing seamless access to the newest diagnostic technologies and surgical techniques to those who live and work in Anne Arundel County.

The ability to provide the region and our patients with appropriate pathways to accessible health care is essential to ensuring the very best outcomes. As a team, we are well positioned to meet the healthcare needs of the communities we serve for many years to come. It's how we treat people.

In good health,



Bradley S. Chambers

Senior Vice President and Chief Operating Officer
MedStar Health, Baltimore Region

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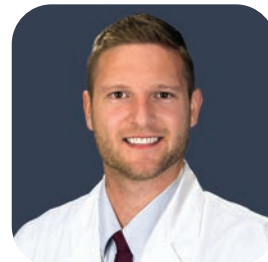
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MedStar Health at Perry Hall opens for patients with orthopaedic and cardiovascular needs.

MedStar Health at Perry Hall is now open in the Honeygo Village Center, in northeast Baltimore County close to White Marsh. Our expert clinicians can treat a wide variety of health conditions, including shoulder and elbow problems; spine, neck and back pain; and vascular disorders. Consults and appointments are also available for general cardiology and cardiac surgery. Our on-site vascular lab offers advanced diagnostics for all vascular conditions.



Specialty cardiovascular care now integrated under one roof.



Cardiac Surgery, Electrophysiology, Structural Heart, and Vascular Surgery. Additionally, it provides cardiovascular testing to include electrocardiograms, echocardiograms, and vascular ultrasounds, a device clinic, and a procedure room for select treatments.

"Health care and patient care continue to evolve and the concept for this cardiovascular outpatient setting is the result of a collaborative team of clinical leadership, administrators, and experts who gathered pre-pandemic and were challenged to think differently about patient care and to address the innovations in heart and vascular treatments," Dr. Najjar notes. "Together, they helped develop a vision for a comprehensive heart and vascular home for patients." •

With the complexity of health care today, there is an increased need for collaboration among sub-specialists. Now, patients who come to MedStar Heart & Vascular Institute at MedStar Union Memorial Hospital can receive the specialty outpatient care they need under one roof with the opening of a new Outpatient Center across from the hospital on Calvert Street.

"This new center creates a space where care revolves around the patient with the design bringing all services together in one physical location—diagnostics, consultations, patient education, and counseling,"



explains **Samer Najjar, MD**, the chief of Cardiology for MedStar Health in the Baltimore region. "Consequently, patients experience seamlessly integrated cardiovascular care. This type of clinical care setting for our heart and vascular patients is the first of its kind for MedStar Health."

The new center, at just under 10,000 square feet, matches advances in technology and therapy with space that unites medical and surgical consultations, subspecialty clinics, noninvasive testing/procedures, clinical research, and patient education. The Outpatient Center houses services for Advanced Heart Failure,



To learn more visit [MedStarHealth.org/Heart](https://www.MedStarHealth.org/Heart).

Colorectal cancer: Multidisciplinary approach key to best outcomes.

Cancers of the colon and rectum, also known as colorectal cancers, are the third most commonly diagnosed cancers in the United States and the second leading cause of cancer death in this country. But there is good news. The rates of colorectal cancer deaths have been slowly decreasing since 1968...a decline that is attributed in large part to an increase in screenings.

However, the number of diagnoses in young people has been climbing, the cause of which is unclear. Because of this, the recommended age for a person's first screening colonoscopy was lowered in 2021 from 50 to 45 by the U.S. Preventive Services Task Force.



Kevin Chen, MD

"When younger patients have symptoms that are hallmarks of colorectal cancer in an older person, it's not uncommon for those symptoms to be attributed to other benign causes," says **Kevin Chen, MD**, a medical oncologist/hematologist who specializes in colorectal cancer at MedStar Georgetown Cancer Institute at MedStar Franklin Square Medical Center. "If a young person complains of abdominal pain or rectal bleeding, doctors often chalk it up to gastroenteritis or inflammatory bowel disease."

That's why it's important for any patient experiencing gastrointestinal issues—regardless of their age—to

receive care from an experienced team of specialists, including gastroenterologists, oncologists, and surgeons who have experience diagnosing and treating colorectal cancers.

"Working as a multidisciplinary team facilitates collaboration, which results in the development of personalized and comprehensive treatment plans that take every patient's physical and emotional needs and goals into account," says Dr. Chen. "In fact, the colorectal care we offer often begins before a diagnosis, especially if a patient is at high risk. With the help of our board-certified genetic counselors, we can help patients manage and lower their risk of the disease long before they develop symptoms."

"Here, we perform a high number of colorectal cancer surgeries, making us one of the most experienced teams in the region," adds **David Lisle, MD**, a colorectal surgeon who specializes in minimally invasive surgical techniques. "We have decades of experience in removing cancer while prioritizing patients' quality of life."

While colon cancer and rectal cancer are often grouped together and have many similarities, treatments for both types of cancers can actually be quite different, especially in early stages.

"Many patients benefit from a combination of treatment modalities. All treatment options consider the least invasive and most effective options to target the cancer as well as what offers the best potential for minimizing the risk of recurrence. For those with the greatest risk of recurrence, we offer an innovative surveillance approach following treatment," Dr. Chen says.

Colon cancer

Typically, cancer in the colon, begins as a non-cancerous polyp that eventually becomes cancer over time. When caught early, it's highly treatable. It's also the most



David Lisle, MD

preventable, as doctors can remove precancerous polyps during a regular screening via colonoscopy.

"We primarily treat this type of cancer with surgery using minimally invasive options such as laparoscopic and robotic surgery," explains Dr. Lisle. "These approaches offer several benefits over traditional surgery, including smaller incisions, shorter hospital stays, and faster recoveries. The surgical options vary depending on the thickness of the tumor and whether it has metastasized. Some patients also benefit from chemotherapy before and/or after surgery, which can help to shrink the tumor or prevent recurrence."

Rectal cancer

Like colon cancer, rectal cancer can develop out of polyps, or abnormal growths that may begin in the rectum. These polyps can be removed during a colonoscopy to potentially prevent the disease.

If cancer develops in the rectum, surgery is typically the main treatment option. Some patients benefit from radiation therapy and/or chemotherapy in addition to surgery, especially if the tumor is growing through the wall of the rectum or to nearby organs and lymph nodes. Because the rectum is located in a tight space and surrounded by other organs, like the bladder, uterus, and prostate, surgery can be more complex.

"In addition to our skills performing minimally invasive surgeries, we have a great deal of expertise with techniques that spare the sphincter and, thus, a patient's ability to use the restroom naturally," Dr. Lisle notes.

Advances in treatment

Over the past few decades, immunotherapy has emerged as an effective treatment for metastatic colon cancer. "I strongly advocate for the use of immunotherapy. It's a major advancement that has proven to be more effective and less toxic than some alternative treatment regimes," Dr. Chen says. "It doesn't work for all patients, but it can be more effective than chemotherapy for some patients or combined with chemotherapy."

Another approach for treating colorectal cancers with certain genetic mutations such as BRAF or HER2 mutations is targeted therapy. These drugs and other substances can potentially provide a less toxic but still potent treatment to stabilize the tumor. "We offer both approved therapies and clinical trials, including monoclonal antibodies, which target specific substances on cancer cells and then kill them, block their growth, or keep them from spreading, and angiogenesis inhibitors, which stop the growth of new blood vessels needed by tumors," he says.

Some patients with advanced, metastatic cancer benefit from minimally invasive procedures performed by specialists in interventional radiology. This approach employs imaging, such as CT scans and MRIs, to locate and target tumors that have spread to the liver and destroy them through ablation techniques using extreme heat, cold, electrical currents, or radio waves, and embolization techniques in combination with chemotherapy and radiation therapy.

"Plus, through our partnership with the Georgetown Lombardi Comprehensive Cancer Center, a National Cancer Institute-designated comprehensive cancer center, our patients benefit from state-of-the-art research, technology, and clinical trials before they're widely available elsewhere," notes Dr. Lisle. "These novel therapies are helping doctors manage colorectal cancer better." •

To schedule a patient consultation with the colorectal cancer specialists at MedStar Franklin Square, call 443-777-2475.

A new targeted approach to managing hypertrophic cardiomyopathy.

Hypertrophic cardiomyopathy (HCM) is the most common monogenic inherited cardiovascular disorder, affecting more than one in 500 people in the general population. Unfortunately, there are also many more with the condition who remain undiagnosed. In addition, there is no gender, age, or ethnic factor specific to HCM—it can affect anyone.

“HCM is a complex disease that causes the heart muscle to become abnormally thick. Two-thirds of patients with HCM have obstructive HCM (oHCM), where the thickening of the cardiac muscle leads to

left ventricular outflow tract obstruction, while one-third have non-obstructive HCM (nHCM), where blood flow isn't impacted, but the heart muscle is still thickened,” explains **Sandeep Jani, MD, MPH**, medical director, Hypertrophic Cardiomyopathy and Advanced Heart Failure programs, MedStar Health, Baltimore region.

Treatments for HCM can range from medications to alcohol septal ablation, to implantable cardiac devices or anti-arrhythmic medical therapy, to surgery. “Whenever possible we prefer to start with a non-invasive treatment such as medication,” he notes, pointing out that several new therapies are in development.

In fact, Dr. Jani is the principal investigator in a clinical trial underway at MedStar Union Memorial Hospital (the only site in Maryland) to study the effects of aficamten—a next-in-class cardiac myosin inhibitor—on the quality of life, exercise capacity, and clinical outcomes of patients with nHCM. Called the ACACIA-HCM trial, it is a phase 3, multi-center, randomized, double-blind trial to evaluate the efficacy and safety of aficamten compared to placebo in adults with symptomatic nHCM.

“ACACIA-HCM builds on encouraging findings from previous trials, which demonstrated that treatment with aficamten resulted in statistically significant improvements in symptoms such as shortness of breath and cardiac biomarkers in patients with oHCM. The current trial is taking this research another step further by assessing the impact of aficamten on symptoms and quality of life as well as on other measures of disease burden, including exercise capacity, functional class, cardiac structure and function in patients with nHCM. Currently, there is no treatment to improve symptoms for these patients,” says Dr. Jani.

“Trials conducted to date as well as several in progress have proven the mechanism and efficacy of cardiac myosin inhibitors in individuals with HCM, which is very exciting. This represents a bright new era in the targeted management of the disease.” •

To refer a patient to Dr. Jani and our team of advanced heart failure cardiologists, call 410-554-6550.



Sandeep Jani, MD, MPH

“Both types of HCM can limit the heart's pumping function, resulting in reduced exercise capacity and symptoms such as chest pain, dizziness, shortness of breath, or fainting during physical activity. People with HCM are also at high risk of developing cardiovascular complications including atrial fibrillation, stroke, and mitral valve disease. So, it's not a simple condition to manage.”

An alternative to blood thinners in reducing stroke risk for AFib patients.

The prevalence of heart rhythm disorders among the U.S. population continues to grow, particularly the incidence of atrial fibrillation (AFib), the most common type of arrhythmia.



John Wang, MD, and Glenn Meininger, MD

Research. “AFib is generally not a dangerous heart rhythm if it's being well managed and steps are being taken to prevent stroke, a major concern among those with the condition. People with AFib are five times more likely to have a stroke than people without AFib and AFib-related strokes tend to have more serious, long-term consequences.”

“Being on a blood thinner to prevent clotting is important for many people with AFib, especially if they have been determined to be at high risk for a stroke,” says **Glenn Meininger, MD**, director of Cardiac Electrophysiology Services, MedStar Health, Baltimore region. “However, some individuals cannot take a blood thinner due to a high risk of bleeding or falls. Others simply can't tolerate the medication. For these patients, there is a relatively new FDA-approved option—the Amulet™ Left Atrial Appendage (LAA) Occluder—a device that closes off the left atrial appendage in the chamber of the heart where blood often pools, thus reducing the risk of stroke. However, this option is currently only available to the most high-risk patients.”

Dr. Meininger and Dr. Wang are hoping to change this through the CATALYST Trial, a study that aims to expand the availability of the Amulet LAA Occluder to patients with AFIB who can tolerate long-term blood thinner medication, but would like an alternative treatment option.

Dr. Wang is the principal investigator for the trial which is evaluating the safety and effectiveness of the Amulet LAA Occluder compared to treatment with blood thinning medication in patients with non-valvular AFib who are at an increased risk for stroke and are recommended for long-term blood thinning medication. It is a multicenter worldwide trial.

At MedStar Union Memorial, patients with AFib determined to be eligible for the trial based on their CHA2DS2-VASc stroke risk are referred to Dr. Wang to ensure they meet all the criteria. Patients accepted for the trial, activated earlier this year, are randomized in a 1:1 ratio between the Amulet LAA Occlusion device and a commercially available anticoagulant. Patients in the device group are implanted with the occluder via a catheter inserted through an incision in the upper leg.

“While blood thinners are safe for most patients, there is still a continued risk of stroke even when on the medication as well as a risk of having a clinically relevant bleeding event. Plus, many patients are told to take a blood thinner for the rest of their lives, yet many do not...leaving them at risk for stroke,” Dr. Wang notes. “Successful implant with the Amulet LAA Occluder allows a patient to immediately stop their blood thinner medication.” •

To refer a patient to Dr. Meininger and our team of cardiac electrophysiology specialists, call 410-554-6727.



◀ Elliot Dawson, MD, chair, Department of Neurology at MedStar Franklin Square Medical Center, checks on a patient.

MedStar Franklin Square Medical Center achieves Comprehensive Stroke Center designation.

Program recognized for proven ability to deliver highest level of neurologic care.

MedStar Franklin Square Medical Center has long been known for its strong stroke program—a program the hospital has been working diligently to enhance to meet the demands of the growing region it serves. These efforts culminated in the ultimate achievement late last year when the hospital was named a Comprehensive Stroke Center by The Joint Commission and the Maryland Institute of EMS Systems (MIEMSS)—the highest level of designation that can be earned. →



Our state-of-the-art neurovascular surgery biplane suite is adjacent to our emergency department for quicker treatment.

“We have significantly raised the bar in our ability to treat patients with stroke, brain aneurysm, and other neurological conditions through the expansion of our neuroscience program—recruiting top-tier talent from



across the country and investing millions of dollars in technology,” says **Paul Singh, MD, MPH, FAHA**, director of the Comprehensive Stroke Center and Neuroendovascular Surgery.

“We have the right people, processes, and technologies in place to provide the highest level of quality-based, innovative care for patients who are experiencing or recovering from a stroke. Here, patients have 24/7 access to board-certified neurologists, neurosurgeons, and neurointerventional radiologists, who are trained to provide the latest treatments—from thrombectomies and aneurysm coiling to stenting and innovative neuroendovascular procedures.”

“Achieving Comprehensive Stroke Center designation requires a commitment from all levels of the

organization, along with a skilled and experienced team of clinical providers who understand and apply proven best practices,” adds **Elliot Dawson, MD**, chair of the department of Neurology at MedStar Franklin Square. “It’s no small task. What we have developed here in a very short amount of time is an accomplishment for everybody involved. It’s a major milestone not only for the hospital and the community, but for MedStar Health and the state.”



The enhanced program at MedStar Franklin Square builds upon the academic and clinical expertise of the Comprehensive Stroke Centers at MedStar Georgetown University Hospital and



MedStar Washington Hospital Center—a collaboration that offers numerous benefits to patients, notes **Samir Sur, MD**, director of Cerebrovascular and Skull Base Surgery at the hospital. “It improves patient care by providing patients with easier access to the many nationally recognized experts across MedStar Health and supports our multidisciplinary model of care

by facilitating the ability to combine our collective strengths to develop treatment plans that address each patient’s individual needs.”

“Being designated as a Comprehensive Stroke Center is really indicative of the quality of care we’re able to deliver to patients, both when they have blood clots



in the arteries of the brain preventing blood flow, as well as when there’s been bleeding in and around the brain,” says **Scott DeBoer, MD, PhD**, medical director, Neurocritical Care Medicine.

“Both of those scenarios require often tailored and complex treatments, which we’re able to deliver at the highest quality and in a timely fashion. We have access to the most advanced imaging, the most advanced procedures, and a large selection of specialty providers including neurosurgeons, neurologists, stroke doctors, epileptologists, and therapists to make sure that we’re providing the best care possible,” Dr. DeBoer adds.

Because time is of the essence in treating stroke, the emergency department teams are trained to make stroke a priority by collaborating with emergency medicine services, who alert them when a stroke patient is on the way. In addition, the hospital has a rapid response team that evaluates patients and sets in motion specific procedures to diagnose the cause of the stroke.

“We live by the dogma of ‘time is brain,’” says Dr. Singh. “From the second a patient arrives, we have two main focuses. One is to determine why they had a stroke so that we can prevent future strokes. And the other is really about getting the patient on the path to recovery. Both of those processes are happening at the same time because we know that the sooner a patient gets out of the hospital and starts dedicated rehabilitation, the better the outcomes.”

If it’s determined that the patient needs to be admitted, they go to either the medical-surgical stroke unit or neurocritical care unit. At that point, patients see rehabilitation therapists, case managers, and social workers, in addition to neurology.



Scott DeBoer, MD, PhD, leads our 15-bed specialized neurocritical care unit.



MedSTAR Transport provides 24/7 emergency ambulance and medevac helicopter transfers.

“We have an enormous multidisciplinary team including pharmacists, speech language pathologists, physical therapists, occupational therapists, neurocritical care, specialty certified nurses, and more...an entire team whose focus is the brain,” Dr. Singh explains. “The continuum of care is incredibly important for stroke patients. We take great pride in having a stroke clinic facilitated by our in-house stroke and pain specialists, as well as a partnership with MedStar Good Samaritan Hospital for acute rehabilitation.”



Collaboration between our specialized nurse and physician teams speeds door-to-needle times.

MedStar Franklin Square has one of the fastest door-to-needle times in the entire state of Maryland, with outcomes that exceed national standards. “We treat more than 2,000 stroke patients each year, providing care utilizing cutting-edge technologies such as brain perfusion imaging and treatments such as endovascular thrombectomy,” Dr. Sur says. The MedSTAR Transport system—ready to retrieve a patient

within a 250-mile radius by air or ambulance—assures wide and rapid access to this level of emergency care.

“Our vision was to establish the hospital’s neuroscience program as a preferred center for comprehensive neurologic care by providing the communities surrounding the hospital with the highest standard of care from one day to the next,” says Dr. Dawson. “The need for neurologic services in this region of the state continues to grow, and as a Comprehensive Stroke Center we are well positioned to respond appropriately.”

In addition to being a Comprehensive Stroke Center, the American Heart Association and American Stroke Association have recognized the strength of the hospital’s stroke program for more than a decade with Get with the Guidelines awards dating back to 2010.

“The effects of stroke can be devastating. Life-long disability or death, however, is no longer a given due to new procedures and treatments we are now able to offer,” Dr. Singh adds. “At MedStar Franklin Square, our experts work together to ensure patients receive the care they need, whether it’s urgent care, brain surgery, the latest technologies for diagnostics and treatment, cutting-edge clinical trials, or rehabilitation.” •

MedStar Franklin Square’s Comprehensive Stroke Team

Comprehensive Stroke Center designation requires a commitment from all levels of the organization, along with creation of a skilled and experienced team of clinical providers who understand and apply proven best practices.



Our team includes (pictured, left to right): **Ariel Woodward, BSN, RN**, Stroke Program Coordinator; **J. Summer Morea, FNP-BC, ANVP-BC, ASC-BC**, Neuro Hospitalist and Stroke Clinic Provider; **Elliot T. Dawson, MD**, Chair, Department of Neurology; **Paul Singh, MD, MPH, FAHA**, Director, Comprehensive Stroke Center and Neuroendovascular Surgery; **Scott DeBoer, MD, PhD**, Medical Director, Neurocritical Care Medicine; **Nicole DeRita, MSN, RN**, Stroke Nurse Navigator; and **Samir Sur, MD**, Director, Cerebrovascular and Skull Base Surgery.

To make an emergent transfer to the Comprehensive Stroke Center at MedStar Franklin Square Medical Center, call the MedStar Health Transport Center at **844-877-2424**.

New outpatient surgery center opens in Annapolis.



Patients living in the Annapolis area now have access to MedStar Health surgical specialists and the latest in surgical techniques thanks to a new outpatient surgery center that opened late spring.

Conveniently located for Anne Arundel County residents across from the Westfield Annapolis mall, it is MedStar Health’s seventh ambulatory surgery center in the Baltimore and Washington, D.C., region and joins newly opened orthopedics, physical therapy, and gastroenterology offices plus primary care services available for several years, all in the same building.

The 10,000-square-foot office space at 810 Bestgate Rd. is home to outpatient surgical specialties that include:

- Gastroenterology procedures including colonoscopies
- Orthopedic surgery including services for hips, knees, shoulders, and on-site imaging
- Pacemaker generator changes and loop recorder placements
- Pain management
- Sports medicine
- Vascular disease treatments

“This new surgery center greatly expands the range of treatments we now offer our patients in the area, further demonstrating our commitment to providing seamless access to the newest diagnostic technologies



and surgical techniques to those who live and work in Anne Arundel County,” says **Henry Boucher, MD**, vice president, Medical Operations for MedStar Health and physician executive director of MedStar Orthopaedic Institute, Central Maryland Region.

“Combining surgical services with related non-surgical services means patients have easy access to the expertise they need all under one roof. This is especially beneficial for patients having outpatient procedures such as knee or hip replacements,” he notes. “They can have their surgeries close to home, and then get their follow-up care and even physical therapy before and after surgery in the same convenient location. It also provides more opportunity for our providers to collaborate on the best plan of treatment for each patient.” •

For more information about our services, visit [MedStarHealth.org/Locations/Surgery-Center-Annapolis](https://www.MedStarHealth.org/Locations/Surgery-Center-Annapolis).

Rare shingles case causes limb paresis, pelvic instability, and vesicular rash.

The following case study was recently published in *Muscle & Nerve*.



^
The patient's shingles rash upon presentation

Introduction

Herpes zoster rash (shingles) is caused by painful reactivation of varicella zoster virus (VZV) eliciting pain in a dermatomal distribution. Presentation typically occurs in adults over age 60. VZV lies dormant in the nervous system in patients previously infected with chickenpox.

Diagnosis and treatment

The patient, a 77-year-old male, presented for new onset right buttock and hip pain that radiated down his right lower extremity followed several days later by vesicular rash of right buttocks extending down to right foot. He was started on valacyclovir and gabapentin and his rash cleared. He subsequently developed right pelvis and right leg weakness making it difficult to walk.



Lumbar spine MRI without contrast revealed multilevel degenerative changes and he was evaluated by neurosurgeon **Jugal Shah, MD**, who referred for EMG. Electrodiagnostic testing, by neurologist **Derrick Fox, MD**, revealed a right subacute lumbosacral plexopathy. On neurological assessment he displayed right pelvic girdle and right lower extremity weakness, absent reflexes with marked Trendelenburg gait owing to right pelvic instability. He was started on IV methylprednisolone, IVIg treatment, and physical therapy regimen.



Conclusion

Zoster-associated neuropathy typically affects sensory nerves causing neuralgia but may also present causing severe weakness. Our patient developed zoster-associated lumbosacral plexopathy causing limb paresis. Interestingly, our patient had difficulty walking predominantly due to pelvic instability. This unique case of zoster-induced weakness highlights lumbosacral plexopathy as an atypical neurologic complication. •

To refer a patient to Dr. Shah or another one of our neurosurgeons, call 443-777-8807.

Surgical interventions for tricuspid valve disease continue to evolve.

Valve repair and replacement play integral roles in the treatment of tricuspid valve disease. As the number of procedures, devices, and valves under investigation continues to grow, our understanding of which interventions to use, when to use them, and for which patients has become more refined.

"Through our extensive work with clinical trials, we offer among the widest range of treatment options and devices for patients with structural heart disease available in the country," says **Brian Bethea, MD**,



chief of Cardiac Surgery at MedStar Heart and Vascular Institute at MedStar Union Memorial Hospital. "With the technology now at our fingertips, we are able to provide truly personalized and tailored care."

This is good news for the estimated 1.6 million people in the U.S. living with moderate to severe tricuspid regurgitation (TR)—individuals who have long been faced with limited treatment options.

"The tricuspid valve is sometimes referred to as 'the forgotten valve' because early symptoms of TR are difficult to detect, and once severe dysfunction develops, the condition is difficult to treat and often progresses to heart failure," Dr. Bethea explains. "But, until recently, the guidelines only recommended medical therapies or invasive surgical options to treat this disease."

While some patients with severe TR are candidates for tricuspid valve surgery, cardiovascular surgeons have been hesitant to perform these procedures because they carry significant risks for patients who are often quite sick. Risks can include renal failure, heart failure, and death. "Traditional tricuspid surgery often results in a hospital

stay of 10 to 30 days," Dr. Bethea notes. "Now we have some promising interventions available to treat conditions of the tricuspid valve."

For example, patients with symptomatic, severe tricuspid regurgitation may be candidates for the ongoing study of the TriClip™ transcatheter tricuspid valve repair (TTVr) system. "This is an exciting alternative for high-surgical risk patients," says Dr. Bethea, who has served as principal investigator for the trial at MedStar Union Memorial.

"The TTVr system developed by Abbott is a percutaneous transcatheter device that repairs the tricuspid valve without open surgery or large incisions, providing swift, significant relief from symptoms. This leading-edge system and the minimally invasive procedure to place it provides our patients access to a complete toolkit of interventional cardiac care," he notes. Though the primary completion date has passed, MedStar Union Memorial has been selected as a continued access site for the trial.

Participation also continues in the early feasibility study of the CorMatrix® Cor ECM® Tricuspid Valve for patients requiring surgical replacement. Designed for adults with endocarditis and children with congenital heart valve disease, it aims to restructure blood vessels and complex structures of the heart, leveraging the patient's own tissue, and is expected to substantially impact surgery for tricuspid valve pathologies. MedStar Union Memorial was the first site in the mid-Atlantic region to implant this novel tricuspid valve replacement with Dr. Bethea performing the procedure. •

To refer a patient to our cardiac surgeons, call 410-554-6550. Physicians with patients they think may benefit from one of these trials should contact keith.t.moyer@medstar.net.

Interventional radiology: Fostering collaboration through innovation.

Interventional radiology has come a long way since its inception, transforming the landscape of medical imaging and treatment. Driven by the use of imaging technology, the field saw significant growth and expansion in the 1990s with the introduction of image-guided procedures. This breakthrough allowed for the treatment of various medical conditions using minimally invasive techniques, reducing patient discomfort, minimizing risks, and enabling faster recovery times.

Today, interventional radiologists continue to push the boundaries of medical practice with their innovative approaches.

"Interventional radiology is a specialty unlike any other, not only because it allows us to treat a myriad of conditions non-surgically and with unparalleled precision, but also because it is one of few specialties that consistently relies on a collaborative, multidisciplinary approach to care," says **Brian Swehla, MD**, chief of Interventional Radiology for MedStar Health, Baltimore region. "Here at MedStar Health, it's a vital component in our ability to deliver comprehensive patient-centered care."

As one of the largest interventional radiology practices in the region, MedStar Health's team of experts treat a high volume of patients every year. "Our interventional radiology team is noted for having in-depth expertise in state-of-the-art imaging and minimally invasive techniques that help our patients recover faster with less pain and fewer risks than traditional surgery," Dr. Swehla notes.

MedStar Health's interventional radiologists collaborate with colleagues from multiple specialties to understand their patients' unique needs, exchange ideas, and develop highly customized treatment plans. The most common specialty is oncology.

"We get more referrals from oncology than any other specialty and are an integral part of treatment for many types of cancer, offering minimally invasive procedures that effectively target tumors while minimizing damage to surrounding tissues. Techniques such as radiofrequency ablation and microwave ablation, which use heat to destroy cancer cells, provide a non-surgical option for patients who may not be suitable candidates for traditional surgery," Dr. Swehla says.

"Moreover, we can perform chemoembolization, which delivers chemotherapy drugs directly to the tumor site, enhancing treatment effectiveness and reducing adverse side effects. These advancements in interventional radiology have significantly improved outcomes for cancer patients and provided new hope in the fight against this devastating disease."

In fact, interventional radiology is part of the multidisciplinary tumor boards for both lung and liver cancers due to the important role the subspecialty now plays in the diagnosis and treatment of these cancers.

Women's Health is another specialty where interventional radiology has made a significant difference. "For women suffering from symptomatic uterine fibroids, we offer a procedure called uterine artery embolization, a minimally invasive, non-surgical alternative to hysterectomy that preserves a woman's fertility and avoids the potential complications associated with traditional surgery," Dr. Swehla adds.

"By fostering partnerships and multidisciplinary collaborations, interventional radiology continues to push boundaries, enhance patient care, and improve outcomes." •

Call 443-444-4343 to request a consultation with one of our Interventional Radiology specialists.

Improving care for multi-visit emergency department patients.

Frequent emergency department (ED) use is a marker of high mortality in patients. These individuals are typically among the community's most vulnerable with many unmet medical, social, and behavioral needs.

For the last few years, MedStar Health has been at the forefront of a growing movement to better serve the needs of the community by identifying barriers to care and addressing them in innovative ways.

One of these initiatives, initially launched in the fall of 2020 and now active at all four MedStar Health hospitals in the Baltimore region, targets individuals known in the ED as multi-visit patients or MVPs.

"The goal of the MVP program is to improve care for these patients by understanding what is driving them to turn to the ED so frequently and finding ways to more effectively tend to their needs," says **Luke Carlson, MD, MPA**, an emergency medicine specialist and medical director of Care Transformation for MedStar Health, Baltimore region.

The program works by identifying multi-visit patients in real time. When a patient with three prior visits in the last 90 days arrives in the ED, an ambulance icon appears in the department's patient management system next to the individual's name. That system is consistently monitored by the community health advocate or social worker on duty.

"They attempt to meet with the patient to assess their needs, and, if possible, link them to resources immediately. The assessment is documented in the patient's medical record," Dr. Carlson explains.

"Then every two weeks, the MVP team meets to review cases and determine which patients could benefit from a more comprehensive, integrated approach to their

care. This interdisciplinary team includes nursing staff and emergency and primary care providers, as well as community health advocates, social workers, peer recovery coaches, and behavioral health associates. Together, we develop a plan of care to address the patient's clinical, social, and behavioral needs and reach out to that individual to help meet those needs before they end up back in the ED."

The MVP program is offered at MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, and MedStar Union Memorial Hospital. In 2023 alone, more than 250 new MVPs were identified who are now benefitting from this more holistic approach to health...further expanding the reach of the program.

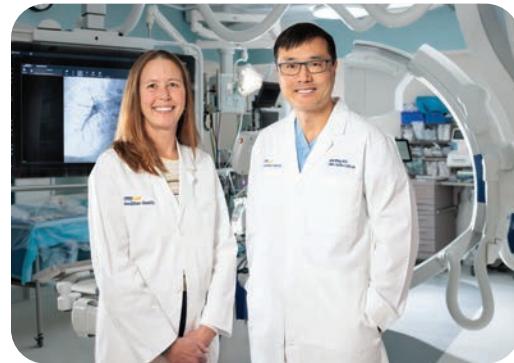
"Through this work, we've had huge successes with patients. In one recent case, we were able to connect a patient newly diagnosed with end-stage renal disease to life-saving dialysis services, along with medical assistance and transportation support. We've assisted many others by helping them find primary care providers, linking them to housing, and even coordinating insurance coverage for outpatient care," he notes.

"We meet patients where they are," says Dr. Carlson. "Seeing what works for them, and trying to recognize the true needs underlying their ED use—this has been integral to the program's success. The key is to recognize that patients come to the ED because there is often something they need and they don't know where else to turn. The goal of this program is to help the patient meet those needs—even if it's outside the traditional scope of emergency care." •

For more information about our services, visit [MedStarHealth.org/CommunityHealth](https://www.MedStarHealth.org/CommunityHealth).

Quick reads.

MedStar Union Memorial Hospital enrolls world's first patient in new trial of the Cordella™ PA Pressure Sensor.



For more information on the Cordella sensor, or the PROACTIVE HF 2 trial, call **443-278-9170, ext. 2.**

An 82-year-old woman with advanced heart failure (HF) left the MedStar Union Memorial Hospital cardiac catheterization lab on Dec. 5th, with the unique distinction of being the world's first patient enrolled in the global PROACTIVE HF 2 trial to further evaluate the Cordella™ PA Pressure Sensor, designed to remotely transmit pulmonary artery pressure readings to her providers via a wireless microelectromechanical device.

The team at MedStar Union Memorial participated in previous investigations of the device's performance, and is now expanding the option to NYHA II patients through this trial launch. "We are very excited to be the first to advance this study," said **Erika Feller, MD**, principal investigator in the clinical trial and an advanced heart failure specialist at MedStar Union Memorial.

Chief of the cardiac catheterization lab, **John Wang, MD**, and his team implanted the Cordella sensor in the pulmonary artery through femoral access in less than 30 minutes.

Geriatric Oncology program launched in Baltimore region.



To refer a patient to the geriatric oncology specialists at MedStar Health, call **443-444-4720.**

A new Geriatric Oncology program has been launched by MedStar Health in the Baltimore region to address the special needs of elderly patients who are diagnosed with cancer.

"Older patients have unique needs because of their often complex medical histories, the numerous drugs they are taking, possible problems with cognitive dysfunction related to age, and more," explains **Mahsa Mohebtash, MD**, medical director of MedStar Health Community Oncology. "Because of this, it is important that older patients facing cancer treatment undergo a comprehensive geriatric evaluation, including a frailty and functional assessment and need for physical/occupational therapy."

The new program is a partnership between the cancer program and the Center for Successful Aging at MedStar Good Samaritan Hospital, under the leadership of **George Hennawi, MD**, physician executive director of Geriatrics and Senior Services for MedStar Health, and MedStar Health Physical Therapy.

Research shows at-home catheter removal by women after pelvic floor surgery is safe.



To learn more about Dr. Davenport's research, visit **MedStarHealth.org/blog/catheter-removal-at-home.**

Research conducted under the direction of **Abigail Davenport, MD**, a urogynecologist practicing at MedStar Franklin Square Medical Center and MedStar Health Bel Air Medical Campus, has demonstrated that removing a catheter at home is safe for women after pelvic floor surgery, sparing a visit to the hospital and conserving healthcare resources.

"About 20% of women in the U.S. will undergo urogynecologic surgery for pelvic floor disorders during their lifetime," explains Dr. Davenport. "Afterward, about half have difficulty fully emptying their bladder requiring the use of a catheter for a few days. Traditionally having the catheter removed involved a return trip to the clinic, frustrating many female patients, especially since male urology patients have been removing catheters at home for years. But there was a gap in research about whether women could safely do the same."

Dr. Davenport's research involved equipping these patients with simple instructions for safely removing the catheter at home, a procedure that became the new standard of care in 2022. It was also recognized with the Best Clinical Abstract Award by the American Urogynecologic Society and International Urogynecological Association.

Orthopaedic, sports medicine, and hand research conducted 355 projects in the past year.



For further details on this research, visit **MedStarHealth.org/OrthoResearch**

Continuing MedStar Health's long history of academic innovation, the Baltimore-based physicians and scientists of the MedStar Orthopaedic and Sports Medicine Research Network, the Musculoskeletal Research Center, the Curtis National Hand Center, and their colleagues conducted 355 research projects from 2023 to the present day.

These projects, several of which are award-winning, have been published in peer-reviewed journals, presented at local, national and international meetings, or are currently ongoing clinical studies and biomechanical projects in our labs. Dedicated orthopaedic and hand research teams provide the support vital to the completion and success of these research endeavors.

Study proves benefits of arthroscopic assisted lower trapezius transfer.

Arthroscopic assisted lower trapezius tendon transfer is an option that has emerged in recent years to improve pain and function in individuals with massive irreparable rotator cuff tears. Yet the evaluation of tendon healing using magnetic resonance imaging (MRI) had not yet been reported. Now, evidence is available demonstrating the benefits of the procedure based on a seminal study published last year in the *Journal of Shoulder and Elbow Surgery*.



Authored by **Anand M. Murthi, MD**, chief of Shoulder and Elbow Surgery at MedStar Union Memorial Hospital; his colleague, Melissa A. Wright, MD, a shoulder and elbow surgeon; and Aman Chopra, BA, a medical student and researcher at Georgetown University School of Medicine, the purpose of the study was to evaluate early tendon transfer healing using postoperative MRI scans and assess early clinical outcomes in patients after arthroscopically assisted lower trapezius tendon transfer (AALTT) for massive irreparable rotator cuff tears.

Titled *Outcomes After Arthroscopically Assisted Lower Trapezius Transfer With Achilles Tendon Allograft*, the study was a single institution retrospective review of consecutive patients who underwent AALTT with a single surgeon from January 2017 to July 2020. Preoperative and postoperative range of motion, external rotation strength, presence of a lag sign, and pain visual analog scale data were extracted from medical records and patient-reported outcomes were extracted from patient charts. Six-month postoperative MRIs were reviewed for tendon transfer healing at both the greater tuberosity and the trapezius-allograft interface.

A total of 19 patients met inclusion criteria for the study. Of these patients, 15 had previous unsuccessful rotator cuff repairs. Six-month MRI after AALTT demonstrated complete healing of the transferred tendon in 17 of 19

patients with significant improvements in postoperative pain visual analog scale (5.9 ± 2 vs. 1.8 ± 2), ASES score (44.6 ± 18 vs. 71.2 ± 24), and Patient Reported Outcomes Measurement Information System Physical (46.3 ± 6 vs. 51.3 ± 11) and in external rotation motion ($10.5 \pm 17^\circ$ vs. $40.5 \pm 13^\circ$) and strength ($2.8/5 \pm 1$ vs. $4.7/5 \pm 0.5$) at final follow-up. All patients with a preoperative external rotation lag sign had reversal of their lag sign at final follow-up (15/15).

"In this series, AALTT showed a high rate of healing of the transferred tendon on MRI by six months postoperatively," notes Dr. Murthi. "The current findings of a high rate of early tendon transfer healing are consistent with the good early and mid-term outcomes that have been observed in AALTT and provide support for surgeon and patient expectations, postoperative rehabilitation, and return to work following AALTT." •

During a recent mission trip, Dr. Murthi performed Honduras' first arthroscopically assisted lower trapezius tendon transfer (AALTT) along with Dr. Caroline Chebli, a shoulder and elbow surgeon and assistant professor of Orthopaedic Surgery at the University of South Florida.



To schedule a consultation with the shoulder and elbow specialists at MedStar Orthopaedic Institute, call 877-34-ORTHO (877-346-7846).



Connect with: Zan Naseer, MD

Zan Naseer, MD, is a dual fellowship-trained orthopaedic surgeon who joined the renowned spine program at MedStar Union Memorial Hospital six months ago. Experienced in the latest surgical techniques, he has advanced training in minimally invasive spine surgery, computer-guided navigation surgery, robotic-assisted spinal fusions, motion-sparing spine surgery, total disc replacement, and ultrasonic spine surgery techniques. At MedStar Health, Dr. Naseer offers a

full range of consultative, conservative, and surgical interventions for the treatment of cervical, thoracic, and lumbar spine disorders including degenerative disc disease, spinal stenosis, and scoliosis. He spoke with *Connect* about why he chose to specialize in orthopaedic surgery and what brought him to MedStar Health.

Why did you choose to specialize in orthopaedic surgery...particularly spine surgery?

Orthopaedic surgery appealed to me because it is a procedural-oriented specialty that is focused on outcomes and improving the quality of life of patients. As a surgeon, you produce a very tangible result... you restore each patient's function and help them get back to living and enjoying their life. I was also attracted to orthopaedics because it is at the forefront of medical technology and innovation. I gravitated toward spine surgery because of its complexities and because it calls for surgical finesse. I felt it was a specialty in which I could excel and really make a difference for my patients.

What appealed to you about the spine program at MedStar Union Memorial?

As a native of Maryland, MedStar Health has always been on my radar screen and the orthopaedics program at MedStar Union Memorial has long been noted as an industry leader in spinal innovations. In fact, the hospital's spine program was the first in Maryland to earn The Joint Commission's Gold Seal of Approval for Excellence in Spine Surgery.

In addition to having strong clinical outcomes, MedStar Health has invested in some of the most

advanced computerized surgical navigation and spinal robotics technology in the region. That's extremely important. For example, the use of robotic navigation for patients with scoliosis and other spinal deformities has made the placement of instrumentation more accurate and ultimately safer for our patients.

The atmosphere is very collegial and the expertise of the orthopaedic spine specialists at MedStar Health is unmatched. So, I had many incentives to join the program and I feel privileged to be part of such an elite team. With our breadth of experience and state-of-the-art technology, the care we are able to provide patients is unparalleled.

What is your philosophy of care?

Spine surgery can be quite complex. For every condition there can be numerous treatment options. I work with each patient to develop a personalized treatment plan, taking the patient's preferences and needs into account. My goal is to educate patients and make sure they understand all of their options. •

To refer a patient to Dr. Naseer in Annapolis, Perry Hall, or MedStar Union Memorial Hospital, call 410-554-2867.

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