MedStar Health

CONNECT

A MAGAZINE FOR PHYSICIANS

WINTER 2026

New breast surgeons bring expertise, experience, and empathy to the Baltimore region.

MedStar Health

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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.

Please submit any comments to: **baltimoremarketing@medstar.net.**

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On the Cover
New breast surgical oncologists Meghan Milburn, MD, and Amy Fernow, DO, bring compassion, innovation, and experience to MedStar Franklin Square Medical Center and MedStar Health at Bel Air.

Dear Readers,

As we begin the new year, teams across MedStar Health are approaching our work with a clear sense of purpose to advance the health and well-being of the communities we serve. We are sincerely grateful for the trust you place in us as partners in your patients' care. Our commitment remains steadfast: to deliver the highest clinical standards while continually pursuing innovation across the full spectrum of medical and surgical practice. In this issue of *Connect*, we highlight several programs and initiatives that reflect this ongoing dedication.

Two new highly experienced breast surgeons are expanding access to high-quality care for patients with breast cancer and benign breast disease at MedStar Franklin Square Medical Center and MedStar Health at Bel Air, offering advanced surgical options, access to clinical trials, and truly multidisciplinary care. Both physicians bring expertise in modern techniques that improve outcomes and enhance the patient experience.

Orthopaedic surgeons are now offering next-generation technology that transforms traditional knee replacement by giving patients and clinicians continuous insight into recovery progress, enabling more informed, proactive, and personalized care. The introduction of this innovation underscores the team's longstanding commitment to leading-edge orthopaedic care and represents another meaningful step in ensuring patients have access to the most advanced solutions available.

Our neurology program marked an exciting step forward late last year, as Dr. Justin Martello joined the organization as the new chief of Neurology for the Baltimore region. After nearly 10 years practicing out of state, he has returned to Maryland, where he grew up, studied, and trained. Dr. Martello brings unique clinical expertise, as well as a vision to unify and expand subspecialty services, ensuring patients have seamless access to highly personalized, expert care.

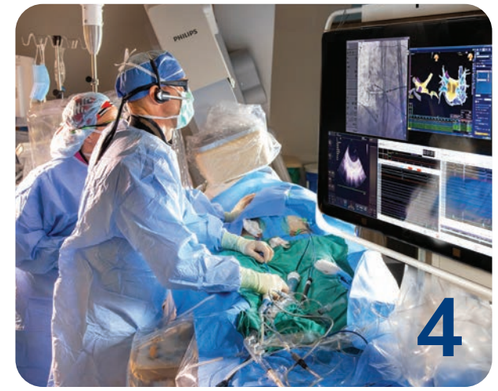
I hope you enjoy reading about these important updates and others shared on the pages that follow. We look forward to another year of offering compassionate, person-centered care to the people of our region.

In good health,

Bradley S. Chambers
Senior Vice President and Chief Operating Officer
MedStar Health, Baltimore Region

In this issue:

Articles



Updates

Meet our new providers.

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MedStar Harbor Hospital
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MedStar Orthopaedic Institute continued

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Alexandra Lachner, PA-C
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Mike Rouse, MD
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Movement Disorders Neurology
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Neurosciences continued

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P 410-554-2286

Justin Martello, MD
Regional Chief, Neurology; Movement Disorders Neurology
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MedStar Health at Bel Air
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Transplant

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Nephrology
MedStar Georgetown Transplant Institute at MedStar Franklin Square Medical Center
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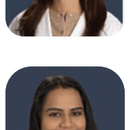
Women's Health

Lauren Cosgriff, MD
Gynecology
MedStar Union Memorial Hospital
P 410-554-7333



Neha Gaddam, MD
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MedStar Franklin Square Medical Center
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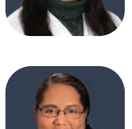

Kristen Williams, MD
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MedStar Franklin Square Medical Center
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MedStar Health at Bel Air
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Ablation as first-line therapy: Why AFib management is changing for select patients.

Glenn Meininger, MD, director of Cardiac Electrophysiology in the Baltimore region, and his team offer advanced ablation techniques that can improve outcomes, mitigate procedural risks, and reduce recurrence rates.

Emerging evidence and clinical experience are reshaping how cardiac electrophysiologists manage atrial fibrillation (AFib). For many years, medication was the primary initial strategy to treat AFib. Now, ablation is gaining traction as a proactive approach that may improve outcomes, reduce recurrence, and preserve atrial function.

"Ablation isn't a last resort," says **Glenn Meininger, MD,** director of Cardiac Electrophysiology for MedStar Health's Baltimore region. "It's a proactive strategy for the right patient."

Yet timing is critical. As AFib is driven primarily by aging, it will usually get worse over a lifetime. Without proper management, it often progresses from paroxysmal to longstanding persistent. Persistent arrhythmias can cause permanent negative structural remodeling and are associated with major long-term risks, such as stroke, cardiomyopathy, and cognitive decline.

"We're seeing better outcomes when we intervene earlier," explains Dr. Meininger. "Waiting until AFib becomes persistent means we're playing catch-up. Medications can help, but they're often a temporary fix. By the time we see patients after years of drug therapy, the atrium is fibrotic, and the ablation becomes more complex."

Proactive ablation may also confer benefits beyond arrhythmia suppression. Improvements may be seen in exercise tolerance, left ventricular function, and overall quality of life—particularly in patients with AFib-mediated cardiomyopathy.

The key, says Dr. Meininger, is earlier referral to a specialist.

New wearable devices, including Apple Watch®, Fitbit®, KardiaMobile®, and other smart tools are also helping to identify AFib.

"These tools aren't perfect, but they can prompt patients to seek an evaluation, which can give us an earlier window to diagnose and begin to manage AFib before negative structural remodeling can take hold," he says.

Innovation and experience lead to optimal outcomes for patients

Advances in mapping technologies and ablation techniques have improved procedural success and reduced recurrence rates. Pulsed field ablation is one of the most impactful recent innovations. Pulsed field ablation is a catheter-based, non-thermal approach which applies a series of high-intensity pulses of energy to achieve fast, complete, targeted ablation of the heart tissue associated with irregular electrical activity. It is more efficient and better at reducing collateral damage to the surrounding tissue (nerves, lungs, esophagus) than prior methods.

"Pairing this technology with clinical fundamentals is paramount," Dr. Meininger says. "Outcomes are driven by experience, teamwork, and patient engagement. That's where high-volume centers like ours make a difference. Ablation is a technically demanding procedure. The more experience a center has, the better the outcomes—especially when it comes to minimizing complications and improving long-term rhythm control."

Cardiac electrophysiologists across MedStar Health performed more than 2,200 ablations in the last fiscal year and pulsed field ablation has rapidly become the most-used approach.

Supporting recovery and long-term success

While ablation can significantly reduce AFib burden and improve quality of life, recurrence is possible. Post-procedural success is affected by lifestyle choices and management of underlying conditions.

"AFib isn't just an arrhythmia—it's a systemic condition that intersects with lifestyle, such as diet, exercise, sleep, and mental health, and also existing medical conditions including hypertension, valvular heart disease, and heart failure," Dr. Meininger concludes. "We need to treat the whole patient, not just the rhythm."

MedStar Health's cardiac electrophysiology team does this through a comprehensive evaluation process, including cardiac imaging, sleep studies, and risk stratification, to guide individualized treatment planning. The integrated care model includes nurse navigators, anticoagulation clinics, nutrition counseling, and behavioral health support services to reinforce recovery, adherence, and long-term care for comorbidities. The program also offers streamlined referral pathways, ensuring the patient's providers always stay connected and informed. •

To refer a patient, please call **410-554-6727.**

Minimally invasive screw stabilization of pathologic spine fracture from multiple myeloma with carbon fiber hardware.

Multidisciplinary care and innovative technology improve outcomes.

Abstract

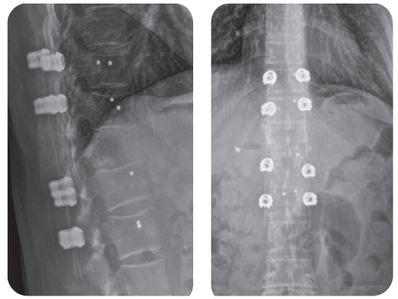
An otherwise healthy 61-year-old woman was experiencing intense, unexplained back pain. When imaging revealed a pathologic fracture at the L1 vertebra, additional testing showed the patient had developed multiple myeloma resulting in the aforementioned pathologic fracture. Her multidisciplinary care team led by orthopaedic oncologist **S. Mohammed Karim, MD,** crafted a treatment plan that began with a minimally invasive spinal stabilization procedure using innovative carbon fiber-reinforced PEEK screw technology. The procedure resulted in a significant reduction in pain and allowed the care team to successfully treat the underlying tumor with radiation therapy. Both treatments were successful, and the patient is recovering quickly while continuing with targeted chemotherapy.

Presentation and diagnosis

- A 61-year-old woman presented with a crescendo pattern of low back pain over many months radiating into the right thigh.
- The patient experienced no trauma prior to onset of back pain, and her medical history showed no related health issues.
- She was found to have a pathologic fracture at L1 in the setting of a lytic lesion.
- Further imaging, laboratory studies, and core needle biopsy established the diagnosis of multiple myeloma, a blood cancer of the plasma cells that originates in the bone marrow.
- As the cancerous myeloma cells proliferate, the resulting tumors can weaken and destroy the affected bones.
- The patient continued to experience considerable pain from this pathologic L1 fracture throughout the diagnosis period.

Assessment and treatment planning

- The patient's care team at MedStar Franklin Square Medical Center included specialists in orthopaedic spine oncology, hematology-oncology, radiation oncology, interventional radiology, internal medicine, nursing, physical therapy, occupational therapy, and social work.
- The care team determined that the patient had mechanical back pain with postural L1 radiculitis from the unstable pathologic L1 fracture. While radiotherapy and systemic myeloma treatment would be effective at treating the tumor within L1, these interventions would not alleviate the aforementioned mechanical symptoms. Hence, surgery to stabilize L1 was offered.
- Performing surgery prior to radiation therapy and chemotherapy offers the advantages of relieving pain and preventing further spinal instability.
- Dr. Karim recommended a minimally invasive spinal stabilization procedure with pedicle screws and rods placed from T11-L3. This procedure supports the spine with a "scaffolding" of rods and screws.
- This procedure stabilizes the L1 vertebra but does not require open dissection of the spine. This minimally invasive surgery also does not involve removing the tumor itself from L1 as myeloma is highly radiosensitive. Bone at L1 dissolved by myeloma will resolidify or "recapitulate" after the tumor is treated by radiotherapy and chemotherapy while the hardware stabilizes L1 and prevents further fracture collapse and pain.
- Rather than traditional metallic spinal implants, Dr. Karim recommended using carbon fiber-reinforced polyether ether ketone (CFR-PEEK) pedicle screws and rods.
- Unlike metallic hardware, the CFR-PEEK material is radiolucent, or essentially transparent, on X-rays and other imaging modalities. This decreases imaging artifact on radiation planning scans and decreases radiotherapy dose perturbation. It also allows surveillance of the tumor at L1 with less artifact.



Standing radiographs of the thoracolumbar spine demonstrate carbon fiber reinforced PEEK (CFR-PEEK) posterior segmental spinal instrumentation spanning T11-L3 with improved sagittal alignment across the pathologic fracture. The CFR-PEEK pedicle screws have titanium tulips and tantalum markers at their screw tips to allow for some radiographic visualization. The rods have a thin titanium wire embedded within them to allow for their visualization as well; this can allow detection of potential rod breakage.

Pre- and post-treatment sagittal T2-weighted MRI demonstrating excellent response of tumor within the L1 vertebral body to radiotherapy and systemic myeloma treatment resulting in resolution of the epidural tumor and no ongoing cord compression. Note no significant imaging artifact from spinal hardware and maintained sagittal alignment without progression of pathologic fracture.

Outcomes

- Post-operatively, the patient reported feeling significantly less back pain and complete resolution of postural radicular discomfort.
- Four weeks later, the radiation oncology team began treatment to eliminate the myeloma tumor.
- The tumor at L1 was treated successfully with 10 treatments of radiation therapy over 14 days.
- The spinal hardware will remain in place as the L1 vertebra reossifies with consideration of potential removal in the future.
- The patient is currently continuing cancer treatment with chemotherapy to slow the growth of further cancer cells.

Conclusions

- A collaborative, multidisciplinary approach is essential in treating multiple myeloma.
- A multiple myeloma patient may require surgical intervention to stabilize weakened bones prior to cancer treatment.
- When surgery is indicated, minimally invasive procedures help minimize surgical healing times to allow for initiation of radiotherapy and/or chemotherapy as quickly as possible.
- Emerging technology, such as carbon fiber spinal hardware, can improve cancer treatment with less imaging artifact. •

To refer a patient, please call **410-554-2715.**

New breast surgeons bring expertise, experience, and empathy.

New breast surgical oncologists Meghan Milburn, MD, and Amy Fernow, DO, join MedStar Franklin Square Medical Center and MedStar Health at Bel Air.

Breast surgical oncologists **Meghan Milburn, MD, FACS, FSSO,** and **Amy Fernow, DO,** have joined MedStar Health, bringing extensive expertise and fresh energy to the Breast Centers at MedStar Franklin Square Medical Center and MedStar Health at Bel Air. Together, with new physician assistant **Alexandra Lachner,** they aim to expand access to high-quality breast care and strengthen the program's capacity to treat patients with breast cancer and benign breast disease where patients receive world-class, compassionate care close to home, supported by surgical innovation, cutting-edge technology, access to clinical trials, and a multidisciplinary team approach.

Maen J. Farha, MD, medical director of the Comprehensive Breast Center at MedStar Good Samaritan Hospital, says, "I am extremely pleased to work with Drs. Milburn and Fernow, who are talented, caring, and excellent surgeons. Our team will be able to provide the highest quality breast cancer care in a timely fashion to our patients."

"In addition," he adds, "MedStar Franklin Square Breast Center recently achieved accredited status from the National Accreditation Program for Breast Centers (NAPBC) for the fifth consecutive three-year cycle, underscoring its ongoing commitment to quality and excellence."

As the new chief of Breast Surgery, Dr. Milburn oversees both the MedStar Franklin Square and MedStar Bel Air Breast Centers. She envisions building a comprehensive, patient-centered breast program that integrates advanced surgical care, personalized treatment planning, and holistic support.

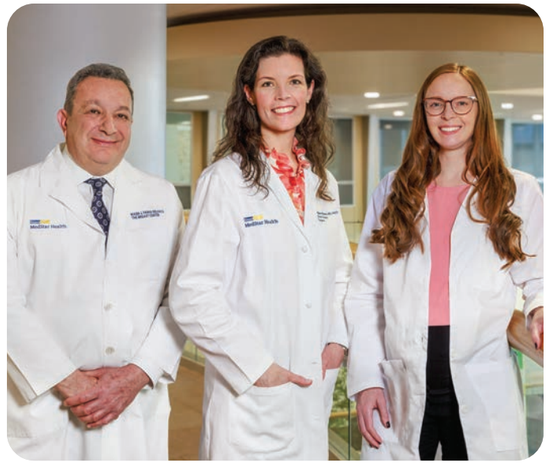
A Maryland native, Dr. Milburn brings more than 16 years of experience devoted exclusively to patients with breast cancer and benign breast disease. She earned her medical degree from the University of Virginia and completed her surgical residency at the University of Maryland. While in residency, she completed a two-year research fellowship with the department of Plastic and Reconstructive Surgery at the University of Maryland and The Johns Hopkins Hospital. She received her fellowship training in Breast Surgical Oncology at Anne Arundel Medical Center.

Dr. Milburn previously served nine years as assistant professor in the Division of Surgical Oncology at the University of Maryland School of Medicine and as medical director of the Breast Center at University of Maryland Upper Chesapeake Medical Center Bel Air, establishing and leading it to national accreditation. Most recently, she was program director of the Breast Surgical Oncology Fellowship at Luminis Health Anne Arundel Medical Center in Annapolis.

Her academic and clinical interests include oncoplastic and minimally invasive surgical techniques, high-risk screening, breast cancer gene expression and tumor biology, appropriate de-escalation of therapy, and lifestyle-based risk reduction strategies.

Dr. Fernow earned her medical degree from Ohio University, completed her residency at Mount Carmel Medical Center of Columbus, and a fellowship in Breast Surgical Oncology at Indiana University School of Medicine. Before joining MedStar Health, she served as a breast surgical oncologist at the University of Alabama at Montgomery.

"I'm excited to help build a new practice that offers innovative techniques such as hidden-scar surgery, →



Left to right: Maen Farha, MD; Meghan Milburn, MD; and Amy Fernow, DO

nipple-sparing mastectomy, and resensation procedures," says Dr. Fernow. "These approaches allow us to achieve excellent cancer outcomes while preserving patients' sense of self and confidence."

Drs. Milburn and Fernow partner with plastic surgeons who have microvascular training and are skilled in many advanced procedures, including deep inferior epigastric perforator (DIEP) to reconstruct breasts after mastectomy using skin, fat, and blood vessels from the lower abdomen to create a new breast mound.

The centers now also offer several advanced technologies to enhance surgical precision and patient experience, including:

- **Intraoperative ultrasound:** This allows surgeons to see targeted lesions in the breast and lymph nodes in real time during surgery and avoids the need for another procedure while awake.
- **Neoprobe® Gamma Detection System:** A handheld device that detects sentinel lymph nodes or small tumors using a safe radioactive tracer, guiding precise tissue removal, and injection of the tracer is performed in the OR once the patient is asleep.
- **Faxitron®:** A high-resolution intraoperative imaging system that confirms accurate tissue removal, reducing anesthesia time and the need for reoperation.
- **SAVI SCOUT®:** A surgical guidance system, which uses radar to pinpoint tumors, allowing hidden incisions.
- **Magseed®:** A magnetic localization system that enables accurate removal of non-palpable lesions with minimal disruption to surrounding tissue allowing hidden incisions.
- **Magseed Trace®:** Allows for delayed sentinel lymph node biopsy in patients with ductal carcinoma in situ.

Dr. Milburn says, "Together, we're building a program grounded in evidence-based medicine, advanced surgical technique, and a deeply patient-centered multidisciplinary team approach. "

"We're both working moms caring for other women, so we are especially attuned to the challenges many of our patients face, and are passionate about supporting them through their cancer journey and beyond. Our goal is to set a new standard for breast cancer care in this region—where excellence in medicine meets empathy, innovation, and hope." •

For more information or to refer a patient, please call **443-777-6500.**

DocTalk

Scan the QR code to listen to Dr. Milburn's podcast on breast resensation, or visit: https://tinyurl.com/BreastResensation

A promising new frontier in Parkinson's care.

Nearly everyone slows down as they age. But when an individual's slower movements coincide with tremors, stiffness, or difficulty walking or speaking, it could indicate Parkinson's disease, one of the nation's most rapidly increasing neurodegenerative diseases. While there is no cure, there are now numerous therapies proven to make a meaningful difference in the lives of patients.

Justin Martello, MD, FAAN, the new chief of Neurology for MedStar Health's Baltimore region, specializes in movement disorders, including Parkinson's disease.

"At MedStar Health, our neurologists have very deep expertise in this area and can help patients navigate all of their options for symptom management," says Dr. Martello.

"Parkinson's is typically a slow progressive disorder," adds **Lauryn Currens, MD,** a movement disorder specialist who also recently began her practice at MedStar Health. "While it doesn't significantly affect life span, it does affect quality of life. Our role as neurologists is to partner with patients and their families to continually assess and improve symptoms over the long term."

Dr. Martello adds that patients tend to have a better quality of life when they see a movement disorder specialist at least annually. Regular visits also ensure that patients stay abreast of innovations in the field, of which there have been many recently.

Within the last year and a half, two subcutaneous pump therapies have been approved for Parkinson's disease. "These infusions are dramatically effective at reducing symptoms, particularly in advanced stages," says Dr. Martello. "We've been watching positive research from Europe for some time and are excited to now include them in our broader armamentarium."

Deep brain stimulation (DBS)—a mainstay for managing symptoms—has also evolved. Last year, AI-driven DBS received approval and can now adjust stimulation according to brain activity in real time. The effect is a more personalized and responsive therapy, automatically adjusting for each patient's particular case. Patients who have their DBS procedure at MedStar Health can receive their pre- and post-surgery care locally, at MedStar Franklin Square Medical Center.

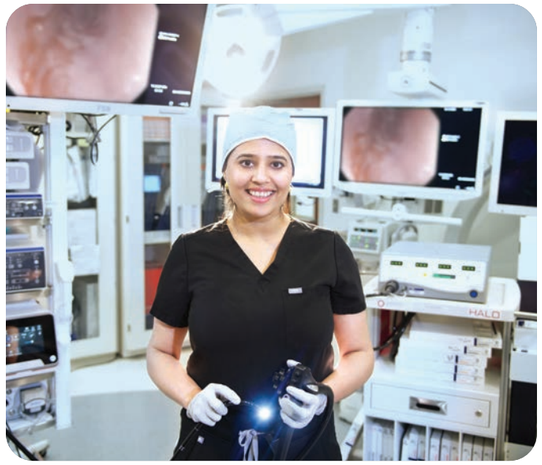
Additionally, Dr. Martello brings unique expertise in a procedure called focused ultrasound, a noninvasive ablation performed in an outpatient MRI suite. Focused ultrasound can significantly improve motor skills and tremors for patients with Parkinson's disease, among other conditions. Dr. Martello is the only neurologist in the country to have performed the procedure without the assistance of a neurosurgeon.

"Exercise and physical therapy are also important, especially if there is an emphasis on improving balance," says Dr. Currens. "Moderate-to-high intensity aerobic exercise has been shown to have a meaningful impact on motor symptoms and may slow the disease progression. Patients who are more sedentary typically don't do as well."

Two specialized therapy programs offered at MedStar Health, LSVT BIG® and LSVT LOUD® are among the options Dr. Currens recommends. LSVT BIG focuses on training patients to make large, purposeful movements to combat bradykinesia and freezing of gait. LSVT LOUD is a speech therapy program designed to help patients whose voices have become faint, monotone, or impacted by imprecise articulation. •

To refer a patient to a movement disorders specialist, please call **443-777-7320** (MedStar Health at Bel Air and MedStar Franklin Square) or **410-554-2286** (MedStar Union Memorial).

Early screening is key to preventing esophageal cancer caused by Barrett's esophagus.



Disha Sharma, MD, gastroenterologist, at MedStar Franklin Square Medical Center, MedStar Harbor Hospital, and MedStar Health at Federal Hill.

"Certain types of esophageal cancer can be prevented if high-risk patients are identified and treated early," says gastroenterologist **Disha Sharma, MD.**

Barrett's esophagus is a condition typically caused by chronic gastroesophageal reflux disease (GERD), in which stomach acid repeatedly flows into the esophagus. Over time, this can change the normal cells of the esophagus into precancerous ones. Left untreated, they may become esophageal adenocarcinoma.

"If we identify that a patient has Barrett's esophagus, we can begin monitoring and working to prevent cancer from ever occurring," she says.

It is getting easier to preliminarily screen patients. A minimally invasive, non-endoscopic tool called the Cytosponge™ can collect esophageal cells without sedation. The patient swallows a capsule containing a sponge attached to a string. As it's withdrawn, it gathers cells for examination. If the results indicate the patient may have Barrett's esophagus, they undergo a confirmatory endoscopy with biopsy—the gold standard for detecting the condition, as it allows direct visualization and biopsy of suspicious tissue.

"This process helps us find precancerous lesions in the esophagus before they turn into esophageal adenocarcinoma," says Dr. Sharma. "Before endoscopy became common, patients often sought treatment too late, and complicated surgery was their only option. We rarely see that anymore."

Abhinav Sankineni, MD, MPH, director of Endoscopy at MedStar Franklin Square Medical Center, emphasizes this priority. "We are committed to advancing the prevention and treatment of Barrett's esophagus and early esophageal cancer using cutting-edge endoscopic technology. It is our goal to enhance early detection and deliver the highest level of care to our patients."

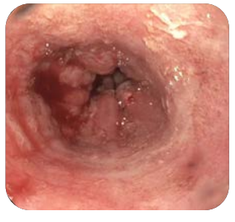
Barrett's is graded as low- or high-grade dysplasia. Patients with low-grade have about 0.7 percent annual risk of developing esophageal adenocarcinoma, compared with about seven percent for those with high-grade. Based on the specific findings, physicians can develop a plan to monitor, modify risk factors, or provide treatment. Treatment varies by patient and may involve more than one therapy over several months, with follow-up. The main treatments include upper GI endoscopy with radiofrequency ablation (RFA), cryotherapy, and endoscopic mucosal resection. RFA is 80-to-90 percent effective in preventing precancerous cells from progressing to cancer.

Dr. Sharma says that we are capturing only a small number of patients with Barrett's esophagus and precancerous changes. Some patients have no symptoms, while others experience many years of heartburn and regurgitation. Food getting stuck, weight loss, vomiting blood, and reflux unresponsive to medication are all signs that an upper GI endoscopy is needed. Guidelines for screening allow primary care providers to refer patients for diagnostic testing early. Those at higher risk include patients with chronic reflux, males, Caucasians, people who are obese, smoke, are over 50, or have a family history of Barrett's or esophageal cancer. •

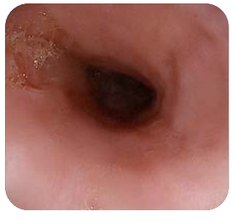
To refer a patient, please call **443-782-7640.**

Case study

A 75-year-old male was first seen in March 2023 for difficulty swallowing. Subsequent esophagogastroduodenoscopy (EGD) showed inflammation in the lower esophagus, and biopsies revealed Barrett's esophagus with high-grade dysplasia. Barrett's esophagus is when the lining of the esophagus changes from normal squamous epithelium to specialized columnar epithelium that occurs from chronic acid reflux in high-risk patients and can predispose to esophageal cancer. Patients with this condition are risk-stratified based on the presence or absence of dysplasia (pre-cancerous change) and the level of dysplasia (high versus low). This patient was diagnosed with Barrett's esophagus with high-grade dysplasia, at the highest risk of developing into cancer if left untreated. In April 2023, the patient underwent the first treatment with radiofrequency ablation (RFA) for his 13 cm segment of Barrett's esophagus (with high-grade dysplasia). This was followed by three more RFA treatments spaced three-to-four months apart. After the fourth treatment session, the patient developed bleeding from the treated area and subsequently required an EGD to treat the bleeding and inflamed segment of the esophagus. Three months later in August 2025, a repeat endoscopy was done. There was complete eradication of Barrett's, which was confirmed on endoscopy as well as biopsies, including eradication of the precancerous 'dysplasia' changes. The patient is currently doing well.



Pre: Upper GI endoscopy image showing precancerous changes: Barrett's esophagus with high-grade dysplasia on biopsy.



Post: Upper GI endoscopy image showing normal esophageal lining with complete eradication of high-risk Barrett's esophagus after four sessions of Radiofrequency Ablation (RFA) therapy.

Optimizing patient recovery with “smart” knee replacements.

Orthopaedic surgeons at MedStar Health are now offering the Persona IQ® The Smart® Knee Implant for patients receiving total knee replacement, enabling a more personalized, efficient, and data-driven approach to recovery.

Used in conjunction with the long-established Persona® knee prosthesis, a “smart” stem can now be seamlessly implanted during the replacement procedure without any change in the surgical process. This stem records data via a personal home base station and transmits it securely to the patient’s clinical team. Metrics collected include average walking speed, cadence, stride length, distance traveled, functional range of motion, and step count. Previously captured data from other patients has been gathered by the manufacturer to create a recovery curve that provides context for typical patterns, accounting for age and gender.

Joint replacement specialist Mark Hasenauer, MD, offers the new Persona IQ® The Smart® Knee Implant. This leading-edge technology, combined with his expertise in the robotic surgical approach, can lead to better overall patient outcomes.

Mark Hasenauer, MD, an orthopaedic surgeon specializing in hip and knee reconstruction, explains further. “With this device, we can easily see if patients are outside of the recovery norms. If daily step counts are lagging, for example, we might bring the patient in sooner to check on pain or swelling. We can more quickly respond to these sometimes-subtle changes. We don’t have to wait weeks for the post-op visit, during which a patient might not be able to fully or accurately share the details of each day of recovery. Instead, we now have direct, actionable data. Our post-op care is transformed because of this—we can be proactive rather than reactive.”

Dr. Hasenauer performed his first Persona IQ implant in September of last year, and reports growing interest among patients since. “Patients have been very receptive to this added technology,” he says. “Folks understand that this can have a direct impact on their recuperation, as it allows us to tweak recovery plans in real time. This objective feedback and data-informed decision making is quite attractive to patients.”

Some patients have already reaped the benefits. In one case, Dr. Hasenauer’s team became aware of a patient who was lagging behind the typical activity trends. They were able to reach out to the patient and provide necessary instruction and encouragement to ramp up daily movement to support optimal recovery. Detecting these potential red flags earlier in recovery may help prevent more serious complications, hospitalizations, or the need for revisions. Patients can elect to receive in-app daily updates and exercise recommendations, as well, making them a more empowered and informed participant in their recovery. Physical therapy plans can also be customized as needed, based on data recorded. The device remains active for 10 years, allowing clinicians to monitor both late and early postoperative function. →

During total knee replacement, patients can now receive an implant that tracks and reports activity data in real time, enabling a more proactive and personalized plan for recovery, as well as the ability to identify potential complications earlier than previously possible.

Dr. Hasenauer is excited about the potential that this type of data collection can bring to the field in the future. “I am interested to follow the ongoing research and understand how we may be able to harness this tool to detect long-term problems, such as failure of a part, loosening, infection, and other changes, earlier than we have been able to thus far.”

The addition of Persona IQ is the latest offering within a broad portfolio of solutions—from total replacements to preservation techniques. It also supports an overarching philosophy held by the orthopaedic team to pursue this wide range of options with the ultimate goal of advancing care in the best possible way for patients.

“This new technology is patient-focused, first and foremost,” says **Henry Boucher, MD,** physician executive director of MedStar Orthopaedic Institute in Baltimore, and vice president of Medical Operations for MedStar Health. “We are interested not only in excellent surgical outcomes, but in giving patients the best experience. Our high volumes are important, but we also care about what happens after the procedure. We want to be keenly aware of complications in real time so we can intervene earlier.”

The team’s history of innovation bears this out. MedStar Health was the first in both Maryland and Washington, D.C., to perform a robotic-assisted Mako total knee replacement. Today, they remain one of the largest robotic orthopaedic programs on the East Coast. (See area locations in the sidebar to the right.)

“Beyond robotics, Persona IQ is another way in which the team is harnessing new technology to improve outcomes and experience—it adds another layer of physician-patient engagement,” continues Dr. Boucher. “When a patient comes to us for care, they can be assured that together, we’ll find the best approach for their condition, anatomy, and lifestyle.” •

To refer a patient, please call **877-34-ORTHO.**

Robotic-assisted joint replacement surgery is available at:

- MedStar Franklin Square Medical Center
- MedStar Harbor Hospital
- MedStar Health Surgery Center at Annapolis
- MedStar Health Surgery Center at Timonium
- MedStar Union Memorial Hospital

In most cases, an outpatient procedure is appropriate.

For convenience, patients may schedule their pre- and post-surgical appointments at the above locations, or at:

- Bel Air
- Dorsey Hall
- Frederick
- MedStar Good Samaritan Hospital
- Pikesville
- Waugh Chapel
- Westminster

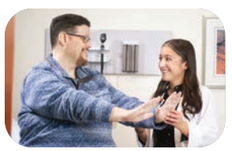
Physical therapy is available at or near all locations.

Local transplant evaluation clinics provide convenient access to national expertise.

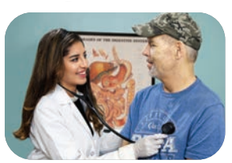
New data from the Organ Procurement and Transplantation Network (OPTN) verifies what many physicians and patients already know—MedStar Georgetown Transplant Institute is home to one of the nation’s top transplant programs. In 2024, the Transplant Institute performed 410 kidney transplants, placing it among the top five percent of the highest volume centers in the United States. The Transplant Institute is also one of the region’s largest liver transplant centers, with more than 120 procedures a year, and some of the best outcomes in the region.

Though based at MedStar Georgetown University Hospital in Washington, D.C., many of its pre- and post-procedure services are conveniently available to Central Maryland residents at MedStar Franklin Square Medical Center. The Liver Evaluation Clinic, for example, performs pre-transplant evaluations, lab tests, and other assessments to ensure a patient’s eligibility.

“We provide the whole gamut of services right here, from tests to determine the cause of abnormalities to working with patients with established cirrhosis and ascites,” says **Filipa Ligeiro, MD,** transplant hepatologist. “Most post-procedure evaluations can be handled here, as well.”



The newly established Kidney Evaluation Clinic, also at MedStar Franklin Square, provides a similar range of initial evaluation and lifelong follow-up services. Nephrologist **Naveria Ammad, MD,** says that while all transplant procedures are performed at MedStar Georgetown, “we can eliminate at least two or three pre-op trips to D.C., and more for patients who may require re-evaluations while waiting for a donor organ.”



Once a patient is approved for a transplant, the clinics provide constant communication regarding wait status and any changes that might affect the process. As a member of the National Kidney Registry, MedStar Georgetown Transplant Institute is able to offer benefits such as paired kidney exchange and management of recipients and donors who have incompatible organs or immune-system sensitivity.

“With our advanced infrastructure and extensive partnerships, we’re able to transplant a higher number of patients with shorter wait times,” Dr. Ammad says, adding that their high volume of procedures using laparoscopy and other advanced surgical techniques leads to fewer complications and shorter hospital stays. Patients can dual list, meaning they can be listed for transplant at a Maryland program and list with MedStar Health to improve access to quicker transplant.

The Transplant Institute is also able to care for patients with complex conditions that make transplantation more challenging, including those who may have been turned away by other programs. Specialists from across the system can co-manage conditions that influence a patient’s transplant journey, including cardiovascular disease, diabetes, bariatric weight management, and other issues that can delay or prevent transplantation.

“We’re part of the same family,” adds Dr. Ligeiro. “We provide transplant patients with the high-quality treatment regardless of location, all within the MedStar Health system.” •

To refer a patient, please contact:
Kidney Evaluation Clinic: **443-890-7134**
Liver Evaluation Clinic: **202-255-7856**

Comprehensive rehabilitation tailored to the unique challenges of amputation recovery.

Recovery from amputation is a journey that, though filled with change and challenge, can be one of potential and growth. It's also one that patients and families need not tackle alone.

"Too often, new patients have told us, 'we didn't know what to do,'" observes **Jennifer McDivitt, PT,** an amputee program specialist at MedStar Good Samaritan Hospital. "Their needs will change as the process unfolds, which is why we strive to provide the care and guidance that will help them advance from one rehabilitation phase to the next."

The interdisciplinary team uses a holistic approach for its Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP)—a CARF-accredited Amputation Specialty Program—to provide the medical, physical, and emotional support for each patient's unique needs, from adjusting to the physical changes resulting from amputation, to building confidence in performing everyday activities.

"We work together to set people up for success in the long run by crafting the best plan for each patient," explains **Ryan Strelez, PT,** adding that the CIIRP at MedStar Good Samaritan is one of the few area programs capable of handling bilateral amputations and other complex cases.

"We also meet with patients while they are still in an acute care setting to prepare them for what may be a very intensive and challenging rehabilitation program," Strelez says. The CIIRP provides a coordinated multidisciplinary team approach that has been proven to achieve better long-term results. Each patient benefits from expert perspectives across surgery, physical medicine and rehabilitation therapy, nursing, nutritional management, psychology, and other services to help patients adjust to their living situation while waiting for their prosthetic. Many patients also take advantage of the convenient on-site Hanger Clinic office, which provides complete prosthetic and orthotic services.

As patients transition to home life, specialists continue to assist them on their rehabilitation journey through a variety of outpatient services. At the weekly Amputee Clinic, for example, patients can meet with a physiatrist, physical therapist, and prosthetist to address ongoing needs such as prescribing a prosthesis, assessing therapy needs, and scheduling and referrals. A monthly Amputee Support Group provides presentations on relevant topics, as well as opportunities to network, share experiences, and offer advice to those who are just beginning their amputation journey or are experiencing other challenges.

"If someone is really struggling, we can refer them to our in-house psychologists or other mental health experts," McDivitt says. "We can also hook them up with the Amputee Peer Visitor program, and other in-person and online resources."

Because amputations can result from and be influenced by other chronic health conditions, the team provides patients with lifelong education and resources for practicing healthier lifestyles, helping to keep their recovery on track.

"That's a big part of our ongoing educational work," Strelez says, "helping patients learn how to take care of themselves."•

To refer a patient, please call **443-444-4701.**

Connect with: Justin Martello, MD

Justin Martello, MD, FAAN, is a board-certified neurologist and the new chief of Neurology for MedStar Health's Baltimore region. He specializes in all movement disorders, including Parkinson's disease, essential tremor, dystonia, ataxia, tardive dyskinesia, Huntington's disease, muscle spasms, and spasticity. Dr. Martello completed his medical degree, residency, and movement disorder fellowship at the University of Maryland School of Medicine in Baltimore. After nearly 10 years of practicing out of state, Dr. Martello is excited to be back in Maryland among family, friends, and colleagues. Here, Dr. Martello shares his vision for the department, his perspective on patient care, and what led him to the specialty.

What is your vision for the neurology program?
My goal is to bring together the expertise and resources that exist throughout MedStar Health's Baltimore region and emphasize a customized and accessible path to care for our patients. We have incredible depth of subspecialty care, and experts who are truly skilled at addressing the common cases as well as those that are quite rare.

The volume of patients we see gives us insight into the entire gamut of conditions, including epilepsy, movement disorders, stroke, neuromuscular conditions, and headache. Therefore, when someone comes to us for help, we can match them with the exact right specialist for their unique needs.

From there, we are taking steps to expand our reach into the communities, making it easier to access that personalized care. Our clinicians spend time rotating through practice locations—hospital and ambulatory sites alike—to reinforce continuity across the region.

Our providers are also very active in conducting research in the field. We do this in addition to our clinical practice because we believe it is so critical to being able to deliver optimal care.

What is your philosophy of care?
I believe that the most important thing a provider can do is actively listen to their patient. I encourage my patients to take the time to fully share their story, their symptoms, and the ways in which their condition impacts their life. It's important to respond according to what they've shared, rather than what my preconceived agenda might be. I need to find out what really matters to the patient in order to shape my discussion of appropriate next steps and therapies.

Why did you choose to specialize in neurology?
In the third grade, my class was visited by Dr. Ben Carson, and I had the opportunity to read his book, *Gifted Hands: The Ben Carson Story*. It was then that I knew I wanted to be a neurologist. When I was a junior in high school, I completed a neurology internship and the focus just happened to be in movement disorders. It became absolutely clear to me then, even that early on, that it should be my focus. •

To refer a patient to Dr. Martello, please call **443-777-7320** (MedStar Health at Bel Air and MedStar Franklin Square) or **410-554-2286** (MedStar Union Memorial).

Quick reads.

MedStar Health welcomes new chief of Colorectal Surgery.

Steven Wexner, MD

World-renowned colorectal surgeon **Steven Wexner, MD,** has joined MedStar Health as physician executive director and system chief of Colorectal Surgery, bringing more than 38 years of clinical, academic, and research excellence.

A pioneer in colorectal surgery, he specializes in surgery for rectal cancer, inflammatory bowel disease, rectourethral and rectovaginal fistulas, and re-operative pelvic surgery. One example of Dr. Wexner's influence on the field of colorectal surgery is how he pioneered clinical scoring systems—including the Wexner Incontinence Score and Wexner Constipation Score—that are widely used in both clinical practice and research. With over 1,200 publications cited over 43,000 times, Dr. Wexner is the most cited living colorectal surgeon, as well as a globally respected educator who has trained more than 800 surgeons worldwide.

Before joining MedStar Health, Dr. Wexner served as director of the Ellen Leifer Shulman and Steven Shulman Digestive Disease Center and chair of the Department of Colorectal Surgery at Cleveland Clinic Florida, where he held numerous leadership roles since 1988.

New neurosciences leadership at MedStar Franklin Square Medical Center.

The neurosciences program at MedStar Franklin Square Medical Center continues to grow, with two recent promotions. Neurointensivist **Scott DeBoer, MD, PhD,** (photo left) recently assumed the role of director of the Comprehensive Stroke Center. Upon joining MedStar Health in 2020, he founded the division of neurocritical care and developed the neurocritical care unit.

Additionally, **Samir Sur, MD,** (photo right) was recently named director of Neurovascular Surgery. He is triple fellowship trained in functional and stereotactic neurosurgery, endovascular neurosurgery, and cerebrovascular and skull base neurosurgery, and was deeply involved in the development of our neurointerventional program and Comprehensive Stroke Center. He also joined MedStar Health in 2020.

Cardiovascular programs earn national recognition.

MedStar Union Memorial Hospital has been awarded the highest quality rating—three stars—from the Society of Thoracic Surgeons (STS), placing it among the top cardiac surgery programs in the nation. The hospital earned three stars in two categories: Coronary Artery Bypass Grafting (CABG or heart bypass surgery) and Multiprocedural Composite Measure, which is a combination of overall cardiac procedures, including valves and heart bypass surgeries.

MedStar Franklin Square Medical Center and MedStar Union Memorial Hospital also received American Heart Association's Get With The Guidelines® achievement awards for demonstrating commitment to following up-to-date, research-based guidelines for the treatment of heart disease. These awards recognize each site for providing rapid, research-based and high-quality care to people experiencing a ST-segment elevation myocardial infarction (STEMI).

Additionally, MedStar Union Memorial Hospital was named a "High Performing" hospital by *U.S. News & World Report* in the areas of aortic valve surgery, heart attack, heart bypass surgery, heart failure, transcatheter valve replacement (TAVR), heart arrhythmia, and pacemaker implantation. Also receiving a high-performance rating in heart failure are MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, and MedStar Harbor Hospital.

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