



MedStar Health

MEDSTAR GEORGETOWN
UNIVERSITY HOSPITAL

Fall 2026

MedStarGeorgetownMD

A Path Back to Cycling.

Rare Expertise for a
Patient With Spinal
Cerebrospinal
Fluid Leaks.

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A new cardiology suite designed **with patients in mind.**

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Every detail of the new cardiology suite at MedStar Georgetown University Hospital was designed with patients in mind. With philanthropic support from our generous donors, the move to a larger, dedicated first-floor space brings cardiovascular specialists and services together in one location—making care easier to access, better coordinated, and more convenient.

For **Zayd Eldadah, MD, PhD**, physician executive director of cardiac electrophysiology at MedStar Georgetown, the project represents more than a new suite—it reflects a broader transformation of heart care at MedStar Georgetown.

“Our goal is to create a compelling front door to MedStar Health’s signature excellence in cardiovascular care—one that is welcoming, convenient, and centered entirely on the patient,” says Dr. Eldadah. “Creating this new space was guided by a simple principle: When patients enter here, their wellbeing comes first.”



Barbara Srichai-Parsia, MD, and Zayd Eldadah, MD, PhD, were joined by MedStar Georgetown leadership at the cardiology suite ribbon-cutting event.

The expanded suite will support a broad range of specialty services—including general cardiology, preventive cardiology, pericardial disease subspecialties, cardiac electrophysiology, advanced heart failure, cardio-oncology, adult congenital heart care, transplant cardiology, interventional cardiology, and advanced cardiac imaging—while offering more appointment capacity and room for continued growth.

“This new space represents an important investment in our patients and our future,” says **Barbara Srichai-Parsia, MD**, vice chief of cardiology and director of the Non-Invasive Cardiology Lab at MedStar Georgetown. “A larger, dedicated suite allows us to improve access, enhance the patient experience, and continue expanding the specialized cardiovascular care we provide.”

“Exceptional care is a team effort,” Dr. Eldadah says. “By assembling our entire cardiovascular team in this dedicated space, our patients are the greatest beneficiaries.”



Call **202-444-5111** or visit **MedStarHealth.org/Cardiology** to learn more about our cardiology services.

Visit **MedStarHealth.org/Eldadah** or **MedStarHealth.org/Srichai-Parsia** to view our physicians’ profiles.

After a leukemia diagnosis, a stem cell transplant gives Sophia hope of survival.

Sophia Cox was feeling well, working full time, and planning her next vacation. Then an annual physical revealed something unexpected: a low white blood cell count.

"I felt completely normal and had no idea anything was wrong," she says. That appointment led to a life-threatening blood cancer diagnosis.

Years earlier, Sophia had been treated for Rosai-Dorfman disease, a rare immune system disorder. When her

blood counts raised concern again, she returned to **Joseph Roswarski, MD**, a medical hematologist oncologist at MedStar Georgetown University Hospital. A bone marrow

biopsy confirmed acute myeloid leukemia, a cancer that disrupts the body's ability to make healthy blood cells and fight infection. "Hearing those words was overwhelming," Sophia says. "But I knew I was in the right place."

Sophia's care was guided by **Jennifer Kanakry, MD**, hematologist and medical director of the Stem Cell Transplant and Cellular Immunotherapy

program at MedStar Georgetown. The program is the Washington, D.C., region's most experienced adult, FACT-accredited stem cell transplant program, with over 10 years of expertise in both allogeneic (donor cells) and autologous (patient's own cells) transplants. It also offers access to innovative clinical trials.

Finding a donor

Treatment began with chemotherapy, medicine designed to kill cancer cells and clear space in Sophia's bone marrow for transplant. "When the first treatment didn't work as hoped, we moved to a stronger approach, which paved the way for her allogeneic stem cell transplant," says Dr. Roswarski.

With the leukemia under control, her team focused on what came next: keeping it from coming back. Dr. Kanakry explains, "In an allogeneic transplant, a patient receives blood-forming stem cells from a donor. Those cells can build a new immune system that helps protect against the cancer returning. For Sophia, it offered the only potential cure."

That made finding a donor the critical next step. Compatibility depends on inherited traits, and patients from minority backgrounds are less likely to find a fully matched donor. When one was identified just two weeks later, it changed everything. While the donor wasn't a perfect match, the team's experience with mismatched donor transplants helped Sophia get the treatment she needed. "I saw it as God working," she says. "Some people wait so long. I felt blessed."

Transplant brings hope

The transplant itself was simple, a quiet IV infusion of donor stem cells, but its meaning was profound. Her care team monitored her closely for engraftment, when donor cells take hold and begin producing new blood and immune cells. "Once it grafted, I knew I was going to be okay," Sophia says. "That's when hope really set in."

Sophia's care team included cell therapy-trained physicians, nurses, nurse practitioners, nutritionists, social



With life after her transplant beginning to return to normal, Sophia looks forward to enjoying her favorite activities and traveling again.

workers, case managers, rehabilitation therapists, and infectious disease specialists. The team also helped her navigate access to important post-transplant medications, addressing cost-related barriers so her treatment could continue without interruption. "They didn't just treat me," she says. "They cared about me as a person."

Sophia's post-transplant testing shows no signs of leukemia. Her blood counts are normal, she has full donor engraftment, and she has experienced no major transplant-related complications. As she continues to regain strength, everyday life has begun to look familiar again. "I don't take anything for granted anymore," Sophia says. "I try to appreciate each day I'm given."



Visit [MedStarHealth.org/Roswarski](https://www.MedStarHealth.org/Roswarski) and [MedStarHealth.org/Kanakry](https://www.MedStarHealth.org/Kanakry) to view our physicians' profiles.

Call 202-993-0492 or visit [MedStarHealth.org/StemCell](https://www.MedStarHealth.org/StemCell) for more information or to make an appointment.



Rare expertise leads to a cure for a patient with spinal cerebrospinal fluid leaks.

The symptoms were baffling.

"The pressure in my head and neck was intense when I bent over," says Kathleen Kelly. "I had balance problems and felt dizzy when I looked up to decorate my Christmas tree last year. By the end of each day, I could barely get off the couch."

The 69-year-old semi-retired emergency medicine physician from Northern Virginia spent several months being evaluated by multiple specialists in the region, searching for a diagnosis. She finally found the answer—a spinal cerebrospinal fluid (CSF) leak—thanks to neurosurgeon **Vinay Deshmukh, MD**, co-director of the multidisciplinary team at our Center for Spinal CSF Leaks at MedStar Georgetown University Hospital.



"I learned that MedStar Health has one of only a few teams in the country with expertise in diagnosing and repairing these [CSF] leaks."

—Kathleen Kelly

"They quickly provided an accurate diagnosis and a complete cure," says Kathleen. "This is remarkable because not only is the disorder rare, but it's also underrecognized among the medical community. I learned that MedStar Health has one of only a few teams in the country with expertise in diagnosing and repairing these leaks."

What is a spinal CSF leak?

"Cerebrospinal fluid surrounds the brain and spinal cord, providing a cushion to protect these organs from injury," says Dr. Deshmukh. "A spinal CSF leak occurs when the fluid surrounding the brain and spinal cord escapes through a tear in the membrane around the spinal cord."

"Patients suffer from numerous symptoms," he continues. "The hallmark is a sudden, severe headache in the back of the head. The headache is also postural, meaning it gets better when you lie down and worse when you stand up. Other indicators can include dizziness, cognitive decline, brain fog, muffled hearing, and ringing in the ears. The distress often gets worse as the day goes on, and some patients lose their stamina and need to lie down by the afternoon."

Symptoms are often triggered by bearing down or exertion like bending over, lifting groceries, or even

coughing, sneezing, or laughing. These can increase the pressure on the spine and worsen the tear and the symptoms.

Why the diagnosis is challenging

The cause of a spinal CSF leak is not always clear, and many occur spontaneously. “Most patients are between ages 35 and 65 and highly functioning,” says Dr. Deshmukh, “and then all of a sudden their lives turn upside down.”

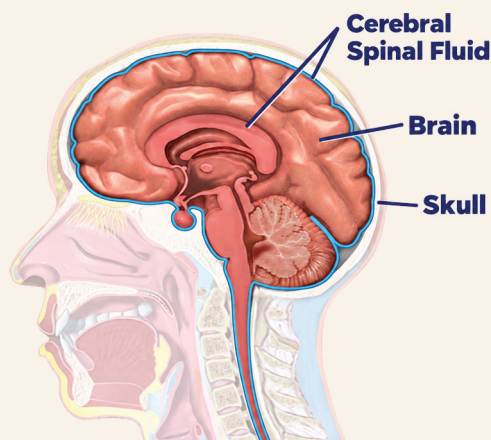


Many clinicians do not recognize the signs and symptoms, which leads to incorrect diagnoses and delays in treatment. “A critical element is the use of complex imaging under the guidance of specialized neuroradiologists such as **Dr. Anousheh Sayah**, who is co-director of our leak center at MedStar Georgetown,” says Dr. Deshmukh. “Through the generosity

of donors, we continue advancing both our understanding and our treatment of CSF leaks,” he continues. Philanthropic support from the CSF Leak Fund is helping make possible a first-of-its-kind collaborative study with NIH, MedStar Georgetown, and the Georgetown University School of Medicine to better understand how CSF leaks affect the brain.

Dr. Deshmukh says it’s important for patients with a persistent headache to get an MRI of the brain with contrast dye. The next step is a spinal MRI. If that shows fluid in the spine, it’s followed by another imaging study called a myelogram that pinpoints the leak’s location.

CSF System



No longer experiencing any symptoms, Kathleen was able to attend her daughter’s wedding this spring.

The medical team at MedStar Georgetown found two spinal CSF leaks in Kathleen’s spine and quickly scheduled minimally invasive surgery. Her symptoms resolved immediately, and she went home after two days in the hospital.

Rapid treatment improves outcomes

“Time is key,” notes Dr. Deshmukh. “If patients are diagnosed within four to six weeks, we can often fix the problem with a simple bedside procedure like a blood patch, which any emergency medicine physician or anesthesiologist can perform. They drain blood from a vein and deploy it into the spinal canal to close the hole.”

Patients who do not receive proper diagnosis and treatment can end up with a long-term marginal quality of life and may develop seizures, strokes, or serious debilitating symptoms similar to Parkinson’s or Lou Gehrig’s disease. Some also have unnecessary brain surgeries because, to the untrained eye, a spinal CSF leak can look like the problem is in the brain, not the spine.

“Most physicians would not think a spinal leak was the main cause of a headache,” notes Kathleen, who has returned to cycling and playing golf. “I worked in emergency medicine for decades and never saw a patient with this condition unless it was a side effect of other medical procedures. I credit Dr. Deshmukh and the team at MedStar Georgetown for working to bridge the gap in knowledge so that more patients can find relief.”



Visit [MedStarHealth.org/Deshmukh](https://www.MedStarHealth.org/Deshmukh) and [MedStarHealth.org/Sayah](https://www.MedStarHealth.org/Sayah) to view our physicians’ profiles.

Visit [MedStarHealth.org/CSF](https://www.MedStarHealth.org/CSF) to learn more about the Center for Spinal CSF Leaks at MedStar Georgetown University Hospital.

Unique wound care service helps patients recover in body and mind.

Ann Marie Gennaro's grueling medical journey began nearly 20 years ago after a 5,000-pound trailer disengaged from the pickup truck towing it and crashed head-on into her car. The accident left her right ankle mangled. The Reston, Virginia, resident was 53 years old at the time. "I always knew that amputating my right foot was a possibility," she says. "The medical team in the emergency department after the accident had discussed this option with my husband and me, but we opted for time to think about this life-changing decision."

Multiple surgeries over the years

Over the next 20 years, Ann Marie navigated 29 surgeries to stabilize her foot, including multiple skin grafts, total ankle replacement, wound management, and several lengthy hospitalizations.

Ann Marie's active lifestyle, her upbeat outlook, her family, and her faith helped her confront these ongoing medical challenges. Then, in early 2026, persistent pain in her right foot worried Ann Marie and her medical team at MedStar Georgetown University Hospital.



When a limb amputation is likely, patients are emotionally vulnerable, according to psychiatrist **Dan Powell, MD**, who leads our mental health

program at the MedStar Health Wound Care Center at MedStar Georgetown. "Some experience amputation as failure, while others perceive it as closure after struggling with recurring infections and pain," he says. Amputation typically involves two surgeries—one to remove the limb and another to close the wound.



Married best friends Ann Marie and her husband, Michael ("Dr. & Mrs."), pose on a bench during a long-distance rail trail ride.

Support facing the inevitable

"It's often difficult for these patients to find mental health support. Our program establishes an ongoing relationship during their hospitalization at MedStar Georgetown and through recovery as they adjust to life after an amputation," explains Dr. Powell. "There are no other hospitals in the region with wound centers with this type of embedded mental health support."

The infection causing the pain in her right foot was unrelenting despite intensive antibiotic treatment. When Ann Marie's medical team told her it was "time to have the conversation" about amputating her foot, she was ready. "I'm a very positive person. It just isn't in me to be negative. But I'm also a realist. I said, 'Just take it.' I am 73. I told them I can learn how to deal with an amputation."

While Ann Marie was in the hospital, Dr. Powell would check in with her regularly. He'd stop by her room and say, "I'm here to help talk about

feelings," she recalls. "Many of our discussions were about my lifestyle and how important my cycling adventures with my husband are to me. Dr. Powell also stressed that I could ask him anything I wanted to know about the surgery or life afterward."

"With amputation surgery, patients worry about their independence," says Dr. Powell. Grief is common and may include stages of denial, anger, bargaining, and acceptance before or after surgery. "It's helpful to see patients frequently during hospitalization so they know they aren't alone, and then as outpatients, when grief can linger." Ongoing care that bridges the hospital and clinic setting also allows for assessing if and when starting a medication may help address worsening mental health symptoms, like depression.

Moving forward with life

There was one worry Ann Marie couldn't quite get beyond: how to prepare her family, and especially her grandchildren, for the amputation.

She hoped they wouldn't treat her like she was fragile. "Dr. Powell helped me work through these last concerns. Once I got over this last hurdle, I called my family to explain the surgery. They were so supportive. They even joked about some of what was up ahead. My family has a great sense of humor," says Ann Marie.

Looking back, Ann Marie is thankful for the 20 years following her accident that she was able to avoid amputation. She is grateful for the support and services offered by the MedStar Health Wound Care Center at MedStar Georgetown when the time eventually came to face this decision. "My interactions with

Dr. Powell were life-changing," she recalls. "Dr. Powell has been there for me at every stage of recovery for my 'new normal' life."

Now, Ann Marie has learned how to walk with her prosthetic leg, she's driving, and she's beginning to cycle again. "I thought I'd be embarrassed, but I'm proud of it. It is a reminder of my journey—what I've experienced and the possibilities yet to come," she says.

Her entire medical team knows her goal. "I have 6,000 miles on my electric bike. The odometer goes up to 999,999. I want to get back to cycling the bike rail trails."



With support from Dr. Powell and her family, Ann Marie remained positive as she faced surgery.



View Dr. Powell's profile at [MedStarHealth.org/Powell](https://www.MedStarHealth.org/Powell) or visit [MedStarHealth.org/WoundCare](https://www.MedStarHealth.org/WoundCare) to learn more about the MedStar Health Wound Care Center at MedStar Georgetown University Hospital.

A guide to choosing where to go for care this cold and flu season.

As fall routines return and respiratory illnesses begin to spread, it's good to know where to turn when symptoms appear or suddenly get worse:



MedStar eVisit - Telehealth

offers 24/7 virtual care and can be a good starting point for mild, non-urgent concerns, such as a new cough, sore throat, congestion, low-grade fever, sinus pressure, or questions about whether in-person care is needed.



MedStar Health Urgent Care

is appropriate when symptoms are worsening but are not life-threatening, including persistent fever, ear or sinus pain, worsening cough, minor cuts, sprains, or concerns that may need an exam, testing, or treatment.



Emergency Department (ER)

at MedStar Georgetown University Hospital is always available for severe, sudden, or potentially life-threatening symptoms.

Choosing the right care setting can help you get the support you need when you need it.



"If you're having trouble breathing, chest pain, stroke-like symptoms, or any concern that feels life-threatening, the ER is the right place to go."

—Katherine Byrd, MD, Chair, Department of Emergency Medicine at MedStar Georgetown University Hospital



Remember to schedule your annual flu shot. It is one of the simplest and most effective ways to protect yourself this season.



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Groundbreaking procedure gives hope to breast surgery patients.

A first-of-its-kind surgical procedure aimed at preserving nipple sensation offers hope for women facing breast cancer. In this groundbreaking procedure, **Lucy De La Cruz, MD**, chief of the Breast Surgery program at MedStar Georgetown University Hospital, and plastic surgeon **Kenneth Fan, MD**, combined innovative technologies not typically used together to perform a robotic bilateral nipple-sparing mastectomy using the da Vinci SP® (single port) robotic surgical system.



Lucy De La Cruz, MD,
performed a first-of-
its-kind procedure.

"For too long, women have had to choose between treating their cancer and preserving sensation," says Dr. De La Cruz. "While we've made tremendous progress in the cosmetic outcomes of mastectomy, restoring feeling has remained an unmet need. This new approach is designed to address both."

The robotic mastectomy, performed through a single incision hidden within the natural fold beneath the breast, combined with nerve reconstruction, helps preserve sensation, reduce pain, speed recovery, and minimize scarring. MedStar Georgetown is one of only 10 hospitals nationwide, and the only hospital in the Washington, D.C., region, performing this procedure.

For women facing breast cancer, this approach represents a promising step toward treatment that addresses the disease while preserving quality of life after surgery.



Visit [MedStarHealth.org/RoboticFirsts](https://www.MedStarHealth.org/RoboticFirsts) for more information on this and other groundbreaking robotic procedures.

Ranked #1 for cancer care in the D.C. region.

In the 2026-2027 U.S. News & World Report Best Hospitals listing, MedStar Georgetown University Hospital is ranked #1 for cancer care in the Washington, D.C., region. With this recognition, MedStar Georgetown is setting the standard for consistent, exceptional cancer care close to home.



It's how we treat people.