

Health

MedStar Southern Maryland Hospital Center

Sudden Paralysis and a Race to Save His Future.



Inside: Understanding Pancreatic Cysts and When to Get Screened | Postmenopausal Bleeding: The Symptom You Should Never Ignore | I've Tried Everything For My Reflux. Is Surgery My Next Option?

Letter from the president.

Dear neighbors,

In every community, there are places people rely on when they need answers, reassurance, and a clear next step. We work hard to make MedStar Southern Maryland Hospital Center one of those places by combining advanced care with the kind of support that helps patients and families feel cared for, steady, and informed.

In this issue of *Health*, you'll meet people and providers navigating complex conditions with determination and hope. Among them is Taurus Dean, whose story is one that stays with you. He arrived in our emergency department with sudden paralysis and learned during his evaluation that he had multiple myeloma—a blood cancer that can weaken bones and damage the spine. As providers across specialties moved quickly and in close coordination, Taurus underwent emergency surgery, regained his ability to walk, and went on to continue his cancer care with a bone marrow transplant. His journey reflects what timely, coordinated care can make possible, even when the diagnosis is unexpected.

You'll also find articles designed to help readers act earlier, ask the right questions, and protect long-term wellness. From recognizing heart attack symptoms that can differ between women and men to understanding pancreatic cysts, carotid artery disease, and reflux

options when lifestyle changes fall short, our goal is to make complex health information clear, useful, and empowering. We also spotlight preventive care and screenings, along with women's health topics that deserve attention, including postmenopausal bleeding and what it may signal.

Care doesn't end when a patient leaves our doors—in many ways, that's when it truly begins. It continues through follow up, education, and outreach that keep patients connected to the right resources at the right time. Whether someone needs guidance managing diabetes-related foot health, support through cancer prevention efforts, or answers about new symptoms, we are committed to meeting people where they are, with care that is both expert and personal.

We are grateful for the trust you place in us, and for the partnership we share with the community we are proud to serve. Together, we can keep moving toward a healthier future.

In good health,



Stephen T. Michaels, MD, FACHE
President, MedStar Southern Maryland Hospital Center
Senior Vice President, MedStar Health



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Protect circulation, protect healing: foot health with diabetes.

Early checks and routine care are essential for preventing wounds and protecting mobility.

When you have diabetes, protecting your feet is part of protecting your overall health. Diabetes can affect nerves and blood vessels, reducing sensation and circulation in the feet. That combination increases the risk that a small blister, callus, or cut can progress into a wound or infection before you even realize something is wrong.



“Diabetes affects your blood vessels, your nerves, your eyes, your kidneys—everything in the body,” says **Ali Qadri, DPM**, a foot and ankle surgeon at MedStar Southern Maryland Hospital Center. “That’s why foot care isn’t separate from diabetes care—it’s part of it.”

Limb salvage focuses on preventing that escalation and preserving as much healthy foot structure and function as possible. The goal is simple: protect mobility, reduce complications, and help patients stay active and independent.

The importance of early foot care

Early foot care is about prevention and surveillance. Routine visits help clinicians identify pressure points, manage calluses, and catch skin changes before they become wounds. They also reinforce everyday habits that protect the feet, including daily self-checks and proper footwear. “Diabetic shoes are a non-negotiable number one,” Dr. Qadri insists. “Number two, patients need follow-up care every three months.” For many, those two steps reduce risk by addressing the most common pathway to complications: pressure, friction, and delayed detection.

Recognizing warning signs

Because the ability to perceive pain may be reduced, visual cues matter. Patients should seek care promptly

for any new sore, blister, redness, warmth, swelling, drainage, foul odor, or skin breakdown—especially if symptoms persist or worsen. Dry, cracked skin can also create openings for infection. Changes in foot shape or increasing pressure in one area can be a sign that the mechanics of the foot are shifting, raising the risk of breakdown.

As Dr. Qadri says, “The feet are a window into our overall health.” When something changes in the feet, it can be an early signal that diabetes-related effects are progressing elsewhere, too.

Limb salvage and how it can prevent major complications

Limb salvage can include advanced wound care, offloading pressure, infection management, and procedures that remove infected or non-viable tissue while preserving a stable, functional foot. It often involves a team-based approach, because circulation, infection control, and long-term prevention all play a role in keeping patients safe.

“Limb salvage is about protecting possibility,” Dr. Qadri says. “Not just saving a foot but preserving independence. When patients and the care team stay connected, we can prevent setbacks and keep moving forward.”

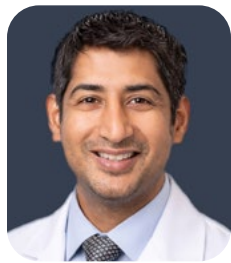


Call **301-877-7202** or visit **MedStarHealth.org/FootCare** to learn more. Visit **MedStarHealth.org/Qadri** to meet **Dr. Qadri** and view his full profile.

A personalized cancer screening plan could save your life.

Screening works best when it matches personal risk—age, family history, and lifestyle—so the right tests happen at the right time.

This year, the American Cancer Society projects 2.1 million new cancer cases in the U.S. The good news is that recommended screenings can catch many of these cancers early, when they are more treatable. Screenings can also find changes in the body before they turn into cancer.



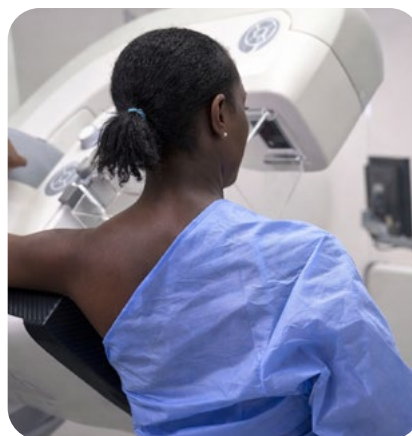
“Cancer screening and awareness save lives,” says **Ankit Madan, MD**, co-medical director, MedStar Georgetown Cancer Institute at MedStar Southern Maryland Hospital

Center. “Early diagnosis through screening increases the cure rates for a range of cancers, including breast, colon, lung, and prostate.” Cancer diagnosed at an earlier stage can be treated with less aggressive treatments, like surgery and radiation rather than chemotherapy. And screening not only detects cancers early, but it can also prevent them. On mammograms, for example, physicians can catch and surgically remove DCIS, a form of noninvasive, stage 0 cancer. Colonoscopy finds and removes polyps that would become cancer in the future.

“Some of the most effective proactive steps for lowering your risk of several types of cancer include eating a healthy diet that includes more plants; avoiding processed meats like bacon, ham, and sausage and limiting red meat; not smoking; limiting or avoiding alcohol; reaching and maintaining a healthy weight; and getting regular physical activity,” explains Dr. Madan.

How to build your personalized cancer screening plan

Your primary care provider can help you build a personalized plan focused on when to begin screening and how often you need to screen for different types of cancer based on your personal and family medical history and lifestyle risk factors.



Steps you can take to lower your cancer risk

For every type of cancer, there are two categories of risk factors: those you can change (modifiable risk factors) and those you cannot change (non-modifiable risk factors).

Modifiable risk factors include:

- What you eat
- How active you are
- Tobacco use
- Drinking alcohol
- Being overweight or obese
- Using sunscreen
- Being vaccinated against HPV and hepatitis B
- Getting your recommended cancer screenings

Non-modifiable risk factors include:

- Age
- Race
- Family history
- Medical conditions like inflammatory bowel or lung disease
- Genetic mutations like BRCA1 and BRCA2 and conditions like Lynch syndrome
- Dense breasts, early puberty and/or late menopause, and late pregnancy or no pregnancies (for breast cancer)
- Previous radiation treatment



Visit [MedStarHealth.org/CancerScreenings](https://www.MedStarHealth.org/CancerScreenings) to learn more or talk with your primary care provider about which screenings are best for you. Visit [MedStarHealth.org/Madan](https://www.MedStarHealth.org/Madan) to meet **Dr. Madan** and view his full profile.

Heart attack symptoms: how to recognize them and reduce your risk.

Fatigue, nausea, and shortness of breath matter, too.

Most of us picture a heart attack the same way it's shown in movies: a sudden, crushing chest pain, a dramatic clutching of the chest, and collapsing to the floor. In real life, symptoms can look very different—and that mismatch can delay potentially lifesaving care. Some patients do feel heavy chest pressure. Others notice shortness of breath, nausea, unusual fatigue, cold sweats, or discomfort in the jaw, back, or arm.

Because symptoms can be subtle or less well-known, the most important habit is trusting when something doesn't feel right and getting evaluated quickly. Earlier evaluation gives clinicians more options to limit heart damage and support recovery.

What is a heart attack?

"A heart attack occurs when blood flow that brings oxygen to the heart muscle is severely reduced

or completely blocked," says **Sonia Samtani, MD**, an interventional cardiologist at MedStar Southern Maryland Hospital Center.



"This usually occurs because the arteries that supply the heart with blood have narrowed over

the years from a buildup of fat, cholesterol, and other substances, creating plaque. If the plaque breaks free, a blood clot can form that blocks the artery."

Lifesaving interventions for heart attacks are most effective when they begin early, especially within the first 60 to 90 minutes. That is why it is so important to recognize the symptoms and call 911, so treatment can begin in the ambulance and you can get to the hospital quickly.

"Most people associate heart attacks with a crushing pain in the chest," notes Dr. Samtani. "However, women's symptoms are often subtle, and if they go unrecognized, women may delay seeking emergency care and suffer worse outcomes."

Common symptoms in men vs. women

For men, the most frequent symptoms are severe pain; pressure or a squeezing sensation in the chest; pain in the arms, neck, or jaw; sweating; shortness of breath; and heartburn, or indigestion. However, in one study of women who had heart attacks, only 43% reported chest pain. The most common symptom was unusual fatigue that sometimes lasted for several days. Other warning signs were

sleep disturbances; dizziness and lightheadedness; a dull pain in the back, jaw, or shoulders; nausea; indigestion; and anxiety.

Know the symptoms



Pain (chest, jaw, arm, or back)



Unusual fatigue, weakness



Nausea, dizziness



Breathlessness, indigestion, sweats

Protect your health through prevention

Modern cardiac care can restore blood flow quickly and limit damage—but prevention and early evaluation still do the most to protect long-term heart health. Smoking is a big risk factor. In addition, managing blood pressure, cholesterol, and diabetes—along with prompt attention to new shortness of breath, chest discomfort, or unusual fatigue—goes a long way toward catching disease early.



If you think you are experiencing heart attack symptoms, call **911** or go to the nearest emergency department. Visit [MedStarHealth.org/HeartAttack](https://www.MedStarHealth.org/HeartAttack) to learn more. Visit [MedStarHealth.org/Samtani](https://www.MedStarHealth.org/Samtani) to meet **Dr. Samtani** and view her full profile.

Understanding pancreatic cysts and when to get screened.

Most pancreatic cysts are benign, but understanding the type and following up can help clinicians catch changes early.

Discovering a pancreatic cyst can be unsettling—especially when it comes up unexpectedly on a scan ordered during routine care. Because the pancreas sits deep in the abdomen, cysts often cause no symptoms, so they're frequently found by chance.

Most are benign, but because a small number can change over time, it's important to understand what the finding means and whether follow-up screening makes sense for you.



“When people hear ‘pancreatic cancer,’ it can sound frightening,” says **Mark Real, MD**, a gastroenterologist at MedStar Southern Maryland Hospital Center.

“While pancreatic cancer can be a serious disease, having a pancreatic cyst or family history does not mean someone will develop cancer. That’s why screening and surveillance are so important.”

What pancreatic cysts are, and what they usually mean

Pancreatic cysts are fluid-filled sacs in the pancreas, and the vast majority do not lead to cancer. In fact, pancreatic cysts are surprisingly common, especially as we age, and most pancreatic cysts do not require immediate

treatment. The next step usually involves confirming the type of cyst and whether it has any features that warrant closer monitoring. For many people, that means periodic imaging to track the cyst over time and identify any changes early.

Studies show that up to 15% of people who undergo a CT scan or MRI will have a pancreatic cyst identified accidentally, meaning the cyst was discovered while imaging was performed for another medical reason. After age 70, about 40% of the population has a pancreatic cyst.

For individuals with a known pancreatic cyst, the risk of

developing pancreatic cancer is low—between 0.5% and 1.5%. Still, up to 15% of pancreatic cancers arise from pancreatic cysts, and for that reason, these cysts should not be dismissed.

How screening works and who should consider it

Detecting pancreatic disease early can make a meaningful difference in outcomes. Though not recommended for the general population, screening is recommended for high-risk individuals, including those with:

- Familial pancreatic cancer, defined as having two family members diagnosed with the disease



- BRCA1 or BRCA2 gene mutations, which are inherited and linked to higher risk of several cancers, including pancreatic cancer

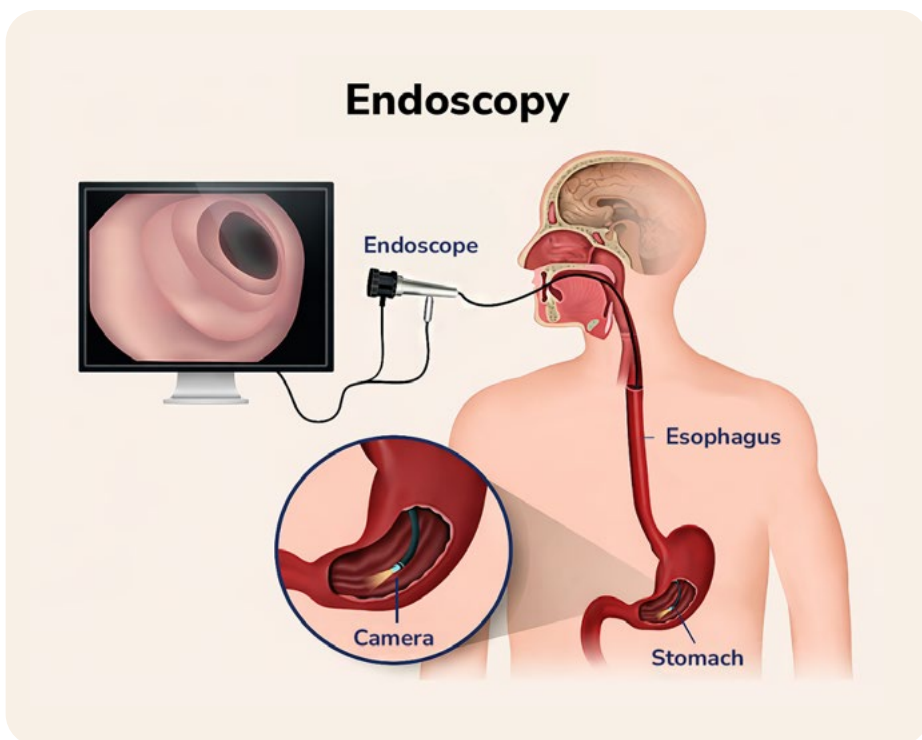
In addition to lab work, two primary imaging tools are used for screening and surveillance:

- MRI of the pancreas, which provides detailed images of pancreatic tissue and cysts
- Endoscopic ultrasound, an advanced procedure in which a thin scope with an ultrasound probe is passed through the mouth into the stomach to closely examine the pancreas

Early detection is critical. When pancreatic cancer is found at its earliest stage, the 10-year survival is better than 90%.

Once symptoms develop—such as unexplained weight loss, persistent abdominal or back pain, jaundice (yellowing of the skin or eyes), nausea, or new-onset diabetes—the disease is often advanced and harder to treat.

“Early detection is the greatest tool we have,” says Dr. Real. “If your physician tells you they’ve found a cyst, don’t ignore it. See a specialist, discuss your options, and take steps to prevent it from progressing to pancreatic cancer.”



An endoscopy allows physicians to examine the upper digestive tract using a flexible, camera-equipped tube inserted through the mouth. Images from the endoscope are transmitted to a monitor in real time, enabling doctors to visualize the esophagus and stomach and identify abnormalities or guide treatment.

What to expect during screening

Endoscopic ultrasound is an outpatient procedure with the same preparation as a standard upper endoscopy. There is no bowel prep, the procedure is brief, and patients go home the same day. It is generally very safe and well tolerated.

Anyone at high risk or with a pancreatic cyst will need follow-up screenings. If a cyst remains stable for several years, the time between screenings may be extended.

While not all risk factors are controllable, smoking is the single most important modifiable risk factor for pancreatic cancer.

Heavy alcohol use also increases risk. Addressing these habits can significantly improve pancreatic health.

Early detection and surveillance save lives



Dr. Real and his colleague, **Walid Chalhoub, MD**, offer endoscopic ultrasound for screening

and surveillance so patients can receive specialized evaluation and follow-up without traveling far.



Visit [MedStarHealth.org/Real](https://www.MedStarHealth.org/Real) to meet **Dr. Real** and view his full profile or call **301-877-4599** to schedule an appointment.



Sudden paralysis—and the specialists who moved fast to protect Taurus' future.

When one emergency uncovered another, rapid spine care and coordinated cancer treatment helped turn a crisis into recovery.

For most of his life, Taurus Dean, 57, had been able to shrug off back tightness. Every now and then, something would flare up, feel stiff for a bit, and then fade. When that familiar tightness returned last May, he didn't panic.

He went to his regular doctor, who told Taurus to stretch and exercise. When nothing improved, Taurus made another appointment, this time with a physician who ordered an X-ray and then scheduled an MRI to get a clearer picture of what might be going on.

But Taurus never made it to that MRI. Before the scan could happen, Taurus collapsed at home. "Suddenly, my legs just stopped working," Taurus recalled.

"I couldn't walk. I called a friend, and he called an ambulance to take me to MedStar Southern Maryland Hospital Center.

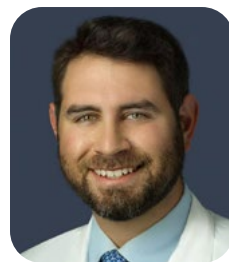
"They did the imaging, and that's when we found it: a mass in my mid-back pressing on my spinal cord."

The diagnosis behind the emergency

When Taurus arrived at MedStar Southern Maryland, **Matthew**



Cooper, MD, CRSP, the attending emergency department physician, reviewed the MRI and quickly called



in **David A. Weiner, MD, MS**, an orthopaedic spine surgeon, to perform an emergency spinal laminectomy

and fusion—surgery designed to relieve pressure on the spinal cord and protect function.

In Taurus' case, the compression was caused by a mass in his mid-thoracic spine that was pressing on his spinal cord and causing a spinal cord injury. That pressure is what made his legs suddenly stop working. The emergency decompression and fusion procedure relieved that pressure

by creating more space around the spinal cord and removing the mass causing the “pinch.” This gave the spinal cord a chance to recover before the damage became permanent.

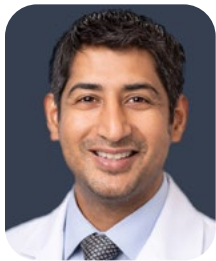
The next day brought a moment Taurus describes with emotion: “I could move my foot. I could stand. And I could take a step. I was so grateful for Dr. Weiner’s skills, and so grateful to God. I knew I couldn’t get through this without both.”

With one emergency successfully de-escalated, there was still an additional shock to come: the mass removed from Taurus’ spine was malignant, a plasmacytoma caused by multiple myeloma, a rare blood cancer.

Treating a dangerous incidental discovery

Multiple myeloma can be hard to spot early; some people have no obvious symptoms and are diagnosed through routine bloodwork, while others may notice fatigue, bone pain, weakness, anemia, kidney problems, or frequent infections. Taurus also fit key risk considerations: he’s African American, approaching his 60s, and his mother had multiple myeloma.

“In hindsight, that back tightness I couldn’t shake wasn’t just a nuisance,” Taurus says. “It was my early warning sign.” According to **Ankit Madan, MD**, co-medical director of MedStar Georgetown Cancer Institute and Taurus’ hematologist-



oncologist at MedStar Southern Maryland, spinal cord compression is often already well underway by the time symptoms appear.

The sooner it’s addressed, the better the chances of regaining neurological function.

During his spine surgery rehab, Taurus began radiation therapy and induction chemotherapy.



He was then referred to **Jennifer Kanakry, MD**, medical director of our Stem Cell Transplant

and Cellular Immunotherapy program. Taurus began working with Dr. Kanakry to plan an autologous bone marrow (stem cell) transplant—an approach often used to help patients achieve a deeper remission and keep the cancer under control longer.

Remission, recovery, and the will to believe

Now months out from Taurus’ initial collapse, Dr. Weiner credits his patient’s progress to his courage and to the team’s coordinated effort across specialties: “To see Taurus go from such an urgent crisis to being fully reengaged in his life—that’s why we do what we do. It’s what gets me up in the morning.”

For Taurus, that same turnaround also deepened the faith that has always anchored him. “Throughout everything, I kept coming back to the same things: gratitude and praise. Wherever God’s going to take me, that’s where I’m going to go. You just have to believe in your doctors—and I believe, for sure,” he says.

“I am truly grateful for Dr. Cooper, Dr. Weiner, Dr. Madan, Dr. Kanakry, Cara Trainor, ACNP MSN, and everyone else who has played a part in my recovery,” Taurus

I am still in awe of how far I’ve come, and each of my clinicians will always be an important part of my recovery and growth.”

-Taurus Dean

continues. “Their kindness, support, and unwavering professionalism made me feel safe and comfortable every step of the way. There wasn’t a single question they couldn’t answer, and they always helped keep me calm.

“I am still in awe of how far I’ve come, and each of my clinicians will always be an important part of my recovery and growth. Thank you so much for everything—you will never be forgotten.”



Taurus does his daily sit-ups, building strength and control.

Today, Taurus is walking unassisted. His cancer is in complete remission. And he hopes his story lands as both a warning and a reassurance. Above all, Taurus says, “I want people to have optimism. Hearing that six-letter word, cancer, is heartbreaking. But we’re in a time now when cancer can be treated better than ever before. So have faith.”

Visit **MedStarHealth.org** to learn more about our comprehensive health services.

Abdominal aortic aneurysms: what to know.

Aneurysms can grow silently for years, which is why risk awareness and screening play such a powerful role in prevention.

When an aneurysm stays small, clinicians can monitor it and keep risk low. When it grows, the stakes rise—and that's where screening, awareness, and timely treatment can make all the difference.

Early detection matters

Aneurysms are abnormal bulges that occur when a blood vessel wall weakens. They appear in various locations, such as the brain (intracranial or cerebral), torso (abdominal), behind the knee (popliteal), or the chest (thoracic). All are potentially life-threatening if they burst.

The most prevalent type of aneurysm affects the body's largest artery, the aorta, in the lower torso. Called an abdominal aortic aneurysm, AAA or triple A, it is a triple threat, liable to burst, internally tear, or impair blood flow. These aneurysms may cause severe internal bleeding, organ damage, reduced blood flow to an arm or leg (limb ischemia), stroke, heart failure, and death.



"Aneurysms are rare, and typically benign when small. Some never rupture," says **D'Andre Williams, MD**, a vascular surgeon at MedStar Southern Maryland

Hospital Center. "However, if they get large enough and do rupture, it can have devastating consequences.

That's why screening is important: the more we can follow aneurysms over time, the more we can intervene." In fact, over the last few decades, mortality rates for AAA have declined 40%-60%, driven by improved screening and treatment.



An abdominal aortic aneurysm (AAA) occurs when a weakened section of the aorta—the body's main artery—enlarges in the abdomen.

Know the warning signs

Aneurysms are called "silent killers" because oftentimes, patients have no symptoms. Many are only detected coincidentally when patients undergo imaging for some other reason. But if an abdominal aortic aneurysm has enlarged, you may feel a deep, persistent pain in the belly or lower back or a pulsing sensation. Once an aneurysm bursts, the pain is acute, with signs of shock. If you experience this, seek immediate medical attention. Aortic aneurysms become more prevalent with age and are four to six times more common in men than women. Smoking significantly increases the risk—making you three times more likely to develop an aneurysm—because tobacco

chemicals inflame and damage blood vessels. Additional risk factors include high blood pressure, atherosclerosis, diabetes, or any family history of aneurysms.

How clinicians confirm and treat aneurysms

"We'd start with an ultrasound," says Dr. Williams. "If you have an aneurysm, we'd recommend anti-platelet therapy like a daily baby aspirin. If an aneurysm measures 3 centimeters, the Society of Vascular Surgery recommends rescreening in two to three years. If larger, we screen more frequently."

Many patients can be treated with endovascular aneurysm repair (EVAR), a minimally invasive approach. "We use wires and catheters and stents to recreate your aorta. It's a little needle poke in the groin, and you stay in the hospital for one day," says Dr. Williams. "But over time, those stents can fail, so patients get yearly imaging.

"The mortality rate for any thoracic or abdominal aneurysm rupture is still upwards of 50%-60%," Dr. Williams cautions. "Once you have one, you're predisposed to another, so screening is critical." Beyond that, individuals should adopt healthy behaviors: don't smoke, manage your blood pressure and cholesterol, eat a heart-healthy diet, limit alcohol, and exercise regularly. Aneurysms are always serious, but with vigilance and management, they needn't be deadly.



Call **301-877-7353** or visit **MedStarHealth.org/Aneurysms** to learn more. Visit **MedStarHealth.org/Williams** to meet **Dr. Williams** and view her full profile.

STEMI survivors and care teams come together for Heart Month.

Their stories are different. The reason they gathered was the same: a second chance.

We welcomed 15 patients back to the MedStar Southern Maryland Hospital Center campus for a Heart Month luncheon alongside clinicians and emergency responders who helped save their lives after a STEMI—short for ST-segment elevation myocardial infarction, a severe heart attack caused by a complete coronary artery blockage.

Many STEMI patients arrive by ambulance or medical flight and head straight to the cardiac catheterization lab, where interventional cardiologists guide a catheter to the heart, open the blockage with a balloon, and place a small mesh stent to restore blood flow—often in minutes. In January 2026, the average door-to-balloon (D2B) time at MedStar Southern Maryland was 43.5 minutes, well below the national benchmark of 90 minutes.



Brian Case, MD, medical director of our cardiac catheterization lab, stands with Christopher Butcher, a STEMI heart attack survivor whose life was saved through rapid emergency care and cardiac intervention.



“Today isn’t about metrics or awards,” says **Brian Case, MD**, medical director of the cardiac catheterization lab. “D2B is about impact. Behind every door-to-balloon time and every quality benchmark is a person, a family, and a future that was preserved because a system worked exactly as it should.”

During the luncheon, survivors shared what recovery has meant in their lives. Christopher Butcher, 57, a Virginia father of two, was brought to MedStar Southern Maryland after suffering a heart attack while bicycling. “Nobody would look at me and say

In January 2026, the average door-to-balloon (D2B) time at MedStar Southern Maryland was 43.5 minutes, well below the national benchmark of 90 minutes.

that I was at risk for a heart attack,” Christopher says. “I eat decently, I’m not diabetic, I don’t smoke, I drink a little, and I have no generational history of cardiac disease.”

After his procedure and cardiac rehabilitation, Christopher says the experience reshaped how he thinks about health. “The main gift is that having my heart attack at 57 leaves a lot of time to fix things and change things,” he says. “Having good conversations with good medical providers broadened my sense of what health really is.”

“The true measure of a cardiovascular program is not simply procedural excellence,” says **Stephen Michaels, MD, FACHE**, president of MedStar Southern Maryland. “It is the ability to respond with urgency, precision, and compassion and change the trajectory of patients’ lives.”

By bringing survivors and caregivers back together with the clinicians who treated them, the event highlighted what the data points represent in real life: more people moving forward with a second chance.



Visit [MedStarHealth.org/CardiacCath](https://www.MedStarHealth.org/CardiacCath) to learn more. Visit [MedStarHealth.org/Case](https://www.MedStarHealth.org/Case) to meet **Dr. Case** and view his full profile.

Postmenopausal bleeding: the symptom you should never ignore.

Most causes are benign, but early assessment helps rule out serious conditions and protects long-term health.

Let's say you are a postmenopausal woman—meaning you've not had a period for twelve months—and you suddenly start bleeding again. If the bleeding is not accompanied by pain, or if it goes away, some women might take a “wait and see” approach. But according to **N. Todd Froelich, MD**, an obstetrician-gynecologist (Ob/Gyn) at MedStar Southern Maryland Hospital Center, postmenopausal bleeding is a clear warning sign that deserves immediate attention from your healthcare provider.

Cause for concern, but not alarm

In most cases, postmenopausal bleeding is caused by something benign, such as uterine polyps,

uterine fibroids, or the age-related vaginal effects—when vaginal tissues become thinner, drier, and less elastic, and the natural lubrication decreases—that accompany menopause.

However, vaginal bleeding is also the number one symptom of endometrial cancer, the most common gynecologic cancer in the U.S., affecting nearly 3% of American women—most of whom are postmenopausal. Less than 10% of women who experience postmenopausal bleeding have endometrial cancer. However, more than 90% of women with endometrial cancer experience postmenopausal bleeding. Vaginal bleeding is also the main symptom of cervical cancer.

“That's why we want to see you right away,” says Dr. Froelich. “These cancers are highly treatable, and even curable, when detected early.”

Diagnosis and treatment

Dr. Froelich emphasizes the importance of understanding the menopausal transition. “In the years leading up to menopause (perimenopause) it's normal for women to experience irregular periods—skipping a month, having light spotting, or even having two periods in one month. But once your periods have stopped for twelve consecutive months, you are considered postmenopausal and should not experience any vaginal bleeding.”

If bleeding occurs, it should not be dismissed as a return of irregular cycles. An evaluation would typically include a pelvic ultrasound and an in-office endometrial biopsy—a brief procedure used to sample the uterine lining. In some cases, hysteroscopy may also be recommended, allowing direct visualization of the inside of the uterus using a small camera.

Treatment depends entirely on the underlying cause. Some conditions may require no treatment at all, while others may be managed with local vaginal estrogen, removal of polyps, or procedures such as dilation and curettage (D&C). If cancer is diagnosed, treatment may involve





surgery, chemotherapy, radiation, or a combination of therapies. “One thing is certain,” says Dr. Froelich. “Delaying evaluation increases the risk of diagnosing disease at a more advanced and harder-to-treat stage.”

Who is at risk?

Postmenopausal bleeding affects approximately 10% of women over 55. You may be at increased risk if you’ve had a personal or family history of uterine or cervical polyps or fibroids, obesity, polycystic ovary syndrome (PCOS), diabetes or thyroid disease, or any gynecologic cancer.

Bleeding may also occur due to the thinning and drying of vaginal tissue after menopause. This can make vaginal tissue more susceptible to irritation or friction during daily activities, exercise, or intercourse. Symptoms are often managed with vaginal

moisturizers, lubricants, or estrogen-based creams, which—unlike oral estrogen—are not associated with an increased risk of cancer.

Dr. Froelich also advises women using hormone replacement therapy to have a thoughtful risk-benefit discussion with their provider. Like many gynecologic cancers, endometrial cancer is driven by estrogen. Additionally, adipose (fatty) tissue produces estrogen, which is why women with a body mass index (BMI) higher than 30 have a higher risk of developing endometrial cancer.

The good news is that outcomes are generally favorable for women who seek care promptly. “Ultimately,” says Dr. Froelich, “the sooner we evaluate postmenopausal bleeding, the better the outcome for you as a patient.”



Provider spotlight

N. Todd Froelich, MD, is an obstetrician-gynecologist at MedStar Southern Maryland Hospital Center who supports patients through pregnancy, delivery, and a wide range of gynecologic concerns, including fibroids, heavy menstrual bleeding, and endometriosis. Whether a patient is planning a pregnancy, managing ongoing symptoms, or deciding on next steps for a condition, Dr. Froelich helps build a clear plan that aligns with their priorities.



Call **301-877-7200** or visit **MedStarHealth.org/Menopause** to learn more. Visit **MedStarHealth.org/Froelich** to meet **Dr. Froelich** and view his full profile.



I've tried everything for my reflux. Is surgery my next option?

For selected patients, minimally invasive repair may offer lasting relief.

That spicy meal may taste great going down, but the burning in your chest hours later could make you rethink your food choices. Occasional heartburn is a nuisance, but when it occurs frequently, it may signal gastroesophageal reflux disease (GERD), a chronic condition that can affect both health and quality of life. For many people, lifestyle changes and medication can help manage symptoms. But when heartburn persists despite those steps, it may be time to talk with a specialist about additional options, including surgery.

The esophagus is a tube that connects your throat to your stomach. Reflux is usually caused when the sphincter muscle or valve

that connects the esophagus to the stomach doesn't close tightly or relaxes at the wrong time, allowing acidic stomach contents to flow back up into the esophagus.

"It can be extremely uncomfortable," says **Mariana Vigiola Cruz, MD**, a general surgeon at MedStar Southern Maryland Hospital Center. "Symptoms can range from persistent heartburn to chest discomfort that can feel severe, sometimes even like a heart attack. Some people also experience hoarseness, as well as neck and ear pain, chronic cough, and nausea." While GERD rarely becomes life-threatening, long-term reflux can damage the lining of the esophagus and lead to complications such

as ulcers and an increased risk of esophageal cancer.

When a hiatal hernia drives reflux

In addition to a weak valve, patients who suffer from GERD often have a hiatal hernia—a condition where a naturally occurring hole between the chest and abdomen is too large, allowing the upper part of the stomach to push through the opening into the chest. This creates pressure that moves the stomach's contents up into the esophagus. "A hiatal hernia disrupts the normal anatomy that ensures the stomach's contents go down and stay down," explains Dr. Vigiola Cruz. "When this mechanism is altered, it can cause acid reflux or make it worse."

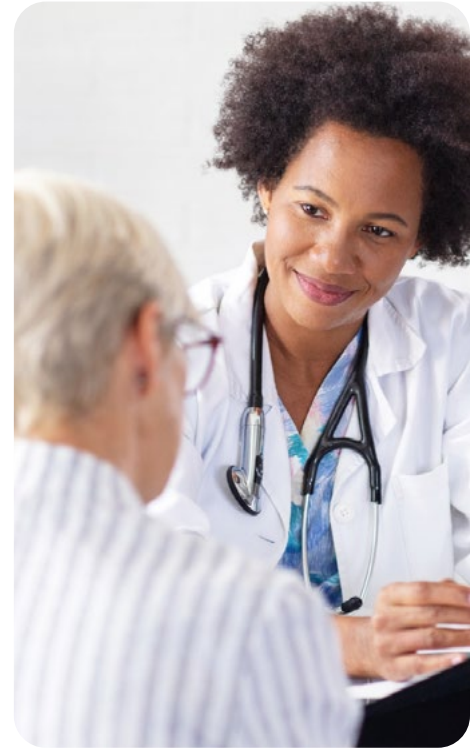
When it's time to talk about surgery

While changes in diet and medications are often the first line of defense, surgery can be a longer-term solution for patients who don't get adequate relief. "The approach to surgery depends on the condition of the esophagus and the type of hiatal hernia," says **Aley El-Din M. Tohamy, MD**, chair of surgery at MedStar Southern Maryland. "Most of the time we use minimally invasive robotic surgery, requiring only three to four tiny incisions." In this case, the surgeon pulls the stomach back down into its correct position and then tightens the hole so that only the lower part of the esophagus can fit through it.

"Along with the hernia repair, we perform a procedure known as

fundoplication to tighten the junction between the esophagus and stomach," says Dr. Vigiola Cruz. "The stomach is a very strong muscle, so we wrap the upper part of the stomach around the lower part of the esophagus." Patients are typically discharged after one or two nights. They are limited to a soft diet for the first six weeks and then slowly resume solid food.

"Chronic acid reflux is not just an issue of discomfort—it's a serious problem that can cause long-term damage," cautions Dr. Tohamy. "Fortunately, minimally invasive surgery is highly effective, and I strongly urge patients with GERD to speak with their gastroenterologist and not delay treatment."



Visit [MedStarHealth.org/GERD](https://www.MedStarHealth.org/GERD) to learn more about GERD, or speak with your primary care provider if you are experiencing symptoms.

Meet our providers.



Mariana Vigiola Cruz, MD

Dr. Vigiola Cruz is a board-certified general surgeon at MedStar Southern Maryland Hospital Center who specializes in minimally invasive and robotic surgery. She cares for patients with conditions affecting the stomach, intestines, gallbladder, and abdominal wall, including hernias and reflux disease. Dr. Vigiola Cruz is dedicated to using surgical techniques designed to reduce pain and speed recovery.

Visit [MedStarHealth.org/VigiolaCruz](https://www.MedStarHealth.org/VigiolaCruz) to meet **Dr. Vigiola Cruz** and view her full profile.



Aley El-Din M. Tohamy, MD

Dr. Tohamy is chair of surgery at MedStar Southern Maryland Hospital Center and a board-certified surgeon specializing in minimally invasive, robotic, and bariatric surgery. He treats conditions such as obesity, metabolic disease, hernias, and digestive disorders. Dr. Tohamy is passionate about helping patients improve their health and quality of life through advanced surgical care and open, compassionate communication.

Visit [MedStarHealth.org/Tohamy](https://www.MedStarHealth.org/Tohamy) to meet **Dr. Tohamy** and view his full profile.



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National recognition highlights our **excellence** in heart and GI care.

Healthgrades honored our teams at MedStar Southern Maryland Hospital Center with two 2026 Specialty Clinical Quality Awards for strong outcomes in coronary intervention and gastrointestinal (GI) care.

Our Coronary Intervention Excellence Award reflects strong results for procedures such as angioplasty with stent placement, which opens narrowed or blocked coronary arteries to help restore blood flow to the heart. Our Gastrointestinal Care Excellence Award recognizes high-quality outcomes across a range of digestive care, including common surgeries (like colorectal procedures and

gallbladder removal) as well as treatment for urgent conditions such as bowel obstruction, GI bleeding, and pancreatitis.

Healthgrades evaluates hospitals based on clinical outcomes for specific conditions and procedures, helping patients compare performance when choosing where to receive care. The 2026 Specialty Clinical Quality Awards highlight hospitals that consistently deliver high-quality results, including measures tied to outcomes, patient safety, and patient experience, reinforcing our team's commitment to at MedStar Southern Maryland to bringing exceptional specialty care close to home.

