

Healthy Living

MedStar St. Mary's Hospital

Decades of Pain, Reversed in One Day.

Robotic Surgery Is Transforming Gynecological Care—and Women's Lives.

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Caring for our community, through every chapter.

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Dear friends,

I'm reminded often that caring for our community means being there for people through many different chapters of their lives—unexpected health crises, throughout recovery, and in all of the moments when compassion and connection matter most.

The stories in this issue reflect that commitment in powerful ways. You'll meet patients who found new possibilities through advanced surgical and vascular care, including a mother whose robotic-assisted hysterectomy gave her back a quality of life she had been missing for years and a patient who lost more than 200 pounds after bariatric surgery. You'll also meet a young stroke survivor who found something important in recovery: a community of people who understood what he had been through.



Mimi Novello, MD, president of MedStar St. Mary's Hospital, with Rick Davis, Owner of Amaryllis Designs, event sponsor and design partner of this year's Mirror Ball.

That spirit of community extends beyond our hospital walls. This November, we look forward to gathering for our 39th annual gala, the Mirror Ball, benefiting improvements to our medical-surgical unit. Over the past five years, the generosity of our community through this event has helped raise more than \$1.7 million to strengthen our facilities, expand our programs, and support future healthcare professionals. We are deeply grateful for that continued partnership.

Throughout these pages, you'll see many different expressions of the same promise: to provide excellent care while treating every person with dignity,

compassion, and respect. Thank you for trusting MedStar Health and for being such an important part of our community.

Warm regards,

Mimi Novello, MD, MBA
President, MedStar St. Mary's Hospital
Senior Vice President, MedStar Health

More than a physical recovery.

Finding understanding and encouragement in the Stroke Survivor Support Group.

When Thomas Johnson walked into the Stroke Survivor Support Group at MedStar St. Mary's Hospital last spring, he stood out.

At 48, he was decades younger than most of the other attendees and was recovering from his recent stroke without noticeable physical impairments.

"I looked around, and everyone was older," Thomas recalls. "The group said to me, 'Young man, you're too young to be going through this.'"

For Thomas, that reaction reflected exactly how he felt: He never considered himself someone at risk for a stroke.

An unexpected diagnosis

Just months earlier, Thomas had woken up with a sharp pain in the back of his head. He was dizzy and couldn't move his right arm or leg. His wife called 911, a decision he credits with getting him the emergency care he needed. He was taken by ambulance to MedStar St. Mary's, where his care team determined he was experiencing a stroke.

For Thomas, a former Division I athlete who exercised regularly and didn't smoke, the diagnosis came as a shock. He spent two days in the hospital receiving care and working with therapists to regain his strength and mobility. When he was discharged, he was able to walk out of the hospital, and he returned to work just one month later. But despite his strong physical recovery, the emotional effects lingered.

"People saw me walking around and assumed I was okay," Thomas says. "They couldn't see I'd gone through this life-altering situation."

A space to share

Ashley Holliday, RN, who leads the Stroke Survivor Support Group at MedStar St. Mary's, often sees the less visible side of recovery. "Even without visible deficits, they've still experienced a significant medical event," Ashley says. "They're worried about what comes next and whether it could happen again."

Stroke Survivor Support Group meetings combine educational discussions around topics such as blood pressure management, medications, exercise, nutrition,



Thomas is grateful for the support through his stroke recovery and for his second chance at life with his family.

and stroke prevention with open conversation where participants can ask questions, share their experiences, and encourage one another.

For Thomas, those conversations were invaluable. "It was refreshing," he says. "Nobody else understands a stroke until they've gone through one."

Group encouragement helped Thomas navigate the uncertainty that followed his stroke and continue pursuing the testing that ultimately identified a patent foramen ovale (PFO)—a small hole in his heart. He underwent a procedure to repair the PFO at MedStar Washington Hospital Center in June.

"As men, we need to be able to have a safe space to share that sometimes we're not okay," Thomas says.

Ashley says those peer connections are often just as meaningful as the educational component of the group. "They're all there to support one another."



To learn more about the Stroke Survivor Support Group, call **301-475-6019**. Visit **MedStarHealth.org/BeFast** to learn how to recognize the warning signs of a stroke and know when to seek emergency care.



Decades of pain, reversed in one day.

Robotic surgery is transforming gynecological care—
and women's lives.

"I feel like I have a new body, like I'm a new person," says Shree Morgan of Lexington Park, Maryland, who underwent a robotic-assisted hysterectomy at MedStar St. Mary's Hospital in November 2025. The 41-year-old mother of three describes her procedure as "life-changing."

After a tubal ligation in 2015, Shree began experiencing debilitating menstrual periods. Shree endured this for more than a decade, driven to bed every month with pain and fatigue. "It was coming twice a month, and heavy to the point where I was vomiting and losing too much blood. I didn't have any energy. I was calling out of work, and it was just taking over my life."

Exploring the right treatment options

Fortunately, Shree came under the care of **Sharan Mullen, DO**, an obstetrician-gynecologist at MedStar St. Mary's. Dr. Mullen believes

that surgery is not for every woman, but it often provides the best outcomes. "When I do surgery for women," she says, "it's about giving them their quality of life back."

Dr. Mullen recommended a hysterectomy, a surgery that removes a woman's uterus, and sometimes also the cervix, fallopian tubes, and ovaries. It's the second most frequent surgery for American women, with more than 600,000 performed each year. The approach Dr. Mullen uses for 95% of hysterectomy patients is robotic-assisted hysterectomy. It is minimally invasive, as opposed to the traditional open abdominal hysterectomy, which requires a large incision. Shree was initially reluctant to undergo surgery—and even more apprehensive about surgery performed with a robot.

Dr. Mullen respected Shree's concerns. "I always listen to patients," she says. Her initial approach was to try managing Shree's symptoms with a medication that helps reduce excessive blood loss during menstruation. Shree's periods improved somewhat—

but not enough. "It got to the point where I couldn't take it anymore," recalls Shree. So she consented to a robotic-assisted hysterectomy.

The benefits of robotic-assisted hysterectomy

At MedStar St. Mary's, a state-of-the-art da Vinci 5 robotic surgical system is used for robotic hysterectomies. Using a computer console, the surgeon, guided by a laparoscopic camera, controls the arms of a robot equipped with tiny surgical tools. This gives surgeons a high-definition, 3-D view of the surgical area with up to 15 times the magnification of the human eye. The robotic arms mimic human hand movements but have a more extensive range of motion. The steadiness of the robot makes it easier to operate for long periods and from hard-to-reach angles.

Most importantly, robotic hysterectomies offer major benefits for patients. Compared to open abdominal hysterectomies, robotic-assisted hysterectomies don't involve large incisions—only several



small cuts. As a result, patients experience less bleeding, less pain, fewer complications, and a shorter recovery. Hospital stays are also shorter, typically only one day. Shree was able to return home sooner, just three hours after surgery. For three days afterward, she says, “I did take it easy, but I didn’t experience any type of pain.”

A successful outcome, a brighter future

During surgery Dr. Mullen saw that Shree had extensive endometriosis, a condition in which uterine-like tissue grows outside the uterus. She also detected adenomyosis, which occurs when uterine tissue grows into the uterine muscle wall. The hysterectomy eliminated both problems, ending Shree’s difficult periods.

Today, Shree is relieved that she’s no longer losing blood, tired, self-conscious, or worried. She has more

energy and feels more present in the lives of her family. “Being a mother is the most important thing to me, but now I just feel more there. I’m not in bed. I can tend to my younger one and do what I have to do because I’m no longer drained.”

Once fearful, Shree is now an enthusiastic advocate. “I believe God used me to tell people about this surgery and how great it can be.”

Transforming gynecological care, here at home

While traditional open abdominal surgery is still the best option for some patients, today roughly 66% of all hysterectomies performed in the U.S. use robotic assistance. “I love that we can perform these types of procedures for women so they won’t be down for six weeks,” says Dr. Mullen. “And I love that we have this available here in Leonardtown.”



Shree has more energy for her three children following her hysterectomy.



After her robotic-assisted hysterectomy, Shree was able to return home to her youngest son just three hours after surgery.

“I believe God used me to tell people about this surgery and how great it can be.”
—Shree Morgan



Visit [MedStarHealth.org/Mullen](https://www.MedStarHealth.org/Mullen) to learn more about Dr. Mullen or call **301-997-1788** to schedule an appointment.

A veteran's farewell.

MedStar Health Hospice of St. Mary's offers those who served the final comfort, gratitude, and dignity they deserve.

For many veterans, the end of life can bring forth memories, emotions, and experiences that were never fully shared or understood. For 72-year-old Navy veteran Wayne Evans of California, Maryland, MedStar Health Hospice of St. Mary's helped ensure his service was recognized and honored.

Wayne was living with daughter Caitlyn Carter and her family when he was diagnosed with idiopathic pulmonary fibrosis, an incurable, progressive lung disease. After he developed pneumonia, his primary care physician referred him to Hospice of St. Mary's.

Wayne was comforted to know he could receive hospice care at home. "It gave him peace of mind to know that he could do it on his own terms and still get great care," says Caitlyn. In addition to weekly in-home nursing visits, Wayne was assigned a social worker and enjoyed daily visits from aides who assisted with personal hygiene, bedding changes, and other non-medical care. "We also had the most wonderful hospice volunteer assigned to us, and she has become a loving part of our family," notes Caitlyn.

Honoring service at the end of life

It was also meaningful that Hospice of St. Mary's is a We Honor Veterans partner. The We Honor Veterans program is a joint effort of the U.S. Department of Veterans Affairs (VA) and the National Hospice and Palliative Care Organization (NHPCO). Its mission is to provide end-of-life care for veterans based on compassionate listening, respectful inquiry, and grateful acknowledgment.

True to that mission, our hospice social worker who cared for Wayne, **Natosha Bomgardner, LCSW-C**, guided Wayne as he shared memories of his service. This process can bring meaning and comfort to a veteran's final days, while providing understanding and closure to loved ones. A milestone occurred when Wayne's care team arranged a Veteran Salute ceremony commemorating Wayne's military service. Natosha recalls, "Wayne stood for the salute,

which was important to him, even though it was challenging."

Wayne's family, the hospice staff, chaplain Chris Whetlor, and other veteran volunteers attended the ceremony. "He was excited to have other people with a like mindset, who served the country, willing to come to his home to honor his service," recalls Caitlyn. "It meant a lot to him."

It meant a lot to Wayne's family, too. "We were really grateful to see him so honored," adds Caitlyn. "It was nice that he got that appreciation before he passed. There's a military funeral for vets, but they don't get to see that. So having something for him then was great."

Advancing high-quality, veteran-centered care

The Hospice of St. Mary's team remains committed to increasing access to hospice and palliative care for veterans, strengthening relationships with VA medical centers and organizations, and building community partnerships.

"This reflects not just the dedication of our hospice team, but the values of our entire hospital," says Mimi Novello, MD, president, MedStar St. Mary's Hospital. "We're proud to stand with our veterans not only in ceremonies, but in the everyday care and compassion we provide."



Hospice of St. Mary's social worker, volunteer coordinator, and chaplain gathered with hospice veteran volunteers to honor Wayne, seated in middle, during the Veteran Salute ceremony at his home.



Visit [MedStarHealth.org/VeteransHospice](https://www.MedStarHealth.org/VeteransHospice) to learn more about MedStar Health Hospice of St. Mary's.

Living with purpose and leaving pounds behind.

A bariatric sleeve gastrectomy breaks years of battling obesity.

John Barnes, 55, of Great Mills, Maryland, never thought much about his weight. Over a 20-year period, his weight climbed from 200 to 450 pounds. John was social, coached and played softball, and considered himself a competitive athlete. In fact, it was his competitive streak that may have saved his life.

"I never really believed what the scale told me," John recalls. "In my family, we talked about being 'big-boned,' and we were proud of our size. We never used the word 'obese.'"

Coming to terms with overeating

Over the years, John began to realize that his lifelong overeating habits weren't just about what he was eating, but also why he was overeating. A series of significant losses contributed to his feeling out of control. "Overeating was a way out for me. It was an addiction."

John's health began to suffer. At his heaviest, he was taking about 30 different medications. Eventually, high blood pressure, sleep apnea (a sleep-related breathing disorder), brain fog, and congestive heart failure left him exhausted and needing supplemental oxygen to breathe without struggling. His job as a master barber became nearly impossible.



When John met with **Sameer Alrefai, MD**, a bariatric surgeon at MedStar St. Mary's Hospital, he learned that a bariatric weight-loss procedure called

a sleeve gastrectomy could help him lose weight because it reduces the size of the stomach by approximately 80% to 85%. "Many of our patients are like John, with similar life-threatening health issues and a desire to make a change but feeling helpless to do so," says Dr. Alrefai. He explained that after surgery, John would feel full on a small amount of food, and weight loss would occur through this restriction of food intake.

Preparing for surgery

To help them prepare for change, bariatric patients undergo an extensive educational and pre-surgical process prior to surgery, according to **Katelynn Edinger, MSN, CRNP**, bariatric coordinator at MedStar St. Mary's. "Patients complete approximately three to six months of nutritional education classes. These visits focus on dietary changes, portion sizes, protein and hydration goals, vitamin supplementation, and the lifestyle changes before and after surgery," she says.

"The goal is to make sure patients understand next steps and feel prepared," Katelynn explains. Patients are also required to complete a mental health evaluation, cardiac clearance, and an upper endoscopy (EGD) before surgery.

One year later, John is 220 pounds lighter. Gone are the supplemental oxygen, the CPAP machine for sleep apnea, and the walker. His cholesterol and blood pressure levels are normal and he now walks 40-45 miles every week.

"I'm here today because so many of my friends supported me when



Bariatric surgery and significant weight loss gave John more energy to stand at his barber chair without fatigue.

my weight caused so many health problems," he says. "Their honesty helped me to finally listen when Dr. Alrefai said, 'John, if you trust me with this surgery, you'll have 20 more years to your life.' I was ready. I wanted to break the generational curse of obesity and be there for my family."

Nationally recognized for bariatric care

Accredited by the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, recognizing our commitment to safe, high-quality care.



Visit **MedStarHealth.org/Alrefai** to learn more about Dr. Alrefai or call **240-434-4088** to make an appointment for a consultation.



Walking is no longer painful for Steve.

Moving with ease, thanks to specialized expertise for peripheral artery disease.

As the owner of a home renovation company, Steve Cratty easily climbed stairs every day for decades until a fateful day about 10 years ago. As he approached the third floor of a townhouse, he had to sit down because of a sharp pain in his calf. “The discomfort was intense,” says the 64-year-old. His primary care physician suspected peripheral artery disease (PAD) and referred him to a specialist.



“PAD is a chronic condition caused by atherosclerosis, a buildup of fatty deposits that narrow or harden blood vessels in the limbs,” explains **Melissa Meghpara, DO**, a vascular surgeon at MedStar St. Mary’s Hospital. “While many people have no symptoms, the most common complaint is pain or cramping while walking, a condition known as claudication. This

happens when narrowed vessels prevent the muscles from receiving enough oxygen-rich blood and nutrients to meet the demands of their work. PAD is usually a sign that there is more widespread accumulation of plaque throughout the body, increasing the risk of heart attack and stroke.”

What causes PAD?

A strong family history, high blood pressure, elevated cholesterol levels, obesity, and diabetes are among the risk factors for PAD, which is most often seen in older adults.

“By far, the biggest contributor is smoking,” adds Dr. Meghpara. “Smoking constricts and damages the vessels, which accelerates plaque buildup. If you stop smoking, it will slow the progression of the disease significantly.”

A long history of treatment

Since he was first diagnosed with PAD 10 years ago, Steve has undergone several procedures to clear blocked arteries in his legs. Despite the many interventions, his painful symptoms returned in 2022 and Dr. Meghpara took over his care. “Over time, more plaque had built up in the vessels that had been treated, which is not unusual,” she says.

She performed an endarterectomy on the right femoral artery in the groin—a surgical procedure to remove the fatty plaque deposits by cutting into the blocked artery.

The treatment also included two angioplasties—a procedure similar to cardiac catheterization to open blocked arteries that cause heart attacks.

“While surgeons normally access these blockages through the femoral artery, in Steve’s case we could not do that because the artery was too diseased and damaged from the previous surgeries,” explains Dr. Meghpara. “So we needed an alternative point of entry.”

Specialized expertise provides more treatment options

With Steve under local anesthesia and light sedation, Dr. Meghpara accessed the blocked artery in Steve’s right leg through the brachial artery in his left arm. Using real-time imaging guidance, she threaded a wire and a thin, flexible tube down through the blood vessels in the arm, past the heart, through the abdomen, and into the narrowed artery in his lower body. There, she inflated a tiny, drug-coated balloon to compress the plaque and widen the artery. The balloon delivers medication to the wall of the vessel to decrease scar tissue growth, stop the artery from narrowing again, and reduce local inflammation. She then inserted a metal stent to help keep the artery open.

“I was shocked that they could reach the artery in my leg by going through my arm,” says Steve. “I wondered how in the world could you do that. But I had complete confidence in the surgical team.”

“It’s important that patients with PAD be evaluated by a vascular surgeon who has knowledge and training in the most advanced techniques,” says Dr. Meghpara. “If not treated properly, PAD can advance to a condition called critical limb ischemia, in which sores and non-healing wounds can develop because of a lack of oxygen to the limb. In the worst-case scenario, this can lead to gangrene and amputation.

“We want patients to know they can be treated successfully and they should not give up hope,” she continues. “Even if their condition is challenging, as Steve’s was, at MedStar St. Mary’s we have experience treating complex cases and can offer advanced treatment options.”

“Dr. Meghpara and her team are very capable and caring people,” says Steve. “I’m so grateful they were able to find a solution that enables me to stay on my feet and keep working in a job that I love.”



No longer suffering from leg pain thanks to the advanced treatment options available at MedStar St. Mary’s, Steve moves easily about his carpentry shop.



Peripheral artery disease (PAD) risk factors

While the exact cause of plaque buildup in the arteries and limbs is not always known, certain factors can increase your risk of developing PAD, including:

- African American ancestry
- Age over 50
- Diabetes
- Family history of PAD, heart disease, or stroke
- High blood pressure
- High cholesterol
- Obesity



Talk with your primary care provider about seeing a vascular specialist for prevention, screening, and treatment options, or visit **MedStarHealth.org/PADAction** for more information.

Visit **MedStarHealth.org/Meghpara** to view Dr. Meghpara’s profile or call **240-434-4072** for an appointment.

Transforming behavioral health care in the emergency department.

A new space dedicated to reducing stimulation and promoting comfort.

A behavioral health crisis can be one of the most vulnerable moments in a person's life. While emergency departments (ERs) are designed to respond quickly to medical emergencies, the noise, activity, and constant movement of a busy ER can make an already overwhelming experience even more difficult for patients in crisis.

That's why MedStar St. Mary's Hospital created a dedicated behavioral health suite within our ER. This calmer, more supportive environment is designed specifically for behavioral health patients—including those experiencing mental health crises, heightened emotional wellbeing needs, and substance use-related conditions—offering greater reassurance for families and a purpose-built space for the associates who care for them.

"Our caregivers recognize how much the environment can influence healing," says **Jeremy J. Hawker, MSN, RN**, vice president of Patient Care Services and chief nursing officer at MedStar St. Mary's. "This suite embodies MedStar Health's promise—It's how we treat people—by ensuring patients experiencing a behavioral health crisis receive compassionate care in an environment designed specifically for their needs."

The new space includes three patient care bays designed to reduce stimulation and promote comfort, with softer flooring, noise-reducing ceiling tiles, and adjustable lighting. An additional private room provides a separate space for patients whose needs are best suited to that environment.

The suite also includes a restroom and shower for patients receiving care.



Congressman Steny Hoyer and Lynn Delahay, attending on behalf of Senator Jack Bailey, joined Mimi Novello, MD, president of MedStar St. Mary's Hospital, at the emergency department behavioral health suite ribbon-cutting ceremony.

"For families, knowing their loved one is receiving care in an environment built specifically for behavioral health can provide tremendous reassurance," says **Nathan Evans**, vice president of Operations at MedStar St. Mary's. "It's an important investment in both the patient experience and the care our teams are able to provide."

Behavioral health specialists and ER associates worked closely with hospital leaders throughout the planning process, helping shape a space that reflects the realities of caring for patients in crisis.

"This space was designed entirely around the needs of behavioral health patients," says **Robert Elrod, BSN, RN**, director of Behavioral Health at MedStar St. Mary's. "Every design decision reflects what we've learned through experience and behavioral health best practices to help patients feel safe, respected, and supported."

The Mirror Ball: An evening reflecting on the power of community.



Our 39th annual gala to support MedStar St. Mary's Hospital will be held November 20, with proceeds benefiting upgrades to the medical-surgical unit at MedStar St. Mary's. For many patients, the second-floor unit becomes home for days, or even weeks, as they regain strength to return to their lives. Funds raised will benefit a renovation of this important unit, helping create an environment that comforts, inspires, and reflects the compassion of our care.

Visit [MedStarHealth.org/Gala](https://www.MedStarHealth.org/Gala) for more information or to donate to our fundraising efforts.

Fall 2026 calendar



Health Connections support groups

- **Lactation** (every Wednesday, 10 a.m. to noon)
 - **Parkinson's** (second Tuesday of each month, 4:30 p.m.)
 - **Stroke Survivors** (second Tuesday of each month, 1 p.m.)
 - **Bariatrics** Virtual Support group
- Please call **240-434-4088** for more information.



Blood drives

Nov. 19, Dec. 17 and 18, and Jan. 22
from 10 a.m. to 3:30 p.m.
Visit **RedCrossBlood.org** to register.



Childbirth and family education

Parents-to-Be Workshop

8 a.m. to 4 p.m. | \$100/couple

A one-day, in-person class includes topics on childbirth, breastfeeding, infant CPR, and practical baby skills.
Call **301-475-6019** to confirm dates and to register.



Pulmonary

Nicotine Cessation Program

The free six-week program helps participants stop using tobacco products. Visit **SMCHD.org/Behavioral-Health/Substance-Use/Quit-Nicotine** for details.



Community education

Take Control of Diabetes

One-on-one appointments with a registered dietitian. Provider order required, and services may be covered by insurance. Call **301-475-6185** to register.

Diabetes Self-Management Class

A four-week program where participants can engage in conversations about their experience with blood sugar monitoring, healthy eating, activity, and long-term management.

Healthy Next Steps Workshop

A six-week, in-person course on managing chronic conditions (heart disease, diabetes, high blood pressure).

Ask the Experts: Lunch and Learn

Nov. 12, from 11:30 a.m. to 2 p.m. | No cost.

41550 Doctor's Crossing Rd., Leonardtown, MD 20650
Population & Community Health Building



Call **301-475-6019** to learn more or register, unless otherwise noted.

Meet our new physicians.



Verneth Joseph, MD
Obstetrics and
Gynecology
P 301-997-1788



Daniel W. Griffin, MD
Orthopaedics
P 240-434-7483



MedStar Health

25500 Point Lookout Rd.
Leonardtown, MD 20650
MedStar St. Mary's Hospital



Learn more at [MedStarHealth.org](https://www.MedStarHealth.org).

Visit [MedStarHealth.org/OptOut](https://www.MedStarHealth.org/OptOut)
to be removed from future mailings.

Expert orthopaedic care, **now closer to home.**

With the opening of two new Southern Maryland orthopaedic locations this fall in Hollywood and California, our expert orthopaedic care is now even closer to home. As a leader in the diagnosis and treatment of a wide range of orthopaedic conditions, we combine the experience and expertise of specialists across MedStar Health to customize the right solution for you. From initial evaluation through treatment and recovery, our new locations provide greater access to the area's largest and most experienced team of orthopaedic surgeons, keeping care efficient, connected, and closer to home.

Now taking orthopaedic appointments for our two new offices:

Philip J. Bean Medical Center
24035 Three Notch Rd.
Hollywood, MD 20636

J. Patrick Jarboe Medical Center
22590 Shady Ct.
California, MD 20619



Visit [MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho) for more information
or call **240-434-7483** for an appointment.

**It's how we
treat people.**