

# CENTERSCOPE

FALL 2021

HEALTH NEWS AND UPDATES FROM  
MEDSTAR WASHINGTON HOSPITAL CENTER



**Feeling  
great  
after  
spine  
surgery!**

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PROCEDURE

COMBATING THE OPIOID  
EPIDEMIC

OUR MULTI-DISCIPLINARY  
APPROACH TO CANCER CARE

"BLOODLESS"  
CARDIAC SURGERY



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**(Above)**  
Maggie Shannon is back to her active lifestyle after minimally invasive hernia repair.  
**(Right)**  
General and bariatric surgeon Ivanesa Pardo, MD



# Three hernias; one procedure

## Less pain, faster recovery with robotic surgery

Maggie Shannon, a longtime Washingtonian and philanthropist with a booming real estate career, was surprised when her primary care doctor told her that an odd, painful bulge on her thigh was actually a hernia.

"I didn't even know that women get hernias," Shannon recalls.

As she learned, hernias—or holes in the abdominal wall muscles—do occur in both men and women, and they are fairly common. They can occur at or near natural weak points in these core muscles. When a hole forms in the muscle, fatty tissue or a portion of an organ may begin to push through that gap, often creating a visible bulge. While some hernias occur due to strenuous activity or certain medical conditions, the biggest risk factor is simply age. Over decades, it's normal for muscle tone to diminish and weakened areas to become increasingly prone to hernias.

After additional imaging, it was discovered that Shannon actually had three hernias. Her doctor recommended she see a surgeon to discuss her treatment options.

"The first surgeon I spoke with told me I needed an open surgery and to prepare for a long, difficult recovery," recalls Shannon. "That just did not sit well with me, so I kept looking for other options." A family friend recommended Ivanesa Pardo, MD, a general and bariatric surgeon at MedStar Washington Hospital Center. During their first meeting, Dr. Pardo explained that there was another option for Shannon to consider: robotic surgery.

"Robotic surgery is a minimally invasive approach using tiny instruments and cameras inserted in a few tiny incisions in the body," explains Dr. Pardo. "These instruments allow the surgeon to get

a better picture of the anatomy, and to be more precise with their movements. Since this method only uses small incisions, the patient experiences less pain and recovers quicker. Most patients just have some initial soreness, go home the same day, and resume light activity within a week."

This option appealed to Shannon. "I immediately liked Dr. Pardo. Together we discussed the options, and after a few meetings, I made up my mind that the robotic approach was the right one for me."

A short time later, Dr. Pardo was able to successfully repair Shannon's hernias. "The whole experience—which by the way was still in the midst of the pandemic—was amazing. From the second I signed in, I encountered the nicest, most caring people I've ever met in a hospital setting," says Shannon.

Dr. Pardo offers this advice: "If you see a bulge or have unexplained abdominal pain, just make the appointment. We can investigate the cause with a physical exam and some imaging. A bulge doesn't mean you'll need surgery, but it does need to be looked at."

As for Shannon, her post-surgery life is full of long walks in her neighborhood, helping others, and spending time with family and friends.

"My grandchildren call me 'party Nana' and say I go out more than they do. I suppose it's true! And isn't that a good thing?"

**Diagnosed with a hernia? Call 202-877-DOCS to schedule a consultation with one of our specialists.**



# Pain-free after 30 years!

## Air Force Veteran undergoes life-changing procedure

When you're battling chronic spinal problems, you don't have the time or patience for small talk. Instead, you avoid situations that require mingling, standing or walking because the pain just becomes too much to handle.

This was life for Brian Royal just one year ago.

If you happened to catch him out and about, he'd find it hard to focus on meaningful conversation because he was desperately looking for somewhere to sit or something to lean on to relieve the pain.

But, like many heroic military veterans of his generation, Royal was too tough to complain. He pushed through the pain for more than 30 years before he finally found relief—thanks to the neurosurgery team at MedStar Washington Hospital Center, and a new, state-of-the-art robotic surgical arm.

In 1991, Royal was stationed at Eglin Air Force Base in Florida. After a quiet night out, he was driving his friends back to the base when his car was hit by a drunk driver. Fortunately, everyone survived the crash, but Royal was left with chronic spinal injuries that went largely undetected and untreated for decades.

At first, Royal sought chiropractic therapy, which in his earlier years would help alleviate the pain for a few weeks at a time. As the years went on, he took every over-the-counter medication available, in doses that he knew would eventually threaten the health of his organs. He consulted neurologists and got nerve-blocking injections, but nothing worked. Royal explains, "Unless you've lived with chronic back pain, you can never fully understand what it's like. And, for me, being younger and not being able to stand or walk for a long time was embarrassing—I never wanted people to think I was lazy."



(Left) Neurosurgeon Edward Aulisi, MD, with patient Brian Royal; (right) Dr. Aulisi with the Cirq® robotic arm

To avoid the issue, Royal would come up with creative ways to stop and stretch his back and legs without talking about the pain. "I'd pretend to bend down and tie my shoes or pull up my socks, just to get a moment's reprieve," Royal says.

In addition to days filled with back and leg pain, Royal struggled to get comfortable at night—which was also taking its toll on his health. "I'm only 57, but I felt like an 80-year-old when I tried to get out of bed in the morning after a rough night's sleep," Royal recalls. After years of failed medical therapy, he'd almost given up hope. But, at 57, Royal knew he had a lot more living to do.

Fortunately, Royal had a friend who offered him some life-altering advice. As a neurosurgery medical assistant, Alia Frye had seen hundreds of patients living in chronic pain get the relief they needed, so she encouraged Royal to schedule a consultation with Dr. Edward Aulisi, chair of Neurosurgery at MedStar Washington.

"As soon as I met Dr. Aulisi, I felt at ease," says Royal. "He looked at my scans and validated that my pain made sense, as he could see how compressed my nerves were. Dr. Aulisi's understanding of what I was going through—as well as his confidence that there was a procedure that could help—made the decision to move forward with surgery fairly easy."

On February 22, 2021, Royal had a robotic-assisted spinal fusion surgery. MedStar Washington was the first in the country to use the Cirq®, a surgeon-controlled robotic arm that makes spinal surgeries like Royal's more precise, leading to better outcomes.

And Royal's outcome was nothing short of remarkable.

"As soon as I got out of recovery, I could immediately feel the difference—I was completely pain-free," explains Royal. "I was ready to get out of the hospital and start my recovery so I could test out my new body."

And that's exactly what he did. Royal immediately started physical therapy, and he opted to walk to his appointments. From there, walking felt so good that he didn't stop.

"When I met with him for his post-surgical follow-up, I couldn't believe it when he told me he'd walked 145 miles in that first month," says Dr. Aulisi. "It's like he's gone back in time to his twenties, and is making up for lost time."

Today, Royal walks five to seven miles at least five days a week and is back to work, feeling like a new man. "Dr. Aulisi and his team changed my life forever," says Royal. "I'm smiling so bright on the inside just at the opportunity to stand around and talk to people. I haven't enjoyed that in years, I feel like I've won the lottery."

This year, Royal hopes to just appreciate the small things—walking in the sand, playing in the snow, and maybe walking across the Woodrow Wilson Bridge.

"I'm so grateful for Dr. Aulisi and the advanced technology that made my surgery so successful," says Royal. "My only regret is that I didn't do this sooner. I know there are other 'tough guys' like me out there who don't want to ask for help or reveal the pain they're in. My advice is this: just do it, make that first appointment. You'll be so glad you did."

**Bothered by chronic back pain?  
Call 202-877-DOCS for a  
consultation with one of  
our specialists.**

### Cirq® Robotic Arm Benefits

MedStar Washington Hospital Center was the first hospital in the country to use Cirq®, a state-of-the-art robotic arm that brings many benefits, including:

- Complements surgeon's fine motor skills and stamina
- Compatible with surgical CT imaging for better accuracy and precision
- Provides support for challenging surgical approaches with 3D imaging
- Can reduce procedure time by 25-50%, which means less anesthesia, blood loss, fewer complications and faster recovery
- Reduces the risk of needing a revisional surgery

"I've been practicing neurosurgery for 26 years, and have never witnessed a technological advance like this," says Edward Aulisi, MD. "Surgery used to be a series of educated guesses even for the most experienced surgeons, simply because you can't see everything when you're relying on 2D images taken days before surgery. Now, with a precise surgical robot and 3D intraoperative imaging, I can be sure instruments and screws are being placed exactly where they're needed."



**Greta Barnes is able to enjoy the outdoors again after successful ACL surgery**

## Combating the Opioid Epidemic: Innovative approach minimizes use of opioids after ACL surgery

With a toddler at home and a busy job as executive director of the Metro DC Arthritis Foundation, Greta Barnes was very much looking forward to a trip to the Dominican Republic for a friend's wedding.

A horseback ride on the beach seemed like a perfect activity the day before the wedding. As Barnes put her left foot in the stirrup to prepare to get up on the horse, she felt a pop on the inside of her right knee when she turned her hip and swung her right leg over the horse's back.

"I did get up in the saddle," recalls Barnes, "but I immediately felt lightheaded and nauseated."

Upon returning home, Barnes met with Evan Argintar, MD, an orthopaedic surgeon and assistant director of Sports Medicine with MedStar Orthopaedic Institute at MedStar Washington Hospital Center. He ordered an MRI, which confirmed Barnes had an anterior cruciate ligament (ACL) tear.

While Barnes could still walk, she knew she needed her knee repaired. The ACL is a key ligament that helps stabilize the knee joint, and typically requires surgery followed by several months of physical therapy.

Barnes had one other important factor to consider before committing to surgery—she was trying to get pregnant. After some thought and discussion with Dr. Argintar, she decided it would be better to have surgery now with one toddler at home versus later when she might have a second child.

Surgery was scheduled for Jan. 17, 2019. Upon looking at her calendar, Barnes realized her planned in vitro fertilization (IVF) was less than a week later. She debated cancelling the fertility procedure, but decided against it.

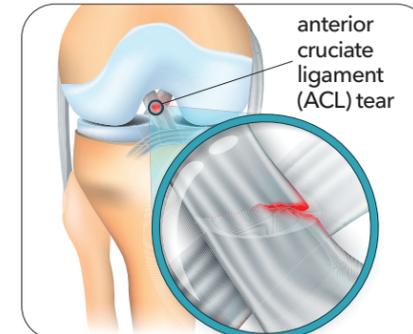
Barnes shared her concerns with Dr. Argintar. He recommended a new approach in minimizing post-operative opioid use—the use of an FDA-approved long-acting local anesthetic called Exparel, which is administered during surgery and blocks nerve impulses that produce pain. This, he explained, could decrease the need for narcotic pain medications following surgery.

With a history of addiction on both sides of her family, coupled with her concerns regarding her upcoming IVF transfer, Barnes readily agreed. She then underwent the planned ACL repair.

When she woke up, Barnes felt no pain. Later in the day she took one narcotic pain tablet, followed by an additional pill



**Orthopaedic Surgeon Evan Argintar, MD**



the next day. From then onward, she only used over-the-counter medications such as ibuprofen and acetaminophen, as well as ice and elevation, to control the pain.

"I went up and down stairs from the very beginning," Barnes recalls. "The pain was manageable and I was able to start physical therapy right away."

According to Dr. Argintar, patients undergoing ACL reconstruction have historically been prescribed between 30 and 60 tablets of narcotic pain pills. This has contributed to the nationwide opioid epidemic. Dr. Argintar believes using this long-acting anesthetic will help reduce the reliance on addictive pain medications.

"Some patients are not requiring any prescription pain medication at all or very small amounts," Dr. Argintar says in regard to using this method. "There are immense benefits with this. Not only are patients not being exposed to narcotics and avoiding common side effects such as nausea, constipation and drowsiness, but patients are able to begin physical therapy and have increased range of motion sooner."

"By alleviating pain," he adds, "we improve healing and mobility. This earlier recovery leads to better long-term outcomes."

For Barnes, the outcome was better than expected. "My knee is great now," she says. "It is not painful at all and I am able to exercise regularly."

"I'm also on the ground a lot with three children," she adds. "While the IVF transfer following my surgery was unsuccessful, a future transfer was successful and I delivered twin fraternal boys in June 2020."

**Experiencing knee pain? Call 202-877-DOCS for a consultation with one of our specialists.**

### **By minimizing opioid use after ACL surgery, patients:**

- Avoid common side effects, such as nausea, constipation and drowsiness
- Begin physical therapy shortly after the procedure
- Have increased range of motion sooner
- Recover faster, leading to better long-term outcomes

# Lung cancer: Early detection is key

# Patient benefits from our multi-disciplinary approach to cancer care.



**Mark Nash walking the Capital Crescent Trail with his wife, Donna, who has been by his side throughout his cancer treatment**

In 2016, Mark Nash got more than he bargained for when he had double knee replacement surgery at MedStar Georgetown University Hospital. The now 78-year-old Bethesda resident received a routine pre-surgery chest X-ray, and his internist, Irnest Oser, MD, found a lesion on the left lung. "And although it was small, he said it should be monitored," Nash recalls.

Fast forward to February 2020. During a regular checkup, doctors found that his lesion had grown. Nash was referred to pulmonologist Jessica Wang Memoli, MD, at MedStar Washington Hospital Center.

Fortunately for Nash, Dr. Wang Memoli and thoracic surgeon John Lazar, MD, had recently introduced a new technology—the Auris Monarch® Platform, a revolutionary robotic navigational bronchoscopy tool—as a signature part of the Lung and Esophageal Center at MedStar Washington.

The tool reaches lesions a traditional bronchoscope cannot and determines whether they are cancerous. With lung lesions, early detection is vital, because symptoms often appear when the cancer has progressed to a later stage.

Nash was a perfect candidate for robotic bronchoscopy.

Drs. Lazar and Wang Memoli performed the Monarch robotic bronchoscopy on April 8. Mr. Nash's lesion was biopsied as a stage 2 lung cancer, using an endo-bronchial ultrasound (EBUS). Dr. Lazar said the cancer was very treatable, with surgery followed by chemotherapy.

On April 20, Dr. Lazar performed robotic surgery to remove the lesion. He took 20 percent of Nash's left lung, and biopsied lymph nodes. One was found to be cancerous. He returned home after three days and began his recovery. Six weeks later he started a three-month course of chemotherapy. That weakened him, he says, but he now has fully regained his strength.



**Thoracic Surgeon John Lazar, MD, and Interventional Pulmonologist Jessica Wang Memoli, MD, with the Auris Monarch® robot**

Nash says he is so grateful to the doctors and staff who treated him. "They were always straightforward and never alarming," he says. "I believed I was in great hands from the beginning, and I was. They treated me like family."

## Another turn

But his story continued. In a follow-up appointment in October, Dr. Lazar performed a diagnostic test. "Even though I was focused on his lungs," he says. "I checked everything and saw something on the lining of his bladder that concerned me."

He referred Nash to urologic oncologist Ross Krasnow, MD, at MedStar Washington. Dr. Krasnow diagnosed a second primary urothelial cancer in the bladder, totally unrelated to his previous lung cancer diagnosis. He treated it with minor endoscopic surgery and immunotherapy within the bladder, and Nash is now cancer free.

Dr. Lazar says, "I think Mr. Nash's overall care and survival is a direct result of being taken care of in a tertiary institution where so many disciplines work together seamlessly."

"We are so grateful to Dr. Lazar for catching the bladder cancer and to Dr. Krasnow for treating it," says Nash's wife, Donna. "We found MedStar Health to be efficient and observant. And all this happened during COVID-19! The doctors were wonderful throughout. And though I couldn't be there with him because of the virus protocols, they stayed in touch by phone right after each procedure. That, and Mark's amazing attitude, got us through all of this."

**Questions about lung cancer screening?  
Call 202-877-SPOT.**



**Urologic Oncologist Ross Krasnow, MD**

## THE FACTS ON LUNG CANCER

**Lung cancer is the leading cause of cancer deaths for men and women, killing 1.7 million people each year around the world, making up almost 25 percent of all cancer deaths.** Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined. The overall five-year survival rate for lung cancer is low unless it is found at an early stage, but unfortunately, only 16 percent of lung cancers are discovered at that stage. On a more positive note, the number of new lung cancer cases continues to decrease, partly because people are quitting smoking and partly because of advances in lung cancer screening, and earlier detection and treatment.

*(Data from the American Cancer Society)*

## AURIS MONARCH® PLATFORM

"It's a game changer," says John Lazar, MD, of the Auris Monarch® Platform—a revolutionary robotic navigational bronchoscopy tool. "We now can make definitive diagnoses and detect cancers earlier." With Monarch, CT scans are loaded into the robot's computer, like a turn-by-turn GPS navigation system, deep into the lungs, where structures are very small and difficult to see via traditional methods.

"It's a great addition to our existing tool kit," says interventional pulmonologist Jessica Wang Memoli, MD, who partners with Dr. Lazar in using the new technology. "Working as a team has strengthened the partnership between thoracic surgery and interventional pulmonology, benefiting patients who potentially face a lung cancer diagnosis."

# A “bloodless” approach to cardiac surgery

## Procedure benefits members of the Jehovah’s Witness community and beyond

In January 2021, Vondalear Powell, 72, arrived at the emergency department of her local hospital with a heart rate of 180 beats per minute—much higher than the healthy rate. She had been seeing a cardiologist, but had yet to receive a clear diagnosis.

“That’s when we learned how serious the situation was,” recalls Powell’s daughter Stacie Perkins. “We were told she needed heart surgery as soon as possible.”

Powell’s diagnosis was critical and complex: three blocked vessels and an aortic aneurysm. But as a Jehovah’s Witness, she needed an even more complicated procedure—“bloodless” surgery. Jehovah’s Witnesses adhere to biblical principles that respect the sanctity of blood, and while they do not accept whole blood transfusions, they are open to alternatives.

Blood transfusion—the process of giving a patient donor blood during surgery—is generally a safe and standard practice. And nearly all surgeries involve some level of blood loss, making it quite common. But patients like Powell, who cannot accept a transfusion, need an alternative approach. Called “bloodless,” these surgeries use certain techniques to minimize the loss of blood, and therefore minimize the need for transfusions.

This approach was necessary for Powell, but it has advantages for others as well. Even patients who are willing to accept transfusion can benefit from the same protocol and efforts to minimize blood loss. There are many studies that show how avoiding transfusion improves outcomes in general, so the principles of bloodless surgery can be applied as broadly as possible.

### These good-for-everyone benefits include:

- Minimal blood loss
- Faster recovery
- Reduced risk of infections or allergic reactions
- Less time spent in the hospital

Not all hospitals can offer bloodless surgery. It requires specialized expertise and the right technology. Fortunately, Powell was aware of the Bloodless Medicine and Surgery Program at MedStar Health and reached out for a recommendation. She was referred to Christian Shults, MD, at MedStar Washington Hospital Center. Dr. Shults is not only one of the most experienced cardiothoracic surgeons in the region, but he also offers bloodless surgery.

“I saw it in his eyes that Dr. Shults was genuine, compassionate, confident, and that I could trust him,” says Powell. “I had no fear going into surgery after speaking with him and seeing how humble he was. He made me trust him and feel confident that the surgery would be successful.”

Within days, Dr. Shults successfully performed the complex triple bypass procedure on Powell. To comply with her wishes to avoid transfusion, the care team used a technique called cell salvage. This is the process by which the patient’s own blood is collected, filtered, washed, and given back during the procedure.

There are many other methods and tools clinicians can use to minimize blood loss. Some are employed during surgery, while others are used before the procedure. This may be done through medications, surgical tools, anesthesia practices, and reduced blood draws. Overall, the goals are to ensure that the patient loses as little blood as possible and to help their body make the best use of the oxygen in their blood.

For Powell, having the option proved lifesaving. “I am happy with my decision to have bloodless surgery and I recommend this program to anyone,” she says.

Now she is ready for cardiac rehab and well on her way to recovery. “This program is an industry enhancement that will provide less risk and better outcomes now and in the future,” says Powell’s daughter. “We thank everyone at MedStar Washington for everything they have done to care for my Mom.”

“Many patients bounce around looking for someone to perform their surgeries,” says Dr. Shults. “But when they come to us, I think they feel that they have found a home.”

**For more information about the Bloodless Surgery and Medicine Program, call 202-877-DOCS.**



**Cardiac Surgeon Christian Shults, MD**

*“Many patients bounce around looking for someone to perform their surgeries. But when they come to us, I think they feel that they have found a home.”*

—Christian Shults, MD

**Vondalear Powell and her daughter, Stacie Perkins, are extremely grateful to Dr. Shults and his team**

*“I saw it in his eyes that Dr. Shults was genuine, compassionate, confident, and that I could trust him. I had no fear going into surgery after speaking with him and seeing how humble he was. He made me trust him and feel confident that the surgery would be successful.”*

—Vondalear Powell



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## The region's best heart care keeps getting better



Once again, MedStar Washington Hospital Center has been recognized among the nation's top cardiac centers in the 2021-22 U.S. News & World Report "Best Hospitals" rankings. Its Cardiology and Heart Surgery program climbed to No. 30, up seven from last year's survey. It is the only nationally recognized heart program of its kind in the Washington region. MedStar Washington also received the highest rating possible in aortic valve surgery, heart attack, heart bypass surgery, heart failure, and transcatheter aortic valve replacement (TAVR).

U.S. News evaluated more than 4,750 medical centers nationwide in 15 specialties and 17 procedures and conditions. In the 15 specialty areas, 175 hospitals were ranked in at least one specialty.

"Our continuing and ascending stature amongst the best regarded cardiovascular centers in the country is a tribute to the tireless teamwork and dedication of our physicians and associates who strive to put the principle of keeping patients at the heart of everything they do," said Stuart F. Seides, MD, physician executive director of the MedStar Heart & Vascular Institute. "And to all those patients and their physicians who entrust us with their care, we offer our most sincere gratitude."

MedStar Washington Hospital Center, founding hospital of MedStar Heart & Vascular Institute, has one of the highest-volume cardiac programs in the nation. It integrates the cardiovascular programs and services of all 10 MedStar Health hospitals and outpatient practices in Maryland, Virginia, and Washington, D.C. Its clinical and research alliance with Cleveland Clinic Heart, Vascular & Thoracic Institute, again ranked No. 1 in the nation by U.S. News, has continued to flourish since 2013.

U.S. News also cited MedStar Washington's Urology program as high-performing. Six other procedures and conditions—chronic obstructive pulmonary disease (COPD), colon cancer surgery, diabetes, kidney failure, pneumonia, and stroke—received the highest ratings as well. "High Performing" is the highest rating U.S. News awards for these types of care that were significantly better than the national average, as measured by factors such as patient outcomes.

The complete rankings are available at <https://health.usnews.com/best-hospitals/rankings>.

CenterScope is produced by the Marketing Department of MedStar Washington Hospital Center 110 Irving St., NW Washington, DC 20010.

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