

Johns Hopkins Bayview

Health and Wellness News

When Surgery Gives Back the Zest for Life

(page 4)

Betty Giguere's brightly colored hats symbolize her successful brain surgery and her return to a "zest for life."



Tipping the Scales in Their Favor

(page 7)



Breast Angiosarcoma

(page 12)



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

Peter Abadir, M.D.

Geriatrician Peter Abadir, M.D., joins Johns Hopkins Bayview Medical Center. Dr. Abadir specializes in frailty of the elderly—the factors that influence why people become weak and if there are ways to prevent or delay it.



Peter Abadir, M.D.
Geriatrician

For more information, call 410-550-0925.

Stephen Schatz, M.D.

Urologist Stephen Schatz, M.D., joins Johns Hopkins Bayview Medical Center. Dr. Schatz practices general urology, with a focus on benign prostate enlargement, kidney stone treatment and prevention, and urologic oncology—cancers of the urinary tract, including prostate, kidney, bladder and testes.



Stephen Schatz, M.D.
Urologist

To schedule an appointment with Dr. Schatz, call 410-550-7008.

Johns Hopkins Community Physicians Announces Glen Burnie Practice

Johns Hopkins Community Physicians (JHCP) has recently added a location in Glen Burnie. The Glen Burnie practice offers primary care for children and adults, and neurology specialty care for the full range of adult neurological disorders. JHCP at Glen Burnie is located at 7671 Quarterfield Road, Suite 401.

To make an appointment, call 443-270-6760.



Bayview Scientific Advisory Board

As part of its mission, Johns Hopkins Bayview Medical Center not only provides compassionate health care, but also is dedicated to advancing medicine through education and research. In this issue of *Johns Hopkins Bayview Health & Wellness News*, research is a strong focus, intertwined with many of the physician and patient stories, such as sleep apnea (page 6), and elective angioplasty (page 13).

What you may not know is that all of the research conducted on the campus is led by the Johns Hopkins Bayview Scientific Advisory Board, which fosters new research programs that further enhance how we treat and prevent disease. The board, composed of faculty from The Johns Hopkins University School of Medicine, is chaired by neurologist Richard O'Brien, M.D., Ph.D.

“A solid research environment, like we have on the Johns Hopkins Bayview campus, provides a great foundation for clinical research—research that benefits patients in both the short and long term,” says Dr. O'Brien. “The Bayview Scientific Advisory Board ensures that research trials are collaborative. Breaking down the walls between research groups and fostering teamwork is crucial to breakthrough discoveries.”



Richard O'Brien, M.D., Ph.D.
*Chairman, Neurology and
Johns Hopkins Bayview
Scientific Advisory Board*

Allergy-Otolaryngology Sinusitis Clinic

Johns Hopkins Asthma & Allergy Center on the Johns Hopkins Bayview campus announces the opening of a new joint Allergy-Otolaryngology Sinusitis Clinic. Led by otolaryngologist Jean Kim, M.D., Ph.D., and clinical immunologist Peter Creticos, M.D., the clinic provides comprehensive care to patients who have a history of sinus disease, and allergies or asthma.

What's unique about this clinic is that in most cases, patients are seen by a specialist, sent for testing and diagnosed all in the same day. The clinic offers a full range of services, from nasal endoscopy to allergy skin testing.

“Many times, our patients suffer for years without relief. We want to identify the problem as soon as we can in order to start the most appropriate treatment,” says Dr. Kim.

Because chronic sinus problems often occur with other immune and respiratory disorders, Drs. Kim and Creticos also can refer patients to the appropriate specialists if needed.

To schedule an appointment, call 410-550-2300.

Bariatric Surgery Program Receives Accreditation

With bariatric surgery programs growing throughout the country and a wealth of information on the Internet, consumers may find it difficult to know which programs offer the highest quality care. By accrediting bariatric surgery centers, the American College of Surgeons (ACS), believes it

can assist the public in identifying facilities that provide optimal surgical care for patients who undergo bariatric surgical procedures.

That is why the recent accreditation of The Johns Hopkins Center for Bariatric Surgery by the ACS is so important to the Center and



The American College of Surgeons is a scientific and education association of surgeons dedicated to improving the care of the surgical patient. The College has more than 72,000 members and is the largest organization of surgeons in the world.

its patients. Accredited bariatric surgery centers provide not only the hospital resources necessary for optimal care of these patients, but also the support and resources that are necessary through the entire weight loss process—from nutritional and psychological services to surgery and postoperative care and treatment.

“Choosing a certified bariatric program helps patients to ensure that their surgeon and hospital will deliver the best possible care in an environment committed to achieving excellence and long-term success.”



—Thomas Magnuson, M.D.
Director of the Center for Bariatric Surgery

Weight Loss Surgery Seminar

For people 100 pounds or more overweight
Note: This seminar is required to receive a consult for bariatric surgery

December 1
January 5 and 19
4:30 to 6 p.m.
Pavilion Conference Room

To register, go to hopkinsbayview.org/bariatrics/infosession.
If you do not have computer access, call 410-550-KNOW.

For more information about the Johns Hopkins Center for Bariatric Surgery, call 410-550-0409.

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Comments, requests,
change of address?
E-mail us at
bayweb@jhmi.edu.

When Surgery Gives Back the Zest for Life

Headaches. Dizziness. Blurred vision. Betty Giguere, 61, of Westminster, a retired systems administrator, attributed these symptoms to the need for new glasses and made an appointment with her ophthalmologist. To her amazement, a tumor the size of a large orange was found to be pressing on her optic nerve and other parts of her brain.

Giguere was diagnosed with meningioma, a very slow-growing, usually benign type of tumor. While meningioma is very common in the brain, Giguere's tumor was located at the skull base and presented a unique set of challenges.

"Her tumor was pushing on the frontal lobe," explains Johns Hopkins neurosurgeon Alessandro Olivi, M.D. "This kind of tumor grows very slowly—hers had probably been there for decades—and the brain adapts. But, at a certain point, the brain won't take it any more and the brain itself begins to swell. That reaction can cause dysfunction of the brain, which in turn, causes symptoms to appear."

In fact, numerous symptoms had presented themselves in Giguere over the past year, demonstrating that even a benign tumor can slowly but dramatically change the personality. "Giguere had significant cognitive deterioration characterized by apathy," Dr. Olivi says. "She had become totally withdrawn and emotionally flat, not caring about much of anything."

"I am normally a go-getter with a strong work ethic," Giguere says. "When I retired from my job, I was asked to come back as a consultant and

work from home. After a while, I started noticing that I didn't have the drive any more. I didn't care if I got the job done or not. I would rather do jigsaw puzzles.

Eventually, they let me go and it was fine with me. I went steadily downhill from there. I gained a lot of weight and just wanted to sleep much of the day."

Dr. Olivi saw Giguere on a Monday and scheduled her surgery for the following Thursday. Given the multitude of symptoms, he opted for complete removal of the tumor.

Armed with sophisticated methods and his own advanced knowledge and experience with

skull base tumors, Dr. Olivi attacked the tumor at its roots, the part that was getting the most blood supply.

"If the blood supply to the tumor can be cut down early in surgery, the procedure is less fraught with complications," he says. "In order to achieve the best outcome, it is important that complicated cases be treated at a medical center such as Johns Hopkins Bayview, where we developed techniques that are safe and effective for removing these challenging tumors."

The success of Giguere's six-hour operation was evident almost immediately, as she began to experience a return of her emotions. A telephone conversation with her niece while still in the recovery room evoked tears of joy. "I just welled up," she recalls. "God was letting me know right then that things were going to be fine!"

In a matter of about two months, Giguere's cognitive function showed dramatic improvement. "She struck me as one of the most significant examples of a return to a normal and joyful personality," Dr. Olivi says.

In the year since her surgery, Giguere has lost 63 pounds; she has rejoined the bell choir at her church and is excited about life again. Her husband says, "I'm happy to have my wife back!"

—Martie Callaghan

Symptoms Are Not Always Physical

Physical symptoms, such as headaches, blurred vision and dizziness, can indicate a variety of conditions, including the presence of a brain tumor. Yet other, more subtle symptoms that affect emotions and cognition also are present at the time of diagnosis in an estimated 50 to 80 percent of brain tumor patients. Symptoms are largely dependent on the size, location and type of tumor.

Emotional symptoms include apathy, depression and even irritability. Cognitive symptoms include difficulties with:

- Concentrating and paying attention
- Multi-tasking
- Reading and understanding information
- Solving problems
- Planning and organizing
- Reasoning

Changes in personality and behavior should always be investigated. The advanced diagnostic and treatment techniques at Johns Hopkins Bayview provide excellent outcomes in even the most challenging cases.

For more information about neurosurgery at
Johns Hopkins Bayview, call 410-550-0465.



Real-Time CT Imaging Enhances Surgical Capabilities

This winter, Johns Hopkins Bayview Medical Center will become the second hospital in the United States to implement a dual-room intraoperative CT (iCT), a new imaging technology that will do for surgery what the GPS did for driving around the city.

Real-time images will help surgeons verify the distance between tumors and vital structures during surgery and will help to verify the success of the operation



after surgery. The equipment will run on rails on the floor in between two adjacent operating rooms, eliminating the need to move the patient out of the OR and into the radiology department.

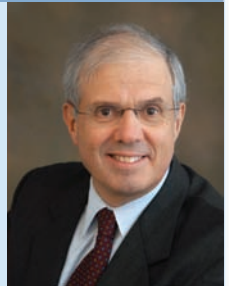
“Intraoperative CT will give us a significant edge with regard to the effectiveness and safety of what we are doing in the OR, while bringing the versatility to serve more than one surgical specialty,” says Dr. Olivi.

In spinal and orthopedic applications, iCT will be used to check the placement of instrumentation and screws. Neurosurgical applications include tumor resection and vascular surgery.

“The iCT will be useful when we place catheters into ventricles to verify their position,” Dr. Olivi says, “or to verify that bleeding from the brain has been completely removed before we take the patient away

from the OR. Not only do we have expert neurosurgeons and state-of-the-art-equipped operating rooms, but also a highly specialized

Alessandro Olivi, M.D.
Chair of neurosurgery



neuroscience critical care unit (one of only a few in the state) to take care of our most complex cases postoperatively. This trio of excellent features makes places like Johns Hopkins Bayview the place to be treated for challenging neurosurgical conditions.”

Apnea:

No Time to Sleep On It!

Twelve million Americans suffer from sleep apnea—nightly bouts of interrupted, oxygen-deprived sleep when the soft tissue part in the back of the throat, in the upper airway collapses, blocking the passage of air in and out.

But feeling tired is the least significant consequence of this disorder. According to a landmark study by lung experts at Johns Hopkins and six other U.S. medical centers, sleep apnea raises the chances of dying in middle-aged to elderly people by as much as 46 percent in the most severe cases. Even in people with moderate forms of the sleeping disorder, risk of death jumps to 17 percent.

Though the medical community has long hinted at the connection between sleep problems and death, especially from heart disease, this study is the first to define death from sleep apnea by monitoring a large number of people with or without sleep apnea—including a high number of snorers—to see who dies and who does not. The study involved 6,441 men and women between the ages of 40 and 70, with mild to severe forms of sleep apnea or none at all. Some 1,047 deaths occurred among study participants since the clinical investigation began.



“Our study results really raise concern about the potentially harmful effects of sleep apnea,” says Johns Hopkins pulmonologist and study site principal investigator Naresh Punjabi, M.D.,

Ph.D. He explains that low blood oxygen levels during sleep are a particularly worrisome sign, a factor that is the single biggest predictor of death in people with sleep disorders.

Dr. Punjabi strongly urges people who think they may have sleep apnea to talk with their doctor to explore treatment options, such as behavioral or lifestyle changes,

or CPAP (continuous positive airway pressure), a device, which resembles an oxygen mask and forces air into the nasal passages, preventing the airways from collapsing.

Signs you may have sleep apnea:

- Feeling tired or drowsy during the day
- Poor nighttime sleep quality
- Recurrent awakenings from sleep
- Reports from your bed partner that you snore loudly or intermittently stop breathing

For a video about sleep apnea and CPAP, visit

hopkinsbayview.org/sleep

Dr. Punjabi recommends the following for those with sleep apnea:

- **Lose weight.** Over half of the sufferers of sleep apnea are overweight. By losing weight, people not only decrease their risk of developing sleep apnea, but for those who already have it, weight loss can substantially reduce the disease severity and in some cases, eliminate it.
- **Practice good sleep hygiene.** For example, avoid alcohol and caffeine several hours before going to bed.
- **Sleep on your side.** In some people, sleeping on their side may improve breathing patterns. There are some people with positional sleep apnea. That is, sleep apnea worsens when these patients sleep on their back. It is these patients who benefit from sleeping on their side.
- **Stop smoking.** Smoking can increase the swelling in the upper airway which may worsen both snoring and apnea.

The best way to determine if you have sleep apnea is to see a physician specializing in sleep disorders. For more information or to make an appointment at the Johns Hopkins Sleep Clinic, call 410-550-0571 or visit our Web site at hopkinsbayview.org/sleep.

Tipping the Scales in Their Favor

Bariatric surgery helps adolescents
shed pounds, gain good health

Adolescent obesity is an issue that greatly impacts our nation. In the past 20 years, its incidence has nearly tripled. In fact, current estimates indicate that more than four percent of all adolescents in the U.S. are considered extremely obese, making them potential candidates for bariatric surgery.

To address this important issue, Johns Hopkins Bayview Medical Center and Mt. Washington Pediatric Hospital have created an adolescent bariatric surgery program designed to help patients who are 16 to 17 years old improve their quality of life and prevent obesity-related diseases, such as diabetes, hypertension and sleep apnea.

"It's important to offer surgical weight loss options to this population, since clinical evidence suggests that the majority of severely obese teenagers go on to become severely obese adults," explains Thomas Magnuson, M.D., director of the Johns Hopkins Center for Bariatric Surgery. "Most adolescents who are candidates for surgery already have health complications. Our goal is to improve or reverse these problems."

The Johns Hopkins Center for Bariatric Surgery has achieved numerous accolades for its success with adult patients. In fact, the center was recently accredited as a level 1b facility by the Bariatric Surgery Center Network, an accredita-

tion program of the American College of Surgeons (see page 3 for more details). In addition, it is accredited by many insurance companies based on its quality of care and positive, long-term outcomes.

Last year alone, physicians in the center performed nearly 400 bariatric surgeries.

All adolescent candidates will be required to undergo a series of evaluations through the Weight Management Center at Mt. Washington Pediatric Hospital

and participate in Weigh Smart, a multidisciplinary weight management program for youngsters and teens. The program provides medical, nutritional, educational and behavioral support to help patients and their families develop healthy lifestyle habits and ensure that they are ready for bariatric surgery. The program has had much success in treating pediatric obesity and was one of 16 in the country to be

Thomas Magnuson, M.D.
*Director of the Johns Hopkins
Center for Bariatric Surgery*



appointed to a national task force to develop recommendations for best practices in pediatric weight management. Weigh Smart also has been recognized in Maryland with a Governor's Citation for increasing physical activity among the state's youth.

To participate in the adolescent bariatric surgery program, patients and their families must commit to at least six months of assessment, education and counseling before determining if the patient is appropriate for surgery. This helps to ensure a positive outcome and long-term success.

—Kim Fabian

To be considered for the Bariatric Surgery Program, an adolescent must:

- Be 16-17 years of age
- Have made past attempts at weight loss
- Be more than 100 pounds overweight
- Have a supportive family
- Make a commitment to lifestyle change

For more information call 410-550-0409.

For more information about the Adolescent
Bariatric Surgery Program, call 410-550-0409.

New

Helps Uncover Heart

Today, there is a new tool that is earning its place alongside standard risk factors in determining a woman's chance of developing heart disease. Called a coronary calcium scan, this CT scan of the chest checks for calcium buildup in the coronary arteries.

Calcium in these arteries is a sign of heart disease that can identify the presence of disease before the onset of symptoms. A high score on a calcium scan—reflecting a large amount of calcium in the walls of the arteries—can mean that you have a higher chance of having a heart attack than someone with a low score. For example, the score helps to determine if you are at low, intermediate or high risk for a cardiac event, like a heart attack, in the next few years.

Although everyone should follow a lifestyle that is heart healthy, including exercising, eating better and quitting smoking, making these changes often is difficult. The results of a

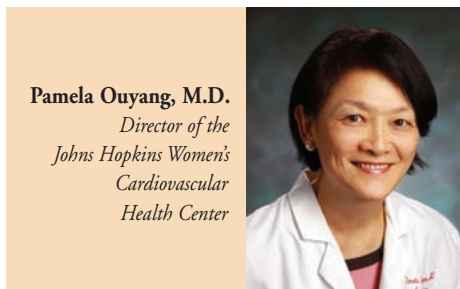
age (age of your arteries). For example, a 50-year-old female with a high coronary calcium score, high cholesterol and a family history of heart disease would have a vascular age of a 70-year-old female without such risk factors.

“A vascular age is a helpful tool for patients, that makes it easier for them to grasp how serious their condition is,” says Johns Hopkins cardiologist Pamela Ouyang, M.D., director of the Johns Hopkins Women's Cardiovascular Health Center.

One patient that benefited from knowing her coronary calcium score and vascular age was Susan McGuire. McGuire, 53, saw Johns Hopkins rheumatologist Dr. Joan Bathon for her rheumatoid arthritis. Through participating in the ESCAPE study, which determined how

rheumatoid arthritis affects the heart, McGuire learned that her coronary calcium score was too high. McGuire then was encouraged to see Dr. Ouyang for a risk assessment. During the risk assessment, Dr. Ouyang determined that McGuire's vascular age was 83. Now, McGuire is taking medication to help control her high cholesterol and high blood pressure. “I am relieved that I'm looking into the problem and helping myself prevent a heart attack,” says McGuire.

—Katie Kuehn



coronary calcium scan can be a helpful reminder that the time to make these changes is now.

A calcium scan can give your doctor more information about your risk for heart disease. A high score might prompt your doctor to start or change treatment to help you avoid a heart attack. Your calcium score and general risk factor assessment also can help determine your vascular

Risk Assessments

“A risk assessment is a preventive measure to find out if you need to improve your heart health,” says Dr. Ouyang. It takes about one hour and your course of follow-up treatment depends on the initial assessment.

You should obtain a risk assessment if you have:

- Some “usual” risk factors, such as high blood pressure or high cholesterol
- Chest discomfort
- Strong family history of coronary disease
- Other risk factors, like diabetes, rheumatoid arthritis or osteoporosis
- Depression, in addition to the usual risk factors

***During a risk assessment, not all patients will receive a coronary calcium scan. It will depend on the amount of risk factors you have and how significant they are. For example, women with more than a few risk factors or those with a very high risk factor will receive a scan.*

For more information about the Johns Hopkins
Women's Cardiovascular Health Center, call 410-550-5191.

Tool

Disease in Women

Love Your Heart

Join Dr. Ouyang for a free seminar about caring for your heart.

February 23
6 p.m.

To register, call 410-550-KNOW

Susan McGuire enjoys her leisure time just knowing that she has taken steps to help prevent a heart attack.

Renewing Function

Women's Center for Pelvic Health brings dignity and expertise

Imagine if you had the frequent urge to go to the bathroom at unexpected times. Or if you couldn't exercise or participate in other activities due to pelvic discomfort. Or if you weren't able to play with your children for fear of urinary leakage.

Life can be challenging for women who are coping with these issues—all symptoms of pelvic floor disorders. By age 55, nearly half of all women will have some type of pelvic floor condition—and many will suffer in silence with the uncomfortable, embarrassing and sometimes life-altering symptoms.

Leading the Way

The Johns Hopkins Women's Center for Pelvic Health brings these patients renewed hope and expert care, helping them regain their function and the confidence to get back to the things they enjoy. The center brings together a team of professionals—including gynecologists, urologists and rehabilitation specialists—who specialize in the diagnosis and treatment of pelvic floor dysfunction.

"This is what we do every day," says Victoria Handa, M.D., director of the advanced training program in female pelvic medicine and reconstructive surgery. "Our level of expertise and breadth of knowledge

is something from which any patient would benefit—from those who have the simplest problem, to others who need complex testing and advanced surgical treatment."

Knowing the Facts

The "pelvic floor" refers to the muscles that form a sling across the opening of the pelvis. These muscles and the surrounding tissues keep all of the pelvic organs in place and help the organs function correctly. Female pelvic floor disorders affect a woman's vagina, uterus, bladder and rectum. The Center for Pelvic Health cares for patients with a range of these conditions, including urinary incontinence, pelvic organ prolapse, voiding dysfunction, fecal incontinence and defecatory

dysfunction. Among these conditions, urinary incontinence and pelvic organ prolapse are most common.

Urinary incontinence affects one in three women. The two types of the condition include urge incontinence (urinary leakage with the sudden need to void) and stress incontinence (urinary

leakage that occurs with physical effort, such as coughing, sneezing or exercising).

Pelvic organ prolapse occurs when one or more organs in a woman's pelvis—the uterus, vagina,

urethra, bladder or rectum—shifts downward and bulges into or even out of the vaginal canal, making everyday activities extremely uncomfortable.

Sometimes the onset of symptoms is so gradual

that women acclimate to the problem, or don't really notice it until something major

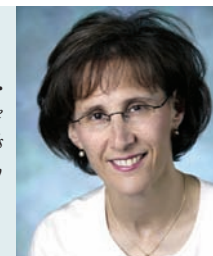
occurs. But one thing is certain—these conditions do not get better over time. Women who have symptoms that interfere with their daily activities should seek help from a physician who specializes in these disorders, so they can receive the most accurate diagnosis and have access to the latest treatment options.

"Care must be personalized to each patient to be most effective," says urologist R. Duane Cespedes, M.D., co-director of the Center for Pelvic Health. "That's the whole point of having this center. We offer one place where patients can go to receive comprehensive diagnostic testing and receive the treatment that's best for them—from medications and musculoskeletal rehabilitation, to injection therapy, minimally invasive surgery and more extensive open procedures—all provided by experts in the field. There is no good reason for women to have to deal with the discomfort and inconvenience of these problems when there are so many successful ways to treat them."

—Kim Fabian

Victoria Handa, M.D.

*Co-director of the
Johns Hopkins Women's
Center for Pelvic Health*



Taming the Leaky Bladder

Join Dr. Grace Chen for a free seminar for women who have been diagnosed with urinary incontinence or overactive bladder and want to learn more about treatment options

December 2

6 p.m.

To register, call 410-550-KNOW

Patients can be seen at Johns Hopkins Bayview or the Johns Hopkins Health Care and Surgery Centers at Green Spring Station and White Marsh. To schedule an appointment, call 410-550-4406. Please be prepared to tell the scheduler your symptoms so we may ensure you are seen by a provider who specializes in your condition. Self-referrals are welcome.

Restoring Hope

to patients with difficult, often embarrassing problems

The Courage to Heal

Cynthia Burton, a 59-year-old Parkton resident, sought the opinion of three physicians to treat her uterine prolapse before she chose Victoria Handa, M.D., at The Johns Hopkins Women's Center for Pelvic Health. "Dr. Handa's examination was so different than the others," she says. "She was always conscious of my comfort, and provided an environment where I didn't feel so exposed. When I met her, I felt instant confidence in her abilities. I was positive I wanted her to perform my surgery."

Like many women who suffer from pelvic floor disorders, Burton had been living with embarrassing and uncomfortable symptoms that made daily activities like sitting in a car and taking long walks an unpleasant ordeal. "My femininity was jolted to its knees," she confides. "It was difficult to have a relationship with my husband, and I was more reluctant to do things that I normally would have done with confidence."

But unlike some women, Burton had the courage to seek help to treat her condition. Dr. Handa performed Burton's prolapse surgery through the wall of the vagina, eliminating the need for abdominal incision. In addition, the prolapse was successfully corrected without implanting any mesh or foreign materials. After eight weeks of rest and limited activity at home, Burton went back to work and now is reaping the rewards of a full recovery.

"You really shouldn't live with any kind of health issue that can be fixed. You should move forward and make your life better physically and mentally," she explains. "My operation and recovery went so smoothly, and I can't say enough about the Johns Hopkins Bayview staff. Everyone was very kind and accommodating. Putting my care in their hands was a good decision. Dr. Handa made the situation so positive. She is an excellent surgeon at the top of her field."



Why You Should Seek Treatment

Several myths surround the cause and treatment of urinary incontinence and pelvic organ prolapse—myths that may cause some women to delay or avoid seeing a doctor. Here are some facts to encourage you to get the help you need and deserve.

Myth: These conditions are a natural part of aging.

Fact: While these disorders are more common as women age, they are not normal. You should seek medical consultation if you experience: heaviness or pressure in the area of the vagina or pelvis; a bulge of tissue coming through the vaginal opening; accidental loss of urine; frequent or unexpected urges to urinate; or difficulty urinating.

Myth: These problems only happen to older women who are going through menopause.

Fact: The average age of women who seek treatment for urinary incontinence is 50, which means many younger than age 50 have the condition. And although the conditions become more common with age, they are not caused by menopause.

Myth: Treatments are not effective.

Fact: In almost every case of these conditions, a variety of medical, rehabilitative and surgical options exist that can correct the problem or significantly reduce symptoms. Newer therapies also provide long-lasting results.

Breast Angiosarcoma

Rare Cancer, Unique Treatment

A few months ago, 63-year-old Erika Dougherty noticed a growth on her chest. Because of her history of breast cancer and angiosarcoma, Dougherty knew that she needed to get it checked out immediately.

A biopsy determined that Dougherty had a breast angiosarcoma, a rare form of breast cancer that grows in soft or connective tissue, which can occur up to 20 years after treatment for previous breast cancer.

“When the angiosarcoma first appears, it may be tender or painful, and is sometimes mistaken for a rash or bruise,” says Johns Hopkins surgical oncologist Mehran Habibi, M.D. “That’s why it is important to see your primary care physician or oncologist, especially if you have a history of breast cancer.”

Dr. Habibi and Johns Hopkins plastic surgeon Maura Reinblatt, M.D., worked together to create a treatment plan that would best suit Dougherty’s needs and wants. Angiosarcomas are removed with surgery and then radiation to ensure that the base and edges have been treated as well.

First, Dr. Habibi cut an 8-inch-wide excision to remove the angiosarcoma. Because of where it was located, he had to take all of Dougherty’s chest wall muscle, leaving a gap in her chest that had to be reconstructed by a plastic surgeon.

Once the angiosarcoma was removed, Dr. Reinblatt performed a procedure known as a latissimus dorsi myocutaneous flap in order to

Maura Reinblatt,
M.D., patient Erika
Dougherty, and
Mehran Habibi, M.D.,
discuss Erika’s
treatment options.



help preserve Dougherty’s quality of life. Dr. Reinblatt explains that using this procedure to close the wound, instead of using a skin graft, provided the extra coverage that Dougherty needed to withstand further radiation. A skin graft would have been very thin and fragile.

Now, Dougherty is recovering and feeling great. “I’m still doing the things I love—quilting and taking photographs,” she says. “Dr. Habibi and Dr. Reinblatt worked together to find the best treatment possible to return me to my normal activities. The collaboration and communication between the two of them put me completely at ease. I knew I was in the right hands.”

“We’re ‘Beauty and the Beast,’” says Dr. Habibi. “I remove the bad, cancerous parts and Dr. Reinblatt makes them beautiful once again.”

—Katie Kuehn

Johns Hopkins Cancer Surgery Second Opinion program

Johns Hopkins Bayview Medical Center offers a full spectrum of cancer care, including removal, reconstruction and a second opinion.

Second opinions are a normal step in the cancer management and treatment process. The Johns Hopkins Cancer Surgery Second Opinion program offers those recently diagnosed with breast, lung, GI or thyroid cancer the ability to consult with some of the leading experts in cancer surgery.

To make an appointment for a second opinion, call 410-550-HOPE (4673).

For more information about a cancer surgery second opinion, call 410-550-HOPE (4673).
For more information about reconstructive surgery, call 410-550-9845.

Angioplasty: C-PORT E Trial

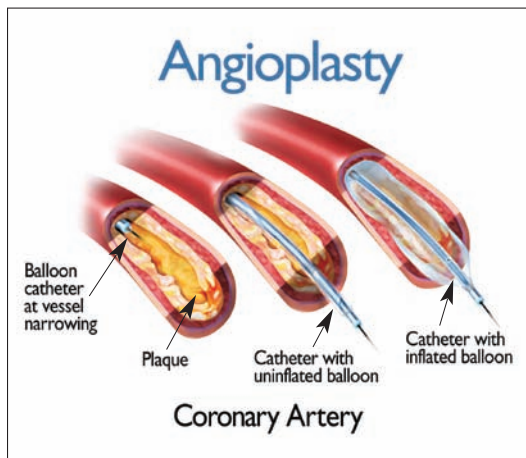
More than one million Americans are affected by coronary artery disease (CAD), a condition where the arteries that lead to the heart become hardened and narrowed. CAD can lead to chest pain or a heart attack, and cause permanent heart damage. There are several treatment options for patients with CAD, which

“Elective angioplasty can relieve patients’ symptoms, and in some cases, may reduce future risk of heart attack or death.”

—Dr. Trost

include medication, open-heart surgery and angioplasty. During angioplasty, a long, thin tube with a balloon on its tip is inserted into the blocked artery (see illustration). The balloon is inflated, flattening the blockage against the artery wall and increasing blood flow to the heart.

There are two kinds of angioplasty—primary and elective. Primary angioplasty is performed when a patient is suffering a heart attack and



requires emergency care. Elective angioplasty is performed when a blockage is found in the patient’s arteries, but immediate treatment is not necessary.

Recently, Johns Hopkins Bayview was approved to participate in the C-PORT E Trial study, which enables hospitals without an open-heart surgery program to perform elective angioplasty. The Medical Center is among an elite group of nine hospitals in Maryland chosen to be involved in this trial.

Explains Johns Hopkins cardiologist Jeff Trost, M.D., director of the cardiac catheterization laboratory and interventional cardiology program, prior to this study, when a patient had a non-life

threatening blockage—usually found through a heart catheterization—the patient was referred to a hospital with an open-heart surgery program to

have angioplasty. This practice served as a safety precaution in the event the patient needed a more involved heart procedure.

With the C-PORT E Trial, hospitals were chosen after undergoing a strict criteria review of their practices in performing primary angioplasty. Johns Hopkins Bayview has been recognized by the state of Maryland for its “door-to-balloon time,” the moment a patient comes into the emergency room to the time the balloon is inflated in the artery to open the blockage. The state requires a door-to-balloon time of less than 120 minutes for the majority of cardiac patients. In 2008, the average door-to-balloon time at Johns Hopkins Bayview was 79 minutes—among the top 10 percent of hospitals in the country.

Says Dr. Trost, “Based on our successful experiences with emergency angioplasty and cardiac catheterization, it gives our patients great comfort knowing that they can come to one place for their cardiac care.”

—Meghan Rossbach

Jeff Trost, M.D.
*Director of the cardiac
catheterization laboratory
and interventional
cardiology program*



When every minute counts...

Early warning signs of a heart attack

- Chest discomfort
- Discomfort in the upper body, such as in one or both arms, the back, neck, jaw or stomach
- Shortness of breath
- Other signs such as breaking out in a cold sweat, nausea or light-headedness

For more information on elective angioplasty and the C-PORT E Trial,
call the Department of Cardiology at 410-550-3380.



Kohl's Cares for Kids—and We Do, Too!

Thanks to a generous donation from the Kohl's Cares for Kids® philanthropic initiative, Johns Hopkins Bayview has a new addition to its mobile and satellite health programs—first aid kits! Called “Kids Care First Aid Kits,” they contain basic supplies, such as band-aids, antiseptic wipes and cream, and will be distributed to families in our surrounding communities. The kits are available to underserved families on Johns Hopkins Bayview’s Community Care-A-Van, a mobile medical unit that provides primary health care.

“What many people don’t realize is that the Care-A-Van provides more than just medical care,” says Pat Letke-Alexander, PA-C, clinical director of the Care-A-Van. “We also provide health education and resources that help our patients lead healthy lives. The first aid kits add a personal touch to the services we currently provide.”

The “Kids Care First Aid Kits” also will be available at community health fairs and in the Stork’s Nest, an incentive program at Johns Hopkins Bayview for low-income mothers.

To learn more about Johns Hopkins Bayview’s involvement with the community, visit hopkinsbayview.org/communityrelations/programs.html.

—Meghan Rossbach

Through gifts both small and large, your donation allows Johns Hopkins Bayview to expand patient care programs, encourage medical research and ensure ongoing campus development.

To learn how you can support projects such as these, call the office of development at 410-502-2911.



Screenings & Seminars

Johns Hopkins Bayview Medical Center offers a variety of educational programs and screenings. The programs listed on this page are held at the Medical Center and are provided at no charge, unless otherwise noted.

To see a full list of screenings and seminars, and to register online, visit hopkinsbayview.org/seminars.

SCREENINGS

Are You at Risk for Vascular Disease?

For people 55 and older with cardiovascular risk factors, known cardiovascular disease or a family history of abdominal aortic aneurysm

Monday through Friday
8 a.m. to 4 p.m.

Cost: \$40 per screening

To register, call 410-550-8522

SEMINARS

Weight Loss Surgery Seminar

For people 100 pounds or more overweight

Note: This seminar is required to receive a consult for bariatric surgery

Dec. 1
Jan. 5 and 19
4:30 to 6 p.m.
Pavilion Conference Room

To register, go to hopkinsbayview.org/bariatrics/infosession. If you do not have computer access, call 410-550-KNOW

A Joint Effort:

The Causes and Cures of Joint Pain

For people who suffer from hip and knee joint pain due to arthritis or trauma-related conditions

Dec. 10 and Jan. 28
4 to 5:30 p.m.

Medicine Education Center
To register, call 410-550-KNOW

Taming the Leaky Bladder

For women who have been diagnosed with incontinence or overactive bladder and want to learn about treatment options for these conditions

Dec. 2
6 p.m.

Medicine Education Center

To register, call 410-550-KNOW

Back and Neck Pain

For people who have been diagnosed with degenerative disc conditions and are tired of suffering from back and neck pain

Jan. 21
6 p.m.

Medicine Education Center

To register, call 410-550-KNOW

Love Your Heart

For women who want to learn more about caring for their heart

Feb. 23
6 p.m.

Medicine Education Center

To register, call 410-550-KNOW

PATIENT INFORMATION SESSIONS

Childbirth Preparation

This course provides expectant mothers and their labor coaches in-depth instruction on labor, delivery, pain control and other topics related to the birth experience

Classes are led by a certified childbirth educator

(six consecutive Mondays)

Nov. 16-Dec. 21
Jan. 5-Feb. 9
7 to 9 p.m.
Cost: \$65

One Saturday and Sunday per month

Dec. 5 and 6
Jan. 9 and 10
9 a.m. to 3 p.m.
Cost: \$65

To register, call 410-550-BABY

Breastfeeding Class

Learn the benefits of breastfeeding, behaviors of a normal newborn, how to pump and store breast milk, and how medications and contraceptives affect breastfeeding

Dec. 6
1 to 3 p.m.
Cost: \$30

To register, call 410-550-BABY

Food for Thought

As a feature in *Johns Hopkins Bayview Health & Wellness News*, Johns Hopkins Bayview registered dietitians would like to answer your questions about various nutrition topics. Please e-mail your questions to diet@jhmi.edu. Be as specific as you can when asking your questions.

Q. What can I do to reduce my high blood pressure and cholesterol?

A. All you need is a little TLC (Therapeutic Lifestyle Changes). Therapeutic Lifestyle Changes are changes you make toward a healthier lifestyle, thereby reducing your risk of chronic health problems, such as hypertension and high cholesterol.

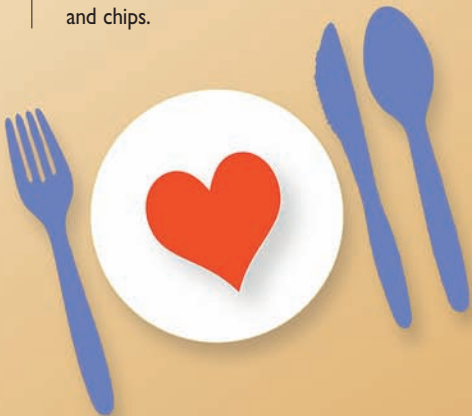
It is estimated that one in every three Americans have high blood pressure and almost one in every five have cholesterol levels of 240 mg/dl or greater (indicating a high risk for heart disease). TLCs are key to controlling and improving these health conditions. In addition to quitting smoking, reducing stress and exercising, dietary changes also are vital in moving toward a healthier lifestyle. See below for heart-healthy changes you can make.

To lower your cholesterol:

- Prepare foods by grilling, baking, broiling, stewing and pan sautéing.
- Choose lean cuts of meat and trim all visible fat and limit your intake to 6 ounces per day.
- Use low-fat dairy products (skim milk, 1% cottage cheese, non-fat yogurt).
- Choose healthy fats, such as olive and canola oil.
- Limit prepared baked goods, snack crackers and chips.

To lower your blood pressure:

- Eat fresh whenever possible or purchase low sodium or no salt added products.
- Use spices, as well as lemon and vinegar to flavor your food instead of using salt and prepared condiments.
- Reduce your intake of cured foods (bacon and ham) as well as brined foods (olives and pickles).
- Decrease your reliance on prepared foods, such as frozen dinners, pizza and packaged mixes.
- Limit alcohol consumption (less than 2 drinks per day for men and less than 1 drink per day for women).



Cynthia Finley, RD
Registered dietitian

Johns Hopkins Bayview Health and Wellness News

Johns Hopkins Bayview Medical Center
(410) 550-0100, TTY (410) 550-0316
hopkinsbayview.org

Director of Communications and Public Affairs:
Sandy Reckert-Reusing

Director of Community Relations:
Gayle Johnson Adams

Editor:
Sandy Reckert-Reusing

Design:
Cindy Herrick

Photography:
**Keith Weller, Meghan Rossbach and
Bill Klosicki**

This issue is available
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hopkinsbayview.org

Johns Hopkins Bayview Health and Wellness News is published by the Johns Hopkins Bayview Medical Center Office of Communications and Public Affairs and the Community Relations Department for friends and neighbors of the Medical Center.

For additional information on how diet can help lower your cholesterol and blood pressure, make an appointment with one of our registered dietitians. Call 410-550-7728.