

Johns Hopkins Bayview

# health & wellness



JOHNS HOPKINS  
MEDICINE

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# March is National Kidney Month

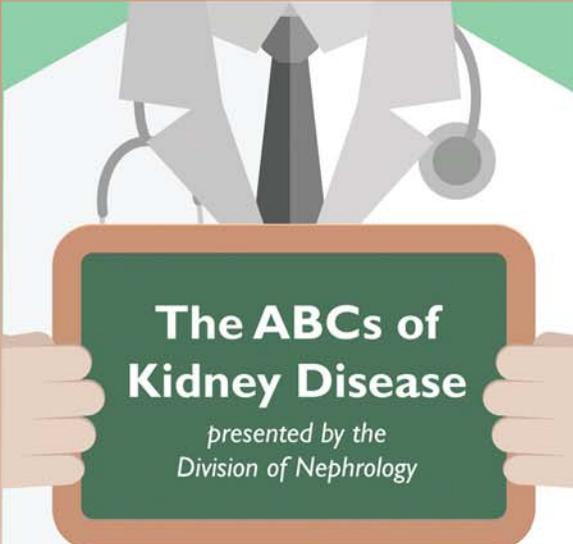
Did you know that one in nine adults in the United States—almost 30 million people—has some level of chronic kidney disease?

During National Kidney Month—celebrated in March—Johns Hopkins nephrologists encourage you to learn the basics of kidney disease and how to keep your kidneys healthy longer.

“Most people don’t realize they have kidney disease until it’s too late,” says Sumeska Thavarajah, M.D. “If left untreated, chronic

kidney disease can lead to kidney failure, requiring dialysis or transplantation for survival.”

Join doctors and staff from the Division of Nephrology to learn the “ABCs of Kidney Disease,” including the causes, stages and treatment of chronic kidney disease.



**The ABCs of Kidney Disease**  
presented by the  
Division of Nephrology

*Join us for a free educational seminar*

March 15 and April 26  
5 p.m.  
Medicine Education Center  
Johns Hopkins Bayview Medical Center  
Information sessions are held monthly.

For more information or to register, call 410-550-2820.

## Welcome New



**A. Reema Kar, M.D.**, joins the Department of Surgery. She specializes in general surgery, burn care, surgical emergencies and critical care, and trauma.

A. Reema Kar, M.D.  
General Surgeon



**Mark Luciano, M.D.**, joins the Department of Neurosurgery as the director of the Cerebral Fluid Center. He specializes in hydrocephalus, pseudotumor cerebri, intracranial hypotension, chiari malformations, and cerebral and spinal cysts.

Mark Luciano, M.D.  
Neurosurgeon



**Khinh Ranh Voong, M.D., MPH**, joins the Sidney Kimmel Comprehensive Cancer Center. She specializes in lung, esophageal and gastroesophageal junction cancers, and radiation therapy.

Khinh Ranh Voong, M.D.  
Radiation oncologist



**Heather M. Weinreich, M.D., MPH**, joins the Department of Otolaryngology–Head and Neck Surgery. She specializes in chronic otitis media, cholesteatoma, hearing loss, vertigo and vestibular disorders.

Heather Weinreich, M.D.  
Neuro-otologist

To schedule an appointment,  
call 410-550-5900.

To schedule an appointment,  
call 410-955-7482.

To schedule an appointment,  
call 410-550-6597.

To schedule an appointment,  
call 443-997-6467.

# Testing Underway On Simple Stroke-Diagnosing Eye Exam

Each year, 45,000 to 75,000 people who suffer strokes are initially misdiagnosed when they come to the emergency room complaining of dizziness. Yet about \$1 billion is wasted on tests and hospital admissions for people with dizziness who are suspected of having a stroke, but who actually are having an inner ear problem.

Johns Hopkins neurologist David Newman-Toker, M.D., Ph.D., and his research team are working on a solution. They have devised a technique that looks for minute differences in eye movements that differentiate stroke from other conditions that cause dizziness. The technique significantly outperforms CT scans and MRIs in accuracy, efficiency and cost for stroke diagnosis.

To further streamline and automate the process, Dr. Newman-Toker's team is now testing the capability of a pair of computerized eye goggles that use a video camera connected

to a computer to examine these eye movements. Currently, the goggles are only used in clinical trials at Johns Hopkins Bayview; however, with success, the technology will become standard practice in about five years.



## Camp Superkids

Offers Children with Asthma a Week of Breathing Easier

Camp Superkids is a week-long residential summer camp for children with asthma, ages seven-and-a-half to twelve. Campers enjoy a full range of traditional camp activities, and learn how to manage their asthma. They gain a strong support system of friends with asthma and are attended to by health care providers who are on-site the entire week.

Camp Superkids will be held July 10-15, 2016, at Summit Grove Camp, located in New Freedom, Pennsylvania, just over the Maryland border off Interstate 83. The cost is \$400, but there are many scholarships available to help reduce the cost of camp. Reach out to us to inquire about scholarships and the process for applying.

For more information, contact Ceal Curry, child life program coordinator at Johns Hopkins Bayview, at 410-550-0374, email [campsuperkids@gmail.com](mailto:campsuperkids@gmail.com) or contact Heather Dougherty, camp administrator, at 717-578-0465.

## Physicians



**Amanda Kiely Bicket, M.D.**, joins the Wilmer Eye Institute. She specializes in glaucoma, glaucoma surgery and cataracts.

Amanda Kiely Bicket, M.D.  
Ophthalmologist



**Jarushka Naidoo, M.B.B.Ch.**, joins the Sidney Kimmel Comprehensive Cancer Center. She specializes in lung cancer and immunotherapy.

Jarushka Naidoo, M.B.B.Ch.  
Medical oncologist



**Po-Hung "Victor" Chen, M.D.**, specializes in general hepatology and liver services, including the care of liver transplant patients.

Victor Chen, M.D.  
Hepatologist



**Patricia Garcia, M.D.**, specializes in motility disorders, including dysphagia, gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS) and constipation.

Patricia Garcia, M.D.  
Gastroenterologist



**Vivek Kumbhari, M.D.**, is director of bariatric endoscopy. He specializes in endoscopic management of surgical complications, the treatment of metabolic disease and interventional endoscopic ultrasound.

Vivek Kumbhari, M.D.  
Surgeon

## Gastroenterology and Hepatology

To schedule an appointment, call 410-550-2360.

To schedule an appointment, call 410-955-5864.

To schedule an appointment, call 410-550-0790.



# Great Feat

Lifelong athlete gets back on her feet after two years of pain and discouragement

*Mary Robertson with (from left to right) husband Tom, and sons Luke, 17, and Evan, 16*

It started in the spring of 2013. Mary Robertson felt a pop in her foot at the gym, which led to worsening pain that never wore off. Two months later, she was sitting with a podiatrist who was recommending surgery.

“He thought he could help me, so I had the surgery that August,” she recalls. “By October, it was clear the surgery had done nothing at all to help my foot.”

### Searching for Hope

Robertson, the wife of a Naval officer and mother of three boys, had been an athlete her entire life—running, cycling and working out regularly. But after her injury, she could barely even walk. Desperate for relief, Robertson met with two other surgeons—one who told her he couldn’t help, and to just live with it; and the other who agreed to operate, but just before the surgery told her he wasn’t sure it would be a complete success.

“I was devastated. I couldn’t use my foot. The magnitude of the situation was becoming overwhelming and I was very discouraged. And in the meantime, my foot was only getting worse.”

Casey Humbyrd, M.D.  
Foot and ankle surgeon



But then came the hope that Robertson had been searching for. In August 2014, a friend recommended Johns Hopkins foot and ankle surgeon Casey Humbyrd, M.D. Says Robertson, “I made an appointment with her, but I was prepared to make this my last effort to find help. If she couldn’t help me, I knew I’d have to face living with this disability.”

### Envisioning Success

At the first appointment, Dr. Humbyrd discussed Robertson’s medical history and reviewed past X-rays and MRI scans. What’s more, Dr. Humbyrd asked her about her lifestyle, family and hopes for her recovery. “Out of the four surgeons I saw, Dr. Humbyrd was the only person that stopped to ask questions—not only about my pain, but how this was affecting my activity level, my emotions and my life.”

Dr. Humbyrd works with each of her patients to develop an approach specific to their individual needs. “I spend a substantial amount of time talking to my patients and getting a feel for their routines, health, life and family, and what’s important to them,” she says. “I can then speak to what the possibilities are for surgery and what the expectations should be. The goal for me in surgery is always to maximize function.”

Dr. Humbyrd was confident that she could improve the anatomy and function of Robertson’s foot, which had become deformed from trying to walk while compensating for severe pain. In fact, the anatomy of her foot had shifted, and a bone had dislocated. With each step that Robertson took, she was actually stepping on free-floating bone.

### Putting One Foot in Front of the Other

Dr. Humbyrd came up with several possible procedures—explaining each to Robertson and her husband. “It’s something I think is the key to a successful surgery,” says Dr. Humbyrd. “Not to just have a plan, but also a back-up plan, and a back-up to the back-up.”

Robertson had her surgery in early September 2014, and by Christmas was able to ski when she went on a family vacation to Mont Tremblant (Quebec). “I certainly wasn’t skiing any double-diamond runs, but I was able to ski the easy trails. It felt great. I would ski five

to six runs a day. I couldn’t have even attempted that three months earlier.”

It has been a year since Dr. Humbyrd told Robertson she could resume all of her routine activities, which have included doing spin classes and joining a local rowing club. “I feel like I’ve gotten my life back, quite frankly. When you go through something like that and someone can finally help you . . . I’m just so very grateful.”

—Jessica McQuay

### Feet Don’t Fail Me Now!

*A free seminar on foot and ankle problems of the athlete*

March 16, 6 p.m.

Medicine Education Center

Whether you are a weekend warrior or a competitive athlete, your feet play an important role in what you do. Learn about the diagnosis and treatment of common foot and ankle problems such as big toe pain, foot sprains, ankle sprains, stress fractures, Achilles tendinitis and plantar fasciitis.

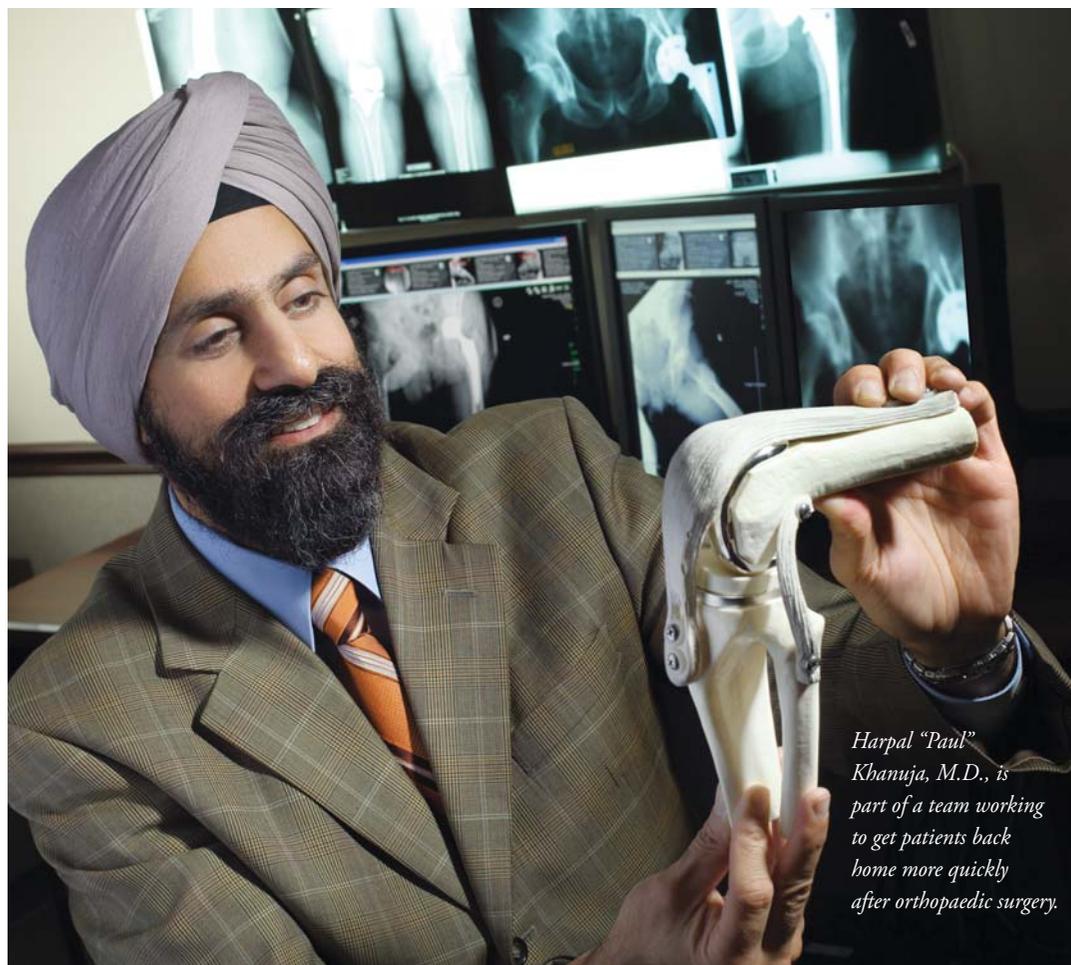
To register, call 410-550-KNOW (5669).



For more information on foot and ankle surgery or to make an appointment, call 443-997-BONE (2663) or visit [hopkinsmedicine.org/ortho](http://hopkinsmedicine.org/ortho).

# A Hop, Skip and a Jump

Advances in joint replacement surgery allow same-day discharge



*Harpal "Paul" Khanuja, M.D., is part of a team working to get patients back home more quickly after orthopaedic surgery.*

There's a profound sense of relief after any successful operation, including joint replacements. Unfortunately, for many patients that relief quickly turns to boredom as they wait to be discharged from the hospital and sent home. Advances in surgery and pain management now mean that many orthopaedic surgery patients at Johns Hopkins Bayview Medical Center have the option to go home the very same day.

It was an easy choice for Marilyn Averi. The 61-year-old had her right knee replaced in March. When Harpal "Paul" Khanuja, M.D., chief of adult reconstruction for hip and knee replacement, suggested letting her go home after they replaced her left knee, she laughs as she recalls, "I said, 'Sure!' I knew how it had been

staying overnight in the hospital, and I appreciated being home."

Orthopaedic surgery is extremely complicated, but many improvements have contributed to a much more pleasant experience for patients, says Dr. Khanuja. "We have a dedicated multidisciplinary team for joint replacements, and we've done so well improving outcomes with surgical techniques," including new monitoring techniques during surgery that reduce blood transfusion rates to near zero percent.

As a result, patients have more energy immediately after surgery. "We also changed how we manage their pain, which is so well-controlled they don't even need an intravenous drip," says Dr. Khanuja. Patients can start walking hours after a joint replacement. The goal, he explains, is to get

patients "as healthy as possible as quickly as possible. You sleep better at home, and you eat better at home." Not every patient will be able to go home early, and the team is also happy to accommodate patients who would prefer to stay at the hospital during their recovery.

Averi was impressed with the speed and precision of the orthopaedic team at Johns Hopkins Bayview. "It was very smooth, and it was a good experience. I highly recommend Dr. Khanuja and the entire staff, from the anesthesiologist to the nurses. Everything was just top-notch." She hopes she won't need another joint replacement, but she says, "If I had another one done, I'd get it done here."

—Martin Fisher



To learn more about orthopaedic surgery or make an appointment, call 443-997-BONE (2663).

# Comprehensive Treatment for CSF Disorders

Everyone has CSF (cerebrospinal fluid). In fact, CSF helps to protect our brain by cushioning it within the skull, and also serves as a shock absorber for the central nervous system. CSF also circulates nutrients and chemicals from the blood and removes waste products from the brain. However, sometimes, CSF can leak from the brain, or it can build up in the skull and cause the brain to swell (a condition called hydrocephalus). Both CSF leaks and hydrocephalus fall under the umbrella of CSF disorders.

Diagnosing and treating CSF disorders—which also include pseudotumor cerebri, and cerebral and spinal cord cysts—by a single group with concentrated expertise significantly benefits patients, says neurosurgeon Mark Luciano, M.D., Ph.D. “These conditions are difficult to treat effectively,” he says. “Patients often lack specialists in CSF disorders with the necessary knowledge to fully address their condition.”

That’s why Dr. Luciano and neurology colleague Abhay Moghekar, M.B.B.S., co-direct the Cerebral Fluid Center, where other neurosurgeons, neurologists, pain experts and therapists treat patients together.

One of the most common disorders seen through the program is adult hydrocephalus, explains Dr. Moghekar. Though hydrocephalus is often thought of as a pediatric disorder, it’s typically treated with shunts, which require lifelong care. Patients who age out of pediatric care can

have difficulty finding a specialist willing to follow up with them in adulthood. “We can help patients make a comfortable transition from pediatric to adult care,” Dr. Moghekar says.

Adults also suffer from a unique type of hydrocephalus known as normal pressure hydrocephalus (NPH). This problem can be difficult to diagnose because its symptoms, including difficulty walking, decline in thinking skills and loss of bladder control, are common to many other diseases. NPH in particular requires the type of comprehensive, multidisciplinary care available only through a model like the Cerebral Fluid Center.

Other conditions under the CSF disorders banner require their own unique combination of expertise, Dr. Luciano adds, including geriatrics, ophthalmology, pain medicine and other

specialties. “We truly provide a comprehensive combination of medical and surgical services to treat patients as effectively as possible.”

—Karen Tong

*Excerpts used from the Fall 2015 issue of Johns Hopkins NeuroLogic.*



*Drs. Abhay Moghekar (left) and Mark Luciano (right) co-direct the Cerebral Fluid Center.*



Watch the story of a patient with normal pressure hydrocephalus who was successfully treated and has a new appreciation for life. <http://bit.ly/1QC29hL>



For more information or to make an appointment at the Cerebral Fluid Center, call 410-955-7482.



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## Patients and Providers Connect Through MyChart

For several years, patients throughout Johns Hopkins Medicine have been using MyChart, a secure website that allows users to view their health care information and connect with their care team. MyChart just became available to Johns Hopkins Bayview inpatients in December. Now all Johns Hopkins Bayview patients can be among the 267,000 users connecting for their health.

### Your Health

So what is MyChart? It's a secure website that you can conveniently access through any computer or mobile device to become an active partner in your health care, anytime and anywhere. You'll be able to see limited test results, download and share an overview of your visit with your doctors, and allow parents, family members, legal representatives and others access to your medical information (with your written authorization).

### Your Knowledge

MyChart also allows you and your care team to send and receive secure messages. Tola Fashokun, M.D., a physician in the Women's Center for Pelvic Health and the Department of Gynecology and Obstetrics, says MyChart has proven to be a valuable communication tool between her and her patients.

"Patients repeatedly tell me that they love that I am accessible and feel that my quick responses show that I really care about their health," she says. "I like MyChart because it allows me to communicate directly with patients to avoid any potential miscommunication when dealing with important health information."

This virtual exchange can be especially helpful for out-of-town patients like Gina Galvin, who has been traveling from Connecticut to see Dr. Fashokun for



years. While Galvin still makes the six-hour trip once a year, she and Dr. Fashokun use MyChart to manage her health in between visits.

"Dr. Fashokun gives me advice on what to do," says Galvin. "If she's able to save me a trip to her office, she will. It's nice to have MyChart when a problem pops up."

Galvin also uses MyChart to share information with her local doctors in Connecticut. "All of my medications, my test results ... it's all right there," she says.

### Your Connection

Due for your flu shot or annual wellness screening? You'll receive a reminder in MyChart. Most information related to care delivered by all of your Johns Hopkins Medicine providers is available in MyChart. And it's all incredibly secure—protected by advanced encryption technology, so that only you and your authorized proxies can view your information.

MyChart accounts can be established by anyone age 13 or older who is a patient at a participating Johns Hopkins Medicine facility. To sign up, you will need an activation code, which you will receive during an appointment or inpatient visit with a Hopkins provider.

Johns Hopkins Bayview  
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