

Johns Hopkins Bayview

health & wellness

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JOHNS HOPKINS
MEDICINE

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On the Road to Serve the Community

Johns Hopkins Bayview's new Care-A-Van will hit the streets of Baltimore this fall. The mobile medical van delivers quality medical care to a diverse population at no cost to the patient.

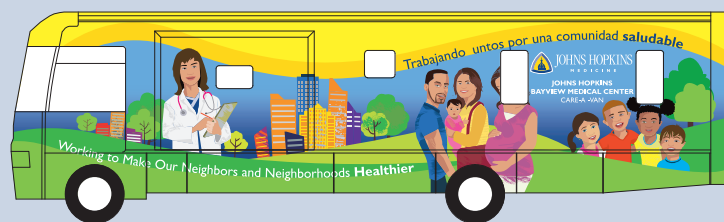
Many barriers such as language, lack of transportation and lack of financial resources hinder Baltimore residents from receiving proper health care. Since June 2000, the Care-A-Van has been fostering the health needs of underserved people. Care-A-Van staff recognize the community's challenges and are committed to serving each patient's unique needs. Services—including tuberculosis testing, blood pressure checks, pregnancy testing and immunizations—are targeted to uninsured children and families who do not have a regular source of medical care.

After serving the community for so many years, the original Care-A-Van was in need of a replacement.

The new van is made possible by a generous donation from the France Merrick Foundation. Two patient exam rooms, an intake area, lab/work area, bathroom and patient waiting area are part of the design of the 40-foot clinic on wheels. It will allow Johns Hopkins Bayview to expand its reach into local neighborhoods and bring hope and healing to those in need.

Johns Hopkins Bayview believes in "delivering the promise of medicine." Traveling to key community sites during the week—the Esperanza Center, Patterson Park and Armistead Gardens—ensures that we deliver this promise to more people.

—Caroline Izzi



Body Contouring After Weight Loss

Patients who have successfully lost a substantial amount of weight, especially after bariatric surgery, are often frustrated to find that their new clothes don't fit the way they'd like due to excess skin.

Body contouring surgery can be the final step in helping them to achieve their goal. Join Kristen Broderick, M.D., for an online seminar, as she discusses the latest procedures in body contouring for patients after significant weight-loss surgery.

Tuesday, November 29, 2016

7 – 8 p.m.

To register, call 1-877-546-1009 or visit
hopkinsmedicine.org/health/healthseminars/upcoming

November Is Lung Cancer Awareness Month

Early detection could save your life

For decades, lung cancer has remained the top cancer killer in the United States—more than colon, breast and prostate cancers combined. The good news is that many lung cancer patients are living longer due to early detection and screening.

Johns Hopkins offers a multidisciplinary lung cancer program that encompasses all aspects of patient care, including screenings, minimally invasive diagnostic techniques and innovative treatments.

Additionally, the program offers a pulmonary nodule clinic for patients with abnormal findings. An expert panel reviews each patient's imaging studies and develops a plan for the appropriate follow-up tests and procedures.

You can be screened for lung cancer if you:

- Are older than 50
- Have a 20 pack/years habit (Pack/years is defined as the number of packs per day multiplied by the number of years smoked. **Example:** 1 pack per day times 20 years equals a 20 pack/years habit.)
- Have one additional risk factor, including radon or occupational exposure, or a history of smoking-related cancer, lung cancer, COPD or pulmonary fibrosis

To schedule a lung cancer screening, call 410-955-LUNG (5864). For more information about the lung cancer program, visit hopkinsmedicine.org/lungcancerprogram.

Stroke Prevention Research Targets Carotid Artery Blockage



Stroke is the fifth leading cause of death in the United States. Yet, according to the National Stroke Association, up to 80 percent of strokes are preventable. Johns Hopkins vascular surgeon Mahmoud Malas, M.D., has been working with other experts across the nation to improve stroke prevention efforts for those most at risk.

Most strokes occur when blood flow to a portion of the brain is blocked. One place this often happens is in the carotid artery. The Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis (CREST-2) study looks at people who have narrowing of the carotid artery, but no other stroke symptoms. Researchers offer these patients extensive medical treatment to help control their risk factors for stroke. "Over the last decade, we have seen remarkable advancements in the medical management, surgery and minimally invasive stenting to treat carotid artery narrowing," explains Dr. Malas. "The purpose of CREST-2 is to identify the most effective approach in preventing stroke."

CREST-2 Study Participants Needed

Are you eligible to participate in the CREST-2 study for people with narrowing of the carotid artery? Researchers are now recruiting men and women who:

- Are 35 years and older.
- Have narrowing (70 percent or greater) of at least one of their carotid arteries.
- Lack other serious medical complications.

Call 410-550-1355 or visit crest2trial.org to find out more and enroll.

Johns Hopkins Bayview Serves Community as a Trauma Center

Did you know that Johns Hopkins Bayview is a Level II Trauma Center? The Medical Center is one of nine adult trauma centers in Maryland designated by the Maryland Institute for Emergency Medical Services Systems. This means that we are committed to providing the best possible trauma care to all seriously injured trauma patients.

The Johns Hopkins Bayview Trauma Center sees approximately 2,400 patients annually, serving Baltimore city, as well as Baltimore, Harford and Cecil counties. Our trauma patients arrive via ambulance or helicopter. They mostly include victims of motor vehicle crashes, falls, industrial accidents or acts of violence. The Medical Center also houses adult and pediatric emergency departments, as well as Maryland's only regional adult burn center.

911 Coordinated Response
At Johns Hopkins Bayview, trauma care starts with the 911 call and continues throughout the entire hospital admission. The impending arrival of a trauma patient triggers a coordinated in-hospital response by a special trauma team.

Other Trauma Centers within Johns Hopkins Medicine include The Johns Hopkins Hospital, which is a Level I Adult Trauma Center; Suburban Hospital, which is a Level II Adult Trauma Center; The John

Hopkins Hospital Pediatric and Burn Trauma Center; and the Wilmer Eye Institute, which is designated as Maryland's Eye Trauma Center.

Community Education
Another important aspect of Johns Hopkins Bayview's Trauma Center is ongoing community education to prevent injury. Efforts focus on fall prevention, helmet use, distracted driving and seatbelt use.

Welcome New Physician

Julius Oni, M.D., joins the Department of Orthopaedic Surgery. He specializes in hip and knee replacement surgery, and disorders of the hip and knee.



Julius Oni, M.D.
Orthopaedic Surgeon

To schedule an appointment, call
443-997-BONE (2663).

Heartburn's Hidden Cancer Risk

For most of his life, Tom Holste had lived with heartburn. Although he filled his days on Kent Island fishing, boating and spending time with his girlfriend and their rescue Labrador, his nights were spent sitting upright to avoid the acid reflux he got whenever he laid down. He didn't think there was much he could do about the pain, so he made do as well as he could for over a decade, cutting out alcohol, acidic and spicy foods and taking over-the-counter antacids. Then Holste learned that the years of acid reflux had taken more of a toll than he thought: he had esophageal cancer.

Most people with heartburn treat it as an annoyance—something to be tolerated or handled with over-the-counter medication. However, over time gastroesophageal reflux disease, or GERD, can cause a condition called Barrett's esophagus, as the body replaces the esophagus's lining with tissue similar to the small intestine. For most patients,

this condition requires monitoring by a gastroenterologist. In some cases, like Holste's, Barrett's esophagus can turn into esophageal cancer, explains Marcia "Mimi" Canto, M.D., M.H.S., director of clinical research for the Division of Gastroenterology.

First Good Sleep in Years

Holste's case was unusually challenging. "Three doctors said I wasn't a candidate for surgery," he recalls. But he immediately trusted Dr. Canto. "She was the first doctor I felt truly cared about me and my problem." After surgery in 2013 to treat a hernia and prevent the rising stomach acid from reaching his esophagus, Holste was able to lie down and get a good night's sleep for the first time in years. Shortly afterward, he and Dr. Canto began the years-long process of treating his Barrett's esophagus with endoscopic ablation, a process that uses cold, heat or lasers to damage the Barrett's esophagus and stimulate normal tissue growth.

Marcia Canto, M.D.
Director of clinical research for the Division of Gastroenterology



Tom Holste at home with his dog, L.J.

Holste particularly appreciated the way Dr. Canto explained the process and goals to him, as well as little things like scheduling treatments around his yearly deep-sea fishing trips to Cabo San Lucas, allowing him some rest and relaxation during the marathon treatment plan. Last November, Holste celebrated his 60th birthday there with friends and family, doing what he loves most: catching very large fish from very small boats.

The Final Treatment

In February 2016, Holste had his last treatment. Although he'll have checkups for several years to catch any possible recurrences, he is confident about the future. "After 13 years of



For more information or to schedule an appointment, call 410-550-0790.

Stop Sepsis. Start Now.

What you
need to
know

Preventing Esophageal Cancer

Although only a fraction of people with GERD will develop health complications, explains Marcia “Mimi” Canto, M.D., M.H.S., “it’s not normal to have recurrent daily heartburn. Diagnosing Barrett’s esophagus and treating it before it can progress is a scientifically proven way to prevent cancer.”

Anyone with long-term reflux should make an appointment with their primary care provider instead of self-treating with over-the-counter medications. Consult with your primary care provider if you have GERD and the following risk factors:

- Five years or more of reflux symptoms
- GERD symptoms from a young age
- Obesity
- History of smoking

attempts with other doctors, I can’t say enough about Dr. Canto and her entire staff. I can’t express my gratitude,” he says. He recommends that anyone with long-term heartburn get checked, because he knows that “most people think heartburn’s just a hassle. They have no idea how dangerous it can be.”

—Martin Fisher



Watch Holste tell his story at hopkinsmedicine.org/jhbmc/patientstories.

Sepsis is a common and deadly disease, yet one of the least well known. It occurs when the body has a whole-body inflammatory response to an infection. The way a person’s organs react to that inflammation can quickly lead to organ failure or death, especially if it is not recognized early and treated promptly.

Any infection—even a minor one—can cause sepsis.

Understand Sepsis

Sepsis is the 10th leading cause of death in the United States. Awareness is our greatest tool to fight it. According to a recent study by the Centers for Disease Control and Prevention (CDC), almost 80 percent of patients developed sepsis out of the hospital. Sepsis is associated with any type of infection, including pneumonia, urinary tract infections, skin infections (such as cellulitis), and gastrointestinal infections (such as appendicitis and pancreatitis).

Suspect Sepsis

Sepsis is usually diagnosed from a combination of symptoms. Be on the lookout for common signs of infection like diarrhea, vomiting and sore throat, as well as these sepsis symptoms:

- Fever
- Confusion or delirium
- Rapid heartbeat
- Hyperventilation
- Warm skin
- Lethargy
- Skin rash
- Decreased urination

Act Fast

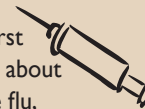
Anyone with possible symptoms of sepsis should get immediate medical attention. Treat it as a medical emergency. If you are continuing to get worse or are not healing after an infection, ask your doctor about sepsis.

—Sara Baker

How Can You Help Prevent Sepsis?

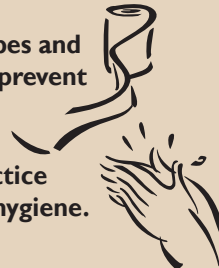
1 Get vaccinated.

Prevent infection in the first place. Talk to your doctor about getting vaccinated against the flu, pneumonia and other infections that can lead to sepsis.



2 Clean scrapes and wounds to prevent infection.

3 Always practice good hand hygiene.



4 Don't wait.

If you have an infection, look for the signs and symptom of sepsis. Seek immediate medical attention if you develop any of them.



5 Educate yourself.



For more information about sepsis, visit hopkinsmedicine.org/healthlibrary or cdc.gov.

“I Felt Like a Woman Again”

Reconstructive surgery helps breast cancer survivors heal

Dawn's Story

In June 2015, Dawn Gavlinski had a normal mammogram. So when bruises the size of a thumb showed up under her left arm a few months later, she chalked it up to a tight bra.

“I thought it was digging into me,” the 52-year-old Edgewood resident says. “But then my lymph nodes were also swollen.”

Gavlinski, who had previously had cysts in her dense breasts, began wondering if a former cyst had returned. In October, after an ultrasound and biopsy, Gavlinski learned the source of her symptoms: she had stage two breast cancer.

Weeks of chemotherapy at Johns Hopkins Bayview Medical Center helped to shrink the tumor. She decided to have both breasts removed and reconstructed at Johns Hopkins Bayview's Breast Center.

Breast Reconstruction in the 21st Century

At the Johns Hopkins Breast Center, breast surgeons work together with plastic and reconstructive surgeons to provide multidisciplinary care and the latest surgical and reconstructive options for patients with breast cancer, including nipple-sparing mastectomies; three-

dimensional nipple reconstruction and tattoos; autologous reconstruction that uses a patient's own tissue to rebuild the breast; and tissue expanders and implants.

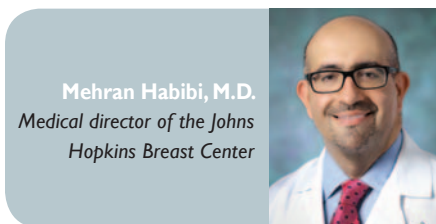
“The technical expertise that we have, along with constant communication with our patients, leads to excellent outcomes,” says Mehran Habibi, M.D., medical director of the Johns Hopkins Breast Center on the Johns Hopkins Bayview campus.

“We treat each patient individually,” adds Kristen Broderick, M.D., assistant professor of plastic and reconstructive surgery. “Their reconstruction is based on what's important to them and their body shape.”



Dawn Gavlinski enjoys spending time in a waterfront park near her home.

Most breast reconstruction takes place in stages. Women often are able to begin their reconstruction immediately at the time of their mastectomy. Tissue expanders—inflatable breast implants designed to stretch the skin and muscle to make room for a more permanent implant—are usually inserted at the time of the mastectomy. Dr. Broderick gradually filled Gavlinski's expanders with a salt-water solution for several months. She received her implants in August.



Mehran Habibi, M.D.
Medical director of the Johns Hopkins Breast Center



Kristen Broderick, M.D.
Plastic and reconstructive surgeon



Sue Burrs finds support from her husband.

“I felt like a woman again,” Gavlinski says. “I felt whole.” Eventually, Dr. Broderick will transfer fat from Gavlinski’s body to her breast skin to fill out the shape. “Dr. Broderick is very thorough,” Gavlinski says. “She wanted my breasts to look as natural as possible.”

Sue’s Story

Sue Burrs, a 44-year-old Pennsylvania resident, also opted for staged breast reconstruction after

Dr. Habibi performed her double mastectomy. As soon as Dr. Habibi was done, Dr. Broderick took over to insert the tissue expanders.



Dr. Broderick reassures Sue Burrs during her treatment journey.

After the mastectomy, Burrs says the emotional toll of losing her breasts finally hit her.

“I didn’t feel feminine,” she says. “And I had some depression and anxiety. But each time Dr. Broderick filled my expanders, I started to feel like my old self again.”

Burrs received her implants in September. In a few months, she plans to have a three dimensional nipple built using her own tissue.

A Natural Look

“They can make the nipple look so real, you don’t even know that it’s fake unless you touch it,” Burrs adds. “It’s amazing.”

That level of detail, combined with the surgeons’ expertise and personal attention, is why Burrs and Gavlinski say they chose the Breast Center for their reconstruction.

“It takes me about an hour to get here, but it is well worth the drive,” Burrs says. “I’m healing nicely.”

“The doctors and nurses are all about hearing what I have to say, how I feel and what I want to do,” adds Gavlinski.

—Allison Eatough

The Johns Hopkins Breast Center on the Johns Hopkins Bayview campus offers several reconstructive breast surgeries, including:

- Oncoplastic surgery – Combines the latest plastic surgery techniques with breast surgical oncology, allowing a lumpectomy to be performed and then remaining breast tissue to be sculpted into a natural-looking breast.
- Tissue expanders
- Implants (saline and silicone)
- Deep inferior epigastric artery perforator (DIEP) flap – Takes skin and tissue from the abdomen to recreate the breast.
- Superficial inferior epigastric artery (SIEA) flap – Uses fat, blood vessels, nerves and skin from the lower abdomen to create breast tissue.
- Superior gluteal artery perforator (SGAP) flap – Takes tissue from the top of the buttocks to create breast tissue.
- Transverse upper gracilis (TUG) flap – Uses tissue from the inner upper thigh near the natural groin crease, as well as the “gracilis” muscle, to create breast tissue.



To schedule an appointment with the Johns Hopkins Breast Center, on the Johns Hopkins Bayview campus, call 410-550-8282.



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Skin Deep

Scar Revision Clinic provides relief for severe scarring

A scar—whether caused by an accident or surgery—is the body’s natural way of healing lost or damaged skin. Scars can appear anywhere on the body, and can look flat, lumpy, sunken or discolored. They may be painful or itchy. They usually fade over time, but never go away completely.

“Most people consider scars a cosmetic issue, but for others, scars may restrict movement in the skin and affect a person’s ability to function,” says Julie Caffrey, D.O., acute and reconstructive burn surgeon. “If you have scarring that limits your daily activities, you may want to consider scar revision.”

The Scar Revision Clinic at Johns Hopkins Bayview provides relief for severe scarring through

compression, silicone and laser treatments. Although it can’t erase the scar completely, treatment can improve the appearance of a scar, reduce pain and improve movement by making the surrounding skin softer and more elastic.

“We work with each patient to come up with a treatment plan that will provide the best results possible,” says Dr. Caffrey. “Often, it includes a combination of treatments.” (see below)



Julie Caffrey, D.O.
Acute and reconstructive
burn surgeon

—Meghan Rossbach

Scar Treatment Options

Compression garments apply pressure and reduce blood flow to the scarred area, which can reduce the thickness and minimize the appearance of your scar. Garments also can relieve the itching, burning and pain.

Silicone sheets act like an extra layer of healthy skin on your scar. The silicone hydrates and softens the scar tissue, which can improve its appearance or, in some cases, cause it to fade.

Laser therapy uses state-of-the-art technology to improve the elasticity of skin. Scars react by gradually flattening and softening. Dark scars tend to lose some of their pigment and, in many cases, lighten up to better match the surrounding skin. Many scars also become less red, swollen and itchy.

Surgery may be necessary depending on how complex the scar is. Options may include excision (cutting out the scar), revision and/or tissue expansion.

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