

Johns Hopkins Bayview

health & wellness

Need Hip, *Will Travel*

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JOHNS HOPKINS
MEDICINE

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**THERE IS A CURE
FOR HEP C**

We're here to help.

Johns Hopkins Viral Hepatitis Center

Hepatitis C (Hep C) is a viral infection that causes liver disease and can lead to serious liver damage or failure.

It is mostly spread through infected blood, but can also be transmitted through sexual activity or from an infected mother to her baby. Most people don't know they have Hep C because they don't have symptoms and screening tests are not offered during routine medical care.

Hep C is diagnosed with a simple blood test to determine if an individual has been exposed to the infection. A second blood test confirms the presence or absence of the virus. Thanks to advances in medication options, many patients with Hep C can be cured. The common course of treatment is antiviral medications for 8 to 12 weeks, which can result in no trace of the virus in your body or a total cure. Your provider will determine a treatment plan based on your liver disease.

If you think you have been exposed to Hep C, the providers of the Johns Hopkins Viral Hepatitis Center can help.

To schedule an appointment, call 443-997-1900.

A Woman's Journey

Join us for Johns Hopkins Medicine's 24th annual women's health conference.

**Saturday, November 10
Baltimore Hilton Hotel
8:15 a.m. to 4:30 p.m.**

Enjoy two keynote speakers and your choice of four out of 32 seminars featuring Johns Hopkins Medicine experts. After lunch, attend Coffee with the Experts, which provides conference attendees with access to additional Johns Hopkins Medicine physicians.

Register by August 31 to save 10 percent off the regular registration fee of \$145.

For more information, call 410-955-8660 or visit hopkinsmedicine.org/awomansjourney/Baltimore.

Lectures include:

- Coping with the News Cycle
- Kidney Disease in Women of Color
- Strategies to Treat Pain Without Addiction

7th Annual William S. Perper Symposium

Depression, Trauma, Addiction:

Demystifying Demons

This free symposium will focus on individuals and families impacted by depression, trauma or addiction, and those who care for them.

Thursday, November 8, 2018

8 a.m. to 2 p.m.

Preston Hall
25 W. Preston Street
Baltimore, MD 21201

For more information, call 410-550-1118 or email perper@jhmi.edu.

Welcome New Physicians



Shruti Chaturvedi, MBBS, joins the Division of Hematology. She specializes in the care of adults with anemia, bleeding disorders, thrombocytopenias and thromboembolic disease.

Shruti Chaturvedi, MBBS
Hematologist

To schedule an appointment, call 410-955-3142.



Robert Naclerio, M.D., joins the Department of Otolaryngology-Head and Neck Surgery. He specializes in sinusitis, allergic rhinitis, deviated septum and nasal obstruction.

Robert Naclerio, M.D.
Otolaryngologist

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



James Clark, MBBCh, joins the Department of Otolaryngology-Head and Neck Surgery. He specializes in head and neck cancers, as well as diseases and disorders of the ear, nose and throat.

James Clark, MBBCh
Otolaryngologist

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



Debraj "Raj" Mukherjee, M.D., joins the Department of Neurosurgery as director of neurosurgical oncology. He specializes in the treatment of patients with primary and metastatic brain lesions.

Raj Mukherjee, M.D.
Neurosurgeon

To schedule an appointment, call 410-955-6406.

A Life-Changing Mission

Meet Johns Hopkins Burn Center director, Dr. C. Scott Hultman

The Johns Hopkins Burn Center and the Department of Plastic and Reconstructive Surgery welcome Burn Center director, C. Scott Hultman, M.D., MBA, FACS. Dr. Hultman specializes in burn treatment and reconstruction, aesthetic surgery and surgery of the hand. As the Burn Center director, he will oversee the clinical operations of the adult burn unit at Johns Hopkins Bayview Medical Center and develop a burn reconstruction program for adults and children.

What drew you to burn care?

I like the long-term relationship that a care team forms with each burn patient. Burn care is a specific specialty of plastic surgery that combines clinical care, research and teaching. When talking about burn care, I like to think of the 'six Rs': **rescue**—removing the patient from the harmful situation; **resuscitation**—providing clinical care after the initial trauma; **resurfacing**—surgically treating the

wounds and applying skin grafts; **rehabilitation**—helping the patient to relearn activities of daily living; my subspecialty, **reconstruction**—restoring the skin's appearance, function and comfort; and finally **recovery**—holistically approaching a patient's emotional and spiritual care. It's a joy to save a patient's limb, or even life, and then continue to be part of their ongoing care.



C. Scott Hultman, M.D.,
MBA, FACS
Director, Johns Hopkins
Burn Center

How does the multidisciplinary team approach impact the outcomes for burn patients?

The most important factor contributing to a patient's outcome has been the evolution of team-based care. One burn surgeon cannot do all work

physically, nor do they have the expertise to manage all aspects of critical care. In order for treatment to be successful, we rely on coordinated, collaborative efforts of the individuals that make up the team, such as nurses, anesthesiologists, dietitians, social workers, occupational and physical therapists, respiratory therapists, psychologists, spiritual care experts and family members.

What sets the approach of the Johns Hopkins Burn Center apart from other institutions?

The Johns Hopkins Burn Center plays a unique role. We serve our local community as the state of Maryland's only regional adult burn center, but we also draw international patients with our world-renowned expertise and research. Areas of research that I am interested in include the management of chronic pain after a burn injury, the role of pastoral care for burn patients, and laser remodeling of scars.

The Power of Yoga for Burn Recovery

Burn contractures (raised, red scars) can greatly limit function and participation in rehabilitation for burn survivors. To prevent contractures from forming, physical and occupational therapists use traditional burn rehabilitation methods—stretching the skin to make the joint more mobile. This can be painful, leaving patients reluctant to participate.

In hopes of easing the rehabilitation process, Brooke Dean, DPT, a physical therapist at the Johns Hopkins Burn Center, conducted a research study on the power of yoga for patients with cervical spine and upper

extremity burn scar contractures. Dean's study focused on incorporating yoga poses with traditional burn rehabilitation to improve patients' range of motion and function.

Dean has also noticed that her patients have become more independent in their self-care and are more willing to participate in the rehabilitation process.

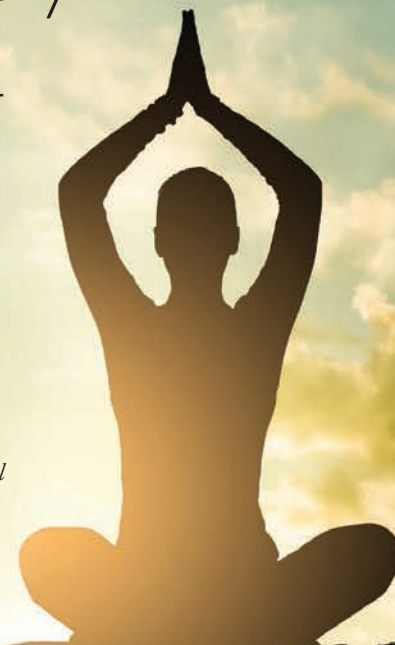
"Patients are more inclined to do their stretches outside of rehabilitation when yoga is involved," says Dean.

Dean presented this research at the American Burn Association's 50th Annual Meeting, where she won best in category for reconstruction/rehabilitation and third place overall.

—Emily Dressel



The Johns Hopkins Burn Center provides a comprehensive, nationally recognized program of care for patients with burn injuries. To learn more, visit hopkinsmedicine.org/burn.



Need Hip, *Will Travel*

Patient finds healing through employer's partnership with Johns Hopkins

Walt Walworth was unloading Christmas trees at his job in Bradenton,

Florida, when he heard a “pop.”

“I thought I pulled a groin muscle,” he says. “I just took it easy for a few weeks and hoped it would get better.”

After months of no relief, Walworth went to his primary care doctor only to learn it was his hip—not his groin—that made the awful noise. He was diagnosed with avascular necrosis, or loss of blood supply to the bone, which causes bone tissue to die and eventually collapse. The disease affected both of his hips, but his right hip was more damaged and causing the most pain.

As a department manager at Lowe's, Walworth would walk up to 12,000 steps a day from one end of the store to the other. Now, he was hardly able to walk any distance without assistance.

“I used a cane for six months,” he says. “Then, the pain got so bad that I needed a motorized scooter to get around. That's when I knew it was time for surgery.”



Walt Walworth stepping up his game with the help of his physical therapist Fin Mears.

Negotiating Alliance (PBGH). Under this plan, when employees of Lowe's and Walmart choose to have knee and hip replacement surgeries at a Center of Excellence, they do not incur any costs. Consultations, care, travel and lodging are all covered at 100 percent.

“When I was told that I could choose from four hospitals to have my surgery, I knew I wanted the best,” says Walworth. “That's why I chose Johns Hopkins.”

In February 2014, he came to Johns Hopkins Bayview for total hip replacement surgery with Paul Khanuja, M.D., chief of adult reconstruction—hip and knee replacement surgery.

“With the extent of damage to Walt's hip, the only surgical option was a hip replacement,” says Dr. Khanuja. “It's a life-changing procedure in patients, especially those with advanced avascular necrosis.”

Walworth returned to Florida less than a week after his surgery. Twelve weeks later, he was back to work and relatively pain free.

“I went from relying on a motorized cart to being fully functional,” he says. “It really was unbelievable.”

Traveling for Care

As a Lowe's employee, Walworth had the benefit of the Pacific Business Group on Health



For more information about joint replacement surgery at Johns Hopkins Bayview, visit hopkinsmedicine.org/jhbmc/ortho or call 410-550-0453.

Paul Khanuja, M.D.
Chief of adult reconstruction—
hip and knee
replacement surgery



Second Time Around

In the fall of 2017, Walworth, now a manager at a Pittsburgh Lowe's, began to experience similar symptoms in his left hip. He was able to manage the pain with medication and used a cane for stability.

"I knew I was going to need another hip replacement," he says. "I had such a good experience with Dr. Khanuja the first time that I knew I wanted to go back to him."

Walworth returned to Johns Hopkins Bayview in March 2018 for a total replacement of his left hip. While this procedure was less complex than the first, his experience was similar. He returned home less than a week after his surgery and continued physical therapy at an outpatient facility. Three months later, he was back to work.

"My doctors couldn't believe how well I was doing after this surgery," Walworth says. "I owe it all to Dr. Khanuja and the incredible care of his team. From the moment I walked into the hospital, they took care of everything. I didn't have to worry about a thing."

—Meghan Rossbach

Joint Replacement: *Why Did I Wait?*

Dundalk, Maryland, resident Charles Maykrantz waited several years before seeing a doctor about his knee pain. After a year and a half of cortisone shots, he finally decided to have his first knee replacement surgery in May 2017. He had his right knee replaced in March 2018.



Hear about Maykrantz's experience and #WhyDidIWait at hopkinsmedicine.org/jhbmcpatientstories.

A Hip Homecoming

The Wenz Orthopaedic Unit welcomed and celebrated the return of Walt Walworth—affectionately called "PBGH Patient #1"—in March. He was the first patient to receive joint replacement surgery at Johns Hopkins Bayview as part of the PBGH program. Through the years, he kept in touch with Dr. Khanuja and other staff members, so his return was a bit of a homecoming. Two days after his second surgery, the orthopaedics team gathered to celebrate the return of "Patient #1" and his successful joint replacement.



The orthopaedics team celebrates Walt Walworth's homecoming.

A New Look at Life

After a decades-old procedure malfunctioned, surgery partially restores patient's lost sight

Packing for her anniversary trip to Playa del Carmen gave Mary Catherine Derin a migraine, or so she thought. It wasn't until she passed out on the floor of the plane en route to Mexico that she realized there might be more behind this particular headache. As her summer 2017 trip progressed, Derin grew dizzy and ultimately lost mobility, landing her in an emergency department 3,200 miles away from home.

Derin, a lifelong fitness enthusiast, yoga instructor and wellness coach, returned to Maryland and was admitted to the hospital, where she was diagnosed with Guillain-Barré syndrome (GBS), a rare disorder in which the body's immune system attacks part of the peripheral nervous system. She found herself first weak and tingly, then later paralyzed, puzzling her doctors with a sudden onset of intermittent blindness.

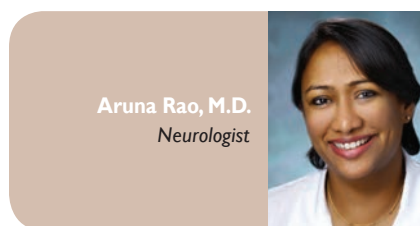
A Rare Complication

After several weeks of inpatient care with no improvement, Derin's husband Tony requested a transfer to Johns Hopkins. Doctors at Johns Hopkins Bayview Medical Center quickly realized that an all-but-forgotten shunt in her brain, which had been placed to alleviate excess fluid when Derin was five days old, had malfunctioned. Although Derin displayed common symptoms of shunt malfunction for several years—headaches, blurred vision, neck and back pain—she had attributed them to the aches and pains of aging, not to her shunt. Completely unrelated to her GBS, the malfunctioning shunt



Mary Catherine Derin is seeing life in a whole new light after her treatment.

was causing pressure on her brain and ultimately impacting Derin's optic nerves, leaving her completely blind at the time of her surgery.



Aruna Rao, M.D.
Neurologist

"Whenever we see a patient who presents with headaches or vision changes, we consider the possibility of a change in pressure of the cerebrospinal fluid," says neurologist Aruna Rao, M.D. "This would indicate to us that the fluid surrounding the brain and spinal cord is altered or restricted, putting the patient at risk for severe

harm. We never stop until we find an answer, and we were very satisfied to be able to restore Mary Catherine to good health."

After surgery, Derin slowly regained partial vision and began rehabilitation at Johns Hopkins Bayview to regain some strength and improve her mobility, ultimately heading home after a five-week stay. She continued briefly with therapy at home, and is now relishing her improving skills in everyday tasks that were once so routine for her: doing laundry, getting the mail, dialing the phone and walking her dogs. Her recovery from GBS is impeded by her limited vision; Derin has no depth perception or peripheral vision, and sees only in low light, as if the world were "candlelit." Relearning to take steps safely outside or walking down a flight of stairs at home can be difficult, but Derin is tackling her new life with a joyful spirit and an open mind.

The "New Normal"

Now dedicating herself to a new role as a blogger, social networker and small business advocate, Derin is grateful for her new life and the perspective it has brought to her and her family. She uses her trademark sense of humor to get through any stumbles in her "new normal" life, and focuses on "turning any obstacles into detours instead." She credits her care team at Johns Hopkins Bayview with recognizing her rare complication and restoring much of her vision.

—Monica Stone



To learn more about Johns Hopkins neurology and neurosurgery services, visit hopkinsmedicine.org/neurology_neurosurgery.

Home Remedies for Osteoarthritis

Arthritis suffers from an identity crisis. First, it's not just one disease but a collection of several conditions related to joint pain. And it doesn't only affect older people. According to the Centers for Disease Control and Prevention, more than 54 million people in the U.S.—or one in four—are living with it. Two-thirds of those are under 65, including an estimated 300,000 children.

Osteoarthritis (OA) is the most common form. It is an irreversible disease that can affect any joint but occurs mostly in knees, hips, lower back and neck, and small joints of the fingers. "Osteoarthritis is usually described as wear-and-tear arthritis," says Rebecca Manno, M.D., a rheumatologist at the Johns Hopkins Arthritis Center. "Prior injuries and repetitive movement contribute to OA, along with age."

The primary therapy for OA continues to be pain control to maximize function. "You can treat symptoms to help maintain function and minimize the pain," says Dr. Manno. She offers some effective at-home remedies:



1 / Heat or Cold

A hot pad or compress relaxes muscles and lubricates joints. An ice pack can reduce inflammation, swelling and pain.

2 / Topical, Menthol-Based Patches

Use over-the-counter therapies with menthol, lidocaine and aspirin. Your doctor may prescribe a compounded gel or cream.

3 / OTC Pain Killers

Acetaminophen or anti-inflammatory drugs such as ibuprofen can relieve mild to moderate pain. Consult a doctor before taking.

4 / Footwear

Choose well-fitting shoes with arch support.

5 / Braces/Support

During activity, use a compression sleeve for elbows or knees to help minimize overextension.

6 / Exercise

Exercise strengthens the muscles around the joints, taking strain off the joint itself. Low-impact, but not necessarily low-intensity, exercise is preferred. Examples include walking, swimming and yoga.

7 / Supplements

Fish oil and turmeric can reduce systemic inflammation.

8 / Massage

Massage relaxes muscles around joints and decreases discomfort.

9 / Epsom Salt Baths/Paraffin Treatments

Soaking in warm water or with a hot paraffin treatment stimulates circulation. The magnesium in Epsom salt may reduce inflammation.

10 / Restorative Sleep

Give your body time to heal by getting at least seven to nine hours of sleep each night.

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To learn more about the Johns Hopkins Arthritis Center, visit hopkinsarthritis.org.



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CELEBRATING
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SCHOOL OF MEDICINE
WHERE TRADITION MEETS INNOVATION

This year marks the 125th anniversary of the Johns Hopkins University School of Medicine. Ties with the School of Medicine run deep at Johns Hopkins Bayview Medical Center; all Medical Center physicians are full-time School of Medicine faculty members.

Toward the end of the 19th century, most medical schools were little more than trade schools. Often, it was easier to gain admission to medical school than to a liberal arts college. The opening of The Johns Hopkins University School of Medicine in 1893 ushered in a new era marked by rigid entrance requirements, a curriculum with emphasis on the scientific method, and the incorporation of bedside teaching and laboratory research. We carry on these traditions today.



This historical photo of a chemistry lab from 1910 shows what research used to look like at Johns Hopkins.

Patient Care

Our approach to patient care has evolved so much over the past 125 years. Gone are the days when a physician handed out orders in relative isolation. Today, patients benefit from the expertise of physicians, nurses, social workers, techs, pharmacists, physical therapists, anesthesiologists,

nutritionists, chaplains and many others, who all have a voice in multidisciplinary care teams. It makes for better patient care, and for a more collaborative environment.

Education

About 200 residents and fellows are on the Medical Center campus each day, along with 100 medical students who rotate through campus each year. Each of them is taught the importance of focusing

on the patient as a person, not as an illness. This personalized approach can be seen in programs like the Aliko Initiative and Medicine for the Greater Good.

Research

In fiscal year 2017, Johns Hopkins Bayview researchers

were awarded \$105 million in research grants. Johns Hopkins Bayview physicians focus on many areas of research, including addiction, allergy, asthma, autoimmunity, COPD, dementia, diabetes and obesity, lung cancer, stroke and neurological disease, sleep, and burn and wound care. Research findings on this campus are changing the way we care for patients, and improving the lives of people in our neighborhood and around the world.

—Sara Baker

Johns Hopkins Bayview health & wellness

Johns Hopkins Bayview Medical Center
410-550-0100, TTY 410-550-0316
hopkinsmedicine.org/jhbmc

Editor:
Sandy Reckert-Reusing
Senior Director, Marketing and Communications

Managing Editor:
Sara Baker
Associate Director, Marketing and Communications

Design:
Cindy Herrick

Photography:
Cindy Herrick & Keith Weller

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To watch a video celebrating the School of Medicine at Johns Hopkins Bayview, visit hopkinsmedicine.org/jhbmc/som125.