

# JOHNS HOPKINS Surgery

NEWS FROM THE JOHNS HOPKINS  
DEPARTMENT OF SURGERY

WINTER 2020



## Johns Hopkins Opens One of the **Largest** **Ambulatory Surgery Centers in Maryland**

The newest facility at Johns Hopkins Health Care & Surgery Center — Green Spring Station is home to expanded medical services and a variety of surgical procedures.

The majority of surgeries that take place at The Johns Hopkins Hospital are outpatient procedures, totaling nearly 25,000 operations a year. Now, many such procedures can take place in Pavilion III of the Johns Hopkins Health Care & Surgery Center — Green Spring Station. This new facility includes one of the largest surgery centers of its kind in Maryland.

The 110,000-square-foot, three-story building offers a wealth of surgical services, says **John Hundt**, chief administrative officer of surgery. These include minimally invasive general surgery, breast surgery, endocrine surgery and pediatric general surgery. Many of these services are being offered for the first time on the Green Spring Station Campus, a six-building health care and surgery facility located in Baltimore County, Maryland.

“We have the same quality of services that we provide at The Johns Hopkins Hospital with added convenience for many patients,” Hundt says.

Research suggests that procedures at ambulatory surgery centers can be performed at a lesser cost, often providing significant savings for insurance companies and patients who pay co-insurance. “It’s a good value for patients and payers alike,” Hundt says.

Research also shows that surgeries at ambulatory surgery centers like Pavilion III are as safe as those within traditional hospitals — data that’s compelled many providers to gradually phase out reimbursement for certain procedures at hospitals in favor of these facilities.

Additionally, the new clinical space improves the hospital’s ability to take on more complex cases. With more outpatient surgeries taking place off campus, operating rooms at the hospital will have greater capacity to take on neurosurgeries, cardiac surgeries and solid organ transplants, among others.

Because Johns Hopkins Health Care & Surgery Center — Green Spring Station houses a host of providers from across medical disciplines, including primary care, the campus can offer a true continuum of care, Hundt says. Patients may be able to receive referrals for outpatient procedures on the same familiar campus where they receive their primary and other care. ■



The surgery center, pictured here, is part of a six-building health care and surgery facility located in Baltimore County, Maryland.



TO REFER A PATIENT,  
CALL 443-997-1508.

# Same-Day and Next-Day Consultations Offered by Johns Hopkins Surgeons

The expedited appointments allow patients to quickly see a surgical expert at several Johns Hopkins locations in Maryland, including The Johns Hopkins Hospital, the Johns Hopkins Health Care & Surgery Center — Green Spring Station, Johns Hopkins Bayview Medical Center, Howard County General Hospital and Suburban Hospital. The goal is to schedule consultations for the same day when requests arrive before noon. For later requests, appointments are made for the following day.

“Fundamentally, the system helps us resolve a patient’s condition more efficiently,” says **David Efron**, chief of acute care surgery at The Johns Hopkins Hospital. “It’s also a great option for primary care physicians who are concerned about the urgency of a patient’s case but don’t think it dictates a trip to the emergency department.”

The scheduling system identifies shorter time slots available on surgeons’ calendars — perfect for patient consultation appointments.

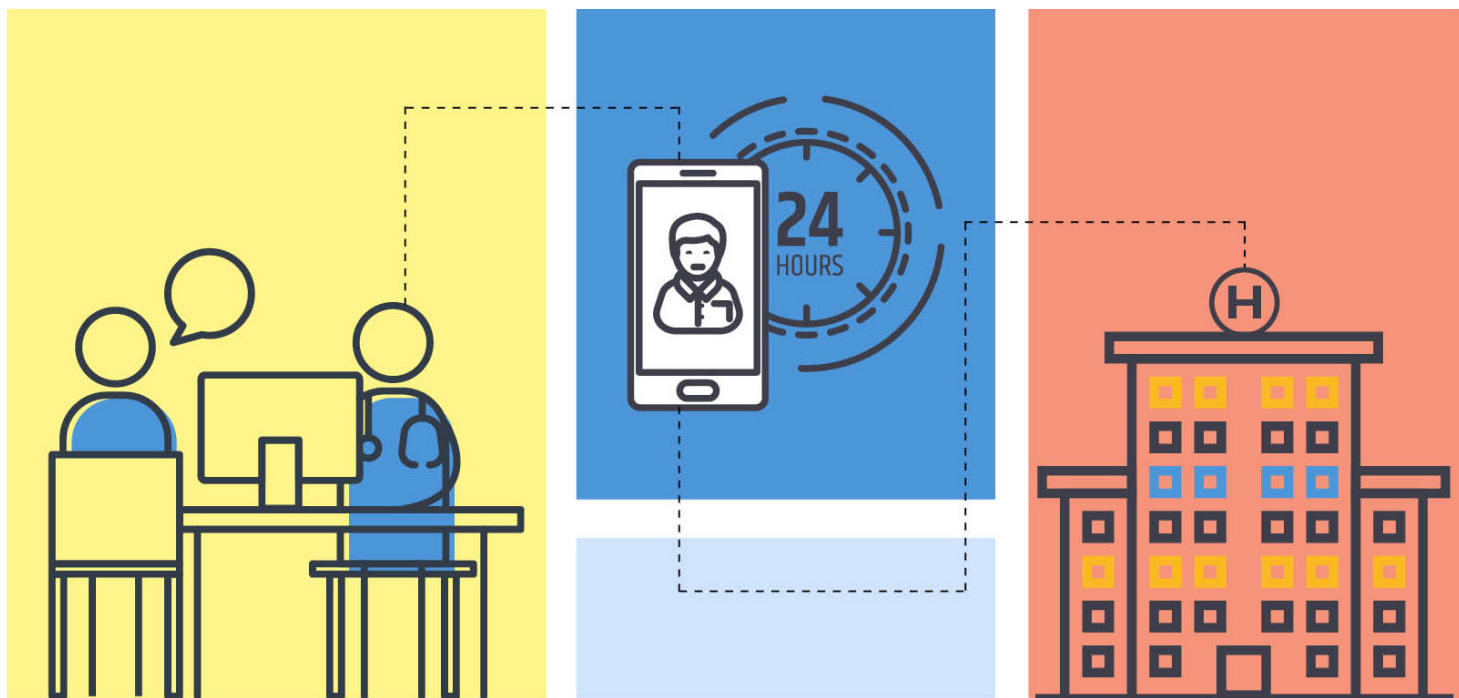
For some patients, the more efficient system spares them time in discomfort or pain, as well as money, by avoiding the emergency department. “In some cases, like an incarcerated inguinal hernia, the surgical evaluation will determine the urgency of the situation,” says

Efron. “For truly emergent cases, we can triage the patient and send them to the ED ready for surgery. For others, we can turn an expensive ED visit into an elective surgery performed within a day or two.”

Efron explains that the system works best for simple, common problems, such as gallstones and other gallbladder problems; lumps and bumps, including lipomas, boils, cysts and skin tags; and straightforward incisional, inguinal or ventral hernias. “It isn’t designed for more complex issues like cancer that require fuller work-ups,” he says. It also is not for direct referrals.

To set proper expectations, Efron clarifies that not every patient leaves with a surgery date in hand, especially if another diagnostic test is needed first. “But,” he says, “the general rule of thumb applies: The sooner you see the surgeon, the sooner your surgery will be.” ■

CALL 443-997-1508 FOR A SAME-DAY OR NEXT-DAY SURGICAL CONSULTATION.



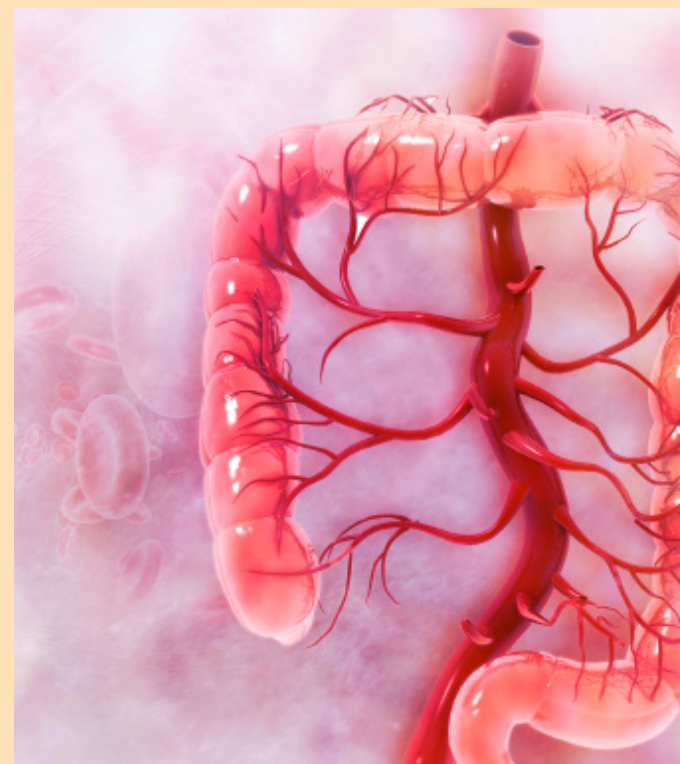
# A Comprehensive Approach for Children with Colorectal Disease

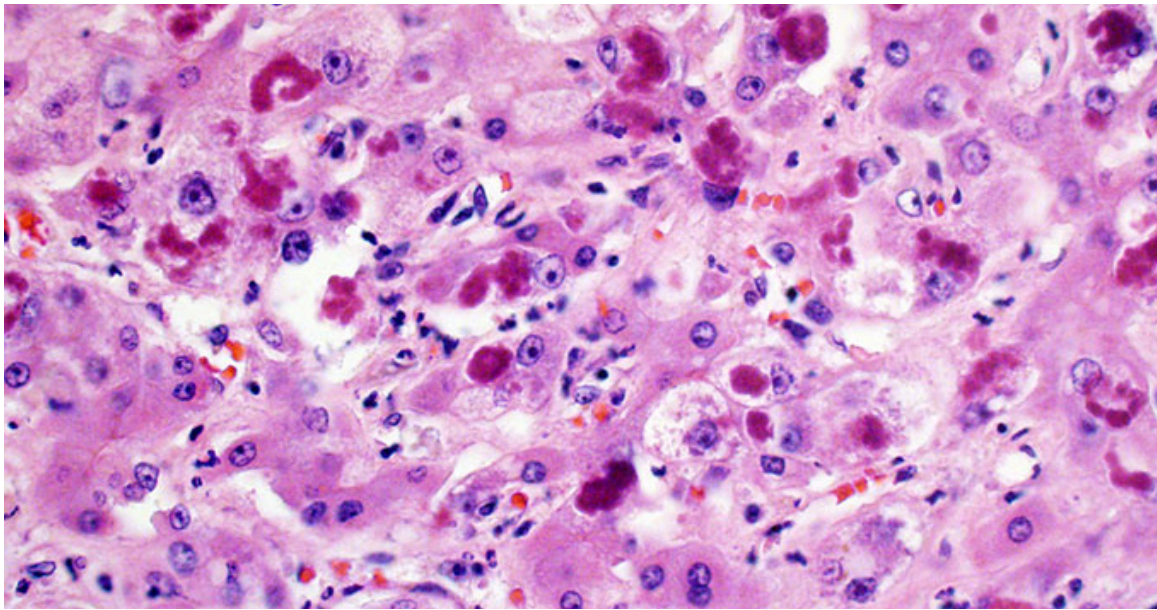
If you build it, they will come,” says a voice in the movie *Field of Dreams*. That has been true of the colorectal surgical center at Johns Hopkins Children’s Center and its multidisciplinary bowel management clinic. Unique in the Mid-Atlantic region, the center was established in 2016 to treat children and adolescents with congenital and acquired diseases.

“As soon as we opened our multidisciplinary bowel management clinic, it started filling up every single week,” says center co-director and pediatric surgeon **Isam Nasr**. He and fellow co-director and pediatric

surgeon **Alejandro Garcia** see two primary populations of patients through the center. One is children born with congenital malformations such as imperforate anus and Hirschsprung’s disease, in addition to those who have chronic constipation. The other is adolescents who develop acquired conditions such as inflammatory bowel disease, Crohn’s disease and ulcerative colitis.

“Congenital malformations are definitely a surgical problem — surgeons have to be involved in the management of these patients,” Nasr says. “Some patients require complex surgical care because





This histopathology slide shows extensive liver cell damage resulting from alcoholic hepatitis.

“It’s not a ‘Johns Hopkins thing’ to deprive people of an intervention just because it’s someone’s notion that they don’t deserve it. That’s not how we do things here.”

—ANDREW CAMERON



## Johns Hopkins Aims to Change the Way Alcoholic Hepatitis Is Treated in U.S.

**A**ndrew Cameron believes that a rule rooted in stigma has led to withholding lifesaving treatment for people with alcoholic hepatitis.

For decades, transplant centers in the U.S. have followed a guideline that requires patients to abstain from drinking alcohol for six months to be eligible for a liver transplant. With cadaveric donor livers in high demand, most transplant centers will not consider patients whose liver damage stems from recent alcohol use, a policy that, according to Cameron, amounts to a death sentence.

“We don’t make judgments like this in any other field of medicine,” says Cameron, chief of the Johns Hopkins University School of Medicine’s Division of Transplantation. “But because this unwritten rule says patients have to be alcohol-free for six months, it

appears those patients have been denied treatment that could very well have kept them alive.”

In two published review papers appearing in the *Journal of Intensive Care Medicine* and the *Journal of Hepatology*, however, Johns Hopkins researchers outline the case for giving liver transplants to selected patients with alcoholic hepatitis. Their argument is backed by data from a six-year pilot study at Johns Hopkins, and they’ve now received an \$8.4 million grant from the National Institutes of Health (NIH) to expand the study to even more patients with alcoholic hepatitis — including the creation of a tissue bank that’s currently being studied by more than 50 scientists nationwide.

The NIH grant will also support Cameron’s study of why some people who drink moderately would get alcoholic hepatitis.

“It’s puzzling that some people who probably wouldn’t be categorized as heavy drinkers get the disease,” he says. “We hope to learn about why that happens.”

Today, Johns Hopkins is one of the few centers in the U.S. that will consider liver transplants into alcoholic hepatitis patients whose sobriety does not reach the six-month threshold.

The six-month sobriety rule is based on stigma rather than science, Cameron says, citing the widely held medical opinion that alcoholism is a disease and that people who suffer from it need treatment.

“It’s not a ‘Johns Hopkins thing’ to deprive people of an intervention just because it’s someone’s notion that they don’t deserve it,” says Cameron.

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of the rarity of their disease, and benefit from having their operation in a tertiary referral center like ours. They also need to be followed by surgeons — sometimes for most of their lives. This is where the bowel management clinic is important, because if you leave these patients without follow-up, they can develop complications ranging from constipation to incontinence that can become so significant they are difficult to salvage.”

The weekly clinic at the high-volume center handles all necessary pre- and post-surgical services. Nurse practitioner **Margie Birdsong**, a certified wound ostomy and continence nurse, coordinates the care of patients and guides parents on how to perform enemas and titrate laxatives for children at home to help achieve continence. She also teaches them how to use instruments to dilate their child’s rectum after surgeries for imperforate anus, conducts biofeedback testing to measure the level of anal

rectal muscle control and prescribes at-home exercises to strengthen the muscle.

The clinic offers counseling help from psychologists as well. “Most families find it very helpful, especially during the potty training years,” says Birdsong. “For kids who are in school and having issues or potential accidents, it helps them to figure out ways of dealing with those issues.” The psychologists also help parents regulate their emotions around giving their child enemas or other treatments, she says.

Nasr and Garcia frequently discuss cases or share patient management with pediatric gastroenterologists, pediatric urologists and a pediatric nurse practitioner who directs a constipation clinic. Garcia also has been working with gastroenterologists and colorectal surgeons who see adults, to help transition older teenagers to their care.

In addition, Garcia and Nasr pursue research related to their patients. Garcia and pediatric

gastroenterologist **Carmelo Cuffari** are using contrast ultrasound to better assess if patients with Crohn’s disease will need surgery. Nasr has been working with pediatric psychiatrists tracking the psychological and functional outcomes of patients before and after management in the clinic. Other studies are following surgical outcomes in patients with imperforate anus.

Over time, the center has become a source of social support for affected patients and their families, adds Birdsong. A group of parents recently organized a gala fundraiser to support the care of patients with motility disorders. This past June, the center held a picnic on the hospital grounds where families and patients could meet each other in a more relaxed atmosphere. ■

TO DISCUSS A CASE OR REFER A PATIENT, CALL 443-997-5437.

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“That’s not how we do things here.”

According to Cameron, the dogma began to change in 2011, when the *New England Journal of Medicine* published a study by French researchers demonstrating excellent results in transplants of a small number of patients with alcoholic hepatitis. Today, he says, it is a fairly common practice in Europe.

Cameron stresses that, while the six-month guideline isn’t a factor at Johns Hopkins, patients do need to meet certain qualifications. Among them is their own insight into their alcoholism. Counseling, family support and active engagement are all part of the post-transplant recovery plan.

“This is for people for whom there is evidence of an ability to turn their life around,” Cameron says. “Before we agree to the transplant, we look at the patient’s family or other support systems and the patient’s commitment to change.” ■



TO DISCUSS A PATIENT CASE,  
CALL 410-614-2989 AND SPEAK  
TO A NURSE NAVIGATOR.



## Introducing the Johns Hopkins Doctor Referral App

This new app provides a simple way for health care providers to connect with and refer patients to physicians across Johns Hopkins Medicine in the departments of surgery, neurosurgery, orthopaedics and urology. Registration is required.

Visit [bit.ly/hopkinsapp](http://bit.ly/hopkinsapp).

## Johns Hopkins Surgery After-Hours/ Emergency Referral Line

Our schedulers are available to assist you Monday through Friday, 8 a.m. to 5 p.m. For after-hours or emergency transfers, please use the **Johns Hopkins Access Line at 410-955-9444**.

# JOHNS HOPKINS Surgery

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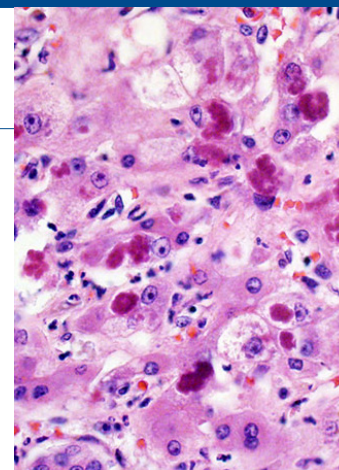
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Johns Hopkins  
Opens One  
of the Largest  
Ambulatory  
Surgery  
Centers in  
Maryland



# 2

Same-Day  
and Next-Day  
Consultations  
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Surgeons



# 3

Johns Hopkins  
Aims to  
Change the  
Way Alcoholic  
Hepatitis Is  
Treated in U.S.