SPECIAL EDITION:

Breast Care

Early detection, diagnosis and treatment

pages 6 through 9
Ask the Vascular Surgeon

Vascular surgeon, Jennifer Heller, M.D., answers some frequently asked questions:

What are varicose veins?
Varicose veins are enlarged veins that are swollen and raised above the surface of the skin. They are most commonly found on the back of the calves or the inside of the leg.

Varicose veins develop when valves in the veins that pump blood toward the heart stop working. Blood pools in the veins, and causes them to dilate and appear larger.

What are the risk factors?
Risk factors include age, gender, family history and trauma. Women are more likely than men to develop varicose veins.

What are the symptoms?
Blood pooling in the lower legs can cause feelings of heaviness, fatigue, aching, and sometimes even throbbing in the legs. Over time, symptoms can worsen and develop into superficial thrombophlebitis and deep vein thrombosis (DVT).

When should someone seek treatment?
It’s important to know that just because you have varicose veins, doesn’t mean that you need surgical intervention. Varicose veins can be treated with compression stockings or lifestyle changes, such as exercising regularly and not sitting or standing for long periods of time.

You should seek medical advice when varicose veins cause pain, blood clots, skin ulcers or other problems.

At the Johns Hopkins Vein Center, our vascular surgeons provide a unique perspective on the diagnosis and treatment of varicose veins. We are specially trained to recognize the complexities of vascular disease, and are equipped to treat you appropriately and safely.

Free Varicose Vein Screening
For individuals with varicose veins who are considering treatment or surgery
November 13
5 – 8 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-VEIN (8346).

For more information about the Johns Hopkins Vein Center, call 410-550-VEIN (8346).
To hear Dr. Heller discuss varicose vein treatment, visit hopkinsbayview.org/vein.

Gastroenterologist Pankaj Jay Pasricha, M.D. has joined the Division of Gastroenterology as director of the Johns Hopkins Center for Neurogastroenterology and Motility Disorders. His clinical interests include GI motility disorders and chronic abdominal pain syndromes, as well as the development of novel endoscopic procedures and devices.

Bradley Strunk, M.D., has joined the Internal Medicine Practice. His clinical interests include preventive care and managing chronic medical diseases, such as hypertension, diabetes and COPD.

Endocrinologist Vanessa Walker Harris, M.D., has joined the Department of Endocrinology. She specializes in metabolic bone disorders and general endocrinology, including diabetes, thyroid, pituitary and adrenal disorders.

For more information about the Johns Hopkins Vein Center, call 410-550-VEIN (8346). To hear Dr. Heller discuss varicose vein treatment, visit hopkinsbayview.org/vein.

Welcome New Physicians

For more information about maternity care or to make an appointment, call 443-997-0400.
With the peak of flu season rapidly approaching, it is more important than ever to get your flu vaccine. “Not only can people transmit the disease easily to family members and other people they come in contact with, the flu also causes complications that can result in death,” says Jonathan Zenilman, M.D., chief of infectious diseases.

Each year in the United States, more than 200,000 people are hospitalized and approximately 36,000 people die because of the flu. During this flu season, Johns Hopkins Bayview is taking extra steps to prevent the spread of influenza by requiring all employees to receive a flu vaccine. Those who work in health care are at a greater risk of exposure to the flu, and also are more likely to come in contact with patients who are prone to flu-related complications. By making the flu vaccine mandatory, Johns Hopkins Bayview ensures safer patient care and less chance of hospital-related illnesses or infections.

**Have You Had Your Flu Vaccine? We Have!**

**Protect Yourself. Protect Your Family.**
You, too, can prevent the spread of flu by getting vaccinated. The flu shot or mist is provided by most primary care physicians.

**You should especially get an annual flu vaccination if you:**
- Work in health care
- Are 50 or older
- Are pregnant
- Have chronic medical conditions, such as diabetes, asthma, renal disease or emphysema
- Live in a nursing home or long-term care facility
- Live with anyone at high risk for flu
- Have contact with children less than 6 months old

**You should NOT get a flu vaccination if you:**
- Have an allergy to chicken or eggs
- Had a reaction to a flu vaccine
- Developed Guillain-Barré syndrome (GBS) within 6 weeks of receiving the flu vaccine
- Have a fever
- Are less than 6 months old

**The General Internal Medicine practice at Johns Hopkins Bayview is accepting new patients. To schedule an appointment with one of our physicians and to receive a flu vaccine, call 410-550-3350.**

Valeria Cebotaru, M.D.
Nephrologist

Teresa Chen, M.D.
Nephrologist

Maggie Arnold, M.D.
Vascular surgeon

Nephrologists Teresa Chen, M.D., and Valeria Cebotaru, M.D., have joined the Department of Nephrology. They specialize in general nephrology, acute kidney injury and kidney stones.

Vascular surgeon Maggie Arnold, M.D., has joined the Department of Surgery. Her clinical interests include endovascular and open treatment of critical limb ischemia, endovascular aneurysm repair, visceral and renal artery stenting, carotid artery disease and venous disease.

Comments, requests, change of address? E-mail us at bayweb@jhmi.edu.
A Journey to Hope
Help for patients and caregivers dealing with Alzheimer’s disease

Saturday, November 10, 2012
9 a.m.

Five million Americans are living with memory disorders, Alzheimer’s disease or another form of dementia. While we cannot cure these conditions, there is a lot that can be done to help patients and caregivers alike live better and fuller lives.

Join faculty and staff of the Johns Hopkins Memory and Alzheimer’s Treatment Center for a free conference about the diagnosis and treatment of memory loss, and tips for managing Alzheimer’s disease. Presenters include Johns Hopkins physicians and Sylvia Mackey, widow of NFL legend John Mackey and advocate for dementia patients and caregivers.

To register, call 800-442-9160.

Neurologist Christopher Oakley, M.D., has joined the Johns Hopkins Headache Center. He specializes in the treatment of headaches in pediatric patients, ages 0-18 years old.

Gynecologic oncologist Edward Tanner, M.D., has joined the Department of Gynecology and Obstetrics. He specializes in gynecologic oncology, including cervical cancer, ovarian cancer, uterine cancer, vulvar cancer and uterine fibroids.

Dermatologist Sarak Nakib, M.D., has joined the Department of Dermatology. She specializes in general dermatology and medical dermatology, including the treatment of non-healing wounds.

Colorectal surgeon Sandy Fang, M.D., has joined the Department of Surgery. Her specialties include colorectal cancer, minimally invasive surgery, sphincter-preserving surgery, inflammatory bowel disease, anorectal disorders and diverticulitis.

Pulmonary Nodule Clinic Now Seeing Patients

Have you had an abnormal finding on a chest X-ray or CT scan?

Although most pulmonary nodules are not lung cancer, it is essential that they be monitored over time, especially for those who have an increased risk of developing lung cancer (see below).

You may be at risk if you:

- Are over the age of 50
- Have a family history of lung cancer or tobacco-related cancers
- Are a current smoker or former smoker who quit less than 15 years ago
- Have had occupational exposures, such as asbestos

A diagnostic CT scan, with a higher dose of radiation, or a PET scan often is necessary to help determine if further testing is needed.

“Patients who have nodules need a lung cancer risk assessment and a long-term care plan,” says Peggy Lang, CRNP, thoracic oncology coordinator. “This helps catch the small percentage of nodules that are lung cancer at an early stage when the chance of cure is the highest.”

The clinic’s multidisciplinary treatment team includes specialists in radiology, medical oncology, thoracic surgery and pulmonary medicine who are skilled and experienced in thoracic surgery and lung cancer care.

The Pulmonary Nodule Clinic provides:
- Treatment plans for patients with nodules
- Personalized lung cancer risk assessment
- Long-term nodule surveillance

For more information or to make an appointment, call 410-955-LUNG (5864).

To schedule an appointment, call 410-550-0503.

To schedule an appointment, call 410-550-0503.

To schedule an appointment, call 410-550-5900.
Awards & Accreditations

Primary Stroke Center Designation

If you or a loved one suffered from a stroke, would you know where to go? Being cared for at an accredited stroke center could impact your recovery.

Johns Hopkins Bayview is designated by the Maryland Institute for Emergency Services Systems (MIEMMS) and The Joint Commission as a Primary Stroke Center. This means that the Medical Center has the appropriate resources and procedures in place to best take care of stroke patients and minimize the damage of stroke.

“Johns Hopkins Bayview has a spectacular multidisciplinary approach to the care of stroke patients,” says Rafael Llinas, M.D., director, Johns Hopkins Bayview Stroke Center. “Our outcomes show great consistency in treatment and attention to detail. We not only do an expert job in the acute setting, but also offer rehabilitation services and all other components of care.”

Lawrence Named Stroke Program Coordinator

Erin Lawrence, RN, has been named stroke program coordinator for the Stroke Center. In this role, she will provide community education sessions and outreach to raise awareness about stroke. Lawrence also is involved with the monthly stroke support group, Inch by Inch, which is held on the third Thursday of every month, at 7 p.m.

American Heart Association Bronze Award

As a Cardiac Interventional Receiving Center, Johns Hopkins Bayview is able to immediately intervene when a patient arrives at the Medical Center with signs of a heart attack. Often, this means performing a cardiac catheterization to determine what part of the heart is affected, and providing necessary tests and treatment.

Johns Hopkins Bayview was recently recognized for its efforts in treating heart attack patients by the American Heart Association. The Medical Center is the recipient of the 2012 Bronze Award for complying with quality measures related to improving the care of cardiac patients. The criteria includes treatment time, treatment options and patient education.

“We are honored to be recognized with this award and are proud to offer nationally recognized, comprehensive, state-of-the-art cardiac care to our patients,” says Nisha Chandra-Strobos, M.D., chief of the Division of Cardiology.

Spine Program Named UnitedHealth Specialty Center

The Johns Hopkins Bayview Spine Program is proud to be designated a UnitedHealth Premium Surgical Spine Specialty Center. This designation recognizes the program’s commitment to providing safe and superior surgical spine care, and the best possible outcomes to its patients. Only nine centers in Maryland have received this designation.

The Johns Hopkins Bayview Spine Program provides medical and surgical treatment for individuals with spinal stenosis; cervical and lumbar disc herniation; degenerative disc disease; and scoliosis. More than 400 back procedures were performed in 2011.

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“We are willing to travel for the best,” says Hagerstown, Maryland, resident Joanne Knapp. “The people who take care of us bend over backwards to help us. We are so happy to have the team at Hopkins. They are keeping us alive and together.”

In December 2008, Knapp was diagnosed with breast cancer during a routine mammogram. What makes this story even more heartbreaking is that just one month earlier, her daughter, Anna Rollins, also had been diagnosed with breast cancer.

Side-by-side and with guidance and support from the Breast Center team, mother and daughter began to literally fight together for their lives. In the spring of 2009, while Rollins underwent five months of chemotherapy treatment, Knapp, diagnosed with DCIS (ductal carcinoma in situ) had two surgeries, including a lumpectomy. When the summer months rolled around, Rollins had a modified radical mastectomy with simultaneous breast reconstruction, and Knapp began radiation treatment. And in the midst of it all, once surgeries were completed and treatments ended, both women, along with their husbands, sold their homes and moved to a new neighborhood.

“Cancer gives you a chance to reevaluate your life,” says Rollins, whose original diagnosis was Stage II triple negative breast cancer, along with follicular lymphoma. “We realized how important it was for us to spend more time together as a family, enjoy one another and support each other. Living so close makes it easy for us to have those little moments that make a life.”

So, they became next door neighbors.

Recovery Journey Continues
Since then, the family’s breast cancer recovery journey has continued, with many highs and lows along the way. They have enjoyed the convenience of living side-by-side and being able to do the simple, everyday kinds of things in life together, such as gardening and shopping. Today, Knapp’s cancer is in remission, with her past three annual mammograms confirming that she remains cancer-free. Two years ago, Rollins learned that her breast cancer had metastasized. But she remains positive, hopeful and in-tune with the approach of her physician, Mehran Habibi, M.D., surgical oncologist and director of the Johns Hopkins Breast Center.

“Dr. Habibi told me that he would treat my cancer as a chronic disease that can be lived with, rather than a terminal condition,” Rollins says. “Of course, I have had to modify my lifestyle, and there are challenges to face, but I feel inspired to live because of the support I get at Johns Hopkins.”

Perhaps it’s this level of compassionate care that makes the drive to Baltimore from Rollins’s and Knapp’s Hagerstown homes all worth it.
There is a place in Baltimore that women seek out for breast cancer care; women like Joanne Knapp and Anna Rollins (see story on page 6), who found an entire team of care providers who supported and cared for them in the early detection, diagnosis and treatment of their breast cancer. Though breast cancer care has been an integral service on the Johns Hopkins Bayview campus for many years, we now offer a more comprehensive approach at the Johns Hopkins Breast Center, a brand-new facility designed to provide women with the right people, tools and technologies to stay healthy.

**Expert and personalized care**
The recently opened center is managed by a multispecialty team of care providers, who come together to analyze patient cases and work collaboratively in the creation of treatment plans that aim for the best possible outcomes. There also is significant emphasis on the importance of treating each patient as an individual, with needs that go beyond what can be physically detected.

“There are a lot of hospitals for patients to choose from in Maryland, but there are tremendous benefits of coming to Johns Hopkins,” says Mehran Habibi, M.D., director of the Johns Hopkins Breast Center. “Expertise matters. When you want the best, you get it here.”

In addition to providing patients with access to some of the world’s most commended physicians, all fellowship trained, the opening of the new Breast Center means that women now have one centralized resource to turn to when it comes to managing their breast health. Here, surgeons, radiologists, medical and radiation oncologists, plastic surgeons and patient navigators put their thoughts together with the latest technology to create a comprehensive system for patient support. As breast cancer becomes more prevalent, and patients take a more active role in their health care delivery process, the team also is seeing an influx of people in search of a second opinion.

“It’s important to take the time to get a second opinion and make sure you are working with the right team of people, who will put together a plan that is best for you,” Dr. Habibi says. “Individuality is the key. And that is among the things we do best.”

**Putting patients at ease**
There are many ways that the Breast Center team offers that individualized approach. A certified oncology nurse is available to answer questions and walk women through every step in the process. The availability of Johns Hopkins clinical trials further increases the opportunity for each patient to follow a customized treatment plan, based on her unique health needs. And knowing that breast care can be a sensitive and emotional topic for many women and their families, the team at the Breast Center is committed to making customer service, including quick answers, a top priority.

“We expedite the screening or treatment process for our patients, making same or next-day results available when we can,” says Semra Engin, M.D., radiologist. “It helps tremendously that we have all of the right people and technology in one place with the opening of the Breast Center. It makes it easier for us to collaborate and get back to our patients with answers quickly.”

**Early detection is key**
Both Drs. Habibi and Engin promote the importance of early detection, encouraging women in the community to come into the new Breast Center for annual mammograms, while also performing breast self-exams on a monthly basis (see article, Breast Cancer: Finding It Early Is Key on page 8 and breast self-exams sidebar on page 9). When found in earlier stages, many breast cancers can be cured completely.

“A woman knows her body better than anyone else,” says Dr. Habibi. “Regular physical examinations and annual mammograms can go a long way in preventing the spread of disease. And when a cancer is detected, it’s important for a woman to know we are here and ready to take care of her.”

— Tracey Fitzgerald

### Johns Hopkins Breast Center medical team, left to right, Danijela Jelovac, M.D., medical oncologist; Marshalee George, Ph.D., AOCNP, oncology nurse practitioner; Mehran Habibi, M.D., surgical oncologist; Semra Engin, M.D., radiologist

To make an appointment, call 410-550-8282.
Early detection of breast cancer saves thousands of lives each year. If more women took advantage of breast cancer screenings, many more lives could be saved. The goal of screening exams for early breast cancer detection is to find cancers before they start to cause symptoms. Screening refers to tests, such as digital mammography, to find a disease, such as cancer, in people who do not have any symptoms.

If breast cancer is found because it’s already causing symptoms, it’s more likely to have already spread beyond the breast. In comparison, breast cancers found during screening exams are more likely to be smaller and still confined to the breast, which improves the chances that breast cancer can be diagnosed at an early stage and treated successfully.

Digital mammography takes the “wait” away
Today, technology makes it even easier and faster to detect the presence of lesions, tumors or other signs of breast cancer. Similar to how a digital camera is capable of storing and showing an image immediately after a picture is taken, digital mammograms are stored and analyzed electronically. This gives physicians an opportunity, on the spot, to focus in on areas of question or concern and adjust the contrast of images as needed, to create clearer, easier-to-interpret views of a woman’s breast.

In addition to the obvious benefit of immediately available results, many patients tend to prefer digital mammography over traditional film mammograms because they require much less radiation.

“The Breast Center offers the most advanced digital mammography technology available on the market,” says Semra Engin, M.D., radiologist. “We have always promoted the importance of early detection and screenings, and digital mammography means that the patient doesn’t have to wait at all to get results. It helps prevent anxiety and keeps the process moving along.”

Breast Biopsy: What to Expect
If a lump is found in a patient’s breast during a routine examination, mammography, ultrasound or MRI, the physician may order a breast biopsy. A biopsy involves the removal of a sample of breast tissue, cells or fluid, which is then viewed under a microscope to determine if the lesion or mass detected is malignant (cancerous) or benign (non-cancerous).

The type of breast biopsy a physician orders depends on the type of material that he or she requires to make an accurate diagnosis. Fine-needle aspiration biopsies extract a sample of cells or fluid from the breast. Core needle and vacuum-assisted biopsies are performed to collect a small sample of breast tissue. In cases when part or all of a lump must be removed in order to conduct a thorough assessment, an open, or surgical biopsy may be required. At the Johns Hopkins Breast Center, ultrasound and stereotactic needle biopsies are often performed, using the latest technology to assure that samples are extracted from the precise location in question.

Who should get a mammogram?
Annual mammograms are recommended for women age 40 and over, or younger in cases where a family history of breast or ovarian cancer exists. The American Cancer Society (ACS) has established guidelines for early detection of breast cancer in women without symptoms. While it’s recommended that women over the age of 40 have an annual mammogram, those between the ages of 20 and 40 are encouraged to have a clinical breast exam every three years. In many cases, a woman’s physician will conduct this examination in conjunction with an annual gynecologic check-up. Additionally, the ACS encourages women to begin conducting breast self-exams as early as their 20s.

“A breast biopsy is almost always performed when an abnormality is detected in a woman’s breast,” says Mehran Habibi, M.D., surgical oncologist and director of the Johns Hopkins Breast Center. “It allows us to fully understand the composition of a breast mass and what our next steps should be, in the event that cancerous cells are present.”

In many cases, there is nothing a patient must do ahead of time to prepare for a breast biopsy. Following the procedure, it is common to experience breast tenderness as well as light bruising, swelling or bleeding, which can be controlled with ice packs or over-the-counter pain remedies. Heavy lifting, as well as any activities that would involve use of the chest muscles, should be avoided for one to two days.

Quick Facts About Early Detection
• Every woman is at risk for developing breast cancer.
• The average woman has a 12 to 13 percent chance of being diagnosed with breast cancer in her lifetime.
• 220,000 new cases of breast cancer will be diagnosed in 2012.
• Breast cancer will claim more than 40,000 lives in 2012.
• Breast cancer risks increase with age.
• The survival rate for those whose cancer is diagnosed in Stage I is 98 percent. Those who are diagnosed in Stage IV have a survival rate of just 16 percent.

To schedule a screening mammogram, call 410-550-8282.
It is estimated that excess weight and obesity contribute to as many as one in five cancer deaths. Extra weight is considered to be a risk factor for breast cancer, especially for postmenopausal women.

According to Johns Hopkins Bayview clinical dietitian Katie Flickinger, RN, LDN, eating a healthy, balanced diet is one of the things a woman can do to decrease her risk of breast cancer and breast cancer recurrence. “Though diet alone is not solely responsible for whether an individual will get cancer, it does play a major role in maintaining a healthy weight,” explains Flickinger.

Women who maintain a healthy weight are less likely to be diagnosed with breast cancer than women who are considered overweight or obese. Eating a healthy, well-balanced diet that is rich in a wide variety of fruits and vegetables, whole grains, fish, poultry and low-fat dairy boosts the immune system and helps regulate weight, which may reduce the risk of developing breast cancer.

—Nicole McFarland

Eating Healthy Means:

- **Reducing alcohol consumption**
  to no more than one drink per day. Recent studies have shown that alcohol consumption is linked to a higher risk of breast cancer in both pre- and postmenopausal women.

- **Including antioxidant-rich foods**, such as berries, prunes, grapes, mangos, onions, beans, squash and spinach in your diet. The antioxidants present in these foods are believed to contribute to cancer prevention.

- **Reducing intake of refined grain products** (i.e. white bread) and consuming fewer sugar-sweetened beverages. Consuming high-sugar foods may lead to excess calorie consumption without providing any of the nutrients that help reduce cancer risk. In addition, excess calorie intake leads to obesity.

If you are interested in adopting a healthier lifestyle, our dietitians can help.

To make an appointment, call 410-550-0311.
When Drew Ginsberg traveled to China in December 2010, he expected to enjoy the food, experience the culture and spend time with his brother, who was living in Shanghai at the time. He did not expect to vomit continuously for three days straight.

“I thought it was food poisoning,” says Ginsberg, 28. “But within 36 hours, I felt fine.”

Thinking he had rebounded to his normal, healthy self, Ginsberg continued his trip. “I ate everything, drank everything, with no problems at all,” he says.

But within two days of returning to his Takoma Park, Maryland, home, Ginsberg began vomiting again. And this time, he had extreme stomach pain and discomfort around his ribs.

“It felt like I was being stabbed over and over again,” he says. “Nothing was able to go down, or once it went down, it was forced back up.”

Visits to the local emergency room, two hospitalizations and prescribed medications failed to alleviate his symptoms, and within a few weeks, the fit, 6-foot-tall kinesiology instructor dropped from 196 pounds to just under 150 pounds.

“My body was starting to shut down,” he says.

That’s when he turned to the Johns Hopkins Center for Neurogastroenterology and Gastrointestinal Motility Disorders for help. John Clarke, M.D., clinical director of gastrointestinal motility, found Ginsberg was suffering from post-infectious dysmotility, a severe disorder that can follow an infection of the stomach and intestines. 
“Drew needed medical help, and he needed it fast,” Dr. Clarke says.

Fortunately for Ginsberg, post-infectious dysmotility is one of the many motility and neurogastroenterology disorders the center diagnoses and treats, Clarke says.

**Motility disorders described**

Motility disorders are disorders involving the movement of food through the digestive system. Some of the more well-known examples include gastroesophageal reflux disease (GERD), also known as acid reflux, irritable bowel syndrome, severe constipation and esophageal spasms. People of any age can be affected, and a majority will suffer at least one time in their lives from a motility disorder. Many of these conditions are first presented to the primary care physician, who may then refer the patient to a gastroenterologist for further diagnosis and testing. While not uncommon, these disorders are notoriously difficult to assess, says Pankaj Pasricha, M.D., director of the Division of Gastroenterology at Johns Hopkins Bayview.

Fortunately, the Center for Motility Disorders is home to highly-trained gastroenterologists who specialize in the disorders and state-of-the-art testing techniques. “We take care of complex conditions that have been hard to diagnose and treat,” Dr. Pasricha says. “And we are a resource to both patients and doctors.”

**The brain-gut connection**

Within the world of motility disorders, there is neurogastroenterology—a field that examines how a patient’s central nervous system and gut are involved. “The gut has its own brain,” Dr. Pasricha says.

The gut’s brain is known as the Enteric Nervous System. It’s a collection of nerve cells that are within the wall of the gut, running between the esophagus and rectum. Just like the larger brain in human heads, the system sends and receives impulses throughout the stomach and intestines. It also responds to emotions. Research shows this system can affect moods ranging from happiness to depression.

More importantly for motility disorder patients, this system can impact how the gastrointestinal tract works. It regulates absorption, digestion and moving material from one end of the gut to the other. For example, many patients with irritable bowel syndrome experience diarrhea, constipation and passing mucus. Often, problems with the brain-gut signals can be the cause, Dr. Pasricha explains.

The gut has more nerve cells than the entire spinal cord. Ninety percent or more of the body’s serotonin and half of the body’s dopamine, both chemicals that relay signals from one area of the brain to another, lie in the gut. Because of this, Dr. Pasricha and fellow Hopkins experts are performing research to examine how the brain in the gut relates to the brain in the head. The team is discovering new drug targets as it tries to understand the molecular basis for common symptoms such as abdominal pain and nausea, Dr. Pasricha says. Research into the Enteric Nervous System’s stem cells also holds promise for regenerating areas where function has been permanently lost.

“There’s a big picture here beyond just disorders,” he says. “The nerves in the gut have lots of clinical and physiological implications.”

**Testing and treatments**

While motility disorders are often difficult to diagnose, there are tests available to determine the type of disorder and its severity.

The Johns Hopkins Center for Neurogastroenterology and Gastrointestinal Motility Disorders is one of only a few locations on the East Coast to offer many of these tests, including high-resolution esophageal manometry to measure the strength and function of the esophagus muscles, 24-hour esophageal pH monitoring to evaluate acid reflux disease, and anorectal manometry to evaluate constipation or fecal incontinence.

The center also takes a multidisciplinary approach when it comes to treatment. Depending on the disorder, treatment can include medication, dietary changes, psychological therapy and alternative medicine, says Dr. Pasricha. To ensure patients have the best treatment plan possible, center physicians work with internists, allergists, psychiatrists, psychologists and complementary specialists like acupuncturists.

For Ginsberg, a combination of anti-nausea, pain and acid-blocking medication, probiotics and acupuncture did the trick. Two weeks after visiting Clarke, Ginsberg could finally keep water and sports drinks down. Then rice cakes, and then smoothies. Now, more than 18 months after his initial illness, Ginsberg is starting to feel normal again. He’s even eating vegetables and meat again. “I don’t have as much energy as I used to,” he says. “But for the most part, I feel healthy.”

The discomfort is gone, and his weight is back up to 165 pounds.

“I’m hoping to gain another 10 pounds back, but I’m happy being in this range,” Ginsberg says.

He’s also happy he found Dr. Clarke.

“All along, I knew I should have gone to Hopkins,” Ginsberg says. “If it wasn’t for Dr. Clarke, I could have been in a lot of trouble. I would recommend him 100 percent.”

—Allison Eatough

To make an appointment with a Johns Hopkins gastroenterologist, call 410-550-0790.
Taking It to Heart
Cardiology patient takes active role in his own health

Colonel Gerald Altman reads to a fellow resident of his assisted-living home. Altman aims to stay busy and keep his mind and body as active as possible.

To help prevent heart disease or catch symptoms early, studies show that adults ages 50 and older should have an annual cardiovascular assessment—even younger if you have a family history of heart disease. Is it time for your heart check-up? Take the quiz! Go to hopkinsbayview.org/heartquiz.
“He doesn’t just sit back and let a team of people care for him,” says Gerry Altman’s cardiologist, Sheldon H. Gottlieb, M.D. “He does everything possible to see that he is as much a part of the team as anyone else. That kind of involvement is key in managing, or even preventing heart disease.”

Owings Mills, Maryland, resident, Colonel Gerald Altman, 88, has had coronary heart disease (CHD) for as long as he can remember. Despite having fought in active duty during World War II, Altman would agree that protecting his heart has truly been the fight of his life. First, in 1979, he had triple bypass surgery in Wisconsin. Since then, he has received care from cardiologists at Johns Hopkins Bayview. He has had several angioplasties (a procedure used to clear plaque from narrow or blocked coronary arteries) and a defibrillator surgically implanted (a device that shocks the heart when it detects a rhythm disturbance). More recently, Altman was diagnosed with a thoracic aortic aneurysm, a weakened area in the upper aorta, which requires close monitoring by a cardiologist. Surprisingly, none of this has slowed him down.

Altman is anything but inactive. He is an avid walker and he spends much of his free time updating fellow residents of his assisted-living facility on local and world news, even reading to them from newspapers to keep their minds active.

His lifestyle is remarkable for a man whose heart has been assaulted by CHD, the most common type of heart disease and the number one cause of death for both men and women. CHD is marked by the buildup of plaque inside the coronary arteries, which prevents oxygen-rich blood from reaching the heart muscle. Preventing and/or managing the condition can be tricky, but Altman’s dedication to his health has led to a robust zest for life, and constant involvement in his own medical care.

Becoming your own health advocate

Dr. Gottlieb stresses that awareness and involvement in your medical care are crucial when it comes to heart health. He encourages all of his patients to pay special attention to what he calls the three best physicians, “Dr. Diet, Dr. Exercise and Dr. Happiness.” Balancing those three elements can work wonders for current heart disease patients, as well as patients who are focused on preventing heart disease. Altman knows these “doctors” well. He makes a conscious effort to eat a balanced diet, he walks almost everywhere he goes, and he maintains a positive outlook on life.

“Gerry puts these principles to work in his own life,” says Dr. Gottlieb.

Altman’s Johns Hopkins doctors are very pleased with his efforts, and Altman is just as appreciative of their extraordinary care. “I’m a lawyer by profession, and I’m extremely cynical. But I think even the most skeptical people in the world would lose their cynicism if they had physicians like these to work with,” Altman shares.

The relationship between Altman and his doctors epitomizes the art of caring. “We care for him and he cares for us,” concludes Dr. Gottlieb. “We wouldn’t have it any other way.”

—Nicole McFarland

Key Questions to Ask Your Doctor

Next time you visit your primary care doctor or cardiologist, be sure to ask these important questions.

- What is my overall risk of heart disease?
- What are my risk factors (i.e. family history, obesity, poor diet, past or present smoking, lack of physical activity)?
- What type of plan should I follow to protect my heart?
- What does my blood pressure mean for me?
- Do you have a suggested diet plan?
- What else should I do to lower my blood pressure?
- What do my cholesterol numbers mean for me? Are they a problem?
- What foods should I avoid to lower my cholesterol?
- What else can I do to lower my cholesterol?
- Do I need to lose weight?

Colonel Altman served four years in the Army and Air Force during World War II and several tours of active duty after the war.

For more information or to make an appointment with a Johns Hopkins Bayview cardiologist, call 443-997-0274.
One in 12 young women has one. Most people will develop one by the time they’re 50 years old. This diagnosis of one of the most common endocrine problems in the United States.

What is it? A thyroid nodule. And it’s more common than you think.

Johns Hopkins surgeons are taking a new, cosmetic approach when it comes to removing the thyroid. The procedure, known as robotic facelift thyroidectomy, uses robotic technology and leaves no visible scars on a patient’s neck.

“If anyone were looking from the front or the side, you would not see a visible incision,” says Jeremy Richmon, M.D., director of head and neck robotic surgery at Johns Hopkins Bayview Medical Center.

Johns Hopkins is one of only a few hospitals in the country to offer the procedure.

The thyroid gland is located at the base of the neck. It produces hormones that regulate growth and control metabolism. But sometimes, the thyroid—or just part of it—needs to be removed. Reasons include thyroid cancer, suspicious or enlarged nodules or an overactive thyroid.

In a traditional thyroidectomy, surgeons make a visible incision on the lower part of the neck (see diagram A).

But some patients prefer not to have such a prominent scar, Dr. Richmon says. For these patients, robotic facelift thyroidectomy could be an alternative.

During the robotic procedure, an incision is made behind the ear, just as plastic surgeons would for a facelift (see diagram B). The incision continues around the back of the neck and behind the patient’s hairline. Usually a small portion of hair is shaved before the procedure, but once it grows back, most of the scar is hidden, Dr. Richmon says.

Since the incision is so far away from the thyroid, robotic technology allows surgeons to access the gland, while at the same time avoiding a visible neck scar. The procedure takes about two hours and typically involves one night in the hospital. There is minimal pain, Dr. Richmon says.

“Patients are usually up eating, walking and talking the day of the surgery,” he says.

—Allison Eatough

Women are more likely to suffer from thyroid problems than men. Watch for the following signs and symptoms of thyroid disorders:

- Unexplained change in weight
- Swelling or enlargement in the neck
- Neck mass
- Hair loss
- Changes in heart rate
- Changes in energy level or mood
- Feeling too hot or too cold
- Muscle weakness or trembling hand

For more information about robotic facelift thyroidectomy, call 410-955-6420.
Seminars & Screenings

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

SCREENINGS

Varicose Vein Screening
For individuals with varicose veins who are considering treatment or surgery
November 13
5 – 8 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-VEIN (8346).

Battle of the Bulge
Learn about current treatment options for different types of hernias, including minimally invasive procedures
November 14
6 – 7:30 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-KNOW (5669).

Allergies and Stubborn Sinusitis
For people who suffer from chronic sinusitis and want to learn how allergies and asthma contribute to it, as well as current treatment options to relieve suffering
November 8
6 – 7:30 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-KNOW (5669).

Weight Loss Surgery Seminar
For individuals 100 pounds or more overweight who are considering weight loss surgery
Note: This seminar is required to receive a consult for bariatric surgery
November 13 & 28
December 10 & 19
4:30 – 6 p.m.
Johns Hopkins Bayview Medical Center
To register, visit hopkinsbayview.org/weightloss/infosession.
If you do not have computer access, call 410-550-KNOW (5669).

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

The Pitt Family

For Jim and Kathleen Pitt, like any parents, their son was the light of their lives. A junior at Marshall University in Huntington, West Virginia, Jimmy was pursuing a degree in theater, with hopes of becoming a director. Tragically, his life changed in an instant when he was in a serious car accident that caused damage to his spinal cord. Jimmy’s injuries were so traumatic that he was hospitalized for two years. He spent his final year at Johns Hopkins Bayview on the progressive care unit (PCU).

“Of all the hospitals and facilities Jimmy went to after his accident, I felt like he received the best care in the PCU,” says Mr. Pitt. “The nurses were exceptional. I give them credit for my son living as long as he did.”

Not long after Jimmy’s death, the Pitts made a significant donation to the PCU in honor of the nurses who cared for their son. The initial contribution was given to the Nursing Education Fund, which provides continuing education to PCU nurses to enhance their skills as health care providers.

“I have never met a more dedicated group of people,” says Mr. Pitt. “When we presented our first donation, every nurse on the unit was there—even those who weren’t scheduled to work that day. That’s how much they care.”

The Pitts continue to make a donation to the PCU every year to honor their son and recognize the exceptional work of his nurses. They also remain in touch with the staff that they formed a relationship with during Jimmy’s hospitalization.

“My wife and I will continue to give to the PCU so they can impact other patients and families like they impacted us,” says Mr. Pitt.

—Meghan Rosbach

To learn more about giving to Johns Hopkins Bayview, call 410-550-1663 or visit hopkinsbayview.org/development.
New Clinic Helps Clear the Way
Help for people with chronic sinusitis, allergies & asthma

Winter is approaching, and with its arrival comes sniffles and sneezes. Yet, contrary to popular belief, these symptoms aren't always the result of colds and flu. People with pollen allergies may find relief when the temperatures dip; however, for those with allergies triggered by things like mold and dust mites, winter can bring on sinus discomfort that is both irritating and painful, and can worsen the symptoms of asthma.

If you've been suffering with chronic sinus problems, accompanied by allergies and/or asthma, there's help no matter the season. The Allergy-Otolaryngology Sinusitis Clinic is now open at Johns Hopkins Bayview. Led by Jean Kim, M.D., Ph.D., and Nikki Erekosima, M.D., MPH, the clinic provides comprehensive care to patients who have a history of sinus disease and allergies and/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 Erekosima also can refer patients to an appropriate specialist, if needed.

—Jessica McQuay

Jean Kim, M.D., Ph.D. Otolaryngology

Allergies and Stubborn Sinusitis
For people who suffer from chronic sinusitis and want to learn how allergies and asthma contribute to it, as well as current treatment options to relieve suffering

November 8
6 – 7:30 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-KNOW (5669).

For more information or to schedule an appointment, call 410-550-2368.