

# Health Reach

YOUR RESOURCE FOR WELLNESS

## WHAT ARE YOU WAITING FOR?

WINTER 2011

### WHY YOU SHOULD HAVE A COLONOSCOPY NOW

If you've been putting off that colonoscopy screening, you're probably imagining it to be worse than it is. In reality, this routine screening is pretty easy.

#### DO IT FOR EACH OTHER

Patrick Cain had his first colonoscopy at age 62 at the urging of his wife, Sharon Heffelfinger. "I probably wouldn't have done it at all if she hadn't asked me to," he says, "but it was important to her."

"There was no history of colon cancer in Patrick's family, but I'm a big advocate for colonoscopy," Sharon says. "My grandfather and uncle both died from colon cancer, and my mom saw Dr. Othon Wiltz for colon cancer surgery last year, so I take it seriously. During my career in corporate human resources, I was single-handedly responsible for getting lots of associates to have colonoscopies."

Patrick's first screening at 62 was clear, but at age 70, he began experiencing leg pains and symptoms of anemia. He was referred to gastroenterologist Stafford Goldstein, MD, FACP, FACP for a colonoscopy, and this time a tumor was found. The couple had been planning a three-week trip to Australia when his early-stage colon cancer was discovered in September.

Following the diagnosis, Patrick was referred to colorectal surgeon Othon Wiltz, MD, FACS, FASCRS for surgical treatment. Dr. Wiltz and his partner, Jennifer McQuade, MD, FASCRS removed the entire right side of his colon. (As with 80 percent of colon cancer surgeries at Virginia Hospital Center, his surgery was performed laparoscopically through three small incisions.) Although the tumor was sizable, it hadn't spread to his lymph nodes. Afterward, Patrick was up and walking the day of surgery and needed only minimal pain medication for just three days. He recovered so quickly that there was no need to postpone the vacation. "A little over a month later, we hiked the Outback," says Sharon. "We sent Dr. Wiltz a postcard."

Since then, Patrick has been seeing medical oncologist Robert Christie, MD who will continue to monitor his progress with routine lab studies and physical exams. He will have a repeat colonoscopy in one year after which the recommended frequency will drop so long as he remains cancer free.

#### IT CAN SAVE YOUR LIFE

Colorectal cancer is one of the most preventable cancers, yet it remains the nation's second leading cause of cancer death. The disease, which affects both men and women equally, begins as polyps in the intestines which may or may not become cancer over time. Preemptive removal of polyps can prevent colorectal cancer, but many polyps go undetected because people fail to go in for routine screenings. Less than half of Americans today are screened in accordance with recommended guidelines.

Symptoms of colorectal cancer may include rectal bleeding, a change in bowel habits, loss of appetite, weight loss, and fatigue from anemia. But if you wait until symptoms appear, cancer may already be present. It's better to be checked out preventively when you are well.

Colonoscopy remains the gold standard for early detection of colorectal disease. "The ultimate gift to your spouse and family is to have this procedure done," says Dr. Goldstein. "Most women are pretty good about getting screened, while men are more reluctant. But every patient of mine who's ever had a colonoscopy has said afterwards that it was no big deal. They usually say they should have had it sooner, and that they'll tell their family and friends."

(Continued on next page)

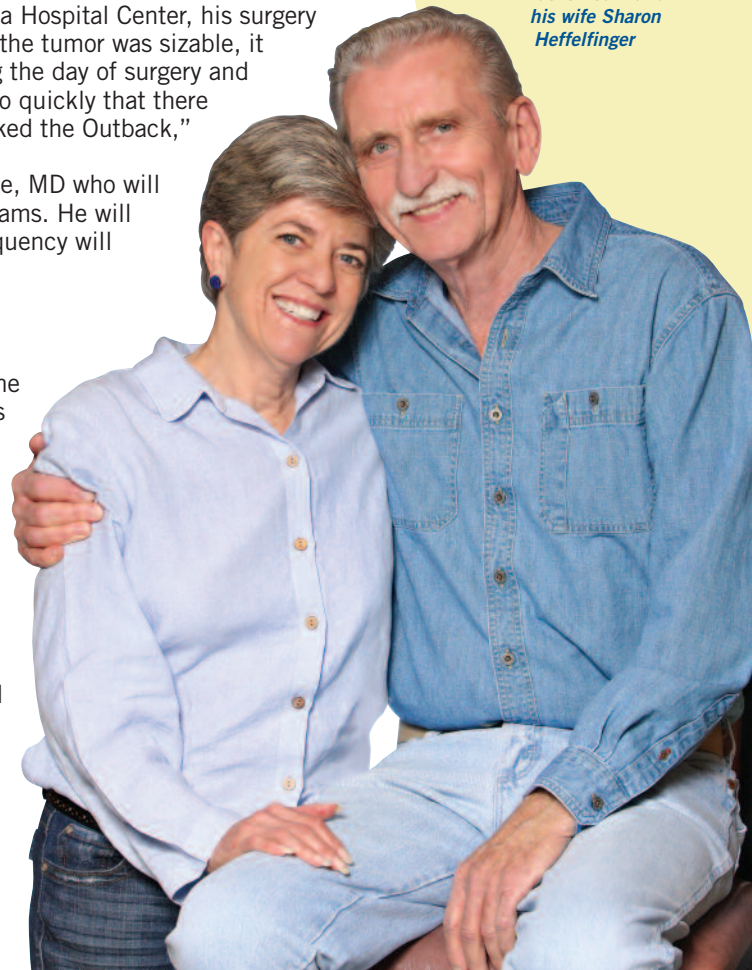
4 Two New  
Centers Open

8 Free Community  
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9 Fighting Heart  
Disease

12 Blizzard  
Babies

Patrick Cain and  
his wife Sharon  
Heffelfinger



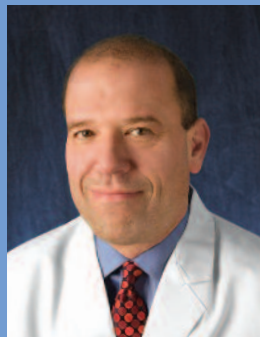
## Team of Physicians Involved in Patrick Cain's Care



*Dr. Stafford Goldstein*  
Gastroenterologist  
Screening and diagnosis



*Dr. Othon Wiltz*  
Colorectal surgeon  
Surgical treatment



*Dr. Robert Christie*  
Medical oncologist  
Medical follow-up

## PREVENTION IS THE BEST DEFENSE

Recommended screening intervals vary depending on age and risk factors. Most individuals with no family history of colorectal disease should have their first colonoscopy at age 50, although African-Americans with no known risk factors should begin screenings at age 45. If you have a first-degree relative with colon cancer diagnosed before age 60 or two first-degree relatives diagnosed at any age, you should have your first screening colonoscopy at age 40, or 10 years before the youngest relative's diagnosis—whichever comes first.

If you are considered high risk, your physician can provide advice on how often to be screened once you've had your initial colonoscopy. "The frequency of screenings will depend on your family and personal history, such as whether you've had polyps in the past, along with other medical conditions that could be risk factors," says

Pradeep Gupta, MD, Chief of the Division of Gastroenterology. "Virtually anyone with rectal bleeding should be screened, regardless of their age. The incidence of colorectal cancer has increased among 40 to 44 year olds in recent years."

## IT'S NOT AS BAD AS YOU THINK

Prepping for colonoscopy is much easier than it used to be when having to drink a gallon of liquid was standard. "In addition to following a liquid diet the day before, the colonoscopy prep is now simply taking two tablets and drinking two small bottles of liquid," says Dr. Wiltz. The prep is done in the privacy of your own home.

During colonoscopy, a gastroenterologist inserts a flexible scope into the rectum and advances through the colon to search for polyps. This outpatient procedure is performed in

the Hospital under the supervision of an anesthesiologist and takes approximately 30 minutes. "Speaking from my own experience, I can say that you don't feel a thing and there's no nausea afterward," says Dr. Wiltz. "I went in for my colonoscopy and the next thing I knew, I was having a cookie."

Although not all polyps become cancerous, any suspicious growths discovered during the screening will be removed and sent to the lab for testing. "If we see a polyp, we can take it out right away and potentially cure the problem on the spot," Dr. Wiltz says. "Colonoscopy is the only tool that allows you to screen and, in some cases, cure at the same time. You know your results immediately."

If cancer is discovered, the Hospital's elite staff of colorectal surgeons, gastroenterologists, medical oncologists and radiation oncologists are specially trained in the latest treatments, offering a complete continuum of care in one location. "People used to fear colon cancer because they thought it meant they would automatically need a colostomy, but that's rare now," says Dr. Wiltz. "With laparoscopic surgery, some of which is now being performed using robotic-assisted technology, we can usually remove the tumor and restore normal function."

March is Colorectal Cancer Awareness Month. So what are you waiting for? No more excuses—It's time for your colonoscopy. ■

To request a  
Colorectal Cancer Awareness Kit,  
call 703.717.7700.

## FOUR SIMPLE STEPS TO SCHEDULING YOUR COLONOSCOPY

**STEP 1:** If you are insured through an HMO, see your primary care physician for a referral to a gastroenterologist. To learn more about primary care physicians accepting new patients, see the back cover of this issue of *HealthReach*.

If your insurance plan is a PPO, you can schedule an appointment directly with a gastroenterologist without a referral. Visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) to find a gastroenterologist—click on "Find a Doctor", and select gastroenterologist from the pull-down menu.

Always check with your insurance provider to confirm your coverage.

**STEP 2:** During your appointment with the gastroenterologist, the doctor will review your medical history, schedule your colonoscopy, and explain how to prepare for the screening.

**STEP 3:** Prep for your colonoscopy will begin at home one day before your procedure. Follow a liquid diet and take the prep medication as directed by your doctor.

**STEP 4:** On the day of your colonoscopy, arrive at the hospital at least 30 minutes before the scheduled time of your procedure. Be sure to arrange for someone to drive you home afterward.

# NURSES + ELECTRONIC MEDICAL RECORD = EXCELLENT CARE AT THE BEDSIDE

Remember the last time you or someone you care about was in the hospital? Upon arrival, you were probably asked a series of questions about your medical history, symptoms, and medications. Once you were admitted to your room, the unit nurse probably pulled out a clipboard and asked the same questions all over again, taking detailed notes on paper, and then leaving the room to go enter all of your information into a computer at the nurses' station.

At Virginia Hospital Center, this inefficient scenario has greatly improved since the launch of Soarian®, an electronic medical record (EMR) system that streamlines documentation and allows nurses to spend more time face-to-face with patients. Every patient room is now equipped with a portable computer at the patient's bedside, which nurses use to record your medical history, vital signs, and each time medications are administered. Because all data entry into the system is "live," there is no transcribing from paper (which greatly reduces the potential for recordkeeping errors) and your digital chart always reflects your most accurate and up-to-date health information. The time nurses previously devoted to redundant paperwork is now freed up for more hands-on care.

"Before, it always felt like most of my time during my 12-hour shift was spent charting," says ICU nurse Rachelle Shepherd. "Now that's been cut in half. I'm able to take care of the holistic needs of patients who are critically ill and spend more time providing emotional support to their families, who are under considerable stress."

Soarian also makes it easier to explain the clinical side of care. A nurse who has logged into the system at the bedside can pull up (and print out) information on specific drugs or treatments that have been ordered, so patients understand specific care decisions and feel empowered. "Patients who have recently been diagnosed with cancer always have a lot of questions," says oncology and surgical nurse Lisa Mohammed, RN. "With the system, we can click on a specific medication and immediately pull up information about side effects, and what the drug is targeting."

Electronic recordkeeping also promotes safety by ensuring that medications, lab tests, therapeutic treatments, and screenings are delivered consistently according to doctors' orders. Upon admission, each patient receives a wrist band with a personal bar code that corresponds to their electronic chart. "This wrist band is scanned prior to any treatment or medication administration. This assists in ensuring that the correct patient is receiving the correct drug and the correct dosage at the proper time through



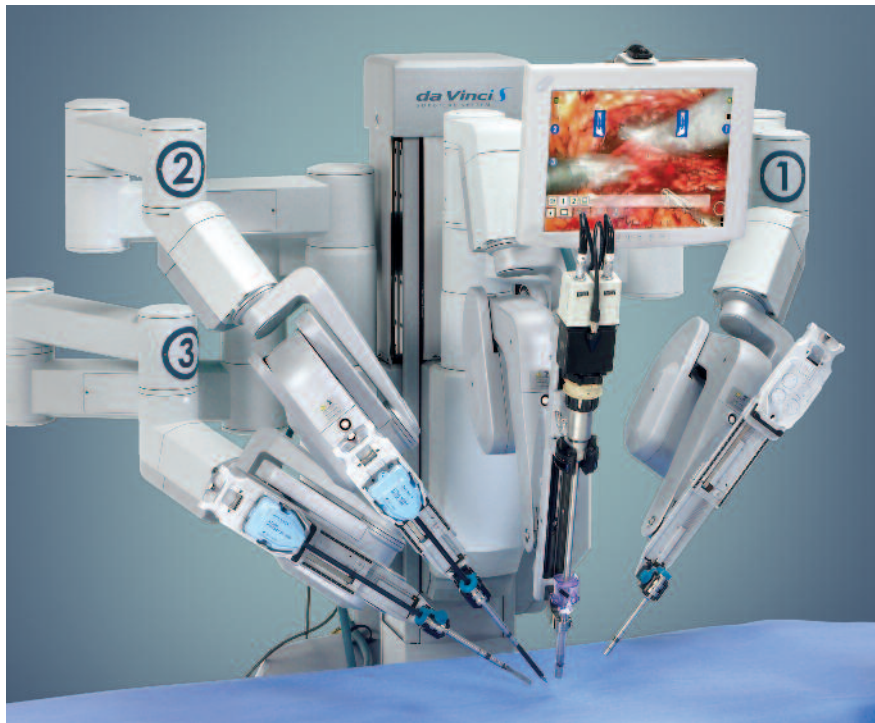
the proper route," notes Dan O'Connell, RN. "When patients see us verifying their information, it makes them feel safer and more secure."

At the same time, electronic charting allows patients to rest without interruption. "If we have to administer an IV at night while someone is sleeping, we can simply scan their wrist band to confirm their identity, whereas previously, we would have had to wake them up to ask their name and date of birth," explains Anna Ha, RN, a surgical nurse who takes care of pediatric and gynecological surgery patients.

Today's technologies are sometimes viewed as "cold" products, but in this particular case technology is giving nurses more face time with patients and enhancing the "warm" environment of care by proactively meeting their physical and emotional needs.

"Even when I'm doing documentation, I'm with the patient the whole time," says Ha. "I get to know them better and build more of a rapport. Sometimes my patients feel lonely or sad—particularly women who are in pain or are dealing with the emotional aspect of having a hysterectomy. This system frees me up to give more comfort care, so I can hold their hand and tell them it's okay to feel the way they do. My job isn't just the medical side, but to heal the patient on the inside as well." ■

# ROBOTIC SURGERY CENTER: A NEW FRONTIER



*The "arms" of the da Vinci® Robotic Surgical System. Patients undergoing robotic surgery may experience less blood loss and less discomfort, which translate into a quicker overall recovery.*

Everyone can use an extra set of hands now and then. Since 2006, surgeons at Virginia Hospital Center have had a little help from da Vinci®, a robotic surgical system that can perform maneuvers never before possible. The technology doesn't replace surgeons, but rather arms them with a pair of robotic hands that are capable of doing things bare human hands can't do.

Does this mean the robot is calling the shots? No. Using high-powered magnification and 3-D imaging, the surgeon watches a console and makes delicate hand movements, which are then mimicked by the robotic arms inside the body. While the surgeon remains completely in control, the robotic hands are able to execute each manual gesture with unprecedented precision and accuracy. Mastery of this technology requires highly advanced training and expertise on the part of the surgical team.

"It's not a true robot, in that the robot is not thinking or acting independently," explains Robert M. Mordkin, MD, a surgeon with Washington Urology and now Director of the Hospital's new Robotic Surgery Center. "The robot simply replicates the specific movements of the surgeon."

With da Vinci, a surgeon can perform an entire, complex operation through tiny, buttonhole-sized incisions, reaching organs and structures from angles that would otherwise be impossible with hand-held instrumentation.

"With traditional laparoscopy, there are technical limitations because the laparoscopic instruments are straight and are fixed at the skin, which can limit movement," explains fellow urological surgeon Andrew B. Joel, MD. "The robotic system allows a

much greater range of motion and a steadiness that is impossible for human hands to duplicate."

The da Vinci system has applications in many fields of medicine, including urology, obstetrics/gynecology, urogynecology, general surgery, and colorectal surgery. Nationwide, some 85 percent of all prostatectomies performed this year will be done robotically. At Washington Urology, da Vinci is now used for nearly 100 percent of all prostate cancer surgeries and three quarters of all surgeries for kidney and bladder cancer.

"Robotics represent the next development and refinement along the surgical continuum, says Dr. Mordkin. "We've gone from being accomplished open incision surgeons to accomplished laparoscopic surgeons to accomplished robotic surgeons. All of the advantages of conventional laparoscopy are preserved in robotic surgery, but now we can do things more precisely."

For patients, this exactitude translates into less physical trauma, less post-operative pain and discomfort, less scarring, and a lower risk of infection. As a result, hospital stays are shorter and patients are able to resume normal activities quickly.

"Because robotic surgery is so accurate, it can result in significantly less blood loss, which leaves patients feeling more energetic following surgery," Dr. Joel explains. "If you're weak during recovery, that affects your progress. With da Vinci, patients are usually up and walking the evening after surgery." ■

## VIRGINIA HOSPITAL CENTER USES THE DA VINCI ROBOT FOR THESE SURGICAL PROCEDURES:

- ◆ BLADDER REMOVAL
- ◆ COLECTOMY (COLON CANCER SURGERY)
- ◆ HIATAL HERNIA REPAIR
- ◆ HYSTERECTOMY
- ◆ KIDNEY RECONSTRUCTION
- ◆ PARTIAL NEPHRECTOMY (REMOVAL OF KIDNEY TUMORS)
- ◆ PELVIC FLOOR PROLAPSE REPAIR
- ◆ PROSTATECTOMY (PROSTATE CANCER SURGERY)



*Pelvic Floor Center physicians (L-R): Othon Wiltz, MD, FACS, FASCRS; Maria Canter, MD, MSc, FACOG; Luis Sanz, MD, FACOG; Robert Mordkin, MD, FACS; Andrew Joel, MD; Jennifer McQuade, MD, FASCRS.*

## NEW PELVIC FLOOR CENTER OFFERS RELIEF AND RECOVERY

The term “pelvic floor disorders” refers to any number of conditions affecting the organs, muscles and ligaments in the pelvic area. When pelvic muscles and tissues are weakened, this may cause certain organs to shift out of place. This problem, known as prolapse, most commonly affects women whose muscles have been stretched by childbirth or natural hormonal changes.

Urinary incontinence, a common side effect of prolapse, occurs when pelvic organs sag or bulge, putting pressure on the bladder or urethra. This condition affects at least 10 to 20 percent of women under age 65 and more than half of women over the age of 65. In some cases fecal incontinence can also result from prolapse.

“One of the first things we tell patients is that they are not alone,” says colorectal surgeon Jennifer McQuade, MD, Co-Director of the new Pelvic Floor Center. “It’s more common than you think. If you have a problem that causes you to feel like you can’t control when you have to go to the bathroom, the first question is whether that message is coming from the muscles, the nerves or the brain. We have diagnostic tests to localize where the problem is, so we can treat it.”

Depending on the severity, most pelvic floor conditions can be treated with physical therapy, medication, outpatient procedures done in the physician’s office and/or surgery. Patients are often surprised to learn that some of the most successful treatments for incontinence are non-surgical, explains urogynecologist and Center Co-Director Maria Canter, MD, MSc, FACOG. “In fact, many of these conditions can be treated conservatively with medication and/or physical therapy,” she says.

“Our biggest concern for people with incontinence issues is that they stop socializing,” says physical therapist Pany Nazari, a specialist in pelvic floor rehabilitation. “If we can give them the courage and the tools they need, they can go back to their normal lives and they are no longer housebound. Incontinence is not something you have to accept as normal when you get older. We can do a lot for patients, even when they are well into their later years.”

The Pelvic Floor Center brings together a multidisciplinary team of colorectal surgeons, urogynecologists and urologists—all practicing in a single location on the same floor at Virginia Hospital Center. This proximity facilitates better communication and fast referrals. Appointments with specialists can be scheduled back-to-back on the same day for the patient’s convenience. The Center affords patients the comfort of receiving treatment for complex problems in one central place, particularly when multiple doctors are involved. Physicians work collaboratively to provide the best patient outcomes. ■

### NEED HELP?

The Pelvic Floor Center offers leading-edge treatments for a range of pelvic floor conditions, such as:

- ◆ Bladder polyps or masses
- ◆ Bladder stones
- ◆ Enlarged prostate
- ◆ Incontinence
- ◆ Obstruction-related constipation
- ◆ Pelvic organ prolapse
- ◆ Pelvic scar tissue requiring complex hysterectomy
- ◆ Rectal tumors
- ◆ Urinary frequency and urgency
- ◆ Urinary retention

**If these problems sound familiar, there’s no need to suffer. For more information on relief and recovery from pelvic floor conditions, call 703.717.4800.**

**An experienced member of the Pelvic Floor Center staff will help you determine which specialist is best for you.**

# DIAGNOSING BONE TUMORS

Breast, lung, prostate and colon cancers can spread to the bones if they metastasize, but not all bone cancers develop this way. Some cancers originate in the bones, as well as in soft tissues such as muscles, ligaments and nerves. Although they are far less common—representing only one percent of all cancers—patients who develop these conditions can now receive the treatment they need at Virginia Hospital Center.

Recently, the Hospital added the highly specialized field of orthopedic oncology to its comprehensive cancer services. Felasfa Wodajo, MD, who serves as the new Medical Director of the Center for Musculoskeletal Tumor Surgery, is one of only about 100 practicing orthopedic oncologists nationwide specializing in the treatment of bone and soft tissue tumors.

With this new expertise, the Hospital also now offers treatments for tumors that develop in bones and soft tissues that are not malignant. These benign conditions, while not cancerous, can be destructive.

Children sometimes develop benign tumors during growth spurts when portions of the bone fail to form properly. “The majority of these heal on their own and need only be observed,” says Dr. Wodajo. “However, some tumors that are benign can cause pain and bone damage if left untreated and require aggressive surgical treatment to kill the tumor cells.”

The first critical step in treating bone and tissue tumors is obtaining an accurate diagnosis. “In younger people with pain stemming from bone tumors, there’s often a history of injury, which clouds the story,” explains Dr. Wodajo. “They assume the pain is probably due to the injury. It usually takes several months before the true cause is identified because they don’t think there’s cause for worry.”

Diagnosing bone and soft tissue tumors can also be challenging because there are many different types. Whereas a simple biopsy will accurately determine whether

or not cancer is present in the breast, for example, a suspicious growth in the bones or soft tissues can be more difficult to pinpoint. “In the muscles, there are 50 different types of sarcomas (malignant tumors) and 100 potential benign tumors,” Dr. Wodajo explains. “In the bones, many different types of bone tumors can look alike under a microscope. That said, biopsy alone is not an accurate tool for diagnosis. It’s critical that you combine X-ray, MRI and CT scans with pathology reports to get a fuller picture.”

Given the vast number of variables involved in diagnosis and treatment, bone and soft tissue cases warrant a multidisciplinary approach and a high degree of combined expertise. A team of physicians, including Dr. Wodajo, radiation oncologists, pathologists, radiologists and medical oncologists, meets twice a month to review each patient’s case to determine the best treatment approach.

“We get a lot of referrals from orthopedic and general surgeons,” says Dr. Wodajo. “The referring doctor may find a mass in the muscle or a hole in the bone on an X-ray and send the patient to me for further evaluation. We work with radiologists and pathologists to clarify what’s going on.”

Preserving limb function is an important goal in orthopedic oncology. “Since many malignant tumors affect the ends of bones, it is common to have to replace a joint along with the bone—most commonly the knee or hip joint. “In these cases, an implanted prosthesis is used to replace the portion of bone and adjacent joint,” explains Dr. Wodajo, who has extensive experience in limb-sparing surgery and endoprosthetic reconstruction.

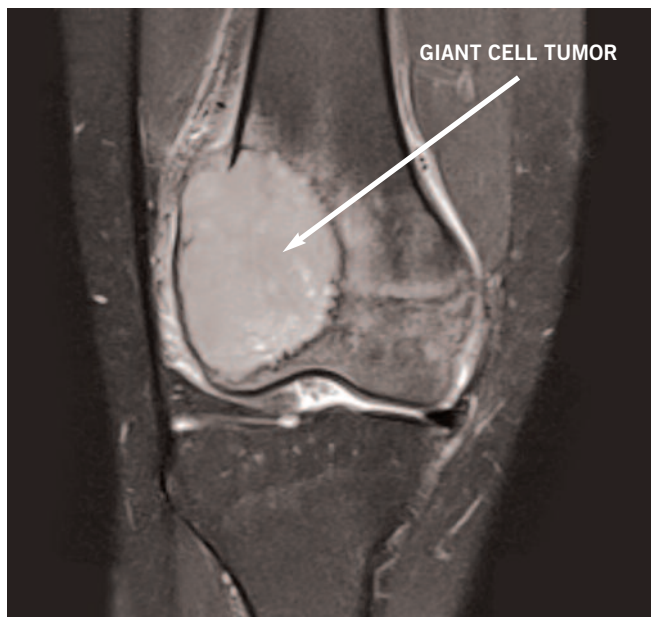
Because bone cancer behaves differently than other types of cancer, efforts to prevent metastasis also differ from other kinds of cancer treatment. “Malignancies that originate in the bone will spread to the lungs via the blood stream, not through the lymphatic system, so there’s no need to remove lymph nodes as you would for other kinds of cancer,” he explains.

Many treatments use radiation oncology (including CyberKnife®, an intense form of localized radiation) to shrink the tumor before it is surgically removed. Conversely, some treatment plans may prescribe radiation after surgery to kill any remaining tumor cells.

While bone and soft tissue growths can be tough to identify, most are not life-threatening. “More often than not, I have good news for my patients,” says Dr. Wodajo. “If there’s something in the bone that’s not causing pain, it’s usually not serious. But if it is, we have the right expertise and collaborative problem-solving here to ensure that it’s diagnosed accurately and treated appropriately.” ■



Felasfa M. Wodajo, MD



MRI showing a giant cell tumor of the bone. This is a common, benign aggressive tumor seen in young adults.

# ADVANCED HERNIA REPAIR

A hernia occurs when part of an organ (typically fat or intestine) protrudes through a weak spot in the muscle wall that contains it. Hernias can occur in many parts of the body, but they develop most often in the groin, the belly button, at prior scars or in the upper stomach. They are ten times more likely to affect men than women.

It is estimated that 5 million Americans have hernias, but only 700,000 have them surgically repaired each year. Hernias don't heal on their own, so ignoring them isn't a good strategy.

"Hernias never go away, and they can become larger over time," says surgeon J.R. Salameh, MD, FACS of the Hernia Program at Virginia Hospital Center. "There's always a small but real risk of incarceration, meaning the hernia pops through the muscle wall and becomes stuck. This constitutes an emergency situation. If you suspect you may have a hernia, it's best to have it checked out and to fix it electively."

With the latest advances in medical technology, the likelihood of hernia recurrence has been significantly reduced. Whereas surgeons once relied on sutures to fix the muscle wall, they now install a super-strength mesh to repair and reinforce the weak spot. "With this tension-free approach, there is less pain and the likelihood of recurrence is about one percent for most patients; five percent for complicated cases," says Dr. Salameh, who has performed more than 1,000 hernia surgeries.

**Unlike open surgery, which can take up to six weeks for recovery, those undergoing laparoscopic repair may resume normal activity within a few days.**

may resume normal activity within a few days, and exercise such as golf and running a week later.

The Hernia Program at Virginia Hospital Center offers treatment for all types of hernias, including inguinal and femoral (groin), hiatal (stomach), umbilical (navel), and incisional hernias occurring at the site of previous surgeries. Roughly a third of all cases treated by the program's expert surgeons—Dr. Salameh and Dr. James Mayes—are difficult cases, such as exceptionally large or repeat hernias that have returned after previous repairs have failed. Patients may call the program directly, as physician referrals are not required. ■

**To learn more about the Hernia Program, call 703.717.HERNIA (4376) or visit [www.surgicalassociatesvhc.com](http://www.surgicalassociatesvhc.com).**

## AFTER HERNIA REPAIR, MARATHON RUNNER PICKS UP THE PACE

Arlington resident Will Ellison began training for his sixth marathon just two weeks after undergoing laparoscopic repair of a bilateral hernia in May 2010. "I'd had traditional open surgery to repair a hernia on one side back in 2000, but then it came back, along with a new hernia on the other side," says Ellison, 44, a competitive runner who has run the Boston Marathon twice, as well as marathons in Berlin, London and Paris. "I didn't want to go through another surgery and have it come back again so this time I did research online. I found a lot of reputable information about Dr. Salameh and how he teaches this procedure. Once I met with him and asked about his success rates, I had a high confidence level."

Following the laparoscopic procedure to repair both hernias, Ellison was back on his feet in no time. "The difference between my first and second surgeries was like night and day," he says. "When I had my open repair, I had a big incision and it was tough going for a week afterwards. With laparoscopic, it was unbelievable. I was up and walking the next day with only minimal discomfort and never needed prescription pain medication. I'd had aggravated pain for years caused by scar tissue from the first surgery and now there is no pain. My running is elevated to the next level. My goal now is to finish the next marathon in three hours flat." ■



*Hernia repair surgery didn't slow down marathon runner Will Ellison.*



# Community Events

## A MORNING FOR LADIES: SATURDAY, JANUARY 29TH

### WHY YOU SHOULD HAVE A COLONOSCOPY NOW

Does your 2011 list of New Year's resolutions include colonoscopy? If you're 50 or older, or if you're younger than 50 and have a family history or heightened risk of colorectal cancer, it's time to begin this important routine screening for long-term health and wellness. That includes encouraging your husband or significant other to get screened as well.

Colorectal cancer is one of those healthcare topics that people avoid talking about and avoid being screened for because of the "yuck factor" associated with it. Yet colorectal cancer is the nation's third most diagnosed cancer, affecting men and women equally.

Recent studies have shown that women are the healthcare decision makers of the family. Over the long

term, keeping you and your loved ones on schedule with recommended colonoscopy screenings is as much a part of taking care of each other as cooking healthy meals or stepping out for a little exercise. As that healthcare decision maker of your family, please join us for another special "Morning for Ladies," led by a panel of the Hospital's top female physicians. Their talk will include an overview of colorectal cancer risk factors, how the screening process works, and the latest advances in colorectal cancer treatment.

Bring your sister, mom, grandmother, and girlfriends to this informative event. Be proactive and do all that you can to create the picture perfect health you want for yourself and those you love.

9:00 – 9:30 AM

HEALTHY CONTINENTAL BREAKFAST

9:30 – 10:30 AM

LECTURE FOLLOWED BY Q&A WITH:

- ◆ Neelima Denduluri, MD, Medical Oncologist
- ◆ Jennifer McQuade, MD, FASCRS, colorectal surgeon
- ◆ Truc Trinh, MD, gastroenterologist

- ◆ To register, call 703.558.6595.

Please call early as reservations are limited.

- ◆ Complimentary parking in BLUE Parking. Handicapped parking is available in front of the John T. Hazel, MD Conference Center.



*Each attendee will receive this frameless picture frame. One per attendee. Remember, do all you can to create your very own picture perfect health!*

## TOTAL JOINT REPLACEMENT CLASS

If you are considering, or scheduled for, total knee or hip joint replacement, we encourage you to attend our free class. Learn about pre-operative testing, what to expect during your Hospital stay and discharge planning options. To register, call 703.558.6159.

1st & 3rd Wednesday of every month, 1:00 – 4:00 pm

1st Wednesday of every month, 6:00 – 8:00 pm

Arlington Urgent Care Center, Carlin Springs Health Pavilion  
601 S. Carlin Springs Road, Arlington

## WEIGHT LOSS SURGERY SEMINARS

Learn about the weight loss surgery options, such as gastric banding and sleeve gastrectomy, and how they can help you take charge of your weight and your health. To register for this free seminar, visit [www.SurgicalAssociatesVHC.com](http://www.SurgicalAssociatesVHC.com) or call 703.717.4250.

Thursdays, 5:30 – 7:00 pm, 1/20, 2/17, 3/17, 4/21

Saturdays, 10:00 – 11:30 am, 2/5, 3/5, 4/2





# Cardiac, Vascular & Thoracic Surgery

## KNOW YOUR NUMBERS

February is American Heart Month. Have you joined the fight against cardiovascular disease, the nation's number one killer? You can start by getting to know your own heart a little better. That means keeping track of your blood pressure and cholesterol levels to reduce your risk of heart attack and stroke.

Each blood pressure reading is recorded as two numbers that occur within the span of one heart beat. The top number (systolic) indicates the highest level of pressure generated by your heart just after it pumps. The bottom number (diastolic) is the lowest level your blood pressure reaches before your heart beats again. A "normal" blood pressure reading to strive for is less than 120/80.

Symptoms of high blood pressure, or hypertension, may include headaches, nausea, chest pain, shortness of breath, or vision changes. But as many as 30-50 percent of people with high blood pressure don't know they have it, notes cardiologist Michael P. Notarianni, MD, FACC. "High blood pressure is an insidious disease because there are no symptoms unless it's very high. Your blood pressure can be 150/95 or 150/100 and you may have no symptoms, but it is still causing you danger."

Cholesterol levels are another leading indicator of heart disease risk, although not all cholesterol is harmful. Low-density lipoprotein (LDL) cholesterol (the "bad" kind) forms plaque deposits that can narrow the arteries, while high-density lipoprotein (HDL) cholesterol helps counteract some of the negative affects of LDL. An HDL reading between 40 and 60 is good, and anything over 60 is very good. An ideal LDL level should be less than 130 (or less than 100 if you are at height-ened risk for coronary disease or diabetes). Triglycerides, another type of fat found in the bloodstream, should ideally be less than 150.

If left undetected, hypertension and cholesterol build-up can cause permanent organ damage, resulting in heart attack, kidney failure, stroke, vision loss, or congestive heart failure. But there are easy preventive steps that can lower your risk:

**Exercise Regularly.** When you maintain a healthy weight, your heart has less body mass to support. "Your body must support one mile of capillaries for every pound of fat it contains," explains Dr. Notarianni. "You have less pressure when there is less resistance. Losing 20 pounds will result in about a 20 mm drop in your systolic number, and that's the one we target." Moderate exercise for 30 minutes, three to five times per week can make a difference, he says. "A good, steady walk for a half hour is adequate."

**Change Your Diet.** The risk of coronary disease can be significantly reduced with a high-fiber, low-carb diet that is rich in fruits and vegetables. Heart health is also improved by limiting sodium intake to 2.4 grams per day, and keeping alcohol to one or two drinks a day.

**Eat Slower.** If you think you're still hungry, wait a few minutes. "Our brains have a 15 minute lag time," Dr. Notarianni explains. "When we eat, our stomach stretches, and those stretch receptors send a message to the brain saying, 'Stop eating, I'm full.' If you eat slower, you will stop eating earlier in the process. If you eat fast, your brain doesn't know you're full." Portion control can also be improved by drinking fluids before you eat, and by starting your meal with fruits and vegetables, which have more bulk. "This way your stomach is already stretched by the time you get around to fattier foods," he says.

**Watch Your Numbers.** Checking your blood pressure regularly is smart practice, although grocery store and home monitoring devices aren't as accurate as the cuffs used by medical professionals. If you are using a home machine, be sure to bring it to your next physician's visit to compare results. For an accurate reading, blood pressure should be taken in both arms after sitting still for five minutes. ■

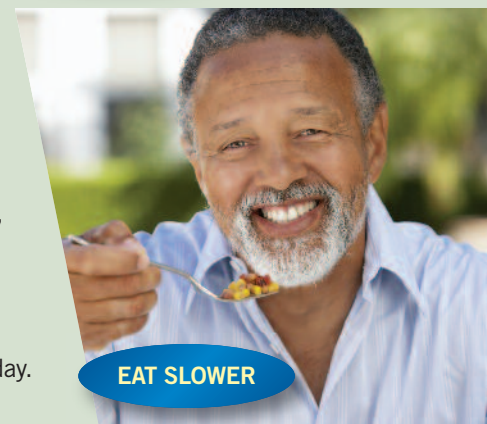
**Get to know your numbers for only \$25! Call the Health Promotion Department at 703.558.6740 to schedule your cholesterol and blood pressure screening.**



EXERCISE REGULARLY



CHANGE YOUR DIET



EAT SLOWER



WATCH YOUR NUMBERS



# Oncology

## FINDING THE RIGHT RADIATION ONCOLOGIST

When a patient has been diagnosed with cancer, chances are a lot of time is spent researching the latest radiation oncology treatments and the best doctors. Here's a look at why Virginia Hospital Center should be at the top of the list.

### All Treatment Options Available

Virginia Hospital Center is the only medical center in Northern Virginia offering CyberKnife®, which delivers a highly-focused dose of radiation to tumors of the spine, brain, lung, prostate, liver, pancreas and bone while avoiding healthy tissue. Accelerated Partial Breast Irradiation (APBI) is a treatment option for many breast cancer patients. With APBI, internal catheters target powerful doses of radiation to the cancer site after the tumor has been removed, while sparing healthy breast tissue. Because CyberKnife and APBI are so precise, powerful doses of radiation are delivered in a short period of time. Whereas other types of radiation treatment can take five or six weeks, CyberKnife and APBI treatments can be completed in just five days.

Other available radiation treatments include intensity modulated radiation therapy (IMRT), image guided radiation therapy (IGRT), brachytherapy and traditional 3-Dimensional Conformal external beam radiation (3D-CRT).

### Convenience and Support

Radiation oncology staff work hard to minimize patient anxiety and stress. Parking is free, and there are designated parking spaces for patients who cannot walk long distances. Appointments can be arranged to accommodate the patient's schedule. A broad range of support services, such as nutrition counseling, billing assistance, and support groups, are also offered.

### Communication

The first step in developing a good treatment plan is to make sure patients understand their options. "As a department, we put ourselves in our patients' shoes and treat them how we would want to be treated," says radiation oncologist Nadim Nasr, MD. "That includes family members, too. When we present all the treatment options, they have a lot to digest and will have a lot of questions. I don't mind if they call me, email me, or come back two days later with more questions. Our job is to educate them."

### Expertise

Every patient wants access to top doctors, and Virginia Hospital Center offers the best. Medical Director of Radiation Oncology Robert L. Hong, MD graduated from Medical College of Georgia School of Medicine and completed his residency in radiation oncology at Loyola



The Radiology Oncology Department Staff

**373:** Number of patients treated with CyberKnife treatment since the program started in February 2008.

**220:** Number of patients treated with APBI since the program began in May 2008.

**99%** Patient satisfaction scores for the Radiation Oncology Department since 2008.

University Medical Center. He is currently Assistant Professor of Radiation Medicine at Georgetown University. Recently named one of Washington D.C.'s Top Doctors by *Washingtonian Magazine* and *Northern Virginia Magazine*, Dr. Hong is widely published and is a frequent presenter on cutting edge-technology as well as cancers of the breast, prostate and lung.

Radiation oncologist Nadim Nasr, MD received his medical degree from The Virginia Commonwealth University School of Medicine and completed his residency in radiation oncology at Georgetown University Hospital. He has published on topics such as spinal tumors, pancreatic cancer and melanoma, as well as applications for CyberKnife in clinical care. ■

## PATIENT TESTIMONIAL

"Everybody treated me with respect and kindness, from the receptionist all the way up to the chief. It was important to me to be able to take my children to school, so the staff made my schedule work for them. There are only a certain number of hospitals on the east coast that offer APBI. Without Virginia Hospital Center, I would have had to go to Philadelphia or Richmond for treatment. If you do have to go through this, these are the people that you want to take you through it."

— **Susan Bainwol, breast cancer patient, received APBI treatment in October 2010**



All lectures and events are held in the Community Classroom of the Cancer Resource Center in the Rose Benté Lee Ostapenko Outpatient Oncology Center unless otherwise noted. Please use Green Parking. To register for these free programs, visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) or call the number indicated. For more information, call 703.558.5555.

## Lectures & Events

### Pre-Operative Class for Breast Surgery Patients

Jean Sullivan, RN, BSN, Breast Health Coordinator, reviews surgical procedures & management of dressings/drains.

To register, call 703.558.6908.

Thursday, 1/13, 2/24, 3/10 or 4/21, 6:00 – 7:00 pm

Friday, 1/28, 2/11, 3/25, 4/8, 10:00 – 11:00 am

### Prostate Cancer Series

Urologist Robert Mordkin, MD leads an open forum & answers questions about prostate cancer & treatment. To register, call 703.558.0912.

Tuesday, 1/25, 7:00 – 8:00 pm

### Lymphedema Awareness

Learn about lymphedema from certified lymphedema specialists. To register, call 703.558.0911.

Thursday, 1/13, 3/10, 5:00 – 6:00 pm

Friday, 2/11, 4/8, 11:00 am – 12:00 pm

### Look Good, Feel Better

Learn makeup & hair styling techniques to manage changes in appearance that may occur during cancer treatment. To register, call 703.558.5555. Group Room of Cancer Resource Center.

Monday, 2/7 or 4/4, 2:00 – 4:00 pm

### Tai Chi

Jimmy Kay, Tai Chi head instructor, presents four classes for cancer patients & family members. To register, call 703.558.0908.

Mondays, 2/7, 2/14/ 2/21 & 2/28, 7:00 – 8:00 pm

### Self-Massage for Peripheral Neuropathy

Lucille Eddy, oncology massage therapist, demonstrates simple effective massage to reverse the effects of chemotherapy-induced peripheral neuropathy. To register, call 703.558.0916.

Thursday, 2/10, 7:00 – 8:00 pm

### Healing & Renewal through Centering Prayer

Edward Bauman, PhD, chaplain & TV/radio personality shows how contemplative prayer can be a source of healing renewal. To register, call 703.558.0909.

Wednesday, 2/16, 7:00 – 8:00 pm

### Bereavement Workshop

Receive emotional support for grieving the loss of a loved one at this 6-week workshop facilitated by a Palliative Care nurse & a social worker. To register, call 703.558.0901.

Thursdays, 3/3, 3/10, 3/17, 3/24, 3/31 & 4/7, 6:30 – 8:30 pm

### Colon Cancer Prevention

Colon cancer is more than 90 percent preventable with proper screening. Colorectal surgeon Jennifer McQuade, MD discusses how to prevent colon cancer. To register, call 703.558.0917.

Tuesday, 3/8, 7:00 – 8:00 pm

### It's All About Wigs

Laura Waites, certified alternative hair/wig specialist, discusses buying & caring for wigs. To register, call 703.558.0910.

Thursday, 3/17, 7:00 – 8:00 pm

### Living Well After Cancer

Kathy Dorner, LCSW & Gail Gaspar, life coach, facilitate a 4-week program on how to take care of your body & mind after treatment is over. To register, call 703.558.0902.

Tuesdays, 3/22, 3/29, 4/5 & 4/12, 7:00 – 9:00 pm

### Metastatic Breast Cancer Update

Neelima Denduluri, MD, medical oncologist & breast cancer expert, reviews the latest treatments for metastatic & recurrent breast cancer. To register, call 703.558.0914.

Thursday, 3/24, 7:00 – 8:00 pm

### Coping with Chemo Brain

Donna Hafner, RN, OCN discusses symptoms of chemo brain & methods for coping with cognitive deficits associated with chemotherapy treatment. To register, call 703.558.0913.

Wednesday, 4/13, 7:00 – 8:00 pm

### Talking with Children About Cancer

Kathy Dorner, LCSW facilitates a discussion about talking with children & adolescents when their parents or grandparents have cancer. To register, call 703.558.0915.

Thursday, 4/28, 7:00 – 8:00 pm

## SUPPORT GROUPS

Support groups are held in the Group Room of the Cancer Resource Center unless otherwise noted.

### Head & Neck Cancer Support Group

Oncology professionals discuss special challenges & concerns for anyone diagnosed with head & neck cancer.

4th Wednesday / 7:00 – 8:30 pm, Community Classroom

### Support Group for Breast Cancer Patients with Children

Join other mothers to discuss living with a breast cancer diagnosis & raising a family.

4th Friday / 1:00 – 2:30 pm

### Early Stage Breast Cancer Support Group

Women share concerns & learn new coping techniques.

Tuesdays\* / 5:00 – 6:30 pm

\*except for the 5th Tuesday of the month

### Write Away Group

Patients share their writings about cancer diagnosis. Call 703.558.6913 for dates & times.

### Healing through Art

Learn how to use art to cope with cancer diagnosis. To register, call 703.558.6913.

3rd Wednesday / 7:00 – 8:30 pm

### Recurrent/Metastatic Cancer Support Group

For any type of cancer diagnosis. To register, call 703.558.6913.

1st & 3rd Tuesday / 1:00 – 2:30 pm

### Lymphoma Support Group

For patients/family members with Hodgkin's disease or non-Hodgkin's lymphoma.

4th Wednesday / 4:00 – 5:30 pm

### Prostate Cancer Support Group

Discussion group for men & their significant others.

4th Tuesday / 7:00 – 8:30 pm

### Reiki

Enjoy a free half-hour of Reiki. By appointment only. Call 703.558.6284.

2nd Friday





# Women & Infant Health

## BLIZZARD BABIES

Northern Virginia saw record snowfall last winter with the blizzards many referred to as “Snowpalooza” and “Snowmageddon.” Virginia Hospital Center delivered a record number of babies in 2010, beating its annual average of 3,700 births by at least ten percent.

Coincidence? Probably not. “It’s pretty common to see a baby boom nine months after a blizzard,” says WJLA ABC7 meteorologist Adam Caskey, whose own blizzard baby, Callie, was born in November at Virginia Hospital Center. “What was unique for us last year in the DC area is that we had not one but three blizzards—one in December and two more in February.”

As a result, the Hospital saw an up-tick in deliveries in September, and experienced an even bigger surge in November, delivering up to 24 babies some days compared to an average of 12. But you’d never know it. The atmosphere in its state-of-the-art Women & Infant Health Center remains serene.

“With the care we got during Callie’s birth, you never would have known they were so busy,” says Caskey, whose older son, Teddy, was also born at Virginia Hospital Center. “I heard they were full, but we couldn’t tell. It wasn’t hectic. Everything was calm and we were all well taken care of. Those two days in the Hospital were kind of like a mini-vacation for us. We got there at 11:00 pm Tuesday night and went home Thursday afternoon.”

Much of that peaceful atmosphere is by design in an environment that offers all the comforts of home, combined with exceptional medical care. Patient satisfaction scores are consistently high at the Women & Infant Health Center, which features all

***Virginia Hospital Center delivered a record 4,000+ babies in 2010. Many were blizzard babies.***



***WJLA ABC7 meteorologist Adam Caskey and his wife, Pam, had their very own blizzard baby, Callie, born in November. Their first child, Teddy, was also born at Virginia Hospital Center.***

private mom-baby rooms, a NICU with all-private suites, 24/7 anesthesia and neonatal coverage, a daily “quiet rest time” from 2:00 to 4:00 pm, and a broad range of support services for new parents, from lactation consultants to parenting groups.

When the snow hit last winter, the staff were prepared. Recent renovations had already brought the Center’s total number of mom-baby rooms to 50 and increased the number of Labor and Delivery rooms from 12 to 16.

“We had already expanded our space in anticipation of an increased birth rate. Population demographics in our area have been changing and the birth rate has been steadily increasing every year, so we were ready,” says Eileen Andreoli, RN, MSN, Associate Vice President of Patient Care Services.

As busy as the Center has become of late, personalized care and good patient communication remain a top priority. In preparation for discharge from the Hospital, moms and their significant others are invited to a

gourmet breakfast and presentation on baby care. After the breakfast, each mom returns to her room for an individual meeting with the mom-baby nurse who has been caring for her and her newborn. The nurse answers questions and reviews personal discharge instructions, so moms feel more prepared about going home.

“We do rounds every day to ask patients what they need and what we can improve upon,” Andreoli says. “The discharge breakfast was an idea that came right from our patients.”

That momentum to integrate patient suggestions will continue, she says. But will 2011 see even more new babies than the 4,000+ delivered in 2010?

Not likely, says weatherman Caskey, who himself was born during a blizzard in Minneapolis. “This year is La Niña, so our area should have warmer storms with less accumulation and more rain,” he says. “It’s not looking as snowy, which is unfortunate for me. I love snow and I love babies.” ■

## Childbirth Education Classes

### Preparation for Childbirth (6-Week Class)

This 6-session class for expectant parents covers all aspects of pregnancy through the postpartum period. Includes infant care skills & a tour of the Women & Infant Health Center.

Tuesdays, 1/4 – 2/8, 2/22 – 3/29 or 4/12 – 5/17  
Wednesdays, 1/5 – 2/9, 2/23 – 3/30 or 4/13 – 5/18  
7:30 – 9:30 pm (C) \$180

### Saturday Preparation for Childbirth Class

This one-day class for expectant parents covers all aspects of pregnancy through the postpartum period. Includes a tour of the Women & Infant Health Center.

1/22, 2/26, 3/26 (C) \$165

### Infant Care Skills

Expectant & adoptive parents learn about nursery needs, infant safety & growth & development. Includes a lecture by a pediatrician.

2/24 or 4/28 7:00 – 9:30 pm (C) \$60

### Preparation for Breastfeeding

Learn about nipple & breast care, sleep & awake states of the baby, breastfeeding for working mothers & breast pumps. Coaches welcome.

1/27, 2/7, 3/24 or 4/5 7:00 – 9:30 pm (C) \$60

### Sibling Class

The sibling class helps children, ages 2-6, adjust to their mothers' stay in the Hospital & the addition of a new sibling. Children have an opportunity to properly hold & diaper a life-like doll & tour the Postpartum Unit & Nursery.

Saturdays, 1/8, 2/12, 3/12 or 4/9  
9:30 am  
for 2-3 years old  
10:30 am  
for 4-6 years  
(L) \$30



### Hospital Tour for Expectant Parents

Tours of Labor & Delivery, Recovery, Nursery & Postpartum Units are offered for adults only. Free of charge, but registration is required.

Sundays, 1/9, 1/23, 1/30, 2/6, 2/13, 2/27, 3/6, 3/13, 3/27, 4/3 or 4/10 2:00 pm (L)

### Breastfeeding Support Group

A weekly support group to provide encouragement & education to the newly breastfeeding mom. Share your concerns with a registered nurse.

An infant scale is available for weight checks. Free of charge, but registration is required.

Wednesdays, 12:00 – 1:00 pm (L)

### Breastfeeding Support Group for the Working Mom

Working moms have an opportunity to share strategies for breastfeeding success after returning to work. This group is designed for moms who have already established successful breastfeeding—it is not for the expectant or newly breastfeeding mom. Babies welcome! Free of charge, but registration is required.

Sundays, 1/23, 2/6, 2/27, 3/6, 3/20, 4/3 & 4/17  
7:00 – 8:30 pm (L)

### New Parents Support Group

Join other new parents two mornings a month to share your parenting experiences. Babies welcome! Free of charge, but registration is required.

Wednesdays, 1/19, 2/2, 2/16, 3/2, 3/16, 4/6 & 4/20  
10:30 am – 12:00 pm (L)

### Postpartum Support Group

Talk with other new mothers who are finding the postpartum weeks overwhelming. If you are feeling sad, anxious, angry or irritable, group support can help. Babies welcome! Free of charge, but registration is required.

Wednesdays, 1/12, 1/26, 2/9, 2/23, 3/9, 3/23, 4/13, or 4/27  
10:30 am – 12:00 pm (L)

### Prenatal & Postnatal Massage/Acupuncture

Specially-trained massage therapists & acupuncturists support you throughout your pregnancy from conception to labor & delivery, & after your baby has arrived. Services are available in the Teal Center's suite located on the Hospital's campus, at the bedside in your private patient room, & also during labor & delivery. For an appointment, call 703.558.5454.



## SIGN UP FOR CHILDBIRTH EDUCATION CLASSES IN YOUR FIRST THROUGH FOURTH MONTH OF PREGNANCY

To register, visit  
[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)  
or call 703.558.2468.

### CLASS LOCATIONS

(C) = John T. Hazel, MD  
Conference Center

(L) = Women & Infant Health  
Lobby Classroom  
1701 N. George Mason Drive

## Heart Saver CPR

The American Heart Association Heart Saver CPR Course explains how to give CPR in a safe, timely & effective manner to an adult, child or infant. This class is recommended for expectant parents & new parents. To register, call 703.558.6970 or visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com).

Saturday: 2/5, 3/5 or 4/2  
9:00 am – 1:00 pm

Monday: 1/24, 2/14, 3/14  
or 4/11  
6:00 – 10:00 pm  
(C) \$55 per person



# Health Promotion

To register, please fill out the registration form or visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) and click on "Programs & Classes".

ALL SESSIONS ARE 6 WEEKS UNLESS OTHERWISE NOTED. For more information on Health Promotion classes, call 703.558.6740.

## Body Sculpting

Tone your upper, lower body & abs using a variety of fitness tools. All levels are welcome.

Mon 6:00 – 6:45 pm begins 1/24 & 3/21 (H)  
Wed 6:00 – 6:45 pm begins 1/26 & 3/23 (H)  
Sat 10:00 – 10:45 am begins 1/29 & 3/26 (CS) \$42

## Cardio Strength Circuit

A faster-paced cardio & strength training class for those with an intermediate fitness level.

Tues 5:30 – 6:15 pm begins 1/25 & 3/22 (H) \$42

## Fitness for Bone Health

A 6-week class aimed to improve strength, balance & coordination & reduce risk of falls & bone injuries.

Tues 6:30 – 7:15 pm begins 1/25 & 3/22 (H) \$50

## Yoga for Everybody

This traditional approach to yoga reduces stress & increases strength & flexibility.

Wed 6:30 – 8:00 pm begins 1/26 & 3/23 (CS) \$66

## Gentle Yoga

Restore flexibility, regain strength & ease tensions.

Tues 9:30 – 11:00 am begins 1/25 & 3/22  
Thurs 9:30 – 11:00 am begins 1/27 & 3/24 (CS) \$66

## Adaptive/Seated Yoga

For older or physically-challenged adults with limited mobility, chronic pain or neuropathy. Adaptive yoga emphasizes breathing, stretching & going at your own pace. All ages & ability levels welcome.

Tues 11:15 am – 12:15 pm begins 1/25 & 3/22 (CS) \$66

## Yoga for Type II Diabetes

Designed for people living with, or at risk for, Type II Diabetes. In addition to yoga, learn about foot care, mindful eating, lifestyle changes & how to develop a home yoga practice. \*8 week session.

Tues 6:30 – 8:00 pm begins 2/1 (H) \$90

## Hatha Yoga

Tues 12:00 – 1:00 pm begins 1/25 & 3/22  
Thurs 6:00 – 7:15 pm begins 1/27 & 3/24  
Sun 10:00 – 11:15 am begins 1/30 & 3/27 (H) \$66

## Prenatal Yoga

Stretch muscle groups essential for efficient labor & delivery. Physician approval required.

Mon 7:00 – 8:15 pm begins 1/24 & 3/21 (H)  
Tues 10:30 – 11:45 am begins 1/25 & 3/22 (H)  
Tues 6:15 – 7:30 pm begins 1/25 & 3/22 (CS)  
Wed 7:00 – 8:15 pm begins 1/26 & 3/23 (H)  
Sat 10:00 – 11:15 am begins 1/29 & 3/26 (H)  
Sun 11:15 am – 12:30 pm begins 1/30 & 3/27 (H) \$78

## Prenatal Partner Yoga

Learn support techniques & restorative postures designed to help with the discomforts of pregnancy & labor. Physician approval required.

Sunday, 1/30 or 2/20 1:00 – 2:30 pm (H) \$40/couple

## Itsy Bitsy Yoga® for Babies

Created by founder Helen Garabedian; learn yoga postures to support baby's developing body (6-weeks to almost crawling).

Fri 10:00 – 10:45 am begins 1/28 & 3/25  
Sat 2:30 – 3:15 pm begins 1/29 & 3/26 (H) \$78

## Itsy Bitsy Yoga® for Tots

Fun-loving yoga class for parent & toddler (active crawling to 24 months).

Mon 10:00 – 10:45 am begins 1/24 & 3/21  
Sat 3:30 – 4:15 pm begins 1/29 & 3/26 (H) \$78

## Gentle Pilates

Start with this class to learn proper Pilates form. Special needs & limitations accommodated.

Tues 7:30 – 8:30 pm begins 1/25 & 3/22  
Sat 9:00 – 10:00 am begins 1/29 & 3/26 (H) \$78

## Pilates

Balance your body by strengthening core muscles that support the spine (back, abs, neck, hips & thighs).

Mon 7:30 – 8:30 pm begins 1/24 & 3/21 (CS) \$78

## Pilates Plus

A fun, challenging Pilates mat class incorporating the use of bands and other equipment for added resistance while performing classic Pilates exercises. All levels welcome.

Mon 6:15 – 7:15 pm begins 1/24 & 3/21 (CS) \$78

## Pi-Yo

Tone & energize with this blend of Pilates strengthening & Yoga movement.

Tues 7:30 – 8:30 pm begins 1/25 & 3/22 (CS)  
Thurs 7:30 – 8:30 pm begins 1/27 & 3/24 (H) \$78

## Postpartum Pilates

Get back into shape after childbirth!

\*(Mon. & Fri. for Mom & baby / Sat. for Moms only)

Mon 11:00 – 11:45 am begins 1/24 & 3/21 (H)  
Fri 11:00 – 11:45 am begins 1/28 & 3/25 (H)  
Sat 11:15 am – 12:15 pm begins 1/29 & 3/26 (H) \$78

## Tai Chi Movement

Combine Tai Chi & Qi Gong postures to foster a healthy, balanced mind & body. \*8-week session.

Thurs 6:15 – 7:15 pm begins 1/27 (CS) \$72

## Exercise for Busy People

Learn how to incorporate activity into your busy day at home, at work or when traveling, with simple but effective exercises. Participants receive an exercise band & instruction booklet.

Tues 2/1 7:00 – 8:00 pm (H) \$15

## Good Health Starts at Home

Learn easy exercise and meal planning tips to promote healthy lifestyle habits for you & your family. 2-week session.

Wed 2/2 & 2/9 7:00 – 8:00 pm (H) \$30



Ballston Mall-Walkers enjoy a stroll.



(H) = Virginia Hospital Center  
(CS) = Carlin Springs Health Pavilion at 601 S. Carlin Springs Road, Arlington

# SENIOR HEALTH PROGRAMS

For more information, call 703.558.6859.

## “Quit for Good” Smoking Cessation

Conquer the 3 aspects of smoking: addiction, habit & psychological dependency. \*5 sessions.

Mon & Wed 7:15 – 8:15 pm begins 3/21 (H) \$50

## Massage for Couples

Learn the benefits & techniques of massage in this hands-on workshop.

Sat 3/19 9:30 am – 12:00 pm (CS) \$45/couple

## HealthWorks

Bring customized health promotion programs, health fairs & wellness classes on-site to your business.

## One on One Assessments

For an appointment, call 703.558.6740.

## Body Fat Analysis

Using high-tech equipment, we assess your percentage of fat, muscle & water. \$15

## Dermascan

Non-invasive black-light scanning device which examines head & neck for potential or existing sun damage. \$10

## Bone Density Screening

Osteoporosis risk assessment screening using pDEXA scan of the forearm. \$35

## Resting Metabolic Rate Screening

Determine the number of calories you burn at rest, using the MedGem® indirect calorimeter. This is an important measure in assessing nutritional needs & helping you achieve weight management goals. \$55

## Fingerstick Cholesterol Screening

Total Cholesterol & HDL. \$19

Total Cholesterol, HDL, LDL & Lipids. \$23

Total Cholesterol, HDL, LDL, Lipids & Glucose. \$25

## Hypothyroidism Screening

Fingerstick blood test. \$25

## A1-C Diabetes Screening

Fingerstick blood test. \$25

## Alzheimer’s Caregiver Support Group

3rd Wed of every month 10:30 – 11:30 am (CS)

## Seniorcise

Maintain & regain strength & flexibility. 10-week sessions.

Mon/Wed/Fri, 9:15 – 10:15 am Arlington Forest Methodist Church or McLean Baptist Church. \$70

Mon/Wed, 10:30 – 11:30 am Calvary Methodist Church, Crystal City. \$47

Classes start Monday 1/17 & 4/11

## Strength Training for Seniors

Improve range of motion & muscle strength. \*6-week sessions.

Mon 1:00 – 1:45 pm begins 1/24 & 3/21 (H)

Thurs 1:00 – 1:45 pm begins 1/27 & 3/24 (CS) \$42

## Mall-Walking Program

A free fitness program featuring walking, stretching & blood pressure checks.

Tues & Thurs 8:30 – 9:30 am Ballston Common Mall

## Lifeline Emergency Response

A 24-hour medical alert system personally overseen by Hospital staff.

## Healthy Aging Lecture Series\*

Fridays, 11:00 am – 12:00 pm (CS)

- 1/21 **PREPARING FOR THE UNEXPECTED HOSPITAL VISIT**  
John Sverha, MD  
Chief of Emergency Medicine
- 2/18 **PORTION DISTORTION**  
Cathy Turner, MS
- 3/18 **VITAMIN & SUPPLEMENT BREAKDOWN**  
Zeina Hamra, RD  
Surgical Associates
- 4/22 **INTIMACY AFTER 60**  
Linda Kunkel, RN, MS  
Care Options

\*Registration required.

## Health Promotion & Senior Health Registration Form

Complete this form and mail to Health Promotion Department, Virginia Hospital Center, 1701 N. George Mason Drive, Arlington, VA 22205-3698; or fax to 703.558.2456. Checks should be made payable to Virginia Hospital Center. You will receive a confirmation with directions. Parking tokens provided. For more details, call 703.558.6740.

Program Name

Program Date

Amount Enclosed

Name

Daytime Phone

Email Address

Address

Credit Card #

Visa  Mastercard  
 Amex  Discover

Exp. Date

Signature

James B. Cole  
President & CEO  
R. Michael Amedeo, MD  
President, Medical Staff

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[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)  
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Each person's health status is unique. The information offered in *HealthReach* is general in nature. Your personal healthcare provider is your best source of medical advice.

## THE DOCTOR WILL SEE YOU NOW

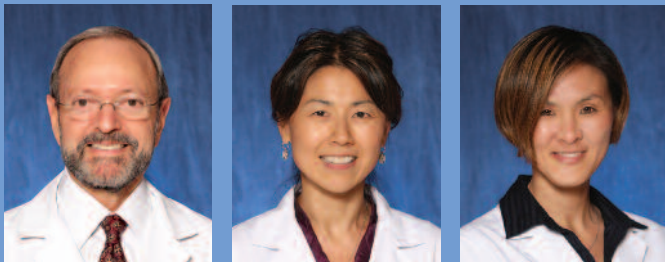
Do you have a primary care physician? If not, now is a good time to choose one. Having a primary care physician (family practitioner or internist) who knows you and your health history is one of the best things you can do for your long-term health and wellness. For your kids, a pediatrician plays this role. But don't wait until you're sick or injured to establish a relationship. It's important to start seeing a primary care physician when you are well to have a baseline for comparison.

### A PRIMARY CARE DOCTOR CAN...

- ◆ Serve as your advocate and home base for all medical records and care decisions
- ◆ Provide recommended flu shots and vaccinations
- ◆ Recommend and expedite appointments with appropriate specialists when you become ill or injured
- ◆ Perform routine physicals for preventive care, sports, school, adoption or employment
- ◆ Recommend age-appropriate screenings for cancer, bone density and cardiac health
- ◆ Maintain a long-term perspective on your individual risk factors based on personal and family history, including cardiac, cancer, and diabetes risks

Virginia Hospital Center has a heavy presence of affiliated primary care physicians, so it's easy to find one for yourself and your family. Here are two practices currently accepting new patients.

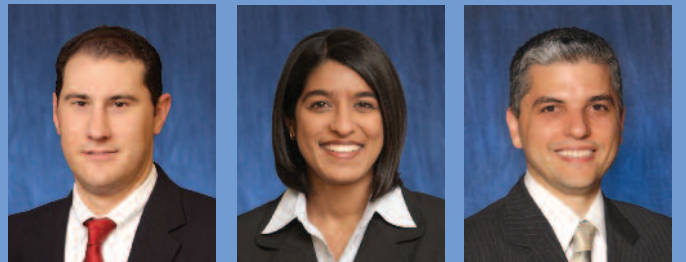
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To find other primary care physicians at Virginia Hospital Center, visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com), click on "Find a Doctor" and select Family Practice, Internal Medicine or Pediatrics from the Select Specialty drop-down box.