

# Health Reach

YOUR RESOURCE FOR WELLNESS

## SURGERY: THAT WAS THEN, THIS IS NOW

**I**f you've ever put off having surgery, you're not alone. Many patients dread and avoid it, mistakenly assuming that every procedure involves a lengthy hospital stay, prolonged recovery, terrible pain and too much time away from work. But surgery isn't what it used to be.

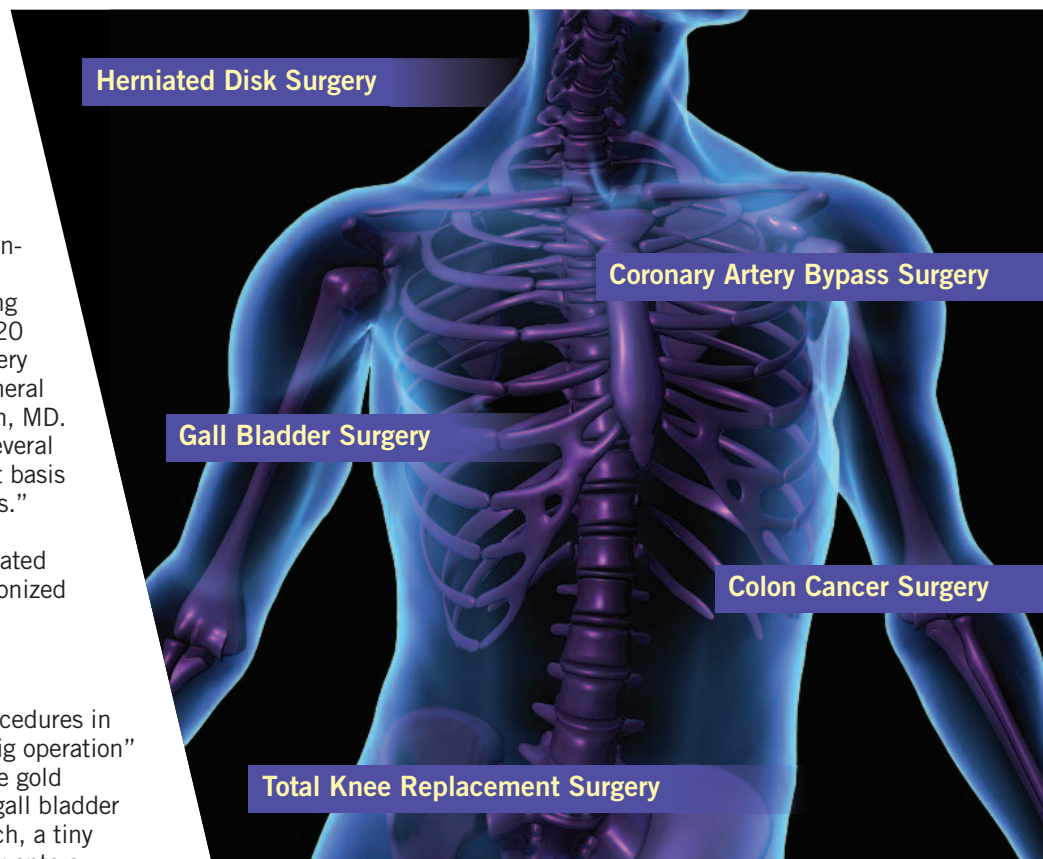
Today's smaller incisions, smaller instrumentation, and advanced technologies have made procedures far safer and more precise, allowing patients to bounce back quickly. "In the last 20 years, we've seen the biggest changes in surgery since the inception of surgery itself," says general surgeon and laparoscopic expert J. R. Salameh, MD. "Today a lot of surgeries that once required several days in the hospital are done on an outpatient basis and patients can go home after a couple hours." Here is a rundown of how specialized medical expertise, advanced technology, and sophisticated instrumentation and medication have revolutionized surgery in just 20 years.

### TINY INCISIONS

With the emergence of minimally-invasive procedures in nearly every surgical discipline, fear of "the big operation" is largely unwarranted. Laparoscopy is now the gold standard for most abdominal surgeries, from gall bladder removal to weight loss surgery. In this approach, a tiny camera transmits images from inside the body onto a high-resolution, 3-D monitor, which the surgeon uses as a live roadmap. Repairs are then executed with delicate instruments inserted through incisions no larger than a dime. The fact that the incisions are small means they heal quickly, resulting in less postoperative pain, a lower risk of infection or complications and a much faster return to work.

Laparoscopy itself is becoming more and more sophisticated. Some procedures that previously required a series of small incisions can now be completed with just one tiny incision measuring less than one inch. Some gall bladder removals, for example, can now be performed laparoscopically through a single incision at the navel, thus producing no visible scar.

Robotic surgery has taken many laparoscopic procedures to the next level. Using robotics, surgeons have an unparalleled range of motion and the ability to carry out delicate maneuvers inside the body with computer assistance. With robotics, many procedures that formerly required open surgery can now be



performed with great precision through small incisions, thus reducing the impact on healthy tissue and speeding recovery times for patients.

### NO STITCHES

Surgeons are doing a lot less sewing these days, as new advances for many procedures have made stitches unnecessary. Patients benefit by having a faster recovery since they don't have to endure the secondary trauma of suture removal. Take cataract surgery, which 20 years ago required a 180-degree

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# SURGERY: THAT WAS THEN, THIS IS NOW

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incision with stitches. “This meant two to three weeks of downtime for patients because the stitches caused distortions in their vision and they couldn’t see,” says Melissa Kern, MD, Department Chief of Surgery. “Today it requires only a three-millimeter incision and the procedure is suture-less. We construct a beveled wound in such a way that it closes up itself.” As a result, patients have fully restored vision the next day. And because eye anesthesia is now administered topically versus through an injection, patients can go home without an eye patch.

Other types of surgery now use titanium staples that can remain in the body in lieu of hand suturing, making the stitching up process faster and more accurate. High-precision energy devices also allow surgeons to seal up blood vessels as opposed to tying or clipping them. The result is less bleeding, a faster surgery time and a lower risk of complications.

## SMARTER IMAGING

Today, surgeons encounter fewer surprises in the operating room. With advanced CT, MRI and PET scanning equipment, imaging specialists can map out the body’s anatomy and chemical composition with extreme precision—pinpointing, for example, the exact size and location of a tumor before a single cut is made. As a result, surgical excisions and repairs are much more localized, with minimal disruption to surrounding structures, organs and healthy tissue.

“The new imaging technology has enabled surgeons to do better surgery planning,” explains Dr. Salameh. “We used to have to open up the belly just to take a look. Now we usually know what we’re treating before we go in.”

## SURGERY HAS CHANGED DRAMATICALLY IN 20 YEARS

We spoke to the medical leaders of each surgical discipline to compare common surgical procedures then and now.



**Stephanie R. Akbari, MD**  
Medical Director  
Breast Surgery

### Mastectomy (breast cancer surgery)

Then: Radical mastectomy  
Now: Modified radical mastectomy

### Average Hospital Stay

Then: 7 days  
Now: 1 day

### Recovery Time

Then: 6 weeks  
Now: 2 weeks



**Gordon L. Avery, MD**  
Department Chief  
Orthopedic Surgery

### Total Knee Replacement

Average Hospital Stay  
Then: 7 days  
Now: 3 days

### Recovery Time

Then: 6 weeks  
Now: 3 weeks



**John R. Garrett, MD**  
Department Chief  
Cardiac, Vascular & Thoracic Surgery

### Coronary Artery Bypass Grafting (reroutes blood around clogged arteries)

Average Hospital Stay  
Then: 8 days  
Now: 4.5 days

### Recovery Time

Then: 12 weeks  
Now: 8 weeks



**Melissa Kern, MD**  
Department Chief  
Surgery

### Cataract Surgery (eye lens replacement)

Average Hospital Stay  
Then: 2-3 days  
Now: Outpatient (same day)

### Recovery Time

Then: 2-3 weeks  
Now: 1-2 days



**Robert M. Mordkin, MD**  
Department Chief  
Urology

### Prostatectomy (prostate cancer surgery)

Then: Open prostatectomy  
Now: Robotic prostatectomy

### Average Hospital Stay

Then: 3-4 days  
Now: 1-2 days

### Recovery Time

Then: 4-6 weeks  
Now: 2-3 weeks

## BETTER DRUGS

Medication advances are also making surgical recovery faster and more comfortable. Anti-nausea drugs make post-operative transitions easier, as do pain medications that patients may self-administer with the touch of a button (without having to call a nurse for assistance).

In some cases, drugs have replaced the need for surgery altogether. Ulcers, which were once treated with gastric resections, are now treated with medication because physicians now know they are caused by bacteria.

## TARGETED EXPERTISE

Patients today also benefit from surgeons who are highly trained in the use of advanced technologies for very specific procedures. For example, a colorectal surgeon may have completed an extra fellowship to hold a high degree of expertise in surgical interventions on the colon and rectum.

As a result, even major procedures, such as colectomy (which involves the partial or full removal of the lower intestine to treat colon cancer or colitis) have become less traumatic. “Previously this type of surgery involved a large incision and a ten-day post-op hospital stay with considerable pain. This was the norm,” says colorectal surgeon Othon Wiltz, MD. “Back then patients could expect to be out of work for four to six weeks. Today the procedure can be done laparoscopically with a small incision. Most patients go home within three to five days and return to work in two or three weeks.”

With 178 surgeons specializing in 20 surgical disciplines, Virginia Hospital Center is proud to serve its patients with the latest procedures, state-of-the-art technologies and comprehensive patient education programs. ■

# WHAT TO EXPECT DURING YOUR HOSPITAL STAY

*The more we engage patients and families as active participants in the healthcare process, the better the patient experience will be. Virginia Hospital Center values communication with patients to keep them safe and very satisfied with their care.*

## Communication

Effective communication leads to better patient care and we want to explain your care in a way that you understand. Ask us questions if you are confused or uncertain. We want to listen to your concerns and address them.

- ◆ Each room has a white communication board with the patient's information and a daily care focus. The board is updated every shift with the name and phone number of your nurse, patient care assistant and case manager.
- ◆ All staff members wear an ID badge. Upon entering a patient room, staff will identify themselves, explain why they are there, and ask if you have any concerns they can address.
- ◆ Hand washing and double identification are two patient safety initiatives that all staff must follow. Hand washing should occur before and after every patient interaction. Staff who administer medication or treatment should first ask the patient's name and date of birth to confirm double identification. If these protocols are not followed, we encourage you and your family to speak up.

## Responsiveness to Needs

Whenever you need assistance during your Hospital stay, we want to respond promptly and address your concerns effectively.

- ◆ Our staff is here to help you manage your pain so that it is well controlled. If you are in pain, use your call button to reach the nurses station or call your nurse directly. The nurse will ask you where your pain is located and to rate it on a scale of 1 to 10.
- ◆ When you are admitted, your nurse will assess your risk of falling based on medications and mobility. Discuss your nighttime routine, including if you want a light on or how likely you are to get up to use the bathroom. Any time you need help, call your nurse. Don't overestimate how well you are.
- ◆ Any time you or a family member is not satisfied with the timeliness of our response, push the Patient Hotline button on your phone to speak with an operator. Your concerns will be addressed promptly.

## Hospital Discharge

Planning for discharge begins at admission and evolves over your stay in the Hospital. All members of your multidisciplinary healthcare team work together with you and your family to facilitate a smooth transition.

- ◆ While in the Hospital, some patients may be assigned a case manager who will discuss a "discharge plan" that could include additional services you may need once you go home such as medical equipment, nursing care and physical therapy, etc. Not all patients will be assigned a case manager.
- ◆ Prior to discharge from the Hospital, you will receive information in writing about what symptoms or health problems to look out for after you go home. These are your "patient discharge instructions".
- ◆ To ensure a safe discharge from the Hospital, your attending physician must review and sign off on your chart. There may be a delay between the time your nurse or resident first informs you that you will be going home until your actual discharge. Your safety and care are our top priority. ■



**Talal A. Munasifi, MD**  
Division Chief  
Plastic Surgery

**Cosmetic Surgery**  
(combined tummy tuck and breast lift or augmentation)

**Average Hospital Stay**

Then: 3-4 days  
Now: Outpatient (same day)

**Recovery Time**

Then: 4 weeks  
Now: 1.5-2 weeks



**Travis T. Patterson, III, DMD**  
Division Chief  
Oral Surgery

**Jaw Surgery**  
(repositioning of jaw)

**Average Hospital Stay**

Then: 5-7 days  
Now: 2-4 days

**Recovery Time**

Then: 8 weeks  
Now: 3-4 weeks



**Scott D. Spagnoli, MD**  
Department Chief  
Otolaryngology

**Sinus Surgery**  
(for chronic sinusitis)

Then: Open surgery  
Now: Endoscopic surgery

**Average Hospital Stay**

Then: 1-2 days  
Now: Outpatient (same day)

**Recovery Time**

Then: 4 weeks  
Now: 1-2 weeks



**Jean-Gilles Tchabo, MD**  
Department Chief  
Obstetrics/Gynecology

**Hysterectomy**  
(removal of female reproductive organs)

Then: Open hysterectomy  
Now: Laparoscopic hysterectomy

**Average Hospital Stay**

Then: 7 days  
Now: 1.5 days

**Recovery Time**

Then: 8 weeks  
Now: 2 weeks



**Othon Wiltz, MD**  
Medical Director  
Colorectal Surgery

**Colectomy**  
(colon cancer surgery)

Then: Open colectomy  
Now: Laparoscopic colectomy

**Average Hospital Stay**

Then: 10 days  
Now: 3-5 days

**Recovery Time**

Then: 4-6 weeks  
Now: 2-3 weeks



**Donald C. Wright, MD**  
Department Chief  
Neurosurgery

**Lumbar Discectomy**  
(herniated disk surgery)

**Average Hospital Stay**  
Then: 3-7 days  
Now: < 24 hours

**Recovery Time**

Then: 2-4 weeks  
Now: 1-3 weeks



## HOW FIT IS YOUR BRAIN?

**S**cientists have long known that a healthy diet and exercise can reduce the risk of heart disease and help to prolong life. But those good habits also have another benefit: When combined with lifelong learning and mental stimulation, they can reduce a person's chances of developing dementia in old age.

Basically, what's good for the heart is good for the brain, notes neurologist Daniel Foster, DO. "All of the risk factors for vascular disease are also risk factors for dementia. This is yet another testament to the importance of controlling blood pressure, high cholesterol and diabetes."

Think of the brain as a muscle that benefits from a good workout. Mental stimulation increases blood flow to the cerebral cortex, creating new synapses (connections) between neurons. This, in turn, expands the capacity of the hippocampus—the part of the brain responsible for memory—by producing a stronger or more resilient network of brain cells.

Studies have proven that even a couple hours per week of brain stretching make a difference. In one trial, researchers tracked more than 2,000 patients between the ages of 65 and 90 over a period of five years to gauge their capacity for memorization and reasoning, as well as the speed at which they processed information. Those who participated in a series of training sessions to stimulate mental acuity proved to have notably higher problem-solving and memory skills than the control group. And that's not all. Participants who took the classes also did better with routine activities of daily living such as cooking, taking medication and managing their finances.

"This study showed that mental training in specific realms can produce durable, lasting effects, even after two to five years," says Dr. Foster. "It also confirmed that the skills you learn by stretching your brain ultimately translate into better management of day-to-day responsibilities. The people in the study were not just performing better on tests, but in everyday life, and therefore were better equipped to maintain their independence."

How can you enhance your brain fitness? Cross training is the best strategy. Rather than focusing on what you already know, force yourself to branch out. Learn a new language, take an art class, balance your checkbook without a calculator, or join a book club. Take time out to

do the Sunday crossword puzzle, Sudoku problems, word finds or other brain teasers. Volunteering and simply interacting with other people also makes a difference.

"One recent study found that people who volunteer 15 hours per week have better social connections, better support groups and better mental outcomes," Dr. Foster adds.

It also helps to exercise regularly and to maintain a healthy diet rich in fish, vegetables, whole grains, fruits, legumes and unsaturated fats.

"When people retire, good health ought to be their new job," says Dr. Foster. "The individuals who are healthiest when they are elderly tend to be those who always loved to exercise and did so throughout their lives."

It's never too early to start. Exercise your brain by completing the word find below! ■

### BRAIN POWER

### WORD FIND GAME

(Example)

B	K	U	G	H	A	N	I	K	A	Y	J	E	N	X
P	T	Q	A	Z	L	C	B	O	N	X	T	S	M	Y
M	E	M	O	R	Y	G	U	L	D	T	D	I	Y	C
T	S	C	W	Q	K	I	N	I	K	M	R	C	G	E
X	N	B	X	S	E	G	C	I	T	X	I	R	P	R
Q	S	U	Y	V	V	S	R	F	N	Y	D	E	S	E
G	N	I	R	E	E	T	N	U	L	O	V	X	S	B
L	E	A	R	N	I	N	G	T	D	T	S	E	R	R
S	N	O	R	U	E	N	U	P	R	W	S	A	M	A
E	S	K	B	D	W	O	Z	A	J	P	I	B	E	L
U	R	E	M	O	K	C	I	N	A	N	Q	D	N	R
K	T	U	N	R	G	N	I	N	F	B	A	T	T	B
I	Z	B	O	T	I	Z	Y	H	G	U	F	R	A	D
J	F	W	Q	N	I	S	L	G	M	L	P	G	L	I
N	R	C	G	K	O	F	Y	I	B	B	H	E	F	X

ACUITY  
BRAIN  
CEREBRAL  
EXERCISE  
FITNESS

LEARNING  
MEMORY  
MENTAL  
NEURONS  
REASONING

SYNAPSES  
TRAINING  
VOLUNTEERING  
WORKOUT

## TESTING FOR PROSTATE CANCER

Prostate cancer is the most common cancer in men. Urologists Robert M. Mordkin, MD and Andrew B. Joel, MD answer questions about prostate cancer and screening for the disease with PSA testing, which has been the subject of controversy in recent news reports.

### Is Prostate Cancer Always Deadly?

No. Prostate cancer sometimes progresses quickly and leads to early death. More often, however, it grows slowly and may not cause significant problems. Studies suggest that as many as one in three men over 50 develop prostate tumors, many of which will never progress. Even the most aggressive forms of prostate cancer can be cured if caught early, which makes screening and detection critical.

### What Is a PSA Test?

It is a simple blood test that measures the amount of prostate-specific antigen (PSA), a substance produced in the prostate. Elevated PSA levels may suggest the presence of prostate cancer. It is important to recognize, however, that PSA is not “prostate-cancer specific” and elevated levels do not always indicate cancer.

### What PSA Level Is Considered Normal?

Patients have different thresholds particularly based on their age, so there is no absolute cutoff between normal and abnormal. One key is to follow PSA levels over time to track significant changes. A rise in PSA greater than .75 ng/ml in a year is worrisome.

### Are PSA Tests Really Necessary?

Some recent studies have suggested that PSA testing may lead to unnecessary treatment in certain patients. Because the cancer is so individualized from one patient to the next, however, it is important to decide on whom to treat and how to treat once the specifics of each individual case have been evaluated. Since PSA testing is minimally-invasive and inexpensive, the benefits outweigh the risks. PSA is particularly important in younger men with a family history of prostate cancer since they may be at greater risk to have aggressive disease which can be eradicated with treatment if detected early. Screening for prostate cancer is a decision you should discuss with your doctor to see if it's right for you.

### When Should I Start Getting PSA Tests?

Baseline screenings are now recommended starting at age 40, then again at 45 and then annually starting at age 50. This is a position advocated by the American Urological Association. Annual exams should begin at age 40 in men who are African-American or have a family history of prostate cancer.

### Are There Other Tests That Screen for Prostate Cancer?

PCA-3 is a new genetic urine test that may help identify men at heightened risk for prostate tumors. Another test is the “free to total PSA ratio” which can also be helpful. Other, more specific markers are currently under investigation and may be available in the future.

Digital rectal exams (DRE) detect roughly one-quarter of all prostate cancers as well as cases of benign enlarged prostate and rectal tumors. PSA testing does not necessarily negate the need for a DRE. ■



**FREE PROSTATE SCREENINGS**

**WEDNESDAY, SEPTEMBER 30  
6:00 – 8:00 PM**

September is Prostate Cancer Awareness Month. Drs. Mordkin and Joel will perform free prostate screenings (PSA blood test and DRE) for men between the ages of 40 and 75 who have not been previously diagnosed with prostate cancer. Don't miss this opportunity to safeguard your health. Last year's screening at Virginia Hospital Center was a huge success and appointments are limited. To register for the free screenings, call 703.558.0920.



Robert M. Mordkin, MD



Andrew B. Joel, MD

## ONLINE MEDICINE—NO SUBSTITUTE FOR A REAL DOCTOR

**I**f you don't have a primary care physician you see regularly, now is a good time to start. The Internet, for all its vast and valuable information, is not a substitute for face time with a trained physician who knows you and your history. Having a doctor you can seek out for advice is one of the best things you can do for your long-term health and wellness.

More than 7 million Americans surf the web each day for medical information, according to a Pew Internet study. Expanding your knowledge can be good, but using the web as a replacement for a doctor's advice can be dangerous. A "cyberchondriac" may blow minor symptoms out of proportion (assuming, for example, that a headache means a brain tumor, or that a child's persistent cough is due to cystic fibrosis), causing considerable undue anxiety and stress. At the other end of the spectrum, the patient who self-diagnoses online in an attempt to avoid an office visit may end up downplaying serious symptoms that warrant medical attention.

"With all the information available on the Internet it's hard to sort through what's valid," says Barry Byer, MD, Department Chief of Family Practice. "It's important to trust your doctor's experience. We are here, in part, as a sounding board. Many diseases share symptoms in common and we are trained to know the difference."

Once you've established a relationship with a primary care physician (family practitioner, internist or OB/GYN),

there are things you can do before each office visit to make the most of your appointment. Make a list in advance of any concerns you may have, including symptoms and duration, and give it to the doctor at the beginning of your appointment. "This helps us use the time most effectively," says Dr. Byer, who has been practicing medicine in Falls Church for more than 25 years. "What often happens is that a patient comes in with four complaints—say, toe fungus, arthritis in the fingers, a skin rash and shortness of breath—and mentions them in that order. It's only in the last few minutes that he mentions the shortness of breath, which has been getting worse, and that's a significant concern." A written list allows the doctor to prioritize your health concerns at a glance.

Be sure to keep your doctor up to date on any changes in your family history, as well as any medications that may have been prescribed for you by other physicians or specialists since your last visit. A primary care physician who gets to know you and your health risks over time will be better equipped to make recommendations for long-term health and preventive care.

A current national shortage of primary care physicians has made it harder for patients to maintain these critical doctor-patient relationships. Recognizing their importance, Virginia Hospital Center is committed to bringing primary care services to the community and supports two local primary care practices. ■

**NEED A PRIMARY CARE PHYSICIAN?** Visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) and click on "Find a Doctor".

**Associates in Medicine Falls Church** is a family practice serving adolescents (beginning at age 10) through senior adults, conveniently located off I-66. Drs. Barry Byer and Allison Bae recently welcomed Dr. Audrey Kim to their practice.

Appointments are available immediately. To schedule an appointment, call 703.532.5436.

131 East Broad Street, Suite 102  
Falls Church, VA 22046

[www.aimfallschurch.com](http://www.aimfallschurch.com)  
7:30 am – 4:30 pm, Mon–Fri



Allison Bae, MD



Barry Byer, MD



Audrey Kim, MD

Drs. Christopher Walsh and Shalini Sitzmann are pleased to welcome Dr. John Charalambopoulos to **Medical Associates of Arlington**, located in Shirlington. To schedule an appointment, call 703.717.4245. For more information, visit [www.maofarlington.com](http://www.maofarlington.com).

## PUTTING OFF SURGERY?

### *New Options for Hip Pain*

Do you routinely experience a catching or locking sensation in your hip? Do you have hip pain when running uphill or after sitting in a car for a prolonged period of time? If so, you may have femoroacetabular impingement (FAI), a condition that can lead to deterioration of the hip joint if left untreated.

Until recently, surgery to treat FAI involved a large, 12-inch open incision, a three-day hospital stay, and several months on crutches. Today patients can undergo arthroscopic hip surgery, a new joint repair procedure that is done on an outpatient basis with two or three tiny incisions, each measuring no more than a centimeter.

Hip arthroscopy patients usually need pain medication for only a few days, and are off crutches in two weeks, says orthopedic surgeon Andy Wolff, MD. “Yankees third baseman Alex Rodriguez underwent the procedure and hit a home run six weeks later,” he says.

FAI occurs when the hip socket is too tight or when the ball side of the joint has a bump or bone spur on it. Between the socket and the ball sits the labrum, a cushioning type of cartilage that surrounds the socket, which may become pinched and torn, causing pain and degeneration of the hip joint. Arthroscopy allows the orthopedic surgeon to enter the joint delicately, trim down the bone on the ball and the socket, and reaffix the torn labrum to the socket.

FAI is more common in athletes who are involved in sports requiring repetitive motion or quick starts and stops, such as hockey, football, gymnastics and lacrosse, but can also be seen in the recreational athlete who plays golf or tennis. Candidates for arthroscopic hip repair can range in age from teenagers up to adults in their 60's, in whom the primary cause of hip pain is FAI, not arthritis.

“Previously FAI was often misdiagnosed as groin strain. Then what would happen is the hip would deteriorate to the point that the person had enough pain to warrant hip replacement,” notes Dr. Wolff. “In the past we didn’t have good treatment options for young people with hip pain, but that has changed with arthroscopic hip surgery.” ■

### *A Simple Fix for Carpal Tunnel*

Do you experience pain, tingling and numbness in your hands while performing routine tasks such as typing, blow drying your hair, or talking on your cell phone? Do you wake up at night with the feeling that your hands are asleep? If so, you may have carpal tunnel syndrome, a common condition that can be cured with surgery.

Hand pain and numbness occur when there is pressure on the median nerve, which gives sensation to the thumb, index, middle and ring fingers. Carpal tunnel surgery is a quick and curative outpatient procedure, which involves cutting and releasing the ligament that is pressing on the median nerve. After surgery, the patient has a full splint, from fingertips to forearm. Three days later, the fingers are cut out of the splint and hand therapy begins. At this point most patients are able to begin typing again (albeit at a reduced speed).

Three weeks following surgery, the splint is removed and further hand therapy is prescribed to recover wrist motion.

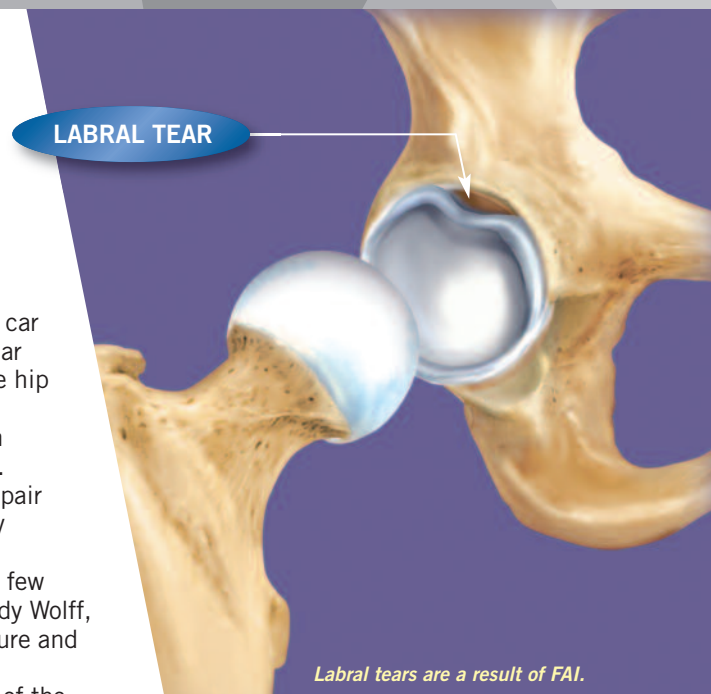


IMAGE COURTESY OF SMITH & NEPHEW

Most patients can return to full activity four to five weeks after surgery, although it takes nine to ten months to completely heal the median nerve.

A common misconception is that extensive computer use causes carpal tunnel syndrome. On the contrary, it may be due to an underlying medical condition such as rheumatoid arthritis, diabetes, thyroid disorders or fluid retention during pregnancy, among others. Women are three times more likely than men to develop carpal tunnel syndrome. The onset of symptoms typically occurs between the ages of 40 and 60.

Left untreated, symptoms can progress from intermittent tingling to constant numbness, at which point irreversible nerve damage and muscle atrophy can occur. If you are waking up five out of seven nights per week with constant pain or tingling or you are experiencing constant numbness for more than six weeks, it's time to consider surgery. ■



# Community Events

## HEALTH TALKS

MEET THE DOCTOR – GET THE FACTS

These free Health Talks and screenings are led by the region's top doctors, specialists and health professionals.

- ◆ Registration is required and space is limited, so please call early: 703.558.6595.
- ◆ Located in the John T. Hazel, MD Conference Center
- ◆ Free parking in Blue Parking

### Menopause 101

With the onset of menopause, women often feel as though they don't even know their own bodies. Join OB/GYN Maureen O'Regan, MD for an overview of common symptoms associated with this natural biological process, including hot flashes, low energy, and feelings of sadness and loss. The discussion will include an explanation of how natural ovarian changes affect other bodily functions, as well as risks and benefits of hormone replacement therapy. ■

Thursday, September 17 / 6:30 – 7:30 pm

### Staying Active with Arthritis

Did you know that new approaches to hip and knee replacement are expected to have a 90% success rate, involving shorter hospital stays and speedier recoveries?

Don't let arthritis keep you on the sidelines. Join orthopedic surgeon David W. Romness, MD and physiatrist Edward G. Allcock, MD for an overview of both rheumatoid and osteoarthritis. Discussion topics will include safe modes of exercise, surgical and non-operative treatments, rehabilitation, and preventive measures to slow the progression of the disease. ■

Thursday, November 5 / 6:30 – 8:00 pm

*Come and enjoy lively and informative discussions on health issues that affect you!*

Bring the Whole Family to a Free Outdoor Health and Wellness Festival ...There's So Much To Do!

## Family Fun Day

Rain or Shine  
Saturday,  
September 26  
12:00 – 4:00 pm

**Virginia Hospital Center Healing Garden**  
16th St. N. between N. Edison St. & N. George Mason Dr.  
Free parking in Blue parking

- ◆ Learn about your health from head to toe
- ◆ Visit more than 40 booths about your family's health
- ◆ Try yoga & exercise classes
- ◆ Receive free health screenings
- ◆ Jump & play in our amusement area
- ◆ Meet local fire & rescue teams
- ◆ Enjoy live music & performances



A FitArlington and Virginia Hospital Center Foundation Special Event. For more information, email [foundation@virginiahospitalcenter.com](mailto:foundation@virginiahospitalcenter.com).



# Cardiology & Cardiac Surgery

## A LESS INVASIVE AORTIC ANEURYSM REPAIR

The aorta is the largest artery in the body, running through the chest and down into the abdomen. An abdominal aortic aneurysm (AAA) occurs when a weak portion of the arterial wall in the abdomen begins to stretch or bulge, like a balloon. The larger an aneurysm grows, the more prone it becomes to rupture—a trauma that can cause severe internal bleeding and death.

Once an aneurysm is discovered, elective surgery may be performed to repair the damage and prevent the artery from bursting. In the latest approach to AAA repair, the aneurysm is accessed through two small incisions in the groin. Vascular surgeons and interventional radiologists use X-ray imaging to thread catheters to the site of the aneurysm and reinforce the damaged wall with a stent graft.

For appropriate candidates, this endovascular procedure replaces the open surgical repair, which requires at least a 12-inch incision from breast bone to pubic bone, a five-day hospital stay, and approximately six weeks of recovery time. “With endovascular aortic repair, patients usually go home the next day and are fully recovered within a week,” says John R. Garrett, MD, Chief of Cardiac, Vascular & Thoracic Surgery. Smaller incisions reduce the risk of infection, result in less post-operative pain, and allow patients to bounce back quicker.

AAA is most often asymptomatic (meaning the patient is not experiencing any symptoms). As such, it is usually discovered when an imaging test—such as an ultrasound or CT scan—is being performed for another condition. Small aneurysms measuring less than two centimeters may be monitored every six to 12 months for signs of expansion, while larger aneurysms will warrant immediate attention. An aneurysm that is close to rupture may cause a pulsing sensation in the abdomen, or severe, sudden abdominal or back pain.

Not all patients with AAA are candidates for endoscopic stent grafting. Traditional open surgery may be recommended for patients with certain co-existing medical conditions, or if the aneurysm is located too close to important branch arteries.

Although the exact cause of AAA is not always known, risk factors include atherosclerosis (hardening of the arteries), hypertension and smoking. The chances of developing AAA increase with age, and the condition affects more men than women. Prevention is the best medicine. Knowing your family history, eating well, exercising, lowering your blood pressure and cholesterol, and avoiding smoking are the best ways to reduce risk. ■

### SHORT OF BREATH CLUB

If you suffer from emphysema, bronchitis, asthma or any breathing disorder, join our free, informative lunchtime discussion group. Bring lunch with you or buy it in the Food Court. Family members welcome. For more information, call 703.558.6271.

Mondays, 9/21, 10/19 & 11/16, 12:00 – 2:00 pm. John T. Hazel, MD Conference Center, Room C.

## Cardiac Surgery Program Celebrates 20 Years

In this issue of *HealthReach*, we have covered the evolution of surgery over the last 20 years. For two decades, the Cardiac Surgery Program at Virginia Hospital Center has been at the leading edge of this evolution, combining the technical acumen of a large heart center with the bedside



manner of a family medical practice. Founded in 1989 by John R. Garrett, MD, the program has continually offered the latest approaches and state-of-the-art equipment for surgeries ranging from coronary artery bypass to aneurysm repair to lung surgery.

Surgical outcomes for the Cardiac Surgery Program consistently exceed the national average. This clinical expertise is balanced by a patient-friendly environment focused on a patient’s comfort and healing. All rooms in the Cardiovascular Intensive Care Unit (CVICU) and the Stepdown Unit are private. Once patients graduate to the Stepdown Unit, a family member may stay in the room 24 hours a day.

Patients who have had cardiac surgery at Virginia Hospital Center tend to describe their experience as “seamless” from pre-operative testing through discharge. This is due, in large part, to the collective experience and longevity of the cardiac surgery team. “Our team functions as an efficient, cohesive unit. The trust and confidence we have in each other translates into better outcomes for our patients and their families,” said Dr. Garrett. ■

To meet the Cardiac Surgery team and view a patient success story, please visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) and click on the Medical Services tab, and then click “VHC Video” on the left side of the page.





# Oncology

## October is Breast Cancer Awareness Month

Schedule your mammogram at the Women's Imaging Center. Call 703.558.8500.

7:00 am – 5:00 pm, Mon–Fri  
8:00 am – 2:00 pm, Every Other Saturday



## UNDERSTANDING CANCER SCREENINGS

No one wants to hear that they have cancer. But if you've ever avoided a routine screening for fear of bad news, remember that early detection is the best prevention. Cancers that are caught early often require less invasive treatments and are more easily managed, if not cured.

Breast, prostate and colorectal cancer are all diseases that can be treated with early detection, and yet they continue to rank among the leading cancer killers in the U.S. One reason may be patient uncertainty about the appropriate age for testing. Routine preventive screenings such as mammograms, PSA tests and colonoscopies are conducted at age-appropriate intervals for individuals with no known cancer risk (see chart below).

Roughly 10 percent of adults with colon cancer have a relative who was diagnosed with the disease before age 60. Patients who are at higher risk due to family history, a past history of cancer or a predisposition for certain types of cancer confirmed by genetic testing would receive screenings at more frequent intervals and possibly with more advanced technologies.

When it comes to that routine test, it pays not to wait. The tiniest early-stage breast tumors, for example, can sometimes be eradicated with a simple biopsy procedure or a short course of radiation treatment. Other forms of cancer can be wholly avoided when patients are diligent about routine screenings.

"Colon cancer is a highly preventable cancer, yet only 35 percent of people have colonoscopies at the recommended age—often out of embarrassment or fear of the procedure," observes Robert L. Christie, MD, medical oncologist. Precancerous colon polyps can be identified and removed during colonoscopy before they ever turn malignant.

For women, routine mammograms and pap smears are critical in the early detection of breast and cervical cancer. Many cases of cervical cancer are attributable to the presence of the human papillomavirus (HPV), a virus that also causes genital warts, and for which there is now a vaccine. Gardasil® vaccinations are administered as a series of three shots over a six-month period and are recommended for girls beginning at age 11 or 12.

The vaccine is currently available to females up to age 26.

"For many patients today, cancer has become a chronic disease," says, Dr. Christie. "It's no longer the killer it once was, thanks to medical advancements such as more effective chemotherapy drugs, molecular therapies and CyberKnife®, a non-invasive form of radiation that shrinks tumors without surgery. The most effective way to lower cancer mortality is via cancer prevention and early detection of some cancers, in combination with healthy eating, regular exercise and not smoking."

Certain cancers, such as ovarian, lung and endometrial cancers, are not detectable with routine screenings, so knowing your family history and other risk factors is important. Talk to your relatives about your family's health history, share these updates with your physician, and learn more from talking to your doctor about what types of screenings are appropriate for you. ■

### WHEN TO TEST

PROCEDURE	CANCER	AGE	FREQUENCY
Mammogram	Breast	Starting at 40	Annually
Clinical breast exam by a physician	Breast	Starting in 20's 40+	Every 3 yrs Annually
Colonoscopy	Colorectal	Starting at 50 (or younger if family history)	Every 5-10 yrs (more often if family history)
Pap smear	Cervical	18 or when becoming sexually active	Annually, unless otherwise advised by a physician
PSA	Prostate	Baseline at 40	Every 5 yrs till 50, then annually
Digital rectal exam (DRE)	Prostate	Baseline at 40	Every 5 yrs till 50, then annually



All programs and support groups are held in 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.

## SUPPORT GROUPS

### Fall Lectures & Events

#### Lymphedema Awareness

Learn about lymphedema caused by cancer treatment from certified lymphedema specialists. To register, call 703.558.0911.

Tuesday, 9/15 or 11/17, 7:00 – 8:00 pm

Friday, 10/9 or 12/11, 11:00 am – 12:00 pm

#### Pre-Op Class for Breast Surgery Patients

Jean Sullivan, RN, BSN, Breast Health Coordinator, gives a virtual tour of surgical rooms, reviews surgical procedures and explains how to manage dressings/drains. To register, call 703.558.6908.

Tuesday, 9/15 or 11/17, 6:00 – 7:00 pm

Friday, 10/9 or 12/11, 10:00 – 11:00 am

#### Man to Man Prostate Cancer Series

Navigating the choices men have for prostate cancer can be confusing. Dr. Robert Hong, radiation oncologist, describes radiation treatments available to men who are newly diagnosed or who have recurrent/metastatic disease. To register, call 703.558.0912.

Tuesday, 9/22, 7:00 – 8:00 pm

Hazel Conference Center

#### Bereavement Workshop

Receive emotional support for grieving the loss of a loved one at this 6-week workshop. To register, call 703.558.0901.

Thursdays, 9/24, 10/1, 10/8, 10/15, 10/22 & 10/29, 6:30 – 8:30 pm

#### Look Good, Feel Better

Learn makeup and hair styling techniques to help manage changes in your appearance that may occur during cancer treatment. To register, call 703.558.5555.

Monday, 10/5 or 12/7, 2:00 – 4:00 pm

#### Living Well After Cancer

In this 4-week program, a physician, psychiatrist, nutritionist, physical therapist and social worker discuss long-term medical management, exercise and stress management for your overall well-being. To register, call 703.558.0909.

Thursdays, 10/8, 10/15, 10/22 & 10/29  
7:00 – 8:30 pm

#### 20th Breast Cancer Awareness Conference

Physicians discuss changes in breast cancer diagnosis and treatment in the last 20 years. The authors of *Can You Come Here Where I Am* do a reading. Sage Bolte, LCSW talks about sex, sexuality and intimacy. Co-sponsored by the American Cancer Society. To register, call 703.558.0910.

Saturday, 10/17, 9:00 am – 3:00 pm

#### 14th Annual Cancer Survivors' Day

Celebrate life with other cancer survivors, family members, physicians, nurses and staff. Entertainment, door prizes, food and lots of fun. To register, call 703.558.0914.

Friday, 11/6, 6:00 – 8:00 pm

#### Nutrition

Maintaining a healthy diet allows you to feel your best before, during and after cancer treatment. Lindsey Averill, MS, RD discusses the right kinds of food to eat for special dietary needs and common barriers to eating. To register, call 703.558.0916.

Thursday, 11/12, 7:00 – 8:00 pm

### Complementary Lecture Series

#### Pink Ribbon Program: Post-Operative Workout

Certified cancer exercise trainer Michelle Logsdon leads a 4-week workshop for breast cancer patients (at least 6 weeks after surgery) to promote a healthy lifestyle and positive body image through exercise training. Physician approval required. To register, call 703.558.0902.

Mondays, 10/5, 10/12, 10/19 & 10/26, 5:30 – 6:30 pm

#### Relaxation & Guided Imagery

Sandra Brody, MSEd teaches a powerful mind-body technique to enhance the body's natural healing abilities. To register, call 703.558.0913.

Wednesday, 11/4, 7:00 – 8:00 pm

#### Healing & Renewal through Centering Prayer

Edward Bauman, PhD, chaplain and TV/radio personality, shows how contemplative prayer can be a source of healing renewal. To register, call 703.558.0915.

Thursday, 11/19, 7:00 – 8:00 pm

#### Support Group For Breast Cancer Patients with Children **NEW!**

Join other young mothers to discuss special concerns about living with a breast cancer diagnosis and raising a family. To register, call 703.558.5555.

4th Friday / 1:00 – 2:30 pm, starting 9/25

#### Early Stage Breast Cancer Support Group

Women share concerns and learn new coping techniques.

1st & 3rd Tuesday / 5:00 – 6:30 pm

2nd & 4th Tuesday / 6:00 – 7:30 pm

#### Write Away Group

Aspiring writers with cancer share what they have written about diagnosis, treatment and survivorship. Call 703.558.6913 for dates and times.

#### Healing Through Art

Participants learn how to use art media to cope with a cancer diagnosis. To register, call 703.558.5555.

3rd Wednesday / 7:00 – 8:30 pm

#### Recurrent/Metastatic Cancer Support Group

For those with any type of cancer diagnosis.

1st & 3rd Tuesday / 1:00 – 2:30 pm

#### Us Too/Man to Man: Prostate Cancer Support Group

Discussion group for men and their spouses or significant others.

4th Tuesday / 7:00 – 8:30 pm

#### Reiki

Enjoy a free half-hour of Reiki, a gentle, non-invasive form of healing. By appointment only. Call 703.558.6284.

2nd Friday of every month

#### Lymphoma Support Group

For persons diagnosed with Hodgkin's disease or non-Hodgkin's lymphoma.

4th Wednesday  
4:00 – 5:30 pm



# Women & Infant Health

## DELIVERY BY C-SECTION

Pregnant moms often have a vision of the perfect birth, and fear that the special moments they've dreamed of will be lost if they end up needing a Cesarean section (C-section) in lieu of vaginal delivery. At Virginia Hospital Center's state-of-the-art Women & Infant Health Center, opportunities for immediate bonding are preserved and protected, regardless of the delivery method. Department Chief of Obstetrics/ Gynecology Jean-Gilles Tchabo, MD and obstetrician Mike Fernandez, MD take some of the fear and mystery out of C-sections.

### What Is a C-Section?

A Cesarean section, or C-section, is a surgical procedure in which a baby is delivered through the abdomen when vaginal delivery is not possible or is unsafe. Most C-sections begin with a low, horizontal incision at the bikini line. Once the abdomen is opened up, a second incision is made in the uterus. The baby is then removed and the umbilical cord is clamped and cut. The delivery usually takes less than 10 minutes, but it may take another 30 to 40 minutes for the surgical team to remove the placenta and close up the uterus and abdomen.

### When Is a C-Section Necessary?

C-sections are scheduled in advance when the risks of vaginal delivery outweigh the benefits, for example in cases of multiple births or due to complicating medical conditions. Scheduled C-sections also are sometimes recommended for moms who have had a previous C-section.

An unplanned C-section may become necessary in cases of prolonged labor without progression (dilation), or if the safety of the mom or baby is determined to be at risk due to conditions such as prolapsed umbilical cord, placenta previa, breech birth, preeclampsia, or fetal distress (indicated by a change in the baby's heart rate before or during labor).

### What Kind of Anesthesia Is Used and Is It Safe for the Baby?

Regional anesthesia, which numbs the body only from mid-chest down, is used in non-emergency C-sections, as it allows the mom to remain awake during the birth. General anesthesia is used only in emergency situations when time is critical. Regional anesthesia may be delivered through an epidural or spinal procedure, or in combination. The medications used for epidurals do not enter the baby's circulation. General anesthesia may mildly affect the baby by causing some grogginess a few minutes after the delivery.

**Are you looking for an OB/GYN?**

Visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com), click on "Find a Doctor" and select Obstetrics & Gynecology.



Epidurals have an added benefit in that they can be left in for 24 hours after surgery, allowing postpartum moms to administer their own pain medication by pushing a button as needed. The pain medication used following surgery is safe for breastfeeding and will not harm the baby.

### How Long Does It Take to Recover from a C-Section?

Most moms can expect a hospital stay of three to four days. C-sections sometimes cause more immediate postpartum fatigue than vaginal delivery due to blood loss during surgery. After two weeks, however, most C-section moms report feeling no different than moms who delivered vaginally.

### Do I Have to Deliver My Second Child Via C-Section If the First One Was a C-Section Baby?

Many women who've had previous C-sections can deliver a second child vaginally without incident. Repeat C-sections may be advised, however, if the mother has extenuating health risks. Each pregnancy is different. How you deliver is something you need to discuss with your doctor.

### What Special Accommodations Does Virginia Hospital Center Have for C-Section Deliveries?

Our newly-renovated Mother-Baby Unit has three operating rooms just for C-sections. The Post Anesthesia Care Unit (PACU) includes a dedicated recovery area for new moms and their babies, so that bonding—including breastfeeding—can continue immediately following surgery. Dads and other family members are also welcome in the PACU, and the Hospital's all-private rooms include day beds for dads who wish to sleep over. These and other creature comforts, such as room service, are designed to provide each family with a birth experience that is meaningful and memorable. ■



## Childbirth Education Classes

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

This six-session class for expectant parents covers pregnancy through the postpartum period, including nutritional needs; breathing and relaxation techniques; Cesarean deliveries; medication during labor; signs of labor; postpartum physical and emotional changes. Includes preparation for breastfeeding, infant care skills and a tour of the Women & Infant Health Center.

Tuesdays, 9/8 – 10/13 or 10/20 – 11/24  
Wednesdays, 9/9 – 10/14 or 10/21 – 12/2  
7:30 – 9:30 pm / Cost: \$160 (C)

### Saturday Preparation for Childbirth Class

This one-day class for expectant parents covers pregnancy through the postpartum period, including nutritional needs; breathing and relaxation techniques; Cesarean deliveries; medication during labor, signs of labor; postpartum physical and emotional changes. Tour the Women & Infant Health Center.

9/26, 10/24, 11/21 or 12/19  
9:00 am – 5:30 pm / Cost: \$140 (C)

### Infant Care Skills

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

10/29 or 12/8  
7:00 pm – 9:30 pm / Cost: \$50 (C)

### Sibling Class

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

Saturday, 9/12, 10/10, 11/14 or 12/12  
9:30 am for 2-3 years or  
10:30 am for 4-6 years  
Cost: \$20 (L)

### Hospital Tour for Expectant Parents

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

9/13, 9/27, 10/4, 10/11, 10/25, 11/1, 11/8, 11/22,  
12/6 or 12/13  
Sundays at 2:00 pm (L)

### Preparation for Breastfeeding

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

9/24 or 11/12  
7:00 pm – 9:30 pm / Cost: \$40 (C)

### Breastfeeding Support Group

A weekly support group to provide encouragement and 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)

### 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, 9/16, 10/7, 10/21, 11/4, 11/18, 12/2, 12/16  
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, 9/9, 9/23, 10/14, 10/28, 11/11, 12/9, 12/23  
10:30 am – 12:00 (L)

## WHEN TO REGISTER FOR CHILDBIRTH CLASSES

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 and effective manner to an adult, child or infant. Recommended for expectant parents and new parents. To register, call 703.558.6970 or visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com).

Saturday: 9/5, 10/3, 11/7 or 12/5, 9:00 am – 1:00 pm  
Monday: 9/14, 10/12 or 11/16, 6:00 – 10:00 pm  
Cost: \$55 per person (C)





# 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 using resistance bands, bars & tubing.

Mon 6:00 – 6:45 pm begins 9/14 & 11/2 (H)  
Wed 6:00 – 6:45 pm begins 9/16 & 11/4 (H)  
Sat 11:00 – 11:45 am begins 9/19 & 11/7 (CS)  
\$42

## Cardio For All Sizes

Have fun getting fit with this low-impact, healthy exercise class.

Sat 10:00 – 10:45 am begins 9/19 & 11/7 (CS) \$42

## Cardio Strength Circuit

Work at your own intensity level at a series of exercise stations to improve strength & endurance.

Tues 5:30 – 6:15 pm begins 9/15 & 11/3 (H) \$42

## Nordic Walking

Adding poles burns 20 percent more calories without added exertion & takes stress off the joints. Poles provided. For all fitness levels. \*4-week session.

Mon 7:00 – 8:00 pm begins 9/14 (CS) \$50

## Yoga for Everybody

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

Wed 6:30 – 8:00 pm begins 9/16 & 11/4 (CS) \$66

## Gentle Yoga

Restore flexibility, regain strength & ease tensions. For all levels & abilities.

Tues 9:30 – 11:00 am begins 9/15 & 11/3  
Thurs 9:30 – 11:00 am begins 9/17 & 11/5 (CS) \$66

## Adaptive Yoga

For those dealing with MS, neuropathy & other conditions, gentle yoga postures & relaxation can ease pain & improve well-being.

Tues 11:30 am – 12:45 pm begins 9/15 & 11/3 (CS) \$66

## Cardiac Yoga

A gentle yoga class designed for cardiopulmonary patients & individuals looking for ways to manage stress. 10-week session.

Tues 7:00 – 8:30 pm begins 9/15 (H) \$110

## Hatha Yoga

Tues 12:00 – 1:00 pm begins 9/15 & 11/3  
Thurs 6:00 – 7:15 pm begins 9/17 & 11/5 (H) \$66

## Prenatal Yoga

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

Mon 7:00 – 8:00 pm begins 9/14 & 11/2 (H)  
Tues 10:45 – 11:45 am begins 9/15 & 11/3 (H)  
Tues 6:15 – 7:15 pm begins 9/15 & 11/3 (CS)  
Wed 7:00 – 8:00 pm begins 9/16 & 11/4 (H)  
Sat 10:00 – 11:00 am begins 9/19 & 11/7 (H)  
Sun 11:15 am – 12:15 pm begins 9/20 & 11/8 (H)  
\$78

## Prenatal Partner Yoga

Bond with your partner as you learn restorative postures designed to help ease the discomfort of pregnancy.

Sun 1:30 – 3:00 pm, 10/4 (H) \$40/couple

## Itsy Bitsy Yoga® for Tots

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

Mon 9:45 – 10:30 am begins 9/14 & 11/2  
Sat 3:30 – 4:15 pm begins 9/19 & 11/7 (H) \$78

## Tykes Yoga

Enjoy a flow of poses, songs & games to enhance parent/child bond (21 months to 4 years).

Mon 10:45 – 11:30 am begins 9/14 & 11/2 (H) \$78

## Gentle Pilates

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

Sat 9:00 – 10:00 am begins 9/19 & 11/7 (H) \$78

## Pilates

Mon 7:30 – 8:30 pm begins 9/14 & 11/2 (CS)  
Wed 7:30 – 8:30 am begins 9/16 & 11/4 (H)  
\$78

## Advanced Pilates

Previous experience required.

Mon 6:15 – 7:15 pm begins 9/14 & 11/2 (CS) \$78

## Pi-Yo

Tone with this blend of Pilates strengthening & Yoga movement.

Tues 7:30 – 8:30 pm begins 9/15 & 11/3 (CS)  
Thurs 7:30 – 8:30 pm begins 9/17 & 11/5 (H)  
\$78

## Postpartum Yoga NEW!

Regenerate strength & balance after childbirth.

Sun 10:00 – 11:00 am begins 9/20 & 11/8 (H) \$78

## Postpartum Pilates

Get back into shape after childbirth!

\*(Fridays Mom & baby/Saturdays Moms only)  
Fri 11:00 – 11:45 am begins 9/18 & 11/6 (H)  
Sat 11:00 am – 12:00 pm begins 9/19 & 11/7 (H)  
\$78

## Tai Chi Movement NEW!

Combine Tai Chi and Qi Gong postures to foster a healthy, balanced mind and body. 8-week session. Begins 9/17.

Level 1: Thurs, 6:15 – 7:15 pm  
Level 2: Thurs, 7:30 – 8:30 pm  
(CS) \$72

## "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 11/9 (H) \$50

## Massage for Couples

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

Sat 10/31 9:30 am – 12:00 pm (CS) \$45/couple

## FAMILY FITNESS

### Itsy Bitsy Yoga® for Babies

Learn yoga postures to support baby's developing body (6 weeks to almost crawling).

Wed 9:15 – 10:00 am begins 9/16 & 11/4  
Fri 10:00 – 10:45 am begins 9/18 & 11/6  
Sat 2:30 – 3:15 pm begins 9/19 & 11/7 (H) \$78



(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.

## Jumpstart Your Metabolism **NEW!**

Learn how to naturally boost your metabolism to higher levels.  
Tues 6:30 – 7:30 pm 10/6 (H) \$15

## Healthy Baking

Learn to make delicious baked goods with less cholesterol & saturated fat from pastry chef Karen Stiegler.  
Thurs 6:30 – 8:30 pm 10/8 (H) \$45

## Balancing Motherhood **NEW!**

Explore how to live a well balanced and fulfilled life.  
Tues 7:00 – 8:30 pm 10/20 (H) \$15

## 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 and water. \$15

## Dermascan

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

## Bone Density Screening

Osteoporosis risk assessment screening using p-dexa scan of the forearm. \$35

## Metabolism Screening

Determine your resting metabolic rate—an important measure in assessing nutritional needs and achieving 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

## Alzheimer's Caregiver Support Group

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

## National Memory Screening Day

Be evaluated by Hospital staff and clinicians from Care Options. Appointment required.  
Wed 1:00 – 4:00 pm 11/4 (CS)

## Strength Training for Seniors

Improve range of motion & muscle strength.  
Mon 1:00 – 1:45 pm begins 9/14 & 11/2 (H) \$42

## Fitness for Bone Health **NEW!**

Improve strength & balance to reduce fall risk.  
Tues 1:30 – 2:30 pm begins 9/15 & 11/3 (H) \$49

## 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 Mon 9/28

## Exercise for Arthritis **NEW!**

Ease pain & stiffness in this gentle class.  
Thurs 1:30 – 2:30 pm begins 9/17 & 11/5 (CS) \$49

## Lifeline Emergency Response

A 24-hour system personally overseen by Hospital staff.

## Mall-Walking Program

A free fitness program featuring walking, stretching & blood pressure checks.  
Tues & Thurs 8:30 – 9:30 am, Ballston Common Mall

## Healthy Aging Lecture Series\*

Aging with Mental Health ♦ 9/25 (CS)  
10:30 am – 12:00 pm, James Schmidt, LCSW

Sleeping Well ♦ 10/23 (CS)  
11:00 am – 12:00 pm, Lawrence M. Stein, MD

Stroke Education ♦ 11/20 (CS)  
11:00 am – 12:00 pm  
Cathy Turner, MS & Carole Denner, RN

Digestive Health ♦ 12/11 (CS)  
11:00 am – 12:00 pm  
Gabriel Herman, MD & Truc Trinh, MD

\*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 #	
Exp. Date	Signature

Visa    Mastercard  
 Amex    Discover

YOU'RE INVITED TO

# Ladies for Life

A FREE BREAST CANCER EDUCATION EVENT FOR WOMEN OF ALL AGES

SATURDAY, OCTOBER 3RD FROM 10:00 AM TO 12:00 PM

## VIRGINIA HOSPITAL CENTER CONFERENCE CENTER

1625 N. George Mason Drive  
Complimentary Parking in Blue Parking

## SPECIAL ACTIVITIES & GIVEAWAYS

- ◆ A host of health & wellness information booths
- ◆ Free chair massages by the Hospital's Teal Center for Therapeutic Bodywork
- ◆ Complimentary refreshments
- ◆ Door prizes for free mammograms, massages & more
- ◆ Music & prizes courtesy of MIX 107.3
- ◆ Hosted by MIX 107.3's Chilli Amar



Preventing and  
Reducing Your Risk  
of Breast Cancer

11:00 am  
A panel of  
specialists will  
address screenings,  
family history,  
genetic testing,  
nutrition, exercise  
& more.

Q & A  
will follow  
the panel.

Sponsored by

**MIX 107.3**  
The Best MIX of... Everything

**NAPBC**