

# Health Reach

YOUR RESOURCE FOR WELLNESS

## FACING FEARS ABOUT TOTAL JOINT REPLACEMENT SURGERY

patients are usually back on their feet within 24 hours. They are able to leave the Hospital three days after surgery and go directly home. And significant advances in pain management have made the recovery process faster and more comfortable.

Total hip and knee joint replacement surgery is not the ordeal it once was. Whereas this major surgery once required a Hospital stay of seven to ten days, followed by a lengthy recovery and rehabilitation process, today's joint replacement

### A NEW HIP FOR A TENNIS PLAYER

Judy Connally, a former member of the VA House of Delegates, knew it was time to consider a total hip replacement when she began losing her agility and waking in the middle of the night with pain. "I was still playing tennis, but I couldn't bend over to pick up the balls," she said.

After scheduling surgery with orthopedic surgeon David Romness, MD for November 12th, her next step was to register for Virginia Hospital Center's Total Joint Replacement class. "I thought it would be a boring three hours, but I was on the edge of my seat the whole time," says Connally, who is in her early 70s. "The staff explained how to adjust your medications, what kinds of exercises would aid your recovery, pain control, and how to prevent infection and blood clots. A physical therapist suggested what equipment would be helpful to have at home after surgery, such as a grabber and a body pillow. It was very comprehensive."

Connally underwent surgery on a Friday and completed one physical therapy session the next day. "I was surprised by how quickly I began to recover and how little pain I felt," she says. "By Sunday I was walking with a walker in the halls. I left the Hospital on Monday on crutches and was only taking Tylenol for pain." Within two weeks, Connally was walking around the block with a cane and by Christmas she was back to her normal routine. Her recuperation included six physical therapy sessions at home, followed by four at an outpatient location.

"I began playing tennis again in March," she says. "What I appreciated the most was the continuity of the care I received from start to finish. Everything was well thought out and organized. It was a very supportive and efficient process." *(Continued on page 2)*

Now, Judy Connally  
is back in action!



*"At the three-week mark,  
most patients say their  
joint feels better than  
before surgery."*



David Romness, MD  
Judy Connally's  
orthopedic surgeon

### Who Needs Joint Replacement?

Patients typically undergo total hip or knee joint replacement when the pain and inflammation from arthritis becomes intolerable. Osteoarthritis, the number one condition prompting surgery, is a degenerative breakdown of the cartilage that normally cushions the joint. This form of arthritis results from general wear and tear, but it can be accelerated by a past joint trauma from an athletic injury or car accident.

Surgery is recommended only after more conservative measures, such as physical therapy, weight management, anti-inflammatory medication, ice packs and cortisone injections have not worked to alleviate joint pain.

“Pain is the parameter that determines when surgery is necessary,” says David Romness, MD, Medical Director of the Joint Replacement Center and Chairman of the Department of Orthopedics. “When it gets to the point where a patient’s entire life revolves around that arthritic joint in terms of what they can and cannot do, then it’s time.”

### Preparing for Surgery

Patient education is one of the most important elements of pre-operative planning for total joint replacement. Individuals who enter the process informed are less stressed and tend to have better long-term surgical outcomes. To help patients become fully prepared, the Hospital offers a Total Joint Replacement Class, taught by members of the total joint team. This in-depth session covers the preoperative process, the surgery itself, nutrition tips, breathing exercises, pain management, physical therapy, logistics and more. (See page 8 for more details.)

“When patients are better informed and know what to expect, there is much less fear and anxiety,” says orthopedic surgeon Gordon Avery, MD. “I’ve had surgery myself, and even though I’m a surgeon, it was still intimidating going into that situation as a patient. Anything we can do upfront to manage expectations and allay patients’ fears is helpful.”

Each patient undergoes a pre-operative screening four to six weeks prior to surgery to highlight potential risks or complications, and to assess their overall health and stamina. Some may be advised to stop smoking or lose weight prior to surgery.

Patients are encouraged to do pre-operative exercises. “Patients with severe arthritis tend to have weakened muscles and stiffness in their soft tissues,” explains orthopedic surgeon Clay Wellborn, MD. “A few studies suggest that physical therapy prior to surgery, including even upper extremity strengthening, helps prepare patients for total knee replacement.”

### Controlling Pain

Pain is perhaps the biggest patient fear of all. Fortunately, medical advances in recent years have led to significant reductions in the pain levels that patients must endure with fewer side effects. Smaller incisions and muscle-sparing surgical procedures cause less tissue trauma and inflammation.

“We now give patients a combination of pain medications right before surgery, so when the procedure is over they already have pain medication in them,” Dr. Wellborn explains. “Some pain medications work in the brain, while others treat the peripheral nerve

*“You can’t equate how we did joint replacement surgery 15 years ago with how we are doing it today. It’s entirely different.”*



Gordon Avery, MD  
orthopedic surgeon

fibers at the point of surgery. Still others work as a regional block in the spinal area. We are basically addressing and treating all of the various areas where the body perceives pain.”

Nearly all of the total joint replacements performed today at Virginia Hospital Center are done with a regional epidural rather than general anesthesia. Patients experience less post-operative nausea and drowsiness as a result and are more alert. This allows them to get out of bed and begin walking the same day or the next morning.

“During surgery, we also inject pain medications and anti-inflammatories directly into the joint, which reduces the need for oral pain medication postoperatively,” says Dr. Romness. Combined, these pain protocols have reduced the average patient’s postoperative pain by nearly half of what it once was, he adds. “At the three-week mark, most patients say their joint feels better than before surgery, and many—particularly those with hip replacements—say the pain they felt before surgery is completely gone.”

Patients who have formed impressions based on the past experiences of family members and friends are often surprised by how quickly they bounce back. “You can’t equate how we did joint replacement surgery 15 years ago with how we are doing it today,” Dr. Avery says. “It’s entirely different.”



Virginia Hospital Center’s Total Joint Replacement Center was the first medical facility in Northern Virginia to receive the Gold Seal™ from The Joint Commission for Joint Replacement (hip and knee) Certification in recognition of its high standards. This designation signifies adherence to stringent national protocols for excellence in rehabilitation, pain management and nursing care.

Every member of the team—including surgeons, anesthesiologists, nurses, OR staff and physical therapists—has special training in orthopedics. That includes years of hands-on experience with patients and a practical understanding of common problems, mobility issues and pain management. The Center performs over 1,000 hip and knee joint replacements a year and has a 90+ percent success rate.

## Going Home

Aside from keeping patients more comfortable, the major benefit of effective pain management is that it allows people to regain mobility and start rehab sooner, which accelerates the healing process. Most patients undergoing total hip or knee replacement are discharged after three days and are able to continue their recovery regimen at home.

A visit to the doctor's office will be necessary after one to two weeks to check the incision. Home physical therapy lasts about three weeks, followed by outpatient physical therapy for another three or four weeks. "By six weeks most people are able to resume their normal activities and return to work," says Dr. Romness.

For many, the biggest challenge is to not overdo it. "Most people are surprised by how quickly they feel normal, but it's important to take proper precautions. Artificial joints need time to heal. We instruct patients to avoid certain positions to prevent dislocation," advises Dr. Wellborn. Those who have undergone total knee replacement must avoid high impact sports, running and jumping.

Longevity studies show that most replacement joints (95%) last 15 years or longer. Some studies suggest that the newest prosthetic models may last 20 to 30 years.

## TWO NEW KNEES

For Irvin Daniel, developing arthritis in both knees was a blow to his active lifestyle. "I got to the point where I couldn't do any regular exercise or stand for long periods of time because of the pain," says the Woodbridge resident, whose knees had been worn down over the years by athletic injuries and seven prior knee surgeries. Initially, orthopedic surgeon Clay Wellborn, MD was reluctant to recommend surgery because of Daniel's age—at the time only 49—and tried steroid injections in his knee joints. While it gave him some relief, Daniel wanted more aggressive treatment that would allow him to get back to where he used to be.

"Bilateral knee replacement is an option for younger, healthier patients. While it is a longer recovery process, there is only one surgery and one recuperation period," says Dr. Wellborn.

Daniel and his wife attended the Hospital's Total Joint Replacement Class—which, he says, "significantly reduced my anxiety"—and underwent surgery to replace both knees in September 2009. "My operation was on a Tuesday and by Thursday, I was up and walking the halls with a physical therapist. On Friday I walked up and down two flights of stairs and was discharged home," he recalls.

Daniel had in-home physical therapy twice a week and was walking without a cane seven days later. He continued taking pain medication for a month after surgery. "Controlling my pain helped my recovery," he notes. "It allowed me to get more out of physical therapy and heal faster because I wasn't fixating on the pain."

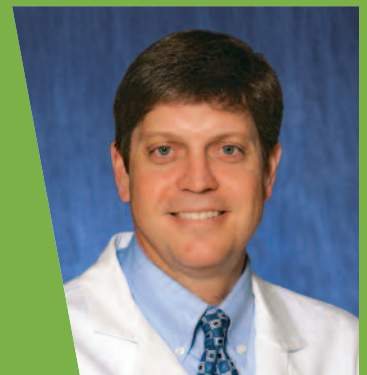
Four weeks post surgery, Daniel progressed to outpatient physical therapy. In addition to his prescribed exercise regimen, he worked his way up from walking short distances to miles. By November, I started walking back and forth to my physical therapy appointments," he says, "which were about two miles each way."

Now 51, Daniel says, "I can do the elliptical machine for more than an hour at level 19, leg press 180 pounds, and burn 1000 calories an hour on my spinner bike. I feel like I'm 25." ■



Irvin Daniels  
at home on  
the elliptical

*"Bilateral knee replacement is an option for younger, healthier patients. While it is a longer recovery process, there is only one surgery and one recuperation period."*



Clay Wellborn, MD  
Irvin Daniels' orthopedic surgeon

## WHEN TO SEE A UROLOGIST

Washington Urology at Virginia Hospital Center treats a wide range of conditions in both women and men, including urinary tract infections, kidney stones, incontinence, kidney cancer, and bladder cancer. In addition, the practice offers certain services exclusively for men, including treatments for enlarged prostate and male infertility, prostate cancer screenings, and elective surgeries such as vasectomy and vasectomy reversal. Any time a man experiences scrotal or testicular pain, blood in urine, erectile dysfunction, or difficulty urinating, it's time to see a urologist.

Washington Urology recently expanded its scope of expertise with the addition of Gregory Bernstein, MD, FACS. Dr. Bernstein, who now joins the team led by urologists Robert M. Mordkin, MD and Andrew B. Joel, MD, holds a medical degree from Boston University. He completed his urology residency at Walter Reed and was Chief of Urology at Fort Belvoir for the past five years. Dr. Bernstein is board certified in urology and has advanced training in vasectomy reversal and treatments for male infertility.

Whereas vasectomy was once a permanent decision, many men today (particularly those entering second marriages) are electing to have the procedure reversed. "For the best results, the ideal candidate is someone younger than 40 who had their vasectomy less than 10 years ago," Dr. Bernstein says. In the procedure, micro instruments and hair-thin sutures are used to reconnect the vas deferens and restore sperm channels. It is effective about 90 percent of the time. Patients must be on bed rest for one to two days afterward, and limit physical activity for one to two weeks.

For couples who are having trouble conceiving after one year, infertility testing may be recommended. The man may be referred to a urologist if a semen analysis by his primary care physician produces abnormal findings. Possible causes of male infertility may include obstruction, hormonal abnormalities, low sperm count, or varicocele, a condition in which dilated veins in the scrotum increase the local body temperature enough to impair sperm production.

Erectile dysfunction (ED) is another common complaint for which men may seek counsel from a urologist. According to the Massachusetts Male Aging Study, half of all men over 40 begin to have elements of ED in varying degrees. Symptoms may stem from risk factors such as diabetes, high blood pressure, coronary artery disease, and certain drugs such as beta blockers or thiazide diuretics. ED can be treated with a variety of therapies, from medication to prosthesis, but it should never be ignored. "In some younger men, the presence of ED could be an indication of early coronary artery disease," Dr. Bernstein says. "They may need to have their cholesterol checked to make sure the ED symptoms aren't a sign of something serious."

Men in need of a good urologist don't have to look far. Washington Urology offers the latest surgical techniques and technologies, including robotic surgery, single incision laparoscopic procedures, fertility testing, and advanced treatments for urologic cancers and enlarged prostate. ■



*Gregory Bernstein, MD, FACS*

*Washington Urology offers the latest surgical techniques and technologies, including robotic surgery, single incision laparoscopic procedures, fertility testing, and advanced treatments for urologic cancers and enlarged prostate.*

### WASHINGTON UROLOGY HAS EXPANDED

- ◆ (Office Opening May 2nd) 6862 Elm Street, Suite 600, McLean, VA 22101
- ◆ 1625 N. George Mason Drive, Suite 415, Arlington, VA 22205

**703.717.4200 / [www.washingtonurology.com](http://www.washingtonurology.com)**

## THE PICTURE OF HEALTH

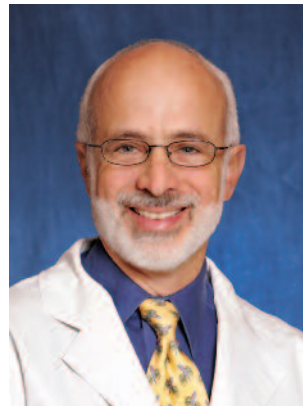
It's easy to get caught up in life's hectic work and family schedules, but it's important to make time for preventive healthcare. (See tear out card for Healthcare Checklist.) Your most important partner in maintaining good health is your primary care physician (family practitioner or internist). As your first line of defense, this doctor can help you stay on top of routine screenings, avoid unnecessary tests and expenses, and refer you to appropriate specialists. But, as in any solid partnership, communication is key. Here's how you can work together with your primary care physician (PCP) to achieve optimal wellness:

**Be prepared.** Annual wellness exams are a good idea at any age, but they become especially important after age 40. "As you get older, the background noise from your body gets louder," says internist R. Michael Amedeo, MD. "There are more aches and pains, which makes it harder to detect issues that are cause for concern, so regular preventive exams are an important safeguard." To make the most of your annual wellness visit, make a list ahead of time of your medications and any specific concerns you may have. This will allow you and your doctor to focus the discussion and make the best use of your appointment time.

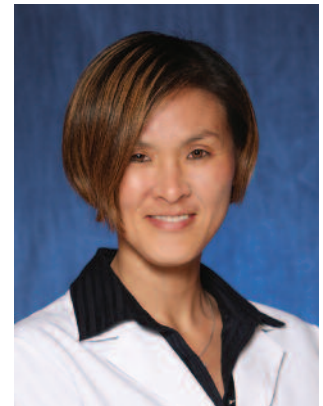
**Make time for an annual preventive exam.** "The term annual physical is no longer used because in fact this visit is about more than physical ailments," says family practitioner Audrey Kim, MD. "During the annual preventive exam we talk about things beyond the physical that can affect your health long term—for example, habits such as diet, exercise, alcohol consumption, tobacco use, and sun exposure," she says. Simple lifestyle modifications are often the first step in preventing disease.

**Find your personal baseline.** Every visit to a doctor becomes a snapshot of your health at a specific point in time. A primary care physician who tracks your care and compares those snapshots will be able to tell when certain changes in your health status are cause for concern. Standard benchmarks include blood pressure, cholesterol, weight, blood sugar, thyroid function and iron levels. During your annual visit, your doctor will ask if you've recently experienced certain symptoms (for example, shortness of breath, chest pain or dizziness), as well as general questions about your sleeping habits, overall mood and energy level. This kind of open dialog with your physician is an equally important part of the exam.

**Share your medical history.** A primary care physician who knows your specific medical risks can recommend a timeline for screenings that are appropriate for you. To determine your risk for certain hereditary diseases, your doctor will ask about your family medical history (parents, siblings and grandparents). Patients who are known to be at higher risk for specific diseases may be advised to undergo certain tests at an earlier age, or at more frequent intervals. "We usually do the first EKG at 40 and then repeat it every five years if there are no coronary risk factors," says Dr. Amedeo. "But if the patient has diabetes, high cholesterol or a family history of heart disease, we'll do them more frequently."



R. Michael Amedeo, MD



Audrey Kim, MD

**Centralize communication.** Think of your primary care physician's office as an information hub. Your doctor tracks and synthesizes data from any diagnostic screenings, specialist consultations or treatments you've received, as well as medications you are taking. This not only leads to better health (for instance, by avoiding drug contraindications that can occur when medications are prescribed by different doctors), it ensures that you are not wasting precious time or resources on redundant tests or unnecessary office visits. "I have one patient who had the same CT scan done three times in six months because he was self-referring to different specialists," says Dr. Kim. "This type of situation is avoided when your primary care physician refers you to the right specialist and then receives a follow-up report after your appointment." ■

### VACCINATION CHART

Your primary care physician can help you stay current with immunizations. Here's a list of what you need from age 40+:

**Tetanus, diphtheria (TD) vaccine:**

Every 10 years

**Tetanus, diphtheria, pertussis (Tdap) vaccine:**

One-time

**Varicella (chickenpox) vaccine:**

If you never had chickenpox or were vaccinated with only one dose, ask your doctor if you need this vaccine.

**Measles, mumps, rubella (MMR) vaccine:**

If you were born in 1957 or later & have not had at least one dose of MMR, ask your doctor if you need this vaccine.

**Zoster (shingles) vaccine:**

One-time starting at age 60

**Pneumococcal vaccine:**

One dose at age 65 if never vaccinated. If you smoke or have a chronic health problem, ask your doctor if you need this vaccine earlier.

Need a primary care doctor? Visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com), use the "Find a Doctor" tool on the homepage, select Primary Care from the "Select Specialty" drop down menu and click "Go" for a complete listing of physicians.

## DETECTING AND PREVENTING BONE LOSS

Osteoporosis occurs when bones weaken and become more prone to fracture. It's estimated that half of all women and a quarter of all men over 50 will break a bone at some point as a result of osteoporosis. These fractures occur most often in the hip, spine or wrist, but can develop elsewhere in the body, too.

Broken bones mean little more than a cast and a period of inconvenience for kids. But for older adults they can be very serious, causing chronic severe pain, limited mobility, posture problems and height loss (the latter two being common side effects when spinal vertebrae begin to collapse). What's more, these setbacks can become quickly compounded. People who are immobilized by osteoporosis are easily prone to depression and other health problems stemming from lack of activity.

Breaking a bone is often the first clue that a person has osteoporosis. The best tool for risk assessment is a bone density test, or DEXA (dual energy X-ray absorptiometry) scan. Essentially a highly accurate, fine-grain X-ray, this non-invasive test measures the strength and resilience of a person's bones and estimates the likelihood of a bone fracture.

DEXA scans typically examine the hip and spine and are read by a radiologist. "If you've had a hip replacement or a spine procedure requiring a surgical pin, we'll look at the wrist of your non-dominant hand instead," says radiologist Sarah Mezban, MD. The procedure requires no fasting or special prep, other than discontinuing calcium pills or osteoporosis medication two days prior.

Age is the number one risk factor for osteoporosis, particularly for women. For men, the risk of osteoporosis rises as testosterone levels begin to taper off with age.

A woman's body relies on the hormone estrogen to protect her bones. A woman's chance of developing osteoporosis increases around the time of menopause when estrogen levels drop sharply.

"Everyone maxes out their bone density between the ages of 30 and 35," explains OB/GYN Maureen O'Regan, MD. "Women can lose up to 15 percent of their bone density in the first five years of menopause, so it's important to schedule your first DEXA scan when you begin menopause."

Other risk factors include ethnicity (Asians and Caucasians have higher rates of osteoporosis), a family history of the disease, previous bone fractures, chronic renal or liver disease, excessive alcohol consumption, and sedentary lifestyle. Certain medications, such as steroids, anti-convulsants and chemotherapy drugs can also put a person at increased risk for bone loss.

While bone mass cannot be replaced once it's lost, there are many ways to minimize bone deterioration before it becomes problematic. Preemptive measures may include a combination of calcium or vitamin D supplements, weight-bearing exercises, physical therapy, and (for women) estrogen therapy. In addition to oral medications, new injectable medications can enhance bone formation by slowing the body's re-absorption of bone tissue.

"Preventing bone loss requires early intervention and aggressive management," says Dr. O'Regan. Talk to your doctor to develop a regimen that's most suited to you. ■

### DEXA SCAN FAST FACTS

- ◆ Latest technology
- ◆ Fast and easy test
- ◆ No injections required
- ◆ No special preparations necessary
- ◆ Wear comfortable clothes without any metal
- ◆ Physician referral is required

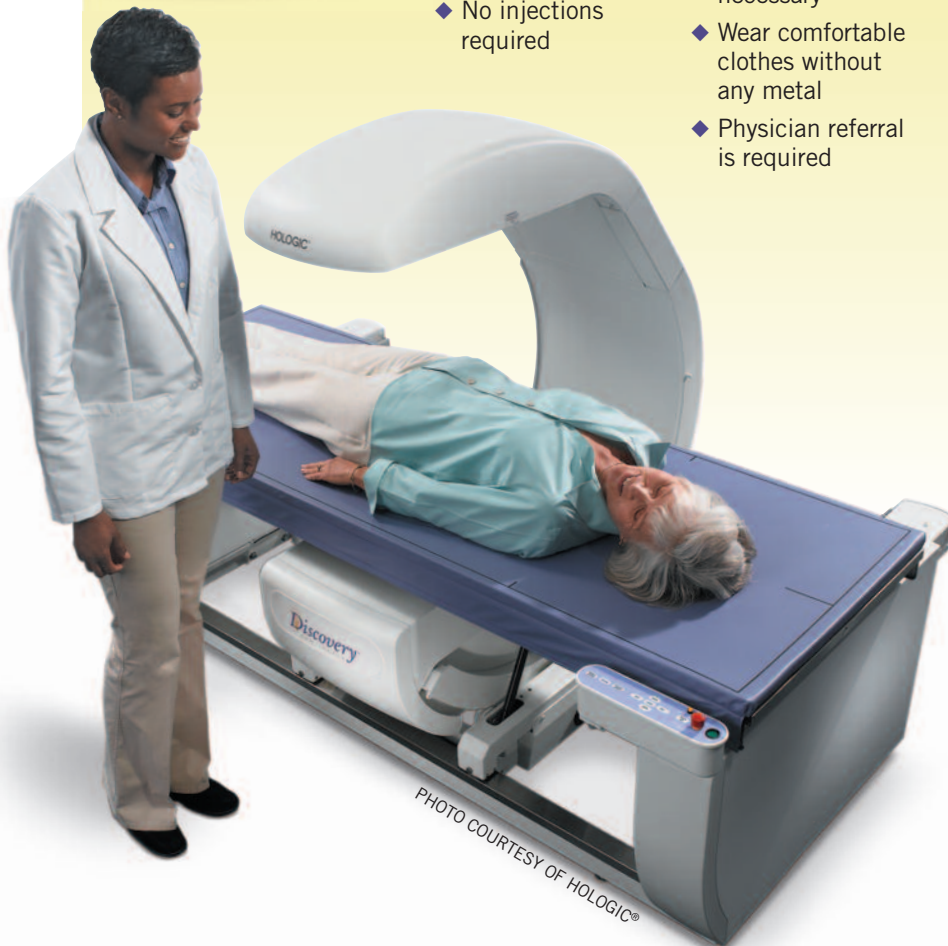
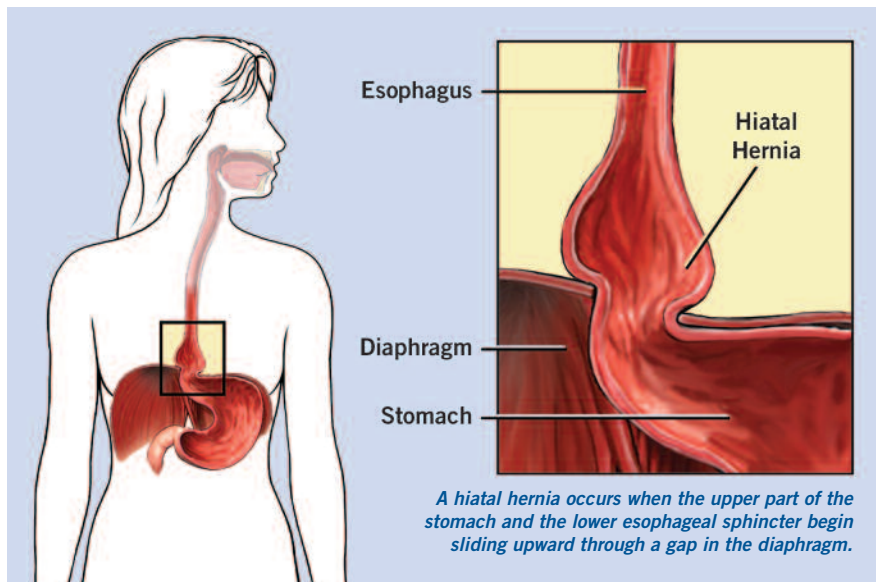


PHOTO COURTESY OF HOLOGIC®

### ARE YOU PRESSED FOR TIME?

Women may schedule their DEXA scan and mammogram screenings together on the same day for convenience. To schedule your appointment, please call 703.558.8500 and have your physician referral and insurance information available at the time of your call.

# REFLUX GETS ROBOTIC TREATMENT



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Some 40 million Americans suffer from acid reflux, a condition in which stomach acid flows backwards into the esophagus, causing a painful burning sensation. For most, heartburn is only an occasional source of discomfort that can be treated with moderate lifestyle changes such as eating earlier (three hours before bedtime) and cutting back on “trigger” foods such as caffeine, alcohol, mint, citrus or heavy spices. Medications that suppress the production of gastric acid (proton pump inhibitors or PPIs) may also be prescribed to relieve symptoms.

Medication is effective for the vast majority of individuals with acid reflux. However, some people are averse to the lifestyle changes that are necessary to feel better, and some would prefer not to stay on medication indefinitely. For others, drug therapy simply does not work. Those with persistent symptoms often assume that their reflux is untreatable and something they just have to live with. But there are alternatives when all other options have proven ineffective.

Surgical intervention is advised only for the seven to nine percent of patients whose conditions do not improve with more conservative measures. “The biggest misconception is that reflux is caused by diet,” explains laparoscopic and general surgeon

Kevin Gillian, MD. “The truth is that while medications that reduce stomach acid make most people feel better, they are still refluxing. Reflux is not caused by acid or what you eat. It’s a plumbing problem. There’s usually a structural or mechanical defect that’s causing the symptoms, and that’s what surgery can fix.”

The most common anatomical defect leading to acid reflux is hiatal hernia. A hiatal hernia occurs when the upper part of the stomach and the lower esophageal sphincter begin sliding upward through a gap in the diaphragm, the thin layer of muscle between the chest and abdominal cavity. Heartburn can also occur if the lower esophageal sphincter is weak, or if the lower esophageal muscles tend to relax unexplainably.

When considering reflux surgery, candidates must first undergo testing to rule out mitigating health risks and possible alternate causes of chest pain, such as cardiac disease. To qualify for surgery, a patient must have had a recent endoscopy and will need to undergo an Esophageal Function Test to evaluate the adequacy of esophageal contractions. In addition, a 24-hour pH-impedance test (which measures the flow of acid into the esophagus) to confirm that symptoms are related to reflux is often requested. Both of these tests are

performed at the Heartburn Center at Virginia Hospital Center.

The gold standard for the surgical treatment of reflux and repairing hiatal hernias is called the Nissen fundoplication. It is one of many procedures now performed with the Hospital’s da Vinci® Robotic Surgical System. In the procedure, slender instruments inserted through five dime-sized incisions are used to repair and strengthen the natural one way valve that protects the esophagus from reflux. The robotic technology provides 3-D views inside the body and allows for more precise suturing in this anatomically challenging area.

“The robotic platform allows me to do the same laparoscopic procedure I’ve been doing for the past 15 years with enhanced vision and more flexible instrumentation,” says Dr. Gillian, who holds advanced training in the field of robotic surgery. With da Vinci, the surgical repair takes a little less than two hours and requires one overnight stay in the Hospital. Patients are typically back to work in three days. “Typically once the structural problem is fixed, there is no need for continued medication or dietary restrictions,” he adds.

Nissen fundoplication can be performed using three different techniques, of which robotic-assisted laparoscopy is just one. The other two approaches utilized by Dr. Gillian—traditional laparoscopy and a new incisionless endoscopic procedure performed through the mouth—are also extremely effective. “Choosing the most appropriate procedure depends on the patient’s anatomy, degree of symptoms, previous surgical history, and other health factors,” says Dr. Gillian, who is specially trained in all three procedures. “It’s really just a matter of talking to each patient and figuring out the best option for the best results.” ■

**Virginia Hospital Center is the only Hospital in the metro Washington, DC area that offers every possible course of treatment for acid reflux. For more information, call the Heartburn Center at 703.717.4373 (703.717.GERD).**



# Community Events

## “Bone Up” on Total Joint Replacement with Our Class

Are you considering or already scheduled for a knee or hip replacement? Being prepared is the first step toward a successful surgical outcome, and knowing what to expect will help ease anxiety. So, be sure to attend our in-depth Total Joint Replacement Class, taught by members of the total joint team. Pre-op Screening nurse Donnamaria Duatschek will explain how to prepare for surgery, including which medical appointments you'll need to schedule in advance, what medications to stop taking prior to surgery, optimal pre-op nutrition tips and breathing exercises. She'll fully explain what will happen the day of surgery, how your pain will be managed, and what to expect during each step of your Hospital stay. Physical therapist Kathy Miller will demonstrate how to do the recommended pre-op exercises and discuss in-Hospital physical therapy and how to prepare your home for your return. And case manager Tracy Kueter will discuss advance planning for your discharge, including



transportation, home care, physical therapy and any medical equipment you'll need once you leave the Hospital.

Don't wait to sign up! It's best to take this class four to six weeks prior to your surgery. Please bring a family member or friend who will be involved in your recovery with you to the class. To register, call 703.558.6159.

*Come meet the Total Joint Replacement instructors. (L-R) Tracy Kueter, Donnamaria Duatschek and Kathy Miller*

**1st & 3rd Wed of every month  
1:00 – 4:00 pm**

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

**Arlington Urgent Care Center  
Carlin Springs Health Pavilion  
601 S. Carlin Springs Road  
Arlington, VA 22204**

## WEIGHT LOSS SURGERY—FREE SEMINARS

Learn about 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, please visit [www.SurgicalAssociatesVHC.com](http://www.SurgicalAssociatesVHC.com) or call 703.717.4250.

**Saturdays, 10:00 – 11:30 am  
5/7, 6/4, 7/9, 8/6**

**Thursdays, 5:30 – 7:00 pm  
5/19, 6/16, 7/21, 8/18**

## 2011 TASTE OF ARLINGTON

Join us at this lively outdoor festival, featuring over 40 noteworthy restaurants, local entertainment, children's activities and more. While sampling world-class food, you will also be supporting healthcare in your community. Once again this year, the Ballston Partnership has generously designated Virginia Hospital Center Foundation as a beneficiary of the 2011 Taste of Arlington. For tickets, please visit [www.tasteofarlington.com](http://www.tasteofarlington.com).

**Sunday, May 22, 12:00 – 5:00 pm  
Wilson Boulevard in front of  
Ballston Common Mall**





# Cardiology

## SMOKING AND THE HEART

You know that smoking is bad for your lungs. But do you know what it does to your heart?

More damage than you might think. Studies have shown that men who smoke are three times more likely to suffer a heart attack than non-smokers. For women who light up, that risk increases to six-fold. Cigarettes tend to make the blood vessels and cholesterol “stickier,” increasing a person’s chances of developing clogged arteries and high blood pressure.

Furthermore, all smoke is bad smoke. If you are a “light” or intermittent smoker, you’re still at risk. Smoking one to four cigarettes a day increases your risk of heart disease almost as much as smoking a pack a day, notes interventional cardiologist and Director of the Cath Lab Charanjit Khurana, MD, FACC, FSCAI. “Many of these people consider themselves ‘non-smokers’, but their health suggests otherwise.” Individuals who don’t smoke but are exposed to second hand smoke on a regular basis are also at increased risk for cardiovascular disease.

The good news is that many of the vascular risks brought on by smoking can be reversed. The chance of heart attack drops precipitously among those who quit—and quickly, too. The body actually begins to respond and repair itself within 24 hours of that last cigarette, and the likelihood of cardiac arrest drops dramatically in the first year, Dr. Khurana says. The more time passes, the more that level of risk continues to diminish.

Quitting is not easy. Most smokers quit an average of three to four times before they truly kick the habit. The reason so many fail in their initial attempts, says Cathy Turner, MS, Director of Health Promotion, is that they do not address all of the factors that compelled them to smoke in the first place. Success requires addressing these three components:

**PHYSICAL ADDICTION.** Nicotine is an addictive substance from which your body must be weaned. Various pharmacological aids on the market can help, from nicotine replacement therapy (gum, patches, inhalers or lozenges) to medications that can reduce the stimulant effect of cigarettes.

**HABIT.** Giving up smoking also means giving up some of the rituals you associate with smoking. For example, if you’ve always had a cigarette with a cup of coffee, you form an association and it’s hard to separate the two. When you follow the same patterns, you inevitably have cravings. Behavioral counseling can help you devise ways to mix things up and break old habits.

**PSYCHOLOGICAL DEPENDENCY.** This, Turner says, is the factor that’s most often ignored and it’s why so many people fail in their attempts to quit. “It’s important to analyze what function or purpose smoking serves in your life. Does it help you deal with stress, boredom or loneliness? Do you use it as a reward?” If so, it’s important to develop alternate coping mechanisms to replace smoking.

The benefits of quitting for good far outweigh the temporary rush of one cigarette. “Once you’ve stopped, over time you realize that you’re more energetic, that you’re breathing easier, and that your sense of taste improves,” Turner says. And your heart will thank you. ■

**Enroll in the “Quit for Good” smoking class at Virginia Hospital Center. For more information, see page 13. Virginia Hospital Center is a non-smoking campus.**

### KICK THE HABIT

### TRY THESE TIPS:

#### PICK A DATE

When you choose an official “quit date”, your plan has a concrete starting point, as opposed to “some day.”



#### KNOW YOUR TRIGGERS

Change your routine to minimize past associations with smoking. Avoid situations where smoking is prevalent.



#### ASK YOUR DOCTOR

Ask your doctor if medication and nicotine replacement therapies are appropriate for you.



#### USE BEHAVIOR MODIFICATION STRATEGIES

Coaching is available through classes, web-based programs and phone-based programs.



**Don’t give up. If you fail the first time, use the relapse as a learning experience and set a new start date for quitting.**





# Oncology

## PROTECT YOUR SKIN YEAR ROUND

One in five Americans will develop skin cancer. The good news is that skin cancer is preventable, and is highly treatable when detected early. Dermatologist Michelle Rivera, MD, FAAD offers these tips on taking care of your skin.

### What causes skin cancer?

Most skin cancers are caused by ultraviolet radiation, which damages the DNA of skin cells. Other cancers may stem from exposure to chemical carcinogens, certain viral infections, or a suppressed immune system. Certain genetic factors such as fair skin or a history of atypical nevi (moles) make a person more predisposed to skin cancer. People with a family history of melanoma also have a heightened risk.

### What are the different types of skin cancer?

Basal cell and squamous cell carcinomas are the two most common forms of skin cancer. Both usually appear as non-healing pink growths and are easily treated if detected early. Melanoma, the most serious form of skin cancer, may appear as a new, dark growth or as a change to a pre-existing mole. Approximately three quarters of all skin cancer deaths are from melanomas.

### When should I begin seeing a dermatologist?

Everyone should visit the dermatologist by age 40. If you do indoor tanning or spend a lot of time playing outdoor sports, it's better to start routine checkups at 25.

### What are the symptoms?

Regularly inspect your body for skin changes. See a dermatologist if you notice shiny or scaly pink nodules or red patches that bleed easily, new moles, or changes in the surface, color, size or sensation of an existing mole.



### Are sunburns really that big a deal?

Yes. Any sunburn is bad, but the damage may not show up until 20 years later. Children who sustain sunburns may be more likely to develop skin cancer earlier in life. Use extra caution near water, snow, and sand, as these elements can reflect and intensify the damaging rays of the sun. If you are African American or Hispanic and you have naturally dark skin, keep in mind that you can still burn.

### What are the treatment options?

Depending on the type and severity of the skin cancer, treatments may range from topical creams or in-office excision of suspicious moles to Mohs surgery, a micrographic surgical technique that strips away layers of cancer-containing skin. More severe cases may require chemotherapy or radiation.

### How can I protect my skin?

Take care of your skin year round by using sunscreen with an SPF of 30 or higher every day. Apart from decreasing cancer risk, this also helps prevent premature skin aging. For outdoor activities, apply a waterproof SPF 50 sunscreen 30 minutes before going outside, and wear protective clothing and sunglasses. Whenever possible, avoid the sun entirely between 10:00 am and 4:00 pm.

### How much sunscreen should I apply and how often?

You need to use a shot glass full of lotion to cover the entire body and reapply after swimming. Using a higher SPF will give you more protection if you don't apply enough sunscreen or do so often enough.

### What are tips for protecting children from the sun?

Children 12 months and under should never be outside when the sun is the strongest. They can burn even through sunscreen. Older children should be taught how to apply sunscreen as part of their daily routine. Wearing sunscreen is a safety precaution, just like wearing a bike helmet.

### Are tanning beds more dangerous than sunlight?

All tanning causes sun damage, but indoor tanning is worse because the UV light goes deeper into the skin. Indoor tanning damages the skin's DNA, leading to premature aging, immune suppression and skin cancer. People who do indoor tanning have a 75 percent risk of developing melanoma. Unfortunately, the incidence of melanoma has been rising among white women between the ages of 15 and 39, which may be due to tanning bed usage. ■



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.

## SUPPORT GROUPS

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

## 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, 5/12, 6/23, 7/7 or 8/25, 6:00 – 7:00 pm

Friday, 5/27, 6/10, 7/29 or 8/12, 10:00 – 11:00 am

### Lymphedema Awareness

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

Thursday, 5/12, 7/7, 5:00 – 6:00 pm

Friday, 6/10, 8/12, 11:00 am – 12:00 pm

### Prostate Cancer Series

Radiation oncologist Robert Hong, MD talks about radiation therapy and CyberKnife® treatment for prostate cancer patients.

To register, call 703.558.0912.

Tuesday, 5/24, 7:00 – 8:00 pm

### Preguntas y Respuestas para Hablantes de Español

Doctora Patricia Rodríguez, especialista en Oncología, conducirá una discusión informal en la que contestará preguntas sobre el diagnóstico del cáncer, el tratamiento y después del tratamiento. Para registrarse, llame al 703.558.0917.

Jueves, 26 de mayo, 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, 6/1, 7:00 – 8:00 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, 6/6 or 8/1, 2:00 – 4:00 pm

### Acupuncture

Artin Mahboubi, nationally board-certified acupuncturist, discusses how acupuncture can strengthen the immune system, reduce inflammation & alleviate the effects of chemotherapy & radiation therapy. To register, call 703.558.0913.

Thursday, 6/9, 7:00 – 8:00 pm

### Just Dance

Join a fun-filled class of Latin, Persian & jazz dancing with Reema Wagner that will make you forget the "work" in "workout". To register, call 703.558.0915.

Thursday, 6/16, 7:00 – 8:00 pm

### Basics of Stereotactic Radiosurgery

Nadim Nasr, MD, radiation oncologist, describes stereotactic radiosurgery & its applications in the modern treatment of cancer patients. To register, 703.558.0902.

Wednesday, 6/29, 7:00 – 8:00 pm

### Relaxation & Guided Imagery

Laura Chalkley teaches a powerful mind-body technique to enhance the body's natural healing abilities. To register, call 703.558.0910.

Tuesday, 7/5, 7:00 – 8:00 pm

### Tai Chi

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

Mondays, 7/18, 7/25, 8/1 & 8/8, 7:00 – 8:00 pm

### Journey Beads & Necklaces

Kim Havern, art therapist, helps participants use art to create & record moments & milestones of your journey through cancer. To register, call 703.558.0920.

Wednesday, 7/20, 7:00 – 8:00 pm

### Reiki

Learn how Reiki can bring about a greater sense of peace, wellness & balance from Lois Mandelberg. Receive free Reiki from other practitioners during the workshop. To register, call 703.558.0916.

Wednesday, August 10, 7:00 – 8:00 pm

### Head & Neck Cancer Support Group

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

4th Wednesday / 6:00 – 7:30 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.

1st & 3rd Tuesdays / 5:00 – 6:30 pm

### 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





# 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 5/16 & 7/11 (H)  
Wed 6:00 – 6:45 pm begins 5/18 & 7/13 (H)  
Sat 10:00 – 10:45 am begins 5/21 & 7/16 (CS)  
\$42

## Cardio Strength Circuit

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

Tues 5:30 – 6:15 pm begins 5/17 & 7/12 (H) \$42

## R.I.P.P.E.D.<sup>®</sup> **NEW!**

Burn fat & build muscle in this high-intensity class. Resistance, Intervals, Power, Plyometrics, Endurance & Diet.

Tues 7:15 – 8:15 am begins 5/17 & 7/12 (CS) \$66

## Fitness for Bone Health

Improve strength, balance & coordination to reduce your risk of falls & bone injuries.

Tues 6:30 – 7:15 pm begins 5/17 & 7/12 (H)  
Thurs 3:00 – 3:45 pm begins 5/19 & 7/14 (CS) **NEW!**  
\$50

## Nordic Walking **NEW!**

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

Mon 7:00 – 8:00 pm begins 5/16 (CS) \$50

## Gentle Yoga

Restore flexibility, regain strength & ease tension.

Tues 9:30 – 11:00 am begins 5/17 & 7/12  
Thurs 9:30 – 11:00 am begins 5/19 & 7/14 (CS) \$66

## Yoga for Everybody

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

Wed 6:30 – 8:00 pm begins 5/18 & 7/13 (CS) \$66

## Adaptive/Seated Yoga

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

Tues 11:15 am – 12:15 pm begins 5/17 & 7/12 (CS) \$66



Itsy Bitsy Yoga<sup>®</sup> for Tots

## Hatha Yoga

Tues 12:00 – 1:00 pm begins 5/17 & 7/12 (H) \$66  
Thurs 6:00 – 7:15 pm begins 5/19 & 7/14 (H) \$66

## Hatha Vinyasa Yoga **NEW!**

Energetic, flow yoga class that matches breath to pose. Intermediate level.

Sun 10:00 – 11:15 am begins 5/22 & 7/17 (H) \$66

## Prenatal Yoga

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

Mon 7:00 – 8:15 pm begins 5/16 & 7/11 (H)  
Tues 6:15 – 7:30 pm begins 5/17 & 7/12 (CS)  
Wed 7:00 – 8:15 pm begins 5/18 & 7/13 (H)  
Thurs 7:30 – 8:45 pm begins 5/19 & 7/14 (CS)  
Sat 10:00 – 11:15 am begins 5/21 & 7/16 (H)  
Sun 11:15 am – 12:30 pm begins 5/22 & 7/17 (H)  
\$78

## Prenatal Partner Yoga

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

Physician approval required. \*1-session.  
Sunday, 5/22 or 6/12, 1:00 – 2:30 pm (H) \$40/couple

## Itsy Bitsy Yoga<sup>®</sup> 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 5/20 & 7/15  
Sat 2:30 – 3:15 pm begins 5/21 & 7/16 (H) \$78

## Itsy Bitsy Yoga<sup>®</sup> for Tots

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

Mon 10:00 – 10:45 am begins 5/16 & 7/11  
Sat 3:30 – 4:15 pm begins 5/21 & 7/16 (H) \$78

## ONE ON ONE ASSESSMENTS

To register, call 703.558.6740 or visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com).

**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<sup>®</sup> 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**



(H) = Virginia  
Hospital Center  
(CS) = Carlin Springs  
Health Pavilion at  
601 S. Carlin Springs Road,  
Arlington 22204

# SENIOR HEALTH PROGRAMS

For more information,  
call 703.558.6859.

## Gentle Pilates

A non-traditional Pilates class with modifications to suit all abilities.

Tues 7:30 – 8:30 pm begins 5/17 & 7/12  
Sat 9:00 – 10:00 am begins 5/21 & 7/16  
(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 5/16 & 7/11 (CS) \$78

## Pilates Plus

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

Mon 6:15 – 7:15 pm begins 5/16 & 7/11 (CS) \$78

## Pi-Yo

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

Tues 7:30 – 8:30 pm begins 5/17 & 7/12 (CS) \$78  
Thurs 7:30 – 8:30 pm begins 5/19 & 7/14 (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 5/16 & 7/11 (H) \$78  
Fri 11:00 – 11:45 am begins 5/20 & 7/15 (H) \$78  
Sat 11:15 am – 12:15 pm begins 5/21 & 7/16 (H) \$78

## Tai Chi

Slow, flowing movements help foster a balanced mind & body. The simplified, 24-form Yang style is the most popular form of this ancient Chinese exercise. Suitable for all ages. \*8-week session.

Thurs 6:15 – 7:15 pm begins 5/19 (CS) \$80

## Food Cravings: Breaking the Cycle NEW!

Is it difficult for you to avoid certain foods? Learn about the triggers that drive these cravings with Mary Porter, nutrition educator and counselor. This talk will enlighten anyone with issues surrounding food. \*1 session.

Mon 6/6, 7:00 – 8:15 pm (H) \$30

## “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 7/11 (H) \$50

## Massage for Couples

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

Sat 7/9, 9:30 am – 12:00 pm (CS) \$45/couple

## Strength & Stretch for Seniors

Improve range of motion, muscle strength & flexibility. 6-week sessions.

Mon 1:00 – 1:45 pm begins 5/16 & 7/11 (H)  
Thurs 2:00 – 2:45 pm begins 5/19 & 7/14 (CS) NEW!  
\$42

## Seniorcise

Maintain & regain strength & flexibility. Classes start June 27. 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

## Mall-Walking Program

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

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

## Alzheimer's Caregiver Support Group

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

## Philips Lifeline

A 24-hour medical alert system personally overseen by Hospital staff. See tear-out card for special offer.

## HEALTHY AGING LECTURE SERIES\* Fridays, 11:00 am – 12:00 pm (CS)

- 5/20 **FIRE SAFETY FOR ALL AGES:** Lieutenant Greg Karl, Arlington County Fire Department
- 6/17 **KEEPING FOOD SAFE:** Sandy King, Department of Agriculture
- 7/29 **THE AGING EYE:** A. Wali Ziyee, MD, Medical & Surgical Ophthalmology
- 8/19 **NoVA AGING & ADULT SERVICES:** MaryAnn Griffin, Terri Lynch, Sharon Lynn

\*Registration required.

## HEALTHWORKS CORPORATE WELLNESS PROGRAMS

Through HealthWorks, Virginia Hospital Center brings a variety of wellness lectures, health fairs and screenings to your workplace. Let HealthWorks design a program to specifically address the needs of your employees. Our fees are structured to be affordable for both large and small companies. HealthWorks helps employees identify and manage health risks, achieve lifestyle changes and improve their general well being.

For more information, call the Health Promotion Department at 703.558.6740 or visit [www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com) and click on “Corporate Wellness” on the home page.





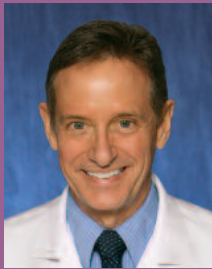
# Women & Infant Health

## HELP FOR HEAVY BLEEDING

Nearly one in every three women suffers from unusually heavy menstrual periods, also known as menorrhagia. Blood loss is considered abnormal when the menstrual flow lasts more than seven days or soaks through a tampon or pad every hour for several consecutive hours. In the worst cases, menorrhagia can cause anemia and begin to interfere with daily activities. Women with this condition often develop tremendous anxiety for fear of having an embarrassing accident in public.

Of the more than 600,000 hysterectomies performed every year, nearly a third are prescribed to relieve menorrhagia. What many women don't realize is that there is a solution that's easier than major surgery. With endometrial ablation, hysterectomy can be avoided as a last resort. This simple outpatient procedure uses various technologies to treat the endometrial lining of the uterus to reduce blood flow, allowing women to keep their organs intact. Three noted OB/GYNs discuss the different forms of endometrial ablation.

**Jeffrey Elliott, MD, OB/GYN**  
NovaSure® Endometrial Ablation



NovaSure endometrial ablation is a procedure that removes the lining of the uterus (the part that bleeds) with a quick delivery of

radiofrequency energy. A wand inserted through the cervix contains a triangular mesh device that gently expands to fit the size and shape of the uterus. Once in place, the mesh delivers precisely measured radio frequency energy for about 90 seconds to essentially cauterize the uterine lining. After that, the mesh retracts back into the wand and is removed from the cervix. "Our field has changed dramatically with this technology, saving many women from having hysterectomies," says Dr. Elliott.

**Norman Armstrong, MD, FACOG**  
Thermachoice® Ablation



Gynecare Thermachoice was the first ablation method approved by the FDA. In this approach, a soft, flexible balloon is inserted via catheter through

the cervix and filled with fluid so that it inflates to fit the contours of the uterus. The fluid is then heated and circulated to treat the uterine lining. Once the fluid and balloon are removed, the lining sheds, like a period, for 7-10 days.

"Many women think that heavy bleeding is a normal part of perimenopause, and they don't realize that relief is available without major surgery," says Dr. Armstrong. "They don't have to suffer. Endometrial ablation leaves the uterus in place and causes no scars or interruptions to the body."

**Jane Piness, MD**  
Hydrothermal Ablation (HTA®)



With the Hydro ThermAblator System, a probe containing a tiny telescope is inserted into the uterus, allowing the doctor to view the uterine lining. The

uterus is filled with room temperature saline solution, which is then heated and circulated for about 10 minutes to treat the endometrial lining. HTA can be used even when fibroids up to 4 cm are present. Once the HTA treatment procedure is completed, the uterine lining sloughs off, similar to a light menstrual period. "Women today lead very busy lives and can't afford to take two to four weeks off for a hysterectomy. This is a procedure that has you back to your normal routine within 24-48 hours," says Dr. Piness.

Endometrial ablation takes roughly 30 minutes from start to finish, but it does require a little prep work. Candidates must first receive a pelvic sonogram and endometrial biopsy to rule out the presence of cancer or precancerous conditions.

Although ablation is an outpatient service requiring no overnight stay, all three procedures are performed in the operating room with intravenous sedation or local anesthesia to ensure maximum patient safety and comfort. Women experience no pain during the procedure and minimal to no cramping afterward. They are typically able to resume normal activities the next day.

Which approach is best? Each has proven to be safe and highly effective, with patient satisfaction rates exceeding 95 percent. Over the long term, for most women their periods become significantly lighter; some develop amenorrhea and subsequently experience no bleeding at all.

Endometrial ablation is recommended only for pre-menopausal women who do not intend to have more children. Since the treatment destroys the endometrial lining, pregnancy is dangerous for mother and fetus after ablation. However, endometrial ablation does not eliminate fertility and is not a form of birth control. Women who undergo this procedure must be sure to use a reliable form of contraception afterwards. ■



## 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, 5/31 – 7/5 or 7/19 – 8/23 or  
Wednesdays, 6/1 – 7/6 7:30 – 9:30 pm (C) \$180

### One Day 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.

5/21, 6/12, 6/25, 7/23 or 8/27  
9:00 am – 5:30 pm (C) \$165

### 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, 5/14, 6/11, 7/9 or 8/13 9:30 am for 2-3 years  
or 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, 5/22, 6/5, 6/12, 6/26, 7/10, 7/24, 7/31, 8/7,  
8/14, 8/28 2:00 pm (L)



### Preparation for Breastfeeding

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

5/26, 6/6, 7/28, 8/1 7:00 – 9:30 pm  
(C) \$60

### 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)  
No support group meeting 8/10 & 8/17

### 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, 5/15, 6/5, 6/19, 7/10, 7/24 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, 5/18, 6/1, 6/15 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, 5/25, 6/8, 6/22, 7/13, 7/27, 8/10, 8/24  
10:30 am – 12:00 noon (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: 6/4, 7/9 or 8/6  
9:00 am – 1:00 pm

Monday: 6/13, 7/18 or  
8/15 6:00 – 10:00 pm

(C) \$55 per person

James B. Cole  
President & CEO

R. Michael Amedeo, MD  
President, Medical Staff

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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.

# VIRGINIA HOSPITAL CENTER: WE'RE CLOSER THAN YOU THINK

Your neighbors have already experienced our exceptional medicine and personalized care. Shouldn't you?  
Be treated at Virginia Hospital Center. We put healthcare excellence on the map.



To find us, please visit  
[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)  
and click on "Directions" at the  
bottom of our home page.