Virginia Hospital Center has been named one of America’s 100 Top Hospitals® by Truven Health Analytics. Each year, the 100 Top Hospitals study identifies hospitals with the best facility-wide performance, measuring performance excellence in clinical care, patient perception of care, operational efficiency and financial stability.

Unlike other national hospital rankings that are based on subjective measures, such as opinion, the selection of the 100 Top Hospitals is based completely on objective, public data. “Every hospital in the U.S. that bills Medicare is included in the study — whether it likes it or not,” says Jean Chenoweth, Senior Vice President, Truven Health Analytics. “Hospitals do not apply for the 100 Top Hospitals award, and winners do not pay to market their award.”

To conduct the 100 Top Hospitals study, Truven Health (formerly the healthcare business of Thomson Reuters) evaluates hospital performance using the 100 Top Hospitals National Balanced Scorecard and data from trusted public sources — Medicare cost reports, Medicare Provider Analysis and Review (MedPAR) data, and core measures and patient satisfaction data from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website. Altogether, they reviewed information on approximately 14 million Medicare patients discharged from 2,922 U.S. acute-care hospitals. (Continued on page 3)
#1 IN VIRGINIA FOR PATIENT SATISFACTION

In 2012, Virginia Hospital Center was recognized as the top hospital in the Commonwealth of Virginia for patient satisfaction, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Virginia Hospital Center was the Number 1 hospital in the state in both overall patient satisfaction and how likely patients were to definitely recommend the hospital to others.*

What does it take to earn that kind of trust from thousands of patients a year? It means every single department in the Hospital — from admissions to nursing, to lab and dietary — working together to put the patient first, says Darlene Vrotsos, RN, BSN, MS, Chief Nursing Officer, Virginia Hospital Center.

“Having the right people here and keeping the patient at the center of what we do is critical to achieving the high-quality outcomes we have,” Vrotsos says.

Keeping the patient at the center means remembering that every patient who comes to the Hospital feels very vulnerable and anxious. They are unsure what to expect. “We are mindful of that,” says Vrotsos. “We explain what will happen during their stay, educate them about their plan of care, listen to their concerns, and, hopefully, alleviate some of their anxiety. It’s not what we do to patients, but how we treat them.”

Jeff DiLisi, MD, Chief Medical Officer, notes that the real significance of the patient satisfaction scores is the perception of quality that patients have about the Hospital.

“It tells us what our patients think,” he says. “We look at our patient surveys every week, paying particular attention to our patients’ individual comments. Our medical staff takes them very seriously,” he says. “We have a real buy-in from all parts of the Hospital community. We all want to provide the highest quality care to our patients.”


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THE EVEREST AWARD: THE BEST OF THE BEST

Being named one of the 100 Top Hospitals is a tremendous honor. Within that group are 17 Everest Award winners that have demonstrated the highest performance in the country at the end of five years. Virginia Hospital Center is the only hospital in the Washington Metro Area to receive the Everest Award.

“The Everest Award winners are the best of the best,” says Jean Chenoweth, Senior Vice President, Truven Health Analytics. “These hospitals are already high performers by being in the top 100, but they are also setting the highest rate of improvement.”

It’s a very important measure, Chenoweth says, because healthcare reform requires consistent levels of high quality care.

Jeff DiLisi, MD, Chief Medical Officer at Virginia Hospital Center, says that winning the Everest Award is a testimony to one of the core philosophies of the Hospital’s entire staff.

“We are never satisfied with where we are,” Dr. DiLisi says. “We are always trying to get better. The Everest Award reflects that.”

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PATIENTS SAY WE’RE #1

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Data from Centers for Medicare and Medicaid Services (CMS) – July 2011 - March 2012 (data released April 2013)
“What we measure is the impact of leadership on the performance of the whole organization,” says Chenoweth. That means the board, the executive leadership and medical staff leadership are all focused on achieving what Chenoweth calls “balanced excellence” throughout the organization.

“We evaluate if they have high quality, high patient satisfaction, high efficiency and reasonable prices compared to peer hospitals of similar size and teaching status,” she explains.

“For many years, our mission statement has been, ‘To Be the Best Hospital,’” says James B. Cole, President & Chief Executive Officer of Virginia Hospital Center. “We are striving to be the highest value hospital by providing excellent quality and patient safety, an outstanding patient experience and cost-efficient care.”

One of the key reasons the Hospital has achieved this national recognition is the caliber of our physicians and everyone who works at the Hospital, says Cole. “We have a medical staff that holds itself to extremely high standards, a board that provides the resources for us to have the most up-to-date technology, and employees who are motivated by excellence. When we hire people to work here, we are very selective. We are looking for high performers.”

What does the 100 Top Hospitals award mean for patients at Virginia Hospital Center? “This is good, objective verification that our patients are receiving the highest quality of care in an environment that really respects them as individuals,” Cole says.

The award also tells the Northern Virginia community that they have a hospital they can depend on.

“Being a 100 Top Hospitals award winner means this is a reliable organization focused on continually improving its value to the community,” Chenoweth adds. “The best way to describe ‘value’ is that it’s balanced excellence. These hospitals are leaders in their industry, developing and maintaining a culture of excellence that cuts across everything, from patient care to housekeeping to administration.”

To select the 100 Top Hospitals, Truven Health collects and evaluates data from trusted public sources for nearly 3,000 hospitals nationwide. Overall, patients who are treated at the 100 Top Hospitals can expect:

- Better Survival Rates: The winning hospitals have fewer deaths than expected, considering the severity of the patients’ conditions.
- Fewer Complications: Patients treated by 100 Top Hospitals winners had significantly fewer complications than those treated by their non-winning peers.
- Better Patient Care and Safety: The winning hospitals follow the best practices in healthcare for patient care more closely than other hospitals, and had the best patient safety scores.
- Better Long-Term Outcomes: Patients treated at winning hospitals are less likely to be readmitted within a month after being released.
- A Shorter Hospital Stay: Statistically, patients at 100 Top Hospitals go home a half-day sooner than at peer hospitals.
- A Lower Bill: The 100 Top Hospitals do the best job in holding down expenses.
- A Better Overall Experience: The winning hospitals received the highest patient satisfaction scores, evidence that their patients received excellent care from caring and compassionate staff.

*Truven Health Analytics 100 Top Hospitals Study Overview, 20th edition, February 25, 2013

It’s easy for a hospital to say, “We’re the best.” It’s much more meaningful for someone else to shine the spotlight on a hospital for its excellence. Here are just a few of the recognitions Virginia Hospital Center has recently received:

- Named to 100 Top Hospitals® for 2013 by Truven Health Analytics
- One of only 17 of the 100 Top Hospitals to receive the 2013 Everest Award
- Recognized as one of America’s Top 100 “Best Value” Hospitals — Hospital Value Index™
- The only hospital in Virginia to earn WomenCertified® America’s Best Hospitals awards in all four categories for 2013 — Heart Care, Obstetrics, Orthopedics and 100 Best Hospitals for Patient Experience. Out of approximately 4,650 hospitals nationwide, only 34 hospitals earned all four awards.
- Ranked Number 1 in Virginia for patient satisfaction, receiving the highest score for overall patient satisfaction and likelihood to recommend the Hospital when compared to 80 other Virginia hospitals*
- Voted “Best Place to Have a Baby” by the readers of Arlington Magazine in 2013


www.virginiahospitalcenter.com
How do you define infertility?
The traditional definition of infertility is failure to achieve conception after 12 months of frequent, unprotected sexual intercourse. If the woman is 35 years of age or older, we tend to shorten that time frame to about six months.

How common is male infertility?
When couples undergo fertility evaluation, there is a male factor about 40 percent of the time and, equally, a female factor about 40 percent of the time. In another 10 percent of couples, infertility is due to a combination of both male and female factors; in the final 10 percent, the cause is unknown. My recommendation to couples is that if they’ve been trying unsuccessfully to conceive, both the man and the woman should undergo fertility testing.

What causes male infertility?
There can be many causes, but a common cause of male infertility is a varicocele, a dilation (enlargement) of veins on the left side of the scrotum. A varicocele may cause an increased temperature in the scrotum, which can lead to impaired sperm production. During a male evaluation for infertility, I will sometimes identify other risk factors such as hormonal deficiencies that can impact sperm production; cigarette smoking, which can lead to decreased motility of the sperm from the nicotine; or genetic irregularities that can alter sperm production.

How is it diagnosed?
The initial workup for male infertility involves a comprehensive medical history, a general physical exam, and a semen analysis. The semen analysis is critical to the evaluation and, to be accurate, the semen analysis should be provided after a period of abstinence from ejaculation for 48-72 hours.

If the semen analysis and physical exam are normal, then we typically do not do any further testing. If there are abnormalities in the semen analysis, I will request a second semen analysis as well as initiate a hormonal evaluation. If those results are abnormal, we look for a medical cause. For example, an abnormal hormonal evaluation could indicate that the body is not producing enough testosterone or the pituitary is underfunctioning, thus failing to stimulate sperm production.

What are the treatments?
They vary depending on the cause. For a varicocele, the treatment is an outpatient surgical procedure to fix the varicocele. If decreased sperm production is due to a hormonal cause, we can give medication to stimulate more sperm production. Some patients have had a previous vasectomy, which obstructs the flow of sperm, and now they want to have additional children. I perform an outpatient surgery to reconnect the vas deferens, the tube through which the sperm flow, in order to restore fertility.

A diagnosis of infertility can be very emotional for a couple. How do you counsel your patients?
I encourage couples to go through fertility evaluation as a team and avoid placing blame or fingerpointing. It is important for each individual to have a thorough medical evaluation. As fertility can sometimes be very stressful, in some situations I may suggest that my patients see a therapist or counselor who works with couples going through fertility evaluation.
When John Palmer, a 68-year-old financial planner from McLean, was admitted to the Inpatient Rehabilitation Center (IRC) at Virginia Hospital Center following multiple strokes, he couldn’t get out of bed, feed himself or even swallow; a feeding tube provided him with nutrition. His communication was limited to one-word answers.

“When John came in, I asked him, ‘What is your goal?’” recalls Cindy Oden, Program Director of the IRC and John’s physical therapist during his rehabilitation. “He said, ‘Walk.’ At the time, I wasn’t sure that was going to happen.”

That didn’t stop either of them — and the rest of the rehab team — from working toward that goal.

“I broke up tasks into small parts,” Oden says. “First, John learned how to roll and turn in bed and then sit up on his own in bed. Then we worked on transferring from the bed to a wheelchair, then simply standing.”

“Cindy was a sergeant,” John said. “I looked forward to physical therapy.”

After three to four weeks, he started taking steps, and “then his progress really sped up,” Oden says. “John would do anything I asked. He was motivated from day one.”

“Motivated” might be an understatement. John worked tirelessly with physical, occupational and speech therapists to retrain his body to do the simple things — sitting up, shaving, brushing teeth, cutting food, walking down the hall — that most people take for granted. He was supported around the clock by his wife, his two sons and his daughter. The IRC’s private rooms all have sleeper sofas, and a family member stayed with him to help with his rehabilitation.

“My daughter and son would video my sessions — they were there the first time I walked,” he said.

The IRC team encouraged and supported his family’s involvement, teaching them important caregiver skills they would need after John’s treatment at the IRC ended.

“Having a family member stay overnight at the Center makes for a safer discharge,” explains Jennifer Swenson, RN, IRC Patient Care Director. “The family can understand realistically what is involved in their care. Eighty percent of our patients are discharged back to home. That’s higher than regional and national benchmarks.”

As John made progress, the team made adjustments in his treatment and his medications. They constantly looked for new ways to help him increase his range of mobility.

“They were always evaluating and asking where they could help me improve more,” John says.

That’s the way the team at the IRC approaches the treatment of every patient, says Edward Allcock, DO, Medical Director of both the IRC and Outpatient Rehabilitation, and a member of the Virginia Hospital Center Physician Group.

“Everyone on the team, from physicians to therapists to nurses, takes great pride in providing quality care with a positive attitude for the best patient outcomes,” Dr. Allcock adds. “Our staff is always thinking about making their experience a healing one, and giving patients and their families the abilities and confidence to succeed.”

John’s success — and his rehab regimen — continued at home. Within two months after he was discharged from the IRC, John was back at his job as a financial planner; after just four months, he started driving again. Today, his ongoing physical therapy is doing Pilates three times a week. He also spends time on the basketball court.

“I used to be quite a basketball player,” John says. “Before I go to Pilates, I dribble 300 times with one hand and then with the other. After Pilates, I try and make shots.”

John’s amazing recovery from what could have been catastrophic strokes is “a testimony to the skills, compassion and dedication of the team at the IRC. This was a complete team effort,” Dr. Allcock says.
Myositis ossificans is an unusual and poorly understood condition where muscle turns into bone. The bone solidifies, causing pain with every movement. After a biopsy confirmed Dr. Wodajo’s diagnosis, he scheduled Jaime for surgery.

“We needed to remove the bony growth. Otherwise, Jaime would still have been in pain,” Dr. Wodajo explains. The drawback of surgery with this condition is that it can restart the process of muscle turning to bone. To reduce the risk of recurrence, Jaime was given a single dose of radiation immediately after surgery.

Jaime’s procedure was performed on an outpatient basis and she was able to return to her home the same day. “A week later,” Jaime recalls, “I went to my follow-up visit. I was walking slowly, but I had no limp.” She is now back to previous activities and happily pain free.

Jaime said she was so “fed up with doctors” before her appointment with Dr. Wodajo that she nearly cancelled it. “I had lost hope, thinking no one would ever figure this out. Dr. Wodajo knew what was wrong within five minutes and said, ‘We’ll fix it.’”

Robert is a bicycle commuter, riding 14 miles each way from his home in Maryland to downtown DC. One winter morning, he spun out on a patch of ice, landing on his side and punching his wallet into his hip, with his bike landing on top of him. There was a huge bruise and swelling, but little pain, and he didn’t think he needed to see a doctor.

Several months went by and then he noticed new swelling at the point of impact. His doctor suspected a sarcoma because the mass felt hard and had grown rapidly. Robert had an MRI, but the results were inconclusive. “There was clearly something there, but my doctor didn’t know what it was,” Robert said. “It just looked like a big mass. But he was a very smart doctor and referred me to Dr. Wodajo.”

When he arrived at Dr. Wodajo’s office, Robert said, “I was contemplating my own death or at least the thought of major surgery.” Robert explained his injury. Dr. Wodajo did an exam and reviewed his scans.

“I knew immediately it was a Morel-Lavallée lesion,” Dr. Wodajo said. It’s a not-uncommon complication after a bike or motorcycle accident when the person slides across the ground with shearing force. The fascia covering the muscles can split and fill up with blood, which never goes away. Sometimes these masses can be around for months, even years, causing pain. The treatment is a simple surgery to remove one of the two layers of fascia and the blood product goes away.

Within a week after surgery, Robert had relief from the swelling. And, he says, he learned some valuable lessons: Don’t ride a bicycle on ice, empty your pockets before riding, go to the doctor if you get a severe bruising injury, and go to doctors who know the experts.
Rebecca Hutchinson had just moved to Washington, DC, when she decided to join a coed dodgeball league as a way to meet people. In her first game, she says, she went to catch a ball and “heard a snapping sound” in her left pinky finger. At work the next day, her finger was so bruised that her boss told her to have it looked at immediately.

At Virginia Hospital Center’s Emergency Department, Rebecca was told that she needed surgery and referred to Cassie Root, MD, an orthopedic surgeon who specializes in hand and wrist injuries.

“It turns out that I had shattered the middle joint of my pinky,” Rebecca recalls. “On the X-ray, I could see a definite space between the two pieces of bone.”

Significant bruising like Rebecca had can be a telltale symptom of a fracture in the hand or wrist. “Bruising means bleeding beneath the skin,” Dr. Root says. “A lot of bleeding often comes from a broken bone, which can be a more significant injury.”

A small-finger fracture such as Rebecca’s is a common sports injury. Fingers can get caught or twisted, producing significant bruising and an inability to move. In many instances, patients are seen initially at an urgent care center or emergency room and given splints. Often, patients may not understand how to use or how long to wear a splint. “Splints can actually be harmful,” Dr. Root explains, “if they’re not used properly and are worn too long. Fingers can’t be immobilized for a long period; otherwise, they won’t move again. If your finger is not better within a few days, you should follow up with a visit to a hand specialist.”

In Rebecca’s case, Dr. Root performed surgery to insert very small, thin screws. “They allow movement sooner and less stiffness of the finger,” Dr. Root says. After surgery, Rebecca wore a customized splint to help her finger heal and had six sessions of physical therapy to help her regain range of motion in her finger.

“The physical therapists here at Virginia Hospital Center are certified hand therapists,” Dr. Root says. “They understand these injuries.”

It wasn’t long before Rebecca was back on the dodgeball court. She’s in her fourth season of dodgeball league play now.

“Dr. Root was completely understanding,” Rebecca says. “She was so friendly and accessible. I really looked forward to my weekly checkups with her.”

Orthopedic surgeon Cassie Root, MD

Another common finger injury is a mallet injury, which can cause a rupture to the tendon on the end of the finger so you can’t fully straighten it. This is common in basketball when a ball — or something else — hits the end of the finger. “This happens not just in sports,” Dr. Root says. “It can also happen when you jam your finger doing simple household chores.”

It’s treated with a splint, and occasionally with surgery. “If you don’t have mobility in the finger, then see a hand specialist,” she says.

For skateboarders, Dr. Root most often sees wrist injuries from falling on an outstretched hand. Symptoms of a fractured wrist usually include bruising, swelling and pain, limited motion and an inability to lift things.

“If there’s pain on the thumb side of the wrist, you may have a scaphoid fracture, which can feel and act more like a sprain,” she says. “It’s hard to detect; it’s especially hard to see initially on an X-ray because it doesn’t show up until about 10 days after the injury.”

Golfers and baseball or softball players often fall victim to tendonitis on the non-thumb side of the wrist. This painful condition can produce popping with the rotation of the hand. Treatment is immobilization, activity modification, splinting, occasionally a cortisone injection and physical therapy. Surgery is rarely needed.

“Many sports injuries can be treated conservatively,” Dr. Root says, “with cautious use of cortisone injections and physical therapy.”

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Yoga or Pilates: Which One is Right for You?

Yoga and Pilates are great ways to improve your fitness, flexibility and balance, and a variety of classes are offered at Virginia Health Center. Not sure which exercise form suits your style? Here is some information to help you decide.

The main physical benefits of Yoga are increased body strength and flexibility. Yoga can help alleviate back pain, improve sleep and ease pain from arthritis.

Deep breathing and meditation can lower stress levels, in part by reducing the amount of the stress hormone, cortisol. For women who are going through menopause, Yoga can ease the intensity and reduce the frequency of hot flashes.

Virginia Hospital Center offers traditional (Hatha) Yoga classes, as well as Gentle Yoga and Yoga for Everybody. Adaptive/Seated Yoga is for anyone with limited movement.

Pilates focuses on strengthening core muscles and the spine. It is helpful for strengthening muscles and joints that have weakened over time; regular Pilates students find their posture has improved. It also can help serious athletes maximize and enjoy their sport by developing core strength to stabilize the body; this provides a stronger base from which to perform and helps prevent injuries.

Virginia Hospital Center offers Pilates and Gentle Pilates classes for beginners, or anyone with limited movement. All are mat classes.

Can’t choose? Try PiYo! It includes both the regimented core strengthening movements of Pilates and the balanced poses and stress reduction of Yoga.

For a complete listing of Fitness & Healthy Lifestyle classes, see pages 14-15. Remember, if you have any health conditions — especially osteoporosis or problems with your back or pelvic floor — talk with your doctor before beginning any class.
Are You Stuck in the Middle?

When your heart health numbers put you in between low and high risk for heart disease, three tests can help your doctor determine the best course of action.

When it comes to heart disease, doctors know how to treat people whose heart health numbers — specifically, their blood pressure and cholesterol levels, as well as their age and weight — identify them as high risk. They also know what to do for those who are at low risk for heart disease. But what about people whose numbers fall somewhere in the middle, between low and high risk?

A person is considered to have an intermediate risk for heart disease with the following:

- Blood pressure between 129/89 and 139/89
- LDL level of 100-130 and HDL of less than 40
- Two or more of these five risk factors — family history of heart disease, high blood pressure, high cholesterol, diabetes and smoking. Being moderately overweight also adds to your overall risk.

"The majority of the population falls here in the middle," says Michael Notarianni, MD, Chief of Cardiology at Virginia Hospital Center. "For example, let's say your LDL is 120 and you have two of the five risk factors. The question is, are you more like the population that is at high risk for cardiovascular disease or are you more like those at the low end of the spectrum?"

To find out whether a patient is more like the high or the low end and determine the most appropriate treatment recommendations, Dr. Notarianni advises having three screening tests: a fasting lipid profile, a high-sensitivity C-reactive protein (CRP) test, and a CT scan for calcium score.

The fasting lipid profile tests for cholesterol. Anyone over 40 who hasn’t had their cholesterol checked in the last two years should get one done, says Dr. Notarianni. It’s easy to add the CRP test to a fasting lipid profile. They’re both blood tests and can be done at the same time.

"CRP is a marker for inflammation, which is the underlying cause of heart disease," Dr. Notarianni says. "If the CRP result comes back high, we would treat you as high risk, which would typically include weight loss and exercise, plus a daily aspirin and statin medication. If it’s low, we would consider you to be low risk and might recommend trying diet and exercise to bring your numbers down before trying more aggressive treatment."

The CT scan for calcium score can be another valuable diagnostic tool for those at intermediate risk for heart disease. This non-invasive test takes less than a minute and has low radiation exposure. The CT scan images the heart to detect and quantify calcium deposits in the coronary arteries, explains Russell McWey, MD, Department Chief of Radiology & Diagnostic Imaging. Calcium deposits are an early sign of arteriosclerosis, or hardening of the arteries.

"From the CT scan, we calculate a score of how much calcium is present," Dr. McWey notes. "We correlate that score with the patient’s age to assess the probability of significant coronary artery disease."

There’s no way to change some of the risk factors, including age, family history and diabetes (unless it is weight-induced). But other risk factors, including high blood pressure, high cholesterol and smoking, can be controlled, advises Dr. Notarianni. People who are at intermediate risk for heart disease have the best reason in the world to be screened. That’s when there’s still time to take steps to prevent heart disease.

"Coronary disease comes on over time," Dr. Notarianni says. "If you wait until the disease is already there, you’ve waited too long. You want to treat it before that happens. Coronary disease is silent — until it’s not. By the time you have blockages, it’s too late to do prevention."

The best way to prevent heart disease is to find out whether you’re at low, intermediate or high risk. To calculate your 10-year risk of having a heart attack, visit the National Cholesterol Education Program at http://hp2010.nhlbihin.net/atpiii/calculator.asp.
With warm weather comes outdoor activities and spending more time in the sun. Hatem El Halabi, MD, FACS, gives advice about how to protect yourself from the dangers of melanoma, a serious form of skin cancer.

“Melanoma is an aggressive skin cancer that can metastasize,” says Dr. El Halabi, a surgical oncologist who has a special interest in treating melanoma and other skin cancers. “If left untreated, it can spread to lymph nodes, the liver, the lung and the brain.”

Melanoma is the sixth most common cancer and the number of cases diagnosed each year is increasing faster than any other cancer. Excessive sun exposure, a blistering sunburn as a child, and using a tanning bed increase the chances of developing melanoma. People who burn but don’t tan and have very fair skin are at higher risk of melanoma. So are people who have a family history of melanoma, a large number of moles, or a suppressed immune system.

When going outside, Dr. El Halabi recommends using a sunscreen of at least 30 SPF and covering up—even on cloudy days. Ultraviolet rays that cause sunburn pass through clouds and can be reflected off bright surfaces such as concrete, sand, snow and water. Children need a higher SPF sunscreen than adults and should not stay in the sun for long periods of time.

“Don’t think that you are fully protected by just using sunscreen,” he says. “Cover up with clothes. If you’re swimming, cover up when you come out of the water.”

For those at higher risk of melanoma, Dr. El Halabi advises avoiding the sun as much as possible between 10:00 am and 4:00 pm when the sun’s rays are the strongest. He also cautions against using indoor tanning beds, which have been linked to increased risk of melanoma.

Sunscreen becomes less effective over time and should be thrown out after its expiration date. If there isn’t an expiration date, it should be discarded after three years—sooner if it has been left in a hot car, because high temperatures speed up the process.

Moles that could turn into melanoma may or may not be raised, and may bleed, itch or crust over. They can develop anywhere on the skin, including the back, chest, the palms of the hands, and even under toenails or soles of the feet.

Alexandria resident Lynn Gallagher found melanoma on the bottom of her right foot. Since she had had a kidney transplant and takes anti-rejection drugs that suppress her immune system, she knew she was susceptible. Her family also is fair-skinned and has a history of skin cancer, so she had it checked.

“It looked like a bruise on the bottom of my foot between two toes,” Lynn says. “It wasn’t raised and there was no pain. It didn’t look like anything you would think of as a skin cancer.”

Lynn’s treatment included a skin graft, so Dr. El Halabi worked with Mazen Bedri, MD, a plastic and reconstructive surgeon. Both physicians are members of the Virginia Hospital Center Physician Group. When Dr. El Halabi operated to remove the cancerous tissue, Dr. Bedri put a graft in the wound to encourage capillary growth for good tissue and blood supply. Lynn now is “back to normal,” she says.

Doing regular self-examinations of your skin will make you more aware when changes in moles occur, Dr. El Halabi notes. Have your significant other or family member check areas of your body that you can’t see. See your doctor if you notice any changes that concern you.

“There’s always a much better chance of curing melanoma with early detection. It’s important to know what to look for,” he says.

THE ALPHABET OF MELANOMA

Moles are very common and the chance of a mole becoming a melanoma is very small. Just to be on the safe side, check any moles for these five warning signs.

A is for asymmetry. One half of the mole is different from the other half.

B is for borders. They may be ragged or irregular.

C is for color variation. Melanoma moles may be black with brown discoloration.

D is for diameter. Anything bigger than a pencil eraser is concerning.

E is for evolution. If you’ve had a mole for a long time and it changes in color or shape, get it checked.
Spring/Summer Lectures & Events

**Lymphedema Awareness**
Learn about lymphedema from certified lymphedema specialists. To register, call 703.558.6913.

- Fridays, 5/10, 6/14, 7/12, 8/9
- 11:00 am – 12:00 pm

**Pre-operative Class for Breast Cancer Patients**
Jean Sullivan, RN, BSN, Breast Health Coordinator, reviews surgical procedures. To register, call 703.558.6908.

- Thursdays, 5/16, 6/13, 7/11, 8/8, 6:00 – 7:00 pm
- Individual appointments also are available.

**Prostate Lecture Series: Beyond Initial Treatment**
A couple discusses their long-term recovery from prostate cancer treatment. To register, call 703.558.0912.

- Tuesday, 5/28, 7:00 – 8:00 pm

**Look Good, Feel Better**
Learn makeup & hair styling techniques to help manage changes in your appearance that may occur during cancer treatment. To register, call 703.558.5555. Group Room.

- Mondays, 6/3 or 8/5, 2:00 – 4:00 pm

**Knitting**
Learn the basics of this fun, stress-relieving hobby and how to make a simple cowl. Supplies provided. To register, call 703.558.6913.

- Mondays, 6/10 & 6/17, 1:00 – 2:30 pm

**Multiple Myeloma**
Robert Christie, MD, medical oncologist, discusses multiple myeloma treatments & advances. Co-sponsored with the Leukemia & Lymphoma Society. To register, call 703.558.0908.

- Tuesday, 6/11, 6:30 – 8:00 pm

**Quick & Healthy Meals for Cancer Patients**
Lindsey Proctor, MS, RD, LDN discusses healthy meal alternatives during and after treatment. To register, call 703.558.0902.

- Tuesday, 6/18, 7:00 – 8:00 pm

**Sarcoma Gathering**
July is Sarcoma Month. Felasfa M. Wodajo, MD, sarcoma specialist, gives an update on what is new in the diagnosis and treatment of sarcoma. To register, call 703.558.0916.

- Thursday, 7/25, 7:00 – 8:00 pm

**Advance Directives**
Johanna Braden, RN, Clinical Director of Palliative Care Services, discusses the purpose of an Advance Directive. Participants will have an opportunity to complete an Advance Directive during the class. To register, call 703.558.0909.

- Wednesday, 7/24, 7:00 – 8:00 pm

**Tai Chi**
Jimmy Kay, Tai Chi instructor, teaches four Tai Chi classes for cancer patients. To register, call 703.558.0910.

- Mondays, 8/5, 8/12, 8/19 & 8/26, 7:00 – 8:00 pm

**Treatment Modalities for Therapeutic Healing and Body Work**
Kerstin Perini, MAPC, Patient Navigator, leads a discussion about Mind-Body, Manipulative & Body-Based Practice definitions for complementary and integrative therapies. To register, call 703.558.0913.

- Tuesday, 8/8, 7:00 – 8:00 pm

**Managing Cancer as a Single Person**
Join a panel of patients who discuss the unique challenges facing the single person diagnosed & treated for cancer. Facilitated by an oncology social worker. To register, call 703.558.0914.

- Wednesday, 8/21, 7:00 – 8:00 pm

**Bereavement Workshop**
Receive emotional support for grieving the loss of a loved one at this 6-week workshop facilitated by a licensed counselor. To register, call 703.558.0901.

- Wednesdays 8/21, 8/28, 9/4, 9/11, 9/18 & 9/25
- 6:30 – 8:30 pm

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

**Mindfulness & Stress**
For people interested in using mindfulness to reduce stress.

- 4th Wednesday / 1:00 – 2:00 pm / Cancer Resource Library

**C.H.A.N.C.E. Head & Neck Cancer**
Oncology professionals discuss special challenges & concerns for anyone diagnosed with head & neck cancer.

- 4th Wednesday / 6:00 – 7:30 pm / Cancer Resource Library

**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

**Support Sisters Early Stage Breast Cancer**
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.

- 3rd Wednesday / 7:00 – 8:00 pm

**Prostate Cancer**
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 / 7:00 – 9:00 pm

**Opening Windows**
For people with recurrent/metastatic cancer. To register, call 703.558.6913.

- 1st Tuesday / 10:00 – 11:30 am
Women & Infant Health

Oh, Babies!

Dela Acolatse knew something wasn’t right about her pregnancy. Many expectant moms suffer with morning sickness, but Dela couldn’t eat or drink anything. Her OB/GYN diagnosed hyperemesis gravidarum, which is severe nausea and vomiting.

“I lost a lot of weight in the first trimester, and I found out I was carrying twins,” Dela said.

Dela’s doctor referred her to Carolina Reyes, MD, Medical Director of Maternal and Fetal Medicine and a member of the Virginia Hospital Center Physician Group. Dr. Reyes specializes in medical and fetal complications of pregnancy, obstetric and genetic ultrasounds, and prenatal diagnosis. Along with a specialized team, she works closely with the patient’s OB/GYN to coordinate personalized care.

An ultrasound confirmed that Dela’s twins shared one placenta, with a significant difference in size between the two babies. “With this condition, each baby was at risk,” explains Dr. Reyes. Dela required careful monitoring throughout her pregnancy.

“A pregnancy involves the whole family,” Dr. Reyes says. “Our job is to diagnose and manage care, as well as prepare the family for what to expect once the baby is born. We help coordinate care before and after the delivery for a seamless transition.”

In the event that the twins might need specialized care after birth, Dela and her husband, James, felt reassured knowing that Virginia Hospital Center’s Neonatal Intensive Care Unit (NICU) is managed by the neonatology team of physicians from Children’s National Medical Center.

Dela spent much of her pregnancy on bed rest and saw Dr. Reyes every week. “She took very good care of me,” Dela recalls. “She was not the kind of doctor to say, ‘Let’s wait and see what happens.’ If I needed to see another specialist or have another test, Dr. Reyes didn’t wait. She was very proactive.”

That proactive approach proved to be crucial. A month before her due date, Dela noticed that the babies weren’t moving as much as they had been. Dr. Reyes had her come in immediately for an ultrasound.

James was at work when he got a phone call to meet Dela at Virginia Hospital Center that day in July. “They were checking her vitals,” he said, “and then Dela was rushed in for an emergency C-section.” Janelle was born weighing 4 pounds, 9 ounces and Naomi at 5 pounds, 5 ounces. “Janelle was fine, but Naomi was not responsive. She wasn’t moving or crying. The doctor said she might have been oxygen-deprived. It was pretty scary.”

Within an hour, Naomi was transferred to Children’s National Medical Center for whole-body cooling, a procedure that lowered her body temperature for 72 hours to reduce brain swelling. Children’s National has one of the largest whole-body cooling programs in the country for infants with hypoxic brain injury (trauma that deprives the brain of enough oxygen).

“Here was this tiny little baby, shivering a little,” James said. “It was hard to see her like that. But I really appreciated how the team kept us updated all the time. By the time the cooling process was done, Naomi was responsive and looking around. We felt really fortunate that she was at Children’s.”

Back at Virginia Hospital Center, Janelle was in the Hospital’s Level IIIB NICU. Within two weeks, both babies were at home.

Eight months later, they’re doing “extremely well,” their mom says. “They are crawling everywhere and trying to take their first steps.”

Dela said she still keeps in touch with the NICU nurses, who took such good care of her babies. And she recommends Virginia Hospital Center to her expectant friends.

“I always refer my friends to Virginia Hospital Center for their babies,” she said. “I live five minutes from another hospital, but I would only come to Virginia Hospital Center.”
Childbirth Education Classes

ADVANCE REGISTRATION REQUIRED

For the most up-to-date listing of classes, visit www.virginiahospitalcenter.com/childbirth

All childbirth education classes are taught by registered nurses who are certified in their respective fields.

OB/GYNs and childbirth instructors recommend taking childbirth education classes around the 7th month of pregnancy.

Childbirth education classes fill up quickly. Register for classes during your 2nd trimester. Please check your calendars and availability before scheduling.

Expectant Parent Tours FREE
Tours of Labor, Delivery & Recovery, Nursery and a postpartum room (availability permitting) for adults only. Children of any age are not permitted on Expectant Parent Tours.
Registration required.
Visit www.virginiahospitalcenter.com/childbirth.

Preparation for Childbirth (4-Week Class)
This 4-session class for expectant parents covers pregnancy through the postpartum period, including breathing and relaxation techniques, Cesarean deliveries, medications and signs of labor. Tour included.
Mondays, 5/6 – 5/27, 6/10 – 7/8 (no class 7/1) or 7/22 – 8/12
Tuesdays, 5/7 – 5/28, 6/11 – 7/9 (no class 7/2)
Wednesdays, 5/8 – 5/29 or 7/24 – 8/14
7:30 – 9:30 pm (C) $170/couple

Preparation for Childbirth (One-Day Class)
An intensive class that covers breathing, relaxation, medications, the birth process and Cesarean delivery. Tour included.
Saturday, 5/4 / 5/18, 6/22, 6/29, 7/13, 7/20, 8/10 or 8/17
Sunday, 5/5, 6/9, 7/14 or 8/11
9:00 am – 5:00 pm (C) $170/couple

Refresher Childbirth Class
For families who have attended a labor and birth class with a previous pregnancy and had a vaginal birth.
Thursday, 8/1
7:00 – 9:30 pm (C) $50/couple

Preparing for Cesarean
For families thinking about or planning a Cesarean. Addresses surgery, anesthesia, recovery and role of the support person. Tour included.
Thursday, 5/23, 5/30, 6/27, 7/25 or 8/22
Saturday, 6/8
Sunday, 5/19, 6/2, 6/16, 7/21 or 8/25
7:00 – 9:30 pm
For times, visit our website.
(C) $65/couple

Infant Care Skills
Learn how to care for your newborn during the first two weeks, including infant safety, sleep, diapering and bathing.
Thursday, 5/23, 5/30, 6/27, 7/25 or 8/22
Saturday, 6/8
Sunday, 5/19, 6/2, 6/16, 7/21 or 8/25
7:00 – 9:30 pm
For times visit our website.
(C) $170/couple

Grandparenting
What grandparents should know about the newest medical updates and safety issues. Long-distance relationships discussed.
Thursday, 5/9, 7:00 – 9:30 pm (C) $45/couple

Breastfeeding 101
Prepare for a successful breastfeeding journey. Partners encouraged to attend.
Thursday, 5/2, 6/6, 7/11 or 8/1
7:00 – 9:30 pm
(C) $65/couple

Sibling Class
Help your children, ages 2-6, adjust to your stay in the Hospital and the addition of a new sibling. Tour included.
Sunday, 5/19 or 8/18
Saturday, 6/8 or 7/13
9:30 am for 2-3 years or 10:30 am for 4-6 years
(L) $30/child

SUPPORT GROUPS

Virginia Hospital Center offers several support groups for new moms and parents, including:
• Breastfeeding Support Group
• Breastfeeding Support Group for the Working Mom
• New Parents Support Group
• Postpartum Support Group

For more information and meeting times, visit www.virginiahospitalcenter.com/mother_support

HOW TO REGISTER

Visit www.virginiahospitalcenter.com/childbirth
• Scroll down and use the Search by Date function.
• Fill in the dates that correspond with your 7th month of pregnancy.

Questions? Call 703.558.2468.

CANCELLATION POLICY

Refunds are only given for medical reasons stated in a physician’s note, or if classes are cancelled due to insufficient enrollment, overbooked enrollment, or inclement weather.
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 5/13 & 7/8 (H)
- Tues 6:30 – 7:15 pm begins 5/14 & 7/9 (H)
- Wed 6:00 – 6:45 pm begins 5/15 & 7/10 (H)
- Thurs 12:00 – 12:45 pm begins 5/16 & 7/11 (CS)
- Sat 9:00 – 9:45 am begins 5/18 & 7/13 (H)
- Sat 10:00 – 10:45 am begins 5/18 & 7/13 (H) $42

Cardio Strength Circuit
A faster-paced cardio & strength training class for those with an intermediate fitness level.
- Tues 5:30 – 6:15 pm begins 5/14 & 7/9 (H) $42

Zumba
Have fun getting fit as you dance to Latin & International music.
- Sun 10:00 – 11:00 am begins 5/19 & 7/14 (CS) $50

Gentle Yoga
Restore flexibility, regain strength & ease tensions.
- Tues 9:30 – 11:00 am begins 5/14 & 7/9
- Thurs 9:30 – 11:00 am begins 5/16 & 7/11 (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 5/14 & 7/9 (CS)
- Sun 3:00 – 4:00 pm begins 5/19 & 7/14 (H) $66

Yoga for Everybody
This traditional approach to yoga reduces stress & increases strength & flexibility.
- Wed 7:00 – 8:30 pm begins 5/15 & 7/10 (CS) $66

Hatha Yoga
Mon 4:00 – 5:00 pm begins 5/13 & 7/8
- Tues 12:00 – 1:00 pm begins 5/14 & 7/9
- Thurs 6:00 – 7:15 pm begins 5/16 & 7/11 (H) $66

Prenatal Yoga
Stretch muscle groups essential for efficient labor & delivery.
- Mon 11:15 am – 12:30 pm begins 5/13 & 7/8 (CS)
- Mon 7:00 – 8:15 pm begins 5/13 & 7/8 (H)
- Tues 6:15 – 7:30 pm begins 5/14 & 7/9 (CS)
- Wed 7:00 – 8:15 pm begins 5/15 & 7/10 (H)
- Thurs 7:30 – 8:45 pm begins 5/16 & 7/11 (CS)
- Sat 10:15 – 11:30 am begins 5/18 & 7/13 (CS)
- Sun 9:00 – 10:15 am begins 5/19 & 7/14 (H) $78

Prenatal Partner Yoga
Enjoy bonding time with your partner as you learn poses to ease discomfort of pregnancy. *1 session.
- Sun 1:00 – 2:30 pm, 6/2 or 6/23 (H) $40/couple

Postpartum Yoga
Rebuild strength as you bond with baby (age 6-weeks to almost crawling).
- Yoga is mostly for mom, but babies are incorporated into the class.
- Tues 11:00 – 11:45 am begins 5/14 & 7/9 (H) $78

Baby Yoga
Support & soothe your baby through yoga & other bonding activities (babies age 6-weeks to almost crawling).
- Fri 10:00 – 10:45 am begins 5/17 & 7/12 (H)
- Sat 2:30 – 3:15 pm begins 5/18 & 7/13 (H) $78

Tots Yoga
Fun-loving yoga class for caregiver & toddler (active crawling to 24 months).
- Mon 10:00 – 10:45 am begins 5/13 & 7/8
- Sat 3:30 – 4:15 pm begins 5/18 & 7/13 (H) $78

Pi-Yo
Tone & energize with this blend of Pilates strengthening & Yoga movement.
- Tues 7:40 – 8:40 pm begins 5/14 & 7/9 (CS)
- Thurs 7:30 – 8:30 pm begins 5/16 & 7/11 (H)
- Sun 10:30 – 11:30 am begins 5/19 & 7/14 (H) $78

Gentle Pilates
A non-traditional mat Pilates class with modifications to suit all abilities.
- Mon 7:40 – 8:40 pm begins 5/13 & 7/8 (CS)
- Tues 7:30 – 8:30 pm begins 5/14 & 7/9 (H)
- Sat 9:00 – 10:00 am begins 5/18 & 7/13 (CS)
- Sat 11:35 am – 12:35 pm begins 5/18 & 7/13 (CS) $78

Pilates
A mat-based class to balance your body by strengthening core muscles that support the spine.
- Mon 6:30 – 7:30 pm begins 5/13 & 7/8 (CS) $78

Postpartum Pilates
Get back into shape after childbirth! Class is designed for mom & baby.
- Mon 11:00 – 11:45 am begins 5/13 & 7/8 (H)
- Fri 11:00 – 11:45 am begins 5/17 & 7/12 (H) $78

Women’s Pelvic Fitness
For prenatal or postpartum women, the pelvic floor is a crucial region to keep healthy. Class combines lecture & gentle exercise to help reduce the risk of having incontinence & pain. *1-session.
- Sat 6/15 or 6/29, 10:00 am – 12:30 pm $45 (H)

Nordic Walking
Adding poles burns 20% more calories without added exertion & takes stress off the joints. Poles provided. *4-week session.
- Mon 7:00 – 8:00 pm begins 5/13 (CS) $50

Tai Chi
Slow, flowing movements help foster a balanced mind & body. 37-form Yang style. For all ages. *10-week session.
- Thurs 6:15 – 7:15 pm begins 5/16 (CS) $112
**Senior Health Programs**

**“Quit for Good” Smoking Cessation**
Conquer the 3 aspects of smoking: addiction, habit & psychological dependency. *5 sessions.*
Mon & Wed 7:00 – 8:00 pm begins 5/13 $50 (H)

**Massage for Couples**
Learn the benefits & techniques of massage in this hands-on workshop.
Sat 6/15, 1:00 – 3:30 pm $60/couple (CS)

**Feng Shui**
Learn simple ways to create a healthy space that brings in prosperity, harmony & restoration of spirit.
Sun 6/9, 2:00 – 4:00 pm (CS) $40

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

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**Strength & Stretch for Seniors**
Improve range of motion, muscle strength & bone health.
Mon 1:00 – 1:45 pm begins 5/13 & 7/8 $42 (H)
Thurs 1:00 – 1:45 pm begins 5/16 & 7/11 $42 (CS)

**Shall We Dance?**
Led by Bowen McCauley Dance, this program is for all abilities, including individuals with movement disorders & users of wheelchairs or walkers. Enhance balance, flexibility, & coordination. *10-week session.*
Fri 3:00 – 4:00 pm begins 6/7 (CS) $112

**Seniorise**
Maintain & regain strength & flexibility.
10-week session begins 7/8
Mon/Wed/Fri, 9:00 – 10:00 am. (CS) $70
Mon/Wed/Fri, 9:15 – 10:15 am.
McLean Baptist Church. $70
Mon/Wed, 10:30 – 11:30 am.
Calvary Methodist Church, Crystal City. $47

**Alzheimer’s Caregiver Support Group**
3rd Wed of every month
10:30 – 11:30 am (CS)

**Phils Lifeline®**
A 24-hour medical alert 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

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**One on One Assessments**
To register, call 703.558.6740.

**Body Fat Analysis**
Assess your percentage of fat, muscle & water. $15

**Dermascan**
Non-invasive black-light scanning device examines the face for sun damage. $10

**Bone Density Screening**
Osteoporosis risk assessment screening using ultrasound of the heel bone. $35

**Resting Metabolic Rate Screening**
Determine the number of calories you burn at rest, using the MedGem® device. This measure assesses your nutritional needs & can help 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

**A1C Diabetes Screening**
Fingerstick blood test. $25

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**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.

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**Healthy Aging Lecture Series**

**6/28 ALTERNATIVE THERAPIES**
The Teal Center
Virginia Hospital Center

**7/12 COOKING FOR ONE**
Chef Bonita Woods
Bonita Woods Wellness Institute

**8/9 LOCAL TRANSPORTATION OPTIONS**
Randy Feliciano, MPA
Arlington County Government

*Registration required. Please call 703.558.6859.
A Morning for Ladies
HOT TEA, HOT TOPICS

SATURDAY, MAY 18TH

◆ 9:00 – 9:30 am
  Tea and Treats

◆ 9:30 – 11:00 am
  Expert Physician Panel
  Followed by Q&A

Join us for a special morning dedicated to women’s personal health concerns. An expert panel of physicians tackles topics every woman should know about. Bring your mom, grandmother, aunt, sister and girlfriends to this informative event. What you learn may change your life!

◆ Virginia Hospital Center’s John T. Hazel, MD Conference Center
◆ 1701 N. George Mason Drive, Arlington, VA 22205
◆ Park for FREE in Blue Parking
◆ Take parking elevators to LOBBY and follow blue directional signs to the event

WOMEN’S HEALTH PHYSICIAN PANEL

◆ Minimally Invasive Management of Stress Urinary Incontinence
  Luis Sanz, MD, FACOG
  Urogynecologist

◆ Menopause — What You Really Want to Know
  Terri Remy, MD
  Primary Care Physician

◆ Interstim®: A Treatment for Overactive Bladder
  Maria Canter, MD, MSc, FACOG
  Urogynecologist

◆ Breast Cancer Screening Update: When to Have 3D Mammography
  Molly Sebastian, MD, FACS
  Breast Cancer Surgeon

◆ More Than Just a Pain...Hemorrhoids & Other Common Complaints
  Jennifer McQuade, MD, FACS, FASCRS
  Colorectal Surgeon

Registration Required. To register, call 703.558.6848 or visit
www.virginiahospitalcenter.com/events