GROW together.

VIRGINIA HOSPITAL CENTER, YOUR FAMILY AND YOU
Get to Know Our OB/GYNs

GET HEALTHY FIRST

“Our area has a lot of older women who are having babies for the first time. In fact, women over age 35 account for 18% of births at Virginia Hospital Center,” says Mary Crowther, MD, who has been practicing at the Hospital since 2005. Her advice for these patients is simple, “If you’re thinking about having a child, focus on your own physical health first.

“If you have a medical condition such as asthma, high blood pressure, diabetes or obesity, make sure it is under good control by the time you enter pregnancy,” says Dr. Crowther. “Obesity can contribute to problems that can occur during pregnancy, such as gestational diabetes, blood clots in the legs and lungs, and increased risk of preeclampsia (very high blood pressure).

“Make sure you know as much about your family history as possible—even going back to your grandmothers. Keep in mind that different terms were used to describe conditions back in their day. For example, if your grandmother had ‘toxemia’, this means she had preeclampsia. This is important information for your OB/GYN to know because some research shows there may be a familial association for this condition.

“Last,” Dr. Crowther advises, “get in the habit of exercising a little bit each day before getting pregnant. That way you’ll continue to exercise during pregnancy, resulting in a healthier you and a healthier baby.”

Meet Dr. Crowther via video. Visit virginiahospitalcenter.com/ob

FIBROIDS AND PREGNANCY

“If you’re thinking of becoming pregnant, visit your doctor first to see if you might have fibroids,” says Gwendolyn Cobbs, MD, who has been in practice for 22 years. Her all-female staff includes a midwife and is culturally diverse, with some members fluent in Spanish.

“Fibroids are very common—approximately one-third of all women have them, and they are more prevalent in African American women,” says Dr. Cobbs. “A fibroid is a collection of connected tissue that forms on the wall of the uterus in the shape of a round ball. Typically benign, fibroids can grow slowly, starting as small as a pea, but become larger in response to increased estrogen in childbearing years. Having multiple fibroids can damage the uterus. If they are not discovered until after a woman becomes pregnant, she needs to be monitored as a high-risk pregnancy. Depending on the size of the fibroid, the risks can include preterm delivery and hemorrhaging during delivery.

“We perform an abdominal myomectomy to remove the fibroid and repair the uterine wall. Normally, a woman can try to get pregnant 6 to 12 months following the procedure. Personally, I find this surgery very rewarding because it can help women retain their fertility,” says Dr. Cobbs.

Meet Dr. Cobbs via video. Visit virginiahospitalcenter.com/ob

CARE FOR HIGH-RISK PREGNANCY

“Maternal Fetal Medicine physicians are specialists for women with complex conditions before, during and after their pregnancies.” says Nisha Vyas, MD, VHC Physician Group–Maternal Fetal Medicine. “We coordinate care with the patient’s OB/GYN and provide genetic and preconception counseling. We manage existing medical conditions, complications from previous pregnancies, twin or triplet pregnancies, and problems with the fetus. Since we deal with urgent issues, we offer same-day appointments.

“Women who are not high risk may still be referred to our practice because of our high-level expertise in ultrasound,” says Dr. Vyas. “Our practice has sonographers with expert training, credentialed by the American Institute of Ultrasound in Medicine. We perform all prenatal screenings recommended for all pregnant women, not just for those considered to be high risk.”

“At Virginia Hospital Center we strive to provide excellent, comprehensive care for our families. I delivered all three of my children here,” says Dr. Vyas. “From the labor and delivery nurses to the operating room to lactation consulting, it’s a team that works together for an unparalleled birth experience. I feel honored to work with families during this time to provide support, information and care that results in the best possible outcomes.”

Meet Dr. Vyas via video. Visit virginiahospitalcenter.com/ob
CREATING A GREAT BIRTH STORY

“It’s our duty to do our very best as a team to make sure the birth story for every child is a great one,” says Mark Tretiak, MD, Northern Virginia Obstetrics & Gynecology Service Chief, Mid-Atlantic Permanente Medical Group, Kaiser Permanente. “As a Kaiser Permanente Premier Partner, Virginia Hospital Center helps us make the birth experience as positive and powerful as it can be for our families.

“Nurses at Virginia Hospital Center have more experience with natural childbirth than a lot of hospitals. For my patients who are interested in having non-medicated labor, the nurses here are better able to support them because they are used to it,” says Dr. Tretiak.

Virginia Hospital Center has been one of the leaders in Northern Virginia in lowering the Cesarean delivery rate for women giving birth for the first time for low-risk pregnancies. In 2018, the Hospital’s primary Cesarean delivery rate was 21.8%, compared to rates as high as 36% at surrounding area hospitals. “For first-time moms, the chance of not having a Cesarean delivery is appealing and important,” he says.

“When we anticipate that a baby will need care in the NICU, I tell parents their baby will get the best care here,” says Dr. Tretiak. Virginia Hospital Center’s NICU is managed by neonatologists from Children’s National, ranked #1 in neonatology in the U.S. News & World Report’s 2018-2019 Best Children’s Hospital Honor Roll.

Meet Dr. Tretiak via video. Visit virginiahospitalcenter.com/ob

SERVING MARGINALIZED COMMUNITIES

Alexis Light, MD, MPH, has spent many years researching, publishing and teaching about issues of sexuality and health disparities.

“I have special interest in providing care to marginalized communities, including the LGBT community, which has been underserved for many years in terms of OB/GYN care,” says Dr. Light. “One of the reasons is that they may avoid going to the doctor because of a previous negative experience or mistrust in the medical system. In our practice, we let our patients know that we will work together for the best possible experience, in a totally non-judgmental way. When patients come in and tell me they haven’t seen an OB/GYN in several years, I say, ‘Well, you’re here now. That’s good. We can work together.’

‘Selecting an OB/GYN is personal. It’s all about developing relationships, and caring for our patients in a holistic manner. That’s very important for marginalized patients because they can have a number of specific health risks that we want to address. No matter their sexual orientation, gender identity or lived experience, we work together to create a relationship they can trust. One that will grow with them throughout their stages of life.”

Meet Dr. Light via video. Visit virginiahospitalcenter.com/ob

YOUR DOCTOR KNOWS BEST

“I absolutely love women’s health, caring for women from age 13 to 90+,” says Colleen Borelli, MD. “Our practice is relatively small, which means we really get to know all of our patients.

“A favorite recommendation I give to my obstetric patients is to stay off Google. Google answers can come from anywhere and can be misinformed or totally wrong. If you’re already prone to anxiety, Googling can make it worse,” says Dr. Borelli. “Bring your questions in to your appointments and we’re happy to give you the best, medically based advice. We also have an ‘advice nurse’ on our staff whom patients can call about anything. Sometimes it’s a question as simple as ‘Is it okay to get my hair highlighted?’

“After your baby is born, the best advice is to sleep when the baby sleeps, and accept offers of help from neighbors, friends and family. I ask about postpartum depression (PPD) at every visit because it’s something patients are reluctant to mention, and yet it affects up to 20% of women after giving birth. PPD is a biological phenomenon that they have no control over, and lack of sleep contributes to it. Sometimes just asking about it, and letting new moms know there is medication and treatment available, helps them,” says Dr. Borelli.

Meet Dr. Borelli via video. Visit virginiahospitalcenter.com/ob
It Takes an Expert Team to Provide Advanced Stroke Care 24/7

At Virginia Hospital Center, the expanded Stroke Center brings together a wide range of healthcare disciplines for the most advanced stroke care available, 24 hours a day, 7 days a week.

“Now we can care for all complex stroke patients,” says Michael Silverman, MD, Chief, Emergency Medicine. “We’ve expanded our capacity to provide the most up-to-date procedures with the addition of stroke specialists to our team and staff who care for stroke patients throughout their hospitalization.”

The stroke team, led by new Medical Director Zurab Nadareishvili, MD, PhD, and Benny Kim, MD (see sidebar), works together to rapidly determine the appropriate course of treatment for the patient. “New studies are making a difference in how we treat stroke,” says Dr. Nadareishvili.

“That means a better recovery and quality of life for our patients after stroke.”

“When a clot causes a stroke, brain tissue is dying every minute. It’s critical to reestablish blood flow as quickly as possible,” says Sidhartha Chandela, MD, Vice-Chief, Neurosurgery.

Advanced neuroimaging studies are rapidly performed in patients suffering a stroke. Depending on the results, a powerful clot-busting medication known as Tissue Plasminogen Activator (tPA), is administered. The time window for administering tPA treatment is 4.5 hours from the onset of stroke symptoms, which is why time is of the essence in getting the stroke patient to the Hospital. tPA is effective in dissolving clots, but it is not an option for certain patients, such as those on anticoagulation.

“When a clot blocks a large blood vessel, a mechanical thrombectomy may need to be performed by a physician trained in neuroendovascular procedures. In this minimally invasive procedure, catheters and wires are advanced through the blood vessels and navigated to the site of blockage in the brain. A combination of devices such as a retrievable stent and an aspiration catheter may be used to remove the clot, re-establishing blood flow and preventing further stroke damage to the brain,” explains Benny Kim, MD, endovascular neurologist.

“A number of studies have shown that in cases where a large clot is removed, those patients were significantly more functional at three months after the stroke event. Removing the clot restores blood circulation to the areas of potential injury. This may limit or totally avert permanent injury.
National Stroke Experts
Join Virginia Hospital Center

Renowned national and international expert on stroke treatment, Zurab Nadareishvili, MD, PhD, is the new Medical Director of the Stroke Center at Virginia Hospital Center. He is Associate Professor of Neurology at George Washington University School of Medicine and is board certified in neurology and vascular neurology. Dr. Nadareishvili has published more than 30 peer-reviewed articles on leading-edge stroke treatment and presented at many world-wide stroke conferences. “I look forward to building a world-class center here at Virginia Hospital Center,” says Dr. Nadareishvili.

Benny Kim, MD, who is board certified in neurology, vascular neurology and CAST certified in neuroendovascular surgery, joins Dr. Chandela and Dr. McWey on the neuroendovascular team. Dr. Kim is an Assistant Professor of Neurology at George Washington University School of Medicine and performs catheter-based treatments for blood vessel abnormalities of the head, neck and spine. “I’m passionate about providing comprehensive, high-quality, evidence-based stroke care for the community,” he says.

Saving Luella VanNewkirk

It came without warning. One minute, Luella VanNewkirk was talking on the phone, the next she was slumped in her chair, her left side limp, her speech slurred. Her husband Karl thought briefly of driving her to Virginia Hospital Center, only a few miles away, but then made the right decision and called 911. Timing is essential for a stroke victim. A trained EMS team can not only begin treatment, but also contact the Hospital’s Stroke Center, so they are informed of the patient’s condition and ready to give immediate treatment. Time was on Luella’s side—she was in the operating room approximately 45 minutes from the onset of her stroke.

“I was very impressed with how lots of people from the stroke team converged in the emergency room and coordinated what was going on from the moment we arrived,” recalls Karl. “Everyone was calm and focused—and no time was wasted.” Imaging studies revealed a large clot, affecting blood flow to almost half of her brain. Benny Kim, MD, and the stroke team agreed that a thrombectomy was needed to restore blood flow. “I used a technique combining a suctioning catheter and a stent retriever to remove the clot,” says Dr. Kim. “I achieved full revascularization after one attempt. We prevented half of her brain from being devastated by stroke. Without this procedure, the stroke would likely have been fatal at her age.”

After a brief stay in the ICU, followed by a few days in a stroke recovery room, Luella was transferred to the Inpatient Rehabilitation Unit. “The therapy here is really impressive,” says Luella’s daughter Carolyn. “There is a kitchen and laundry room on the unit, so Mom was able to work on tasks that mimic real life. Four days after her stroke, she scrambled eggs and made us lunch.”

Luella was back at home within two weeks of having a stroke. She has only a little weakness in her left leg, but can still go up and down stairs and some tingling in her hand. “Luella had the ideal outcome,” says Dr. Kim. “How often do you get two knights in shining armor in the same day?” says Luella. “My husband and Dr. Kim.”

THE MULTIDISCIPLINARY STROKE TEAM
(L-R): Benny Kim, MD, endovascular neurologist; Sidhartha Chandela, MD, Vice-Chief, Neurosurgery; Zurab Nadareishvili, MD, Medical Director, Stroke Center; Michael Silverman, MD, Chief, Emergency Medicine; Russell McWey, MD, Chief, Radiology; Niama Roland, BSN, RN, CPAN, Stroke Center Coordinator.

It also has become clear that it limited injury to the adjacent threatened tissues, which enhances recovery and ultimate functionality. These results led to expanding the window for performing thrombectomy from 6 hours to 24 hours after the onset of the stroke," says Russell McWey, MD, Chief, Radiology.

"Thrombectomy has been in practice for 15 years, but recent, significant improvements in the devices have made this treatment revolutionary," says Dr. Nadareishvili. “This is a very exciting time for the field of stroke treatment. We are able to do more to help patients recover from serious strokes.”

“Our Stroke Center is a truly coordinated effort among physicians from emergency medicine, radiology, neurology and neurosurgery, nursing stroke champions throughout the Hospital and every department that touches a stroke patient during their stay,” says Niama Roland, RN, BSN, CPAN, Stroke Center Coordinator. “Every day a lot of hard work goes into providing the best care for our stroke patients at Virginia Hospital Center.”

“With the expansion of Virginia Hospital Center’s stroke center, we now have the ability to rapidly deliver patients to high-quality, evidenced-based specialized stroke care in our own community. We are proud of our ongoing partnership and collaboration with Virginia Hospital Center.”

REED SMITH, MD,
OPERATIONAL MEDICAL DIRECTOR,
ARLINGTON COUNTY FIRE DEPARTMENT
For 31 years, Debbie Cowell was a mail carrier in Arlington and Virginia Hospital Center was part of her route. “Walking 10 miles a day was nothing for me,” she says. But a few years into her retirement, Debbie, a long-time smoker, found that walking her dog even a few blocks made her short of breath. She was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and placed on medication and inhalers. “Even then I didn’t quit smoking, and every year my breathing got worse. In time, my lung capacity was down to only 36%.”

More than 15 million Americans like Debbie suffer from COPD, a chronic, progressive lung disease, most commonly caused by smoking. The lungs lose their elasticity and become stretched out and larger than normal. As a result, air becomes trapped in the lungs and prevents new air from coming in, causing severe shortness of breath. People with COPD have to work very hard just to breathe—making everyday activities like walking, eating or even bending over difficult.

In 2018 Debbie was hospitalized at Virginia Hospital Center with respiratory flu. She was still smoking and her COPD amplified her flu symptoms, requiring a week-long stay in the Intensive Care Unit. One of her physicians at the Hospital was a name she remembered from her mail-delivering days—David Duhamel, MD, interventional pulmonologist, Director of Pulmonary Special Procedures.

“Dr. Duhamel seemed to genuinely care about how I was doing,” says Debbie. “I asked him if he would be my doctor after I left the Hospital and he said he would welcome it. At every appointment, he asked me how I was doing with quitting smoking. I was down to about five cigarettes a day when Dr. Duhamel told me that a new procedure called the Zephyr Valve might help my breathing, but that I would have to quit smoking entirely. I did, and to this day, I’ve never had a cigarette—and I never will.”

In February Dr. Duhamel performed the Zephyr Valve procedure on Debbie—the first in the Washington, DC, metro area. “Zephyr Valve changes the functional mechanics of breathing for people with severe COPD and emphysema,” says Dr. Duhamel. “It is performed via bronchoscopy, requiring no incisions. During the procedure, tiny valves are placed in the airways to block off diseased parts of the lung where air can get trapped. This allows the healthier parts of the lung to expand and take in more air, enabling patients to breathe easier and have less shortness of breath.”

Zephyr Valve is a major advance because it is the first minimally invasive procedure to help restore lung function for people with severe COPD and emphysema. Until now, the only other options were highly invasive, such as lung volume reduction surgery or lung transplant. Not everyone with COPD and emphysema is a candidate, however. Each patient undergoes pulmonary function testing to confirm evidence of air trapping and CT scans are used to determine if this is an appropriate treatment option. And, most important, the patient must have quit smoking. Studies have shown that the benefits of Zephyr Valve last at least a year, provided the patient does not resume smoking. It is a one-time procedure and can be reversed if necessary.

For Debbie the change in her breathing was significant. “I felt better immediately after waking up from my procedure,” she recalls. “About a third of patients will develop a collapsed lung in the days following Zephyr Valve, which can be dangerous if not monitored carefully,” says Dr. Duhamel. “But, if this does happen, it actually means the patient is getting a good response from the treatment. Debbie did develop a collapsed lung a few days after going home, but she came in to the emergency room and we reinflated the lung. Now she’s doing great.”

The Zephyr Valve is placed via catheter to block off diseased parts of the lungs.

Debbie Cowell is back romping in the park with Riley.
Two Awards Recognize Excellence in Robotic Surgery

CRAIG REZAC NAMED EPICENTER SURGEON

Craig Rezac, MD, FACS, FASCRS, was recently designated as a da Vinci® Epicenter surgeon and Virginia Hospital Center as a case observation site for robotic colorectal surgery by Intuitive Surgical, manufacturer of the da Vinci® Surgical System. To achieve this prestigious distinction, a surgeon must demonstrate the most advanced robotic surgical techniques and use of technology, perform a high-volume of procedures annually, and have a long-term dedication to teaching da Vinci surgery. In addition, the surgeon must be supported by a hospital with an efficient robotic surgery program with qualified assistants specifically trained in robotic surgery. Less than 2% of active surgeons in the United States qualify as Epicenter surgeons.

Dr. Rezac has been a pioneer in robotic colorectal surgery since 2009, previously at Rutgers Robert Wood Johnson Medical School in New Jersey and then at Virginia Hospital Center for the past two years, where he serves as Medical Director, Robotic Surgery. In his career, he has performed more than 600 robotic procedures and trained more than 220 colorectal surgeons and surgical residents. Today, he performs more robotic colorectal surgery procedures than any surgeon in the Washington, DC, metro area.

“Some of the greatest satisfaction in what I do is teaching other surgeons,” says Dr. Rezac of VHC Physician Group–Colorectal Surgery. “Teaching absolutely demands that I stay current with the latest technologies and techniques. One of the advantages of being an Epicenter is that we have access to the latest technology before anyone else does. As a result, I am able to keep evolving in my field.”

“Dr. Rezac’s leadership has brought significant advances and expansion to the robotic colorectal surgery program at Virginia Hospital Center,” says Robert Mordkin, MD, FACS, Chief Medical Officer, Division of Surgical Specialties, VHC Physician Group. “This validation by Intuitive Surgical recognizes the high-level, leading-edge robotic colorectal surgery care that we provide to our patients.”

VIRGINIA HOSPITAL CENTER ACCREDITED AS A ROBOTIC SURGERY CENTER OF EXCELLENCE

Virginia Hospital Center has been designated a Center of Excellence in Robotic Surgery by Surgical Review Corporation (SRC). SRC-accredited surgeons and facilities experience better outcomes in robotic surgery—in terms of quality, safety, efficiency and patient experience.

“Robotic surgery requires a team approach,” says Steve Guarnaccia, MD, Chief of Urology, Mid-Atlantic Permanente Medical Group, Kaiser Permanente. “Virginia Hospital Center has built a highly skilled team of surgeons, anesthesiologists, surgical associates and operating room nurses to make the robotic surgery program successful.”

“As a gynecologic oncologist, about 80% of the surgery I perform is done robotically. Robotic surgery enables us to do complicated surgeries that used to require large incisions and days in the hospital,” says Diljeet Singh, MD, DrPH, Mid-Atlantic Permanente Medical Group, Kaiser Permanente. “Now we do the same procedures with smaller incisions and less pain, requiring only an overnight stay. Patients benefit because they recover more quickly from surgery and can proceed to the next step in their cancer treatment—without delay.”

“This prestigious recognition by SRC shows Virginia Hospital Center is truly committed to ensuring that our staff and physicians have the best training and experience in performing robotic surgery, and that our patients have the best outcomes,” says Jeffrey DiLisi, MD, MBA, Senior Vice President & Chief Medical Officer.
TOP RATED

John R. Garrett, MD, FACS, and John W. Rhee, MD, FACS, of VHC Physician Group—Cardiac, Vascular & Thoracic Surgery led Virginia Hospital Center to a three star out of three-star rating for Coronary Artery Bypass Grafting (CABG) Surgery from the Society of Thoracic Surgery (STS)*. The STS database tracks cardiac surgery across the United States and gives star ratings for the main procedures performed by cardiac surgeons.

*For period July 2017 - June 2018.

SPECIALISTS

Breast Health
The Reinsch Pierce Family Center for Breast Health
1625 N. George Mason Dr. Suite 315 | Arlington, VA 22205
703.717.4217

Cardiology
Two Office Locations
1625 N. George Mason Dr. Suite 354 | Arlington, VA 22205
700 S. Washington St. Suite 330 | Alexandria, VA 22314
703.717.7780

Cardiac, Vascular & Thoracic Surgery
1625 N. George Mason Dr. Suite 288 | Arlington, VA 22205
703.558.6491

Colorectal Surgery
Two Office Locations
1625 N. George Mason Dr. Suite 334 | Arlington, VA 22205
1600 N. Beauregard Street Suite 300 | Alexandria, VA 22311
703.717.4180

Executive Health
1635 N. George Mason Dr. Suite 130 | Arlington, VA 22205
703.717.4700

Hospitalists
(Inpatient Only)
1625 N. George Mason Dr. Suite 425 | Arlington, VA 22205
703.717.4400

Infectious Diseases
(Inpatient & Outpatient Services)
1715 N. George Mason Dr. Suite 305 | Arlington, VA 22205
703.717.7851

EXPERT COLORECTAL SURGERY

“I was in residency in general surgery when I had the opportunity to train under Craig Rezac, MD, FACS, FASCRS,” says Rodolfo Pigalarga, MD. “He inspired me to specialize in colorectal surgery.”

Dr. Pigalarga, a board-certified colorectal surgeon, completed his medical degree at Universita Cattolica Del Sacro Cuore in Rome, Italy, before moving to the United States to complete his medical training at University of Pittsburgh and Rutgers Robert Wood Johnson Medical School, New Jersey. Previously, he was affiliated with one of the largest gastrointestinal and colorectal surgery private practices in South Florida.

In January, Dr. Pigalarga rejoined his former mentor in VHC Physician Group—Colorectal Surgery, bringing his skills in colorectal robotic surgery to patients in Northern Virginia. “Dr. Pigalarga will be a cornerstone to our colorectal robotic surgery program. He was at the top of my list to recruit because of our previous work together,” says Dr. Rezac.

“I wanted the chance to focus on robotic surgery,” says Dr. Pigalarga of his decision to come to Virginia Hospital Center. “That desire led me to reconnect with Dr. Rezac. I like to teach, and am enjoying the opportunity to teach the residents here at Virginia Hospital Center.”

For more information about our practice, visit vhcphysiciangroup.com/colorectal.

For practice information, visit vhcphysiciangroup.com/cardiac.
EXPANDING GENETIC TESTING FOR BREAST CANCER PATIENTS

Recently, Molly Sebastian, MD, FACS, VHC Physician Group—The Reinsch Pierce Family Center for Breast Health, was part of the American Society of Breast Surgeons (ASBrS) panel that developed new guidelines for genetic testing to assess hereditary risk in breast cancer patients. The nine-person panel also included experts from Mayo Clinic, Memorial Sloan Kettering, Harvard and Johns Hopkins.

“The ASBrS guidelines advocate for more wide-spread genetic testing for women and men affected by breast cancer and their families,” says Dr. Sebastian. “The goal is to help people who are at high risk for breast cancer and other cancers due to a hereditary syndrome to get that syndrome identified before they develop cancer, and to take steps to help them avoid cancer.”

Currently, about 10% of breast cancers in the U.S. are related to a genetic predisposition. The guidelines state that genetic testing should be made available to all patients with a personal history of breast cancer, including BRCA1/BRCA2 and PALB2, with other genes as appropriate for the individual’s clinical scenario and family history. Additionally, genetic testing should be made available to patients without a history of breast cancer who meet the guidelines of the National Cancer Comprehensive Network. Breast cancer survivors are often recommended to have a follow up regarding genetic testing because the testing has changed—particularly in the last 5 years.

For more information about our practice, visit vhcphysiciangroup.com/breasthealth.
Wearables and Home Devices Help Doctors Make Diagnoses

Has this ever happened to you? Your car is making a noise so you take it in for service, but it doesn’t make the noise for the mechanic. Visits to the doctor can be like that, too.

“Patients come in and when we check their blood pressure it may tend to be higher because they’re nervous about seeing the doctor,” says Matthew Lucks, MD, FACC, VHC Physician Group–Cardiology. “That’s known as ‘white coat hypertension.’ But at home, their blood pressure might be lower or even normal. Self-monitoring of their blood pressure over time can help us determine the appropriate medication—or whether treatment is even necessary.”

That’s where wearables (smart cuffs, smart watches or home monitors) come in—commercially available devices that patients can purchase online or at the drug store. With them, you are able to monitor your blood pressure or even take an EKG at home and share the results with your doctor.

Patients bring their home monitoring devices into the office to verify that they are giving accurate blood pressure readings. After checking their blood pressure at home on a regular basis for a few weeks, they can send an email with their results to Dr. Lucks through the VHC patient portal.

“Based on their home measurements, I can get a more complete picture of their blood pressure over time,” says Dr. Lucks. “For example, if a patient has a very high reading of 160/95 in the office, based on that reading alone, he might need to be placed on two medications to lower blood pressure. But, if his blood pressure readings at home are consistently 145/90, then one medication may be all that’s needed.”

“The technology of wearable devices is impressive and can be pretty accurate in diagnosing heart arrhythmias,” says Jeremy Bock, MD, FACC, VHC Physician Group–Cardiology. “Patients frequently come in with symptoms of a racing heart or skipping heart beat. We have a variety of heart monitors in our office, but they are only effective when the abnormal rhythm occurs when the patient is wearing the monitor, which can only be worn up to three or four weeks maximum. If the rhythm disturbance only occurs a few times a year, the likelihood of catching it is low. Over the last year, I’ve had about half a dozen patients who have diagnosed their own arrhythmia by recording their heart beat when they feel a rhythm disturbance.”

One of those patients is Robert Hughes, who started having palpitations every few weeks that were becoming more frequent. “It felt like animals were running across my chest. I had tried wearing a Holter monitor, but it didn’t show anything.” Robert says. “I bought a small device with two EKG leads for $79 that’s easy to use and fits in my pocket. One day I felt my heart ramp up at 5:30 am. I jumped out of bed and took a couple of EKGs. I downloaded the reports to my computer, printed them out and showed them to Dr. Bock.” Robert’s heart monitor print-out showed he had atrial fibrillation, a common rhythm disturbance.

Wearables give patients a new level of understanding about their own health, and the ability to communicate that information to their doctors. “Without this device, I would not have had the data to show Dr. Bock what was happening,” says Robert. “I’m relieved to finally have a diagnosis—and it’s for a condition that is treatable. That was the best $79 I’ve ever spent.”

For more information about our practice, visit vhcphysiciangroup.com/cardiology.
Spring/Summer Events

All events and support groups are held in the Cancer Resource Center in the Rose Benté Lee Ostapenko Outpatient Oncology Center unless otherwise noted. Please use Zone C Parking.

To register for these free programs, visit virginiahospitalcenter.com/cancersupport or call the number indicated. For more information, call 703.558.5555.

Breast Surgery Journey
Discuss treatment plan &/or preparation for surgery & recovery, along with guided tour.
Call Julie Pierce, RN, BSN, OCN, Breast Health Navigator, at 703.558.6908 for an appointment.

Pickleball for Breast Cancer Survivors
Wed, 6/5, 9:00 – 10:30 am & 5:00 – 6:30 pm, 703.558.0924
Walter Reed Community Center & Park 2909 16th St. S., Arlington, VA 22204

Yoga
A gentle class to teach patients & survivors to build strength & flexibility safely. Bring a yoga mat.
Tues, ongoing, 6:00 – 7:00 pm, 703.558.0917

Save the Date—23rd Annual Survivors Day
Celebrate life with your friends, family & healthcare team members. Join us for brunch & a special magic/illusionist show for all ages.
Sat, 6/8, 10:30 am – 12:30 pm, 703.558.0916
NRECA Building, 4301 Wilson Blvd. Arlington, VA 22203

Mindfulness for Mental Clarity
Forgetting names or dates? Is thinking a little fuzzy lately? Learn mindfulness exercises & techniques to combat the mental fog that can occur with Chemo Brain and/or other cancer treatments.
Tues, 6/11, 5:30 – 6:30 pm, 703.558.0902

Survivorship Series for Young Women Affected by Breast Cancer
Young women with breast cancer have unique needs & questions. We have partnered with Living Beyond Breast Cancer to host a series of four workshops for women diagnosed before the age of 45. This Survivorship and Networking Series will address the most common concerns such as sex & intimacy, early menopause, the long-term effects of treatment, & self-care after breast cancer.

Hot & Bothered: Coping with Early Menopause
Hot flashes, mood changes & trouble sleeping are just a few of the annoying symptoms of early menopause due to breast cancer treatment. Learn about the impact of early menopause & tips on how to manage the symptoms.
Thursday, 5/16, 6:00 – 7:30 pm

Stay Alert: Managing the Long-Term Side Effects of Breast Cancer Treatment
The side effects of breast cancer treatment may last many years after treatment is over. Some common concerns include heart problems, pain, fatigue, numbness & weight gain. Learn what to watch for, when to call your provider & what to report.
Thursday, 5/30, 6:00 – 7:30 pm

Let’s Talk About Sex & Breast Cancer
Changes in your sex life are common after a breast cancer diagnosis & during treatment. Learn how to talk about these concerns with your healthcare provider & partner & get tips on how to improve your sexual health & satisfaction.
Thursday, 6/13, 6:00 – 7:30 pm

Self-Care after Breast Cancer
You have been through a lot. Learn ways to take care of yourself physically, mentally & spiritually & find out how to get the emotional support you need. We will discuss the important role exercise, nutrition, alcohol consumption, & cancer & genetic screening can play in your health.
Thursday, 6/27, 6:00 – 7:30 pm

Healthy Ethnic Cooking Series—Melting Pot
Join us for Part 2 of our Healthy Ethnic Cooking Series. Fusion recipes will combine elements of different culinary traditions.
Wed, 6/26, 4:30 – 6:30 pm, 703.558.0914

Caregiver Café
Come relax, discuss self-care & strategies for coping, hear about supportive resources, & get to know other caregivers. Light refreshments served.
Thurs, 7/18, 2:30 – 4:00 pm, 703.558.0920

The Olive Oil Boom
Ready for an evening out? Join us for a tasting of high-quality olive oils & vinegars & learn how to incorporate healthier fats & flavors into your diet. Light refreshments served.
Thurs, 7/25, 6:00 – 7:30 pm, 703.558.0913
The Olive Oil Boom, 2016 Wilson Blvd. Arlington, VA 22201

For a listing of Cancer Resource Center support groups, visit virginiahospitalcenter.com/cancersupport.
Recreating the Womb in the NICU

“As much as possible, the environment in the Neonatal Intensive Care Unit (NICU) mimics the environment that babies experience in the womb,” says Dena Carey, BSN, RN, NICU Patient Care Director. “Creating a developmentally appropriate environment helps our NICU babies grow and thrive.”

OCTO-LOVIES

Used to holding on to the umbilical cord in the womb, babies often grab on to their infusion tube in the NICU, interrupting the flow of medicine or food. NICU nurses at Virginia Hospital Center created Octo-Lovies to help alleviate this problem. An Octo-Lovie is a crocheted octopus whose corkscrew tentacles mimic the twisting of the umbilical cord. “Babies grab the tentacles instead of their feeding tubes,” says Natalie Lesher, BSN, RNC-NIC. “Holding onto their Octo-Lovie gives them comfort.”

Octo-Lovies are handmade by our NICU nurses of 100% all-cotton yarn in different colors and sizes with unique accents. “They are made with love,” says Paige Heninger, BSN, RN. “I get excited when I walk into a room and see one of the Octo-Lovies I crocheted in the bed.”

Childbirth Education Classes

**Registration**
Register early. Plan to take childbirth classes in your 7th month. For class times & locations & to register, visit virginiahospitalcenter.com/childbirth.

**Expectant Parent Tour**
You’re invited to take a FREE tour of our Labor, Delivery & Recovery, Nursery & a private postpartum room. Adults only (no children please). Registration required.

**2-Week Preparation for Childbirth**
Expectant parents learn about pregnancy through the postpartum period, including breathing & relaxation techniques, Cesarean deliveries, medications & signs of labor. $180/couple

**Childbirth Express**
A condensed “Preparation for Childbirth” course. Please register for tour separately. Taught in one 6-hour session or two 3-hour sessions. $180/couple

**Childbirth: Short, Sweet & to the Point**
The basics of childbirth preparation for those with a tight schedule or who need a refresher course. 3.5 hour class. Please register for tour separately. $180/couple

**Advanced Relaxation & Comfort During Labor**
A great refresher that focuses on comfort techniques, positioning, breathing & relaxation. Does not address medications or Cesarean deliveries. $70/couple

**Unmedicated Childbirth**
For moms desiring a more natural delivery, including positioning, relaxation & other comfort techniques, as well as the role of the coach. $180/couple

**Infant Care Skills**
Caring for your newborn during the first two weeks, including infant safety, sleep, diapering & bathing. $77/couple

**Siblings**
Siblings 2 to 6 years old practice visiting the Hospital, see babies in the nursery & receive tips on how to be a big helper. $20/child
“Octo-Lovies are given to our smaller preemies,” says Angela Beck, RN. “Many parents take their Octo-Lovie home as a keepsake and a memory of their birth story. It’s something to show baby when he or she is older.”

BOOK BUDDIES & CUDDLERS

“Private-room NICUs are a peaceful environment for babies, but they are a little too quiet, compared to what life is like in the womb, where baby constantly hears mom talking and other sounds,” says Lee White, MD, neonatologist and Associate Medical Director, NICU. Babies in utero first respond to sound as early as 19 weeks’ gestation; at 32 weeks in utero, they respond to maternal voice. “We want to make sure premature babies are exposed to language development as much as possible, while in a quiet, private room throughout their NICU stay,” says Dr. White.

The NICU’s Book Buddies & Cuddler program helps do just that. Trained volunteers spend time reading children’s stories or youth chapter books aloud to babies at their bedside. After being Book Buddies for six months, they can become Cuddler volunteers, who are specially trained to know how much or little stimulation (including touch, motion and sound) a baby can tolerate. Research has shown that the care Cuddlers give to the babies in the NICU helps lead to shorter stays, quicker weight gain and improvement in development.

MAMAROO®

The MamaRoo® is an infant swing that mimics parent movements and swaying, providing just the right balance of motion and stimulation to soothe and comfort babies in the NICU. It is particularly effective for infants experiencing withdrawal, premature infants with gastric reflux and fussy full-term infants requiring more interaction/stimulation than parents and nurses are able to provide. MamaRoo can’t take the place of human touch, but it’s an important comfort for our patients.

BABY’S 1ST YEAR

Breastfeeding Basics
Get breastfeeding off to a good start, including making milk, positioning, latching & feeding. $70/couple

Breastfeeding the 2nd Time Around
Brush up on your skills & make the 2nd time around even better. $45/couple

Grandparenting
What grandparents should know about the newest medical updates & safety issues. Long-distance relationships discussed. $37/person

QUESTIONS? If you have questions about class availability, tours or what to expect when giving birth at Virginia Hospital Center, call Fran Williams, BSN, RNC-OB, at 703.558.2468 or email fwilliams@virginiahospitalcenter.com.

The Art of Pumping • Learn about breast pumps & pumping strategies for the early weeks. $45/person

Breast Pump Rentals • Rent a hospital-grade breast pump. For information & pricing, call 703.558.6744.

Starting Solids • It is time to introduce solids at age 5 to 8 months. Learn when to start, what to offer & how much to offer. $50/couple

Beyond Birth • Covers baby’s needs & milestones, taking care of you, returning to work, growing your relationship & more. $180/couple

Survival Skills for Working Moms • Make a smooth transition back to work with breastfeeding. $45/person

SUPPORT GROUPS
(Sessions do not meet on holidays)

Around the Birthing Ball
Visit virginiahospitalcenter.com/childbirth for dates and times.

Breastfeeding
Wed 12:00 pm & Thurs 10:30 am

Breastfeeding for the Working Mom
1st & 3rd Sun 7:00 pm

Postpartum
2nd & 4th Thurs 12:30 pm
Power Braining
Group fitness class designed to enhance the health & fitness of your brain & body at the same time. Exercises for all fitness levels. $77
Fri, 2:00 – 2:55 pm begins 5/17 & 7/12 (CS)
Sun, 11:00 – 11:55 am begins 5/19 & 7/14 (CS)

Fitness Fusion
Combine cardio, strength & stretching. $49
Tues, 4:00 – 4:45 pm begins 5/14 & 7/9 (CS)

Exercise 101
For those beginning an exercise program, or preparing for /recovering from bariatric surgery. $50
Tues, 7:00 – 8:00 pm begins 5/14 & 7/9 (CS)
Sat, 9:00 – 10:00 am begins 5/18 & 7/13 (H)

Core Challenge
Strengthen your abs & back. $49
Tues, 5:30 – 6:15 pm begins 5/14 & 7/9 (H)
Thurs, 5:30 – 6:15 pm begins 5/16 & 7/11 (H)
Sun, 9:15 – 10:00 am begins 5/19 & 7/14 (CS)

Cardio Kickboxing
Combine boxing & interval training. This workout will help you build stamina & burn calories as you build lean muscle. $49
Mon, 5:30 – 6:15 pm begins 5/13 & 7/8 (CS)

Gentle Yoga
Reduce stress as you increase strength & flexibility. $33
Mon, 1:15 – 2:45 pm begins 5/13 & 7/8 (CS)
Tues, 9:30 – 11:00 am begins 5/14 & 7/9 (CS)
Wed, 7:00 – 8:30 pm begins 5/15 & 7/10 (CS)
Thurs, 9:30 – 11:00 am begins 5/16 & 7/11 (CS)
Sun, 4:15 – 5:45 pm begins 5/19 & 7/14 (CS)

Hatha Yoga
Classic yoga style combines postures & breathing techniques to improve the mind/body connection. $77
Mon, 12:00 – 1:00 pm begins 5/13 & 7/8 (CS)
Mon, 4:00 – 5:00 pm begins 5/13 & 7/8 (H)
Tues, 12:00 – 1:00 pm begins 5/14 & 7/9 (H)
Thurs, 4:00 – 5:00 pm begins 5/16 & 7/11 (H)
Thurs, 6:20 – 7:20 pm begins 5/16 & 7/11 (H)

Adaptive/Seated Yoga
For those with limited mobility, chronic pain or neuropathy. All ages & ability levels. $77
Tues, 11:15 am – 12:15 pm begins 5/14 & 7/9 (CS)
Thurs, 2:15 – 3:15 pm begins 5/16 & 7/11 (CS)
Sun, 3:00 – 4:00 pm begins 5/19 & 7/14 (CS)

Yin Yoga
Strengthen connective tissue for bone health, increased mobility & self-calming. $77
Sat, 10:05 – 11:05 am begins 5/18 & 7/13 (H)
Sun, 6:00 – 7:00 pm begins 5/19 & 7/14 (CS)

Body Sculpting
Tone your upper & lower body & abs using a variety of fitness tools. All levels. $49
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)
Sat, 9:00 – 9:45 am begins 5/18 & 7/13 (CS)

Cardio Strength Circuit
Intermediate level class featuring faster-paced cardio & strength exercises. $49
Tues, 5:00 – 5:45 pm begins 5/14 & 7/9 (CS)
Sat, 8:10 – 8:55 am begins 5/18 & 7/13 (CS)

Zumba
Have fun getting fit as you dance to international music. $58
Tues, 6:00 – 7:00 pm begins 5/14 & 7/9 (CS)
Sun, 10:00 – 11:00 am begins 5/19 & 7/14 (CS)

Feldenkrais: Awareness Through Movement
Gentle movement can enhance functioning & provide better balance. $88
Tues, 2:00 – 3:00 pm begins 5/14 & 7/9 (CS)
**Pi-Yo**
Tone & energize with this blend of Pilates strengthening & yoga movement. $77
Thurs, 7:30 – 8:30 pm begins 5/16 & 7/11 (H)

**Pilates**
Strengthen your core muscles in this mat-based class. $77
Mon, 6:15 – 7:15 pm begins 5/13 & 7/8 (CS)

**Gentle Pilates**
A mat-based class with modifications to suit all abilities. $91
Tues, 7:30 – 8:30 pm begins 5/14 & 7/9 (H)
Sat, 11:15 am – 12:15 pm begins 5/18 & 7/13 (H)

**Tai Chi 1**
Class follows the 37-posture Yang short form. *10-week session. $112
Thurs, 5:30 – 6:30 pm begins 5/16 (CS)
Fri, 3:15 – 4:15 pm begins 5/17 (CS)

**Tai Chi 2**
A more advanced class. *10-week session. $112
Thurs, 6:40 – 7:40 pm begins 5/16 (CS)
Fri, 4:20 – 5:20 pm begins 5/17 (CS)

**Boost Your Balance**
Reduce your fall risk by improving balance & stability. $49
Fri, 1:00 – 1:45 pm begins 5/17 & 7/12 (CS)

**Strength & Stretch for Seniors**
Improve range of motion, muscle strength & bone health. $49
Mon, 1:00 – 1:45 pm begins 5/13 & 7/8 (H)
Mon, 2:00 – 2:45 pm begins 5/13 & 7/8 (H)
Tues, 1:00 – 1:45 pm begins 5/14 & 7/9 (CS)
Thurs, 1:00 – 1:45 pm begins 5/16 & 7/11 (CS)

**Seniorcise**
Class includes light cardio, exercises to maintain & regain strength & balance.
10-week sessions.
Mon/Wed/Fri, 9:00 – 10:00 am begins 7/1 (CS) $120
Mon/Wed/Fri, 9:00 – 10:00 am begins 7/1 McLean Baptist Church $140
Tues/Thurs, 9:00 – 10:00 am begins 7/2 Arlington Forest Church $80

**Walk-Fit**
A free fitness program featuring walking, stretching & blood pressure checks.
Tues & Thurs, 8:30 – 9:30 am
Fashion Centre at Pentagon City

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

**Philips Lifeline Emergency Response**
A 24-hour medical alert system personally overseen by Senior Health Department staff.

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**Healthy Aging Lecture Series**

**Fridays from 11:00 am to 12:00 pm.**
Registration required at 703.558.6859.
Carlin Springs Campus
601 S. Carlin Springs Road
Arlington, VA 22204

6/21: **STROKE AWARENESS**
Zurab Nadareishvili, MD, PhD
Medical Director, Virginia Hospital Center
Stroke Center

7/26: **PARKINSON’S DISEASE**
Parkinson Social Network, Old Dominion Home Care & Northern Virginia Older Adult Counseling

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**One-on-One Assessments**

To make an appointment, call 703.558.6740.

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

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

**Resting Metabolic Rate Screening $55**
This is an important measure in assessing nutritional needs & helping you achieve weight management goals.

**Dermascan $10**
Non-invasive scanning examines head & neck for potential or existing sun damage.

**Cholesterol Screening* $25**
Full Lipid Profile plus Glucose.

**A1-C Diabetes Screening* $25**

**Thyroid Function (TSH)* $35 (mailed results)**

**Vitamin D* $50 (mailed results)**

*All blood tests are fingerstick.

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**Parkinson’s Side by Side Support Groups**

Virginia Hospital Center is offering a new way to help people with Parkinson’s disease and their caregivers—Side by Side Support Groups that meet at the same time. Everyone attends the first part of the session together and then splits into two support groups—one for those with Parkinson’s and one for caregivers. Led by experienced facilitators, both groups share the same goals: to uplift and empower people who have been affected by Parkinson’s disease to make the most of their lives.

Sonia Gow of Parkinson’s Social Network and Alexandra Johnson of Old Dominion Home Care facilitate the group for people with Parkinson’s, encouraging them to share their experiences and engaging them in artistic and physical activities.

In the caregivers’ group, led by Alicea Ardito, MSW, Northern Virginia Older Adult Counseling, caregivers have the opportunity to share their experiences and learn about resources and services to help them with daily living.

Side by Side Support Groups are a joint effort of Old Dominion Home Care, Northern Virginia Older Adult Counseling, the Parkinson’s Social Network and Virginia Hospital Center.

2nd Wednesday of every month, 10:30 am – 12:30 pm
Carlin Springs Campus, Wellness Room | 601 S. Carlin Springs Road, Arlington, VA 22204

For more information and to RSVP, visit parkinsonsocialnetwork.org.
MAGNET® DESIGNATION
—Again!

Virginia Hospital Center is among only 7% of hospitals nationwide to achieve Magnet® designation from the American Nurses Credentialing Center, signifying the highest level of nursing excellence. Our Hospital was first recognized as a Magnet institution in 2014, and is proud to have earned Magnet re-designation in April.

Achieving Magnet status demonstrates that our nurses are highly educated and engaged in decisions about patient care. Our Magnet culture of excellence provides our nurses with the tools they need to successfully drive change at the bedside, in collaboration with our talented physicians and other members of the interdisciplinary team.

“For patients, Magnet status validates that the patient care here is excellent,” says Melody Dickerson, MSN, RN, CPHQ, Senior Vice President & Chief Nursing Officer. “Our nursing team lives up to the true meaning of being a Magnet hospital every day, delivering the highest quality care and advancing the health of the community we serve.”

Join Our Talented Nursing Team

Whether you are a recent graduate or an experienced nurse, you can have a great career at Virginia Hospital Center. We recognize and value our nurses, offering competitive compensation, comprehensive support to transition new employees and opportunities for professional growth.

For more information about a nursing career at Virginia Hospital Center, visit lifeatvhc.com/careers.