

CENTERSCOPE

SPRING 2020

NEWS AND INFORMATION FOR FRIENDS OF
MEDSTAR WASHINGTON HOSPITAL CENTER

Women & Heart Disease

Understanding
the Less
Understood
Risks



MedStar Washington
Hospital Center

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Women & Heart Disease

Understanding the Less Understood Risks

Cardiovascular disease crosses the gender divide. It's as common in women as in men. Today one in three women is living with cardiovascular disease, and it causes more deaths than all cancers in women combined.

While traditional risk factors—such as high blood pressure and cholesterol, diabetes, obesity, and smoking—affect both men and women, women face a number of other “risk enhancing factors” as well.

Even as awareness of women's heart disease has grown in the last decade, these risk factors are less well known and understood by the public—and the medical profession.

Risk Enhancers for Women

"For a long time, it was thought that women were at less risk for heart disease," says Harjit Chahal, MD, MedStar Heart & Vascular Institute cardiologist. "But now we know that simply is not true. In fact, we understand that commonly known risks affect women differently and more significantly, and there are a host of risk factors specific to women."

- ♥ Pregnancy complications
- ♥ Cancer treatment, especially breast cancer
- ♥ Menopause, especially early menopause
- ♥ Autoimmune disorders, such as lupus and rheumatoid arthritis, which affect women more significantly than men
- ♥ Sudden or severe stress
- ♥ Diabetes and metabolic syndrome (a group of risk factors related to pre-diabetes), which affects women at a younger age
- ♥ HIV
- ♥ Sleep apnea, frequently under-diagnosed in women

"Autoimmune diseases that result in chronic systemic inflammation can cause plaque to form in vessels," explains Cardiologist Barbara Srichai, MD. "Women notice how rheumatoid arthritis affects their joints, for example. But they may not be aware of how it can affect other organs."



Barbara Srichai, MD, and Harjit Chahal, MD, are among 16 MedStar Health cardiologists who specialize in women and heart disease.

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—HARJIT CHAHAL, MD, CARDIOLOGIST
MEDSTAR HEART & VASCULAR INSTITUTE

Dawn Amore

As the president of a software company, 49-year-old Dawn Amore is used to being in control. But last summer she was blindsided by a breast cancer diagnosis. "I felt a lump in my left breast and my doctor sent me for a mammogram and biopsy, which confirmed the diagnosis," she says.

Still, the surprises didn't stop there. Further testing indicated something suspicious in her right breast. "So, I talked to my family and discovered that my maternal grandmother, aunt, and cousin had had breast cancer. Definitely a lesson learned about the importance of understanding your family's medical history."

That's when Ms. Amore took back control. She decided to have a bilateral mastectomy. "I didn't want to take any chances," she says. "And I prepped for surgery, too. I got into physical shape, got my office prepared, and selected the surgical team I wanted. I breezed through the procedure."

When her MedStar Washington Hospital Center oncologist, Asma Dilawari, MD, recommended an aggressive course of chemotherapy following surgery, Ms. Amore was once again blindsided. And yet again, she powered through.

Then she learned the chemotherapy that was such an effective tool against the cancer posed a potential risk to her heart. "My mother died of heart disease last year so I was doubly concerned."

Fortunately for Ms. Amore, the Hospital Center's Cardio-Oncology Program is one of the most respected in the nation. It is dedicated to prevention and treatment of heart damage resulting from cancer treatment.

She was referred to Cardio-Oncologist Ian Chang, MD, for testing. So far Ms. Amore's heart appears to have escaped damage. But she will continue to be followed by Dr. Chang.

"I had never heard of the specialty," Ms. Amore says. "But I'm so grateful for the program and all of the doctors' vigilance."

Dawn Amore is being followed by Cardio-Oncologist Ian Chang, MD, after chemotherapy increased her risk for heart disease.

breast cancer

Women & Heart Disease

"The same may be true of women who have complications during pregnancy. They may believe that after their child's birth they are out of danger," adds Dr. Chahal. "But adverse effects, such as gestational diabetes or pre-eclampsia, put women at higher risk for developing heart disease later in life. They should be followed by their physicians throughout their lives."

"And while it is clear that risk for heart disease also increases after menopause because estrogen levels decline," Dr. Srichai adds, "the relationship between heart disease and stress and depression in women is less understood. But numbers do show that these too are cardiovascular risk enhancers."

Diabetes is a heart disease risk factor for both men and women, but younger women with Type II diabetes have a greater cardiovascular risk. In addition, radiation and chemotherapy treatment for cancer, particularly breast cancer, can put a strain on the heart. And sleep apnea, which is under-diagnosed in women, can increase blood pressure and result in heart disease.

Take Action

What can women do to protect themselves? "Being proactive is critical," says Dr. Chahal. She advises women to be their own advocates:

- ♥ **Think about heart disease as a possibility.**
- ♥ **Be aware of risk factors.**
- ♥ **Don't ignore symptoms.**
- ♥ **Discuss your risk with your physician—and ask for a referral to a cardiologist if you have concerns.**
- ♥ **If you have had any adverse pregnancy issues, follow-up with a cardiologist once a year.**

"Women don't fit a typical pattern—we're more complex," says Dr. Srichai. "Heart disease affects us differently and the first-line imaging tools aren't always effective for these problems. Risk evaluation, diagnostic testing, and treatment should be tailored to women," she says.

"That is why we established the Women's Heart Health Program," she explains. "We have a team of 16 doctors in communities throughout the region who have a particular interest in women's cardiovascular disease. Operators in our call center are trained to refer women to one of these cardiologists."

"We are also establishing a protocol based on the latest guidelines to ensure that when a woman is seen by any cardiologist or internist in a MedStar Health facility she receives consistent care," continues Dr. Srichai. "By inputting information into the electronic medical record system, doctors receive prompts to evaluate risk-based on medical history, including 'risk enhancers' specific to women."

"Our goal is to provide all women with providers who are more sensitive to their unique heart risks to ensure an accurate diagnosis and the most effective treatment," Dr. Srichai says.

To learn more and take a free women's heart quiz, visit www.medstarheartinstitute.org/patients/at-risk or call 888-289-2631.

CANCER AND HEART DISEASE

MedStar Heart & Vascular Institute at MedStar Washington Hospital Center is among the nation's leaders in Cardio-Oncology—the field designed to carefully assess the risk of heart disease in cancer patients. The program takes a collaborative approach to care. Oncologists and cardiologists work together to prevent cardiac damage, monitor patients' cardiovascular health during cancer treatment, and provide long-term follow-up cardiac care for survivors. The program is also conducting research to help determine the best treatment options that pose less cardiovascular disease risk.

Learn more at MedStarHeartInstitute.org/programs/cardio-oncology/

Women & Heart Disease

KNOW THE FACTS

THE ABCs OF WOMEN'S SYMPTOMS

- ♥ **A**ngina (chest pain) that may also feel like a tightness or pressure in the chest or throat that radiates down the jaw or left shoulder or arm
- ♥ **B**reathlessness
- ♥ **C**hronic fatigue that lasts several days can also be a heart attack symptom
- ♥ **D**izziness can indicate heart valve disease or an irregular heart rhythm
- ♥ **E**dema, or swelling, particularly in the lower legs and ankles
- ♥ **F**luttering or rapid heartbeats that may cause pain or difficulty breathing
- ♥ **G**astric upset including nausea or vomiting unrelated to diet
- ♥ **H**artburn

Talk with your doctor about these symptoms, what triggers them, and how long they last.

If you do have sudden chest, shoulder, or arm pain, tightness in your chest, or you have difficulty breathing, call 9-1-1 immediately. Getting treatment quickly could help limit damage to the heart muscle—and it could save your life.

Risk Factors You Can Manage



♥ **Smoking**



♥ **High blood pressure**



♥ **High cholesterol**



♥ **Weight** (For women, a waist measurement of 35" or more indicates an increased risk of heart disease.)

Other Risk Factors to Consider



♥ **Diabetes:** Women with diabetes are at greater risk of heart disease at a younger age than men.



♥ **Chemotherapy and radiation treatment:** Treatment for cancer, particularly breast cancer, can increase your risk of heart disease.



♥ **Pregnancy complications:** Gestational diabetes, pre-eclampsia, and eclampsia can increase heart disease risk over a lifetime.



♥ **Stress and depression:** Both chronic and the sudden onset of stress and depression can increase risk.



♥ **Sleep apnea:** Sudden stops in breathing during the night can increase blood pressure and put added strain on your heart.



♥ **Autoimmune disease:** Diseases such as lupus and rheumatoid arthritis cause chronic inflammation, which can cause clots and can affect women more significantly.

Risk Factors You Can't Control

- ♥ **age:** As women age, the risk of heart disease increases because of lower estrogen levels and the chances of developing additional health issues that can affect the heart.
- ♥ **family history:** You are at greater risk if an immediate family member had heart disease at an early age—65 or younger for a female relative.
- ♥ **race:** African-American and Hispanic women have a higher risk of heart disease than Caucasian women.

Lolita Turner

Two words perfectly describe 30-year-old Lolita Turner: Resilient. Grateful. She has faced a series of tough medical challenges in the last several years yet has remained optimistic and strong. And she credits her team of medical experts at MedStar Washington Hospital Center with saving her life.

Ms. Turner's health saga began with flu-like symptoms that simply would not go away. Test after test, doctor after doctor, ended with a frightening diagnosis. "It was Valentine's Day 2013," she vividly recalls. "Lupus. I didn't know much about the disease, but I'd soon learn."

Lupus is an autoimmune disorder that causes chronic inflammation and can affect multiple organs. There's no cure, and Ms. Turner's symptoms were treated with a variety of medications. Still the disease caused kidney damage and resulted in removal of one kidney in 2015. In spring 2018, persistent pneumonia was treated at another local hospital, but she continued to feel unwell. "I was struggling to catch my breath and my wife, Erika, insisted that I go to the Hospital Center's Emergency Department," she says.

"That's when they told me I was in heart failure. I was shocked and afraid," she recalls. Cardiac Surgeon Christian Shults, MD, replaced her damaged aortic valve and repaired her mitral and tricuspid valves. Months later a defibrillator was implanted to regulate her heart rhythm. Now Ms. Turner is carefully monitored by Cardiologist Harjit Chahal, MD.

"Since surgery, my heart makes a ticking noise. I call it my wonderful ticking heart," she says, laughing. "I have good days and bad days but I've got my daughters—and Erika. I call her my soldier for holding it all together. And I'm just so thankful for my doctors."



Lolita Turner enthusiastically displays victory signs despite battling lupus and heart disease.

LUPUS