

MARYLAND'S

H E A L T H



M A T T E R S

UM ST. JOSEPH MEDICAL CENTER

M E D I C I N E O N A M I S S I O N

Care After Hours

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A CHANCE TO WIN!

Answer just a few questions and be entered for a chance to win one of three \$50 Target gift cards. See page 2.

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A FUTURE OF SOMETHING GREATER: 1864–2014

At University of Maryland St. Joseph Medical Center, we are preparing for our 150th anniversary in 2014. While it is a time to reflect on our journey and the many milestones and “firsts,” we are focused on our future.

UM SJMC's future includes continuing to provide our community greater access to innovative technology and clinical research, supporting our community in disease prevention and screenings, and, as always, providing our patients with high quality, compassionate care. We will also focus on positioning this institution for the inevitable changes in health care—from prevention through treatment, UM SJMC is dedicated to supporting our patients as they return to their lives and the community.

It is a future of clinical excellence and quality that is solidified by our relationship with the University of Maryland Medical Center and the University of Maryland School of Medicine. We are proud and excited to be a part of something greater.

May you and your loved ones enjoy a safe and blessed holiday season.

Mohan Suntha, MD, MBA, President and CEO



MARYLAND'S HEALTH MATTERS

President/Chief Executive Officer
Mohan Suntha, MD, MBA

Vice President of Business Development
Walter J. Furlong

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McMURRY/TMG



**RESPOND BY JAN. 17
FOR A CHANCE TO
WIN 1 OF 3 \$50
TARGET GIFT CARDS!**



What's on your mind? Everyone who takes our quick online survey by Jan. 17 will be entered to win **one of three \$50 Target gift cards** from UM St. Joseph Medical Center. Head to shareinput.com/sjmc today!

WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests, change of address or opt-out request to umsmatters@umm.edu or 7601 Osler Drive, Jordan Center, Suite 163, Towson, MD 21204. Or call **410-337-1700**.

CELEBRATING 150 YEARS OF COMPASSIONATE, EXPERT CARE

University of Maryland St. Joseph Medical Center had seemingly humble beginnings—founded by three Sisters of Saint Francis who traveled from Philadelphia to Baltimore near the end of the Civil War, buying several row houses to minister to the sick and the poor. At that time, they took on the daunting task of caring for patients with cholera, typhus, smallpox and other diseases running rampant in 19th century Baltimore.

While the diseases that challenged the Sisters in the late 19th century have changed, the basic philosophy that medicine must be practiced with a core set of values remains the same: Delivering medicine with reverence, integrity, compassion and excellence is a focus throughout each department of UM St. Joseph Medical Center. The Sisters' guiding mission, that all patients deserve loving service and compassionate care, remains unchanged today.

MAKING HISTORY, EVERY STEP OF THE WAY

From row homes to a 263-bed medical center, UM St. Joseph Medical Center's centers of excellence provide the community with quality clinical care and outcomes.

The Heart Institute is a state-of-the-art, centralized service that provides a complete continuum of cardiac care. The institute works closely with the University of Maryland Heart Center and offers open-heart surgery, a cardiac surgery unit, an all-digital cardiac catheterization laboratory, cardiographics featuring an ICAEL-accredited echo laboratory, an electrophysiology lab, nuclear medicine, a 20-bed cardiac unit, hospital-wide monitoring capabilities and a cardiovascular fitness program. The STEMI (a type of heart attack) LifeNet

system in Baltimore County ambulances transmits cardiac information directly to UM St. Joseph Medical Center's ER so that emergency staff and cardiologists are ready for emergency cardiac patients prior to their arrival.

CELEBRATE
WITH US!



To learn more about UM St. Joseph Medical Center's 150th anniversary celebration, visit stjosephtowson.com/150years.



▲ A new class of nurses graduates in 1917 from St. Joseph's School of Nursing.

The Cancer Institute features a patient-centered, multi-disciplinary approach to cancer care under one roof with a large, sunny infusion center, radiation oncology and the Breast Center, which is accredited by the National Accreditation Program for Breast Cancer. UM St. Joseph Medical Center is accredited with commendation as a comprehensive community cancer center by the American College of Surgeons Commission on Cancer. The Institute, which partners with the University of Maryland Marlene and Stewart Greenebaum Cancer Center, includes urologic oncology, thoracic oncology, colorectal oncology (including ostomy care) and orthopaedic oncology.

The Orthopaedic Institute has been named one of the nation's top orthopaedic facilities by *U.S. News & World Report* and designated a Blue Distinction Center for hip and knee and spine surgery by CareFirst BlueCross BlueShield. It specializes in pain management and rapid rehabilitation after joint replacement. The Institute includes the Scoliosis and Spine Center and a Spine Research Lab, and offers sports medicine, joint replacement, spine surgery, complex disk replacement surgery, and upper extremity and foot and ankle surgery. A dedicated state-of-the-art 50-bed orthopaedic unit includes 32 private rooms and a rehabilitation facility.

Women & Children's Services features the Family Child-birth Center, which provides comprehensive, family-oriented care. It includes nine labor, delivery and recovery suites with a dedicated obstetric anesthesiologist available at all times; a mother/baby suite of 20 private postpartum rooms with a hotel-like atmosphere; a full-term nursery; and a level III B neonatal intensive care unit. Services include certified nurse midwives, lactation consultants, a Warm-Line to support breastfeeding mothers and a wide range of family education classes. The Perinatal Center offers high-risk obstetric services for patients with diabetes or kidney disease, multiple pregnancies and advanced maternal age; obstetric ultrasound in an AIUM-accredited practice; genetic counseling; and prenatal diagnosis and testing for fetal well-being in pregnancies with complications. ♦

WELCOME, NEW DOCTORS

University of Maryland
St. Joseph Medical Center
is pleased to welcome
four new physicians



**Ruth
Brocato, MD**

RUTH BROCATO, MD

University of Maryland
St. Joseph Health Park
in Hereford welcomes
board-certified family
physician Dr. Brocato,
who has been in prac-

tice for more than 20 years. Dr. Brocato
joins George LaRocco, MD, who has
established a busy practice at Univer-
sity of Maryland St. Joseph Medical
Center's community-based location in
the Northern Baltimore County region.

Dr. Brocato's wealth of experience
includes working with the Carroll Medi-
cal Group in nearby Hampstead. "I look
forward to returning to that area, where
I enjoyed practicing for many years,"
she says. "I love family medicine and
taking care of generations of families.
One of my goals is prevention and

educating patients about lifestyle
modification to benefit their health."

Dr. Brocato received her medical
degree from Case Western Reserve
University School of Medicine. Most
recently, she was with Greater Bal-
timore Medical Center Primary Care
Physicians in Towson.

Dr. Brocato is located at UM St.
Joseph Health Park in Hereford,
14A Mt. Carmel Road, Parkton. To make
an appointment, call **443-491-3333**.



**Ethan S.
Rogers, MD**

ETHAN S. ROGERS, MD

Dr. Rogers joins the
UM St. Joseph Medical
Center Breast Center,
headed by Michael
Schultz, MD, FACS,
renowned in the region
for breast cancer care



and No More Sleepless NightsSM,
a fast-track program that reduces
lengthy wait time for follow-up tests
and results.

Dr. Rogers recently served as a
breast oncology fellow at Baylor Uni-
versity Medical Center. He completed
his surgical residency at Carilion Roa-
noke Memorial Hospital, where he
worked for the past five years, and
received his medical degree from Uni-
versity of Maryland School of Medicine.

"It gives me tremendous satisfaction

that for most cases of
breast cancer, we can
provide a long-lasting
cure," Dr. Rogers says.
"One of the keys is
early detection. Many
women avoid getting
their annual mam-
mograms because of



**Michael
Schultz,
MD, FACS**



the anxiety of waiting days for their mammogram results, but the Breast Center's No More Sleepless Nights program eliminates that waiting, and hopefully, women will take advantage of this and come see us."

Dr. Rogers is located in the Breast Center, 7501 Osler Drive, Suite 205, Towson. To make an appointment, call **410-337-5510**.



Rawn Salenger, MD

RAWN SALENGER, MD

Board-certified cardiac surgeon Dr. Salenger, clinical assistant professor of Surgery at University of Maryland School of Medicine, who specializes in complex valve surgery and is highly experienced at coronary bypass surgery, has joined UM St.

Joseph Medical Center and Stewart Finney Jr., MD, chief of Car-

diac Surgery at UM St. Joseph Medical Center and clinical assistant professor of Surgery at University of Maryland School of Medicine.

Previously, Dr. Salenger was director of valve surgery at Good Samaritan Regional Medical Center in

Suffern, N.Y., where he established a multidisciplinary valve team of surgical and nonsurgical specialists. "A multidisciplinary approach allows us to choose the treatment that will do the most good and fit best for each valve patient," Dr. Salenger says. "The goal is to provide improvements in quality and longevity of life, whenever possible."

Dr. Salenger received his medical degree from Union College/Albany Medical College, Phi Beta Kappa, and completed his cardiothoracic surgery residency at University of Massachusetts, followed by a fellowship at Mount Sinai Hospital, New York City.

Dr. Salenger is located at 7505 Osler Drive, Suite 302, Towson. To make an appointment, call **410-337-1783**.



David Schroder, MD

DAVID SCHRODER, MD

Towson Orthopaedic Associates and David F. Dalury, MD, chief of Orthopaedics at University of Maryland St. Joseph Medical Center and clinical professor of Orthopaedics at University of Maryland School of Medicine, welcomes board-certified orthopaedic surgeon Dr. Schroder, who most



David F. Dalury, MD

recently worked in San Antonio, specializing in joint reconstruction and general orthopaedics.

Dr. Schroder served at the National Military Medical Center in Bethesda as assistant department head of Orthopaedics and Rehabilitation, where he received the Teacher of the Year for Resident Training award. He was a Navy orthopaedic surgeon in Afghanistan. He graduated from the U.S. Naval Academy with distinction and earned his medical degree from Georgetown University School of Medicine, receiving the Class of 1999 Humanitarian Award. His philosophy is that "patient care always comes first." After completing his internship at the Naval Medical Center, San Diego, he did fellowship training in adult reconstruction and joint replacement at the Hospital for Special Surgery in New York City.

"In terms of quality of life, there are very few surgical procedures that are as successful as hip replacement, followed closely by knee replacement," Dr. Schroder says.

Dr. Schroder is located at 8322 Bellona Ave., Suite 100, Towson.

To make an appointment, call **410-337-7900**. ♦



GO ONLINE TODAY

To make an appointment with one of our physicians, go to stjoseph.towson.com and click "Find a Doctor."



Pediatrics After Hours **EMERGENCY CARE**

A little boy's rare bone infection is diagnosed after a playground fall

▲ Jennifer Washington was impressed with the care her son, Kaheem, received during treatment for a serious bone infection.

It was a beautiful day at the park with his cousins when 5-year-old Kaheem Washington took a fall from the monkey bars. The active little boy usually keeps going, according to his mom, Jennifer, but he woke up the next morning limping and with a fever.

She took him to a hospital ER near his cousins' house, where doctors did X-rays but found no broken bones and "told us he had a 24-hour virus," recalls Jennifer. At home, she gave Kaheem ibuprofen, but "the fever would come right back." His leg became so swollen, he couldn't walk on it.

So Jennifer brought him to a service she trusts—Pediatrics After Hours (PAH) EMERGENCY Care at University of Maryland St. Joseph Medical Center, where she takes him when he has bad asthma attacks.

"I'm most comfortable there," she says. "He gets to see a pediatrician, and I'm very happy about the convenience."

PUTTING THE PICTURE TOGETHER

The pediatrician on duty the day Jennifer brought Kaheem in was board-certified pediatrician Nardine Assaad, MD, who says this turned out to be



DON'T WORRY ABOUT GETTING CARE AFTER HOURS

For emergencies and urgent care, children are seen by pediatricians and pediatric nurses only. PAH is open seven days a week from noon to midnight. You can walk in or call ahead at **410-427-2066**.

“one of the most serious cases” she has ever treated. “We put the whole picture together,” says Dr. Assaad, who ordered another X-ray and blood work, along with a bone scan. Before the results even came back, Kaheem was put on an IV antibiotic and hospitalized on the pediatrics unit, conveniently located next to PAH.

Dr. Assaad suspected osteomyelitis, a rare bone infection. In the morning,



Nardine Assaad, MD

tests confirmed the diagnosis.

“If Kaheem had not been treated in a timely manner, he could have had permanent bone damage. He needed a week of hospitalization and

IV antibiotics to penetrate the bone,” says Dr. Assaad, who is also in private practice. Jennifer was so impressed with the care Kaheem received that she changed pediatricians to Dr. Assaad and her partner, Nelson Davidson, MD, clinical assistant professor of Pediatrics at University of Maryland School of Medicine, who also works at Pediatrics After Hours EMERGENCY Care.

BIG ADVANTAGES FOR KIDS

“One of the big advantages of PAH is that when children are sick enough to be hospitalized, we provide excellent continuity of care by admitting them right away to our unit, where they are cared

for by the same doctors and nurses,” Dr. Assaad says. “If you take a child with a bad illness to an urgent care center, he or she has to be transferred to a hospital.”

At PAH, children are seen by pediatricians and pediatric nurses, not general doctors or nurse practitioners who usually staff an urgent care center.

“Children are very different from adults,” explains Dr. Assaad. “Our staff understands how children feel; that they need to be spoken to differently and handled differently. They are not small adults, and their health issues and treatment are very different. Children can come down with a much larger variety of viral illnesses.”

As a working mother of four children herself, Dr. Assaad understands that, “for parents, especially working parents who have to wait to get off work to take a sick child to the doctor, we are very convenient. Our hours are noon to midnight.”

Pediatricians often refer their patients to PAH after office hours. Dr. Assaad explains, “We get children who are seen by their pediatricians during the day, and then later, they need a higher acuity of care. For example, for gastritis, we can give a child IV fluids and medicine to stop vomiting and treat dehydration, which is not a procedure that can be done in an office or an urgent care center.”

Parents can turn with confidence to PAH. Patients have the complete backup of the hospital for any diagnostic tests and treatment necessary. ♦

IN CASE OF EMERGENCY— BE PREPARED

Are you prepared for an emergency? We have an app for that ... and an outstanding emergency department (ED). University of Maryland St. Joseph Medical Center offers a free emergency app that puts vital information right at your fingertips. Visit **UMStJoeEmergencyPlan.com** to find out more.

Once you arrive at the UM SJMC emergency department, our team will do everything possible to see you right away. With wait times lower than the national average, our team is always ready.

Diagnostic precision is where UM SJMC emergency care really shines. We follow strict protocols to ensure the most accurate diagnosis and that serious emergencies receive specialty care faster and with the utmost accuracy. We staff our ED with board-certified and, in some cases, double board-certified emergency medicine physicians, along with nurses certified in emergency care. We have access to top, board-certified specialists who consult on specialty cases.



GET TRAINED IN CPR

Cardiopulmonary resuscitation is a powerful lifesaver that can be used in emergency situations when a person's heart or breathing has stopped. Go to **stjosephtowson.com/mhm** and search “Get trained” under “Healthy Insights” to learn more.

Getting Back

Double knee replacement gives patient two good legs to stand on

Barbara Pons, age 70, is a successful real estate agent who is very proud of what may be considered her bionic parts. In 2011, she broke her hip while vacationing with her 11 grandchildren and had a hip replacement performed by board-certified orthopaedic surgeon Brian Mulliken, MD, of Towson Orthopaedic Associates.

Her recovery went so well that Pons decided to have both of her arthritic knees replaced with state-of-the-art knee replacements done by Dr. Mulliken, too. "It was hard to get around before my knee surgeries. I'm on my feet a lot showing properties," Pons says. "I had to go up stairs one at a time."

And Pons literally jumped in with both feet—opting to have both knees

replaced during one surgery. After conferring with Dr. Mulliken, she was confident she was the right candidate. "I didn't want to go back for another surgery," she explains.

"Thanks to Dr. Mulliken's surgical expertise, I have zest for life and more energy now," Pons says.

ON MENDED KNEES

"Knee replacement is one of the miracles of modern science," Dr. Mulliken says. "It is a way to permanently eradicate arthritis in the knee and return it to natural function.



Brian Mulliken, MD

"Ideal candidates for double knee replacement are usually younger, healthier and very motivated. The incidence of needing both knees replaced is getting much higher—it's nearly one in three patients who need a knee replacement, and most patients prefer simultaneous knee replacement if that is an option for them. Patients may opt to have both knees done during the same surgery or stay in the hospital and have them done a few days apart," says Dr. Mulliken, who

Real estate agent Barbara Pons has had a hip and both knees replaced by Brian Mulliken, MD, at UM St. Joseph Medical Center ... and says she feels better than ever.

has been performing a high volume of joint replacements for years.

Benefits of having both knees done simultaneously include one hospitalization with one time under anesthesia (which can often be done with a combination of spinal or epidural and twilight anesthesia instead of general anesthesia) and one rehabilitation experience. Although the first week of recovery may present more of a challenge, "the full recovery is not really any different than for one knee," the doctor assures.

Two knee replacements can be performed in less than 1½ hours. "Knee replacement used to be a long surgery. Now, one replacement takes between 45 minutes to an hour. And we have made excellent progress handling postoperative pain control," Dr. Mulliken says.

Pons, who loves to exercise several times a week, now works out pain-free. "UM St. Joe's came through with flying colors," she says. "It's remarkable what I can do now." ♦



ARE YOU READY TO TALK JOINT REPLACEMENT?

Call UM St. Joseph Medical Center's Orthopaedic Institute at **410-337-1777** or Towson Orthopaedic Associates at **410-337-7900**.

to Life





A Lifesaving Gift

Innovative UMMC program increases odds of matching kidney donors and recipients

During the holiday season, giving is often at the forefront of everyone's mind. Whether to family, friends, co-workers or strangers, it's a time when people are more open to extending themselves to someone in need.

There are an infinite number of ways to give, but to bestow the gift of life is undoubtedly one of the greatest. For thousands of Americans waiting for organ transplants, the "gift of life" is a hope that they hold on to for months—sometimes years. Waiting for any organ can take many months, but the wait for a kidney is especially long. It is the organ that is most in demand. According to the United Network for Organ Sharing, about 90,000 people are on the waiting list for kidneys, but fewer than 17,000 receive one each year. In Maryland, more than 2,000 people are waiting for kidneys, and the list gets longer every year.

Why the need for more kidney transplants? "There is a growing number of Americans with chronic kidney disease,"

says David Leeser, MD, associate professor of surgery at the University of Maryland School of Medicine and chief of kidney/pancreas transplant at University of Maryland Medical Center. "It can

be linked, at least in part, to increases in diabetes, obesity, hypertension and aging in our population." What's more, kidney disease can progress for years without detection, hampering efforts to prevent irreversible kidney failure.

Those who lose 90 to 95 percent of kidney function are considered to have end-stage renal disease. An option for treating permanent kidney failure is dialysis, the mechanical process of removing waste and excess water from the blood. While dialysis is life preserving, it is also taxing on the body and spirit. The process can require up to four hours three times per week, and it's not uncommon for patients to be on dialysis for years. Conversely, the gold



David Leeser, MD

standard for treating kidney failure is kidney transplantation.

DEPENDING ON DONORS

A kidney transplant is the most effective long-term treatment for renal failure. Transplant recipients experience an almost immediate improvement in quality of life, and they go on to live normal lives with few restrictions.

“When kidneys fail, they do so in tandem, which is why transplants are necessary,” explains Dr. Leeser. “Although we are born with two kidneys, we only need one to filter waste and remove excess water from the body. Research shows that people with one kidney can live as long as those with two.”

The key to increasing the quality of life for more people with end-stage renal disease is kidney transplantation, which is reliant upon donors. There is an ongoing shortage of donor organs in the U.S. An increase in organ donation,

whether from living or deceased donors, would greatly reduce the number of people on the wait list and the time spent waiting for kidneys. Living donor kidneys are preferred because they typically have significantly better long-term survival than kidneys from a deceased donor. To avoid kidney rejection, willing donors must be immunologically compatible with the recipient. Unfortunately, it is not guaranteed that the intended donor, usually a close family member, will be a match.

TURNING NO INTO YES

Doctors at select medical centers across the country, including University of Maryland Medical Center, have found new and better ways to help more people and ensure that incompatibility with a living donor is no longer a barrier.

At the Medical Center, when a patient and his or her willing donor are not a match, they can enter the Paired Kidney

Exchange, also known as a “kidney swap.” This program arranges for the willing incompatible donor to donate to a stranger who is incompatible with his or her intended donor; in turn, the intended recipient receives a kidney from another recipient’s living donor.

The surgeries do not have to occur at the same time, or even in the same state. Essentially, the donors are saving the life of the person they love, as well as someone they may never meet, by coming forward as a living donor. If an altruistic donor, also called a

TIRED OF WAITING?

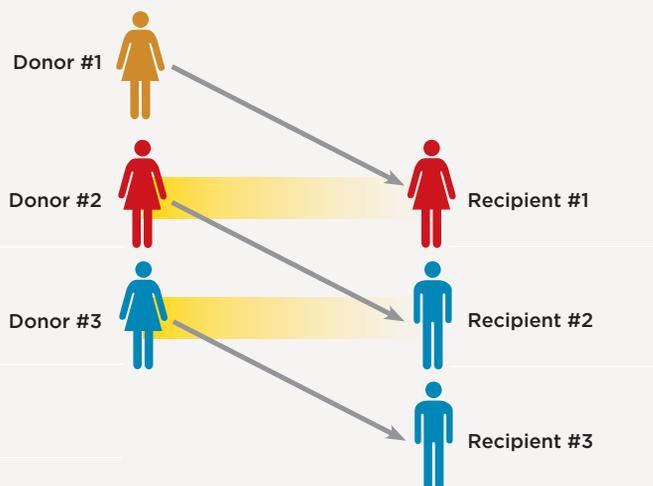
Finding a match for a kidney transplant can take years if you don’t have a willing donor who is a match. These options may shorten someone’s time on the waiting list:

Multiple listing: Registering on the wait list at more than one transplant center increases chances of being transplanted faster. University of Maryland Medical Center wait times are shorter than the national average.

Transferring wait time: Those who feel they have been waiting too long can transfer their “primary waiting time”—the longest time they have waited at any center—to another transplant center.

Paired Kidney Exchange program: If an intended donor is not a match, this program allows the living donor to give his or her kidney to a best-matched recipient, while the originally intended recipient would receive a kidney from a best-matched donor, perhaps from outside his or her region’s transplant pool.

Paired Kidney Exchange



AFFILIATED WITH THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Through a Paired Kidney Exchange program, those who are incompatible matches for loved ones who need a kidney can still donate, but the organ goes to a stranger who is a match. In exchange, the loved one receives a kidney from another recipient’s living donor.

DISCOVER TODAY HOW YOU COULD SAVE A LIFE



To find out how to become a living donor or for more information on the University of Maryland Medical Center kidney transplant program, go to umm.edu/transplant. Or call **410-328-5408**.

non-directed donor, donates a kidney, the potential to help more patients is greater. Instead of just one person benefiting from the person's donation, it can kick off a chain that will allow many incompatible pairs to be matched and transplanted.

"It is a complex process that requires a lot of coordination, but we abide by the national standards of evaluation and safety of living donation to ensure outstanding outcomes," says Dr. Leeser. "Because of Paired Kidney Exchange, we have transplanted many patients who have been waiting for years for a matching donor."

INNOVATIONS IN TRANSPLANT

As one of the busiest transplant centers in the country, University of Maryland Medical Center is at the forefront of developing ways to shorten wait times through the innovative use of living donation options like the Paired Kidney Exchange program, as well as deceased-donor kidneys.

"In some cases, we are able to accept cadaveric kidneys that fall outside of conventional standards—they're called expanded criteria donor [ECD] kidneys," says Jonathan Bromberg, MD, PhD, professor of surgery at the University of Maryland School of Medicine and chief of the Division of Transplantation at University of Maryland Medical Center. "It may be that the donor is older or has controlled hypertension, or the kidneys may be from a pediatric donor."

ECD kidneys undergo a thorough evaluation. Studies have shown that the risks of accepting an ECD kidney are far less than remaining on dialysis long term. "Our goal is to get people off the kidney transplant waiting list and back to living a full life," says Dr. Bromberg.

Which means any day, any month, any time is the right time to consider organ donation and saving a life. ♦



Jonathan Bromberg, MD, PhD

HOPE FOR THOSE WITH KIDNEY DISEASE

"Diabetes is the number-one cause of kidney disease in the U.S. The second cause is hypertension [high blood pressure]," explains Kevin Rossiter, MD, FACP, FASN. "Although only about 40 percent of diabetes patients will develop kidney disease, an exact diagnosis is necessary because not everything that happens to a diabetic is due to his or her diabetes," says Dr. Rossiter, a board-certified nephrologist with University of Maryland St. Joseph Medical Center.



Kevin Rossiter, MD

There are proven strategies to help kidney disease, and Dr. Rossiter says his "professional mission is to tailor the best treatment plan for each patient, with specific practical steps to prevent the disease's progression."

He advocates "scrupulous control of high blood pressure using the fewest drugs and selected agents, fastidious diabetes care, reduction of dietary sodium, and tailoring dietary protein intake to avoid malnutrition, as well as other steps."

"Weight reduction and smoking cessation are crucial because obesity and tobacco accelerate the progression of kidney disease," he cautions.

"Kidney disease may progress despite all of our best efforts," adds Dr. Rossiter. "If needed, we must remember that, when the kidneys fail, dialysis and transplantation are both miracles that save lives every day. We know that at all times we keep trying, we affirm life, we preserve hope for the future, and we never, ever give up."



DON'T WAIT TO GET HELP

The Nutrition and Diabetes Center at UM St. Joseph Medical Center can treat most complications from diabetes. Call **410-337-1382** to get started.

THE TRUTH ABOUT BLOOD

It's the **ultimate, overachieving multitasker**, and it's **irreplaceable**. (There's no making it in a lab.) It's your blood. **Every minute**, this **life-giving liquid** is performing a number of **different jobs**. Here's what keeps it so busy.



THE DELIVERER There's a reason it's called the circulatory system. Blood delivers oxygen to the lungs and transports nutrients, hormones and proteins to the places that need them.



THE PROTECTOR The platelets in your blood ensure clotting occurs when you get a cut; the white blood cells search and destroy invading germs and viruses.



THE TRASH COLLECTOR Your blood is in charge of rounding up waste and dumping it off at the liver and kidneys, which then clean things up.



THE THERMOSTAT We wouldn't be warm-blooded creatures without ... well, our blood. It helps ensure you stay a balmy 98.6 degrees.

BY THE NUMBERS

120 | 6 | <1

The number of days red blood cells, platelets and white blood cells live, respectively.

The percentage of your total body weight that blood accounts for.

7-8%

12/9

The average man has 12 pints of blood in his body; the average woman has 9.

The time it takes blood to circulate to every single cell in your body.

<60 SECONDS

4

The number of elements that make up your blood: red blood cells, white blood cells, plasma and platelets.

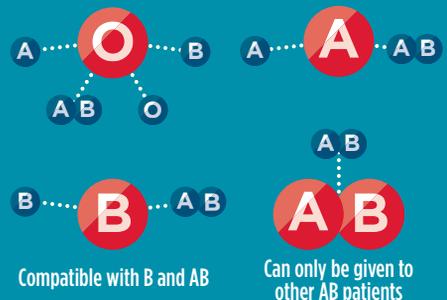
THE PERFECT MATCH

There are four possible blood types: A, B, AB and O. Blood types are inherited, and the majority of Americans are either O positive (39 percent) or A positive (31 percent).

Where does most donated blood go? Not to trauma patients, as you might guess. Actually, the people who need the most blood include cancer patients and those undergoing cardiovascular, transplant and orthopaedic surgeries.

The universal donor

Compatible with A and AB



donor

recipient



Better Treatment, **BETTER OUTCOMES**

Colostomy use decreases with advanced colorectal surgery methods

When detected early, almost all colorectal cancers are considered treatable and beatable, but they always require surgical removal of the tumor, explains Howard K. Berg, MD, head of Colon and Rectal Surgery at University of Maryland St. Joseph Medical Center.

Colon cancer and rectal cancer are the same disease, differentiated by where the cancer occurs. The lower eight inches of the digestive system is the rectum, where waste is stored. The colon is the upper part of the large intestine.

When the tumor is in the mid- or lower rectum, the colorectal surgeon's challenge is to remove the tumor while preserving the patient's anus and sphincter muscles, while also avoiding the need for a permanent colostomy (an opening in the lower abdominal wall where waste collects into a bag).

INDIVIDUALIZED TREATMENT

Dr. Berg, who has been on the leading edge of performing surgeries that avoid colostomy for more than two decades, says, "The chances of a patient with a mid- or lower rectal cancer



Howard K. Berg, MD

requiring a colostomy have dramatically decreased. If the patient has a minimum margin of 1 inch of tissue below the tumor, the chances of avoiding colostomy are very high because the rectum can be reconstructed.

“Rectal cancer treatment is tailored for each patient,” Dr. Berg

says. Often, when the rectum cannot be salvaged, a “J-pouch” may be constructed using the colon to make a new storage area for stool. “The patient will have a temporary ileostomy for three months while the J-pouch heals,” explains Dr. Berg. An ileostomy is a bag for stool drainage made from the small intestine. Once the new rectum heals, the surgeon reverses the ileostomy.

An additional treatment approach for tumors that are large or very close to the anus is to shrink them with radiation and chemotherapy treatments. “By shrinking the tumor, in many cases we create a larger margin of tissue available for reconstruction,” Dr. Berg says.

ONE PATIENT’S EXPERIENCE

Howard Cornblatt is a former rectal cancer patient for whom Dr. Berg created a J-pouch in 1996. “It was very innovative at the time. It was amazing. Everyone had colostomies then,” Cornblatt recalls.

Cornblatt, who thought he had hemorrhoids, was diagnosed thanks to his son, who urged him to consult a doctor about his symptoms. Since the tumor was at the base of his rectum, he received chemotherapy and radiation to shrink the tumor, followed by a J-pouch and an ileostomy, and then a reversal of the ileostomy. Cornblatt feels fine today and volunteers as a patient advocate to support others going through colorectal cancer treatment. ♦



NEED MORE INFORMATION?

To learn more about Dr. Berg’s practice and philosophy of care, visit mdcolonsurgeons.com.

Make a Date for Health!

Unless designated otherwise, call **410-337-1479** to register. All events are **FREE** unless designated otherwise.

HEALTH SCREENINGS

BONE DENSITY SCREENING

For adults who want to know how their lifestyle is affecting their bone density and for those with certain risk factors (family history, small body frame, inactivity, smoking, excessive caffeine or alcohol consumption, low calcium and vitamin D intake). Consists of a quick, painless ultrasound test of the heel bone (not diagnostic). For those who have not had a DEXA scan or ultrasound bone test in the past year.

Appointment required.

Thursdays, Jan. 23 and Feb. 20, 9:30 to 11:30 a.m.

BODY COMPOSITION ANALYSIS

To identify your unique body makeup and associated health risks. The Tanita SC-331S professional scale uses bioelectric impedance analysis to determine weight, body fat, body mass index, total body water, muscle mass, metabolic rate, and more.

Thursdays, Jan. 16 and Feb. 13, 2 to 4 p.m.

AMERICAN RED CROSS BLOOD DRIVE

Schedule a lifesaving donation. For medical and eligibility questions, call **866-236-3276** before scheduling your appointment.

Friday, Jan. 24, 7 a.m. to 4:30 p.m.

Vascular Surgery Associates now has an office on UM SJMC’s campus!

7505 Osler Drive, Suite 302, Towson, 21204

To learn more, call **410-337-1337** or visit stjosephtowson.com/findadoctor.

JOIN OUR ONLINE COMMUNITY

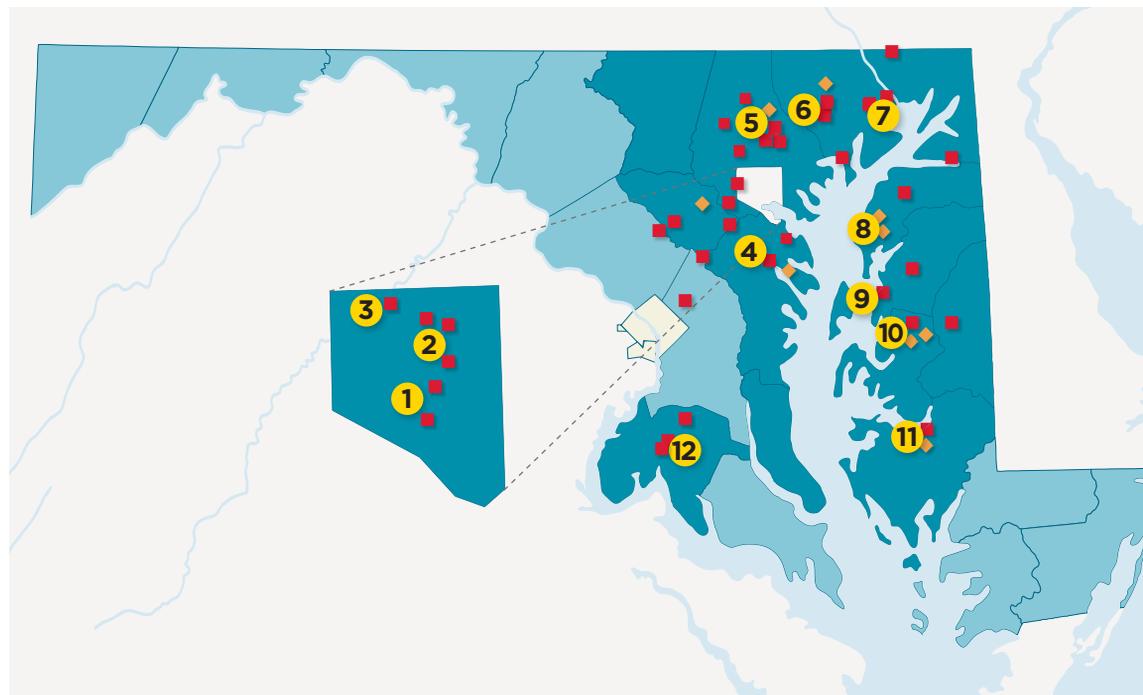


We’ve set up a community just for our readers. At stjosephtowson.com/mhm, find polls, videos, recipes, a health tip of the day and more!

MARYLAND'S HEALTH MATTERS!

LOCATIONS NEAR YOU:

- 1 UNIVERSITY OF MARYLAND MEDICAL CENTER**
22 S. Greene St., Baltimore
410-328-8667
umm.edu
- 2 UMMC MIDTOWN CAMPUS**
827 Linden Ave., Baltimore
410-225-8000
umm.edu/midtown
- 3 UNIVERSITY OF MARYLAND REHABILITATION & ORTHOPAEDIC INSTITUTE**
2200 Kernan Drive, Baltimore
410-448-2500
kernan.org
- 4 UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER**
301 Hospital Drive, Glen Burnie
410-787-4000
mybwmc.org
- 5 UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER**
7601 Osler Drive, Towson
410-337-1000
stjosephtowson.com
- 6 UPPER CHESAPEAKE MEDICAL CENTER**
500 Upper Chesapeake Drive, Bel Air
443-643-1000
uchs.org



MAP KEY: ● HOSPITAL ■ PHYSICIAN OFFICE ◆ HEALTH CARE CENTER

- 7 HARFORD MEMORIAL HOSPITAL**
501 S. Union Ave., Havre de Grace
443-843-5000
uchs.org
- 8 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN**
100 Brown St., Chestertown
410-778-3300
shorehealth.org
- 9 UNIVERSITY OF MARYLAND SHORE EMERGENCY CENTER AT QUEENSTOWN**
115 Shoreway Drive, Queenstown
410-827-3900
qaemergencycenter.org
- 10 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON**
219 S. Washington St., Easton
410-822-1000
shorehealth.org
- 11 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT DORCHESTER**
300 Byrn St., Cambridge
410-228-5511
shorehealth.org
- 12 UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER**
5 Garrett Ave., La Plata
301-609-4000
charlesregional.org