

# MARYLAND'S

## HEALTH MATTERS

COVER STORY

### TURNING TO A TRUSTED EXPERT AND FRIEND FOR LIFESAVING CARE

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FALL 2023

**A BETTER  
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NO INCISION NEEDED TO  
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USING ROBOTIC SYSTEM

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UNIVERSITY  
of MARYLAND  
MEDICAL  
SYSTEM



ON THE COVER

## TURNING TO A TRUSTED EXPERT AND FRIEND FOR LIFESAVING CARE

Jay Miller immediately sought care from the doctors at University of Maryland Baltimore Washington Medical Center after receiving unexpected results from a MRI scan.



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## A BETTER LUNG BIOPSY

A new minimally invasive technology helps physicians sample smaller lung nodules in harder-to-reach places.

# 10

## ACADEMIC MEDICINE AT WORK:

TORS to the Rescue— No incision is needed to remove throat tumor with robotic system.



## STAY CONNECTED WITH

## UM BALTIMORE WASHINGTON MEDICAL CENTER

**KATHY McCOLLUM**

President and Chief Executive Officer

### WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests or change of address to:

**umbwmcpr@umm.edu** or call **410-787-4367**

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For the latest news and community events, visit **umbwmc.org/community**.

# Message from the CEO



**BEING A PART** of our community is at the core of the mission at University of Maryland Baltimore Washington Medical Center (UM BWMC). From delivering excellent care to creating employment opportunities

to hosting wellness activities, being a vital resource for our community is our privilege and our priority.

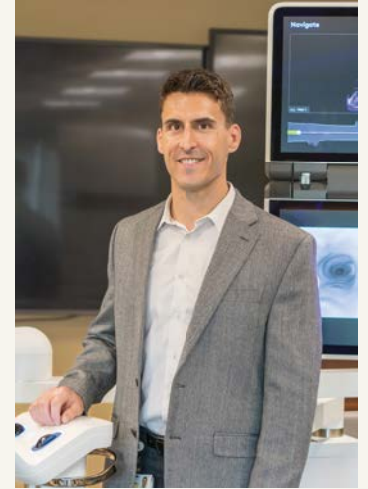
Making our services accessible and offering the latest innovations and therapies are some of the many ways our hospital, primary care and specialty locations are here to serve you.

This edition of *Maryland's Health Matters* highlights examples of how this important work translates into better health outcomes for people across the region. We feature a new technology that samples small nodules in the lungs and helps providers diagnose cancer earlier when treatment is more effective. Our providers offer advice on how to keep you and your family healthy this fall with vaccinations and injury prevention tips. We recognize community partnerships that help us tackle pervasive issues, such as food insecurity in neighborhoods where fresh produce and healthy foods are limited. We also share Jay Miller's incredible story of how the medical imaging technology he sold and the friendships he made in the community led him to the Vascular Center at UM BWMC to surgically remove a large abdominal aortic aneurysm. Thanks to the expert and compassionate care provided by our surgical team, Jay is recovering well and getting back to his active lifestyle.

Thank you for your continued support. Together with our community, team members and partners, we are excited to meet the health care needs of those across our region.

**Kathy McCollum**  
President and Chief Executive Officer

## A BETTER **LUNG BIOPSY** FOR FASTER RECOVERY



THE LATEST MINIMALLY INVASIVE TECHNOLOGY HELPS PHYSICIANS REACH FARTHER INTO THE LUNGS TO BIOPSY SMALLER NODULES.

**WHEN PHYSICIANS AT** the Lung Center at University of Maryland Baltimore Washington Medical Center (UM BWMC) identify a nodule during a patient's lung screening, the next step may involve a biopsy to determine whether it is cancerous. Since many lung nodules are small at the time of detection, it can be challenging to obtain an adequate biopsy.

Now, an advanced technology available at UM BWMC is making it easier for physicians to sample smaller nodules that are difficult to locate, so an accurate diagnosis can be made.

"With the robotic bronchoscopy system, we can biopsy smaller and harder-to-reach nodules, such as those in the periphery of the lungs," said Peter Olivieri, MD, pulmonologist at UM BWMC. "Diagnosing a nodule early, when it is still small and the patient is not yet experiencing symptoms, allows us to begin treatment sooner and increases the chance that the patient can be completely cured."

### **THE NEWEST TECHNOLOGY**

The new robotic bronchoscopy system is the latest in minimally invasive pulmonary care and is now available at UM BWMC. With digitally-rendered and live video guidance, physicians can precisely navigate the ultrathin endoscope to nodules throughout the lungs, including those located along the outer edges. Physicians then insert a needle through the same tube to take a sample for testing. Because there are no incisions, patients can heal faster.

With the lung screening program and the new robotic bronchoscopy system at UM BWMC, residents of Anne Arundel County who are at high risk of lung cancer are able to receive answers earlier, more easily and closer to home.



To learn more about UM BWMC's lung health services, including the diagnosis and treatment of lung nodules, visit [umbwmc.org/lungnodules](http://umbwmc.org/lungnodules).



# TIME TO VAX?

ENSURE YOUR CHILD IS UP TO DATE ON VACCINES.



**IT'S CRUCIAL TO KEEP** up with your child's vaccines no matter how old they are. Because they're especially vulnerable to disease and illness, children should follow the recommended vaccine schedule set by the Centers for Disease Control and Prevention (CDC).

"Vaccines are safe, and they work," said Esther Liu, MD, chair of pediatrics at University of Maryland Baltimore Washington Medical Center (UM BWMC). "Maintaining the vaccine schedule past infancy continues to protect your child with boosters and also protects them against additional diseases."

## WHAT VACCINES AND WHEN

By age 2, your child should be vaccinated for:

- Chickenpox (varicella)
- COVID-19
- Diphtheria, tetanus and pertussis (DTaP)
- Flu
- Hepatitis A and B
- Measles, mumps and rubella (MMR)
- Polio
- Pneumonia
- Rotavirus

Throughout childhood, your little one will need MMR, DTaP, polio and varicella boosters, along with yearly flu shots and COVID-19 boosters as recommended by the CDC. Children 11 and older should get the meningitis vaccine and the HPV vaccine to protect against certain types of cancer.

## HELPFUL TIPS FOR GETTING KIDS VACCINATED

To help make vaccinations less stressful for your child, distract them with a silly joke or their favorite song. Afterward, celebrate the accomplishment with a healthy treat or playtime at the park. Remember to have an extra warm and comforting attitude to best support your child.



Do your kids need a vaccine? Make an appointment with a UM Baltimore Washington Medical Group pediatrician by calling **410-553-8540** or by visiting [umbwmc.org/umbwmgpediatrics](http://umbwmc.org/umbwmgpediatrics).

# Don't Punt on SAFETY

WITH A NEW SPORTS SEASON ON THE HORIZON, LEARN SOME GREAT WAYS TO STAY SAFE ON THE FIELD.



**IF YOU OR YOUR CHILD** is signed up for fall football or other league sports, taking a few simple steps can help prevent injuries.

"Proper equipment, including footwear, is a must," said Lauren Newnam, DPM, chair of podiatry, Department of Orthopedics, University of Maryland Baltimore Washington Medical Center (UM BWMC). "Helmets, pads and other protective gear must fit well, be in good condition and sized appropriately."

## TIPS FOR THE FIELD

Before you head out to play, here's what to keep in mind:

- If you need cleats for the game, you need them in practice. Normal running shoes can lead to injuries.
- If your cleat insole feels too flat, add an arch support.
- Make sure your athletic shoes are roomier in the toes than your normal shoes, and be sure to tie them securely each time.
- Stretch before practices and games.
- Took a break last season? Ease back into physical activity before starting practice multiple days a week.

## WHEN TO SEE A DOCTOR

If you sustain an injury and there's excessive bruising and swelling, seek immediate care. Otherwise, you can try the RICE—rest, ice, compress, elevate—protocol. If the pain doesn't subside after a few days, call your doctor.



Game didn't go as planned due to injury? Make an appointment with a UM BWMC orthopedic specialist by calling **410-553-8170** or by visiting [umbwmc.org/orthopedics](http://umbwmc.org/orthopedics).

# NAVIGATING PERIMENOPAUSE AND WEIGHT GAIN

WHILE WEIGHT GAIN IS A CONCERN FOR MANY MIDDLE-AGED WOMEN, IT DOESN'T HAVE TO BE INEVITABLE.



**PERIMENOPAUSE IS THE** stage before menopause that usually starts in women in their 40s, but it can start earlier or later.

“Perimenopause lasts around four years before the final period,” said Sarah Evans, MD, OB/GYN with the University of Maryland Baltimore Washington Medical

Group (UM BWMG). “During perimenopause, hormone levels in a woman’s body slowly change, which can lead to various physical and emotional symptoms.”

## THE WHY OF PERIMENOPAUSE WEIGHT GAIN

According to Dr. Evans, while not all women experience weight gain during perimenopause, increased weight can be attributed to hormonal changes, slower metabolism and stress.

To avoid unwanted weight gain, you can try:

- Eating a healthy diet
- Exercising regularly, focusing on strength training, such as weightlifting or resistance band workouts
- Getting enough sleep, at least 7-8 hours per night
- Limiting alcohol consumption
- Managing stress

“Weight gain during perimenopause can be difficult to avoid completely, but adopting healthy lifestyle habits can help to manage weight and maintain overall health,” Dr. Evans said. “If you are struggling with weight gain during perimenopause, a good next step is to reach out to a health care provider. There are hormonal and non-hormonal therapies available, and treatment can be individualized.”



Have more questions about perimenopause? Schedule an appointment with a UM BWMG Women’s Health specialist by calling **410-553-8260** or visiting **[umbwmc.org/womens](http://umbwmc.org/womens)**.

# Moving AWAY FROM CANCER

IT’S NO SURPRISE THAT EXERCISE IS GOOD FOR YOUR OVERALL HEALTH, BUT DID YOU KNOW THAT IT CAN HELP PREVENT BREAST CANCER, TOO?

**ABOUT 1 IN 8 WOMEN** will develop breast cancer in her lifetime. A recent study showed that women who are active, both pre-and post-menopausal, have up to 21% lower risk of developing breast cancer.

“Exercise is beneficial for breast cancer prevention,” said Cynthia Drogula, MD, medical director of the Aiello Breast Center at University of Maryland Baltimore Washington Medical Center (UM BWMC). “If you are diagnosed, exercise can also lead to a smoother surgery and recovery and ease side effects during and after treatment.”

## HOW TO GET STARTED

Aim for 30 to 60 minutes of moderate-intensity exercise per day, or 15 to 20 minutes of vigorous-intensity exercise per day, for five days per week. Also try to incorporate a couple days of strength training per week. If you’re not currently active, try splitting the time into fragments throughout the day.

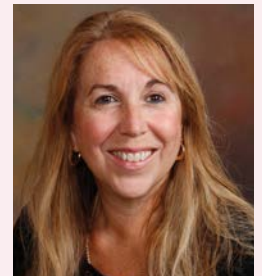
## TYPES OF EXERCISES

There are many ways you can start moving your body today. Here are a few ideas:

- Moderate intensity: Walking, yoga, dancing and gardening
- Vigorous intensity: Running, jogging, swimming and playing tennis

- Strength training: Lifting weights, climbing stairs and using resistance bands—check with your physician before beginning a strength program.

It’s also important to limit the time you spend sitting. Try taking a break at work to stretch or parking farther away at the store.



Learn more about UM BWMC’s breast cancer services and specialists by visiting **[umbwmc.org/breast-cancer](http://umbwmc.org/breast-cancer)**.



THANKS TO THE CLOSE RELATIONSHIPS HE FORMED THROUGH HIS CAREER IN MEDICAL EQUIPMENT SALES, JAY MILLER KNEW HE COULD TRUST THE DOCTORS AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) TO SAVE HIS LIFE.

*Turning to a Trusted Expert and Friend*  
**FOR LIFESAVING CARE**



**IN 1982, JAY MILLER** sold UM BWMC its first CT scanner. Over the next three decades, Miller developed lasting connections with several health care providers across the region. Those providers include Marshall Benjamin, MD, chair of surgical services at UM BWMC and clinical associate professor of surgery at University of Maryland School of Medicine (UM SOM).

Retired since 2014, Miller has always been active. He enjoys playing the guitar and loves spending time by the water with his wife, children and grandchildren. But a couple of years ago, Miller started experiencing back pain and difficulty walking. Not wanting to slow down, Miller talked with his primary care provider, who ordered an MRI scan of his back. He didn't expect the scan to lead him back to his longtime friend, Dr. Benjamin.

## UNEXPECTED RESULTS

On Oct. 22, 2022, Miller got the MRI scan results, which showed issues with several discs in his back. But it was the last item on the radiology report that grabbed his attention: Miller had an abdominal aortic aneurysm (AAA). An AAA is an abnormal bulge in the aorta, the blood vessel that carries blood from the heart to the lower half of the body. An AAA often has no symptoms, but it can cause pain in the abdomen, back, groin or legs.

Due to his previous work in imaging technology, Miller knew an AAA was life-threatening. Without treatment, the ballooning of the aorta can cause blood to leak into the body or cause the artery to burst. Miller immediately knew what he needed to do.

## REACHING OUT TO AN EXPERT AND A FRIEND

Miller knew he could trust Dr. Benjamin and his unmatched expertise.

"As soon as I saw that report, I called Dr. Benjamin's office and spoke with his assistant," Miller said. "He called me back within two and a half hours."

Dr. Benjamin quickly got Miller into the clinic and ordered a CT angiogram. This specialized X-ray machine is the latest generation of the imaging technology Miller sold to the hospital decades earlier, and it moves around the body to create cross-sectional images that are combined to make a 3D image. The angiogram report provided more information about the AAA and revealed another concern.

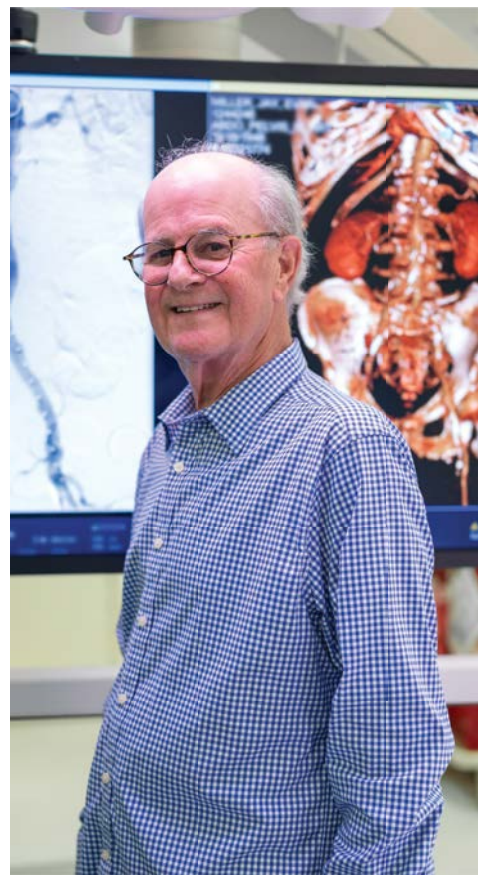
"Jay's condition was a unique situation," Dr. Benjamin said. "He had an aneurysm that, by its size and shape, really was a life-threatening issue. He also had two blockages in his groin, one on each side. When we did the ultrasound studies, he had about half of the normal blood flow down in his legs because of those blockages."

## IN GOOD HANDS

Dr. Benjamin recruited his colleague, David Neschis, MD, vascular surgeon at UM BWMC and clinical associate professor of surgery at UM SOM, to help with Miller's complex case.

Having worked closely for nearly 25 years, the two surgeons carefully planned out the procedures. To address the AAA, Miller needed an endovascular placement of an aortic stent graft, also called an endograft. This procedure involves placing a stent in the aorta to support the walls of the blood vessel. He also needed dual endarterectomies, surgeries to remove the blockages.

Miller was in good hands. In the 1990s, Dr. Benjamin performed the first aortic endograft at the University of Maryland Medical Center in Baltimore. This was also one of the first endografts done in Maryland. A few years later, Dr. Benjamin brought this technology to UM BWMC and developed the vascular surgery department.



David Neschis, MD, and Marshall Benjamin, MD



Jay Miller with members of his surgical team, from left, Isabella Tyson, Marshall Benjamin, MD, and Salela Jordan, CRNA

**“We bought imaging equipment from Jay back in the day. No one anticipated that would start a friendship. It’s even more remarkable that his aneurysm decades later was repaired with the newest generation of that equipment. I think that’s a really cool story.”**

—MARSHALL BENJAMIN, MD,  
VASCULAR SURGEON AND  
CHAIR OF SURGICAL SERVICES  
AT UM BWMC AND CLINICAL  
ASSOCIATE PROFESSOR OF  
SURGERY AT UM SOM

During his surgical training in Pennsylvania in the 1990s, Dr. Neschis was also on the forefront of endovascular innovation and brought that expertise to UM BWMC in 2000.

Dr. Benjamin and Dr. Neschis, along with specialists at the Vascular Center at UM BWMC, have treated over 1,000 cases of AAA since its opening in 2002. The team was well prepared to handle a complex case such as Miller’s.

### **THREE SURGERIES IN ONE**

On Feb. 8, 2023, Miller was brought into the operating room. In addition to Dr. Benjamin and Dr. Neschis, the team included an anesthesiologist, nurses, physician assistants, surgical technicians, X-ray technicians, and surgical residents and fellows.

Each surgeon successfully removed one of the blockages and then worked together on the endograft. The surgery went as planned.

“Because Jay required surgery on both sides, it lent itself to having a team approach,” Dr. Neschis said. “Dr. Benjamin and I could work on the different parts without being in each other’s way and also save Jay a lot of time under anesthesia.”

Dr. Benjamin came by Miller’s hospital bed the next morning to check on him. Miller learned that the combination of aneurysmal disease and peripheral vascular disease made his case more challenging than usual.

“I’m really sorry that it was on me,” Miller said to Dr. Benjamin. “But I’m glad it was you who fixed it.”

### **THE VALUE OF RELATIONSHIP-BASED CARE**

Miller went home from the hospital just two days after surgery. For a few months, he followed post-surgery precautions that limited how much he



## AT LAST: A SOOTHING SURGICAL SOUNDTRACK

**IN HIS DECADES OF WORKING WITH PHYSICIANS, JAY MILLER NEVER CONSIDERED MUSIC TO BE PART OF THEIR JOB. AS A MUSIC LOVER AND PATIENT, HE'S GLAD SOMEONE DID.**

For Salela Jordan, CRNA, nurse anesthetist at University of Maryland Baltimore Washington Medical Center (UM BWMC), and Tamara Hayes, MD, anesthesiologist at UM BWMC, music plays a special role in their care.

"Surgery is stressful for patients," Dr. Hayes said. "It's important to make them feel comfortable and relieve anxiety. That's what we wanted to do for Jay."

Jordan and Dr. Hayes often meet patients the day

of surgery. In addition to learning about patients medically and explaining the anesthesia required for surgery, they take the extra step to build rapport. They ask patients about their family and what song they'd like to listen to in the operating room, knowing the power of music in healing both body and soul. Miller chose his wedding song, "At Last." With sincere attentiveness and a soothing voice, Jordan brought the song to life with a tender serenade, and Dr. Hayes joined in as Miller drifted off.

"We treat all our patients as VIPs," Dr. Hayes said. "We truly believe it means the world when we make a personal connection."

Miller couldn't agree more. The thoughtfulness of his care team to transport him to a place of solace and familiarity evoked a profound sense of gratitude. He knew he was in the most capable hands as he fell asleep just after the second, "at last." Still, he will forever remember and be thankful for the first few bars of the duet.



Tamara Hayes, MD



Salela Jordan, CRNA

could lift. Now, he is doing well and staying as active as he can.

Reflecting on his surgery and recovery, Miller knew the caliber of compassionate care at UM BWMC is unparalleled.

"I received great care from the surgeons, physician assistants, nurse practitioners, everybody," Miller said. "They treated me like family. They saved my life."

## GET SCREENED FOR VASCULAR DISEASE

**THE VASCULAR CENTER AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS FREE VASCULAR SCREENINGS.**

Vascular disease is a group of conditions that affect blood vessels. There often aren't any symptoms until the condition is severe. Like heart disease, vascular disease can cause a stroke or early death. However, vascular disease can be prevented and treated.

### TYPES OF VASCULAR DISEASE

There are several types of vascular disease. The Community Vascular Screening Program run by the Vascular Center at UM BWMC checks for three of the most common vascular diseases:

- Abdominal aortic aneurysm
- Carotid artery disease
- Peripheral artery disease

### RISK FACTORS FOR VASCULAR DISEASE

Any person can develop vascular disease, but certain factors increase the risk. People over age 50, particularly men, have a higher risk of developing vascular disease.

Other risk factors include:

- Diabetes
- Family history of vascular disease
- High blood pressure
- High cholesterol
- Smoking

### THE SCREENING PROCESS

The Community Vascular Screening Program offers painless, non-invasive screenings by registered vascular technologists. A screening takes about 20 minutes. You'll receive your results within minutes of your screening.

Call **410-787-4391** or visit **[umbwmc.org/vascular-screening](http://umbwmc.org/vascular-screening)** to learn more about the Community Vascular Screening Program.

Schedule an appointment with a vascular specialist at the Vascular Center at UM BWMC by calling **410-553-8300** or by visiting **[umbwmc.org/vascular](http://umbwmc.org/vascular)**.



# TORS

— TO THE —

## *Rescue*

NEW RETIREE WES MOTTER, 65, HAS A LOT HE WANTS TO DO. A SKILLED SURGEON AND A MINIMALLY INVASIVE ROBOTIC PROCEDURE ENSURED THROAT CANCER DIDN'T DERAIL HIS PLANS.



**TWO YEARS AGO**, Wes Motter was looking forward to retiring from his job as a software engineer. The husband, father and grandfather from Annapolis wanted to spend more time playing golf and softball, participating in charitable work, and supporting his wife's career. But then a cancer diagnosis threatened to cloud his future.

In 2021, just months before Motter and his wife, Linda, moved to Annapolis from Calvert County, he noticed something strange on his neck.

"I felt a pea-sized lump on the right side of my neck that I thought might be an infected lymph node," Motter said. "I saw a local otolaryngologist who performed a biopsy and didn't find anything wrong."

After the move to Annapolis, Motter sought a second opinion. This time, the physician suspected cancer. A second biopsy confirmed that diagnosis.

### REMOVING TUMORS ROBOTICALLY

Motter had throat cancer caused by human papillomavirus (HPV). HPV-related throat cancers are increasing, according to the American Cancer Society. Fortunately, Motter's tumor was small, and the diagnosis was relatively straightforward. At his physician's recommendation, Motter met with Kyle Hatten, MD, associate professor, director of head and neck robotic surgery, director of the Head and Neck Multidisciplinary Clinic, Otorhinolaryngology-Head and Neck Surgery, University of Maryland School of Medicine.

Dr. Hatten is one of several surgeons at University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center who perform transoral robotic surgery (TORS), a minimally invasive procedure to remove head and neck tumors, including those of the throat. Bert O'Malley, MD, president and CEO of University of Maryland Medical Center, the academic flagship of University of Maryland Medical System, coined and developed TORS during his time at the University of Pennsylvania.

TORS is a minimally invasive alternative to other forms of head and neck cancer treatment, including open surgery. With TORS, the surgeon, controlling a robotic camera and surgical arms, removes the tumor through the patient's mouth instead of an incision.

"TORS is a great option because it provides patients with the opportunity to significantly reduce or eliminate radiation therapy," Dr. Hatten said. "Compared to open surgical techniques, TORS is almost always preferred so patients can avoid the more invasive head and neck procedures that often result in significant speech and swallowing impairments."

## CLOSING THE DISTANCE TO COLLABORATIVE CANCER CARE



Kyle Hatten, MD

When oncologists and otolaryngologists at University of Maryland Medical Center need to treat patients with complex cases of head and neck cancer, they gather with other specialists in a meeting

called a tumor board to develop a treatment plan. Now, a UMMC surgeon is bringing this type of collaborative care to UMMC community oncologists throughout Maryland with a virtual head and neck cancer tumor board. Patients are reaping the benefits.

"We developed the virtual head and neck cancer tumor board in the context of the COVID-19 pandemic," Dr. Hatten said. "We were trying to limit the need for patients to travel across the state for consultations when they could, potentially, receive treatment closer to home. We eventually realized patients would benefit from this service all the time."

### ON THE CASE

Every two weeks, Dr. Hatten cohosts virtual tumor boards with community oncologists in which they review the cancer specialists' complex head and neck cancer patients via telemedicine.

"These team meetings include not only oncologists but also radiologists and pathologists," Dr. Hatten said. "They offer critical input when reviewing images of a patient's cancer that help us better understand the disease. The virtual tumor board meetings also include dietitians and nurse navigators who partner with patients to help guide them through treatment planning."

The team develops care plans that allow patients to remain in their local communities for treatment or receive specialized therapy at UMMC, when appropriate. The virtual head and neck cancer tumor board has proved to be popular—more than 100 oncologists and other cancer providers have joined the program.

## IN THE RIGHT HANDS

Like Motter, many patients with throat cancer are candidates for TORS, according to Dr. Hatten.

“We perform TORS using the only robotic system approved by the FDA for this purpose,” he said. “This single-port robot can bend around corners to access hard-to-reach areas. Inserted through the patient’s mouth, it can be guided down the throat. Once the robotic camera visualizes a tumor, it deploys the surgical instruments that I control to remove the cancer.”

Dr. Hatten proposed using robotic surgery to treat Motter’s throat cancer. Their discussion provided the reassurance he needed to move forward with that plan.

“Dr. Hatten was very upbeat and positive,” Motter said. “In addition, he took all the time in the world with me. I felt like I was in good hands. I was battling the fact that I had cancer and didn’t know what was going to happen, but I had a good feeling after visiting Dr. Hatten.”

## SAILING ON

In November 2021, Dr. Hatten performed TORS to remove the tumor from Motter’s throat. Immediately afterward, like most patients who have TORS for throat cancer, Motter had conventional surgery to remove lymph nodes from his neck, a common place for cancer to spread. He went home after three nights at UMMC.

Fortunately, Motter didn’t need additional treatment. After the procedure, he experienced a sore throat and some pain when swallowing, both of which proved to be temporary. Other than coughing a bit more than he did before, he said he’s back to being “a normal kind of guy.” Now cancer-free, he looks forward to spending more time on the links. He’s joined a league as a way to meet new people and improve his game. He’s ready for any adventure life has in store for him!



# — Not So — GENERAL SURGERY

ONE OF THE  
BIGGEST  
MISCONCEPTIONS  
ABOUT GENERAL  
SURGERY IS THAT  
IT’S GENERAL.



**AMY STUMP, MD**, general surgeon at University of Maryland Baltimore Washington Medical Center (UM BWMC), explains the role of a general surgeon and when you may need to see one.

### **Q: What is general surgery?**

A: General surgery is the broadest of surgical fields, treating common illnesses and diseases that require surgery.

### **Q: What do general surgeons do?**

A: General surgeons are doctors who are trained to surgically treat illness and injury. They have specialized knowledge of the entire surgical process, from evaluation and diagnosis to before, during and after surgery.

### **Q: What do general surgeons treat?**

A: General surgeons treat a wide range of conditions, including diseases of the abdomen, breast, digestive tract, blood vessels, head and neck. They also manage care of patients with injuries, deformities, cancer or other conditions that need surgery. Many of these surgeries are minimally invasive, meaning shorter procedure times, less scarring and faster recovery.

### **Q: When should you see a general surgeon?**

A: Patients see general surgeons for many reasons, including a medical emergency, such as appendicitis or gallstones, or an elective procedure scheduled in advance by your physician. During your initial visit, your surgeon will evaluate you to ensure surgery is the best option.

To learn more about cancer care at the Tate Cancer Center at UM Baltimore Washington Medical Center, visit [umbwmc.org/Tate20](http://umbwmc.org/Tate20).

To learn more about general surgery services at UM BWMC, or to find a general surgeon, visit [umbwmc.org/general-surgery](http://umbwmc.org/general-surgery).



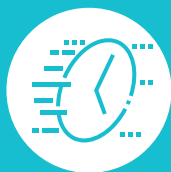
# WHAT IS MINIMALLY INVASIVE SURGERY?

MINIMALLY INVASIVE SURGERY USES SMALL OR NO INCISIONS TO PERFORM A MEDICAL PROCEDURE, UNLIKE TRADITIONAL OR OPEN SURGERY, WHICH OFTEN REQUIRES LARGER CUTS.

## BENEFITS OF MINIMALLY INVASIVE SURGERY



Decreased time spent  
in the hospital



Faster  
recovery time



Shorter  
operation time



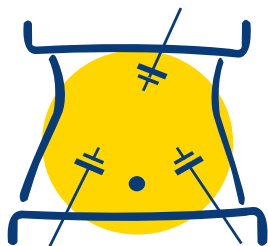
Less bleeding,  
scarring and pain

## COMMON TYPES OF MINIMALLY INVASIVE SURGERIES

**Endoscopy** uses an endoscope (camera) to enter through the body's natural openings or a small incision if one is required. This surgery is often used to operate on joints, lungs, the large intestine, the urinary system, the throat and the stomach.



**Robotic-assisted surgery** uses tiny surgical tools attached to a robotic arm that is directed by a surgeon for a variety of procedures. Robotic surgeries may be used for hip and knee replacements, hysterectomies, gallbladder removals, and heart and kidney surgeries.



**Laparoscopy** is a type of endoscopy that uses a laparoscope (tube with a camera) inserted into a small cut on the body. Surgeons often use laparoscopy to diagnose or examine the digestive, urinary and reproductive systems.



**Transoral robotic surgery (TORS)** uses a robot directed by a surgeon to operate on hard-to-reach tumors in the head and neck. TORS reduces or eliminates the need for radiation or chemotherapy.



Learn more about minimally invasive surgery options at [umms.org/health-services/surgery](https://umms.org/health-services/surgery).

# Extending Our Care into

# THE COMMUNITY

TAKING GOOD CARE OF YOURSELF AND YOUR FAMILY CAN SOMETIMES BE A CHALLENGE. THE UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) COMMUNITY OUTREACH TEAM OFFERS PROGRAMS THAT HELP RESIDENTS OF ANNE ARUNDEL COUNTY GET ACCESS TO FOOD, CARE AND SERVICES.



## MORE WAYS TO SHOP HEALTHY FOODS

The Community Outreach team supports programs to bring produce and goods directly to local neighborhoods.

- UM BWMC works with local non-profit Caring Cupboard to fill a renovated school bus with hygiene products and pantry items, such as dried pasta, tomato sauce, bread and canned fruits and vegetables. The mobile grocery store is scheduled to visit areas of Anne Arundel County where transportation and access to grocery stores are limited.
- The Community Outreach team hosts a seasonal produce market at UM BWMC April through October, every other week. All fruits and vegetables are priced \$1-\$3.

## AFFORDABLE HEALTH SCREENINGS

Working with clinical experts, the Community Outreach team offers various free screenings at UM BWMC and at local events.

- **Cancer screenings.** Specialists provide screenings for cancers such as breast cancer, melanoma (skin cancer) and oral cancer. Information about lung cancer screening is also available.
- **Blood pressure screenings.** This screening helps people understand their blood pressure reading. Depending on the results, the Community Outreach team can provide individuals with blood pressure monitors to perform self-checks at home.
- **Vascular screenings.** The Vascular Center at UM BWMC offers a community screening program to help people understand their risk for three common diseases: carotid artery disease, abdominal aortic aneurysm and peripheral artery disease.

## TEACHING SAFE CARE TO BABYSITTERS AND STUDENTS

Two safety classes are offered to school-age children.

- **Safe Sitter** is a 6-hour class for students in sixth through eighth grade. Students learn how to safely stay home alone or care for younger children. This class covers lifesaving skills, such as what do if someone is choking and what to do in the event of severe weather.
- **Safe at Home** is a 90-minute class that teaches students how to practice safe habits and prevent unsafe situations. The class goes over what to do in the event of a power outage or emergency and basic first aid.

## PREPARING NEW PARENTS

For parents to be, the **Nest and Nurture** prenatal education program promotes healthy pregnancies and healthy beginnings for babies. Nurse childbirth educators teach free classes on basic infant care, breastfeeding and how to apply for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Participants receive a free pack and play and monthly distributions of diapers and wipes.



To learn more about upcoming events and programs, check out the next page or visit [umbwmc.org/community](http://umbwmc.org/community).



# NEWS & Events

UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS A BROAD RANGE OF HEALTH SCREENINGS, CLASSES, SUPPORT GROUPS AND RESOURCES TO HELP YOU IMPROVE AND MANAGE YOUR HEALTH.



## BLOOD DRIVES\*

SEPT. 29, NOV. 29 AND DEC. 22

Participate in an American Red Cross blood drive sponsored by UM BWMC and help save lives. Register and review eligibility guidelines at [redcrossblood.org](http://redcrossblood.org) or call **1-800-733-2767**.

## WORKSHOPS AND CLINICS

- CPR Anytime covers adult and infant CPR, defibrillator skills and choking relief.
- Safe Sitter\* teaches students in sixth through eighth grade how to safely babysit.
- Preventing Diabetes\* explores lifestyle changes to prevent diabetes and improve overall health.

## RESOURCES FOR PARENTS AND GROWING FAMILIES

- Childbirth education classes
- Pascal Women's Center tour
- Nest and Nurture, a free, incentive-based education and support group for pregnant women in Anne Arundel County who are at risk for adverse pregnancy and birth outcomes
- Car seat safety checks, performed by a certified car seat safety technician at UM BWMC who also demonstrates proper car seat installation and checks for recalls

## SUPPORT GROUPS

- Cancer Survivorship Support Group for cancer patients and survivors
- New Beginnings of Parenthood for parents of new babies
- Parents' Morning Out for parents of children age 5 and younger
- Stroke Support Group for stroke survivors, high-risk stroke candidates and anyone interested in learning more about stroke recovery

## EXERCISE CLASSES\*

- Zumba
- Gentle yoga for limited mobility
- Vinyasa yoga—Level 1

## LET'S TALK ABOUT HEALTH: A COMMUNITY CONVERSATION

Tune in for a lunchtime webinar series on a different health topic each month, held on the third Wednesday at noon. Learn more and register at [umms.org/letstalk](http://umms.org/letstalk).

## FLU SHOTS

UM BWMC will provide free flu shots throughout Anne Arundel County this fall. Everyone six months and older is recommended to get a flu vaccine each year. For details, visit [umbwmc.org/flu](http://umbwmc.org/flu).

## COMMUNITY WELLNESS EVENT

UM BWMC will host a free, family-friendly community event on Oct. 14 from 10am to 1pm at Marley Middle School. Activities will include health screenings, education tables, flu shots, kids' activities and more. For more details, visit [umbwmc.org/wellnessday](http://umbwmc.org/wellnessday).

*\*Activity is located in the Outpatient Care Center at UM BWMC (255 Hospital Drive, Glen Burnie, MD 21061).*

Please call **410-553-8103** or visit [umbwmc.org/calendar](http://umbwmc.org/calendar) for additional activities, exceptions, virtual offerings and more information. You can also scan the QR code with your cell phone camera and follow the link that appears. As always, the health and safety of our patients, visitors and community remain our priority.



**University of Maryland**  
**Baltimore Washington Medical Center**  
301 Hospital Dr.  
Glen Burnie, MD 21061-5803

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*Celebrating*  
**200 YEARS**



# A great history – and future – of health care in Maryland.

As part of the **University of Maryland Medical System**, we work alongside some of the most innovative minds in the country. And this year, our academic medical center, **University of Maryland Medical Center**, is celebrating 200 years of medicine.

It was the first hospital in the nation for medical teaching and training. Now, physician researchers are advancing artificial intelligence to diagnose, prevent and treat disease. In partnership with University of Maryland community hospitals, they bring integrated, personalized, complex cancer care to the forefront. And they are developing ways for physicians to see inside a patient's body before surgery. These and other innovations make medicine safer and more effective for everyone.

Please join us in celebrating University of Maryland Medical Center on 200 years of saving lives and reimagining medicine – for all of us!

[umms.org/ummc/200years](https://umms.org/ummc/200years) | **A better state of care.**