

SCOPE



SUMMER 2019

**Mountain Health Network
Hospitals Receive Get With
The Guidelines® Quality
Achievement Awards**

Men's Reproductive Services

**ECCC Physician Receives
Merit Award for Clinical Trial**

Welcome New Physicians



Surgeons Recognized by Surgery Review Corporation

THE INSTITUTE FOR
Minimally Invasive
Surgery *at Cabell
Huntington Hospital*

Cabell Huntington Hospital is pleased to announce 10 surgeons who have achieved Surgeon of Excellence designations by Surgery Review Corporation (SRC) in Minimally Invasive Gynecology and Robotic Surgery.

Surgeons of Excellence in Minimally Invasive Gynecology and Robotic Surgery have served as the primary surgeon in more than 150 minimally invasive procedures and have performed at least 30 procedures annually. To attain this designation, the physicians underwent a rigorous review of all aspects of their practice by a panel of independent reviewers.

Minimally invasive surgery offers numerous patient benefits, including:

- Shorter hospital stay
- Less post-operative pain and faster recovery
- Less risk of infection
- Decreased blood loss
- Less scarring
- Quicker return to normal activities

The goal of the SRC is to improve patient safety and satisfaction, increase access to minimally invasive procedures

and provide data-driven results.

Physicians recognized as Surgeons of Excellence in Minimally Invasive Gynecology include:

Nadim Bou Zgheib, MD, FACOG, chairman of the CHH Robotics Committee and associate professor in the department of Obstetrics and Gynecology (OB/GYN) at Marshall University Joan C. Edwards School of Medicine (MUJCESOM)

Paul S. Lee, MD, OB/GYN at CHH Women's Health

Andrea Kellar, MD, OB/GYN

Brian Bower, MD, OB/GYN at CHH Women's Health Merritt's Creek

Yolanda Campbell, MD, FACOG, OB/GYN and assistant professor in the department of Obstetrics and Gynecology at MUJCESOM

Brenda Mitchell, MD, FACOG, OB/GYN and professor in the department of Obstetrics and Gynecology at MUJCESOM

Amanda Pauley, MD, FACOG, OB/GYN and assistant professor in the department of Obstetrics and Gynecology at MUJCESOM

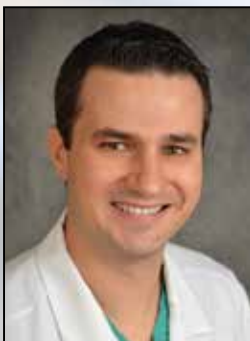
Physicians recognized as Surgeons of Excellence in Robotic Surgery include: Dr. Campbell; Dr. Mitchell; Dr. Bou Zgheib; and Dr. Bower

Blaine Nease, MD, FACS, bariatric surgeon and assistant professor in the department of Surgery at the MUJCESOM

Paul Bown, MD, FACS, general surgeon and assistant professor in the department of Surgery at MUJCESOM

James Jenson, MD, urologic oncologist, interim medical director of the Edwards Comprehensive Cancer Center and professor and chair in the department of Surgery at MUJCESOM

For more information on minimally invasive procedures at Cabell Huntington Hospital, please call 304.781.IMIS (4647).



Nadim Bou Zgheib, MD



Paul S. Lee, MD



Andrea Kellar, MD



Brian Bower, MD



Yolanda Campbell, MD



Brenda Mitchell, MD



Amanda Pauley, MD



Blaine Nease, MD



Paul Bown, MD



James Jensen, MD



Men Don't Need to Travel for Reproductive Services

Cabell Huntington Hospital provides a number of tests and additional screenings to determine the function and diseases of the male urinary tract and reproductive organs.

Cabell Huntington Hospital's Center for Advanced Reproductive Medicine (CARM) offers several diagnostic tests for men, to provide precise and accurate treatments. CARM diagnostic tests include:

Semen Analysis

The complete assessment of semen, including volume, sperm concentration, total sperm count, percentage of motile sperm and forward progression of sperm.

Kruger Strict Morphology

A more in-depth and critical evaluation, the sperm is evaluated according to measured width and length, size of acrosomal area, overall shape, mid-piece size and tail shape.

Anti-Sperm Antibody Testing

Men who have had testicular trauma or a vasectomy can develop antibodies to their own sperm due to a break in the

testis/blood barrier. These antibodies can attach to the head of the sperm and prevent it from fertilizing an egg. They can also attach to the tail of the sperm and prevent it from moving at all. A specialized test, MAR IgG Sperm Antibody Test, is performed to measure any IgG antibodies present on the surface of the sperm.

Sperm Viability Testing

When sperm motility is less than 40% a special staining technique is performed to determine if the abnormal motility is due to the sperms' inability to swim or the sperm being non-viable (dead).

CARM also offers several procedures to ensure the continuation of a patient's fertility preservation, such as:

Cryopreservation (Freezing) of Sperm

Through ultra-low temperature freezing and storage, multiple semen samples can be collected and preserved for future use. The samples are frozen and stored at CARM for use within that year, while long-term storage of specimens will be sent to RepoTech Technologies Ltd.

Testicular Sperm Extraction (TESE)

Sperm is aspirated directly from the testicular tissue using a fine needle. The process can be performed in an outpatient setting. Men with blockage of the duct that carries sperm from the testes, spinal cord injuries, multiple sclerosis or impotence due to surgical procedures are typical candidates for this procedure.

Percutaneous Epididymal Sperm Aspiration (PESA)

Sperm is aspirated directly from the epididymis using a fine needle. This process can also be performed in an outpatient setting. Men with an irreversible vasectomy or failed vasectomy reversal are typical candidates for this procedure.

Testicular Tissue Biopsy

Testicular tissue is excised directly from the testis through a small incision. The tissue is then minced to release the sperm within the specialized tubules. Patients with compromised sperm production due to hypogonadism are typical candidates for this procedure.

Post Vasectomy Evaluation

This is a modified semen analysis for the presence of sperm and motility post vasectomy. Centrifugation of the semen specimen before performing a sperm count and motility will ensure precise and accurate assessment of the surgical procedure.

Retrograde Ejaculation Evaluation

Retrograde ejaculation refers to the presence of sperm in the bladder and urine instead of going out the ejaculatory duct. With centrifugation of the urine, post ejaculation sperm may be detected or recovered. This may occur in men with diabetes, prostate or urethral surgeries and some drugs treating hypertension.

If you have questions or would like to refer a patient, please call CARM at 304.526.2602.



GET BACK INTO THE SWING

Relief from enlarged prostate symptoms without ongoing medication or major surgery

UROLIFT

A minimally invasive, non-surgical procedure to relieve the symptoms of Benign Prostatic Hyperplasia (BPH), a common condition where the prostate enlarges as men age, is available at Cabell Huntington Hospital (CHH) and St. Mary's Medical Center (SMMC).

Nearly 70% of men 50 years and older have BPH symptoms. While BPH is a benign condition and unrelated to prostate cancer, it can greatly affect a man's quality of life. As the prostate enlarges, it presses on and blocks the urethra, causing bothersome urinary symptoms, such as:

- Frequent need to urinate
- Weak or slow urinary stream
- A sense that you cannot completely empty your bladder
- Difficulty or delay in starting urination
- Urgent feeling of needing to urinate
- A urinary stream that stops and starts

Stephen Woolums, MD, medical director of the kidney stone program at CHH and a board-certified urologist at Huntington Internal Medicine Group, offers patients relief of BPH using the *UroLift System*®. "We are committed to providing patients



with the highest quality and most effective options to address their urologic needs. This procedure is quick and patients see immediate results," said

Dr. Woolums, who has performed over 200 successful BPH procedures. "It takes less than 10 minutes, using a very light anesthesia."

During the procedure, implants are inserted through the urethra and into the prostate to lift or hold the enlarged prostate tissue out of the way. This opens the urethra while leaving the prostate intact.



"The alternative to the *UroLift System* is surgery that cuts or ablates (burns) prostate tissue, which increases recovery time and side effects," said Amjad

Alwaal, MD, board-certified urologist and assistant professor in the Department of Urology at Marshall University Joan C. Edwards School of Medicine. "With UroLift, there is no cutting, heating or removal of the prostate and patients return home with immediate results.

The benefits of the *UroLift System* include:

- Minimally invasive
- Faster recovery
- Significant improvement of quality of life



"The testimonials we have heard from patients further reinforce the quality outcomes of this procedure," said Rocco Morabito Jr., MD, a board-certified urologist at St. Mary's Urology.

"From lessening bathroom visits to improving intimate relationships, it is gratifying to be a part of the success."

Drs. Woolums and Morabito Jr. hold a Center of Excellence (COE) Designation by the UroLift Corporation. Urologists in the UroLift COE program have achieved a higher level of training with the UroLift System and demonstrate a commitment to exemplary care for men suffering from symptoms associated with BPH.

For more information, please visit www.cabellhuntington.org or www.st-marys.org.

2019

GET WITH THE
GUIDELINES®

HEART FAILURE

GOLD PLUS



American
Heart
Association.



St. Mary's Medical Center receives *Get With The Guidelines* Heart Failure Gold Plus Quality Achievement Award

St. Mary's Medical Center has received the American Heart Association's *Get With The Guidelines*® – Heart Failure Gold Plus Quality Achievement Award. This is the sixth consecutive year St. Mary's has earned this award.

The award recognizes the hospital's commitment to ensuring heart failure patients receive the most appropriate treatment according to nationally recognized, research-based guidelines founded in the latest scientific evidence. The goal is speeding recovery and reducing hospital readmissions for heart failure patients.

St. Mary's earned the award by meeting specific quality achievement measures for the diagnosis and treatment of heart failure patients at a set level for a designated period. These measures include evaluation of the proper use of medications and aggressive risk-reduction therapies. Before discharge,

patients should receive education on managing their heart failure and overall health, get a follow-up visit scheduled, as well as other care transition interventions.



"St. Mary's is dedicated to improving the quality of care for our patients with heart failure by implementing the American Heart Association's *Get With the Guidelines*-HF initiative," said Shari Wiley, RN, MSN, FNP-BC, CHFNP, heart failure nurse practitioner. "The tools and resources provided help us track and measure our success in meeting evidence-based clinical guidelines developed to improve patient outcomes."

"We are pleased to recognize St. Mary's for their commitment to heart failure care," said Lee H. Schwamm, MD, national chairperson of the Quality

Oversight Committee and Executive Vice Chair of Neurology, Director of Acute Stroke Services, Massachusetts General Hospital, Boston, Mass.

"Research has shown that hospitals adhering to clinical measures through the *Get With the Guidelines* quality improvement initiative can often see fewer readmissions and lower mortality rates."

According to the American Heart Association, more than 6.5 million adults in the United States are living with heart failure. Many heart failure patients can lead a full, enjoyable life when their condition is managed with proper medications or devices and with healthy lifestyle changes.

For more information about St. Mary's heart failure program, visit www.st-marys.org.

Mountain Health Network Hospitals Receive *Get With The Guidelines*[®] Quality Achievement Awards

Cabell Huntington Hospital (CHH) and St. Mary's Medical Center (SMMC) have received *Get With The Guidelines*[®] Quality Achievement awards from the American Heart Association (AHA) and American Stroke Association (ASA). CHH received the award for the sixth consecutive year and SMMC received the award for the ninth consecutive year.

Get With The Guidelines is the AHA/ASA's hospital-based quality improvement program that provides hospitals with tools and resources to increase adherence to the latest research-based guidelines. Developed with the goal of saving lives and hastening recovery, *Get With The Guidelines* has touched the lives of more than six million patients since 2001.



"Our team is committed to pursuing best practices in stroke care," said Justin Nolte, MD, medical director of Neurology at CHH and associate

professor in the Department of Neuroscience at Marshall University's Joan C. Edwards School of Medicine. "We are pleased to be recognized for our dedication and achievements in stroke care through the American Stroke Association and American Heart Association."



"Saved lives and quick recoveries are the main goals for our stroke team," said Christy Franklin, MS, RN, CNRN, director, St. Mary's Regional

Neuroscience Center. "Being recognized by the American Stroke Association and the American Heart Association for our dedication to achieving those goals is extremely gratifying."

CHH and SMMC earned the awards by meeting specific quality achievement



measures for the diagnosis and treatment of stroke patients at a set level for a designated period. These measures include evaluation of the proper use of medications and other stroke treatments aligned with the most up-to-date, evidence-based guidelines with the goal of speeding recovery and reducing death and disability for stroke patients. Before discharge, patients should also receive education on managing their health and get a follow-up visit scheduled, as well as other care transition interventions.

CHH additionally received the association's Target: StrokeSM Elite Plus award and while SMMC received the Target StrokeSM Honor Roll award. To qualify for these recognitions, hospitals must meet quality measures developed to reduce the time between the patient's arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke.

"Education and a commitment to excellence have helped us to again gain this prestigious recognition,"

said Mitzi Beckett, BSN, SCRN, stroke program coordinator at CHH. "It also helps us raise the bar and continue to focus on the best for our patients."

"We are pleased to recognize Cabell Huntington Hospital and St. Mary's Medical Center for their commitment to stroke care," said Lee H. Schwamm, MD, national chairperson of the Quality Oversight Committee and executive vice chair of Neurology, director of Acute Stroke Services, Massachusetts General Hospital, Boston, Massachusetts. "Research has shown that hospitals adhering to clinical measures through the *Get With The Guidelines* quality improvement initiative can often see fewer readmissions and lower mortality rates."

According to the American Heart Association/American Stroke Association, stroke is the fifth leading cause of death and a leading cause of adult disability in the United States. On average, someone in the U.S. suffers a stroke every 40 seconds, someone dies of a stroke every four minutes, and nearly 800,000 people suffer a new or recurrent stroke each year.



Hoops Family Children's Hospital Earns Award for Antibiotic Stewardship Education in Newborn Care

Vermont Oxford Network (VON) has awarded the *Center of Excellence in Education and Training for Antibiotic Stewardship in Newborn Care* designation to the Hoops Family Children's Hospital (HFCH) at Cabell Huntington Hospital (CHH), a member of Mountain Health Network, Inc. The Neonatal Intensive Care Unit at HFCH is the first awarded this designation in the state of West Virginia out of more than 180 centers across the nation that participated in this quality improvement initiative.

"We voluntarily participated in this program and, as a result, learned that we have excellent antibiotic stewardship," said Eduardo Pino, MD, medical director for the Hoops Family Children's Hospital. "We have a dedicated team of professionals

who continually seek the next level in quality care for our littlest patients."

In 2017, HFCH enrolled in *Choosing Antibiotics Wisely*, an international quality improvement collaborative developed by Vermont Oxford Network in partnership with the Centers for Disease Control and Prevention to address the overuse and misuse of antibiotics in newborn care. The award recognizes that at least 85 percent of the multidisciplinary care team participating in the improvement collaborative completed the educational bundle and submitted an abstract of improvement work to the VON Annual Quality Congress.

Antibiotic misuse and overuse is one of the healthcare community's top concerns. Antibiotic misuse in the perinatal period

can alter an infant's microbiome for their entire life and decrease the effectiveness of antibiotics for the whole population.

In the *Choosing Antibiotics Wisely* improvement collaborative, the HFCH team joined more than 180 other teams from newborn nurseries, birth centers and NICUs in 38 states and seven countries to employ proven quality improvement methods to implement processes, procedures and tools aimed at using antibiotics more responsibly. The goal was to rapidly screen, identify and treat infants who benefit from antibiotics while decreasing the antibiotic utilization rate for infants who did not need them.

"We are proud to be awarded this designation," said Melanie Akers, HFCH director "It signifies that we are the best of



Hoops Family Children's Hospital is System's First Center of Excellence



Mountain Health Network, Inc. (MHN) is embarking on system centers of excellence (COE) by defining and growing key services to a level of national recognition for quality, efficiency and service.

Over the past several months, physicians, staff and leadership have worked together to develop and adopt a formal COE definition for MHN. A COE is defined as a clinical area that delivers specialized care within a healthcare system that is recognized by the medical community, the public and accrediting bodies as providing the most expert and highest level of compassionate and innovative care.

Once COE criteria was defined and developed, multidisciplinary service line workgroups from both hospitals unanimously agreed that the first COEs established for Mountain Health Network would be the Hoops Family Children's Hospital at CHH for pediatric care, followed by the Regional Heart Institute at SMMC for cardiovascular care.

To realize the benefits of a COE, services are now being aligned on each campus. This means that CHH will be the home for pediatric services and SMMC will be the regional destination for cardiac care. Children can still receive outpatient and emergency medical services at SMMC's Huntington and Ironton campuses.

Plans for integrating cardiovascular services and making The Regional Heart Institute at SMMC the regional destination for cardiac care will be announced in the coming months.

the best and that is what our patients and families expect."

Centers participated in a series of live webinars, developed structured improvement programs, audited their local practice outcomes and benchmarked with others. VON's evidence-based approach, audits, and coaching helped teams learn, measure, share and improve antibiotic stewardship together in a collaborative environment.

"Congratulations to the entire team at Hoops Family Children's Hospital at Cabell Huntington Hospital on this impressive accomplishment and for demonstrating sustained commitment to antibiotic stewardship," said

Jeffrey Horbar, MD, chief executive and scientific officer of VON.

As a global leader in data-driven quality improvement for newborn care, VON leads multicenter quality improvement collaboratives and provides resources to help interdisciplinary teams improve on the most critical and complex challenges facing newborn caregivers. The *Choosing Antibiotics Wisely* quality improvement collaborative formal activities ran 2016-2018 and teams continue to demonstrate improvement with a new commitment to reaching a 45% reduction in antibiotic use rates by 2022.

Cabell Huntington Hospital Offers Personalized Total and Partial Hip and Knee Replacement Surgery



Cabell Huntington Hospital is the only hospital in the region to offer robotic arm-assisted total and partial hip and knee replacement with Stryker's *Mako System*. This highly advanced robotic technology transforms the way joint replacement surgery is performed, enabling surgeons to have increased accuracy.



"The Mako System allows us to provide each patient with a personalized surgical experience based on their specific diagnosis,"

said Matthew Bullock, DO, orthopedic surgeon and assistant professor in the Department of Orthopaedics at Marshall University Joan C. Edwards School of Medicine. *"Using a virtual 3D model, we can create each patient's surgical plan before entering the operating room. During surgery, we can validate that plan and make any necessary adjustments while guiding the robotic arm."*

A CT scan of the diseased hip or knee joint is taken and uploaded into the *Mako System* software and a 3D model of the patient's hip or knee is created. This 3D model is used to create a personalized surgical plan and identify the implant size, orientation and alignment for total hip or knee replacement.

In the operating room, the surgeon follows a personalized surgical plan while preparing the bone for the implant. The surgeon guides the robotic arm within the pre-defined area and the *Mako System* helps the surgeon stay within the planned boundaries that were defined when the personalized pre-operative plan was created.

During partial hip and knee replacement a CT scan and 3D modeling of the patient's bone anatomy is uploaded into the *Mako System*. The surgeon uses the pre-defined plan to resurface the diseased



portion of the knee while helping to spare the healthy bone and ligaments surrounding the knee joint.

"This technology offers patients the most accurate outcomes," said Bullock. *"This further demonstrates our commitment to provide the community with excellent health care."*

For more information on minimally invasive procedures at Cabell Huntington Hospital, please call 304.781.IMIS (4647).



Lavender Develops Innovative Minimally Invasive ACL Reconstruction Procedure

A new innovative procedure, developed by Chad Lavender, MD, orthopedic surgeon at Cabell Huntington Hospital, offers patients with a torn anterior cruciate ligament (ACL), in some cases, healing in as little as 10 weeks compared to 10 months.

Dr. Lavender's published procedure, called The Fertilized ACL, uses bone marrow containing stem cells, drawn from the patient. This is concentrated and combined with Allosync Pure (a bone grafting solution) to create biologic filler. He also uses the patient's own bone reaming from the tunnels to add to this biologic filler.

The ACL is one of four major knee ligaments that aid in stability. An ACL tear is most often a sports-related injury, but can also occur during rough play, motor vehicle collisions, falls and work-related injuries.

Traditionally, surgery for ACL injuries involves reconstructing or repairing the ACL using a graft to replace the

ligament. The most common grafts are autografts using a part of the body, such as the tendon of the kneecap or the hamstring tendons.

Small tunnels are then drilled in the bone above the knee and another in the bone below it. Screws are then placed in the tunnels to anchor the graft in place. Alternatively, small buttons may be used along the edge of the bone to secure the graft in place.



"What is left is empty space surrounding the graft in the tunnels," said Lavender, assistant professor in the department of Orthopedic Surgery at the Marshall University Joan C. Edwards School of Medicine. "Because of the possibility of movement of the graft, rerupture can occur after reconstruction. What I developed fills that space and serves to strengthen the graft, enhancing graft to bone healing and offering less pain and possibly faster recovery."

The bone marrow mixture fills the cavity in the bone. An internal brace is then added to provide strength to the graft. The entire procedure is conducted arthroscopically so there is less pain and minimal scarring.

"The biologic composite graft enhances healing so we can advance our rehabilitation protocols," Lavender said. "We are seeing early positive radiographic results."

Lavender has successfully completed more than 30 of these ACL procedures and patients have received the same benefits of standard ACL reconstructions with shorter recovery.

Lavender is accepting new patients and referrals at Marshall Health-Teays Valley located at 300 Corporate Center Drive in Scott Depot and the Marshall Sports Medicine Institute located at 2211 Third Avenue in Huntington. For more information or to schedule an appointment, please call 304.691.6710.

Edwards Comprehensive Cancer Center Physician Receives Merit Award for Clinical Trial

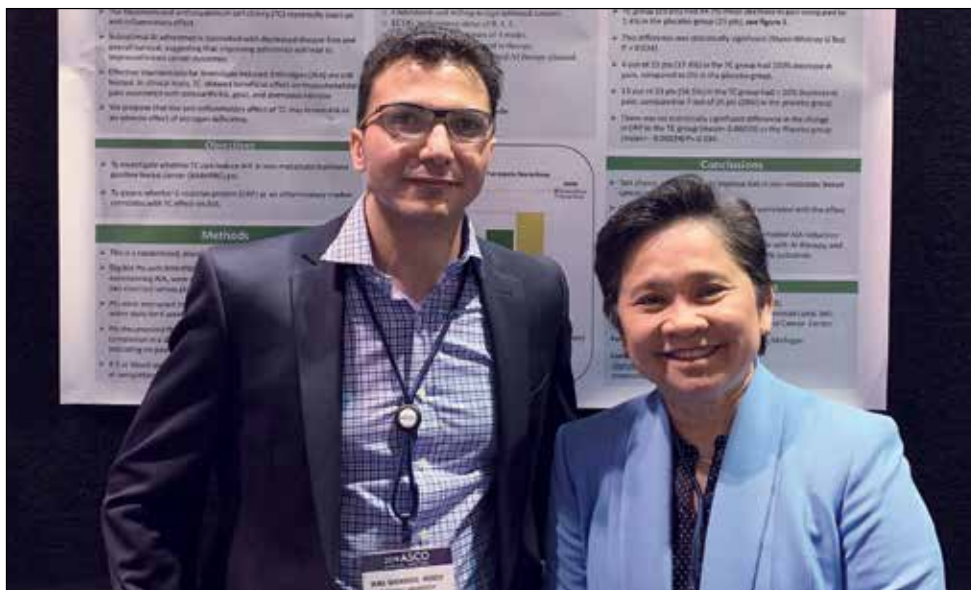
The Conquer Cancer Foundation of the American Society of Clinical Oncology (ASCO) has awarded Mina Shenouda, MD, hematology-oncology fellow, with a Merit Award during the 2019 ASCO Annual Meeting for the clinical trial, *Effect of Tart Cherry on Aromatase Inhibitor Induced Arthralgia in Non-Metastatic Hormone Positive Breast Cancer Patients*.

This distinguished award supports oncology trainees who are first authors on abstracts selected for presentation.

"Dr. Shenouda was a second-year medical resident when we began this trial," said Maria Tria Tirona, MD, fellowship program director, section chief and professor, hematology-oncology in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine and director of Medical Oncology at the Edwards Comprehensive Cancer Center (ECCC). "He was directly involved in the design of the clinical trial under my direction as the principal investigator as well as research mentor. We are thrilled to receive this award, but are even more pleased with the outcome of the trial."

Aromatase inhibitors are a standard treatment for hormone receptor-positive breast cancer in postmenopausal women. These treatments can help prevent a return of the disease by blocking the effects of estrogen. A common side effect of the treatment is joint and muscle pain which at times can be debilitating and cause patients not to complete their treatments.

"I learned through a friend of mine that she drinks about an ounce of tart cherry juice after a workout to help with sore muscles and joint pain," Tirona explained. "I decided to try it on myself and after about a week or two I noticed I wasn't achy after a workout like I had been. It made me think of my patients and if the juice would help them too."



Mina Shenouda, MD, left and Maria Tria Tirona, MD, present their clinical trial findings during the annual Conquer Cancer Foundation of the American Society of Clinical Oncology annual meeting in Chicago.



Tirona began suggesting that her patients drink an ounce of tart cherry juice a day. She learned from their feedback that more than half reported positive outcomes. Tirona decided to initiate a clinical trial to further study the juice's effects.

"We were able to secure a grant from the Cherry Marketing Institute and enrolled 60 patients in a randomized, placebo-controlled, double-blind trial," she said.

The trial lasted from May 2016 to August 2018. Patients consumed an ounce of tart cherry juice mixed in eight ounces of water or eight ounces of a placebo and documented their pain intensity. Patients who completed the trial taking the tart cherry juice recorded a 34.7% mean decrease in pain compared to 1.4% in the placebo group.

After sharing their results with ASCO, they were invited to present their findings to a nationwide group of peers.

"An entire team of medical oncologists, nurses, physician assistants and clinical trial personnel at the ECCC contributed to the success of this clinical trial. We are honored to be recognized by such a prestigious group for our results," said Tirona. "I am also very grateful to all the patients who participated."

For more information about the Edwards Comprehensive Cancer Center, please visit www.edwardsccc.org.



Marshall University joins study that evaluates use of TOPS™ System in spinal surgeries

Marshall University Joan C. Edwards School of Medicine is one of 30 health care organizations throughout the United States and the only one in West Virginia taking part in an FDA investigational device exemption (IDE) study, sponsored by Premia Spine, Ltd., to evaluate the efficacy and safety of the TOPS™ System compared to traditional lumbar fusion.

The TOPS™ System is a mechanical device that is designed to restore motion of the spine in all directions. Instead of permanently locking the two vertebrae with a fusion, the device allows the two vertebrae to continue moving.

“This movement puts less pressure on the adjacent vertebrae, which we predict will decrease the likelihood



of future surgeries in the area,” said Nicolas Phan, MD, a board-certified neurosurgeon at Marshall Health and associate professor in the department of neurosurgery at Marshall’s School of Medicine. “We hope this study provides us with the scientific data needed to support the continued use of technologies aimed to correct underlying spinal conditions.”

Patients who meet the study’s criteria will be randomly placed into two groups — one undergoing surgery with the TOPS™ System and the other lumbar spinal fusion — with 67% percent undergoing surgery with the Premia device. Both types of surgeries assume the same degree of risk, Phan explained.

Marshall is now recruiting patients for the study. To be eligible to participate, patients must be experiencing radiating leg pain, greater leg or buttock pain than back pain, severe pain after walking as little as 100 yards or two minutes, and/or pain that reduces when sitting, bending forward or leaning over a shopping cart. The surgeries will be performed at Cabell Huntington Hospital.

Participants will attend regularly scheduled study visits with Marshall Health physicians for ongoing assessment. For more information about the clinical trial or to schedule an assessment to see if you meet the criteria, please contact Dr. Phan at Marshall Neuroscience at 304.691.1787.

“ Our dedicated team strives not only to provide outstanding clinical quality but also treat our patients the way we would want our families treated ”



Cabell Huntington Hospital Among Top 10 Percent of Hospitals in United States for 2019 Outstanding Patient Experience

Cabell Huntington Hospital (CHH) has achieved the *Healthgrades 2019 Outstanding Patient Experience Award™*. This distinction recognizes CHH among the top 10 percent of hospitals nationwide for patient experience.



“Our dedicated team strives not only to provide outstanding clinical quality, but also treat our patients the way we would want our families treated,” said Kevin Fowler, president and CEO of CHH. “We are honored to receive this recognition from one of the leading resources about physicians and hospitals.”

Healthgrades evaluated 3,449 hospitals that submitted patient experience surveys to the Centers for Medicare and Medicaid Services (CMS), covering

admissions from January 2017 through December 2017, to identify hospital performance. Of those hospitals evaluated, 434 hospitals outperformed their peers — based on their patients’ responses — to achieve this distinction. Healthgrades evaluated hospital performance by applying a scoring methodology to nine patient experience measures, using data collected from a 32-question experience survey from the hospital’s own patients. The survey questions focus on patients’ perspectives of their care in the hospital. The topics of these questions ranged from cleanliness and noise levels in patient rooms to physician and nurse communication. The measures also include whether a patient would recommend the hospital to friends or family.

“These awards are driven directly by patients’ feedback, giving them

a voice in helping to improve the hospital experience while also helping other consumers make more informed healthcare decisions,” said Brad Bowman, MD, Chief Medical Officer, Healthgrades. “We’re proud to recognize the hospitals around the country that receive the Outstanding Patient Experience Award for their commitment to providing exceptional patient experiences and always striving to put the patient first.”

Cabell Huntington Hospital is also the only hospital in West Virginia and the Tri-State region to be named to America’s 250 Best Hospitals and holds several other designations from Healthgrades. For a complete list of awards visit www.cabellhuntington.org.

NEW PHYSICIANS



Mack Joe Arroliga, MD

A board-certified anesthesiologist specializing in pain management. Dr. Arroliga has joined Ahmet Ozturk, MD, and Ghassan Moufarrege, MD, at the Cabell Huntington Hospital Pain Management Center.

Dr. Arroliga specializes in spinal cord stimulation for chronic neck and back pain, diabetic neuropathy, abdominal pain and complex regional pain syndrome. He also specializes in nerve block treatments, intrathecal pump implantation, major joint injections, Botox for migraines and spasticity and radiofrequency ablation for occipital neuralgia and back pain.

Dr. Arroliga earned his medical degree from Drexel University College of Medicine in Philadelphia, Pa. He completed residency training in anesthesiology at the Mayo Clinic in Jacksonville, Fla, and completed fellowship training in pain management at the University of Cincinnati in Ohio.

For more information or to schedule an appointment, please call 304.526.2243.

Nestor F. Dans, MD

A board-certified cardiovascular and thoracic surgeon. Dr. Dans has joined Nepal Chowdhury, MD, Richard Heuer, MD, and Andrew Christopher, MD, at St. Mary's Cardiovascular and Thoracic Surgeons.

Dr. Dans is certified in surgical critical care and has nearly 24 years of experience in cardiac, thoracic, vascular and esophageal surgery, with a special interest in minimally invasive procedures, including Video-Assisted Thoracoscopic Surgery (VATS) and Transcatheter Aortic Valve Replacement (TAVR).

Dr. Dans received his medical degree from Tulane University in New Orleans. He completed his residency in general surgery at Tulane University and Dartmouth-Hitchcock Medical Center in Lebanon, N.H. Dr. Dans completed a fellowship in trauma/critical care at San Diego Medical Center in San Diego, Calif., a fellowship in cardiovascular surgery and cardiopulmonary transplantation at Pat O. Daily, MD, Medical Corporation in San Diego, Calif., and a fellowship in thoracic and cardiovascular surgery at St. Luke's Hospital in Kansas City, Mo.



For more information or to schedule an appointment, please call 304.399.7530.



Jason Mader, DO

Marshall University Joan C. Edwards School of Medicine, Marshall Health and Mountain Health Network Medical and Dental Staff welcome Jason Mader, D.O., to their team of cardiologists.

Mader has been named an assistant professor in the department of cardiovascular services at the Joan C. Edwards School of Medicine. He specializes in both invasive and noninvasive cardiology. The invasive branch of cardiology uses open or minimally invasive procedures to identify or treat abnormalities within the heart and vascular structures. These include coronary angiograms, peripheral angiograms, pacemakers and implantable defibrillators. Noninvasive includes echocardiography, stress testing, vascular ultrasound and medical care.

He earned his medical degree from the West Virginia School of Osteopathic Medicine in Lewisburg, W.Va., followed by a general surgery residency at Charleston Area Medical Center in Charleston, W.Va. Mader came to Marshall University in 2013 to complete his internal medicine residency, followed by a cardiology fellowship, also at Marshall University.

Dr. Mader is accepting new patients and referrals at Marshall Cardiology, an outpatient department of Cabell Huntington Hospital, located in the Erma Ora Byrd Clinical Center at 1249 15th Street in Huntington.

For appointments and referrals, call 304.691.8500.

Screening Guidelines for Breast Cancer

By Mary T. Legenza, MD, FACS, Breast Surgeon at ECCC

There is a lot of data showing that early detection of breast cancer can result in earlier stage at diagnosis. Survival is usually excellent if breast cancer is found at an early stage. A mammogram is the only imaging modality reasonable for screening.

The American College of Radiology adheres to the guidelines of a yearly mammogram starting at age 40 for women with an average risk of breast cancer. That means the patient does not have a strong family history of breast cancer, ovarian cancer or previous radiation to the chest.



The risk of breast cancer increases with age so decreasing screening after age 55 is not recommended. The Edwards Comprehensive Cancer Center recommends women stop screening if they have multiple medical problems that may end their lives within the next 5 years. Age cutoff is extremely difficult, since there are some very healthy 80-year-old women who may live another 10 to 15 years.

Some women have a very strong family history of breast or ovarian cancer, and may need to start screening much earlier. They should consider mammograms about 10 years prior to their youngest relative's diagnosis. If their mother was 40 when she was diagnosed, the woman should start screening at 30. Also, this person should be evaluated by a genetics counselor, as well as a breast surgeon. She may also benefit from MRIs at regular intervals, since this is much better at detecting cancer in younger women with normally very fibrous, dense breasts.

A screening mammogram is only indicated if a woman has no complaints that could be indicative of breast cancer. She has no palpable mass, no skin changes and no nipple discharge. Cyclic breast pain is not included in this exclusion list. If a person feels a lump (patient or care provider), they should have a diagnostic mammogram and ultrasound. The main difference in the technique is that a radiologist will review the films while the patient is in the imaging center and recommend further testing while she is still there. This avoids calling the patient back for additional imaging and alerts the radiologist that there may be a problem in a specific area of the breast.