



MedStar Georgetown MD

Robotic spine surgery: promise of less pain, quicker recovery.

By Jennifer Davis

Sixty-nine-year-old James Buie of Triangle, Va., and 70-year-old Mona Schaechter of Rockville, Md., have never met but have one thing in common: both recently found relief for their back pain thanks to a new robotic surgery option at MedStar Georgetown University Hospital.

Over the last decade, James had several procedures to address the disc degeneration in various parts of his back and neck due to a longstanding military injury. So, he had become accustomed to the sizable incisions and slow recoveries

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Former NFL player's kidney donation saves his brother's life. By Susan Walker



Daniel Morgan, left, is grateful for his brother, Joshua, right, who was his living kidney donor, and for Matthew Cooper, MD, who performed his lifesaving transplant surgery.

Photo by Silver Ridge Productions

Joshua Morgan, a former NFL wide receiver with the Washington Football Team, couldn't bear to see his younger brother, Daniel, get sicker and weaker each day with end-stage kidney disease. As his brother underwent dialysis three days a week for four hours at a time, Joshua knew he was suffering.

"All of his energy was just gone. It was like watching him grow into an old man overnight. He was deteriorating," Joshua said in an interview with the *Washington Post*. In another interview with WTOP News, Joshua added, "I just didn't

want him in pain anymore. I just wanted to see him back to his regular life—energetic, enjoying his daughters, and really living life and not spending so much time in dialysis."

The only way for Daniel to no longer need dialysis was for him to undergo a kidney transplant. But the average wait time for a kidney from a deceased donor is more than three and a half years, according to the United States Renal Data System—time that Daniel didn't have. Finding a living donor was the better option.

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Mona Schaechter was grateful to have a robotic procedure using the Globus ExcelsiusGPS® because she's no longer in pain and can get back to her passion: gardening.

Photo courtesy of Mona Schaechter

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The Ingersoll family honors parents with philanthropic partnership.

Support rooted in gratitude, giving back.

By Leslie A. Whitlinger

When Bill and Carolyn Ingersoll were invited to invest in the new Medical/Surgical Pavilion at MedStar Georgetown University Hospital, their personal experience, philanthropic traditions—and optimism for a better future—kicked in.

“We both feel very strongly about giving back to the institutions that are meaningful to us and our family,” says Bill, a well-known attorney and developer in the area. “And over the years, both Georgetown University and the hospital have played important roles in our lives.”

It all started nearly 90 years ago, when Bill’s father, William Brown Ingersoll, DDS, began to lecture at the old Georgetown University School of Dentistry in 1933. Dr. Ingersoll remained on the faculty for 40 years, becoming a pioneer in root canals and chairing the departments of endodontia and periodontia. Upon his retirement, the school awarded him the title of Professor Emeritus.



Bill and Carolyn Ingersoll made a philanthropic commitment to the new Medical/Surgical Pavilion in honor of Bill’s parents, both of whom received cancer care.

Photo courtesy of the Ingersolls, December 2019

In appreciation of the Ingersolls’ six-figure philanthropic commitment—made in recognition of Dr. Ingersoll’s years of service to the dental school and the field of medicine in general—the hospital will designate one of the new Pavilion’s family lounges in the names of Dr. William Brown Ingersoll and Loraine Boley Ingersoll.

“In addition to our own experiences receiving care at MedStar Georgetown, we have many friends who have benefited from the hospital’s excellence over the years,”



Bill’s parents—William Brown Ingersoll, DDS, and Loraine—in the 1960s. Dr. Ingersoll was a faculty member at the old Georgetown University School of Dentistry.

Photo courtesy of the Ingersolls

Carolyn says. “It’s already a world-class institution, and the new Pavilion will make it even better, serving more people with the most advanced technology and care.”

Thanks to Bill and Carolyn, families and visitors will have a healing and comfortable environment to rest in while their loved ones receive care.

“We’re here because of what people before us have done. Bill and I feel a duty to do our part for future generations.”

Carolyn Ingersoll

The new Pavilion represents a partnership between Georgetown University and MedStar Health that is designed to advance their shared goals of medical education, medical care, and research—the pillars of an academic medical center. Upon completion, the multimillion-dollar facility will house 156 private patient rooms, 32 state-of-the-art operating rooms, a new emergency department, and a rooftop helipad with direct access to the emergency department and operating rooms. A combination of natural light, more green space, and water features will create a warm and soothing atmosphere in public areas such as the atrium and family lounges.

Concludes Bill, “We’re happy to be a small part of this major effort to advance health care and to have the opportunity to recognize my parents’ contributions to the field over the years.”

For more information about the Medical/Surgical Pavilion, capital campaign, or how you can help, please visit [MedStarGeorgetown.org/MedSurg](https://www.MedStarGeorgetown.org/MedSurg) or call **202-444-0721**.

Active lives and safety considerations.

By Kerri Layman, MD, Chief of Service, Emergency Department, MedStar Georgetown University Hospital

Getting outdoors and staying fit are important for all of us. By keeping these safety tips in mind, you can avoid some common hazards and continue to stroll, bike, scooter, and drive safely—and truly enjoy everything the Washington, D.C., region has to offer.



Kerri Layman, MD

Beyond our newest safety efforts to prevent the spread of COVID-19, there are other more traditional precautions we recommend. In recent years, our emergency department (ED) has recorded an increase in patients with lacerations, road rash, fractures, dislocations, and even brain hemorrhages as a result of accidents while outdoors.

Let's review some basic safety precautions.

Safety comes first

With an increase of more than 200% in retail bicycle sales in the U.S. since the start of the pandemic, the additional emphasis on personal fitness requires both a heightened awareness of everyone on the road and a commitment to essential safety precautions.

Injuries such as fractures or head injuries are nearly all caused by riders not taking precautions and going too fast without protective gear, whether on a bike, scooter, or motorcycle. Motorcycles often are considered the "invisible" ride, because no matter what riders do to increase their visibility, there are motorists who simply won't see them.

Some important precautions for safe biking, scootering, and motorcycling:

- Avoid riding between lanes of slow-moving or stopped traffic.
- Learn about your bike, scooter, or motorcycle before you ride so that you understand any limitations and lower your chance of being injured.
- Wear a helmet and clothing that covers and cushions your body, such as pants and long-sleeved jackets, with bright, reflective colors on your upper body to make you more visible.
- Take extra caution in intersections, where collisions are more likely to occur.
- Wear rubber-soled shoes that stay on your feet; sandals, flat shoes, or high heels can easily fall off and increase your chance of being injured.
- Let others know when you are turning or changing lanes—don't assume drivers see you.

Cell phones and electronic devices

Cell phones, GPS devices, and even headphones add levels of risk to motorists and pedestrians alike because these devices create physical and cognitive distractions. And with the increasing presence of electric cars—which, when traveling at low speeds, are nearly silent without audible warnings to people nearby—it's even more important for pedestrians, cyclists, and other motorists to stay alert. The National Highway Traffic Safety Administration found that pedestrian accidents are 37% more likely to occur with electric vehicles than conventional cars.



Whether you're biking or riding a scooter or motorcycle, safety always comes first.

General rules of the road

- Be aware and considerate by using your bell or horn and giving plenty of space to pedestrians crossing streets and on multiuse paths if you're on a bike or scooter.
- Park politely, ensuring you don't block walkways, driveways, or handicapped-accessible ramps. Abandoned bikes and scooters make traveling more difficult for people with disabilities.
- Keep your hands on the wheel (or handlebars) and your eyes on the road (or bike lane) at all times. Be extra cautious when riding at night and during rush hours, obey street signs and standard traffic rules, and never ride while under the influence of drugs or alcohol.

Now, more than ever, it is crucial during the COVID-19 pandemic to pay better attention to our surroundings, as distractions present an even greater risk. Continuing to take the proper precautions will keep us all safe while being active outdoors.

Visit [MedStarGeorgetown.org/ED](https://www.MedStarGeorgetown.org/ED) for more information about the services available at our emergency department.

Lymph node transfer gets patient back to her adventures.

By Susan Walker

There's not much that can slow down Marcia Bachman. The Washington, D.C., resident has had a long career as associate general counsel for the U.S. Air Force that has taken her all over the world. She's always been fit and active, hiking up the Rocky Mountains, skiing, and running the Marine Corps Marathon. But then, things got complicated. A skiing accident and uterine cancer were contributing factors in her developing lymphedema in her leg—a condition in which lymph fluid accumulates in the body, leading to swelling.

At first, the swelling caused by the condition didn't hinder her active life. But over time, it got progressively worse. Eventually, her leg became so swollen that she couldn't walk properly, despite diligently going to physical therapy and wearing compression bandages and large foam pads on her leg 23 hours a day.

"Lymphedema seriously derailed my life," Marcia says. "I was spending hours a day wrapping and unwrapping my compression bandages. I'm a petite, slim person,

and I was carrying 50 extra pounds of weight in my leg. I couldn't bend my knee, so I was dragging my leg and couldn't sit normally, which caused hip and back problems. I had problems getting around at home and at work. Travel was almost impossible. I couldn't wear normal shoes or pants. I realized I couldn't go on like this."

A friend from work heard David H. Song, MD, physician executive director of Plastic and Reconstructive Surgery at MedStar Georgetown University Hospital, speaking about a surgical treatment—lymph node transfer—on NPR and shared the information with Marcia. The procedure involves taking healthy lymph nodes from another part of the body and transplanting them to the area affected by lymphedema. The healthy lymph nodes help the area drain, reducing the swelling. The team at MedStar Georgetown is a regional leader in lymphatic surgery, and the program is the largest on the East Coast, treating patients from surrounding states.

"We use a microsurgery technique, which means making small incisions at the site where we remove the healthy lymph nodes and where we transplant them," Dr. Song explains. "Once transplanted, the healthy lymph nodes act like a pump, removing the excess lymph from the area."

"I had a great experience with Dr. Song, Nurse Practitioner Kimberly, and the whole team. I can finally go back to being the athletic, outdoorsy, robust person I was."

Marcia Bachman

After surgery, patients spend four days in the hospital, then two weeks at home with their leg or arm elevated. After that, they start taking part in physical therapy several times a week. "The patient has to take responsibility for their own recovery, truly committing to physical therapy and using compression garments," Marcia says.

And she did just that. Marcia recently was cleared to begin running again and has trips planned to Chile, Argentina, Antarctica, and New Zealand after retiring from 42 years with the Department of Defense this year.

"I had a great experience with Dr. Song, Nurse Practitioner Kimberly, and the whole team," Marcia adds. "I can finally go back to being the athletic, outdoorsy, robust person I was."



Marcia Bachman is grateful to be able to get back to the outdoors after a successful lymph node transfer procedure at MedStar Georgetown University Hospital.

Photo by Bret Littlehales

To learn more or schedule a consultation with one of our lymphedema specialists, visit [MedStarGeorgetown.org/LymphNodeTransfer](https://www.MedStarGeorgetown.org/LymphNodeTransfer) or call 202-444-8751.

A return to an active life following Achilles tendon repair. By Susan Lahout

Sheila Faison started 2018 with the goal of becoming healthier by adding an exercise routine to her already busy life. So, the 47-year-old wife and mother of three started working out at a nearby gym.

Soon after, however, Sheila began to experience pain in her right foot. She tried to ignore it until her co-workers at National Geographic noticed she was limping. Despite months of treatment by a local clinician, Sheila still found it increasingly difficult to walk, drive, or climb the three flights of stairs to her home.

After some research, Sheila made an appointment with Nicholas Casscells, MD, an orthopaedic surgeon at MedStar Georgetown University Hospital specializing in foot and ankle injuries. Following some X-rays and an examination of her foot, he diagnosed Sheila with Achilles insertional calcific tendinosis (ACIT).

"The Achilles tendon is a tough band of fibrous tissue that connects the calf muscles to the heel bone, or calcaneus," Dr. Casscells describes. "As one of the largest tendons in

the body, it is under continuous stress and sometimes microscopic tears begin to occur. Over time, the damaged tendon fibers may start to harden, or calcify, oftentimes resulting in the formation of bone spurs."

At first, Dr. Casscells suggested physical therapy. "My philosophy

is to reserve surgical treatment as a last resort after all appropriate nonsurgical treatments have been exhausted, especially since ACIT repair requires a lengthy rehabilitation period," he says.

However, after a few weeks of physical therapy with no improvement, Dr. Casscells determined that Sheila needed surgery. He explained that following the surgery, she would not be able to walk for six weeks, then would have to wear a boot and undergo physical therapy. It would be a frustrating recovery at times, but he expected that Sheila would be feeling better by the six-month mark.

"Dr. Casscells was amazing. He really took the time to make sure I understood how the operation would impact my life," Sheila recalls. On Jan. 31, 2020, Dr. Casscells performed same-day surgery at MedStar Health at Lafayette Centre, and Sheila was able to return home that



Sheila Faison, second from right, with her husband and two of her three children. She has returned to her active life following Achilles tendon repair surgery. Photo courtesy of Sheila Faison

afternoon. The procedure went smoothly and included removing the calcified section of the Achilles tendon and part of the heel bone, along with reattaching the tendon.

Sheila notes that not walking for six weeks seemed insurmountable. But after she bought a knee scooter, she was "scooting everywhere," making her recovery more manageable. After six weeks, Sheila began physical therapy. But because she had not walked on her foot for so long, she needed to rebuild her calf muscles to bear weight. "It was almost like relearning how to walk," Sheila says.

"For every day of non-weight-bearing, the calf takes two to three days of weight-bearing to regain lost muscle," Dr. Casscells explains.

By following Dr. Casscells' post-operative and rehabilitation instructions, Sheila made sure she would have the best possible outcome to resume her active life. She completed more than 16 weeks of physical therapy and now is able to walk without pain. She continues to work on balancing on her right toes, the final goal of her recovery.

"During my long recovery, everyone at Dr. Casscells' office made me feel like I was special and part of their family," Sheila remembers.

MedStar Georgetown University Hospital is part of the MedStar Orthopaedic Institute, with more than 35 orthopaedic surgeons and 14 locations throughout D.C., Maryland, and Virginia.

"Dr. Casscells was really wonderful and exceptionally caring. He made me feel like I was his only patient."

Sheila Faison

If you have foot or ankle pain or need tendon repair or reconstructive surgery, visit [MedStarOrthopaedicInstitute.org/TendonRepair](https://www.medstarortho.org/TendonRepair) or call **202-295-0549**.

Robotic spine surgery: promise of less pain, quicker recovery.

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James Buie, 69, is relieved to have reduced back pain after a successful robotic procedure.

Photo courtesy of James Buie

that were generally part of the healing process. That's why he was intrigued when his surgeon referred him to Jean-Marc Voyadzis, MD, co-director of the Center for Minimally Invasive Spine Surgery at MedStar Georgetown. Dr. Voyadzis told him in the spring that he was a good candidate for a new robotic spine procedure to address pain in his lower spine.

"I was excited about the possibility of getting pain relief," says James, so he opted for the minimally invasive procedure using Globus ExcelsiusGPS®. MedStar Georgetown is first in the Washington, D.C., region to have the robotic navigation system specifically designed for spine surgery. Made possible by the generosity of the Elsie & Marvin Dekelbom Family Foundation, the philanthropic gift brings this new treatment option to the community, and we are incredibly grateful.

Mona had her robotic procedure using this system, too. Hers was performed by Faheem Sandhu, MD, director of MedStar Georgetown Spine Surgery, to correct an injury sustained in a fall last December. "He put in two rods, four screws, and a cage, and it was all

done robotically," Mona recalls. "I have the utmost confidence in Dr. Sandhu. He recommended the robot to help with the precision required to address my spinal injury. The procedure went very well," she explains.

"This is the most successful spine surgery I've had by far. I'm so pleased and grateful."

James Buie

Dr. Sandhu and Dr. Voyadzis—national leaders in minimally invasive spine surgery—have already performed more than 50 surgeries using this technology. They say robotic guidance improves surgical accuracy by using a GPS that provides real-time data and visualization. It shows the surgical instruments and screws in relation to the patient's pre-operative images and adjusts accordingly if the patient moves, guiding surgeons through procedures while

eliminating the need to refer to patient X-rays during surgery.

"In the past, spinal surgery relied heavily on X-rays," Dr. Sandhu explains. "This new robot not only helps with more precise placement of spinal implants, but it also replaces the need for consulting X-rays during surgery. This process reduces exposure to radiation for both our patients and the surgical team."

Dr. Voyadzis agrees that the technology is a real game-changer. "It allows for the effortless placement of spinal implants with great precision," he explains. "The ability to place each implant with pinpoint accuracy through even smaller incisions avoids broad exposure of the spine and long scars, resulting in faster patient recovery, less post-operative pain, and reduced risk of infection or the need for blood transfusions."

That was the case for James, who, six months after his procedure, is exercising three days a week in the gym and regularly walking several miles at a time with his former military buddies. He says he no longer has piercing pain down his legs and is also sleeping well at night for the first time in a while.

"After some of my past procedures, it has taken six months or more for recovery," James says. "This time was so much easier and less painful. This is the most successful surgery I've had by far. Dr. Voyadzis is a man of his word. My pain has been reduced by 70%, and I have my active life back. I'm so pleased and grateful."

Mona says she is doing really well, too. Six months after her procedure, she no longer has pain, her spine is erect, she feels stronger than she has in years, and she is walking three to five miles a day. Mona also is engaging in her passion again: gardening. "Now I can get down on my knees and dig in the garden again," Mona enthuses. "This procedure made a big difference. I am feeling great."

Experiencing back pain? Learn more about minimally invasive spine surgery options by visiting [MedStarGeorgetown.org/GlobusSpine](https://www.MedStarGeorgetown.org/GlobusSpine) or calling **301-856-2323**.

Former NFL player's kidney donation saves his brother's life.

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Daniel Morgan's transplant surgery was a success, and he is back to work and playing with his daughters. Photo by Silver Ridge Productions

"There are more than 100,000 people on the waiting list for a deceased-donor kidney transplant. That's why living donation is the first and best

"I really feel like a new man. It is crazy how much energy I have now."

Daniel Morgan

choice," says Matthew Cooper, MD, director of Kidney and Pancreas Transplantation at MedStar Georgetown Transplant Institute. "It can help patients get a kidney transplant more quickly before they become sicker."

Although Daniel's 60-year-old father, Dennis, was a compatible donor, Dr. Cooper and Daniel's other physicians at the Institute preferred a

younger compatible donor. They noted that a healthy kidney from a younger donor would work better and last longer. Joshua immediately volunteered to be tested and learned he was a compatible donor.

But finding a living donor was just the first hurdle Daniel and Joshua faced. The kidney transplant was scheduled to take place in mid-March, just as the COVID-19 pandemic was ramping up and many hospitals were temporarily suspending their transplant programs. The Institute, however, put newer and more stringent safety protocols in place and continued to perform transplants for the patients in greatest need.

"It's easy to say no," Dr. Cooper says. "We are fortunate that with the hard work of the Institute, the administration and really everyone at MedStar Health, we were able to continue to say yes during

the pandemic and perform more lifesaving organ transplants than any other program in the country from March through May."

The surgery was a success, and both Daniel and Joshua are doing well. Daniel is back to enjoying everyday things, playing with his daughters, and getting back to work at the Prince George Corrections Department in Upper Marlboro, Md.

"I really feel like a new man. It is crazy how much energy I have now. I thank God for Dr. Cooper and my brother for saving my life," Daniel said in the WTOP interview.

To learn more about becoming a living kidney donor, visit [MedStarGeorgetown.org/MorganBrothers](https://www.MedStarGeorgetown.org/MorganBrothers) or call MedStar Georgetown Transplant Institute at **202-444-3714**.



Meet Matthew Cooper, MD

Visit [MedStarGeorgetown.org/CooperKidneyVideo](https://www.MedStarGeorgetown.org/CooperKidneyVideo) to watch Dr. Cooper discuss kidney transplants.



Your health and safety are always our top priorities. We are taking extra precautions to keep you safe. Find out more:

[MedStarGeorgetown.org/
SafetyVideo](https://www.MedStarGeorgetown.org/SafetyVideo)

MedStarGeorgetownMD

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Nationally recognized maternity care.

MedStar Georgetown University Hospital has been nationally recognized as one of the Best Maternity Care Hospitals in the U.S. by *Newsweek* and the Leapfrog Group, an independent nonprofit organization that monitors healthcare organizations.



“This honor is a strong testament to the outstanding contributions of every one of our care professionals supporting our patients and their babies,” says Helain J. Landy, MD, chair of the Department of Obstetrics and Gynecology at MedStar Georgetown.

MedStar Georgetown is among an elite group of hospitals from across the country that passed quality standards in care excellence for mothers, newborns, and their families to receive this recognition and is the only hospital in the District of Columbia to earn this distinction.

Safe Babies Safe Moms initiative.

MedStar Health has formed a philanthropic partnership with the A. James & Alice B. Clark Foundation to establish the D.C. Safe Babies Safe Moms initiative.

This groundbreaking initiative will bring together nationally recognized experts providing care in the fields of women’s health, family medicine, behavioral health, and pediatrics at both MedStar Washington Hospital Center and MedStar Georgetown University Hospital. A variety of programs will be provided to pregnant women and new moms, including diabetes control and mental health services, prenatal and postpartum care, breastfeeding support, health screenings, and nutrition education.

Community of Hope and Mamatoto Village are important MedStar Health partners helping to launch this initiative.

MedStarGeorgetownMD, published quarterly, shares the latest health news with our community. To start or stop receiving this newsletter, please call **202-444-6815** or email torneyd@gunet.georgetown.edu.

Please submit your comments to:
Paayal Malhotra, Editor, **703-558-1598**
Paayal.Malhotra@gunet.georgetown.edu
MedStar Georgetown University
Hospital Administration
3800 Reservoir Rd., NW
Washington, DC 20007-2113

Michael C. Sachtleben President, MedStar Georgetown University Hospital Senior Vice President, MedStar Health	Judson Starr Chairman of the Board, MedStar Georgetown University Hospital
--	---

Kenneth A. Samet, FACHE
President and CEO, MedStar Health

Editors Karen Alcorn Paayal Malhotra	Writers Jennifer Davis Susan Lahout Kerri Layman, MD Susan Walker Leslie A. Whitlinger
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Managing Editor
Benjamin Waxman

Designer
Laura Sobelman