

UM CHARLES REGIONAL MEDICAL CENTER

# MARYLAND'S

## HEALTH MATTERS

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### WINTER 2023

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UNIVERSITY  
of MARYLAND  
MEDICAL  
SYSTEM





ON THE COVER:  
John Andrews  
III poses in his  
parents' La Plata  
backyard with his  
broken helmet.

# 6

## HELPING HANDS

It took a team to get John Andrews III on the road to healing—and a promising career.



# 3

## PULMONARY REHABILITATION PROGRAM ACHIEVES NATIONAL ACCREDITATION

We deliver best practices for cardiovascular and pulmonary patients.

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## ACADEMIC MEDICINE AT WORK:

A Treatment with  
Heart—UMMC  
pioneers an  
innovative solution  
for aortic aneurysm.



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## UM CHARLES REGIONAL MEDICAL CENTER

### NOEL A. CERVINO

President/Chief Executive Officer

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# MESSAGE FROM THE CEO



**JUST 15 YEARS** old, Charles County resident John Andrews III was enjoying a day riding motorcycles with members of his family when a tree literally fell on him, wrecking his dirt bike and pinning his hand and arm. His injuries included a broken right arm, a severed radial nerve and other extensive damage.

The unusual and serious accident left him in the care of a dedicated surgical and rehabilitation team with resources and expertise across the state of Maryland. The experience wasn't easy—John's recovery is first and foremost a testimony to his personal fortitude—but it does demonstrate how academic and community hospitals like those in the University of Maryland Medical System work to provide patients with outstanding medical care when they need it most.

John's story is inspiring—and important because it demonstrates how your community hospital is working to expand the high-quality medical services that meet the needs of our entire community.

These needs include expanding our gastroenterology practice and state-of-the-art endoscopy center; opening our new urology practice featuring David Levy, MD, and the latest advances in urological care; and making the groundbreaking Dare to C.A.R.E. vascular screening program available to residents throughout our community, helping to prevent strokes and heart disease.

These efforts by your community hospital will lead to better outcomes for patients and better health for our community. That's a better state of care.

**Noel A. Cervino**  
President & CEO

## *Pulmonary Rehabilitation Program* **ACHIEVES NATIONAL ACCREDITATION**

THE REHABILITATION TEAM DELIVERS  
BEST PRACTICES FOR CARDIOVASCULAR  
AND PULMONARY PATIENTS.

### **UNIVERSITY OF MARYLAND**

Charles Regional Medical Center's Pulmonary Rehabilitation Program received its three-year certification last summer from the American Association of Cardiovascular and Pulmonary Rehabilitation.

"Our pulmonary program is a success because our team emphasizes a healthy lung concept and strives to see our patients breathe better and return to the things they enjoy," said Angela Booker, RRT, cardiopulmonary manager. "The team has worked hard to institute best practices and compassionate care in the program."

The cardiovascular and pulmonary rehabilitation programs are designed to help people with cardiovascular histories such as heart attacks and coronary artery bypass graft surgery, and pulmonary problems such as chronic obstructive pulmonary disease, commonly known as COPD, recover faster and lead healthier lives. Both programs include exercise, education, counseling and support for patients and their families.

The UM Charles Regional Rehabilitation team's Cardiac Rehabilitation Program, part of the University of Maryland Rehabilitation Network, was first accredited in 2017. This new certification means UM Charles Regional's Pulmonary Rehabilitation Program complies with industry regulations and quality measures, follows best practices in the field and demonstrates positive patient outcomes.

"The primary goal of our programs is to provide the best care for our patients," said Brian Loux, EP, MS, program coordinator (pictured above). "This certification confirms that patients with cardiovascular, pulmonary and respiratory issues are getting excellent care from recognized leaders in the cardiovascular and pulmonary rehabilitation field."



Brian Loux, EP, MS

# CRYOTHERAPY:

## A PRECISE SOLUTION

WHEN ONE PATIENT'S PROSTATE CANCER GREW WORSE, HE TURNED TO THE PRECISION FREEZING OF CRYOSURGERY FOR TREATMENT.



**ED BRODERICK WASN'T** too surprised when he received a prostate cancer diagnosis in his early 60s. It's common in men his age, and several of his friends had already received treatment for the disease. Still, getting a cancer diagnosis at the same time as he retired after 43 years working at High's convenience stores was less than ideal timing. But Broderick's prognosis was good—no immediate surgery or radiation was needed.

"Fortunately, my cancer was not as serious as it could have been," Broderick said. "They did a biopsy, and only two quadrants out of 12 had cancer. It was not an aggressive type of cancer, and luckily it had not spread outside of my prostate."

Broderick committed to a doctor-prescribed high-fiber, low-fat diet full of vegetables and tried to omit meat and dairy products, while getting regular prostate-specific antigen, or PSA, tests as part of his active surveillance protocol. His PSA levels dropped and stayed steady for a year and a half. Then, they slowly started climbing up again.

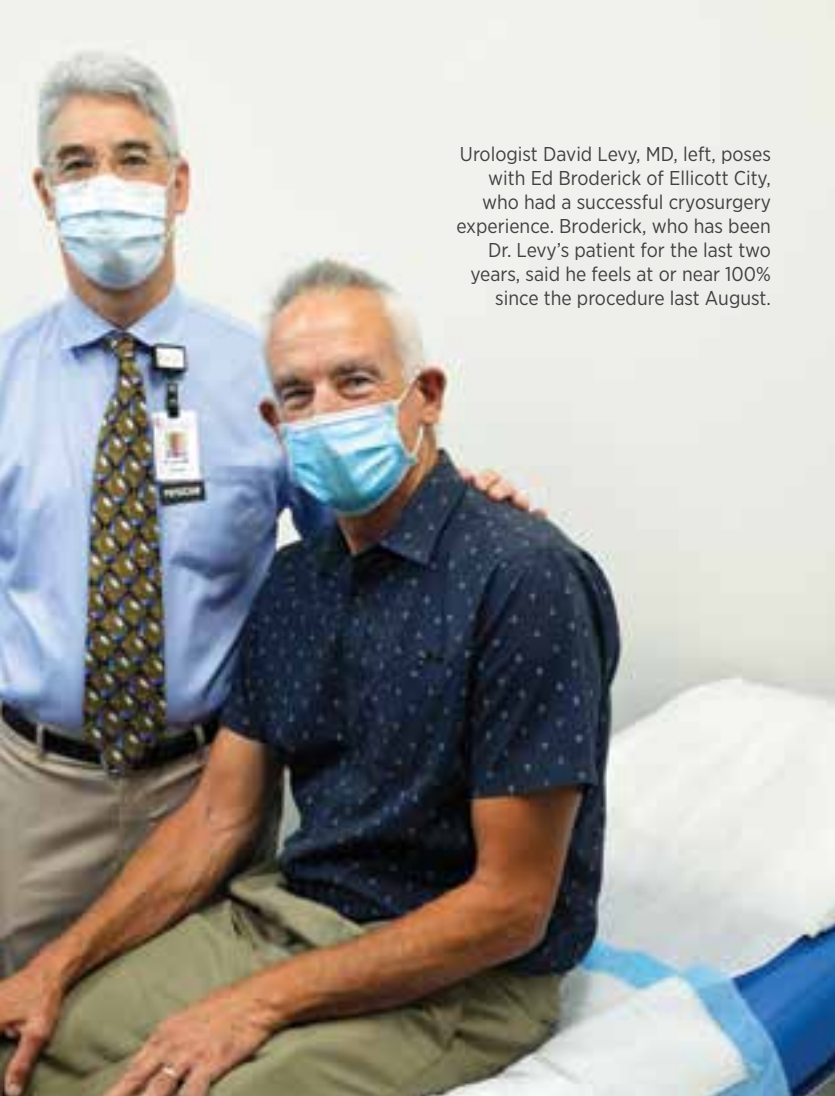
"My PSA level had gone from around 4 to almost 7," Broderick said. Now 65, Broderick had to decide on his treatment.

### A THIRD OPTION: CRYOSURGERY

Lower-grade prostate cancer is typically treated with radiation or minimally invasive surgery. But eliminating the cancer usually comes with side effects like urinary incontinence or erectile dysfunction, sometimes both. As an athlete—he runs daily and plays golf, pickleball and basketball—Broderick was worried about incontinence from traditional surgery slowing him down. And radiation would take weeks, with side effects that could develop over a period of years. Then his provider suggested an alternative: cryosurgery.

"This is basically the equivalent of lumpectomy for breast cancer but for men," said David Levy, MD, urologist with University of Maryland Charles Regional Medical Group. "Instead of removing or radiating the entire prostate, regardless of where the disease is, we can impact the area of the gland where the cancer is. This is a big advantage. Typically cryosurgery can treat the disease with no incontinence or loss of potency, because we can spare the nerve bundle responsible for these functions."

Cryosurgery is a very good option for low-grade, localized prostate cancer, and Broderick's case fit the bill. In August



Urologist David Levy, MD, left, poses with Ed Broderick of Ellicott City, who had a successful cryosurgery experience. Broderick, who has been Dr. Levy's patient for the last two years, said he feels at or near 100% since the procedure last August.

## HOW CRYOSURGERY WORKS

Cryosurgery to remove prostate cancer uses tiny needles and pressurized argon gas to freeze tissue to minus 130 degrees Celsius. The cancerous cells instantly die. The tissue is then thawed with liquid helium back to normal temperatures.

"You have millimeter precision, and you're using real-time ultrasound to see where you're going and where the ice is growing," said David Levy, MD, urologist with University of Maryland Charles Regional Medical Group. "The procedure usually takes just over an hour, and patients can go home the same day."

### CHECK YOUR PSA

Prostate-specific antigen, or PSA, is a type of protein produced by the prostate. It can be measured with a simple blood test. PSA levels tend to increase as men age, but levels above 4.0 often indicate prostate cancer. As prostate cancer is the second most common cancer in Maryland, men at higher risk of prostate cancer should speak with their providers about having regular PSA screenings.

2022, he had the procedure and was home the same day, with only a catheter in place.

### QUICKLY ON THE ROAD TO RECOVERY

Broderick lay low for the week following surgery, but he wasn't in much pain.

"My wife is a nurse—well, she recently retired, too—and she took care of me, but she really didn't need to," Broderick said. "After the first day, I still walked my daily mile and a half."

One advantage of cryosurgery is the speedy recovery time.

"Compared to traditional surgery, recovery from cryosurgery is easier for most patients," Dr. Levy said. "There is no possibly addictive pain medication. Bleeding is exceptionally rare, as is infection. Urinary leakage is

uncommon, and the patient just needs to manage a catheter for up to seven days."

Once his catheter was removed, Broderick eased back into his usual activity—his daily run, pickleball games, golf and mowing his own lawn with a push mower. Just a month after surgery, his PSA dropped down to 0.9.

"His results have been really good," Dr. Levy said.

Broderick said he is grateful that his cancer was caught early and that his treatment at University of Maryland Charles Regional Medical Center went off without a hitch.

"Many of my friends who have had cancer surgery had a long, drawn-out recovery," Broderick said. "While this was certainly a life-changing event, I'm so glad I've been able to return to my activities so quickly and get back to playing with my grandchildren."



Want more expert medical information on the go? Listen to Dr. Levy address erectile dysfunction by visiting [umms.com/MHM-ED](https://umms.com/MHM-ED). To browse our podcast library, visit [umms.org/podcast](https://umms.org/podcast).





Clockwise from left, Landon, John Jr. and Laura Andrews pose with John Andrews III in the family's backyard last summer. Landon was with his brother when the accident happened and phoned their mother, Laura.

UNIVERSITY OF  
MARYLAND MEDICAL  
SYSTEM HELPED  
JOHN ANDREWS  
III REGAIN USE OF  
HIS HAND AFTER A  
FREAK ACCIDENT.

# Helping HANDS

**ON APRIL 27, 2020**, John Andrews III, a Charles County high school sophomore and experienced dirt bike rider, was enjoying a beautiful afternoon ride with his father and younger brother. As Andrews climbed a modest hill in second gear, a tree's roots gave way and the tree collapsed directly onto him. The freak accident left Andrews with extensive injuries, including a broken right arm, a severed radial nerve and a damaged hand.

It also left him in the care of a talented surgeon and dedicated therapist with the University of Maryland Medical System. Together Andrews and his care team would begin a two-year odyssey of surgeries and rehabilitation.



Raymond Pensy, MD

## THE DIAGNOSIS

Andrews' injuries included nine broken teeth, broken vertebrae in his neck and back, a broken sternum, a damaged rotator cuff, a hematoma on his leg and a concussion.

During the initial examination at the world-renowned University of Maryland R Adams Cowley Shock Trauma Center, Raymond Pensy, MD, associate professor of orthopaedics at the University of Maryland School of Medicine and an orthopedic hand surgeon, quickly discovered Andrews' severed radial nerve.

"When the tree hit his arm, it fractured the bone, and the two ends of the bone moved so far out of position that they lacerated his radial nerve," Dr. Pensy said. "This was a serious injury."

The radial nerve helps your arm move and feel. This nerve sends signals to your muscles so you can lift and straighten your fingers, hands, wrists and elbows. The radial nerve also sends signals back to your brain, telling you what you're feeling along the back of your upper arm, your forearm, and the back of your fingers and hand—heat or cold, pain, pressure, and other sensations.

Andrews also had wrist drop, a condition where a person's hand is flexed at the wrist and cannot be extended. He could only make the lightest of fists and could not extend his fingers or move his thumb.

"It's odd to think about, but even though I had all of those serious injuries, the most damage was done to my hand," Andrews said as he slowly opened and closed a loose fist with his right hand. This type of damage would be a major setback for anyone, but Andrews had his heart set on a career in HVAC engineering, so any damage to the functionality of his hand could result in significant changes in his future livelihood.

## THE SURGERIES

Dr. Pensy's extensive experience gave him a clear-eyed understanding of how the internal fixation surgery would go.

"Unfortunately, I frequently see injuries this severe. In fact, I probably work with a patient with an injury similar to John's once or twice a month," said Dr. Pensy, who has nearly 20 years of orthopedic surgery experience both with the U.S. armed forces and the UM Shock Trauma Center. During Andrews' surgery, Dr. Pensy secured a metal plate to his humerus, the long bone in the upper arm between the shoulder and elbow, to both stabilize and heal the bone.

In a second surgery, Dr. Pensy repaired Andrews' severed radial nerve, using a nerve taken from his leg to complete the reconstruction. After the surgery was complete, the plate fixation and reconstruction of the nerve were both doing fine.

It was time for Andrews to take the next step on his road to recovery.

## REHABILITATION

Roughly a month after Andrews' arm and hand surgeries were completed, Dr. Pensy passed the baton to Courtney Potter, MHS, OTR/L, CHT, hand therapist with University of Maryland Charles Regional Rehabilitation—part of the University of Maryland Rehabilitation Network—to begin the rehabilitation portion of Andrews' recovery journey. After her initial examination of Andrews and thorough review of Dr. Pensy's postoperative notes, Potter knew Andrews' recovery would be difficult.

"His whole arm was not functional, so we all knew it would be a long road to recovery for him," Potter recalled. "Once I mapped out a rehabilitation plan, we got to work right away."

Potter decided to start from square one.

"Therapy is very much a mental game, so I started John off with the basics," Potter said. "Having 'little victories' keeps my patients motivated as they see progress in them, no matter how minor it may be. I thought that would be the right approach for John, as well."

This approach included using everyday household items to help him regain the ability to extend his fingers and move his wrist. Regaining wrist extension was helped along by reaching for a cup, bringing it up to his mouth and setting it back down. Finger extension was brought along by Andrews squeezing a handful of putty. Hand and wrist strength were improved with dumbbell exercises for his forearms. To improve coordination and motor skills, Potter had Andrews tie shoelaces and scoop up uncooked rice with a spoon and dump it into a cup.

Potter's dedication and approach were greatly appreciated by both Andrews and his mother, Laura Andrews. "Courtney did an excellent job," Laura Andrews said. "She was always positive and never doubted him during this entire process. And if something didn't work, she came up with another approach until it did work. She was fabulous."

Despite all this work, progress on finger extension remained elusive.

"When dealing with nerve injuries, it takes a long time to get the feeling and functionality back," Potter said. "We



John Andrews III works with UM Charles Regional Rehabilitation's hand therapist Courtney Potter, MHS, OTR/L, CHT, to demonstrate one of the exercises used to help restore functionality in his right hand.



John Andrews III has scars on his right arm following the surgeries needed to regain use of his hand and wrist.

could not get John to extend his fingers for a while. He was progressing everywhere else, like his strength and wrist extension, so I took a more hands-on approach. I made a couple of splints for John to help spring his fingers back into an extension so he could use his hand. While the splints helped, he still wasn't progressing with his fingers, and I was concerned that we wouldn't get to where he needed to be."

Potter reached out to Dr. Pensy to update him about Andrews' progress. The two concluded that another surgery was necessary.

## HELLO AGAIN, DR. PENSY

When dealing with nerve reconstruction, follow-up procedures are often necessary. Dr. Pensy told Andrews and his family about such a possibility when they first met, so everyone was ready for this development.

"The first surgery technically went well for John, but his finger movement was not satisfactory over a year after the initial procedure, so a tendon transfer was necessary," Dr. Pensy said.

In the tendon transfer procedure, Dr. Pensy used a healthy tendon from Andrews' forearm to help the reconstructed radial nerve. As Dr. Pensy explains, "we have a lot of tendons in our forearms that control finger and wrist extensions, to the

point where there is a bit of redundancy there. Fortunately for John, the rest of his arm didn't experience damage from his injury, so we could use a tendon from the forearm."

This third surgery was exactly what the doctor ordered. Andrews regained sufficient wrist, elbow and digit extension in his right hand to carry on with his hand rehabilitation.

## THE HOME STRETCH

When Andrews resumed his work with Potter, he approached this round of rehabilitation just like his first, with great motivation and determination.

"John is a very strong guy. He's been through a lot, and he took it day by day with a very stoic approach," Potter said with a large smile as she looked back at all the progress Andrews made. "He healed remarkably well, and I was very impressed with his dedication to therapy."

As Andrews' rehabilitation work continued, the added wrist and finger extension from the third surgery paid off immediately. This was seen in a breakthrough when Andrews was finally able to pick up a cup and take a drink by extending his wrist. This was the first of many breakthroughs that were to come for him as he steadily improved with each passing rehabilitation appointment. That did not surprise Dr. Pensy or Potter.





John Andrews III poses with UM Charles Regional Rehabilitation's hand therapist Courtney Potter, MHS, OTR/L, CHT, at her hand therapy station at the outpatient clinic in La Plata.

"John's a very bright, highly motivated patient," Dr. Pensy said. "He approached his rehab and his care like he owned it. His motivation was inspiring."

"I'm so proud of John," Potter added. "He's such a trooper!"

Today, Andrews has nearly regained complete functionality of his hand, and his strength is improving daily. He graduated high school and is now employed with one of the world's largest producers of HVAC systems. He can hunt, fish and do everything else he did prior to the accident and injury.

"One of the doctors in the ER told me that if that tree had fallen a split second later, John could've been paralyzed or even taken from me forever," Laura Andrews said, sitting next to the smashed helmet Andrews was wearing that day—a grim keepsake of the accident.

"[But] it didn't slow him down," she added, her voice wavering with a combination of emotion and pride. "He handled it better than my husband and I did, that's for sure."

As Andrews begins his professional career, his family is forever grateful for the help he received from two medical professionals who are now more like family.

**"[Hand therapist Courtney Potter and I] were always making progress. Even when I couldn't move my fingers as much as I can now or my strength wasn't where I wanted it to be, we would work on something else—like my wrist—to always keep progress moving forward. That was really helpful."**

—JOHN ANDREWS III, HAND REHABILITATION PATIENT AT UM CHARLES REGIONAL



To learn more about rehabilitation at UM Charles Regional Medical Center, visit **[UMCharlesRegional.org/Rehab](https://UMCharlesRegional.org/Rehab)**.



**“I was in the right place and had the right treatment team for my needs. I knew I was in safe, capable hands.”**

—NEIL OLENICK,  
PATIENT





# A TREATMENT WITH *Heart*

AN INNOVATIVE MEDICAL DEVICE AVAILABLE AT THE UNIVERSITY OF MARYLAND CENTER FOR AORTIC DISEASE OFFERS PATIENTS WITH AN AORTIC ANEURYSM A BETTER SOLUTION THAN TRADITIONAL SURGERY.

**WHEN NEIL OLENICK** first sought help for back pain, vascular disease was not on his mind. The Baltimore County resident suspected a back or spine issue. After all, he had spent more than two decades in the trucking industry and many years enjoying an active lifestyle as a husband, father, grandfather and avid outdoorsman. But a routine MRI conducted to find the source of his back pain revealed something unexpected.

"The first vascular surgeon I saw told me, 'We'll get back to the back pain, no pun intended,'" Olenick said. "He had identified a small abdominal aortic aneurysm that would need regular observation."

The word "aneurysm" rang alarm bells for Olenick, whose family members had dealt with similar conditions. An aortic aneurysm is a bulge that develops at a weak point in the wall of the aorta (the heart's main artery), and it can be fatal.

Olenick was reassured to learn his aneurysm was small and required only observation, which his doctors did for nearly eight years until a CT scan revealed the aneurysm had grown large enough to require surgical intervention. And there was a complication. His aneurysm had branched out, a situation that requires advanced care and the

skills of a highly trained vascular surgeon. Olenick's doctors referred him to the University of Maryland Center for Aortic Disease at the University of Maryland Medical Center, the academic medical center of the University of Maryland Medical System, where patients can receive the highest level of care for vascular conditions.

The UM Center for Aortic Disease is the only provider in the state to offer a thoracoabdominal branch endoprosthesis (TAMBE) device to treat an aortic aneurysm. This revolutionary device turns a traditionally complex, invasive operation into a two-hour, minimally invasive procedure with a recovery time of two weeks or less.

## LEARNING ABOUT TAMBE

As soon as the Olenicks met Shahab Toursavadkahi, MD, associate professor of vascular surgery at the University of Maryland School of Medicine, they knew they were in the right place.

"Dr. Tour," as he's known, also serves as co-director of the UM Center for Aortic Disease and is the principal investigator of the TAMBE device clinical trial, the research that examines how well the new medical approach works on patients.

"He immediately put me at ease," Olenick said. "He asked about our



Shahab Toursavadkahi, MD

family and did his best to keep us calm. It's rare to make a connection that quickly with a doctor."

Dr. Toursavadkahi carefully explained the procedure and how it would be used to treat Olenick's aneurysm, helping him and his wife, Nancy, prepare for the next steps.

"We were given detailed information about my aneurysm and why I was a strong candidate for the procedure," Olenick said. "I saw my medical imaging for the first time, and Dr. Tour answered all of my questions."

"Neil's abdominal aneurysm had branches coming off his aorta, which made the repair more complicated," Dr. Toursavadkahi said. "Traditional treatment would involve open surgery with a long incision through the chest and abdomen. We discussed the TAMBE device in quite a bit of detail. He had a great attitude, and his background in mechanics made him especially interested in the procedure process."

## A NEW FRONTIER IN ANEURYSM TREATMENT

The TAMBE device is a major advancement in the treatment of an aortic aneurysm. Dr. Toursavadkahi is leading the clinical trial testing its use with other highly skilled vascular surgeons and cardiologists.

Traditional surgery can successfully repair an aortic aneurysm, but it carries risks associated with any major surgery and requires a lengthy hospital stay and recovery.

"This procedure allows us to repair the aorta from the inside using small holes through the groin or arm and without open surgery,"





Dr. Toursavadkahi said. "The benefit to patients is tremendous. They no longer risk aneurysm rupture and can avoid long surgery and recovery times."

The TAMBE device is used to treat patients with an aneurysm in the abdomen or chest.

"The device comes in multiple pieces that we insert through small incisions,"

Dr. Toursavadkahi said. "This makes it a great option in an emergency

to treat a patient with a symptomatic or ruptured aneurysm."

In addition, the device and procedure may benefit patients who might not be good candidates for open surgery, including patients with other medical conditions, older adults, those with obesity and people who don't tolerate bed rest well.

"Our patients who had surgery with the TAMBE device are doing well without any serious complications," Dr. Toursavadkahi said.

## THE BENEFIT OF EXPERT CARE

Olenick spent four days in the hospital, only one of them in the intensive care unit.

"I didn't have any pain, so I was ready to get back to everyday life," Olenick said. "Dr. Tour reminded me I'd had major surgery and still needed to make time to rest."

"Any surgery requires a recovery period, even though patients having this procedure need a shorter amount of time," Dr. Toursavadkothi said. "Patients feel that they're ready to move around like normal, but we restrict those movements to allow the body time to heal."

In the year since his procedure, Olenick continues to see Dr. Toursavadkothi for regular checkups. He's doing well and feels glad the risk of a ruptured aneurysm is behind him.

"Aneurysm is a very treatable disease," Dr. Toursavadkothi said. "It's a stressful diagnosis, but patients need to know we have access to techniques and technologies to treat aneurysms with minimal pain, fast recovery and positive outcomes."



UMMS offers comprehensive care for cardiac and vascular conditions. Find a provider online at [umms.org/doctor](https://umms.org/doctor).

# Dare to C.A.R.E.

## ABOUT VASCULAR DISEASE

THIS FREE SCREENING PROGRAM  
IS OPEN TO THE PUBLIC.

A vascular screening is the first step in early detection of heart and vascular diseases, which can go undetected until it's too late. University of Maryland Charles Regional Medical Center now offers free vascular screening through the long-established Dare to C.A.R.E. program offered by the Heart Health Foundation.

Founded by vascular surgeon John D. Martin, MD, the program uses painless, noninvasive ultrasound to screen for abnormalities throughout the body that can lead to these diseases, represented by C.A.R.E.:

- **Carotid artery disease:** A primary cause of preventable strokes
- **Abdominal aortic aneurysms:** Ruptured aneurysms cause death in up to 90% of cases
- **Renal artery stenosis:** When untreated, frequently leads to the need for hemodialysis
- **Extremity artery disease:** Affects up to 12 million Americans, especially those over 50

Screenings take about 15 minutes and include the neck, abdomen and legs. Results are shared with you and can be shared with your doctor.

Free Dare to C.A.R.E. vascular screenings are available to people over 60, people over 50 with risk factors such as smoking, diabetes, hypertension and high cholesterol, and people over 40 diagnosed with diabetes.



The bimonthly clinic is held in the Kent Building at 8 Kent Avenue in La Plata on **April 4, June 6 and Aug. 1**. An appointment is required—no walk-ins accepted—and can be made by calling **410-573-9483**. To learn more about the program, go to [daretocare.us](https://daretocare.us).



# Let's Get **VASCULAR!**

TAKE AN INSIDE LOOK AT  
YOUR VASCULAR SYSTEM.

## FROM THE HEART

Your heart pumps oxygenated blood into your aorta, your main artery that stretches from your chest to your pelvis.



Blood vessels branch off and get smaller the farther away they are from your heart.



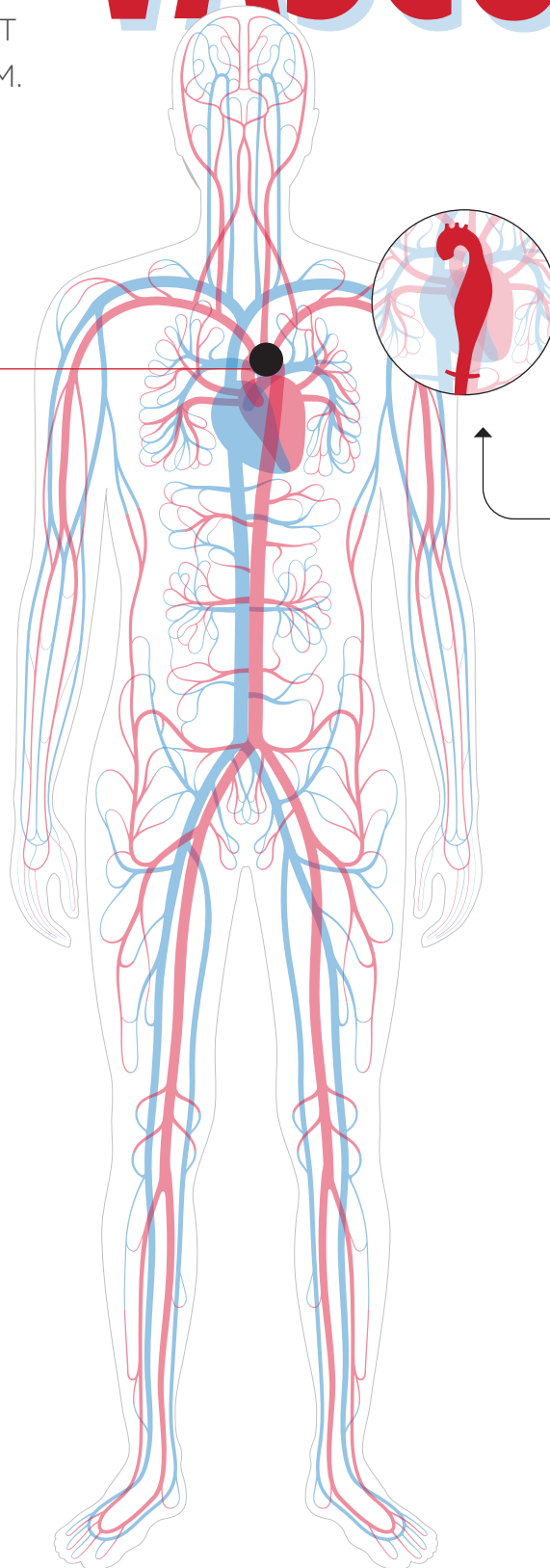
Blood delivers oxygen and nutrients to every cell in your body. It takes away carbon dioxide and waste.

WEAVING  
THROUGHOUT  
YOUR BODY ARE  
**60,000 MILES**  
OF ARTERIES AND  
VEINS KNOWN AS  
THE **VASCULAR**  
SYSTEM.

This bulging part of the aorta is a **thoracic aortic aneurysm**.

## RETURNING TO HOME BASE

- 1 After reaching the farthest areas in your body, blood makes a return trip through your veins, back to your **heart and lungs**.
- 2 On the way, your blood takes a detour to your **kidneys and liver**, which filter out all the waste products picked up earlier.
- 3 After returning to your heart, your blood cycles through the **lungs** to pick up fresh oxygen. With every heartbeat, the journey begins again.



# And Now There Are **THREE**

UM CHARLES  
REGIONAL MEDICAL  
GROUP GROWS ITS  
GASTROENTEROLOGY  
PRACTICE.



Sagal Ali, MD



Joseph R. Murphy, MD



Jameel Shareef, DO

**THE UNIVERSITY OF** Maryland Charles Regional Medical Group – Gastroenterology welcomed a third doctor to the practice last August. Jameel Shareef, DO, a physician with advanced training in internal medicine and digestive disorders, joined the team of gastroenterology providers to meet the growing needs of the region's patients.

Dr. Shareef sees patients at two conveniently located Southern Maryland offices in La Plata and Waldorf, along with fellow gastroenterologists Joseph R. Murphy, MD, and Sagal Ali, MD. The addition of a third provider offers increased availability for specialty gastroenterological services, including colonoscopies and upper endoscopies at the Endoscopy Center located in the University of Maryland Charles Regional Medical Pavilion in La Plata, near St. Charles Parkway.

"This is an exciting time for our growing gastroenterology team," said Evalyne Bryant-Ward, DBA, director of operations, University of Maryland Charles Regional Medical Group. "Dr. Shareef is a great fit alongside Dr. Murphy and Dr. Ali at the gastroenterology practice, and his patient-centered philosophy of care matches our community's expectations for quality health care."

The Endoscopy Center is fully equipped to offer leading-edge technology and comfortable accommodations for a variety of endoscopy procedures to check the health of the digestive system, obtain biopsies for cancer checks and remove polyps.

The practice serves patients with a wide range of gastrointestinal conditions and chronic digestive issues, including:

- Barrett's esophagus
- Chronic constipation
- Gastroesophageal reflux disease
- Inflammatory bowel diseases such as Crohn's disease and ulcerative colitis
- Irritable bowel syndrome

Dr. Shareef received his Doctor of Osteopathic Medicine degree from the Philadelphia College of Osteopathic Medicine after receiving his Bachelor of Science degree in biology from Morehouse College in Atlanta. He completed an internal medicine residency at Kent Hospital/Brown University in Warwick, Rhode Island, where he also completed a gastroenterology fellowship. Dr. Shareef is a member of the American College of Gastroenterology and the American Gastroenterological Association.

"I believe in shared decision-making between me and my patients and forming individualized care plans for each one," Dr. Shareef said.

He provides digestive-related medical care for patients of all ages, including acute illness, chronic conditions and routine checkups, with a goal of guiding each patient to better gastrointestinal health.

"We're thrilled to have Dr. Shareef here in our community," Bryant-Ward said. "His addition to our medical team allows us to offer more access to health care and help more patients live better, healthier lives."



To make an appointment with Dr. Shareef or one of the other gastroenterology providers, call UM Charles Regional Medical Group – Gastroenterology in La Plata or Waldorf at **301-609-4276**.



# COMMUNITY CLASSES AND

# Events

## CHILDBIRTH CLASS

Two consecutive evenings, three hours each.  
Registration required. \$85 per couple. For more information, visit [umcharlesregional.org/events](http://umcharlesregional.org/events).

Feb 22-23	5:30-8:30pm
Mar 15-16	5:30-8:30pm
Apr 12-13	5:30-8:30pm
May 3-4	5:30-8:30pm

## PRENATAL BREASTFEEDING CLASS

A lactation consultant answers common questions.  
\$30 per couple. For more information, visit [umcharlesregional.org/events](http://umcharlesregional.org/events).

Feb 25	9-11am
Mar 25	9-11am
Apr 22	9-11am

## RED CROSS BLOOD DRIVES

Preregistration required. Call **1-800-733-2767** or register at [redcrossblood.org](http://redcrossblood.org).

La Plata United Methodist Church	
Feb 27	Noon-6pm
Apr 24	Noon-6pm
Jun 26	Noon-6pm
Waldorf Volunteer Fire Department	
Apr 28	10am-5pm
Jun 23	10am-5pm

## STROKE AND BRAIN SUPPORT GROUP

Led by Shellee Stine, RN, BSN, clinical programs and stroke coordinator. For dates and times, contact Mary Levy at **301-609-4415** or visit [umcharlesregional.org/events](http://umcharlesregional.org/events).

## DIABETES 101

Small groups for uninsured and underinsured participants reviewing basics of managing diabetes, insulin administration and glucometer use. No referral required.

To register or for more information, call **301-609-5444** or email [diabetescenter@umm.edu](mailto:diabetescenter@umm.edu).

## DIABETES PREVENTION PROGRAM

One year of biweekly classes for people at risk of diabetes. Preregistration required. Visit [charlescountyhealth.org/health-wellness/diabetes-classes](http://charlescountyhealth.org/health-wellness/diabetes-classes) or call **301-609-6885**.

## RUNNING CENTER—RUNNING EVALUATION

Consists of an initial evaluation, coach-initiated check-ins via phone or email and two in-person follow-up visits. For more information, visit [umcharlesregional.org/runningcenter](http://umcharlesregional.org/runningcenter) or call **301-609-5494**.

## DARE TO C.A.R.E.

Free vascular screening and heart disease management program. Appointments required; no walk-ins available. To register or for more information, call **410-573-9483**.

Apr 7

Jun 6

Aug 1




## Reducing Food Insecurity

George Mattingly, left, program manager for Southern Maryland Food Bank, received a \$25,000 check from UM Charles Regional Medical Center's Mary Levy, center, community health specialist, and Craig Renner, director of marketing and communications, in October as part of \$2.3 million in University of Maryland Medical System grants to address food insecurity and employment across Maryland. The money helps to stock the pantries of Charles County residents who are experiencing food insecurities.

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lose weight  
to live your  
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Weight loss doesn't have to be completed alone. Our bariatrics program is designed to help you reach a healthy weight with the help of our dedicated team. We provide you with a plan that includes education, mental health evaluations, and support groups on top of our surgery options. This program continues to grow in order to meet the needs of Charles County.

The care you deserve that's close to home. **[UMCharlesRegional.org/BariatricsTreatment](https://UMCharlesRegional.org/BariatricsTreatment)**

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SURGICAL CARE**

100 N. Oak Avenue, La Plata, MD 20646  
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