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UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER

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FAST RECOVERY
FROM KNEE SURGERY

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SPOTLIGHT ON UNIVERSITY OF MARYLAND MEDICAL CENTER

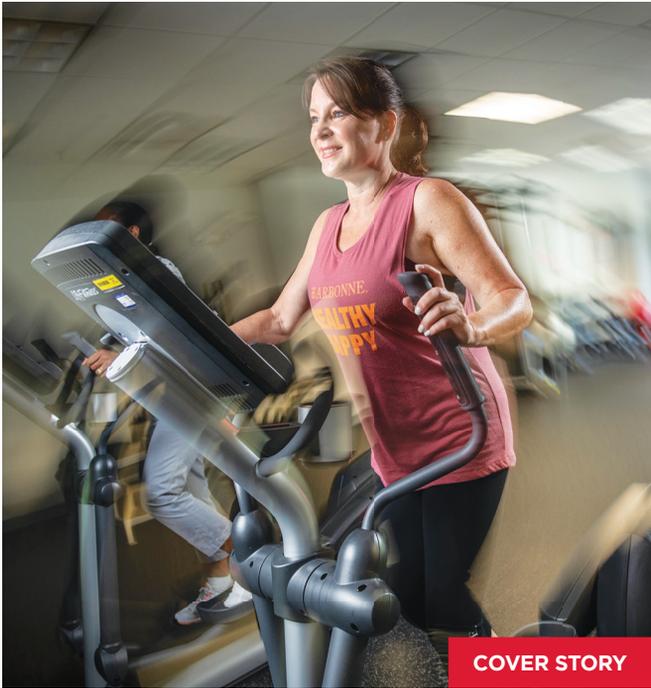
The Full Spectrum of Care

The Inflammatory Bowel Disease Program fights complex digestive diseases with a holistic approach. See page 10.

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Rely on the experts in rapid recovery and restored mobility at Towson Orthopaedic Associates.



ON THE COVER: Beauty executive and avid fitness buff Lynne Verity Flynn, of Baltimore County, recovered quickly and with minimal pain after having knee replacement surgery at UM St. Joseph Medical Center.

Maryland's Health Matters is published by the Marketing and Communications Department at the University of Maryland St. Joseph Medical Center. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.



8 FOCUS ON PHILANTHROPY

Read about the developments and improvements that have been made possible because of the ongoing support and generosity of our community.



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Get daily, real-time health information and updates from our experts.
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WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests, change of address or opt-out requests to umsjmatters@umm.edu or 7601 Osler Drive, Jordan Center, Suite 158, Towson, MD 21204. Or call 410-337-1700.

PHYSICIAN SPOTLIGHT

Cancer Institute at UM St. Joseph Medical Center Welcomes Two New Hematologist/Oncologists



KIMBERLY WYN SCHLESINGER, MD

KIMBERLY WYN SCHLESINGER, MD

Dr. Schlesinger has board certifications in hematology, medical oncology and internal medicine. A highly experienced cancer physician, she recently served as medical director with the Riverside Tappahannock Cancer Care Center in Tappahannock, Virginia. Before that, she worked at Hematology Oncology Associates of Fredericksburg, Virginia; Peninsula Cancer Institute in Virginia, where she was medical director of the Breast Cancer Program;

and University of Pittsburgh Medical Center Cancer Centers. She completed a fellowship in hematology and medical oncology at the University of Pittsburgh School of Medicine, where she received her medical degree. Dr. Schlesinger completed her residency in internal medicine at University of Virginia Health Sciences Center. Her accolades include being named a “Top Doc” by *Virginia Living* magazine, *Northern Virginia Magazine* and *Hampton Roads Magazine*.



SHRUTI MURALI, MD

SHRUTI MURALI, MD

Dr. Murali is board-certified in internal medicine and completed a fellowship in hematology/oncology at the University of Maryland Greenebaum Comprehensive Cancer Center. She completed her residency in internal medicine at the University of Connecticut. Dr. Murali’s academic honors include dean’s list at Manipal University in India, where she received her Bachelor of

Science, summa cum laude. She received her medical degree from Manipal University, American University of Antigua College of Medicine. Dr. Murali has given numerous medical educational lectures and presentations and published medical papers. She was the co-founder and orphanage coordinator of Medical Students Aiding in India’s Development.



MAKE AN APPOINTMENT

To schedule an appointment with Dr. Schlesinger or Dr. Murali, call **410-427-5585**.



Giulia Tearnan
with her son Luke.

A Lifesaving Call

HOW 911 AND UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER HELPED SAVE A MOM FROM STROKE

One day last winter, Giulia Tearnan was cooking dinner for her son Luke when “everything suddenly became a blur,” she recalls. “I was unable to speak. I was slipping in and out of consciousness.”

Luke, who was 17 and has Down syndrome, realized something was wrong and called his father, who was out of town. Next, he called his brother, Clyde,

who lives far away but called neighbors to check on their mother. The neighbors arrived and immediately called 911, and Tearnan was rushed to University of Maryland St. Joseph Medical Center.

Tearnan, who was just 55, was having a stroke—the fifth-leading cause of death in the U.S. Also known as a brain attack, a stroke requires quick action and expert care to prevent death or brain damage and disability.

B.E. F.A.S.T.

This acronym can help you remember the symptoms of stroke—and what to do.

- Balance
- Eyes (blurry or loss of vision)
- Facial droop
- Arm or leg weakness
- Speech difficulties
- Time to call 911

Other symptoms include trouble walking, dizziness, confusion and a headache with no known cause.

A MYSTERIOUS CASE

“When Giulia arrived at the Emergency Department, she was in a very altered state,” says emergency medicine physician Neal Frankel, DO. “She was much more confused and lethargic than normally seen in a stroke patient, so this case took a lot of detective work.” Tearnan could have suffered smoke inhalation, since dinner burned on the stove and firefighters arrived to a smoke-filled house.

It’s important when treating a stroke to know when it began, but even more important to know when the patient was last without any stroke symptoms, known

as their Last Known Well. This time is used to measure the 4½-hour time limit for giving tPA, a clot-busting medicine.

Tearnan’s brain CT scan indicated she did not have a hemorrhagic stroke, but Dr. Frankel wanted reassurance because of her complex presentation, so he used telemedicine (called telestroke) to video-conference with neurologist Michael Phipps, MD, who is director of the Brain Attack Center at the University of Maryland Medical Center. Dr. Phipps examined Tearnan on video, reviewed her scan and confirmed her eligibility for tPA. “Telestroke is extraordinarily helpful for assisting emergency physicians in difficult stroke cases. We’re able to see, hear and communicate to help with decision-making for critical treatments,” Dr. Phipps says.

TIMING IS EVERYTHING

Dr. Frankel verified that Tearnan was within the 4½-hour window by finding out that her husband had spoken with her on the phone one hour before the firefighters’ arrival. Once given tPA, she became alert, going from being almost paralyzed to being able to move. The next day, an MRI showed that she had an ischemic stroke, which occurs when blood flow to the brain becomes blocked. She was hospitalized for three days and has made a full recovery.

Major risk factors for stroke are high blood pressure, high cholesterol, heart disease, diabetes and smoking. Tearnan’s greatest risk factor was a congenital hole in her heart. She also had a history of light smoking. She is now under a cardiologist’s care and sees her internist regularly.

In the case of a stroke, “time is brain,” Dr. Frankel says. “Fast recognition of an emergency and calling 911 led to a good outcome.” ♦

IN NEED OF KNEE REPLACEMENT?

RELY ON THE EXPERTS IN RAPID RECOVERY AND RESTORED MOBILITY AT TOWSON ORTHOPAEDIC ASSOCIATES

Imagine being an athlete who played Division I lacrosse and field hockey in college, only to reach your middle years and feel the excruciating pain of bone on bone and arthritis in your knee. For anyone—star athlete or not—the crippling sensation of knee pain can ruin one’s quality of life.

Knee pain is common as people age, often caused by an old injury or the gradual wearing away of knee cartilage. Former college athlete Lynne Verity Flynn, of Baltimore County, went from participating in lacrosse, field hockey, horseback riding and gymnastics in her teens and 20s to having her athletic life come to a painful halt in recent years. “I got into my 40s, and my knee just went out on me!” recalls Flynn, 56, who is executive national vice president at Arbonne. “I had a national conference in Las Vegas and could hardly walk through the hotel; my knee swelled so badly.” Her inactivity also caused her to gain weight for the first time in her life. The culprit was an old gymnastics injury to her knee that had caused the cartilage to deteriorate.

A LIFE CHANGER— FROM PAIN TO GAIN

At first, Flynn tried nonsurgical options such as anti-inflammatory medications



▲ After successful knee replacement surgery at UM St. Joseph Medical Center, Lynne Verity Flynn called it “the best decision I ever made.”



David F. Dalury, MD



Brian D. Mulliken, MD



David Schroder, MD



Scott J. Tarantino, MD

and cortisone shots, but when they stopped working and she couldn't take the pain and weight gain anymore, she did her research to find the best possible orthopaedic practice for her knee replacement. "I had learned a lesson from watching my mother go through a hip replacement. She didn't do her research before choosing her surgeon and didn't get the result she wanted," Flynn says.

As Flynn searched for an orthopaedic surgeon, "the same name kept coming up again and again—Towson

Orthopaedic Associates," she recalls. She chose to have her knee replacement performed by board-certified orthopaedic surgeon David F. Dalury, MD, chief of orthopaedics at UM St. Joseph Medical Center (UM SJMC) and one of a group of experienced joint replacement specialists in the practice. "The result has been life-changing," Flynn says.

The expert orthopaedists at Towson Orthopaedic Associates—including Brian D. Mulliken, MD, David Schroder, MD, and Scott J. Tarantino,

MD—specialize in a unique approach they created called rapid recovery. "The concept of rapid recovery from knee replacement is that patients now experience much less pain in the period after surgery, are able to be more mobile, and return home safely from the hospital much earlier than in the past," Dr. Mulliken says. "As a result, patients experience a much quicker recovery over time."

UNIQUE POST-OP PAIN FORMULA

"University of Maryland St. Joseph Medical Center deserves a lot of credit for adopting rapid recovery for joint replacement," says Dr. Dalury, who explains that the expert anesthesiologists and surgeons at UM SJMC teamed up to create a formula for pain relief that is so effective that scientific papers have been published about it nationally and worldwide. "We were one of the earliest practices in the country to do this," Dr. Dalury says.

This rapid pain relief begins with a series of medications delivered into the area surrounding the newly implanted knee after surgery, while the patient is still in the operating room. This form of delivery is called local infiltrative analgesia.

"The main reason that patients didn't opt for knee replacement in the past was fear of pain," Dr. Dalury says. "Our pain relief formula minimizes the need for opioids by using several different types of medications that affect the cycle of pain. These low doses of medications work in tandem without the side effects of opioids. Rapid recovery is a very different approach that combines excellent patient education, enhanced



A year after having knee replacement surgery, Flynn was back to working out twice a week at a CrossFit-type fitness center.

WELCOME, THEODORE T. MANSON, MD



Towson Orthopaedic Associates welcomes board-certified orthopaedic surgeon Theodore T. Manson, MD, who specializes in hip and knee replacement surgery and treatment of hip and knee arthritis. For the past decade, Dr. Manson has served as an orthopaedic trauma surgeon at the UM

R Adams Cowley Shock Trauma Center while also having a hip and knee replacement practice at UM St. Joseph Medical Center. At R Adams Cowley Shock Trauma Center, he cared for patients with complex fractures and multisystem trauma as well as patients referred from the region for complex fractures or infections around existing hip and knee replacements.

Dr. Manson completed his residency in orthopaedic surgery at Johns Hopkins Hospital after receiving his medical degree from Northwestern University School of Medicine. Next,

he did advanced training in the management of complex fractures at the R Adams Cowley Shock Trauma Center, followed by a fellowship in total joint replacement at the Hospital for Special Surgery in New York, where he trained in minimally invasive joint replacement, revision joint replacement and hip and knee surgery.

Dr. Manson's clinical and research interests include direct anterior hip replacement, early treatment of knee arthritis including osteotomy and partial knee replacement, and joint replacement after previous fracture.

pain management and focused physical therapy," he adds.

Flynn remembers waking up from her knee replacement surgery and thinking, "'This is amazing; I feel so good.' I had no pain. The analgesia lasted for 36 hours. I could get up, go to the bathroom and do a little bit of physical therapy there in the hospital." Although an accomplished athlete, she calls herself "a wimp about surgery," because she was afraid there would be pain. "I had never had surgery before," Flynn says, "but it was the best decision I ever made. If I can do it, anyone can do it. The nurses made me very comfortable. I was definitely taken very good care of at St. Joe's."

GOOD REASONS FOR KNEE REPLACEMENT

According to Dr. Mulliken, a candidate for knee replacement is someone who has advanced arthritis, significant pain and functional limitations. "Most patients have exhausted all the nonoperative measures for treating arthritis and usually benefit tremendously from having their knee replaced," he adds.

"Knee replacements are very predictable, durable and reliable. They provide 90 to 95 percent pain relief, and the complication rate is very low, just 1 to 2 percent," Dr. Dalury says. "At four to six weeks after surgery, patients are feeling comfortable and confident, and the knee is working very well."

Most patients go home the day of surgery or the next morning. "They receive home physical therapy and nursing support for the first week to 10 days so they do not have to leave the house. Pain is generally very low and can be

well controlled with oral medication," Dr. Mulliken says. Physical therapy continues for about six weeks, with progressively increased activity. Full recovery takes about two to 2½ months.

"Eight weeks after surgery, I was driving," Flynn says. A year later, she was back to her athletic life. "My new knee has zero pain ever. I work out twice a week at a CrossFit-type fitness center. There was no way I could have done that before surgery." In addition, Flynn's weight gain has come off. "My business is health and wellness. It was very challenging for me not to be able to be the person I usually am. Now because of the knee replacement, I look and feel authentically my best self."

"The typical feedback I get from patients after knee replacement is tremendous satisfaction, much less pain, much greater functional activity, and many patients state that they are grateful for getting their life back," Dr. Mulliken says.

LONG-LASTING RESULTS

Knee replacements also provide longevity. "Most knee replacements are doing very well at 20 years out," Dr. Dalury says.

Made of chrome cobalt and surgical steel, knee implants come in different shapes and sizes, so the surgeon can achieve an individualized replacement. The operation is much less invasive than it was previously, is performed in less than an hour in the hands of experts, and can be done without placing the patient under general anesthesia, Dr. Mulliken explains.

"They function very much like normal knees for routine daily activities," Dr. Mulliken says. "They also work well for light recreational activities and exercise, such as riding a bike, swimming, rowing machines, elliptical, and sports such as doubles tennis or playing golf on a regular basis." ♦

LETTER FROM THE PRESIDENT

A HISTORIC CAMPAIGN



On May 7, University of Maryland St. Joseph Medical Center (UM SJMC) held a special event at the hospital announcing the public launch of *Miracles Happen Here: The Campaign for Sustaining Surgical Excellence*. The goal of this historic capital campaign is to create a surgical experience that is not only state-of-the-art from a medical standpoint, but also incomparable in comfort, care and compassion.

Fourteen new operating rooms are replacing the 22 ORs that have not been renovated since the hospital was built in 1965. The new surgical suites will be substantially larger, capable of handling the number of clinicians and complex equipment that define modern surgery. In addition, there will be new prep and recovery bays, new family lounges and a new hospitality center for families.

This campaign is a critical \$100 million project, of which \$21 million must come from philanthropy, making this the largest capital campaign in the history of the medical center. During the silent phase of the *Miracles Happen Here* campaign, we have already raised more than \$17.5 million—83 percent of the goal.

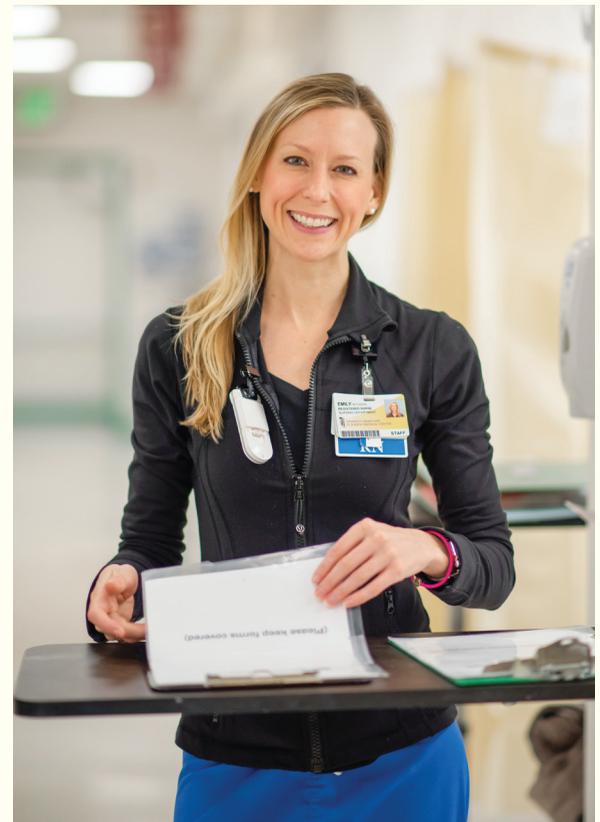
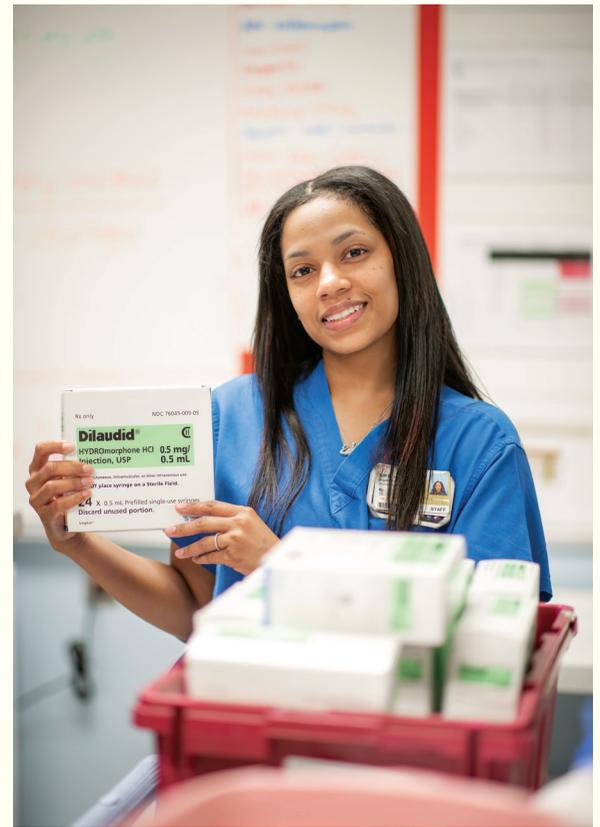
Through 54 years of tumultuous change in the health care industry, three things remain unchanged in the operating rooms of UM SJMC—our unyielding conviction that there is nothing more sacred than the future of the patient on the table, our need to perform at the highest level as a team, and the faith required to successfully complete the most difficult of procedures.

I thank each of our wonderful donors for their generosity of spirit. Our capital campaign would not be successful without their kind support. The partnership we share is a blessing to us all.

Sincerely,

A handwritten signature in black ink that reads "T B Smyth".

Thomas B. Smyth, MD
President and CEO
University of Maryland St. Joseph Medical Center





Hybrid Operating Room

MIRACLES HAPPEN HERE

THE CAMPAIGN FOR SUSTAINING SURGICAL EXCELLENCE

Work has already begun on our surgical transformation.

In February 2018, the Hybrid Operating Room was completed. This state-of-the-art OR has advanced technology, allowing patients who were formerly too high-risk to undergo cardiac surgery to have a new heart valve placed safely through minimally invasive techniques.

In fall 2018, we opened six additional surgical suites

that are larger than the original ORs and are outfitted with the latest in surgical technology. Over the next three years, renovations will continue on the surgical suites and ancillary space.

▶ The surgical staff is supported by many behind-the-scenes teams that are equally important to the patient experience, including (clockwise) Pharmacy, Sterile Processing and Surgical Prep.



THE FULL SPECTRUM OF CARE

UMMC'S IBD PROGRAM FIGHTS COMPLEX DIGESTIVE DISEASES WITH A HOLISTIC APPROACH

After giving birth to her first child, Paige Marcus was looking forward to bonding with her newborn son. Instead, she was consumed by debilitating symptoms of ulcerative colitis—a type of inflammatory bowel disease (IBD) caused by ulcers in the colon and rectum.

She identified a shift in her health during her third trimester, and it only got worse after her baby was born. “I was losing weight, having major stomach pain and bleeding, and was going to the bathroom 12 to 15 times a day,” she says.

Prednisone, a steroid used to calm inflammation, kept the disease in check in the past. But then the medication no longer controlled her symptoms.

Paige lost all of her baby weight and more mere weeks after giving birth. She had trouble producing breast milk and switched to formula. “You could physically see that I was withering away,” she says.

Eventually, her IBD was so intense she had trouble caring for her baby.

“My mother and my husband tag-teamed feeding the baby in the middle of the night because I didn’t have the strength to get up,” she says. “I’d be feeding him, then have to pass him off and run to the bathroom.”

For six weeks, Paige could barely leave the house. Despite her condition, her local physician insisted she “stay the course” and continue on prednisone.

Paige and her family weren’t satisfied with this answer. “One night, I heard

my mom crying to my husband that something needed to be done. I wasn’t getting better,” she says.

That’s when her husband made an appointment at the Digestive Health Center at University of Maryland Medical Center (UMMC).

TIMELY INTERVENTION

Paige met with Raymond Cross, MD, professor of medicine at the University of Maryland School of Medicine (UMSOM), director of the Inflammatory Bowel Disease Program and co-director



Paige Marcus

of UMMC’s Digestive Health Center. Dr. Cross recognized Paige’s critical condition and admitted her to the hospital, where she stayed for a week.

She began taking Remicade, a biologic drug administered intravenously. The drug eased her symptoms, but it took six months to fully recover.

Today, she receives Remicade infusions every eight weeks. “I haven’t had any symptoms since that flare. I’m in total remission. I feel like I owe Dr. Cross my life,” she says.

CARE IN ONE LOCATION

Many IBD patients experience debilitating symptoms. However, the disease’s profile is shockingly diverse.

“IBD has many variables: what kind of patient and the part of the body it affects, what problems it causes, how the patient responds to medications, what side effects people have. No two people are the same,” says Andrea Bafford, MD,



“Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting.” — Raymond Cross, MD

assistant professor at UM SOM and chief of colorectal surgery at UMMC.

To address this, the IBD Program offers services across the full spectrum of care—all in one location. “Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting,” Dr. Cross says.

This holistic, all-in-one approach is unique among IBD programs. It’s not only convenient, but it has also been shown to improve patient outcomes.

The team meets weekly to discuss people with complex cases. This is especially important for patients considering surgery. “There’s a surgeon and an IBD gastroenterologist having office hours at the same time most days. This facilitates joint appointments and discussing complex cases. It keeps everyone on the same page,” Dr. Bafford says.

FRIENDLY FACES

The disease may be individual, but Paige’s hardship isn’t unique. Many

IBD patients find it difficult to participate in daily activities while having a flare.

“IBD is unsettling. These symptoms can affect their ability to go to school, work and have families. It affects them psychosocially,” Dr. Cross says.

Keeping this in mind, the team works together on-site to create a convenient and friendly atmosphere for patients. Being located in a single place allows the team to create a comprehensive treatment plan that’s difficult to achieve when working with IBD specialists in different locations. “We not only find the right therapy for each patient, but also provide them the support they need to get through the process,” Dr. Cross says.

The social worker collaborates with patients to solve problems they might have accessing or paying for care. They also connect patients with a therapist if needed. “This aspect of IBD care is essential, because a patient’s mental health is just as important as their

physical health,” says Uni Wong, MD, an assistant professor at UM SOM and a gastroenterologist.

Additionally, the nursing team coordinates care between visits, aiding the transition from the hospital to outpatient care and more.

Each team member, from the secretaries to the surgeons, works together to provide the most comprehensive care possible for patients.

PREGNANCY PARTNERS

Reproductive care for IBD patients is another unique service the program offers.

“We educate patients on which medications are contraindicated in pregnancy and how to keep the disease under control during pregnancy,” Dr. Wong says.

“Some non-GI providers perceive the immunosuppressant and biologic medications we use as contraindicated in pregnancy, even when that isn’t the case,” Dr. Wong says.

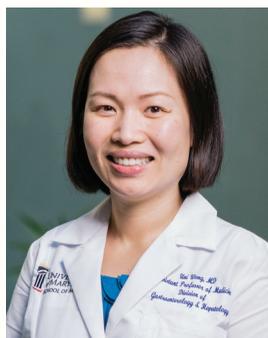
COMBATING “THE SILENT KILLER”

Randy Beardsley is a living example of how much IBD can vary from person to person.

He was diagnosed with Crohn’s disease after a routine colonoscopy discovered a fistula, an opening in the intestine that creates leakage. Crohn’s is a type of IBD that can cause inflammation anywhere in the digestive tract and usually results in symptoms such as abdominal pain, diarrhea and fatigue.

However, Randy has been largely asymptomatic throughout his life. “If it wasn’t for the colonoscopy, I never would have known I had Crohn’s,” he says.

After his diagnosis, he read about IBD voraciously. His reading taught him that even if he wasn’t having debilitating symptoms, he still



Uni Wong, MD

needed to be proactive and combat the disease. “Crohn’s can be a silent killer,” says Uni Wong, MD. “Asymptomatic patients might end up in the emergency room with a bowel perforation because an ulcer eroded through the bowel.”

With this knowledge in hand, he was recommended to the IBD Program to get the disease under control.

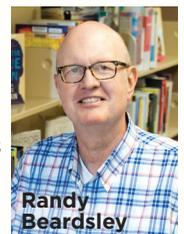
Randy now takes Humira weekly to ease inflammation. He has the medication delivered to his home and self-injects, easily incorporating treatment into his daily life.

He also altered his diet to keep inflammation down, following recommendations from his reading and the IBD Program’s on-site

dietitian. “The hardest thing was switching to black coffee,” he says.

Seven years later, he still works with Dr. Raymond Cross to monitor the disease and change the course of treatment as needed.

“We’ve been able to manage the disease pretty effectively. Overall, it’s been a positive experience,” Randy says.



Randy Beardsley



DON'T LET DIGESTIVE ISSUES EAT AWAY AT YOU

Cramping. Gas. Frequent bathroom trips. Dietary restrictions. Procedures. Medications. IV infusions. These are all common challenges for patients with inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis. The Inflammatory Bowel Disease Center at University of Maryland St. Joseph Medical Center (UM SJMC) offers a holistic, multidisciplinary approach to treatment, including a digestive disease support group that brings patients together to help them cope with their condition. The group meets the second Tuesday evening of every other month and is guided by experienced digestive disease nurses Ann Meek, RN, and Donna Berman, RN.

Patients and their families meet in an atmosphere of understanding, trust and privacy. "Patients often feel alone with their disease. We talk, and patients share experiences with their disease and treatment, how they are managing their diet and everyday life. We discuss holistic approaches and new ideas," Berman says.

"Crohn's and ulcerative colitis are pretty debilitating," adds Hanna Adams, patient care coordinator for the UM SJMC Digestive Disease Center. "Many patients get depressed. Hearing people share stories and advice provides support and hope."



LEARN MORE

For more information about the digestive disease support group, call **410-337-1537** or email hannaadams@umm.edu.

When Paige and her husband decided to have a second child, she partnered with the IBD Program team to determine the best approach for keeping her disease in remission before pregnancy.

"Dr. Cross said it's better for the baby to have the disease controlled than to risk going off Remicade," she says. "I stayed on the medication and got monthly ultrasounds to ensure the baby was growing appropriately."

The team worked with Paige's OB-GYN to schedule her cesarean section around Remicade infusions, so her symptoms would remain controlled during the first weeks of caring for her newborn.

The result? She had her second child without a flare. "I had no issues at all. It was a huge relief," she says.

NEW HORIZONS

The IBD Program's connection to UM SOM allows them to offer research opportunities and innovations for IBD patients who don't respond to conventional treatments. "We see any type of research that's going to improve our patients' lives as critically important, so we participate in many studies and clinical trials," Dr. Cross says.

The team has recruited

more than a quarter of the patients currently participating in SPARC IBD. This nationwide, long-term study follows IBD patients to identify predictors of severe disease and response to treatment.

The team also explores medical technologies like telemedicine. "We led the largest U.S. trial studying remote monitoring in IBD patients and found that it was associated with decreased hospitalization rates," Dr. Cross says.

With the telemedicine program, patients can access staff remotely for appointments. This allows the team to provide expertise to people outside state lines.

SUPPORT WHEN YOU NEED IT

The team works together to provide the holistic support that many patients need in one location, setting them apart from other IBD treatment programs.

"We align ourselves to make the patient experience as positive as it can be," says Dr. Cross.

This holistic approach has produced exceptional results for many patients, including Paige: "I've had a 180-degree turnaround, going from the lowest of lows to the highest of highs. I'm so happy." ♦



LEARN MORE

For more information about UMMC's IBD Program, please visit umm.edu/IBD or call **410-706-3387**.

5 Ways to Improve Gut Health

A HEALTHY BALANCE AND DIVERSITY OF BACTERIA IN THE LOWER GASTROINTESTINAL TRACT (THE GUT) IS A KEY PART OF GOOD HEALTH, RESEARCHERS ARE FINDING. GOOD BACTERIA IN THE GUT HELP DIGEST AND ABSORB NUTRIENTS FROM FOOD AND BOOST THE IMMUNE SYSTEM.

1 Sleep Better

A growing body of research shows that getting **seven to eight hours of sleep** each night is key to maintaining a healthy gut. In turn, studies find that poor gut health may negatively affect sleep.



2 Consider Probiotics

Probiotic supplements may help **bolster the number of beneficial bacteria** in the gut, aiding digestion and improving immunity. These supplements are live bacteria, so be sure to speak with your health care provider before taking one.



3 Manage Stress

Stress can wreak havoc on gut health through the gut-brain connection. Meditation, yoga, tai chi, breathing exercises and **spending time in nature** are all good ways to reduce stress.



4 Eat More Fiber

Recent research shows healthy gut bacteria feed on fiber from our diet. Adding more **fruits, vegetables, beans, nuts, seeds and whole grains** to your meals provides a healthy mix of fibers and nutrients.



5 Exercise

Numerous studies have found links between regular exercise and improved gut health. Aim for the recommended minimums of 150 minutes of **moderate-intensity aerobic exercise** or 75 minutes of **vigorous activity** per week.



Did You Know?

- 70 to 90 percent of cells in the human body are bacterial
- Many researchers consider the gut microbiome a separate human “organ” inside the body
- Microorganisms account for 1 to 3 percent of the body’s mass

SOURCES: AMERICAN MUSEUM OF NATURAL HISTORY; NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES; NATIONAL INSTITUTES OF HEALTH

Fall Wellness

Unless designated otherwise, visit umstjoseph.org or call **410-337-1337** to register. All events are FREE unless designated otherwise.

HEALTH SCREENINGS AND CLASSES

BREAST CANCER SCREENING

For women ages 40 and older who have not had a mammogram within the past year and do not have breast cancer. Screening includes clinical breast exam, screening mammogram and risk assessment.

Appointment required.

Call **410-337-1479**.

■ **Saturday, Oct. 5;**
appointments
begin at 8:30 a.m.

Breast Center, Cancer Institute

BONE DENSITY SCREENING

Suitable for adults who want to know how their lifestyle is affecting their bone density and for those with certain risk factors (family history, small body frame, inactivity, smoking, excessive caffeine or alcohol consumption, low calcium and vitamin D intake). Consists of quick, painless ultrasound test

of the heel bone (not diagnostic). For those who have not had a DEXA scan or ultrasound bone test in the past year.

Appointment required.

Call **410-337-1337**.

■ **Friday, Oct. 4,**
10 a.m. to noon
■ **Friday, Dec. 6,**
11 a.m. to 1 p.m.

CV Fitness Classroom, first floor main hospital next to gift shop

BODY COMPOSITION ANALYSIS

To identify your unique body makeup and associated health risks. The Tanita DC-430U professional scale uses bio-electric impedance analysis to determine weight, body fat, BMI, total body water, muscle mass, metabolic rate and more.

Appointment required.

Call **410-337-1337**.

■ **Friday, Nov. 8,**
11 a.m. to 1 p.m.

CV Fitness Classroom, first floor main hospital next to gift shop

STROKE AND ABDOMINAL AORTIC ANEURYSM SCREENING

Clogging of the carotid arteries in the neck can reduce blood flow to the brain and result in a stroke. Abdominal aortic aneurysms often have no symptoms until rupture, which can be fatal. A painless ultrasound can detect both of these conditions. This combined screening is for anyone ages 65 and older with at least one of the following: high blood cholesterol, high blood pressure, tobacco use, or a personal or family history of stroke, aneurysm or heart disease. Requires fasting for four hours before screening.

Appointment required.

Call **410-337-1479**.

■ **Thursday, Nov. 21,**
4:30 to 7 p.m.

DDC/Pain Center, first floor main hospital

■ **Thursday, Dec. 5,**
1 to 3:30 p.m.

CV Fitness Classroom, first floor main hospital next to gift shop

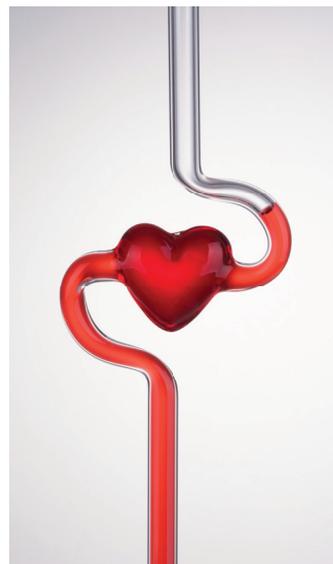
CLASSES AND SUPPORT GROUPS

WEEKLY YOGA CLASSES

No registration required. Call **410-337-1479** for questions and directions.

■ **Mondays, 4:30 to 5:30 p.m.**
■ **Wednesday chair yoga,**
noon to 12:30 p.m.

Irwin Center



AMERICAN RED CROSS BLOOD DRIVE

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

To register, call **410-337-1479**.

■ **Thursday, Nov. 14,**
7 a.m. to 4:30 p.m.

■ **Friday, Jan. 31,**
7 a.m. to 4:30 p.m.

Canticle Room

PROGRAMS

PREVENT T2

A class for people with prediabetes with a goal of preventing or delaying the onset of Type 2 diabetes. Group meets regularly for a full year.

Registration required.

Call **410-337-1479**.

■ **Wednesdays, 3:30 to 4:30 p.m., beginning Jan. 15**
Irwin Center

LIVING HEALTHY WITH HIGH BLOOD PRESSURE

Workshop is meant for people who have been diagnosed with hypertension or high blood pressure wanting to learn how to better manage their condition. **Registration required.** Call **410-337-1337**.

STROKE SURVIVOR SUPPORT GROUP

Provides a forum for learning, listening and socializing with others. Our free stroke support group encourages participants to share their experiences and offer comfort and empowerment to others. A team of stroke professionals will provide useful information about healthy living, stroke management and support after experiencing a stroke.

Call **410-427-2175** to register.

■ **Third Tuesday of the month,**
2 to 3:30 p.m.

The Orokawa Y in Towson



NOT ALL WOUNDS ARE VISIBLE

A COMMUNITY CONVERSATION:
ADVERSE CHILDHOOD EXPERIENCES (ACEs)
PLUS: KNOWING WHAT WORKS

■ **Wednesday, Nov. 13, 9 a.m. to 2 p.m.**
UMB Campus Center
621 W. Lombard St., Baltimore

Join the University of Maryland Medical System and the University of Maryland, Baltimore for a FREE community conversation about adverse childhood experiences (ACEs). ACEs are stressful or traumatic events that strongly affect health outcomes throughout a person's life. Join us as we continue an important discussion about this critical public health issue. This event is open to the public and provides an opportunity to gain valuable insight, tools and resources for inspiring resilience and supporting anyone managing stressful or traumatic events. You will not want to miss this chance to ask questions and learn how to get help for yourself, family and friends in your community. Registration is strongly encouraged at umms.org/community/conversations.

MOTHERING MATTERS

A free networking support group for new moms and their babies. Call **410-337-1880** to register.

■ **Thursdays,**
10:30 a.m. to noon
Towson United
Methodist Church



CHILDBIRTH PREPARATION CLASSES

Classes include baby care, breastfeeding, grandparents update and infant massage classes for parents and baby. Call **410-337-1880** to register. Fees apply.

BETTER BREATHERS CLUB

Sponsored through the American Lung Association,

this is a support group for people living with chronic lung disease, such as COPD. **Registration required.** Call **410-337-1302**.

■ **Friday, Nov. 15,**
2 to 3:30 p.m.
CV Fitness Classroom,
first floor main hospital
next to gift shop

INFLUENZA (FLU) VACCINATIONS

Standard-dose quadrivalent flu shots given to people ages 9 and older.

WALK-IN CLINICS: ON CAMPUS

No appointments needed.
For questions, call
410-337-1479.

■ **Saturday, Oct. 19,**
10 a.m. to 2 p.m.

■ **Friday, Dec. 6,**
11 a.m. to 1 p.m.
Canticle Room

Please bring a nonperishable food item to clinics on campus. Donations will be given to a local food bank. Thank you for helping UM St. Joseph Medical Center build healthier communities.

WALK-IN CLINICS: IN COMMUNITY

No appointments needed.
For questions, call
410-337-1479.

Shops at Kenilworth
800 Kenilworth Drive
Towson, Maryland

■ **Wednesday, Oct. 9,**
noon to 7 p.m.

White Marsh Mall
8200 Perry Hall Blvd.
Baltimore, Maryland

■ **Wednesday, Oct. 16,**
3 to 7 p.m.

St. Joseph Parish
100 Church Lane
Cockeysville, Maryland

■ **Thursday, Oct. 17,**
noon to 7 p.m.

**Padonia International
Elementary School**
9834 Greenside Drive
Cockeysville, Maryland

■ **Wednesday, Oct. 23,**
3:30 to 6:30 p.m.

**Cathedral of
Mary Our Queen
Parish Center**
5200 N. Charles St.
Baltimore, Maryland

■ **Thursday, Oct. 24,**
3 to 7 p.m.

**The Orokawa Y
in Towson**
600 W. Chesapeake Ave.
Towson, Maryland

■ **Tuesday, Oct. 29,**
3 to 7 p.m.

Towson Town Center
825 Dulaney Valley Road
Towson, Maryland

■ **Tuesday, Nov. 5,**
3 to 7 p.m.

**Our Lady of Grace
Parish Center**
18310 Middletown Road
Parkton, Maryland

■ **Wednesday, Nov. 6,**
3 to 7 p.m.

CROHN'S DISEASE & COLITIS SUPPORT GROUP

This free adult support group gives patients and their families and friends an opportunity to meet and talk with others who have similar experiences with Crohn's disease and ulcerative colitis. Call **410-337-1537** to register.

■ **Tuesday, Nov. 12, 7 p.m.**
Noppenberger Auditorium

DIABETES INFO EXCHANGE

Designed to encourage an exchange of information and support between presenters and attendees. For questions, call **410-337-1382**.

■ **First Tuesday of the
month, 1 to 2 p.m.**
CV Fitness Classroom,
first floor main hospital
next to gift shop



UM St. Joseph was one of only 57 hospitals in the nation to receive the **“High-Performing”** rating in all nine categories.

Better never stops. University of Maryland St. Joseph Medical Center has been recognized as a Best Hospital for 2019-20 by *U.S. News & World Report*. Named #3 in both the state and the Baltimore Metro area, UM St. Joseph is the highest-ranking community hospital in Maryland.

We owe this recognition to our staff and physicians' uncompromising dedication to patient safety and drive to deliver an exceptional, world-class experience to all those we serve. We are most proud because of what this accomplishment means for our patients: excellent outcomes, improved health and wellness, and greater access to the very best care.