

# MARYLAND'S

HEALTH MATTERS

COVER STORY

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UNIVERSITY  
of MARYLAND  
MEDICAL  
SYSTEM



ON THE COVER

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## UM UPPER CHESAPEAKE HEALTH

**ELIZABETH WISE, FACHE, MSN, MBA**  
President and Chief Executive Officer

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NOTE: All photographs taken during the COVID-19 pandemic were produced using appropriate prevention measures, including physical distancing and masking when distancing was not possible. Photographs without these measures in place were taken prior to the COVID-19 pandemic. During this time, we are taking extra steps to ensure your safety when you walk through our doors. According to the University of Maryland Medical System's Universal Masking Policy, everyone must wear a mask inside at all times in UMMS facilities.

Safe, quality care has not stopped because of COVID-19.



**IT IS FAIR** to say that everyone in their lifetime will either experience cardiovascular disease themselves or have a loved one who is diagnosed with the condition. My experience involved my grandfather passing away from a heart attack and my uncle dying from complications of a stroke.

As a registered nurse working at the bedside, I have had the opportunity to care for cardiovascular patients. This included patients who had a heart attack, stroke, open heart surgery, vascular surgery and heart transplant. I have witnessed the improvements in the care of heart and vascular patients through the introduction of new technology (i.e. robotic surgery), new medications (i.e. blood thinners and cholesterol-lowering medications) and advancements in research. Many of the research initiatives are focused on the use of genomics, as well as insuring there is equity in the care of patients.

You should put your health first to reduce the risk of cardiovascular disease. This includes reducing stress, eating healthy and exercising. If you use tobacco, please think about joining a tobacco cessation program. If you have prediabetes or diabetes, focus on reducing your hemoglobin A1C. It is not only about living longer, but living longer—and better!

*Elizabeth Wise*

Elizabeth Wise, FACHE  
President/CEO

# Walk WITH A DOC

SATURDAY MORNING PROGRAMS  
OFFER OPPORTUNITIES FOR  
FITNESS AND SOCIALIZING IN  
HARFORD COUNTY.

**UNIVERSITY OF MARYLAND** Upper Chesapeake Health and Healthy Harford are proud to support the Walk with a Doc program in Harford County. Led by Marie Kanagie-McAleese, MD, director of the pediatric hospitalist program and certified lifestyle medicine physician, the program aims to make medicine more open and accessible to everyone, as well as more rooted in the community.

These professionally led walking groups are a safe, fun place to get some steps, learn about health and meet new friends. Each walk begins with a brief discussion on a current health topic, and then participants enjoy a healthy walk and conversation.

We have three ongoing Walk with a Doc events in Harford County listed below:

## WHEN/WHERE

- **First Sunday and second Saturday:** Shucks Park, 301 Shucks Road, Bel Air
- **Fourth Saturday:** Magnolia Elementary School, 901 Trimble Road, Joppa

All sessions begin at 10am. The program is open to patients and community members of all ages, backgrounds and physical abilities.



For more information, visit [umuch.org/wwad](http://umuch.org/wwad). You can also get 100 Reasons to Walk at [walkwithadoc.org](http://walkwithadoc.org).







# How Much

# SHOULD YOU EAT?

KNOWING THE DIFFERENCE BETWEEN PORTION SIZES AND SERVING SIZES CAN HELP YOU CONTROL YOUR WEIGHT AND STAY HEALTHY.

## GOALS

**Recommended servings for each day:**

**Colorful veggies—**  
2.5 to 3 cups or more

**Fruits—**  
1 to 2 cups

**Whole grains—**  
half a cup

**Poultry, fish or lean meat—**  
5 to 6 ounces

**Dairy** (such as milk or yogurt) —3 cups

**Healthy oils**  
(such as olive, peanut, canola or avocado)—  
1 to 2 tablespoons

*It is best to skip processed foods and red meats.*



**WHEN YOU GO OUT TO EAT**, it can be tempting to eat everything on your plate. But portion sizes at many restaurants can be much more than you should eat in one sitting. The American Heart Association reports that portion sizes have grown drastically over the last 40 years. Adults today eat an average of 300 more calories per day than in 1985.

So how do you know the right amount to eat?

## PORTIONS VS. SERVINGS

Whether you are dining out or at home, understanding the difference between portion size and serving size can help determine whether you're overeating.

- **Portion size** is the amount that you actually eat at one time. You control your portion size.
- **Serving size** is the amount used to determine a food's nutritional value.

When you look at a nutrition label on a packaged food or the nutritional information on a restaurant website, the values shown are for a single serving. But often, when your food arrives at a restaurant, your plate contains much more than the serving used to calculate the calories and other information.

It's also easy to eat multiple servings when you are snacking or enjoying a home-cooked meal. Over time, this can lead to weight gain and contribute to health problems.

## TASTY TIPS

To help make sure you are not overeating, try these tricks:

- At home, measure individual serving sizes according to nutrition labels and put the rest away for later.
- When eating out, split an entrée with a friend and skip the bread and appetizers.
- Never snack right out of the bag. Instead, measure a single serving and put it in a bowl or on a plate.
- Consider buying individually portioned items for a short time. It may cost more than to portion them out yourself, but it will help keep you on track, especially during a hectic week.
- Use a 4-ounce ice cream scoop for serving foods such as mashed potatoes, rice, grains, pasta, peas and corn. A 4-ounce scoop equals the recommended ½ cup serving and is much faster to use than a measuring cup.
- Be consistent. That is half the battle for weight control and eating healthier.



Looking for a primary care provider?  
Visit [umuch.org/primarycare](http://umuch.org/primarycare).

# AN IMAGE OF THE *Heart*

THE HEART AND VASCULAR INSTITUTE AT UNIVERSITY OF MARYLAND UPPER CHESAPEAKE MEDICAL CENTER IS THE ONLY PROVIDER IN MARYLAND TO OFFER NEW TECHNOLOGY TO PATIENTS WITH UNDIAGNOSED CARDIAC CONDITIONS.



**EXPERIENCING CHEST PAIN** is scary for anyone. If it happens while you're at home, you should play it safe, call 911 and go to the hospital. Once there, the emergency physicians will order tests to determine the source of your pain.

An electrocardiogram, or EKG, will tell whether you are experiencing a heart attack. If so, you'll need to go to the cardiac catheterization lab, or cath lab, which has special imaging equipment to see your arteries and determine how well blood flows to and from your heart.

If it's not a heart attack, a number of tests can be done. For example, a cardiac CT angiogram (CTA) can determine if either fatty or calcium deposits have built up in your coronary arteries. Your cardiologist can review the scan to determine whether or not there are any blockages.

The third category is for in-between cases, when it isn't clear whether a blockage is significant or not. In this scenario, the information from a CT scan is sent to a company with supercomputers that use the principles of fluid dynamics to measure the degree of obstruction caused by the blockage.

A new kind of imaging technology used at UMMS is based on the same principle that whitewater rafters see when there are rocks in the river. Small rocks have no effect on water flow and the raft can go right over them, while big rocks cause water to move around them, potentially creating hazards for the raft. The larger the rock, the greater the effect.

The only difference is that the plaque the cardiologist is looking at is in a tube—your artery—and there isn't much

room for blood to flow around the plaque. This decreases blood flow to your heart muscle.

Cardiologists can now work with a 3D model of your artery system. The system uses a measurement called fractional flow reserve (FFR) value, which measures blood pressure on each side of the plaque. Using the FFR value, a physician can tell whether the blockage is responsible for the blood flow issue.

If blood pressure is equal on both sides of the plaque, there is no problem. If the pressure on one side is greater than the other, you may need more testing at the cath lab.

In other words, your cardiologist can decide whether you can go home with medication to address the plaque or if you must remain in the hospital. In those situations, an interventional cardiologist will review the scan to see where the problem areas are and where they should focus their attention.

These and other diagnostic tests are important tools that our physicians at UM Upper Chesapeake use every day to provide our patients with the best care possible.



February is American Heart Month. To learn more about the Heart and Vascular Institute at UM Upper Chesapeake, call **443-643-3729**.



*Welcome to the Future of*  
**HIP REPLACEMENT**

ROBOTIC-ARM ASSISTED SURGERY BRINGS GREATER PRECISION AND EASIER RECOVERY TO TOTAL HIP REPLACEMENTS.

**FOR PEOPLE DEALING** with chronic hip pain due to arthritis, degenerative bone disease or injury, a hip replacement can be life changing.

Raj Yalamanchili, MD, director of joint replacement at University of Maryland Upper Chesapeake Health, and his colleagues at the Upper Chesapeake Orthopedic Specialty Group are helping people get back to an active lifestyle with advanced robotic-arm hip replacement surgery. Hip replacement using the surgical robots aims to reduce the risk of postoperative complications.

“People do well with hip replacement surgery whether it is done manually or robotically,” Dr. Yalamanchili said. “However, a small percentage of patients having traditional surgery experience complications, such as unequal leg lengths, pain, dislocation or premature wear. The robot allows the surgeon to be more precise in terms of removing the correct amount of bone, restoring leg lengths, correctly sizing and placing implants, with the goal of reducing outliers.”

## COMPLICATIONS OF TRADITIONAL SURGERY

During a total hip replacement surgery, the surgeon removes damaged bone and tissue, replacing them with artificial parts that mimic the movement of a natural hip. In manual hip replacement, the surgeon is essentially eyeballing the implant size, eyeballing how much bone he has to remove and how to orient the implants.

The majority of the surgeries are successful, but complications can still occur. These can include:

- Leg length inequality, where one leg is shorter or longer than the other
- Hip dislocation, particularly in people who have arthritis of the spine or had spine surgery
- Premature wear or pain from incorrect orientation of the cup

## ACHIEVING PERFECT ALIGNMENT

Minimally invasive robotic surgery allows for greater accuracy, reducing the risk of leg length inequality, dislocation and other issues.

“The robotic surgery allows us to be more precise when measuring the bone, determining the size of the implants and deciding which angle to orient the implants,” Dr. Yalamanchili said. “It’s kind of like aligning the tires on a car. You can do the alignment by eyeballing it, or you can take the car to the tire shop to get them properly aligned and get your full mileage out of the tires. Our hope is that by getting the ball and socket parts of the hip joint perfectly aligned, the joint is going to last a very long time—hopefully 20 years or more.

The robotic-arm is a tool designed to help the surgeon achieve this perfect alignment. Before surgery, the patient has a CT scan of the hips and lower body, helping the surgeon determine the exact length of the leg. The surgeon then constructs a virtual 3D model of the hip and plans the surgery on the computer, including how much bone needs to be removed and the exact positioning of the implant. The 3D modeling helps ensure better alignment of the joint, according to Dr. Yalamanchili, which can theoretically reduce the rate of complications after surgery.

During the procedure, the surgeon guides the robotic-arm to remove the diseased bone and cartilage and places the implant at the perfect angle, using real-time data to make any necessary adjustments.

A study from Harvard Medical School orthopedic surgeons shows that, when using the manual approach, the hip socket is placed at a perfect angle about 50% of the time, while the same surgeons with robotic-assisted

# HEALTHY HIPS, HAPPY LIFE

**ROBERT DECOSTE** isn't one to let pain slow him down.

“I’m one of those people who, if something hurts, I just work through it,” he said.

After about four years of experiencing pain in his right hip, however, he decided it was time to do something about it.

“I thought, why am I still dealing with pain when there is a way to get rid of it?” Decoste said. “I knew it was time to have a hip replacement.”

## A POSITIVE EXPERIENCE

Decoste wasn't a stranger to having hip surgery. He had his left hip replaced at age 48 after years of playing ice hockey, which he continued to play until age 57. But by his early 60s, the pain in his right hip was affecting his golf game, and the regular cortisone shots he had been receiving were becoming less effective.

Decoste's physician referred him to Raj Yalamanchili, MD, director of joint replacement at University of Maryland Upper Chesapeake Health.

Dr. Yalamanchili confirmed that Decoste was a good candidate for a hip replacement. However, before Decoste could have his right hip replaced, Dr. Yalamanchili informed him that he would need to have a revision on his left hip, which had deteriorated over the years. Several months after the revision procedure, Decoste had a robotic replacement for his right hip.

“The procedure went very smoothly,” he said. “I had no problems at all. I was in and out of the hospital on the same day.”

Now, Decoste, who moved with his wife to Maryland several years ago to be closer to his grandkids, can enjoy time with his family and play the sport he loves with no pain.

“Dr. Yalamanchili and everyone at UM Upper Chesapeake Health were fantastic,” he said. “They kept me informed every step of the way, and the recovery was seamless. I’m very happy with the results.”





## EXPERTS IN JOINT REPLACEMENT

The skilled surgeons at the Upper Chesapeake Orthopedic Specialty Group perform a wide variety of joint replacements, including hips, knees, ankles and shoulders.

University of Maryland Upper Chesapeake Health have been using the surgical robot for about 10 years. The team, including surgeons, nurses, and physical and occupational therapists, takes a collaborative approach to care, helping you get back to doing the things you love quickly.



surgery have 87% accuracy in terms of hip socket placement in the safe zone. Long-term studies are needed to show that improved cup alignment achieved by robotic surgery gives you a longer lifespan of the implant.

### IS THE SURGEON IN CONTROL?

Dr. Yalamanchili assures patients that he is fully present during the surgeries.

“My patients are afraid that I’m in the surgeon’s lounge, drinking coffee, watching the news, while the robot is doing the surgery,” Dr. Yalamanchili said. “That’s not the case. I’m in the operating room. I hold the knife and the drill and I do the surgery. You can sort of imagine the robot as a tool to help me get the perfect alignment.”

We are aiming for perfection in terms of how much bone we remove and where the implants go. And our hope is that by doing this, we minimize some of the complications of hip replacement surgeries, such as dislocation, leg length inequality, pain and premature wear.

### LEADING THE STATE

Dr. Yalamanchili has been a trailblazer in Maryland when it comes to robotic hip replacement surgeries. Since he began using the surgical robot about 10 years ago, he has used the technology to perform more than 400 hip replacements. A true leader in robotic joint replacement surgery, Dr. Yalamanchili also performs hip replacements using an anterior approach with the robot.

This approach allows the surgeon to operate through a small incision at the front of the hip and avoid cutting through muscle, resulting in less pain for the patient and a faster recovery than traditional hip replacement surgery.



To learn more about joint replacements at UM Upper Chesapeake Health, visit [umuch.org/joint](https://umuch.org/joint).



# 6 Tips for WINTER WELLNESS

COLD AND FLU SEASON IS UPON US. PREVENT WINTER WOES BY FOLLOWING THESE TIPS.

## 1. WASH YOUR HANDS FREQUENTLY.

A little soap and water go a long way toward stopping the spread of germs. Wash for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.

## 2. PRACTICE HEALTHY HABITS.

Help your body fight infections by eating a healthy diet, exercising regularly, getting enough sleep and managing chronic health conditions.

## 3. GET YOUR FLU SHOT.

The flu vaccine is the best way to prevent this seasonal virus.

## 4. CLEAN HIGH-TOUCH SURFACES.

Disinfect countertops, doorknobs, light switches, phones and toys often to rid those surfaces of germs.

## 5. PAY ATTENTION TO MENTAL HEALTH.

Seasonal affective disorder can cause winter depression, sleep problems or weight changes. Light therapy or certain medications may help. Meditation can lower stress and boost your immune system even if you don't have mental health concerns.

## 6. SEE YOUR PRIMARY CARE PROVIDER.

Talk with your provider if you feel sick or notice changes in your mood. They can help you find treatments and offer general wellness support.

To find a primary care provider near you, go to [umuch.org/primarycare](https://umuch.org/primarycare).

# PROSTATE CANCER

# 101

WHAT MEN NEED TO KNOW.

Prostate cancer is one of the most common cancers in American men.

**U.S. NATIONAL CANCER STATISTICS** estimates there will be close to 270,000 new cases of prostate cancer and 34,500 related deaths in 2022.

Symptoms are rare. About 95% of the time the diagnosis is made after an abnormal prostate-specific antigen (PSA) blood test followed by a biopsy. Only 5% of men have disease outside the prostate gland at the time of diagnosis.

## HOW IS PROSTATE CANCER TREATED?

For men whose cancer is very slow-growing, doctors recommend one of the following:

- **Active surveillance:** Men 55 to 70 years of age diagnosed with non-aggressive, low-volume prostate cancer can be safely monitored by their doctors with a PSA blood test every four to six months.
- **Watchful waiting:** For men older than 70, doctors usually suggest annual PSA blood tests, followed by imaging or biopsy if concerns arise.

For more aggressive disease, doctors may recommend surgery, radiation, cryoablation or other treatments.

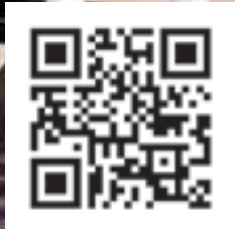
Prostate cancer also can occur in transgender women if they were born with male sex organs.

To learn more about prostate cancer services at University of Maryland Medical System, visit [umms.org/prostate-cancer](https://umms.org/prostate-cancer).



**“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. Toursavatkohi 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. Toursavatkohi 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. Toursavatkohi 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. Toursavatkohi 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. Toursavatkohi 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. Toursavatkohi 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/find-a-doctor](https://umms.org/find-a-doctor).

# Lung Screening

## HOW AND WHY

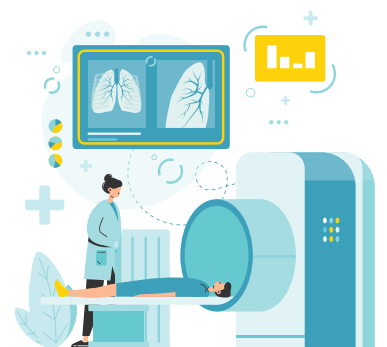
THE LUNG CANCER SCREENING PROGRAM AT UM UPPER CHESAPEAKE HEALTH PROVIDES WIDE-RANGING CARE FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND.

**LUNG DISEASES ARE** some of the most common medical conditions in the world, affecting millions of people in the U.S. alone. University of Maryland Upper Chesapeake Health offers a full spectrum of care options, from coughs and colds to more complex conditions like lung nodules and lung cancer.

Our lung cancer screening program evaluates patients considered at high risk for developing lung cancer from smoking. We offer reduced-dose CT scans that use roughly 25% of the radiation exposure of a regular CT scan. Studies show the scan can detect the disease when it is most treatable, decreasing cancer deaths by as much as 20%. Our approach to care is three-pronged:

1. Reduced-dose CT scan
2. Diagnosis and monitoring of lung nodules or other abnormalities
3. Multidisciplinary clinic of specialists who develop a comprehensive treatment plan

As a Lung Cancer Alliance Screening Center of Excellence, UM Upper Chesapeake Health is recognized for our commitment to providing a high-quality lung cancer screening program that complies with national standards on the most up-to-date practices for managing screening quality, radiation dosing and diagnostic procedures.



Ask your health care provider if a reduced-dose CT scan may be right for you. Learn more at [umuch.org/lung](https://umuch.org/lung) or by calling **443-843-LUNG**.

# Let's Get **VASCULAR!**

TAKE AN INSIDE LOOK AT YOUR VASCULAR SYSTEM.

## FROM THE HEART

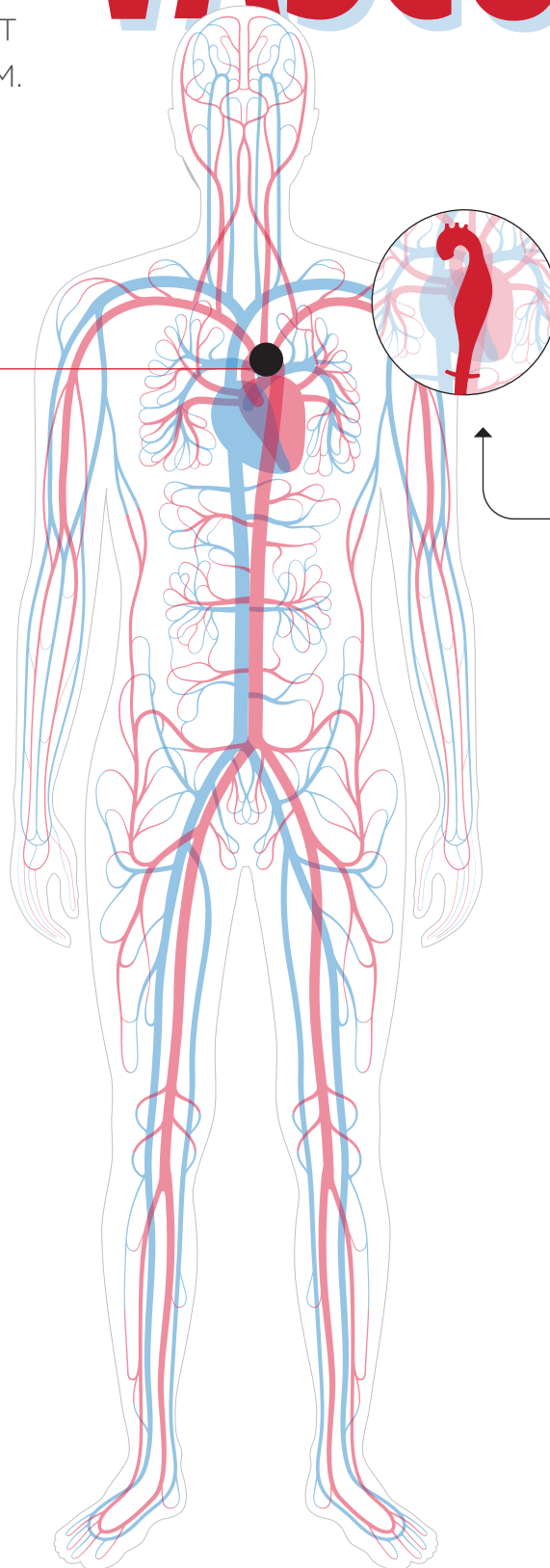
Your heart pumps oxygenated blood into your aorta, your main artery that stretches from your chest to your pelvis.



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.

# NEWS

&

# Events

## BE YOUR BEST

THESE HEALTH AND WELLNESS PROGRAMS  
ARE OFFERED IN SUPPORT OF YOUR GOOD HEALTH.

### **FEBRUARY IS AMERICAN HEART MONTH**

American Heart Month is an awareness program encouraging Americans to join the fight against heart disease. Learn about our Heart and Vascular Institute and tips that can help you live a heart-healthier lifestyle at [umuch.org/heart](http://umuch.org/heart).

### **GO RED FOR WOMEN**

On Friday, Feb. 3, the American Heart Association encourages people to wear red as a symbol of their support of women's heart health. Who will you wear red for?

### **RANDOM ACTS OF KINDNESS DAY IS FEB. 17**

Did you know that being kind to others can actually make YOU feel happier? Why not give it a try?

### **DIABETES ALERT DAY IS MARCH 28**

Whether you were just diagnosed with diabetes or have been dealing with it for years, our team of physicians, nurses, dietitians and diabetes educators can help you successfully manage the disease. Learn more at [umuch.org/diabetes](http://umuch.org/diabetes).

### **MARCH IS COLORECTAL CANCER AWARENESS MONTH**

Many colon cancers can be prevented or, when detected early, more easily treated. Beginning at age 45—or earlier if you have a family history of colon cancer—talk to your doctor about when you should be screened.

### **APRIL IS HEAD AND NECK CANCER AWARENESS MONTH**

The Kaufman Cancer Center offers treatment services and supportive care to those affected by head and neck cancer and their families. Learn more at [umuch.org/cancer](http://umuch.org/cancer).

### **MENTAL HEALTH VS. PHYSICAL HEALTH**

They're both important—in fact, they can actually affect each other! Make your mental health a priority. Manage stress and anxiety through exercise, healthy eating and taking time for yourself. Learn to recognize when you need a break and never be ashamed to ask for help.

- April is National Stress Awareness Month
- May is Mental Health Awareness Month

### **DON'T WEIGHT! TAKE CONTROL OF YOUR LIFE AGAIN**

Obesity is a complex disease with many factors that can cause excess weight and complicate a person's ability to lose it. If a traditional program of physical activity and good nutrition has not adequately solved the problem, our Bariatric Surgery Program is here to help. For a short video about your weight loss surgery options, go to [umuch.org/weightloss](http://umuch.org/weightloss) or call **443-843-6360** to learn more.

### **CAR SEAT SAFETY CHECKS**

Make sure your most precious cargo is riding as safely as possible. Free car seat safety checks are offered the second Saturday of each month. Call **800-515-0044** for locations, times and more information.



## BREASTFEEDING SUPPORT

Breastfeeding is a great way to help get your baby off to a healthy start, and we're here to support you. Visit [umuch.org/calendar](http://umuch.org/calendar) or call **443-643-2948** for the latest information.

## HEALTH SCREENINGS

Screenings, including blood pressure, cholesterol, diabetes, stroke risk and more, are offered regularly throughout Harford County. Call **800-515-0044** or visit [umuch.org/calendar](http://umuch.org/calendar) for the latest information.

## MEDICAL MOBILE VAN

A variety of no-cost and low-cost health screenings are provided in our medical mobile van:

- The Boulevard at Box Hill in Abingdon: Fourth Tuesday of each month from 4pm to 7pm
- Jarrettsville Library: Feb. 2 from noon to 3pm

## DIABETES CARE

Living with diabetes isn't easy, but with proper care, you can enjoy a better quality of life. Visit [umuch.org/diabetes](http://umuch.org/diabetes) to learn more.

- UM Center for Diabetes at Upper Chesapeake Medical Center: **443-643-3200**
- Upper Chesapeake Endocrinology and Associates: **443-843-6100**
- Diabetes Prevention and Self-Management Programs: **800-515-0044**

## WALK WITH A DOC

This free program is for people of all ages and abilities. Each session includes a short overview of a current health topic by a health care provider and is followed by a walk at your own pace and distance. Take some steps toward a healthier you! For more information visit [walkwithadoc.org](http://walkwithadoc.org).

- Magnolia Elementary School in Joppatowne: Fourth Saturday of the month at 10am
- Schucks Regional Park in Bel Air: First Sunday and second Saturday of the month at 10am

## CANCER SCREENINGS

Let's get real: Cancer screenings can save lives. Be sure you're keeping up with yours. Talk to your doctor about the cancer screenings that may be right for you and visit [umuch.org/cancerscreening](http://umuch.org/cancerscreening) to learn more.

## BREAST AND CERVICAL CANCER SCREENING PROGRAM

If you are uninsured or underinsured, this program can help you stay on track with important breast and cervical cancer screenings. Call **443-643-3767** to see if you may be eligible.

**You are a part of our history...  
Be a part of our future.**  
If you were born at Harford Memorial Hospital, please share your baby picture!

**Harford Memorial Hospital had a nursery for over 90 years!**

As we celebrate the 110+ years in operation, we want to collect baby pictures of people born at this once very active nursery. The baby picture collection will be proudly displayed at our new campus in Aberdeen when it opens in late 2023.

To submit, please send to [uchmarketing@umm.edu](mailto:uchmarketing@umm.edu)

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