

LEADINGEDGE

AUTUMN 2017

MAGAZINE



The Benefits of
**MINIMALLY INVASIVE
SURGERY**

Hidden Scar™ Breast Cancer Surgery

One of the 100 Best Hospitals for Joint Replacement

Vascular Surgery Revolution



Maria Tirona, MD

Professor, Department of Internal
Medicine, Marshall University
Joan C. Edwards School of Medicine



Cancer Research Leader

Today's top cancer treatments are the result of knowledge gained from groundbreaking clinical trials at the nation's leading cancer centers.

The Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital is a national leader in cancer research - and spearheading that effort is principal investigator, Maria Tria Tirona, MD, FACP.

As the ECCC's Director of Medical Oncology, Dr. Tirona's passion for knowledge is only surpassed by her passion to find cures for her patients.

And you'll only find her at the Edwards Comprehensive Cancer Center at Cabell Huntington Hospital - where *Knowledge Meets Hope*.

To learn more, call 304.399.6556.



**Edwards
Comprehensive
Cancer Center**
at Cabell Huntington Hospital

www.edwardsccc.org

Message from the President & CEO

Small incisions. Best decision.



For more than a decade, Cabell Huntington Hospital has been a regional leader in minimally invasive surgery. The numerous patient benefits the procedures offer include shorter hospital stays, less post-operative pain, faster recovery, less risk of infection, decreased blood loss, less scarring and a quicker return to normal activities.

Now, Cabell Huntington Hospital has established the Institute for Minimally Invasive Surgery to advance the science and practice of minimally invasive surgical procedures. We were the first to bring *da Vinci*[®] robotic surgery to the region in 2006. Today, our hospital's Robotics Surgical Center features three *da Vinci* systems, providing surgeons with unparalleled precision, dexterity and control.

In addition to robotic surgeries, the Institute for Minimally Invasive Surgery encompasses a wide range of non-robotic procedures including endoscopy and laparoscopy. It covers multiple services such as orthopaedic, cardiac, oncology, gynecology, radiology and gastroenterology.

In this issue of *The Leading Edge*, we are privileged to highlight these state-of-the-art services Cabell Huntington Hospital has to offer at the Institute for Minimally Invasive Surgery. We are committed to getting you and those you love cared for, treated and recovering faster than with traditional surgeries. In turn, getting you back to the activities you enjoy and the people you love faster.

Kevin N. Fowler
President and CEO

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Chief Executive Officer**
Cabell Huntington Hospital
Kevin N. Fowler

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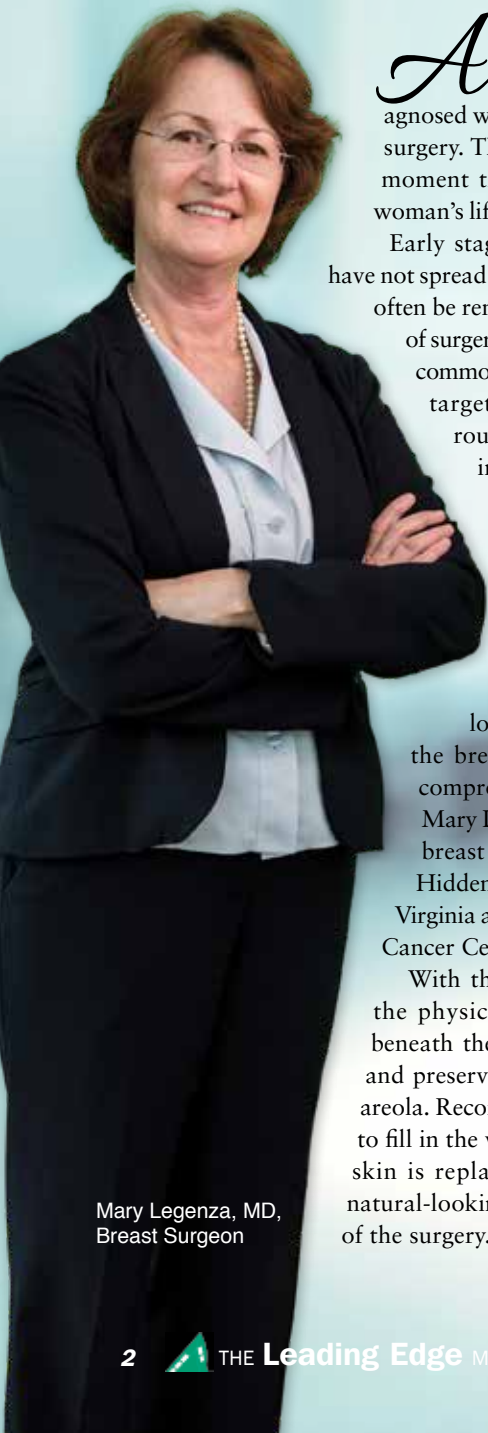
ABOUT THE COVER: **Jonathon Salava, MD**, orthopaedic surgeon, explains minimally invasive hip replacement surgery to a patient. Dr. Salava is an assistant professor in the Department of Orthopaedics at the Marshall University Joan C. Edwards School of Medicine.



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Removing the Reminder

Hidden Scar™ procedure eases breast surgery's physical and emotional scars.



Mary Legenza, MD,
Breast Surgeon

According to the American Cancer Society, each year more than 250,000 women are diagnosed with breast cancer that requires surgery. The diagnosis is a life-changing moment that not only can threaten a woman's life, but also her self-confidence.

Early stage breast cancers, those that have not spread to other parts of the body, can often be removed using one of two forms of surgery — breast-conserving surgery, commonly called a lumpectomy which targets the cancer and some surrounding tissue, and mastectomy in which the entire breast is removed. Both procedures result in prominent scarring — an unpleasant reminder of cancer.

“Now an innovative new procedure, Hidden Scar™ Breast Cancer Surgery, allows the removal of cancer in the breast and hides scars without compromising clinical results,” said Mary Legenza, MD, a board-certified breast cancer surgeon and the first Hidden Scar Breast Surgeon in West Virginia at the Edwards Comprehensive Cancer Center.

With the Hidden Scar™ technique, the physician uses the natural crease beneath the breast to make an incision and preserve the breast skin and nipple-areola. Reconstructive surgery is then used to fill in the void and the patient's natural skin is replaced. The result preserves a natural-looking breast, with no visible sign of the surgery.

“Our goal is to have a patient get out of the shower, look in the mirror and not be reminded of the surgery,” Dr. Legenza explained. “We've had some patients say they can't tell on which side of their body the surgery was performed.”

Hidden Scar Breast Cancer Surgery uses an incision hidden in one of three places: the natural crease beneath the breast, along the areola border or the armpit.


Dr. Legenza and breast surgeon Jack R. Traylor, Jr., MD, work closely with the surgeons of Marshall Plastic & Reconstructive Surgery to perform what's called oncoplastic surgery, which combines advanced breast surgical oncology with the latest plastic surgery techniques resulting in a more natural shape and contour of the breast.

According to a study published in the medical journal of the American Society of Plastic Surgeons, patients who undergo this procedure are at no higher risk of recurrence than patients who undergo any other type of technique.

Hidden Scar Breast Cancer Surgery may be appropriate for a wide range of breast cancer patients undergoing nipple-sparing mastectomy or breast-conserving (lumpectomy) procedures. Qualification depends on a patient's tumor size and location, breast shape and size and the patient's general health.

Dr. Legenza emphasized breast surgery is not only about treating the disease, but also giving the patient the best cosmetic outcome possible. “Patients should not have to be reminded of their breast cancer or breast surgery every day when they look in a mirror,” Dr. Legenza said. “Hidden Scar techniques minimize scarring so women aren't reminded of their disease.”

To learn more about Hidden Scar™ Breast Cancer Surgery, call the Edwards Comprehensive Cancer Center at 304.399.6556.

 Mary Legenza, MD, Breast Surgeon, is an assistant professor, in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine.

Breast Biopsy Breakthrough

*3D-guided breast biopsy
offers peace of mind.*

More than 38 million women in the United States undergo screening or diagnostic mammography each year. Now, women tested for breast cancer at the Edwards Comprehensive Cancer Center's (ECCC) Breast Health Center have a new screening option that could supplant older screening techniques.

"3D-guided breast biopsy offers an alternative to invasive surgical biopsies with a more accurate, faster and more comfortable means of obtaining a tissue sample for quick diagnosis," said Jack R. Traylor, Jr., MD, a breast surgeon at the ECCC with 40 years of experience.

"While we have offered 3D mammography since 2012, we have not been able to biopsy lesions seen on 3D until recently. This new technology allows us to perform needle biopsies on patients that in the past required surgery in the operating room," Dr. Traylor said.

A 3D-guided biopsy is a minimally invasive procedure that uses X-ray imaging to guide the physician directly to the lesion in the breast that cannot be seen with standard 2D digital mammography.

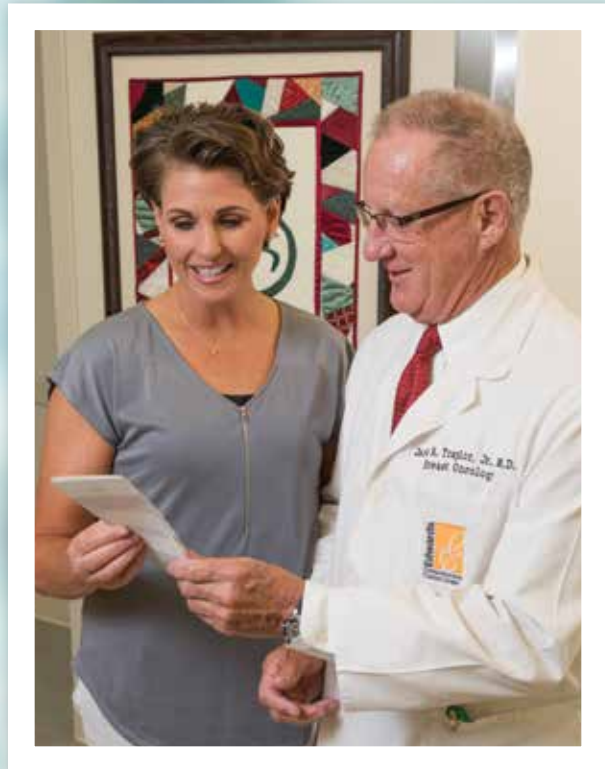
"3D allows us to get a sample of the lesion that may be deep within the breast tissue, without traditional surgery," Dr. Traylor explained. "Early detection is essential — it increases treatment options and the likelihood of successful recovery. The entire procedure lasts less than 20 minutes and patients can return to normal activities within 24 hours."

During a 3D-guided breast biopsy, the patient's breast is compressed (similar to a mammography exam) while a 3D mammographic technique is used to locate the mass. Once detected, a local anesthetic numbs the area and a needle is inserted to extract tissue samples. The actual biopsy takes approximately one to two minutes.

After the samples are removed, they are evaluated by a pathologist for diagnosis. Past procedures involved making an incision and leaving behind scarring.

According to the National Cancer Institute, about half of all women screened annually for 10 years will experience an anxiety-producing false positive result. 3D-guided breast biopsy significantly reduces the chances of a false positive. And this means fewer women find themselves called back for additional testing.

Another advantage of 3D-guided breast biopsy is the exposure to less radiation. Dr. Traylor said Cabell Huntington




Dr. Traylor explains the benefits of 3D-guided biopsy.

Hospital is the first hospital in the Tri-State and one of two in West Virginia offering this minimally invasive biopsy.

"Which means we can confirm a clearer, more definitive diagnosis," Dr. Traylor said.

Breast cancer detection and treatment at the Edwards Comprehensive Cancer Center recently received re-accreditation from the National Accreditation Program for Breast Centers (NAPBC) and the Commission on Cancer.

Edwards Comprehensive Cancer Center is an outpatient facility of Cabell Huntington Hospital. To schedule a mammogram, please call 304.526.2270 or visit www.edwardsccc.org.

 **Jack R. Traylor, Jr., MD**, is an associate professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine.

Back on Your Feet Faster

Consistency, precision and minimally invasive tools offer quicker recoveries following hip and knee surgeries.



Ali Oliashirazi, MD,
Orthopaedic Surgeon

As one of the top hip and knee replacement programs in the nation, the Mary H. Hodges Joint Replacement Center at Cabell Huntington Hospital prides itself on providing patients the highest level of care from consultation to recovery and rehabilitation. This focus has led the Center to receive consistently high patient satisfaction scores, the Gold Seal of Approval™ from the Joint Commission and consistent national recognition from Healthgrades, a company that comprehensively rates physicians, hospitals and other healthcare services.

Ali Oliashirazi, MD, an orthopaedic surgeon for over 20 years, is the surgical director of the Mary H. Hodges Joint Replacement Center at Cabell Huntington Hospital.

“There are about 5,000 hospitals around the country that do hip and knee

replacement surgery,” said Dr. Oliashirazi. “We have been named in the top 100 Best Hospitals for Joint Replacement as long as it has been available. It is reflective of how we do these operations. We do a lot of things consistently so that our patients recover remarkably quicker.”

Knee and hip replacement surgeries are primarily for patients suffering from severe arthritis with no relief from conservative pain management methods, including medications, bracing, injections, physical therapy and weight loss. Using minimally invasive techniques such as iASSIST™ computer-assisted knee surgery and robotic-assisted knee surgery, a surgical guidance/navigation system that uses a technology similar to Bluetooth, result in a decreased length of stay, faster rehabilitation and better overall outcomes. The trauma to the tissues is lower with higher accuracy of placement of components.

Traditionally, a patient who has undergone knee replacement surgery would be in the hospital for at least three days. About 40 percent of patients would go to a rehabilitation facility. With minimally invasive technologies, the average length of stay at Cabell Huntington Hospital is one day for hip and knee replacement patients. For some, the procedure is outpatient, meaning no hospital stay is needed. Cabell Huntington Hospital was the first in the state to do an outpatient knee replacement surgery in 2015.

“Almost all of our patients leave after one day, some leave on the same day,” Dr. Oliashirazi said. “And even though they will be doing some physical therapy, they can return to the comfort of their home rather than to a rehabilitation facility.”

Other benefits of the minimally invasive approach include: no additional pre-operative imaging, no additional incisions or external pins and reduced risk of infection.



Dr. Salava explains the minimally invasive, outpatient hip replacement surgery.

Marilyn Albrecht, a patient of Dr. Oliashirazi, had a complete knee replacement in April 2016.

“I had gradual pain, becoming worse over the period of a year,” Albrecht said. “I tried injections and nothing really helped.”

When Albrecht made the decision to have surgery, she was only in the hospital overnight.

“I was up immediately after the surgery,” Albrecht said. “I had very little pain — the most I ever took was Tylenol® — and I did not have to use a walking aid of any kind.”

Albrecht completed six weeks of physical therapy as well as at-home exercises and is now feeling better than ever.

“I can bend my knee just as well as anyone,” Albrecht said. “Dr. Oliashirazi and the staff were great. The whole experience couldn’t have been any better.”

As a hip replacement and revision surgery specialist as well as a fellowship-trained joint replacement surgeon, Jonathon Salava, MD, is experienced in the anterior approach for hip replacement surgery. The surgery is less painful, utilizes a smaller incision and offers a quicker recovery.

“It is a more popular approach because it is muscle sparing and reproducible with excellent outcomes,” Dr. Salava said.

Coupled with pain management protocols, Dr. Salava added, surgery using the anterior approach dramatically lessens recovery and rehabilitation time.

“Most patients are home the next day after surgery and some return home the same day,” Dr. Salava said. “This is compared to a decade ago when patients would have been in the hospital three to five days.”


As with any surgery, there may be swelling and soreness for a few weeks, but a patient’s mobility is noticeably improved.

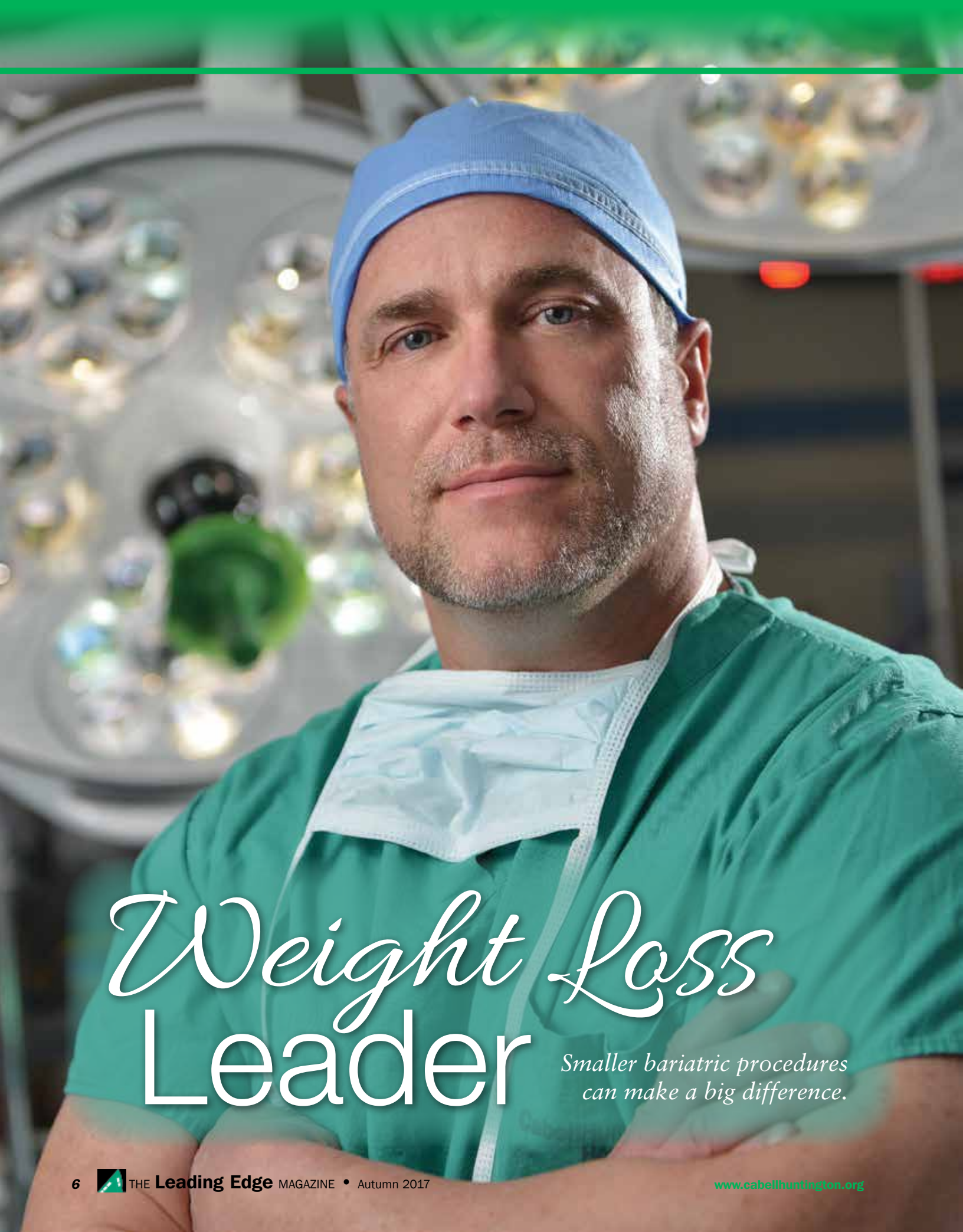
“With our post-op pain regimen, thorough perioperative care, minimally invasive approaches and advanced technology, we have a very comprehensive total joint replacement program,” Dr. Salava said. “That’s a big part of what makes us stand out.”

Cabell Huntington Hospital was also the first hospital in the state to perform outpatient same-day total hip replacement.

For more information on hip replacements, call Marshall Orthopaedics at 304.691.1262. The Mary H. Hodges Joint Replacement Center can be reached at 304.526.2607.

 **Ali Oliashirazi, MD**, Orthopaedic Surgeon, is professor and chair in the Department of Orthopaedics at the Marshall University Joan C. Edwards School of Medicine.

 **Jonathon Salava, MD**, Orthopaedic Surgeon, is an assistant professor in the Department of Orthopaedics at the Marshall University Joan C. Edwards School of Medicine.



Weight Loss Leader

*Smaller bariatric procedures
can make a big difference.*

Successful weight loss centers focus on lifestyle changes, and sometimes bariatric surgery is needed to maintain this commitment. For these instances, the Center for Surgical Weight Control at Cabell Huntington Hospital, led by D. Blaine Nease, MD, FACS, can support you in your choice for improved health.

Dr. Nease is Chief of Bariatric Surgery at Cabell Huntington Hospital and has extensive experience and advanced clinical training in weight loss surgical procedures. Three of the most common procedures Dr. Nease performs are gastric sleeve resection, revision weight loss surgery and gastric bypass.

“Traditionally, we’ve done all three of these procedures laparoscopically. However, in the past four months, I have begun doing them robotically as well,” Dr. Nease said. “The benefit of using robotics is that the instruments have a larger range of motion. This allows us to do even more challenging operations.”

Gastric sleeve resection is a minimally invasive procedure where the surgeon removes up to 80 percent of the outer portion of the stomach, leaving a small, functioning pouch that is about the size and shape of a small banana. Unlike some other options, it does not involve rerouting the intestine. Through calorie restriction and changes in gastric hormones, patients feel fuller, faster and longer. Studies show individuals who have had gastric sleeve resection lose approximately 60 percent of their excess body weight between 18 and 24 months after the operation. This procedure also has a low risk of malnutrition, the lowest long-term complication rate and can help resolve diabetes mellitus.

A patient may have revision weight loss surgery even those who have had an adjustable gastric band inserted previously.

“We remove the band and convert to another weight loss procedure such as a vertical gastric sleeve resection or a gastric bypass,” Dr. Nease said.

Roux-en-Y gastric bypass involves creating a small pouch that is closed off from the rest of the stomach. This pouch holds about an ounce of food or liquid. The intestine is rerouted to take the food or liquid to the small intestine. Patients who have gastric bypass surgery lose an average of 66 percent of their excess body weight in 18 months.

The least invasive surgical weight loss approach, the adjustable gastric band, creates a pouch at the top portion of the stomach, helping the patient feel fuller, longer. Patients with the gastric band lose, on average, one to two pounds a week. In 24 months, patients lose an average of 46 percent of their excess body weight. Though it is the slowest rate of weight loss, some benefits are no stomach stapling, cutting or intestinal rerouting; low risk of malnutrition and no dumping syndrome. The adjustable gastric band has the lowest complication rate in the immediate post-operative period.

“Because traditional open bariatric surgery has a higher rate of infection and hernias — as well as increased pain and a longer recovery time — the minimally invasive approach to bariatric surgery is the standard of care in the majority of cases,”

Dr. Nease said.


“As the leader in bariatric surgery, Cabell Huntington Hospital strives to raise the standard of care to the next level. That’s what we are doing. Not many centers are performing robotic bariatric surgery, but soon this will likely become the standard as well. We are staying ahead of the game.”

For more information on bariatric procedures, or to take the first step in your weight loss journey and attend one of our bariatric seminars call the Center for Surgical Weight Control at 304.399.4118.



Mary Adams lost more than 180 pounds by having the gastric sleeve surgery. Before (right) and after (left) shows what dramatic results can be accomplished with a committed effort. The shorter recovery time associated with minimally invasive procedures allows patients to attain results more quickly.



 D. Blaine Nease, MD, FACS, is an assistant professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine.



Neurosurgery *Redefined*

*Minimally invasive techniques
make brain and spine surgery remarkable.*

The prospect of having surgery on the brain or spine can be frightening, but Tri-State residents can rest assured knowing Cabell Huntington Hospital (CHH) provides the latest in minimally invasive surgical procedures.

Many neurosurgery procedures no longer require open surgery to access the brain. Instead, the surgeon uses an endoscope (a tube with a camera on the end) that can be inserted through small incisions. The use of image guidance technology allows the surgeon to pinpoint the surgical site with great precision, while leaving the surrounding tissue undisturbed. This allows the surgeon to perform delicate neurological procedures like spine surgery, treating water on the brain or removing brain tumors. Patients who undergo minimally invasive brain or spine surgery are able to return to their daily activities more quickly.

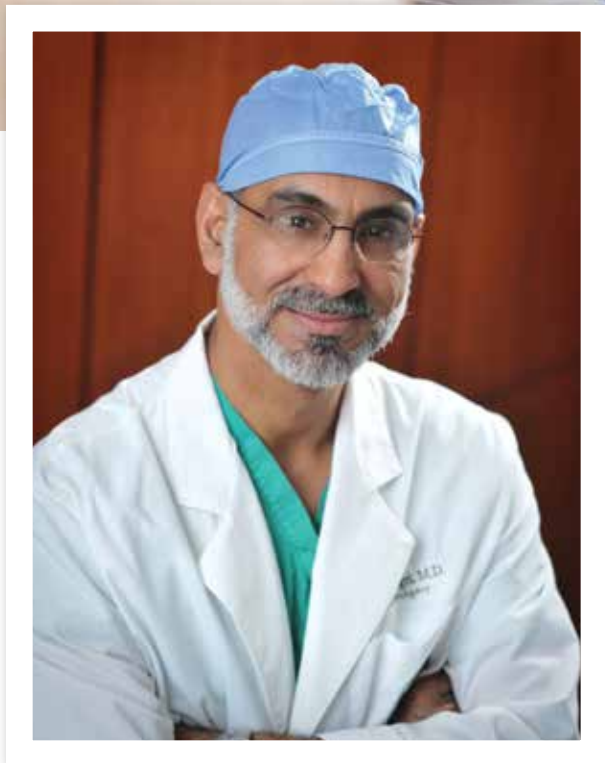
“Minimally invasive surgery means using small incisions to achieve the same results as traditional open surgery,” said Nicolas Phan, MD, a neurosurgeon at CHH. “For example, with spine surgery, minimally invasive techniques use different angles of approach to the spine with special equipment and image guidance to decompress the spinal cord and nerves and place instrumentation. Moreover, minimally invasive techniques can now be used with robots to improve precision.”

“Minimally invasive surgery involving the spine, peripheral nerves or the brain allows for quicker recovery because there is less brain manipulation and less overall trauma to the tissues,” said CHH neurosurgeon J. Paul Muizelaar, MD, PhD. “This produces less bleeding, less pain and in most cases allows for better results.”

Rida Mazagri, MD, CHH neurosurgeon said the difference minimally invasive techniques make in patient recovery is faster.

“The hospital stay for traditional surgery would be five to seven days depending on the type of surgery, with more bleeding, more pain,” Dr. Mazagri said. “Minimally invasive surgery requires a shorter hospital stay and some patients may be able to go home the same day.”

J. Paul Muizelaar, MD, PhD, has practiced medicine for over 40 years.




Rida Mazagri, MD, performs a full range of neurosurgical procedures for adults and pediatric patients with neck or back pain.

Nicolas Phan, MD, joined the neuroscience team this summer with nearly two decades of experience.

Minimally invasive procedures provide the same treatment outcomes as traditional surgery, yet patients have the potential to return to their normal activities much sooner. The neurosurgeons of Cabell Huntington Hospital will provide consultations with patients to see if a minimally invasive procedure would be an option for them.

The use of minimally invasive procedures for brain and spine surgery is yet another way Cabell Huntington Hospital offers its patients the latest in surgical techniques and medical technology delivered with a caring, personal touch.

For more information on minimally invasive neurosurgery at Cabell Huntington Hospital, contact Marshall Neuroscience at 304.691.1787.

 Nicolas Phan, MD, is an associate professor and J. Paul Muizelaar, MD, PhD, and Rida Mazagri, MD, are professors in the Department of Neuroscience at the Marshall University Joan C. Edwards School of Medicine.



Vascular Surgery REVOLUTION

Hybrid operating room revolutionizes vascular disease.

James C. Kitchen, MD, is a fellowship-trained vascular surgeon specializing in minimally invasive procedures.

“Advancements in technology and surgical techniques have really revolutionized how we treat vascular surgery.”

— James C. Kitchen, MD

A diagnosis of vascular disease can be frightening. Knowing that you are in the hands of a meticulous and caring surgeon — a surgeon like James C. Kitchen, MD — can help put those fears to rest.

Dr. Kitchen’s interest in vascular care began with the loss of his grandfather to a ruptured aortic aneurysm. This experience guided him to become a fellowship-trained vascular surgeon at Cabell Huntington Hospital, specializing in treatment of the arteries and veins through utilization of medical therapy, minimally invasive catheter procedures and surgical reconstruction. He completed a residency at the Marshall University Joan C. Edwards School of Medicine, followed by fellowship training in vascular surgery at Duke University.

Dr. Kitchen diagnoses and treats a wide variety of vascular diseases and disorders, including abdominal aortic aneurysms, carotid artery disease, peripheral vascular disease, deep vein thrombosis and chronic venous insufficiency.

Treatments for vascular disease depend on the type, location and severity of the condition. Many patients the vascular team at Cabell Huntington Hospital evaluates can be managed medically (without procedure) by prescribing interventions such as medication and/or lifestyle modifications. The patient is then monitored to track progression of the disease.

“The field of vascular surgery has undergone a revolution in recent years,” Dr. Kitchen said. “Procedures that were previously performed as open surgeries are now performed using endovascular techniques, or they’re performed as a hybrid of open and endovascular surgery. These advancements

in technology and surgical techniques have revolutionized how we treat vascular surgery.”


For these procedures and more, a new hybrid operating room at Cabell Huntington Hospital offers the latest innovations in vascular care. The room accommodates a full range of endovascular procedures and ensures that both open and endovascular surgeries are performed efficiently, thoroughly and accurately.

“In the hybrid operating room, everything we need is readily available,” Dr. Kitchen said. “We can determine the best treatment option and proceed instantly. And because the room is a vascular lab as well as a fully equipped surgical suite, we can immediately convert from an endovascular procedure to an open surgical procedure if needed.

“After a vascular procedure, we use what’s called a completion angiogram to make sure blood is flowing the way we want it to flow. We can identify and fix problems while the patient is still on the operating table, preventing additional surgeries.”

From mild discomfort in the legs to life-threatening diseases, the state-of-the-art technology and highly skilled vascular team at Cabell Huntington Hospital can get patients back on their feet.

For more information on vascular surgery at Cabell Huntington Hospital, please call 304.691.1200.

 **James C. Kitchen, MD**, is an assistant professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine.



On the *Forefront*

*Interventional radiology has led
minimally invasive treatments for five decades.*

Minimally invasive medical procedures are emerging among leading hospitals and specialty medical centers, and interventional radiology has been on the forefront of those advancements for nearly five decades.

Interventional radiology (IR) is the image-guided treatment of medical conditions that once required open surgery. According to the Society of Interventional Radiology, by harnessing the power of advanced imaging (such as ultrasound, X-rays, CAT scans, MRI scans), interventional radiologists can see inside the body and treat complex conditions — even cardiovascular disease and cancer — less invasively and with unprecedented precision. This means less trauma and faster recovery times for patients.

Michael V. Korona, Jr., MD, radiologist, is putting those techniques into practice at Cabell Huntington Hospital.

“Interventional Radiology is one of the most varied and dynamic specialties in medicine today,” Dr. Korona said. “IR

is now recognized as a medical specialty and is no longer a subspecialty of diagnostic radiology.”

A graduate of the University of Virginia School of Medicine, Dr. Korona completed a residency in diagnostic radiology and a fellowship in vascular and interventional radiology from George Washington University. He primarily performs interventional radiology procedures but is also proficient in plain film radiography, CT, ultrasound and nuclear medicine.

IR uses needles and small catheters to perform both diagnostic and therapeutic procedures such as the treatment of stroke.

“IR currently is leading the treatment of ischemic stroke by using small catheters and stent-like devices to remove the offending blood clot,” Dr. Korona said. “We are treating hemorrhagic strokes with the use of catheters and micro coils. The coils are soft complex wires that are used to fill



Michael V. Korona, MD, brings nearly 30 years of radiology experience to Cabell Huntington Hospital.

the aneurysm (a ballooning or weakened area in an artery). Once treated, the aneurysm cannot bleed again.”

IR is also spearheading the treatment of leg clots, or deep vein thrombosis (DVT). With mechanical thrombectomy, the interventional radiologist guides a device through the femoral vein to the DVT site. Once there, the doctor uses the device to mechanically break up the clot into smaller pieces and remove it. Another option includes the use of angioplasty, when a balloon is inserted into the vein containing the DVT and expanded to allow blood flow through the vein. The interventional radiologist may opt to use a stent, a tiny expandable tube that props open the vein and prevents it from narrowing again.

IR can also offer treatments for cancer.

“Chemotherapeutic drugs can be delivered by catheter-directed injection,” Dr. Korona said. “These same small catheters can deliver radioactive yttrium (isotope) to treat malignant tumors in the liver.”

Another way IR is leading the way in minimally invasive treatment is the nonsurgical removal of tumors without harming the surrounding tissue.

“Modified needles called probes are directed into tumors that are then destroyed using high heat or extreme cold,” Dr. Korona said. “This procedure spares the surrounding normal tissue.”

In addition, a full scope of interventional radiology services is available at Cabell Huntington Hospital, including diagnostic peripheral angiography, neuroangiography, stent placement, venography, percutaneous vertebroplasty and endovascular coiling.

For more information on interventional radiology at Cabell Huntington Hospital, call the Department of Radiology at 304.526.2230. ☚



C. Stephen Woolums, MD, explains a urological procedure.

No-Touch Philosophy

Pioneering minimally invasive, “no-touch” urology techniques.

“I meet people at their worst, and often I’m able to help them have a much higher quality of life.”

— C. Stephen Woolums, MD

What does the future of minimally invasive medical procedures hold? According to C. Stephen Woolums, MD, “Only the mind will tell us.”

Dr. Woolums, the medical director of the Kidney Stone Program at Cabell Huntington Hospital and urologist at Huntington Internal Medicine Group (HIMG), said he has seen urology lead the way in minimally invasive techniques, resulting in more outpatient procedures and faster recovery times. In terms of the history of minimally invasive surgery, Dr. Woolums said urology pioneered many of these procedures.

“The first laparoscopic surgery was done with a cystoscope,” Dr. Woolums said. “A cystoscope is used to view the bladder without making incisions.”

Dr. Woolums said he also uses small telescopes to enter the ureter, which is the tube that connects the kidney to the bladder, to treat kidney stones.

“Traditionally, kidney stone surgery was performed through an incision, opening the kidney and removing the stones,” Dr. Woolums said. “Now we go percutaneously (through the skin) via a small incision. As a result, almost 90 percent of patients will go home the next day.”

Dr. Woolums said he has also treated cancer percutaneously, recalling a kidney cancer case where removing the kidney would have been much too risky for an elderly patient.

“I went through an incision in his back and resected the tumor,” Dr. Woolums explained. “We were able to take out his tumor without taking out his kidney.”

By offering minimally invasive procedures, Dr. Woolums said he is able to give people a new lease on life.

“I meet people at their worst, and often I’m able to help them have a much higher quality of life,” he said. “Instead of having to go to the bathroom all the time, they go normally.”

Dr. Woolums has been able to help correct frequent urination through neuromodulation of the bladder. During this procedure an electrode is placed on the nerve that controls bladder function and the patient is able to control the electrode with a Bluetooth device. This is done without using general anesthesia.

Dr. Woolums also offers minimally invasive female reconstructive surgery for incontinence, an approximate 24-hour hospital stay, as well as single incision surgery allowing patients to return home the same day.

Another breakthrough procedure for men is UroLift® System, a same-day procedure that places a retractor to open a blocked prostate channel.

“Before UroLift, the typical recovery time for prostate surgery was three weeks,” Dr. Woolums said. “This recovery is just five to seven days.”

Dr. Woolums said his philosophy is “no-touch urology,” and strives to use small incisions and minimal instruments. He emphasizes many minimally invasive surgical options are available and surgery doesn’t have to be a frightening experience.

“The world of medicine is changing and today we can change lives without making big incisions.”

For more information on minimally invasive urological procedures, contact Dr. Woolums at 304.399.4650. 🌿



Dr. Woolums serves as the director of the Kidney Stone Program at Cabell Huntington Hospital.

7TH ANNUAL HFCH CHILDREN'S CLASSIC RAISES MORE THAN \$120,000



On Sept. 11, 160 golfers united at Sugarwood Golf Course to support the continued growth of the Hoops Family Children's Hospital. "This event is something that many supporters look forward to every year. We have teams who travel from all over the United States to participate," said Velma Workman, development and outreach coordinator for the Cabell Huntington Hospital Foundation. "We are so thankful to have such wonderful donors, businesses and individuals, employees and volunteers who continue to support the children's hospital year after year."

This year's event raised over \$120,000, bringing the total raised by this tournament to over \$800,000 over the last seven years.

HOT DOG FESTIVAL BENEFITS HOOPS

The 13th Annual Hot Dog Festival proved to be a day of food, games, a 5K/10K Bun Run/Walk and fun for Tri-State area residents. Held July 29 at Pullman Square, the event drew more than 10,000 people. "This annual event is something that we look forward to every year," said Velma Workman, development and outreach coordinator for the Cabell Huntington Hospital Foundation. "Thanks to Stewart's Hot Dogs and John Mandt, this event has raised more than \$200,000 for the children's hospital."



MOUNTAIN GAMES CELEBRATES 2ND YEAR

Competitors across the region arrived at Heritage Farm Sept. 23, for the second annual Mountain Games.



"I'm impressed by the design of the event. My husband Jay and I have competed in Warrior Dashes and 5Ks, but this is truly unlike any other competition. It challenges you on every level — physically, mentally and creatively. You get to do things you probably would never do elsewhere, like throw an axe at a target, build a fort in eight minutes or rock climb," said Emily Gaskins (pictured in the archery).



Hoops Family Children's Hospital received 100 percent of the profits from Mountain Games!



HODGES DONATES ELEVATORS

Mary H. Hodges stands with Bradley Burck, vice president of Cabell Huntington Hospital's Foundation, near the parking garage elevators she and J. Churchill Hodges donated in memory of Dr. Frank C. and Amine A. Hodges.



SUPERHERO WINDOW WASHERS VISIT HOOPS

Wearing capes, tights and masks, a fleet of superheroes descended on the Hoops Family Children's Hospital to surprise young patients while cleaning the windows at the facility. "Even when a child is sick, they still feel playful so it's really important for us to incorporate something like this into their environment," said Melanie Akers, director of the Hoops Family Children's Hospital.

A large advertisement for the "Tri-State Stars" talent show. The background is a red curtain. At the top, it says "Cabell Huntington Hospital FOUNDATION". The main text asks "Do you have what it takes to be a STAR?". Below that, "Tri-State STARS" is written in large, stylized letters, with a hand holding a microphone. Underneath, it says "We've Got Talent!". At the bottom, it says "Go to www.chhfoundation.org for details!". The advertisement is presented by "Dutch Miller" and "MOSES AutoMall HUNTINGTON". On the left side, there are several small photo cutouts showing various performers: a singer, a magician, a violinist, and a dancer.



PARKING GARAGE OPENS

After breaking ground in September of 2016, Cabell Huntington Hospital opened the newly constructed, four-story parking garage three months ahead of schedule. The parking garage and surrounding surface parking yield 885 parking spaces with 522 net new spaces to enhance access for patients and visitors. Pictured from left to right are Dr. Larry Dial, Buffy Hammers, Mary Hodges, Mayor Steve Williams, Kevin Fowler, Mozelle Medcalf, Sybil Adkins and Kelly Adkins.

ECCC CELEBRATES CANCER SURVIVORS' DAY

Over 300 people attended the ECCC Cancer Survivors' Day celebration on June 4 at the Erma Ora Byrd Center. Current ECCC patients, survivors and their loved ones were invited to attend the day's celebration complete with games, food and fellowship. "It was truly rewarding to participate in this event and celebrate with the many survivors and their families," said Molly Brunfield, manager of the Med Surg Oncology program. "Thank you to each staff member and volunteer who helped make this day special."



KIDS COOK AT JUNIOR CHEF ACADEMY

Huntington's Kitchen held the inaugural Junior Chef Academy in July to teach basic cooking techniques and skills to children. The two-week event was also a fundraiser for the Hoops Family Children's Hospital, raising close to \$10,000.

MARSHALL AND CABELL HUNTINGTON HOSPITAL TRAVEL TO HONDURAS

Volunteers from Marshall University, Marshall Health, Cabell Huntington Hospital and other organizations spent a week in July vaccinating and treating thousands of patients on its annual “Herd for Honduras” medical mission trip. The team, which included 66 medical and pharmacy students, clinical faculty, residents, undergraduate students and other health care professionals, treated 2,133 patients during five days of clinics in and around La Esperanza, Honduras. The group came prepared with 55 boxes of supplies to treat a vast array of conditions for patients of all ages. The team administered TDap vaccinations to protect patients against tetanus, diphtheria and pertussis. In addition to general medicine, the team also provided specialized ophthalmology, dentistry and gynecology care. Preventive care also included providing more than 160 water filtration systems to Honduran families.



GOLDEN HEART APARTMENTS CELEBRATES GRAND OPENING

As part of Cabell Huntington Hospital’s 60th Anniversary Good Deeds, CHH President & CEO, Kevin Fowler (far left), joined the ribbon-cutting for the newly-constructed Golden Heart Apartments. The nonprofit organization provides a home for girls who have been neglected, abused, abandoned or have negative behavioral issues. CHH provided furnishings for the apartments and educational equipment for the resource center that will allow the girls to work toward a college education. CHH also provided landscaping to enhance a warm and welcoming environment.

Welcome to our Team

Affan Irfan, MD, and **Paul Okhumale, MD**, cardiologists, have been welcomed by the Medical and Dental Staff at Cabell Huntington Hospital.

Irfan, a fellowship-trained, board-certified cardiologist, earned his medical degree from Aga Khan University in Karachi, Pakistan, completed an internal medicine residency at the University of Illinois at Urbana-Champaign, in Champaign, Illinois, followed by a general cardiology fellowship at the University of Louisville in Louisville, Kentucky. He is completing a PhD in physiology from the University of Louisville. Irfan specializes in non-invasive cardiology and is certified by the American Board of Internal Medicine. Irfan is an assistant professor in the Department of Cardiology at the Joan C. Edwards School of Medicine at Marshall University.



Affan Irfan, MD



Paul Okhumale, MD

Okhumale, a fellowship-trained, board-certified electrophysiologist, earned his medical degree from Windsor University in St. Kitts. He completed his residency in internal medicine at East Carolina University/ Pitt County Memorial Hospital in Greenville, North Carolina, followed by fellowships in cardiology at Marshall University and electrophysiology at Advocate Illinois Masonic Hospital in Chicago, Illinois. He is certified by the American Board of Internal Medicine. He is also an assistant professor in the Department of Cardiology at the Joan C. Edwards School of Medicine at Marshall University.

Okhumale specializes in cardiac electrophysiology. He tests, diagnoses and treats patients with abnormal heart rhythms and conditions such as atrial fibrillation, bradycardia, tachycardia and more.

Irfan and Okhumale are accepting new patients and referrals at Marshall Cardiology, an outpatient department of Cabell Huntington

Jeffrey A. Fenerty, R.Ph., was named the director of pharmacy services for Marshall Health.

Fenerty, who graduated from the Philadelphia College of Pharmacy and Science, will be responsible for the overall retail pharmacy program at Marshall Health including mail-order, online prescription refills, tele-pharmacy, medication therapy management and meds to beds, a program that delivers medications to patients before they leave Cabell Huntington Hospital or Marshall Health clinics at the medical center. Fenerty will also oversee the pharmacy residency program.

He has 25 years of experience as a pharmacist and pharmacy manager including serving as an assistant director of pharmacy at Cabell Huntington Hospital and most recently as a project manager for cGMP Validation L.L.C., in Huntersville, North Carolina.

“We are very pleased that Mr. Fenerty is joining us,” said Beth L. Hammers, executive director of Marshall Health. “He is an outstanding leader and brings significant knowledge ranging from retail and hospital experience to corporate pharmacy operations which will help advance quality patient care here at Marshall Health.”

Fenerty replaces Brian Gallagher, R.Ph., JD, who was named interim dean of the Marshall University School of Pharmacy following the retirement of inaugural dean Kevin Yingling, R.Ph., MD.

Marshall Pharmacy opened in 2014 at the medical center as a partnership among Marshall Health, the Joan C. Edwards School of Medicine, the Marshall University School of Pharmacy and Cabell Huntington Hospital. A second location at the Byrd Clinical Center opened one year later.



Jeffrey A. Fenerty, R.Ph.

EMERGENCY PEDIATRIC CARE



Marie Frazier, MD, Pediatric Critical Care, Assistant Professor of Pediatrics,
Department of Pediatrics, Marshall University Joan C. Edwards School of Medicine

The Region's Premier Provider
of Advanced Pediatric Care

Pediatric emergencies. Take them seriously. Respiratory infections, spiking fevers, fractures and falls. As the region's premier provider of advanced care and treatment of children's illnesses and injuries, Cabell Huntington Hospital, together with the Hoops Family Children's Hospital, is prepared when your child needs emergency treatment.

Cabell Huntington Hospital. Every life – 24/7.

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Confident

In expert hands, Hidden Scar™ Breast Surgery is breaking new ground in the fight against breast cancer.

Small things can make a big difference – especially when it comes to fighting breast cancer. An advanced minimally invasive procedure, Hidden Scar™ Breast Cancer Surgery, can offer a woman lifesaving treatment without the visible reminder of the disease that once invaded her body. It leaves her with the ability to confidently move forward with life feeling like a whole woman. For many, it is why small incisions are the best decision.

Mary Legenza, MD Breast Surgeon

Dr. Legenza, a board-certified general surgeon who specializes in the surgical treatment of breast cancer, is the first certified Hidden Scar™ Breast Surgeon in West Virginia and Cabell Huntington Hospital is the first hospital in the Tri-State to be recognized as a Center of Excellence for Hidden Scar™ Breast Cancer Surgery. Hidden Scar™ Breast Cancer Surgery is a minimally invasive surgical technique that preserves a natural-looking breast by sparing the nipple, areola and surrounding tissue.



Assistant Professor, Department of Surgery
Marshall University Joan C. Edwards School of Medicine



THE INSTITUTE FOR
Minimally Invasive
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In association with the Edwards Comprehensive Cancer Center and Marshall Surgery