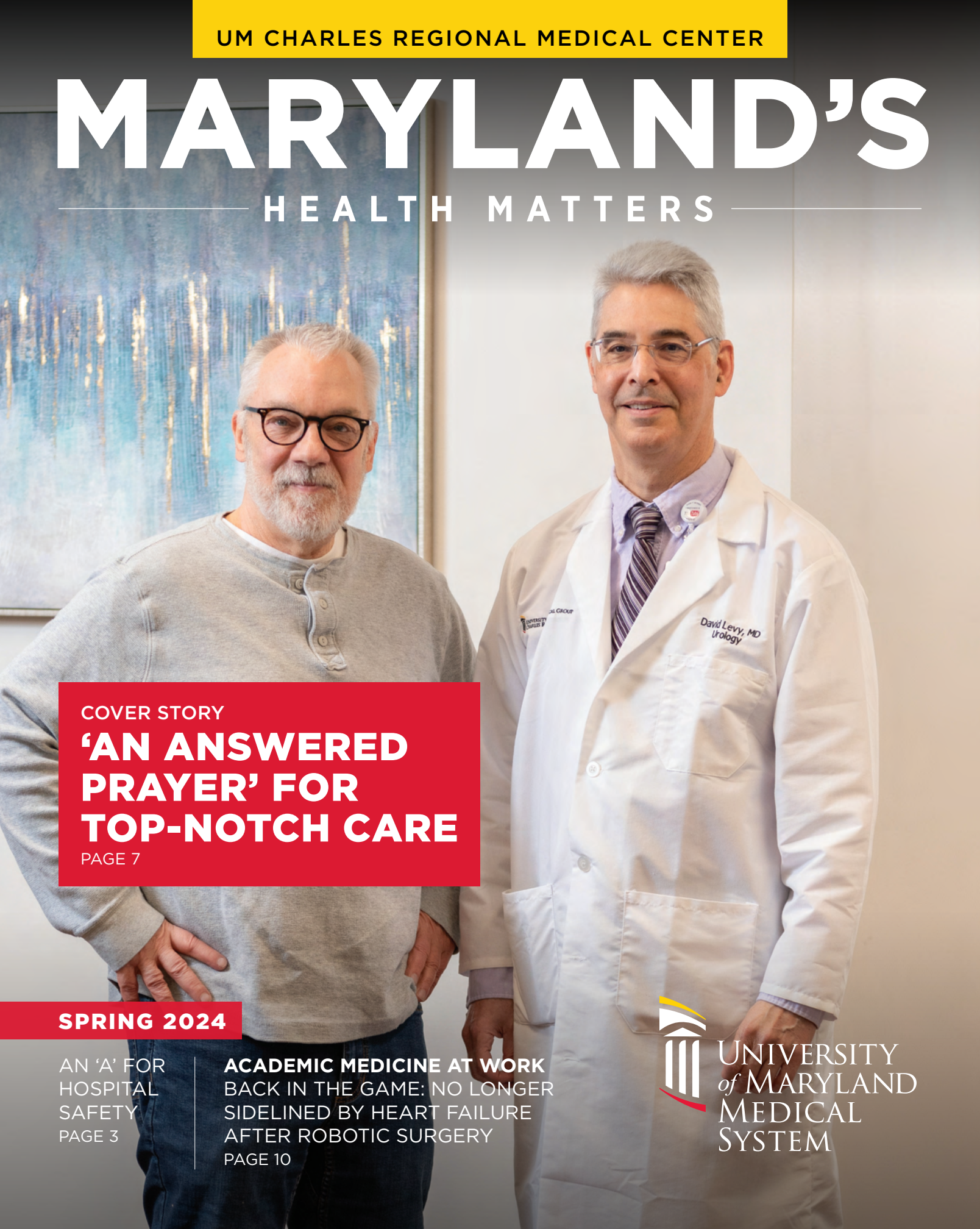


MARYLAND'S

HEALTH MATTERS



COVER STORY

'AN ANSWERED PRAYER' FOR TOP-NOTCH CARE

PAGE 7

SPRING 2024

AN 'A' FOR HOSPITAL SAFETY
PAGE 3

ACADEMIC MEDICINE AT WORK
BACK IN THE GAME: NO LONGER
SIDELINED BY HEART FAILURE
AFTER ROBOTIC SURGERY
PAGE 10



UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



‘AN ANSWERED PRAYER’ FOR TOP-NOTCH CARE

Patient James Pitchford is thankful for effective therapy to treat stage 3 prostate cancer.



3

AN ‘A’ FOR HOSPITAL SAFETY

The Leapfrog Group has recognized UM Charles Regional’s commitment to patient safety.

10

ACADEMIC MEDICINE AT WORK

Comeback Coach— Minimally invasive robotic surgery repaired D’avonte Fletcher’s leaky mitral valve.



STAY CONNECTED WITH

UM CHARLES REGIONAL MEDICAL CENTER

NOEL A. CERVINO

President/Chief Executive Officer

WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests or change of address to:

craig.renner@umm.edu or call **301-609-4394**



facebook.com/charlesregional



youtube.com/charlesregional



instagram.com/umcharlesregional



umcharlesregional.org/blog

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

University of Maryland Medical System complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, contact the Compliance Director at 410-328-4141 or compliance@umm.edu.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 410-328-4141.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 410-328-4141。

On the cover: Urology patient James Pitchford poses with urologist David Levy, MD, at the UM Charles Regional Medical Group – Urology office.

MESSAGE FROM THE CEO



OUR UNIVERSITY OF Maryland Charles Regional Medical Center team is committed to bringing outstanding physicians and high-quality health services and education to your community hospital and Charles County.

This issue profiles one such physician and the work he does. David Levy, MD, is a urologist and the medical director of UM Charles Regional Medical Group. Highly trained in his field, Dr. Levy offers innovative, minimally invasive cryosurgery for patients with early-stage prostate cancer. Dr. Levy, who sees patients in La Plata, is just one example of our effort to provide outstanding, patient-focused medical care close to home.

Our commitment to high-quality health services extends beyond the hospital and the offices of our medical practices. When diabetes patient Vernon Willis needed help understanding the medication and supplies he would need to control his disease and live a healthier life, he turned to the team at our Center for Diabetes Education for help. Read about how our team helped him take control of his health.

Our commitment to our patients starts with providing a safe environment for their care. That's why I'm proud to report that our hospital has earned the highest recognition by The Leapfrog Group for our patient safety efforts.

Our record of patient safety, along with the wealth of education and support services we provide—including childbirth and prenatal breastfeeding classes, stroke and brain injury support groups, and blood drives conducted with the American Red Cross—demonstrate that as stewards of your community hospital we are committed to addressing the important health needs of our community.

Noel A. Cervino
President & CEO

NATIONALLY RECOGNIZED



**LEAPFROG
HOSPITAL
SAFETY
GRADE**

UM CHARLES REGIONAL EARNS AN 'A' FOR HOSPITAL SAFETY

from The Leapfrog Group

UNIVERSITY OF MARYLAND Charles Regional Medical Center earned an "A" Hospital Safety Grade from The Leapfrog Group, a national nonprofit watchdog. The new grade represents national recognition of the hospital's commitment to patient safety.

"Earning an 'A' from Leapfrog really shows how hard our team works every day to continually improve patient safety and outcomes," said Anne Weekley, vice president for quality and patient experience at UM Charles Regional. "The rating is well deserved as we strive to become a high reliability organization."

Leapfrog assigns a grade "A" through "F" to general hospitals across the country based on more than 30 measures of errors, accidents, injuries and infections, as well as the systems hospitals have in place to prevent them. The Leapfrog Hospital Safety Grade is peer-reviewed, fully transparent and free to the public. Grades are updated twice annually, in the fall and spring.

"I'm proud of our entire hospital team, from those who clean the rooms, to engineering, security, food service, the lab, pharmacy, medical techs, case managers, leadership and the doctors and nurses for their dedication to upholding high standards of safety and constantly looking for ways to further improve both patient and staff safety as well as patient outcomes," said Stephen Smith, MD, chief medical officer of UM Charles Regional. "It takes complete dedication to deliver a better state of care."

To see UM Charles Regional's full grade details and to access patient tips for staying safe in the hospital, visit hospitalsafetygrade.org.

Model MANAGEMENT

A DIABETES DIAGNOSIS LEFT VERNON WILLIS FEELING OVERWHELMED. THANKS TO SOME TIMELY EDUCATION, HE'S NOW THRIVING WITH THE DISEASE UNDER CONTROL.

ON NOV. 22, 2023, Willis, 40, a paralegal specialist from Suitland, went to an urgent care center with some concerning symptoms.

“For days leading up to when I went in, I kept peeing a lot, was very thirsty and had an excessively dry mouth,” Willis said. “The nurse practitioner diagnosed me with Type 2 diabetes, gave me metformin and told me I needed to see an endocrinologist as soon as possible.”

At Willis' appointment a few days later, his blood sugar was extremely high. The endocrinologist sent him straight to University of Maryland Charles Regional Medical Center.

FINDING A WAY FORWARD

Willis spent three days at UM Charles Regional while the medical team brought his blood sugar under control. Jennifer Murphy, RN, transition nurse navigator in Population Health at UM Charles Regional, was one of several providers who helped educate Willis about diabetes at his bedside. The morning after returning home, though, Willis was at a loss on what to do and called Murphy.

“When he arrived at the pharmacy to pick up his new medications, insulin and glucose meter, there was a problem with the order, and the meter looked different than the one he learned to use at the medical center,” Murphy said. “It was stressful for him.”

Murphy discussed Willis' situation with Mitu Patel, MSN, RN, population health coordinator and diabetes educator at the Center for Diabetes Education at UM Charles Regional.



Patient Vernon Willis poses with UM Charles Regional team members Jocelyne Lorán, RN, LDN, left, Jennifer Murphy, RN, and Mitu Patel, MSN, RN.

“Yes, absolutely we can help him if he comes in for an appointment,” Patel said. “We obtained a physician’s orders for the same day and asked Vernon to come to the Center for Diabetes Education, and he did.”

DEMYSTIFYING DIABETES

Patel explained how to use the medications and supplies Willis received and enrolled him in Managing Diabetes for a Healthy Life, the center’s diabetes self-management training program. Over several weeks, Willis learned a variety of valuable skills, from how to count carbohydrates to how to reduce his risk for diabetes-related complications.

The program’s transformative effect became clear when Willis saw his endocrinologist in February 2024.

“She burst through the door and said, ‘Wow, excellent, Vernon, new patients usually don’t do this!’” Willis said. “My blood sugar readings showed I was 99% in range of where my sugar was supposed to be.”

Today, Willis is thankful he joined the program.

“That class will teach you to manage your disease, but they don’t try to scare you,” he said. “They were very patient.”



Need help controlling diabetes? Call **301-609-5444** to schedule an appointment at the Center for Diabetes Education. A physician’s referral is required.

“Vernon was a pleasure to work with, and we’re so proud of him.”

—JENNIFER MURPHY, RN, TRANSITION NURSE NAVIGATOR IN POPULATION HEALTH AT UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER

THINK YOU'RE TOO YOUNG FOR BREAST CANCER?



KNOWING YOUR RISK STARTS THE
JOURNEY TO BETTER BREAST HEALTH.

THE LATEST GUIDANCE from the U.S. Preventive Services Task Force recommends women at average risk for breast cancer begin annual mammograms at age 40. Because cancer found at a later stage is often more difficult to treat, women at high risk should ask their providers the age when they should begin screening and whether any supplemental breast imaging is needed.

Any woman could develop breast cancer during her lifetime, but certain factors increase the risk of cancer occurring before age 45. These include:

- Family history of early breast cancer diagnosis
- Family or personal history of ovarian cancer
- Genetic test results showing changes to BRCA1 or BRCA2 genes
- Personal history of breast health problems

A young woman with any of these hereditary factors should ask her provider when her first mammogram or screening MRI should be scheduled.

PRIORITIZING BREAST HEALTH

Along with learning family history, it's important to manage lifestyle choices that raise the risk for breast cancer, such as being sedentary and eating an unhealthy diet. Any concerning symptom—such as a mass in the breast or unusual nipple discharge—should be evaluated right away.

Learn more about breast health services at University of Maryland Charles Regional Medical Group. Visit umcharlesregional.org/crmg/breast.

Baby Delivery

COMES WITH A
CELEBRATION MEAL

THE BIRTH OF A BABY IS ONE OF LIFE'S MOST SIGNIFICANT MOMENTS AND SHOULD BE CELEBRATED.

THIS BELIEF DROVE the creation of University of Maryland Charles Regional Medical Center's Celebration Meal Program, which combines clinical excellence with heartfelt compassion.

New mothers are provided an elegant meal served on high-end china with sparkling apple cider in the comfort and privacy of their room. This initiative extends beyond traditional health care, offering a unique dining experience to new mothers and their partners that encompasses both emotional and physical care.

"It's a fantastic way to say 'thank you' for choosing UM Charles Regional because you could have gone anywhere else," said Jose Torrez, director of food and nutrition for UM Charles Regional. "With this initiative, I think we can demonstrate that we really care for our patients—we're going to deliver the best care possible."

The complimentary service is part of UM Charles Regional's commitment to patient-centered care, emphasizing the importance of good nutrition and a moment of relaxation amidst the excitement of welcoming a new life into the world. The menu is thoughtfully crafted, ensuring each dish is not only delicious but nourishing, supporting the mother's recovery and well-being.

The feedback from families who have experienced the program has been overwhelmingly positive, reaffirming the belief that the path to recovery and happiness is paved with acts of kindness and recognition.

The Celebration Meal Program underscores the hospital's pledge to provide a better state of care, where every aspect of a patient's journey is infused with warmth, respect and the highest standards of care.



Safety in BLOOM



LOOKING TO CULTIVATE A GREEN THUMB? TAKE SIMPLE SAFETY STEPS TO REAP GARDENING'S BOUNTIFUL HEALTH BENEFITS.

GARDENING CAN BOOST your mood, burn calories, help you eat healthier, and improve strength and flexibility, among other positive effects. Without proper precautions, however, planting, pruning, weeding and watering can lead to injuries. Be sure to protect yourself every time you garden, especially if you're new to it.

BEFORE YOU GET YOUR HANDS DIRTY

First, dress to stay safe from sun damage and gather the tools and supplies you'll need. See "Gear Up to Garden" for more information.

Don't start gardening with cold muscles. Get your blood moving and prepare your body for activity by going on a warm-up walk and stretching your major joints from ankles to shoulders.

GET GROWING

Follow these tips to reduce the risk of injury while you work:

- **Break for rest and water.** Frequent breaks prevent overtaxing your body—and provide opportunities to hydrate.
- **Change it up.** Staying in one position for too long or repeating the same motion too many times is hard on your joints and soft tissues. To help protect them, the American Society for Surgery of the Hand recommends changing gardening activities every 15 minutes.
- **Mind your posture.** Keep your back straight and stomach tight when lifting. When moving items, turn your whole body instead of twisting at the waist.

TAKING ROOT

With gardening done for the day and your plants settling in or freshly tended, take time to cool down, just as you would after any other workout. Go for another short walk and stretch your joints again.

GEAR UP TO GARDEN

Having the proper clothes and tools can help you stay safe and comfortable while gardening. Here's what you need:



Garden transport.

Spare your back and joints the burden of moving tools, plants and soil from place to place by using a cart or wheelbarrow.



Gloves. Protect your hands from germs, blisters, splinters and sun damage.



Knee protection.

Reduce strain on your knees by using a gardening pad or wearing knee pads.



Long-handled tools.

These are great options if you have arthritis because they prevent frequent joint bending, which can cause symptoms to flare.



Sun-protective clothing.

Wear a lightweight long-sleeved shirt, pants, wide-brimmed hat and sunglasses to reduce your risk of sunburn. Don't forget to apply sunscreen to exposed skin.



Experiencing joint pain that just won't go away? Visit [umms.org/health-services/orthopedics](https://www.umms.org/health-services/orthopedics) to find an orthopedic surgeon who can help.



Patient James Pitchford, left, and urologist David Levy, MD, discuss a new drug on the market that Pitchford is going to try to help alleviate undesirable symptoms with his current medication.

'An Answered Prayer'

FOR TOP-NOTCH CARE

UROLOGIST DAVID LEVY, MD, RELOCATED TO SOUTHERN MARYLAND TO FILL A NEED FOR CARE. PATIENT JAMES PITCHFORD BELIEVES THE PHYSICIAN'S MOVE WAS MORE THAN COINCIDENTAL.

IN APRIL 2022, David Levy, MD, chief of surgery at University of Maryland Charles Regional Medical Center and medical director of UM Charles Regional Medical Group, established UM Charles Regional Medical Group – Urology at La Plata. Formerly of the renowned Cleveland Clinic in Ohio, Dr. Levy recognized a need for more high-quality urologic care in Charles County, and the new practice would help fill it.

“The nice thing about coming to Charles County was the opportunity to start a program,” Dr. Levy said. “There was a need for another specialist with a different background who could offer more options for urologic cancer care and additional treatment for kidney and ureteral stones, which affect a lot of people here.”

WORTH THE (SHORT) WAIT

Dr. Levy’s arrival proved to be fortuitous for James Pitchford, 69, an Easton resident, military veteran and mass transit company executive. In February 2023, he received some unsettling news from his primary care physician: His annual test of prostate-specific antigen (PSA) showed an extremely high level of the substance in his blood, a potential sign of prostate cancer.

Told he’d have to wait four weeks to see a local urologist, Pitchford began searching for an alternative. His Ohio-based boss mentioned a urologist who’d left Cleveland for Maryland—Dr. Levy. Pitchford called Dr. Levy’s La Plata office, and to his relief, he was able to schedule an appointment within days. A man of deep faith, Pitchford believes a higher power brought Dr. Levy into his life.

“Dr. Levy has had the opportunity to work with many different patient populations in major metropolitan areas throughout his training and career in medicine. Our patient population is extremely diverse. Having someone like Dr. Levy, who understands what different groups of patients need not just in treatment but also in terms of communication and reassurance during their care journey, is of great benefit to the people we serve.”

—STEPHEN SMITH, MD, CHIEF MEDICAL OFFICER AT UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER

“I would never have been able to see Dr. Levy if he’d still been in Cleveland,” Pitchford said. “The fact that this distinguished urologist was available to me locally was an answered prayer.”

PERFECT PARTNERS

After a series of imaging tests and a biopsy of the prostate gland, Dr. Levy diagnosed Pitchford with stage 3 prostate cancer. Dr. Levy referred Pitchford to a local radiation oncologist. The physicians gave Pitchford space to consider his treatment options.

“Dr. Levy made things easy because he was accessible, transparent and knowledgeable, and I was really comfortable with him,” Pitchford said. “That helped with my decision.”

During the fall of 2023, Pitchford received daily radiation treatment for five and a half weeks. He also received androgen deprivation therapy, which reduced the levels of hormones that contributed to prostate cancer growth. Now, his PSA level is undetectable, and he believes the odds of prostate cancer threatening his life are minimal.

“My wife and I prayed for my medical team, and we’re thankful for them,” Pitchford said. “My outcome is a blessing. That I could go through all this and feel blessed—I wish everyone could have that.”

A GREAT FIT

Dr. Levy has spent years captivated by and honing his ability to treat cases like Pitchford’s. A graduate of Chicago Medical School of Rosalind Franklin University, he was fascinated by urologic cancers. He wrote articles and book chapters on the subject during his residency at Case Western Reserve University School of Medicine before completing a fellowship at the renowned University of Texas MD Anderson Cancer Center.

Dr. Levy’s expertise, compassion, patient-first attitude and unrelenting drive to improve made him an excellent addition to the UM Charles Regional team, according to Stephen Smith, MD, chief medical officer at UM Charles Regional.

“Dr. Levy augments our services and sees where we could add leading-edge treatments,” Dr. Smith said. “He’s quick to cite academic journals and the latest and greatest information in the field.”

FREEZE, CANCER

At UM Charles Regional Medical Group – Urology at La Plata, Dr. Levy treats the full range of urologic diseases. He has introduced new, innovative treatments to UM Charles Regional and Charles County, including cryosurgery—a treatment that uses extreme cold to destroy abnormal cells or tissue—for some patients with early-stage prostate cancer. This minimally invasive procedure doesn’t use large incisions or require a hospital stay, and it helps patients avoid some of the most unpleasant side effects of prostate cancer treatment, such as urinary incontinence.

“Using ultrasound guidance, I place needles through the skin directly into the prostate and use argon gas to freeze

WHEN TO TALK TESTING

When urologist David Levy, MD, chief of surgery at University of Maryland Charles Regional Medical Center and medical director of UM Charles Regional Medical Group, moved to Southern Maryland to continue his career, he was surprised by the low rates of prostate cancer screening.

Dr. Levy advocates for routine prostate-specific antigen (PSA) testing, which measures blood levels of a protein produced by the prostate, to find prostate cancer early when it's easier to treat. Elevated PSA levels may be a sign of prostate cancer, although many other factors can increase PSA in the blood.

Screening can lead to early cancer detection, but it's not right for every man. In some cases, screening can produce false-positive results or lead men to get treatment for a slow-growing cancer that wouldn't have posed much risk to their health. Still, the PSA test is a valuable tool, and men should talk with a primary care provider (PCP), who may be a medical doctor, nurse practitioner or physician assistant, about whether prostate cancer screening makes sense for them.

The American Cancer Society recommends having the conversation at age 50 for men at average risk for prostate cancer. If men have factors that increase risk, such as a family history of the disease or being African American, they may want to talk about screening as early as age 40.



Patient James Pitchford, left, and urologist David Levy, MD, share a fist bump at the UM Charles Regional Medical Group – Urology office recently.

the gland to well below 0 degrees Fahrenheit,” Dr. Levy said. “Freezing takes about 12 minutes, and then we thaw the prostate with helium. Finally, we freeze and thaw the prostate a second time. The entire treatment takes about an hour.”

Patients go home the same day and can drive and return to other activities one day later. Cryosurgery isn't just for newly diagnosed patients. The procedure also offers hope for those who see a return of prostate cancer after radiation, many of whom assume no other treatment can help.

“In many people I've treated for recurrent prostate cancer after radiation, we've been able to get rid of the disease using cryosurgery,” Dr. Levy said. “There's not really another treatment option we can provide that offers a cure and doesn't substantially affect quality of life.”

RIGHT ON TARGET

Genetic testing helps make cryosurgery more personalized and precise, and Dr. Levy is excited about how it could further enhance care moving forward.

“Performing cryosurgery and only treating a portion of the prostate is equivalent to performing a lumpectomy instead of a mastectomy for breast cancer,” he said. “As MRI imaging has improved, allowing us to better see the prostate and determine where the disease is, we're moving toward subtotal gland therapy. This means instead of treating the entire prostate, we're just treating the area of the gland that, genetically, has the aggressive cancer in it. We may only affect one-third or half of the prostate instead of the whole gland. That's extremely beneficial.”



Looking for urology care in Southern Maryland? To schedule an appointment at UM Charles Regional Medical Group – Urology at La Plata, call **301-609-4866**.



Youth football coach D'avonte Fletcher is among the first people to have robotic mitral valve surgery at University of Maryland Medical Center.



With a guiding touch, the physician is able to perform delicate, minimally invasive procedures through robotic surgery.

Comeback COACH

A HEART PROBLEM PUT FOOTBALL COACH D'AVONTE FLETCHER ON THE SIDELINES. NOW, HE'S GETTING BACK IN THE GAME, THANKS TO A HIGH-TECH SURGERY.

IN EARLY 2023, D'avonte Fletcher, 30, a Huntingtown, Maryland, landscaper who also coaches youth football, sought medical help for some alarming symptoms.

"I was flown to University of Maryland Medical Center because I was swelling badly," Fletcher said. "I gained 13 pounds in a week."

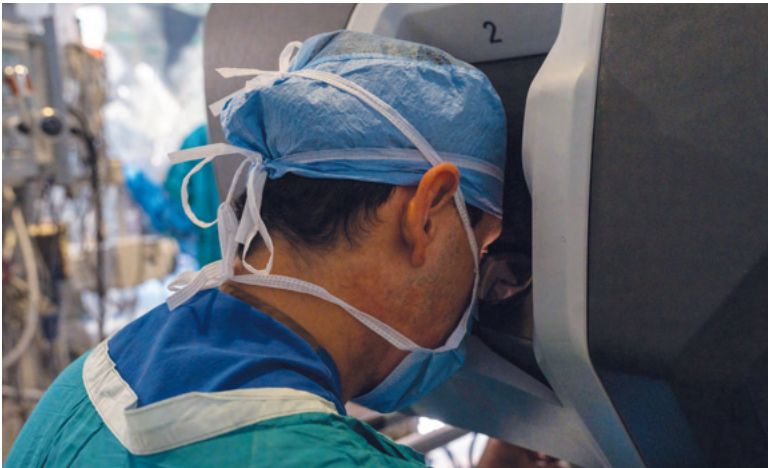
At UMMC, Fletcher learned he had heart failure. His cardiologist, Manjula G. Ananthram, MBBS, an assistant professor of medicine at the University of Maryland School of Medicine, identified the potential cause: a leaky mitral valve, one of four valves that help blood flow on a one-way route through the heart. If the mitral valve leaks or is too narrow, the heart may struggle to pump blood efficiently, potentially leading to heart failure or other problems.

Fletcher needed surgery to fix the valve.

Previously, some patients had to have open-heart surgery involving a large incision in the chest to repair or replace a faulty mitral valve. That wasn't the case for Fletcher, thanks to the arrival of robotic heart surgery in Maryland.

COMPREHENSIVE AND INNOVATIVE HEART CARE

No matter where you live in Maryland, University of Maryland Medical System is ready to help your heart. UMMS clinicians provide the full range of cardiac care. When a patient needs mitral valve repair, heart surgery specialists determine the best option, whether that means open heart surgery or a minimally invasive procedure. Recently, the



Dr. David Zapata performs minimally invasive mitral valve surgery with robotic assistance.

health system added to its legacy of innovation in heart care by becoming the first in Maryland to offer robotic mitral valve repair and replacement.

Cardiothoracic surgeon David Zapata, MD, assistant professor of surgery at the University of Maryland School of Medicine, began performing robotic mitral valve surgery at UMMC last year.

“Robotic surgery offers the exact same surgery that we would perform in an open manner, but it’s less invasive,” Dr. Zapata said. “Nothing about the technique or what I do during the operation changes. The key difference with robotic surgery is the approach and direction we take to reach the mitral valve.”

THE BENEFITS OF SPARING BONE

Dr. Zapata partners with an interventional cardiologist to determine the best treatment approach for each patient with a mitral valve disorder. Surgical options depend on the patient’s anatomy and condition. For example, a patient with mitral regurgitation may be able to avoid open heart surgery if they qualify for a transcatheter interventional minimally invasive valve repair.

Open-heart surgery is often relied upon when direct access to the heart and nearby blood vessels is needed. During open-heart mitral valve surgery, the surgeon makes a large incision in the chest and separates the sternum (breastbone), which is known as a median sternotomy. When Fletcher saw Dr. Zapata, he was pleased to learn he wouldn’t need a median sternotomy.

“Dr. Zapata told me he was going to do the surgery with the robot—something I’d never heard of,” Fletcher said. “I thought it was cool that he could do the surgery in less time, allowing me to get moving sooner.”

With robotic surgery, the surgeon approaches the heart between the ribs through several small incisions, the largest of which is only three centimeters.

“With robotic surgery, no bone needs to heal,” Dr. Zapata said. “Therefore, patients usually heal faster and have a lower risk of wound complications. With a median sternotomy, sometimes the bone doesn’t heal correctly, which can lead to wound infections in the sternum.”

STAYING AHEAD OF WORSENING HEART FAILURE WITH REMOTE MONITORING



Albert Hicks III, MD, MPH

Understanding when heart failure is getting worse can be tricky.

“The first sign of worsening is rising blood pressures in the heart, especially in the artery that takes blood to the lungs,” said cardiologist Albert Hicks III, MD, MPH,

assistant professor of medicine at the University of Maryland School of Medicine and section chief of heart failure and transplant at University of Maryland Medical Center. “This can be a sign the body isn’t getting rid of enough fluid. A rise in pressures can happen up to a month before patients experience symptoms. If we can see a rise in pressures, we can make adjustments to prevent hospital stays and related problems.”

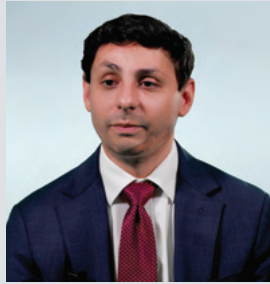
Medical providers have long needed better tools to help them find poorly controlled heart failure. Now, cardiologists at the University of Maryland Heart and Vascular Center can use a device placed inside patients’ arteries to monitor their blood pressures remotely. They can adjust patients’ medicine if they see heart failure getting worse.

The remote monitoring device, which goes into the artery during a simple procedure, measures the pressure in the blood vessel. Patients send the data to their cardiologist daily by lying on a sensor for 18 to 20 seconds. If the monitor indicates a problem, the cardiologist contacts the patient and tells them to change how much medicine they take.

“We find that patients with heart failure who receive the remote monitoring device have improved survival and reduced hospitalizations compared with those who have heart failure and don’t receive the device,” Dr. Hicks said. “So, not only does this technology keep people out of the hospital, but it also helps keep patients alive.”



Watch a video of Dr. Zapata talking about robotic mitral valve surgery at umm.edu/roboticheartsurgery.



After having robotic surgery, some patients are able to leave the hospital several days earlier than those who have open-heart surgery. Patients experience less postoperative pain without a large incision. With the breastbone undisturbed, patients can get back to driving, exercising, performing chores around the house and lifting heavy items weeks earlier than after open-heart surgery.

For Dr. Zapata, the robotic system's cameras allow him to view the heart valve with unparalleled clarity from as close as one centimeter—much closer than he could get by standing over the patient. In addition, the robot's instruments, which he controls from a console, move in ways human wrists can't. These factors help Dr. Zapata operate with the highest level of precision.

'100 TIMES BETTER'

Dr. Zapata repaired Fletcher's mitral valve in November 2023. After being out of work for a year and a half due to his heart, Fletcher is easing back into it.

"I'm taking my time, but I feel 100 times better," he said. "Before surgery, I noticed my breathing and little things like that. Now, when I work out, I'm not as tired as before, and I move around better than I did previously. I would definitely recommend Dr. Zapata and the robot."

Dr. Zapata and his colleagues are exploring use of the robot for other types of heart surgery such as tricuspid valve surgery, atrial septal defects, atrial fibrillation procedures, and cardiac tumor removal. All patients who are seen by Dr. Zapata and his colleagues are considered for a less-invasive, robotic approach to heart surgery.

"A less-invasive approach helps with patient recovery," Dr. Zapata said. "The emphasis UMMS places on less-invasive procedures shows we're thinking about how we can help patients have the best experience in the hospital and in their lives."



Use this QR code to learn more about robotic heart surgery at UMMS.



MANAGING **DIABETES** AND **STROKE RISK**

PROTECT YOURSELF WITH HEALTHY LIFESTYLE CHANGES.



PEOPLE LIVING WITH diabetes are twice as likely to have a stroke than people who are not.

The risk is especially high when diabetes is not well controlled. Excess blood glucose stiffens blood vessels and allows fatty deposits to build up, increasing the risk of blood clots that could lead to a stroke.

People with diabetes are more likely to be disabled or die from a stroke. Those with prediabetes—blood sugar levels higher than healthy but not high enough to be considered diabetes—are at a greater risk for stroke as well.

HEALTHY LIFESTYLE CHOICES MATTER

To reduce the risk of stroke, follow the diabetes medication regimen prescribed by your health care provider. Get regular tests and know your A1C, blood pressure and cholesterol numbers. Ask your provider to assess your risk of cardiovascular disease and if you can do more to stay healthy.

In addition, lower stroke risk by choosing to maintain a healthy weight, exercise regularly, follow a heart-healthy eating plan, avoid tobacco products, limit alcohol use and manage stress.



Watch a video featuring a diabetes and stroke expert at the University of Maryland Medical System at umms.com/Diabetes-Stroke-Podcast or use this QR code.



Scan me

Symptoms of HEART FAILURE

HEART FAILURE IS PROGRESSIVE AND MAY START WITH MILD SYMPTOMS THAT CAN BE EASY TO OVERLOOK.

IF YOU ARE experiencing one or more of the following symptoms, talk with your doctor about whether your heart is pumping all the blood and oxygen your body needs.



CONFUSION

Heart failure can lead to memory loss or impaired thinking.



COUGHING

You may have a chronic cough that produces pink or white mucus.



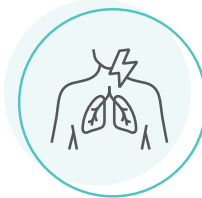
FATIGUE

You may feel exhausted after even basic activities, such as grocery shopping.



LACK OF APPETITE

You may feel full or nauseated, even when you haven't eaten.



SHORTNESS OF BREATH

You feel shortness of breath with regular activity that worsens with exertion. You have trouble breathing when you lie flat.



SWELLING

Buildup of fluid (edema) may occur in your feet, legs, hands and abdomen.



INCREASED HEART RATE

Your heart may start racing or throbbing.



WEIGHT LOSS OR GAIN

Sudden changes in weight are common due to lack of appetite and fluid buildup.

4 STAGES OF HEART FAILURE

Stage A.

You are at high risk for heart failure but don't have either symptoms or structural heart disease.

Stage B.

You have structural heart disease but no symptoms of heart failure.

Stage C.

You have both structural heart disease and heart failure symptoms.

Stage D.

You have advanced heart failure. This means you have severe symptoms and your heart is not functioning well.

Need a doctor to identify your risk for heart disease? Visit umms.org/find-a-doctor to locate a primary care provider near you.



COMMUNITY CLASSES AND

Events

CHILDBIRTH CLASS

Childbirth classes take place on two consecutive evenings, three hours each. Registration required. Cost \$85 per couple. For more information, visit umcharlesregional.org/events.

June 12-13	5:30-8:30pm
June 26-27	5:30-8:30pm
July 10-11	5:30-8:30pm
July 24-25	5:30-8:30pm
Aug. 14-15	5:30-8:30pm

PRENATAL BREASTFEEDING CLASS

A lactation consultant addresses questions and concerns common to mothers considering breastfeeding. Cost \$30 per couple. For more information, visit umcharlesregional.org/events.

June 22	9-11am
July 27	9-11am
Aug. 24	9-11am
Sept. 28	9-11am

RED CROSS BLOOD DRIVES

Preregistration is required. Call **1-800-733-2767** or register at redcrossblood.org.

La Plata United Methodist Church

June 24	Noon-6pm
Aug. 26	Noon-6pm
Oct. 28	Noon-6pm

Waldorf Volunteer Fire Department

June 21	10am-4pm
Aug. 16	10am-4pm
Oct. 18	10am-4pm

STROKE AND BRAIN INJURY SUPPORT GROUP

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

BETTER BREATHERS CLUB

For patients, family and caregivers learning better ways to cope with lung conditions such as COPD, pulmonary fibrosis and asthma. In-person meetings are the last Thursday of the month from 1-2pm. For location and more information, contact Joshua Shaffer at **301-609-4391** or joshua.shaffer@umm.edu.



Stephen Smith, MD, chief medical officer at University of Maryland Charles Regional, talks with a room full of seniors Feb. 22 at the Waldorf Senior and Recreational Center. Dr. Smith provided educational awareness regarding strokes and heart health and followed up with a question-and-answer session. Earlier in the month, he met with seniors at the La Plata Senior Center.

CHARLES REGIONAL FOUNDATION RECOGNIZES VOLUNTEERS

INEZ ROBERTS WAS NAMED VOLUNTEER OF THE YEAR; CHAPLAIN LAWRENCE SANDIDGE WAS HONORED AT HIS RETIREMENT.

EARLIER THIS SPRING, the Charles Regional Medical Center Foundation hosted a volunteer recognition breakfast to honor our remarkable volunteers. This year, the event was bittersweet as two exceptional individuals were recognized for their retirement and service to University of Maryland Charles Regional Medical Center—chaplain Lawrence Sandidge and volunteer coordinator Inez Roberts.

Recipient of the 2024 Volunteer of the Year Award, Roberts contributed an astounding 9,230 volunteer hours to UM Charles Regional over the past 13 years. Together, Roberts, her late mother, Ann, and sister, Sandra, gave the hospital an incredible 54,391 hours of volunteer service.

JOIN THE VOLUNTEER FAMILY

Are you interested in supporting UM Charles Regional through the gift of your time? Volunteers play a critical role in the hospital community and in enhancing patient experience. We have a variety of roles including greeters, blood mobile support, clerical aid, coffee cart attendant and much more. No prior medical experience is required to volunteer—only a compassionate heart and a desire to serve.

All volunteers must be over 18, clear a medical evaluation, undergo a background check and complete onboarding training.



For more information, call **301-609-4132** or email **CRMCVolunteer@umm.edu**.

UPCOMING FOUNDATION EVENTS

Golf Classic

June 13

Autumn Wine

Tasting

Sept. 7

Christmas Tree

of Life

Dec. 6

For information about events, contact the Charles Regional Medical Center Foundation at **301-609-4319**.



Chaplain Lawrence Sandidge with Population Health manager Annabelle Cubero-Montinola after he was recognized for his years of service



The Charles Regional Medical Center Foundation hosted a breakfast in March to honor the volunteers who help the hospital run smoothly and enhance the patient experience.



Inez Roberts with Tommy Howe after receiving the Volunteer of the Year Award

“Congratulations, Inez and Chaplain Lawrence, on your years of dedication and service to the Charles Regional Medical Center Foundation. Your selfless contributions have made a significant impact on our patients, their families and the community, and will not be forgotten.”

—MICHAEL BELLIS, EXECUTIVE DIRECTOR, CHARLES REGIONAL MEDICAL CENTER FOUNDATION

University of Maryland
Charles Regional Medical Center
5 Garrett Avenue
P.O. Box 1070
La Plata, Maryland 20646

NONPROFIT ORG.
U.S. POSTAGE
PAID
FREEPORT, OH
PERMIT NO. 93



**Comprehensive
primary care
close to home.**

Dependable care is never far with two Charles County locations.

From two Southern Maryland locations, our primary care offices are dedicated to providing dependable care throughout Charles County. Our Bryans Road and La Plata locations bring quality health care right to your doorstep. You can rest assured that your family will receive comprehensive services with a preventative approach to health care. These services include everything from annual wellness check-ups for individuals aged 17 and above to the management of chronic conditions like heart disease, diabetes, COPD, and asthma.

Make an appointment today.

UMCharlesRegional.org/Primary



PRIMARY CARE - LA PLATA

5 North La Plata Court, Suite 101, La Plata, MD 20646
301-609-5044

PRIMARY CARE - BRYANS ROAD

3145 Marshall Hall Road, Bryans Road, MD 20646
301-609-5350

A better state of care.
