

MARYLAND'S

HEALTH MATTERS

COVER STORY

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UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



ON THE COVER

A DIAGNOSIS AND DELIVERY, WHERE TIMING IS EVERYTHING

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BUILDING CAREERS AND COMMUNITY

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President and Chief Executive Officer

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Message from the

CEO



OVER THE YEARS I've witnessed University of Maryland Baltimore Washington Medical Center (UM BWMC) transform from a local hospital to a well-connected, community-focused health resource developing tomorrow's

solutions while caring for today's needs.

We've done this thanks to our strong local partnerships and connection to the University of Maryland Medical System. These important collaborations enable our team to discover new ways to advance medicine and train the next generation of health professionals.

I'm excited to share some of the innovative ways we've done this in this edition of *Maryland's Health Matters*.

You'll meet high school seniors Ciara and Tiara who started their externship experience with us as part of a new collaboration between UM BWMC and Anne Arundel County Public Schools. We also share Taylor Niemetz's incredible story of surviving breast cancer while pregnant with her first child, thanks to her multidisciplinary care team at UM BWMC.

Our experts also share tips to help you understand when to see a neurologist, why a well-woman visit is important for catching diseases early and some ways you can prevent heart and vascular disease.

As we continue to serve our community with excellence and innovation, I want to thank you for making us your partner, and for trusting us with your care. We are honored to be a part of your lives and this community.

Kathy McCollum

President and Chief Executive Officer



BIRTH BRACELETS REDEFINE MATERNAL HEALTH CARE

NEW BRACELETS AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) SUPPORT POSTPARTUM CARE FOR NEW MOTHERS.

UM BWMC IS giving "I Gave Birth" bracelets to women who recently delivered or experienced a pregnancy loss at the hospital in an effort to improve care during the postpartum period.

The bracelets aim to help health care providers and the community better identify new mothers and understand potential postpartum complications within the first year. Potential warning signs include:

- Chest pain
- Shortness of breath or difficulty breathing
- Seizures
- Headaches
- Thoughts of harming yourself or others
- Uncontrollable bleeding
- Swelling and pain in the legs
- Fever of 100.4 F or higher

"The post-birth bracelet is a visual reminder to health care providers that there may be something else pregnancy-related going on with a patient," said Kendra Coles, DNP, RNC-OB, director of Women's and Children's Services at UM BWMC. "We want to help our patients feel empowered to speak up and be actively involved in their health care."

The bracelets are currently offered to eligible individuals admitted to UM BWMC's Labor and Delivery, Mother and Baby unit, Emergency Department and enrolled in the Nest and Nurture prenatal education program. Mothers are encouraged to wear the bracelet for one year. Diaper bag tags with warning signs are also distributed to remind patients of symptoms to promptly report to their providers.



To learn more about women's health services at UM BWMC, including postpartum care, visit umbwmc.org/womens.

Arteries vs. Veins:

WHAT'S THE DIFFERENCE?

DEIDRE SMITH, CRNP, NURSE PRACTITIONER AT THE VASCULAR CENTER AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC), EXPLAINS THE DIFFERENCE BETWEEN THE TWO BLOOD VESSELS.



MANY PEOPLE CONFUSE arteries and veins. Although they have different functions, they work together to supply the body with oxygen and nutrients.

WHAT ARE ARTERIES?

Arteries carry oxygen-rich blood from the heart to the rest of the body. Elastic arteries are nearest

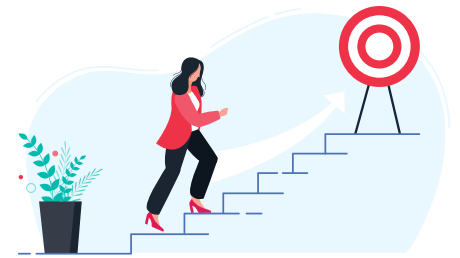
to the heart and contain more elastic tissue, allowing the arteries to widen or narrow to regulate blood pressure. Muscular arteries have a smooth layer of muscle that delivers blood to the organs. Arteries have thicker walls than veins and can handle higher blood pressure.

WHAT ARE VEINS?

Veins bring oxygen-poor blood back to the heart. Veins have thinner and less elastic layers than arteries. They hold a higher percentage of blood at a lower pressure. Unlike arteries, veins have one-way valves, which allow blood to flow forward, preventing back flow. The pulmonary veins are the only veins in the body that carry oxygen-rich blood from the lungs to the heart.

When a health condition, such as vascular disease, prevents these blood vessels from working properly, a specialist can assess their function and determine an optimal treatment plan.

To learn more about vascular care at UM BWMC, or to find a provider, visit umbwmc.org/vascular.



TAKE 5

FOR HEART HEALTH



ABID FAKHRI, MD, CARDIOLOGIST AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON HEART ASSOCIATES, SHARES THREE HEALTHY HABITS

YOU CAN ADOPT TO BOOST YOUR HEART HEALTH IN JUST FIVE MINUTES.

1. LAUGH IT UP

Laughter is a good workout for your cardiovascular and pulmonary systems. A small study in Brazil showed laughter causes the heart to expand, promoting oxygen flow and reducing inflammation and the risk of heart attack and stroke. Make your heart happy with a deep belly laugh.

2. TAKE THE STAIRS

Stair-climbing can help lower your risk of coronary heart disease, stroke and other cardiovascular diseases by over 20%, according to a recent study published in the journal *Atherosclerosis*. This burst of intense exercise is also a simple way to burn calories and strengthen muscles.

3. PHONE A FRIEND

A meta-analysis of studies published in the journal *Heart* shows a strong link between social isolation and cardiovascular disease. Prioritize nurturing friendships as an effective form of heart disease prevention.

Looking for more ways to improve your heart health? Connect with a University of Maryland Baltimore Washington Heart Associates specialist by calling **410-760-5100** or visiting umbwmc.org/heart.

Collaborative DIABETES CARE

AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC), PATIENTS HAVE ACCESS TO COMPREHENSIVE CARE AND EMPOWERING EDUCATION TO HELP CONTROL THEIR DIABETES.

DIABETES IS UNIQUE for each patient, and managing the condition well in your everyday life takes resources, time and practice.

“Diabetes, unlike most other chronic diseases, requires patients to be involved in the day-to-day management of their condition,” said Kathleen Prendergast, MD, medical director at University of Maryland Center for Diabetes at UM BWMC. “We also collaborate to provide comprehensive care and education so patients can control their diabetes at home.”

IT TAKES A TEAM

Studies have shown that once a patient receives a diabetes diagnosis, working with diabetes educators to learn more about the disease state leads to better outcomes. If a patient requires more intensive treatment, UM BWMC endocrinologists can provide complex medication management and innovative technologies for diabetes care.

Certified diabetes educators and nutritionists at UM BWMC offer additional individualized education and group classes on diabetes management and prevention for patients and community members.

“Diabetes education is the most critical resource for patients with diabetes because it gives the support they need to improve blood sugar, blood pressure and cholesterol levels and delay serious complications, such as heart and vascular diseases, kidney disease and vision loss,” said Caitlin Nass, CRNP, clinical director of diabetes transformation at UM BWMC. “We’re working to ensure patients have access to the education, medical support and compassion they need and deserve.”



Interested in diabetes care services at UM BWMC? Visit umbwmc.org/diabetes to learn more.

Why

YOU SHOULD HAVE A **WELL- WOMAN EXAM**



ELLA GAYOSO-ADAM, MD, OBSTETRICIAN WITH UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL GROUP (UM BWMG) – WOMEN’S HEALTH,

EXPLAINS WHY WOMEN SHOULD PRIORITIZE THEIR WELL-WOMAN EXAM EVERY YEAR.

PREVENTIVE CARE

All well-woman exams include a breast exam and pelvic exam, where the doctor looks for any abnormal masses that could indicate cancer or other issues. Some well-woman exams will also include a Pap smear to screen for cervical cancer.

REPRODUCTIVE HEALTH

Your doctor can be a helpful resource for finding a suitable birth control option, screening for sexually transmitted diseases, discussing safe-sex practices and answering questions about menstrual cycles.

PREGNANCY HELP

If you’re hoping to get pregnant soon, a well-woman exam provides an ideal opportunity to discuss your goals and next steps with an expert. Your doctor can advise on how you can change your lifestyle to optimize for conception and address any concerns you might have.

When life gets busy, it’s easy to push aside preventive doctor’s appointments. Even if you don’t feel like anything is wrong, it’s still important to be proactive and put your health first.



Looking for a women’s health provider? Find a UM BWMG women’s health specialist by calling **410-553-8260** or visiting umbwmc.org/womens.



A Diagnosis and Delivery,
WHERE TIMING IS
EVERYTHING

DIAGNOSED WITH BREAST CANCER IN THE MIDDLE OF HER FIRST PREGNANCY, TAYLOR NIEMETZ NEEDED TWO THINGS: A POSITIVE MINDSET AND A STRONG TEAM SURROUNDING HER. SHE FOUND BOTH AT UM BWMC.

ON AN UNSEASONABLY HOT DAY in early September 2023, Taylor held her 8-month-old daughter's hand as the two rang a bell, sending echoes throughout the Tate Cancer Center at University of Maryland Baltimore Washington Medical Center (UM BWMC). The chimes symbolized the end of Taylor's breast cancer treatment.

Moments before, she had finished her 25th and final round of radiation. Taken from the Navy tradition of ringing a bell after a successful mission, cancer survivors around the country do the same thing, often at the completion of treatment. This day was momentous for Taylor, representing 11 months in the making.

DIAGNOSIS DURING PREGNANCY

On Oct. 5, 2022, Taylor celebrated her 28th birthday with a breast biopsy. Two weeks earlier, she found a strange lump in her breast and mentioned it to her University of Maryland Baltimore Washington Medical Group (UM BWMG) obstetrician (OB), Ella Gayoso-Adam, MD, at her prenatal appointment.

"I was 22 weeks pregnant when I found a lump," Taylor explained. Thinking it may be a clogged milk duct, she tried home remedies to relieve it, but the lump remained.

Dr. Gayoso-Adam confirmed the mass was suspicious, despite all the changes the breast goes through during pregnancy.

"A woman's body goes through so many changes during pregnancy, but this lump in the breast needed attention," Dr. Gayoso-Adam said.

She picked up the phone and quickly called Cynthia Drogula, MD, assistant professor of surgery at University of Maryland School of Medicine and medical director of the Aiello Breast Center at UM BWMC, to advise on next steps. Dr. Drogula has practiced breast cancer surgery at UM BWMC for over 18 years, and she has seen about a dozen pregnant patients with breast cancer during her career.

"I remember receiving the call about Taylor and knew we needed to move quickly," Dr. Drogula said. "There are somewhat limited treatment options available to pregnant women, and I needed to know what we were working with. I got her in for a biopsy immediately."

Taylor remembers "the ball started rolling" with an ultrasound, leading to that biopsy on her birthday. This was followed by a confirmed breast cancer diagnosis about a week later, just three days after a baby shower in her Linthicum Heights backyard.

"It is breast cancer," were the words Taylor heard over the phone, specifically an invasive ductal carcinoma with a CHEK2 gene mutation. With a mother, grandmother and great-grandmother who had breast cancer, Taylor knew the likelihood of getting this cancer was high. The diagnosis did not necessarily startle her, but the timing did. She did not expect it in her 20s, and she certainly did not expect it to coincide with her first pregnancy.

"I could go down a dark hole and think, 'why me?' But the world kept spinning, and I needed to, as well," Taylor said. "I decided to find the blessings around me and keep looking for the bright side."



Taylor's daughter, Maya, helps her mom ring the bell after Taylor's final radiation therapy treatment at the Tate Cancer Center.

UNCOMMON OCCURRENCE

"The incidence of breast cancer in pregnancy is about 1 in 3,000," said Ikumi Suzuki, MD, a hematologist-oncologist at the Tate Cancer Center at UM BWMC. "We were on a definite timeline, and there was a sense of urgency to come up with a good treatment plan leading up to her having the baby."

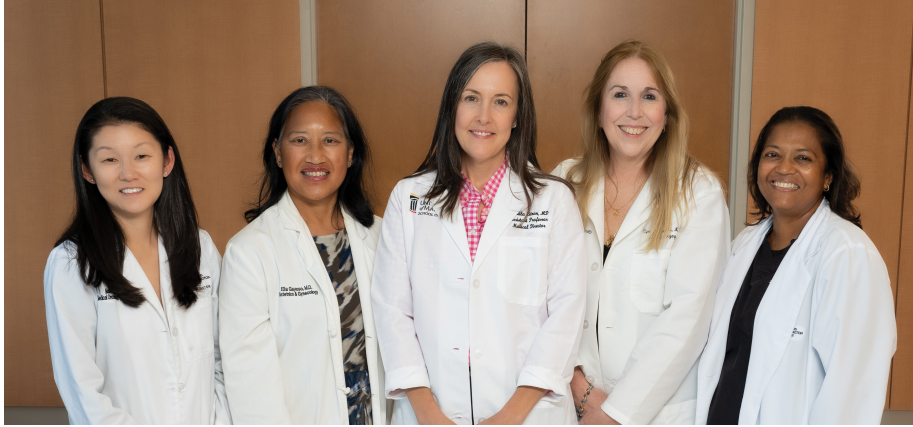
Pregnancy did not exclude Taylor from being a candidate for surgery or chemotherapy.

"The second trimester is really the best time for treatment because the fetus is more developed, and we were less likely to induce preterm labor," Dr. Drogula added. "If you have to do surgery, the second trimester is what we shoot for, and that is where Taylor was in her pregnancy."

Before her cancer diagnosis, Taylor had already been identified as a high-risk pregnancy due to a pre-existing heart condition.

"She was born with a congenital heart defect that was fixed when she was a baby," Dr. Gayoso-Adam explained. "But now we were going to add a surgery on top of this. It was concerning."

To better prepare Taylor for surgical needs and treatment plans, Dr. Drogula called Donna Eversley, MD, a primary care provider with UM BWMG in Glen Burnie. Understanding the urgency, Dr. Eversley saw Taylor right away and conducted a "pre-op" physical to understand Taylor's current health and risk factors the team needed



Some members of Taylor’s care team, from left: Ikumi Suzuki, MD, Ella Gayoso-Adam, MD, Wendla Citron, MD, Cynthia Drogula, MD, and Donna Eversley, MD

to be prepared for ahead of any surgeries.

“My OB, Dr. Gayoso-Adam; my primary care doctor, Dr. Eversley; my oncologists, Dr. Suzuki and Dr. Citron; and my breast surgeon, Dr. Drogula, are colleagues, but they are also really good friends,” Taylor recalled. “I think they each picked up the phone to call the other about me to figure out how to best handle my case.”

Immediately, Taylor knew she had the right medical team around her. They were working together to make sure she was getting exactly what she needed. The goal was clear: There needed to be a healthy mom and a healthy baby.

ACADEMIC MEDICINE IN A COMMUNITY SETTING

“We presented Taylor’s case at a multi-disciplinary conference so we could have many specialists weigh in on the best course of treatment,” Dr. Drogula said.

At the Tate Cancer Center, every cancer patient is presented at a tumor board, where experts discuss each patient’s case. Breast cancer is one of the more commonly treated cancers at

the Glen Burnie center and a frequent topic of conversation. However, this time was a little different due to the rare combination of breast cancer and pregnancy.

For Taylor, there was added security in being able to get care close to home, thanks to the Tate Cancer Center’s connection to the National Cancer Institute-designated University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, along with the added resources at the Aiello Breast Center. Through these relationships, the Tate Cancer Center brings advanced care to the community setting, including the latest research and best practices and dozens of clinical trials designed to find new and better ways to treat patients with cancer.

Because of her pregnancy, Taylor could not have typical X-rays and imaging, making it more difficult to predict what was happening inside her body.

“I recall the tumor board and the urgency to get the tumor out,” Dr. Drogula said. “We had to really work together with all of our clinical colleagues to make sure we could do this as quickly and as safely as possible.”

TREATMENT BEGINS

The first step in Taylor’s treatment was a lumpectomy to remove the tumor. This required having more experts than usual in the operating room. In addition to the breast cancer team, there were physicians from maternal-fetal medicine as well as cardiology to monitor the health of the fetus and Taylor during the procedure.

Results determined that the cancer was stage 2, and there was lymph node involvement. The next step was chemotherapy, where Taylor would get what is known as the “red devil” chemotherapy, given its nickname due to its red color and unpleasant side effects. Her medical team assured her it was perfectly safe for her baby, as this is an infusion that does not cross the placenta and is recommended by the National Comprehensive Cancer Network to treat pregnant women. Taylor knew her medical team had her best interest in mind every step of the way. This treatment was no different.

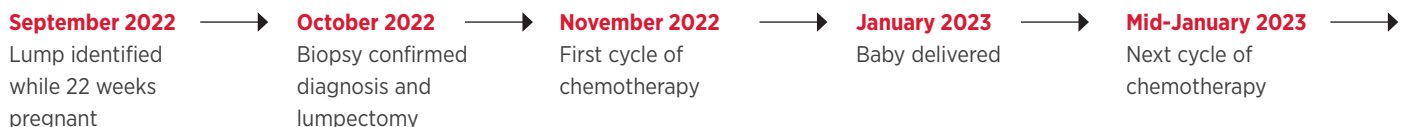
“I did not have the horrible side effects, but I did lose all my hair as expected,” Taylor said. “I ordered some cute caps online, and that was it.”

IT’S A GIRL

With 2022 ending, Taylor was in her third trimester, and phase one of chemotherapy was complete. It was the right time for her to welcome her daughter to the world. The baby’s organs were well-developed, and Taylor’s cancer therapies could not continue until after the baby’s delivery.

On Dec. 31, Taylor and her boyfriend went to the University of Maryland Medical Center (UMMC) in Baltimore. The Center for

TAYLOR NIEMETZ’S TREATMENT TIMELINE





Taylor with family and friends during her bell-ringing ceremony after her last treatment at the Tate Cancer Center.

Advanced Fetal Care at UMMC was the best place to treat Taylor’s complex case. On New Year’s Day, Maya, a healthy baby girl weighing 5 pounds, 5 ounces, was born. The family was discharged on Jan. 3, ready to start the next phases of parenthood—and cancer treatment.

ROUND 2

The next two weeks for Taylor were spent being a new mom and gaining strength before the second round of chemotherapy. Again, she decided to look at the glass half full, relishing that she could be home with her new daughter at this time. She was also surrounded by an incredible support system that included her mom, boyfriend and lifelong friends known as the “support posse.”

Once chemotherapy was complete, as initially mapped out during the tumor board so many months earlier, more surgery followed, including a bilateral mastectomy and the beginning stages of reconstruction. Finally, radiation with Wendla Citron, MD, rounded out the treatment protocol.

While the most rigorous treatment has been completed, Taylor is now taking an oral chemotherapy. The daily medication is taken with hormone therapy since it has been found to further reduce the risk of cancer recurrence.

“This was an incredible team effort,” Dr. Gayoso-Adam explained. “Every person was on board as we worked to expedite Taylor’s care.”

Today, Taylor is a busy mom with a growing daughter.

“I couldn’t have asked for a better team,” Taylor said. “They were flawless. I didn’t have any questions because they answered everything.”

As far as keeping her positive outlook, Taylor likes to remind herself, “You are a lot stronger than you think. Most people are.”

She is clearly resilient, both as a mother and survivor.



To learn more about the Aiello Breast Center at UM BWMC, visit umbwmc.org/breast-cancer.

April 2023 → **August 2023** → **September 2023**
 Bilateral mastectomy and first phase of reconstructive surgery → Radiation starts → End of radiation treatment

To watch a video about Taylor’s care journey at UM BWMC, visit umbwmc.org/breast-cancer.

INSIDE THE CHEK2 MUTATION

Scientists understood genetic mutations years before it was possible to test for them. At the Aiello Breast Center, specialists can test for many different gene mutations that could contribute to a cancer diagnosis, including the CHEK2 mutation.

For most people, the CHEK2 gene slows tumor growth and helps repair damaged DNA. When mutated, the gene loses this ability. As a result, it increases your risk for breast cancer by 20%–40%, and possibly more for those who also have a family history of breast cancer, according to Cynthia Drogula, MD, assistant professor of surgery at University of Maryland School of Medicine and medical director of the Aiello Breast Center.

“CHEK2 really affects a woman’s risk for breast cancer,” Dr. Drogula said. “We hope that identifying the mutation will lead to changes in therapy that provide even better breast cancer treatment.”

CHECKING FOR CHEK2

It’s important to tell your provider if you have a CHEK2 mutation and if other members of your family share the same mutation and have been diagnosed with cancer. Depending on your family history, your provider may recommend getting a screening mammogram earlier. For example, if you have a family member who has the CHEK2 mutation and was diagnosed with breast cancer at age 45, a care provider may recommend you get a screening mammogram as early as age 35 and no later than 40.

For more information on genetic counseling at UM BWMC, visit umbwmc.org/genetic-counseling.



NOT A STROKE— *A Wake-Up Call*

A NETWORK OF CARE BROUGHT KASEY TRENT FROM EMERGENCY ASSESSMENT THROUGH SPECIALIZED CEREBROVASCULAR NEUROSURGERY, RECOVERY AND INTENSE REHABILITATION TO A BRIGHT FUTURE.

KASEY TRENT, 27, has the sort of vibrant, independent life many 20-somethings crave. The Freeland, Maryland, native lives and works in San Diego, California, where he spends his free time playing sports and hanging out with friends. Given his youth, the best, it would seem, is yet to come. Two and a half years ago, however, Trent's bright future was clouded by a rare brain condition.

During the summer of 2021, not long after moving to California, Trent began experiencing strange symptoms—an uncharacteristic loss of balance while snowboarding and tingling in his face, tongue and fingertips while eating a piece of cake. Something was wrong, but Trent assumed it was minor.

"I thought I was having an allergic reaction to something," he said. "When you're my age, the idea there might be an issue with your brain is the last thing you think about."

RECEIVING A RARE DIAGNOSIS

During visits home to Maryland in November and December 2021, Trent's mother, Zhanna, could tell her son didn't feel like himself. The difference was especially apparent during the December trip. The left side of his body seemed weak, and his speech wasn't quite right.

"He was talking as if something was in his mouth," Zhanna said.

Suspecting a stroke, Zhanna took her son to the Emergency Department at University of Maryland St. Joseph Medical Center in Towson. Scans revealed something far less common than a stroke: a cavernous malformation—a tightly packed bundle of abnormal blood vessels (See page 12 for more information.) Located within Trent's brainstem, the cavernous malformation caused a bleed, and the group of vessels was so large it was putting pressure on structures within the brainstem that help regulate movement, heart rate and other vital functions.

When Mohamed A. M. Labib, MD, an assistant professor of neurosurgery at the University of Maryland School of Medicine, learned about Trent's case, he knew he was perfectly positioned to help. A cerebrovascular neurosurgeon who specializes in treating cavernous malformations of the brain, Dr. Labib contacted Zhanna and advised her to bring her son to University of Maryland Medical Center, the academic medical center of University of Maryland Medical System, in downtown Baltimore. There, he could receive the highest level of neurosurgical care. Zhanna followed Dr. Labib's advice.

MISSION: POSSIBLE

Surgery to remove the brainstem cavernous malformation was the best treatment option for Trent, but challenges abounded. Sitting at the base of the brain, the brainstem is difficult for neurosurgeons to access. Its roles in various vital functions mean any unintentional harm during surgery could be especially damaging.

"Few neurosurgeons will operate on the brainstem because of the inherent risks," Dr. Labib said.

Two factors worked in Trent's favor: his youth and Dr. Labib's specialized training. During the February 2022 surgery, Dr. Labib needed to reach Trent's brainstem while minimizing the effects of surgery on other parts of the brain. Instead of relying excessively on surgical instruments to move the cerebellum, a part of the brain that sits behind the brainstem, the team placed Trent in a sitting position for the surgery, which allowed gravity to shift the cerebellum and provide better access to the cavernous malformation.

After making an incision behind Trent's right ear, Dr. Labib used magnification to delicately navigate around key structures of the brain and reach the brainstem. Stains from the brainstem bleed and navigation confirmed he'd found the site of the cavernous malformation. Dr. Labib carefully opened a groove in the brainstem and removed the tangle of abnormal blood vessels.

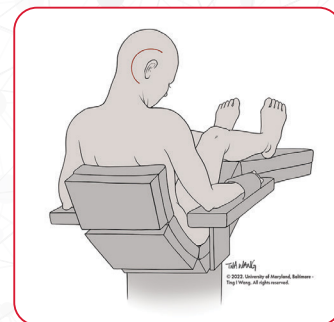
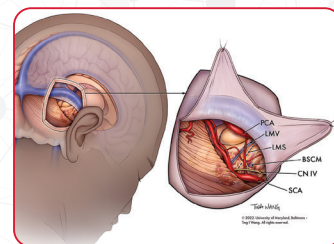
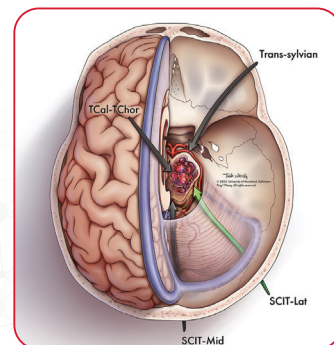
The threat of further damage was gone. Trent's tingling sensations and weakness vastly improved. Still, he faced a long road to recovery. His mother and surgeon were there for him every step of the way.

UP TO THE CHALLENGE

The brainstem cavernous malformation had taken a toll on Trent's functional abilities. During the year after his surgery, he had to relearn some of life's most basic skills, from walking to opening jars. Right from the start, he refused to accept limits.

"I don't want to hear anyone tell me I might not be able to walk again," he recalled thinking when he was still in the hospital after the operation. "Everyone knew what had happened to me and didn't want to give me false hope, but Dr. Labib was confident he could fix me."

Throughout Trent's rehabilitation, through moments of despair and doubt, Dr. Labib offered encouragement and reassurance, and Zhanna provided unwavering support. Slowly, Trent achieved small victories. Strength and muscle mass returned. He was able to pour himself a bowl of cereal and fill his dog's water bowl.



He started walking again, and walking led, eventually, to running.

Having painstakingly regained his strength and mobility, and with his cognitive abilities unaffected, Trent is once again enjoying life in California—and not taking any part of it for granted. Both he and his mother are grateful for the surgeon who helped them through some of the most difficult moments of their lives.

“Dr. Labib was amazing,” Zhanna said. “He was there for me and my family, reachable and kind, and he explained everything. He’s a very, very good doctor and human being.”

CAVERNOUS MALFORMATIONS

A cavernous malformation is a bundle of small blood vessels called capillaries that have become irregular and dilated. Capillaries, the body’s tiniest blood vessels, connect arteries and veins. Kasey Trent had a cavernous malformation in his brainstem, but these abnormal groups of blood vessels can form anywhere in the body. Here are three things to know about cavernous malformations:

- 1. Cavernous malformations in the brain and spinal cord are the most serious.** These are the ones most likely to produce symptoms. Cavernous malformations in the brain, called cerebral cavernous malformations, can cause seizures, bleeding, headaches and more.
- 2. Cerebral cavernous malformations can run in families.** Most people who develop these types of malformations don’t have a family history of the condition. Some, however, inherit genetic mutations that can cause cerebral cavernous malformations from their parents.
- 3. Surgery isn’t always necessary.** Some symptoms, such as seizures, are treatable with medications. Surgery may be appropriate for patients with worsening symptoms that can’t be controlled with medication, but patients and surgeons should weigh the risks and benefits of the procedure.

To learn more about how University of Maryland Medical System is leading the way in neurosurgery, visit umms.org/neurosurgery.

Advanced Brain and Spine Care, CLOSE TO HOME

IT’S IMPORTANT TO SEEK NEUROLOGICAL HELP WHEN YOU NOTICE UNUSUAL CHANGES TO YOUR MEMORY, SENSES, BODY MOVEMENT OR BEHAVIOR.

THE EXPERTS AT THE SPINE AND NEUROSCIENCE CENTER at University of Maryland Baltimore Washington Medical Center provide comprehensive care to help you prevent, treat and recover from all types of neurological conditions.

As a member of the University of Maryland Neuroscience Network, the center connects you with experts from across the medical system to provide the full spectrum of care. UM BWMC’s medical, surgical and rehabilitation physicians and providers create individualized treatment plans that support recovery, too. Neurologists specialize in diagnosing and treating:

- Dementia
- Epilepsy
- Multiple sclerosis
- Seizures
- Stroke

The center offers free education to help you identify the warning signs of a stroke. If you experience any of these symptoms, it’s important to BE FAST and seek care:

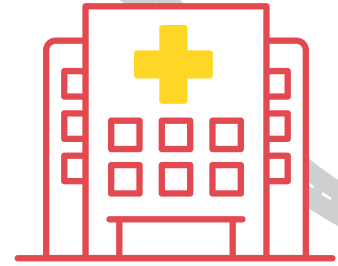
- **B**alance (loss of balance or coordination)
- **E**yes (blurred or double vision)
- **F**ace (drooping on one side of the face)
- **A**rms (weakness in arm or leg)
- **S**peech difficulty
- **T**ime to call 911

When surgery is required, neurosurgeons use breakthrough technology, including the latest in minimally invasive techniques, to help you recover quickly and safely. They specialize in brain and spine disorders or injuries, such as:

- Brain bleeds
- Brain tumors
- Degenerative disc disease
- Disc herniation
- Myelopathies

Schedule an appointment at one of two convenient locations in Glen Burnie and Annapolis. Call **410-553-8160** or visit umbwmc.org/neurosciences.

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SYMPTOMS BE
YOUR GUIDE.

GOING TO THE right place for medical care helps ensure you get the right care at the right time. If you can wait for an appointment, your primary care provider (PCP) is your first choice. After hours, consider an urgent care clinic. For life- or limb-threatening injuries, going to an emergency department (ED) or calling 911 connects you to the specialists you need to see. Here's where a few symptoms should take you:

PCP/URGENT CARE

EMERGENCY DEPT



Chest Pain

Happens when eating certain foods, occurs only when lying down, feels sharp, lasts only a **few seconds**, and is not accompanied by shortness of breath, vomiting or sweating

Feels like **pressure or tightness in the chest**, is accompanied by shortness of breath, sweating or vomiting, and may radiate to the neck, back, shoulder(s) or jaw



Falls

You think you broke a bone, sprained a ligament or pulled a muscle

Results in frequent vomiting, loss of consciousness, a **bad headache that medication can't help**, seizures, slurred speech, extreme pain or being unable to walk. You may also need an ED evaluation if you take anticoagulation or blood thinning medications



Headaches

If not associated with a fall and does not improve with medication, or makes sleep, work or daily activities difficult

Sudden and severe, and may be accompanied by confusion, difficulty speaking or walking, fever, **numbness on one side of the body**, or a stiff neck



If you need a primary care provider, visit umbwmc.org/primary.

Building Careers and COMMUNITY



Tiara LeMon (left) and Ciara LeMon (right), high school students participating in UM BWMC's externship program.

UM BWMC IS dedicated to providing the best medical care. To do that, great team members are needed, and the best place to find them is in our local communities.

"Serving the community means providing the best health care available," said Grant Dopheide, volunteer services and patient-family advisory manager at UM BWMC. "It also means supporting the community by providing great jobs and career paths."

REACHING OUT TO SCHOOLS

UM BWMC works with Anne Arundel County Public Schools (AACPS) to create health care internships and career pathways for students, starting in high school. In addition to participating in mock interviews and job fairs at AACPS high schools, UM BWMC works with the Academy of Health Professions at the Center of Applied Technology North (CAT

UNIVERSITY OF
MARYLAND BALTIMORE
WASHINGTON MEDICAL
CENTER (UM BWMC) IS
CONTINUALLY CREATING
NEW CAREER PATHWAYS
THAT BRING THE
MEDICAL CENTER AND
NEIGHBORHOODS CLOSER
TOGETHER.

North) and the BioMedical and Allied Health (BMAH) Magnet Program at Glen Burnie High School.

"We started an externship last August working in hospital registration," said Ciara LeMon, 18, a senior at CAT North who works at UM BWMC with her twin sister, Tiara. "I realize there are so many health care jobs that I could do after graduation."

"This experience confirmed that I want to be a doctor," Tiara said. "Before, I had doubts about being in the hospital, but now I can see myself working in the emergency room. Without this opportunity, I wouldn't have seen that." Tiara also attends CAT North.

UM BWMC also hires students from the BMAH program. When the students finish their programs and graduate, UM BWMC looks to place them in their desired career pathway and support their journey towards earning college degrees.

CREATING THE NEXT GENERATION OF NURSES

UM BWMC has partnered with Anne Arundel Community College and Anne Arundel Workforce Development Corporation to build a pathway for patient care assistants and technicians at UM BWMC who are seeking to advance their careers by becoming licensed practical nurses (LPNs). This program provides an opportunity for team members to earn their LPN certification at little to no cost.

"UM BWMC is dedicated to supporting the career growth of these team members," said Grant Dopheide, volunteer services and patient-family advisory manager at UM BWMC. "Nursing students can have an immersive experience to develop clinical skills and ensure competency and growth."

Applications are undergoing final evaluation for inclusion in the first cohort and coursework will start early this year. A second cohort is also being created for team members who still have LPN prerequisites to complete.

Learn more about career development initiatives at UM BWMC at umbwmc.org/career-development.



Want to join the UM BWMC team? Find job openings at umbwmc.org/jobs.

NEWS &

Events

UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS A WIDE RANGE OF HEALTH SCREENINGS, CLASSES, SUPPORT GROUPS AND RESOURCES TO HELP YOU IMPROVE AND MANAGE YOUR HEALTH.

BLOOD DRIVES*

JAN. 26, FEB. 23, MARCH 29 AND APRIL 26

Participate in an American Red Cross blood drive sponsored by UM BWMC and help save lives. Register and review eligibility guidelines at redcrossblood.org or call **1-800-733-2767**.

WORKSHOPS AND CLINICS

- CPR Anytime class covers adult and infant CPR, defibrillator skills, and choking relief.
- Safe Sitter* class teaches students in sixth through eighth grade how to safely babysit.
- Preventing Diabetes* class explores lifestyle changes to prevent diabetes and improve overall health.
- Smoking Cessation* classes offer peer support and education from a certified American Lung Association Freedom From Smoking facilitator. All classes are free for adults who live or work in Anne Arundel County.

RESOURCES FOR PARENTS AND GROWING FAMILIES

- Childbirth education classes
- Pascal Women's Center tour
- Nest and Nurture, a free, incentive-based education and support group for pregnant individuals in Anne Arundel County who are at risk for adverse pregnancy and birth outcomes.
- Car seat safety checks are performed by a certified car seat safety technician at UM BWMC who also demonstrates proper car seat installation and checks for recalls.

SUPPORT GROUPS

- Cancer Survivorship Support Group for cancer patients and survivors
- Mental Health Support Group for UM BWMC adult mental health patients, their families and any other individuals interested in psychiatric issues
- New Beginnings of Parenthood for parents of new babies

- Parents' Morning Out for parents of children age 5 and younger
- Stroke Support Group for stroke survivors, high-risk stroke candidates and anyone interested in learning more about stroke recovery

EXERCISE CLASSES*

- Zumba
- Gentle yoga for limited mobility
- Vinyasa yoga—Level 1

COMMUNITY WELLNESS EVENT

UM BWMC will host a free, family-friendly community event on April 27 from 10 a.m. to 1 p.m. at Riviera Beach Elementary School. Activities will include health screenings, education tables, kid-friendly activities and more. For details, visit umbwmc.org/wellnessday.

HIRING EVENTS

UM BWMC hosts in-person and virtual hiring events as a way for community members to connect with recruiters and hiring managers to learn more about job opportunities. For a list of upcoming hiring events at UM BWMC, visit jobs.umms.org/bwmc.

**Activity is located in the Outpatient Care Center at UM BWMC (255 Hospital Drive, Glen Burnie, MD 21061).*

Please call **410-553-8103** or visit umbwmc.org/calendar for additional activities, exceptions, virtual offerings and more information. You can also scan the QR code with your cell phone camera and follow the link that appears. As always, the health and safety of our patients, visitors and community remain our priority.



University of Maryland
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Understanding your risk is the first step to catching vascular disease early, before it becomes debilitating. If you are age 60 or older, we encourage you to take our **free online health assessment** to understand your risk for vascular disease.

TAKE OUR ONLINE ASSESSMENT!

It's free, it's quick, it could save your life.



[umbwmc.org/
VascularHRA9](https://umbwmc.org/VascularHRA9)