

MEDICAL NEWS

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Beneficiary credits WRNMMC staff with saving his life

By Megan Garcia

Walter Reed National Military Medical Center

In the fall of 2013, Charles Bogino was suffering from a sinus infection that he couldn't shake. According to Bogino, he had been ignoring his health altogether. Between practicing law and other obligations, he hadn't really been paying much attention to it. As the infection got worse and worse, he finally made the decision to see his primary care physician at the Walter Reed National Military Medical Center in Bethesda, Maryland. During his visit, his physician instructed him to get some lab work done to get a better understanding of Bogino's health. The very next day, his physician contacted him with some startling news.

"He called me and starts yelling at me saying, 'Your liver enzymes are through the roof. I want you to go have a CAT scan, and do me a favor. Change your diet,'" he said. Bogino laughed as he recalled the phone call, which ultimately, unbeknownst to him, would spark a series of events he said has given him a greater appreciation for the staff and medical professionals at Walter Reed Bethesda. To this day, he credits them for saving his life.

In October of that year, he went in for the CT scan, which resulted in additional blood work that was completed before Veterans Day. He knew by this time something was wrong, and based on previous findings, there was a possibility he could have cancer.

"I knew the hospital was going to be closed that Monday, and I was getting my blood drawn on a Friday, and I'm like I can't wait three days. I got to know," Bogino said.

However, to his surprise, the very next day he received a call from his doctor, but he missed it. He received a text from that same doctor the following morning.

"This is the thing. He was very responsive. He knew how upset and worried I was," Bogino said.

The doctor informed Bogino that he needed to follow-up with gastroenterology immediately, but



(Courtesy photo)

Charles Bogino takes a selfie with Army Dr. (Lt. Col.) Matthew Hueman, the chief of surgical oncology at the Walter Reed National Military Medical Center in Bethesda, Maryland. Bogino credits Hueman and his medical team for saving his life after Bogino was diagnosed with pancreatic cancer in 2014.

Bogino waited for three months before doing so.

"I was being stupid," Bogino said. "I didn't want to know. I also couldn't believe that it was remotely possible that I had something like this. Nobody in my family has even had cancer."

On Feb. 3, 2014, after receiving an endoscopy, his fears were confirmed.

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U.S. Army Photograph by Wendy Arevalo

Raymond W. Bliss Army Health Center (RWBAHC) audiologist Heather John performs diagnostic testing using an audiometer on Feb. 24, 2017 at the RWBAHC audiology clinic.

RWBAHC welcomes new audiologist to staff, offers full services

By Wendy Arevalo

RWBAHC PAO

Raymond W. Bliss Army Health Center (RWBAHC) has a new audiologist on staff and officially opened its Audiology Clinic with full services on Feb. 22, which has resulted in enhanced audiology services.

Heather John joined the RWBAHC team in late January and brings 20 years of experience in the audiology field covering hospitals, hearing aids and surgical clinics.

Prior to this, a Fort Bliss audiologist provided services at RWBAHC for one week every two months.

Now with John on board, the Audiology Clinic provides the full range of services associated with hearing and the ear. The clinic includes services for patients with auditory processing disorders, hearing aid fittings, tinnitus evaluation and treatment, hearing conservation, and Traumatic Brain Injury (TBI) evaluations.

In addition to these services, the clinic offers all the latest modern technology.

"We have the best and latest technology available to all service members, including direct streaming of iPhones," John said.

According to John, they have hearing aids with Bluetooth compatibility that talk straight to an iPhone or an iPad.

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Fort Belvoir Hospital staff member, giving back is all in a day's work

By Alexandra Snyder
Fort Belvoir Community Hospital

Every year, more than two million women worldwide are diagnosed with breast or cervical cancer, but survival rates are largely determined by where a woman lives in the world, with many deaths in developing countries deemed preventable by U.S. healthcare standards.

In an effort to assist those without access to regular screenings for the diseases, Fort Belvoir Community Hospital Cytotechnologist, Myriam Jean-Alexis, recently travelled to Haiti with the collaborations of American Society of Cytopathology and Innovating Health International along with the Haitian Ministry of Health to open the first Pathology Lab in the country and train pathology workers in identifying cervical and breast cancer cells.

"The test for identifying these types of cancers takes no more than a few minutes to carry out," said Jean-Alexis, who spent two weeks in Cap-Haitien, Haiti. The test is brief and painless, inexpensive and life-saving. Yet all too often in Haiti, cervical cancer goes undiagnosed, she added.

In Haiti, which historically has limited health infrastructure and widespread poverty, the disease often goes undetected until it is too late.

"No structured screening program is in place so when women come for a diagnosis, it's already too late," said Jean-Alexis. "I was the first Cytotechnologist there and reviewed approximately 50 pap smears. Almost all of them were abnormal and almost all of them were from patients who were younger than we expect to see when it comes to seeing those types of issues- sometimes in their 30s."

Cervical cancer is one of the most common cancers to strike Haitian women, according to the World Health Organization (WHO), and it is often fatal. A 2014 WHO report shows that out of 3,100 women killed by cancer in Haiti, nearly one fifth died of cervical cancer.

By contrast, in countries like the U.S., cervical cancer is nowhere near the most common cancer. This is in part because early detection and treatment can prevent precancerous lesions from growing - something that requires trained staff and regular check-ups. Vaccines to prevent human papillomavirus (HPV), the main cause of cervical cancer, are also available in more affluent countries.

"Cervical cancer is a disease of great inequities that mainly affects the most vulnerable groups of women," said Dr. Macarena Pérez Castells in a report of the Pan American Health Organization. "Mortality rates are seven times higher in [Latin America and the Caribbean] compared to North America, and the gap is projected to widen even further by 2025."

Jean-Alexis and others at Belvoir Hospital hope to close that gap through further volunteering in the country.

"The program that [Jean-Alexis] participated in is going to be in Haiti for

• Audiologist

(Continued from front page)

She said having a full time audiologist on staff will especially help the readiness of the active duty service members.

"The arrival of audiology enhances readiness and deployability," John said.

John especially wants to see any active-duty military with hearing loss, brain injury and ringing in the ears.

Active-duty military and dependents over the age of 8 years old are eligible to see her for hearing aid fittings. For retirees, the clinic can test hearing, but no hearing aid fittings will be available until later this year.

John has a bachelor's degree from Portland State University and a master's degree in Speech and Hearing Science from the University of Arizona. She has also completed training with the Mayo Clinic and the Veteran's Health Administration.



Photo By Alexandra Snyder

Myriam Jean-Alexis (Center) with Haiti Students

a long time." Said Army Sgt. 1st Class Kevin Atiase, acting supervisor and senior enlisted leader of the hospital's Pathology Department. "Early detection is key. To be able to assist patients with a diagnosis when the disease is at a low-level is important. Lives are saved because of the work that we do in our profession. It's important to bring that care to underprivileged

people around the globe."

Added Jean-Alexis, "Whenever there is an opportunity to help those more unfortunate than ourselves- especially women, who are often not offered the same rights and access as females in the United States- we should. It's rewarding for us that do it and it's rewarding for those who are receiving our care."

• WRNMMC (Continued from front page)

"That's when the doctor told me. He said, 'You've got a tumor on your pancreas,'" Bogino said.

"I was totally zoning because I'm thinking to myself...I couldn't even really process what he was saying," he added. "It's one of those moments where you don't feel like you're really hearing what you're hearing. And when I was kind of able to ask a question I said, so you're telling me I have pancreatic cancer?"

The doctor could not confirm whether or not the tumor was cancerous at that moment, but he advised him to get a pancreatoduodenectomy or Whipple surgery, which involved removing his gallbladder, a portion of his pancreas, a portion of his stomach and the first part of his small intestine. The procedure would take about 12 hours. It took Bogino a week before he made the decision to move forward with the surgery.

"I weighed this," Bogino said, who was 54 years old at the time. "Should I have the surgery or not? It's a big surgery and a lot to put someone through. Only about 15 to 20 percent of people diagnosed with pancreatic cancer are eligible for the surgery I had. So if you're diagnosed with pancreatic cancer, and somebody says, 'You know what? You can have surgery that could help or perhaps even work you toward a cure,' you're

lucky. So when you are talking about doctors who can do the Whipple, and you have about two or three here that can do it, you don't get much more skilled than that in my book."

He underwent surgery April 24, 2014, but experienced complications during his recovery.

"This is where they saved my life," he said. "I woke up in the middle of the night, about 2 o'clock in the morning, and I was lying in a pool of blood. The nurses came in, and they were all around me, and they took me down for a CAT scan right away, but they didn't see an active bleed, so they put me in the ICU because they had to try and figure out where the bleeding was coming from, so they did an endoscopy. They did a colonoscopy. They were trying hard to figure out what was happening."

Three days later, he started bleeding again.

"Again, they were on me immediately," Bogino said. "I felt like I was in that show 'ER'. Everybody was around me, and then I look up at the end of the bed, and there's Dr. [(Lt. Col.) Matthew] Huanan, my surgeon."

Now this is midnight on a Friday night. I would have better things to do than to sit around and wait for my pager to go off to say your patient is bleeding to death."

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P.O. Box A3434

Chicago, IL 60690

Phone: 312-368-4860

Fax: 312-427-7829

To reach us:

advertising@militarymedical.com

Peter R. Bourjaily, Publisher

Mark Putnam,
Account Executive

Greg Love,
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Bill Bower,
Account Executive

Lawrence Roquemore,
Account Executive

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New GERD treatment, first in DoD, performed at WBAMC

By Marcy Sanchez

William Beaumont Army Medical Center Public Affairs Office

A new Food and Drug Administration approved incisionless fundoplication procedure to treat gastroesophageal reflux disease (GERD) was performed for the first time in a Department of Defense Military Treatment Facility at William Beaumont Army Medical Center, Feb. 2.

The procedure is an alternative for eligible patients looking to relieve symptoms associated with GERD through a non-surgical and possibly non-medicated approach.

"It's a new procedure we've been trained on," said Maj. Michael Goldberg, chief, Gastroenterology, WBAMC, who operated on the patient. "The benefits for the patient include a quicker recovery, no incisions, less of a chance of infection and less post-operation side effects such as pain."

The introduction of the procedure was a relief for Staff Sgt. Mario Talavera who started suffering from GERD in 2008.

"(Nausea) was a daily event. Even if I just drank water, anything," said Talavera.

The disease was impacting Talavera's life both at work and with his family. Talavera underwent a laparoscopic surgical procedure which wrapped his stomach lining completely around his esophagus to prevent the reflux of gastric acid. Unfortunately, after years of relief, the wrap slipped.

Talavera tried different strategies to combat GERD from medication to changing his diet, nothing helped. When WBAMC doctors informed Talavera of the new incisionless procedure he agreed to the treatment.

"They walked me through everything that was going to happen and explained it to a T," said Talavera, a native of Phoenix.

"The difference is, in surgery they need to go in (laparoscopically) and wrap the esophagus from the outside, but with (the new procedure) we can go through the mouth into the stomach, grab the top part of the stomach and fasten it around the esophagus," said Goldberg. "(Talavera) was a good candidate because he continued to have heartburn symptoms and has had a prior surgery that he responded well to."

According to Maj. Christopher Calcagno, gastroenterologist, WBAMC, while there are other procedures available to treat GERD, the new procedure is the most effective evidence-based procedure available for patients who meet certain criteria.

"Before this procedure there were only a few options, one was medications, another was surgery," said Calcagno. "It's another tool in treating reflux for the right patients and a good option."



Photo By Marcy Sanchez

Maj. Michael Goldberg (left), chief, Gastroenterology, William Beaumont Army Medical Center, and Maj. Christopher Calcagno, gastroenterologist, WBAMC, speak to Staff Sgt. Mario Talavera, motor transport operator, 377th Transportation Company, 1st Armored Division Sustainment Brigade, following the first incisionless fundoplication procedure to treat gastroesophageal reflux disease (GERD) performed in the Department of Defense, at WBAMC, Feb. 3.

According to Goldberg, other differences include the ability to belch, where those who have had surgery may not be able to burp anymore and those with the new procedure may still do so.

"There's a whole gap in the middle (of treatment options) where people didn't want either medications or surgery, but still had symptoms that needed to be controlled," said Calcagno.

"This procedure fills in that gap." When asked if he felt any difference with his symptoms a day after the procedure, Talavera responded, "Oh yeah. It's a whole lot of relief."

Wolf Pack regains strength with physical therapy

By Senior Airman Michael Hunsaker

8th Fighter Wing Public Affairs

The 8th Medical Operations Squadron physical therapy team assists Airmen with exercises during their appointments at Kunsan Air Base, Republic of Korea, Feb. 13-14, 2017. The physical therapy section is responsible for ensuring proper healing and rehabilitation of Airmen who have injuries or are recovering from surgeries.

(Right) U.S. Air Force Master Sgt. Gregory Dorner, 8th Medical Operations Squadron Physical Therapy flight chief, monitors Senior Airman Jacob Schackman, 8th Maintenance Squadron Precision Measurement Equipment Laboratory technician, while he holds a plank during a physical therapy appointment. Dorner instructs Schackman through rehabilitative exercises to ensure proper recovery from injuries sustained while off duty.



Photo by Senior Airman Michael Hunsaker

2nd Medical Battalion keeps more than knowledge alive

By Lance Cpl. Ashley Lawson
II Marine Expeditionary Force

An open field where injured dummies lie was suddenly crowded as the recorded sound of a bomb reached the eardrums of corpsmen on a patrol nearby during a training exercise. With quick, sharp looks and a feeling of urgency, they each rushed to a wounded "Marine" to save their brothers' lives.

Corpsmen with 2nd Medical Battalion participated in a Tactical Combat Casualty Care training exercise February 6-10, 2017, at Camp Lejeune, North Carolina.

The TCCC is designed to give corpsmen the basic skills to work under pressure in a combat setting, ensure productive communication and save their patients' lives.

The students conducted a patrol, experienced notional enemy contact and rushed to dummies where they then dragged them out of the line of fire gave appropriate care and transported them to an aircraft.

"When taking care of injuries, they need to stop massive hemorrhaging in 3 minutes and relocate their patient out of the line of fire and to an aircraft in 6 to 7 minutes," said Petty Officer 2nd Class

Matthew Showalter, an instructor for Combat Trauma Management with 2nd Medical Battalion.

With Marines and Sailors constantly leaving Camp Lejeune for training exercises and deployments, the corpsmen are required to keep their fellow service members safe and pass on their knowledge.

"It's important to apply medicine in a tactical setting and save lives as effectively as possible," stated Petty Officer 1st Class Emmanuel Pineda, an independent duty corpsman with Combat Logistics Regiment 25. "Those individuals will eventually end up in a clinical setting under the care of other corpsmen and it makes the cycle so much more effective."

This training allows the corpsmen to be brought out of their comfort zone and discover more efficient ways of saving lives.

Once the training ended, the instructors went over ways to make the process more effective and how to take the new knowledge back to their units and share it.

The TCCC is one of many tools used to keep corpsmen up to date in their job field, as well as bolster combat readiness for possible deployments.



(U.S. Marine Corps photo by Cpl. Ashley Lawson)

Corpsmen transport a notional patient onto an aircraft during a Tactical Combat Casualty Care training exercise at Camp Lejeune, N.C., Feb. 6-10, 2017. The TCCC teaches corpsmen new communication skills and how to care for a patient in a combat zone. The corpsmen are with 2nd Medical Battalion.

Women, don't suffer in silence: Know the signs of heart disease and attack

By Alexandra Snyder
Fort Belvoir Community Hospital

What started out as mild chest pains ended in open heart surgery for Belvoir Hospital's Kareece Larry.

Larry knew something wasn't right in 1995, when she began experiencing shortness of breath while working out. She was just 40 years old, physically fit, and an active-duty Soldier at the time.

"I'm a nurse by trade, so when the pain began, I knew something was wrong with my heart. However, I had no risk factors or other warning signs," said Larry, now in her 60s and Chief of Discharge Planning for the hospital. "I wasn't overweight, I exercised regularly and ate healthy. Neither of my parents suffers from heart disease, nor do my two siblings. The entire initial experience was unexpected."

Upon being examined and undergoing a variety of tests, Larry's doctors determined she had nearly full blockage in two heart vessels. In the proceeding seven months, Larry underwent three cardiac catheterizations, one angioplasty and two stent placements, as well as two double bypass open heart surgeries.

"I didn't know I was at risk until it was too late, and now I do my best to educate other women to truly listen to their bodies and educate providers to really listen to their patients when it comes to heart health. Early detection and intervention can save lives," said Larry. "I also urge women to be persistent and follow-up on any factor that may put them at a greater risk for heart disease."

Lia Anderson is a Public Health Clinical Nurse Specialist at Belvoir Hospital and works to educate women on the importance of heart health,

as well as the warning signs of cardiovascular stress. She says heart attacks and heart disease are more commonly associated with men, but statistically, "Women die from heart disease more than men."

Nationally, one out of three women will die from a heart attack or heart disease, compared to one in four men, says the Centers for Disease Control and Prevention. Despite increases in heart disease awareness over the past decade, in the CDC's most recent reporting year, 2013, it says the leading cause of death for women in the U.S. is heart disease, yet only 54 percent of women are aware that heart disease is their No. 1 killer.

Common risk factors for heart disease e.g. high cholesterol, high blood pressure and obesity affect both men and women. Other factors that play a role unique to women and a potential for developing heart disease are menopause due to the loss of heart protecting estrogen and complications of pregnancy. The risk is greater for women than men in diabetics.

"Many women are still functional in early and later stages of a heart attack. There's less suspicion of a heart attack because women can remain very active during the onset of heart attack and heart disease," said Anderson. Women often wait longer than men to seek help when having a heart attack and health care providers can be slower to recognize the presence of heart attacks in women because the "typical" patterns of chest pain and EKG changes seen in men are less frequently present, she added.

"While men generally have crushing interior chest pain, women's chest pain can be vague. The pain may feel like a squeezing or fullness anywhere in the chest, rather than the classic left

side and radiating down the arm. Pain can come and go and be felt in other areas such as the neck, back, and jaw. Women may experience flu-like symptoms, nausea, fatigue, body aches, mild shortness of breath—a general sense of just not feeling well," said Anderson.

It's those symptoms, according to Anderson, that send women to urgent care clinics or their primary physician, not to the emergency room or to see a cardiac specialist.

"Physiologically our arteries smaller in diameter, but they're also reactive, meaning they spasm more," said Anderson. "We respond to life events and stress differently than men. A combination of these things plays a role when it comes to diagnosing and responding to heart attacks and heart disease."

Protecting yourself from heart attacks and heart disease doesn't have to be complicated, said Anderson. Simple preventive measures include a healthy diet, managing cholesterol and blood pressure levels, exercise, and smoking cessation make a big difference. The American Heart Association also recommends women who drink alcohol should limit their intake to an average of just one drink per day. Finding healthy outlets to manage stress also can reduce the risk of heart disease.

"Heart attacks are life-changing events. A patient learns that drastic changes in lifestyle must be made," Anderson said.

"The good news for women is that their hearts respond better than men's to healthy lifestyle changes. Prevent heart disease before it becomes a lifelong condition. If you abuse your body and don't take care of your health, your life will be shortened. That's reality."



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Soldier receives Purple Heart for combat injuries

By Lori Newman

Brooke Army Medical Center Public Affairs

Brig. Gen. Jeffrey Johnson, Brooke Army Medical Center commanding general, presented the Purple Heart to Sgt. 1st Class Charles Graham March

3 during a ceremony held in the Purple Heart Garden at the Warrior and Family Support Center.

"Today I am very proud to present the Purple Heart to Sgt. 1st Class Graham," Johnson said.

The general welcomed Graham's par-

ents who came from Lake Waccamaw, North Carolina to attend the ceremony.

"My sense is that there was nothing that was going to stop you from being here at this ceremony," Johnson said. The general highlighted the fact the family belongs to the Waccamaw Siouan Tribe, known as the "People of the Falling Star." The tribe has a rich history dating back to 1712.

"They have a very proud heritage,"

Johnson said of the Graham family. "Eight generations who have served our country, three Purple Hearts within this family now. That demonstrates the significant contribution this family has made to our nation and likely is indicative to the Waccamaw Siouan Tribe and how they look at giving back to their country as well."

Johnson also thanked Graham's wife and her mother for being there to support Graham.

Graham enlisted in the North Carolina National Guard in June 1997 after he finished high school. He served three years in the U.S. Army National Guard then went to active duty Army.

Graham deployed three times – once to Kosovo and twice to Iraq, before being selected by U.S. Army Recruiting Command where he became the leader running two large recruiting centers. He is currently assigned to the BAMC Warrior Transition Battalion.

"Sgt. Graham thank you for your service to our country," the general said. "Thank you for answering the call and stepping forward, standing tall, in defense of our nation."

On Nov. 19, 2005, Graham was assigned to Headquarters and Headquarters Company, 2nd Battalion, 69th Armor, 2-28th Brigade Combat Team, 3rd Infantry Division, serving as an indirect fire infantryman fire direction center chief in Iraq at the Forward Operating Base. The unit was struck

Miscellaneous



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See PURPLE HEART, Page 8

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• Purple Heart (Continued from page 7)

with indirect fire mortar rounds, resulting in his combat injuries.

"The mortar came in on me and exploded about 10 feet in front of me," Graham said. "I don't remember anything after that."

The general acknowledged the award should have come sooner, but said he was glad Graham was able to receive it now.

"While the Waccamaw Siouan Tribe is known as the 'People of a Falling Star,' today, Sgt. Graham, your star is burning brightly long into the Southwest sky," Johnson concluded.

After receiving the Purple Heart, Graham asked those attending the ceremony for a moment of silence to honor those service members who perished

in battle and did not receive the Purple Heart. He also listed all the people in his life who helped him get where he is today.

"I stand proud and humbled before you today to receive this decoration," Graham said emotionally as his father, Charles Graham Sr., a Vietnam veteran himself, looked on giving his son the thumbs-up.

"He's been a great mentor and a great father; I couldn't ask for a better father," Graham said. "He has always been by my side and gave me inspiration and courage. This is a big day for him and myself."

"I am thankful and proud my son received the Purple Heart today," Graham's father said.



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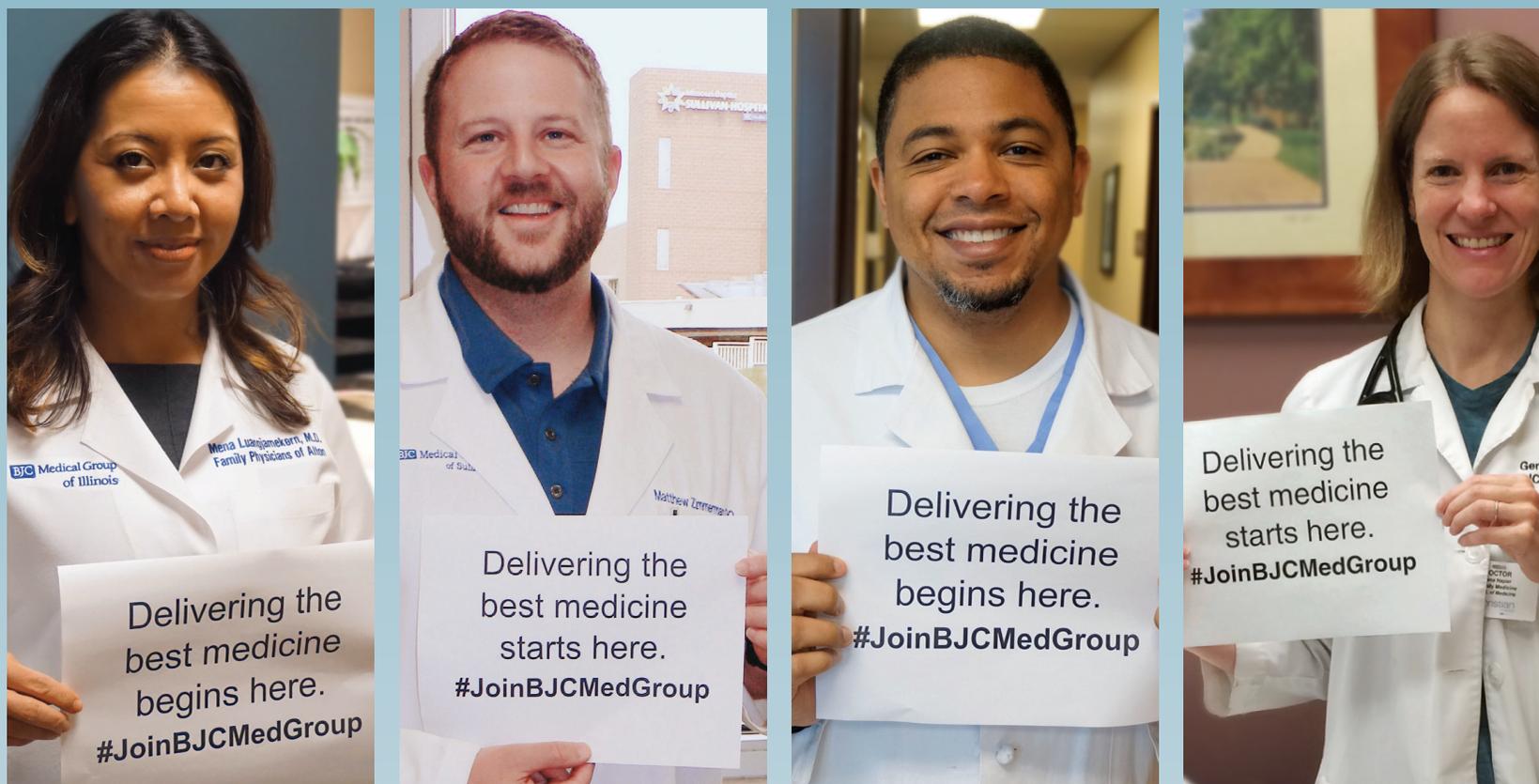


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