“Surgery isn’t necessarily a silver bullet,” Dr. Simianu says. “For uncomplicated diverticulitis, this should be a shared decision between patient and surgeon. A patient who is having recurrences every three or four months may want to consider surgery sooner. A patient who only has a recurrence every three or four years may choose to wait it out because those recurrences aren’t as frequent and not as big of a burden on their life.”

Now, Dr. Simianu is expanding on these findings through the Comparison of Surgery and Medicine on the Impact of Diverticulitis (COSMID) Trial. He is the site PI for this national, PICORI-sponsored randomized controlled trial of elective colectomy versus medical management.

“Surgery isn’t necessarily a silver bullet,” Dr. Simianu says. “For uncomplicated diverticulitis, this should be a shared decision between patient and surgeon. A patient who is having recurrences every three or four months may want to consider surgery sooner. A patient who only has a recurrence every three or four years may choose to wait it out because those recurrences aren’t as frequent and not as big of a burden on their life.”

Now, Dr. Simianu is expanding on these findings through the Comparison of Surgery and Medicine on the Impact of Diverticulitis (COSMID) Trial. He is the site PI for this national, PICORI-sponsored randomized controlled trial of elective colectomy versus medical management.

“I hope goal is to learn not only if a patient’s diverticulitis went away, but is his or her quality of life better? Is his or her use of the healthcare system better with either approach?” Dr. Simianu says. “Our findings will help establish an evidence-based approach to caring for these patients.”

Managing Complications of Prostate Cancer Treatment

Prostate cancer’s survival rate is high, but some men go on to develop treatment side effects that significantly impact quality of life. For example, surgery can result in bladder neck contractures, urinary incontinence and erectile dysfunction while radiation therapy can lead to urethral strictures — sometimes even years after treatment.

“Radiation can lead to substantial scarring or necrosis of the prostate and surgical repairs are complicated by poor wound healing after radiation,” says Will Fuller, MD, a reconstructive urology surgeon at Virginia Mason. He specializes in treating prostate surgery and radiation-induced complications, such as strictures, erectile dysfunction and incontinence.

Traditionally, patients had few good options for radiation-associated urethral strictures: a lifetime of self-urethral dilation or urinary diversion. But advances in treatment and technology are transforming the field.

“We are having more success by using a combination of hyperbaric medicine and anti-fibrotic medications,” Dr. Fuller says. “We are also increasingly using minimally invasive robotic surgery in urologic reconstruction to improve our access to anatomically difficult spaces and get patients back to their lives more quickly with less pain. We’re excited to offer patients an improved treatment option for these challenging conditions.”

For more information, contact: 206-223-6772 • VirginiaMason.org/Urology

Elective Surgery: Not Always a “Silver Bullet” for Diverticulitis

Diverticulitis is one of the most common reasons for colon resection, and surgeons have traditionally recommended elective surgery to avoid recurrence and reduce the chances of a future ostomy. However, there has been little research on whether surgery actually decreases these risks — until now.

Vlad Simianu, MD, MPH, a colon and rectal surgeon at Virginia Mason, in collaboration with researchers and surgeons from the University of Washington, used a recent study to start closing this evidence gap. Using data from a national healthcare claims database, their study compared the risk of recurrence and ostomy among 12,073 patients treated for uncomplicated diverticulitis.

He found that while elective surgery did reduce a patient’s risk of recurrence, 6 to 15% of patients still had a recurrence in the five years after surgery. The study also found that the risk of ostomy is low regardless of treatment choice.

“For uncomplicated diverticulitis, this should be a shared decision between patient and surgeon. A patient who is having recurrences every three or four months may want to consider surgery sooner. A patient who only has a recurrence every three or four years may choose to wait it out because those recurrences aren’t as frequent and not as big of a burden on their life.”

Virginia Mason Health System

DECEMBER 2019
NEWS AND INFORMATION FOR REGIONAL CLINICIANS

Managing Complications of Prostate Cancer Treatment

Prostate cancer’s survival rate is high, but some men go on to develop treatment side effects that significantly impact quality of life. For example, surgery can result in bladder neck contractures, urinary incontinence and erectile dysfunction while radiation therapy can lead to urethral strictures — sometimes even years after treatment.

“Radiation can lead to substantial scarring or necrosis of the prostate and surgical repairs are complicated by poor wound healing after radiation,” says Will Fuller, MD, a reconstructive urology surgeon at Virginia Mason. He specializes in treating prostate surgery and radiation-induced complications, such as strictures, erectile dysfunction and incontinence.

Traditionally, patients had few good options for radiation-associated urethral strictures: a lifetime of self-urethral dilation or urinary diversion. But advances in treatment and technology are transforming the field.

“We are having more success by using a combination of hyperbaric medicine and anti-fibrotic medications,” Dr. Fuller says. “We are also increasingly using minimally invasive robotic surgery in urologic reconstruction to improve our access to anatomically difficult spaces and get patients back to their lives more quickly with less pain. We’re excited to offer patients an improved treatment option for these challenging conditions.”

For more information, contact: 206-223-6772 • VirginiaMason.org/Urology

Elective Surgery: Not Always a “Silver Bullet” for Diverticulitis

Diverticulitis is one of the most common reasons for colon resection, and surgeons have traditionally recommended elective surgery to avoid recurrence and reduce the chances of a future ostomy. However, there has been little research on whether surgery actually decreases these risks — until now.

Vlad Simianu, MD, MPH, a colon and rectal surgeon at Virginia Mason, in collaboration with researchers and surgeons from the University of Washington, used a recent study to start closing this evidence gap. Using data from a national healthcare claims database, their study compared the risk of recurrence and ostomy among 12,073 patients treated for uncomplicated diverticulitis.

He found that while elective surgery did reduce a patient’s risk of recurrence, 6 to 15% of patients still had a recurrence in the five years after surgery. The study also found that the risk of ostomy is low regardless of treatment choice.

“For uncomplicated diverticulitis, this should be a shared decision between patient and surgeon. A patient who is having recurrences every three or four months may want to consider surgery sooner. A patient who only has a recurrence every three or four years may choose to wait it out because those recurrences aren’t as frequent and not as big of a burden on their life.”

Now, Dr. Simianu is expanding on these findings through the Comparison of Surgery and Medicine on the Impact of Diverticulitis (COSMID) Trial. He is the site PI for this national, PICORI-sponsored randomized controlled trial of elective colectomy versus medical management.

“I hope goal is to learn not only if a patient’s diverticulitis went away, but is his or her quality of life better? Is his or her use of the healthcare system better with either approach?” Dr. Simianu says. “Our findings will help establish an evidence-based approach to caring for these patients.”

For more information, contact: 206-223-6772 • VirginiaMason.org/Urology
Inside this issue:

- Managing Complications of Prostate Cancer Treatment
- Elective Surgery: Not Always a “Silver Bullet” for Diverticulitis

Referral Assistance

PHONE: 877-333-0122  
FAX: 800-641-9002  
E-MAIL: Referral@VirginiaMason.org  
WEB: VirginiaMason.org/For-Clinicians

Virginia Mason accepts all major insurance plans and always welcomes new patients.

For additional copies or to be removed from our mailing list, call 877-333-0122 or e-mail Referral@VirginiaMason.org. ©2019 Virginia Mason

Virginia Mason Receives ‘Most Wired’ Honor

For the eighth straight year, Virginia Mason earned a ‘Most Wired’ recognition from the College of Healthcare Information Management Executives (CHIME) as a certified level 7 organization. The award reflects our continued investment in technology programs that improve quality, safety and the health care experience for patients and our team members.

For example, our secure online patient portal, MyVirginiaMason, enables patients to schedule appointments; renew prescriptions; send messages to their providers; view lab results; and review clinic notes. Use of the patient portal continues to grow, with an average of 908,959 page views per month in 2019, compared to a monthly average of 786,669 the previous year.

CONTINUING MEDICAL EDUCATION

Save these dates for 2020:

- Advances in Colorectal Cancer  
  MARCH 6, 2020
- 8th Virginia Mason Update in Inflammatory Bowel Disease  
  MARCH 20, 2020
- 12th Annual Topics in Primary Care  
  APRIL 10, 2020

FEATURED VIRGINIA MASON SPECIALISTS

Thomas W. Fuller, MD

SPECIALTIES: Urology, Reconstructive Urology, Urethral Strictures, Urinary Radiation Complications, Erectile Dysfunction, Robotic Surgery

EDUCATION: Eastern Virginia Medical School, Norfolk, 2006
INTERNSHIP: University of Pittsburgh Medical Center, 2014
RESIDENCY: University of Pittsburgh Medical Center, 2018
FELLOWSHIP: University of California San Diego, 2019
BOARD CERTIFICATION: American Board of Urology – Board Eligible

PRACTICE LOCATIONS:
Virginia Mason Hospital and Seattle Medical Center, 206-223-6600
Virginia Mason Lynnwood, 425-712-7900

EMAIL: Will.Fuller@VirginiaMason.org

Robert E. Geise, MD

SPECIALTIES: Infectious Disease, HIV/AIDS

EDUCATION: Virginia Commonwealth University School of Medicine, Richmond, 1995
INTERNSHIP: George Washington University Medical Center, Washington D.C., 1996
RESIDENCY: George Washington University Medical Center, Washington D.C., 1998
FELLOWSHIP: University of Washington, Seattle, 2001
BOARD CERTIFICATION: American Board of Internal Medicine, Internal Medicine and Infectious Diseases

PRACTICE LOCATION:
Virginia Mason Hospital and Seattle Medical Center, 206-223-6600

EMAIL: Robert.Geise@VirginiaMason.org