

FLINT GOOD LIFE



INSIDE

4 HEART AND VASCULAR
SERVICES EXPAND

8 WORLD CLASS CANCER
TECHNOLOGY AND PATIENT CARE

SUMMER 2020



SAFELY PROVIDING THE CARE YOU NEED.

If you have been experiencing a health concern or have an emergency medical need, McLaren wants to reassure you that you don't need to delay seeking treatment.

We are continuing to do what's best for all our patients and employees by following the most current CDC safety guidelines.

You don't need to wait any longer. Because at McLaren, we're committed to keeping you safe while giving you the expert care you need, when you need it.



DOING WHAT'S BEST.®

DEAR FRIENDS,

This time in our lives has been truly challenging. As we continue to take steps toward a sense of normalcy one week at a time, you can take comfort in knowing hospitals are here for you, and always will be. It's natural to feel anxious about the uncertainties our world is facing, but you can continue to have confidence in your health care providers. From the onset of COVID-19, McLaren Flint moved quickly to protect our patients, visitors and staff. I am proud of our team and how everyone quickly adapted to the constant changes the health crisis confronted us with. In May, as the number of COVID patients began to steadily decrease, and non-emergent health care restrictions were lifted, we developed a comprehensive plan to provide safe care for patients who had tests and procedures postponed due to the pandemic. Those measures remain in place today.

We have multiple safety precautions in place throughout our facilities for now, and for as long as they are necessary. We made social distancing easier by encouraging nonessential visitors to stay home, changing our waiting rooms and continuing to offer online check-in for our emergency rooms in Flint and Fenton. Our staff is also disinfecting high-touch areas more frequently. A full list of our safety precautions can be found at mclaren.org/safecare.

We are immensely grateful for the overwhelming support of our community throughout the COVID-19 pandemic. Now, let us do what we do best, and provide you with the care you need.



Chad Grant
President and CEO, McLaren Flint



CONTENTS

- 4-7** HEART AND VASCULAR SERVICES EXPAND
- McLaren Flint's Catheterization Laboratory Showcases Renovations and \$1 Million Innovative System
 - Patient Puts Faith in Minimally Invasive Procedure
 - McLaren Flint Structural Heart Team Performs Genesee County's First MitraClip Repair
 - New Technology Sees Detailed Anatomy of the Heart

- 8-11** WORLD CLASS CANCER TECHNOLOGY AND PATIENT CARE
- More Cancer Patients to Benefit from Proton Therapy
 - Patient Hunts for His Best Option to Fight Cancer
 - A Wish Come True
 - Surgical Specialists Join Treatment Team

- 12** McLAREN FLINT FOUNDATION GRATEFUL FOR OUTPOURING OF SUPPORT

- 13** McLAREN FENTON OFFERS 24/7 EMERGENCY CARE

- 14** WOMEN DON'T HAVE TO LIVE WITH FIBROIDS

- 15** INNOVATIVE TREATMENT AVAILABLE FOR COMPLEX BRAIN ANEURYSMS



HEART AND VASCULAR UNIT EXPANDED AND RENOVATED

McLAREN FLINT'S CATHETERIZATION LABORATORY SHOWCASES RENOVATIONS AND \$1 MILLION INNOVATIVE SYSTEM

The Heart and Vascular Unit at McLaren Flint began the year celebrating the completion of its extensive expansion and renovation project. A need for additional catheterization labs and creating separate areas for pre- and post-procedure patients was driven by growth of both the hospital's

stroke and cardiac programs. The project updates include two new catheterization labs, a separate prep recovery area, all new flooring, paint and artwork from the north building to the south, and a shared waiting area for Heart and Vascular and Radiology services. New technology includes a

\$1 million investment in a MAC Lab System, which provides enhanced interoperability and has remote workstations for data management and documentation. The McLaren Flint MAC lab is the largest to be installed to-date in the United States.



PATIENT PUTS FAITH IN MINIMALLY INVASIVE PROCEDURE

Sylvester T. Davis, 87, of Flint, always had regular checkups with his doctors over the years. When his wife started having heart problems, she encouraged him to get his heart checked out, as well. After she passed away from complications with her heart, Davis knew he had to remain vigilant with his checkups.

“It was just a routine checkup last fall when I found out my arteries were clogged and my aortic valve was not working properly,” said Davis. “After another checkup, the doctor said my valve was getting worse and that it was time to consider valve replacement, possibly surgery. Besides my heart issues, I have always been in great

health. I never drank or smoked, and have lived a healthy lifestyle, so the need for surgery came as a bit of a surprise to me.”

Due to his faith, Davis did not consider surgery. He was worried about blood loss and the need for transfusion, so open-heart surgery was not an option for him. Little did he know, advanced technology would provide an option for him. Davis qualified for a procedure called transcatheter aortic valve replacement, also known as TAVR. Although it is not a new procedure, TAVR recently became approved by the Centers for Medicare and Medicaid Services (CMS) for low-risk patients

experiencing aortic valve disease. Davis was considered low-risk since he did not have any other major health issues.

“For several years TAVR has been an FDA-approved, minimally invasive procedure for patients considered high-risk for open-heart valve-replacement surgery,” said Ahmad Munir, MD, a structural heart specialist at McLaren Flint. “The CMS approval is wonderful news for so many more patients who can benefit from TAVR. The procedure is performed through a small puncture in the groin or a small incision in the chest. The cardiac team inserts an artificial tissue valve, which is folded and then placed in a delivery catheter into the larger artery of the groin. Using X-ray views, it is then eased up to the heart, unfolded and implanted at the site of the damaged valve, pushing it aside and taking over its function.”

The McLaren Heart Valve Institute has a multi-disciplinary team who work with each patient on an individual basis. The clinical staff works with patients to come up with a treatment plan that respects their beliefs and personal preferences. With advancements in technology, there are more minimally invasive treatment options than at any other time in the past.

“When Dr. Munir told me I qualified for the minimally invasive low-risk TAVR procedure, I was happy to have the option to not be cut open, so I decided it was a good thing to have,” said Davis.

In late October 2019, Davis returned to McLaren Flint for his post-procedure test and evaluation. His breathing improved greatly after his surgery and is overall doing much better.

“I usually do simple things but would really like to take a couple of trips. I have never seen the Grand Canyon, so that is a trip I want to take. My wife and I used to drive to Canada to see Niagara Falls, so I'd like to go there again for sure.”

For more information about McLaren Flint's cardiac services go to mclaren.org/flintheart.



Pictured are aortic valve replacement patient Sylvester T. Davis of Flint and Leslie Clason, nurse practitioner, with the McLaren Heart Valve Institute.



McLAREN FLINT STRUCTURAL HEART TEAM FIRST IN REGION TO PERFORM TWO MINIMALLY INVASIVE HEART PROCEDURES

MitraClip, a transcatheter mitral valve repair procedure, was first performed by the structural heart team at McLaren Flint on January 30, 2020, making it the first hospital in Genesee County to perform this procedure.



Sanjay Batra, MD

The MitraClip is a less invasive treatment option for patients experiencing mitral regurgitation who are at high risk for open-heart surgery. It works by placing a small clip on the mitral valve, closing the gap through which blood is leaking and thus improving normal flow of blood through the heart.

“This is a very innovative technology that is less invasive than traditional open-heart surgery where we have to open up the patient’s chest,” said Ahmad Munir, MD, Director of Structural Heart Disease. “Instead, we use a catheter placed through a vein in the groin which is guided up to the left atrium of a patient’s heart and then through the interatrial septum. The MitraClip is a small clip that is moved up through this catheter into the left atrium. Once there, the clip is opened above the mitral valve and placed across the valve at the site of the leak. Then, with X-ray fluoroscopic and echocardiographic guidance, the clip is precisely positioned and closed on the valve leaflets, pinching the gap at the site of the maximum leak.”

The small hole in the interatrial septum used to advance the delivery catheter heals quickly by itself. Once the clip is deployed, over time the body’s tissue grows over it, making it part of the natural valve’s anatomy. This minimally invasive procedure allows the patient to leave the hospital in 2-3 days, while experiencing improvement in their symptoms almost

immediately after the procedure is completed.

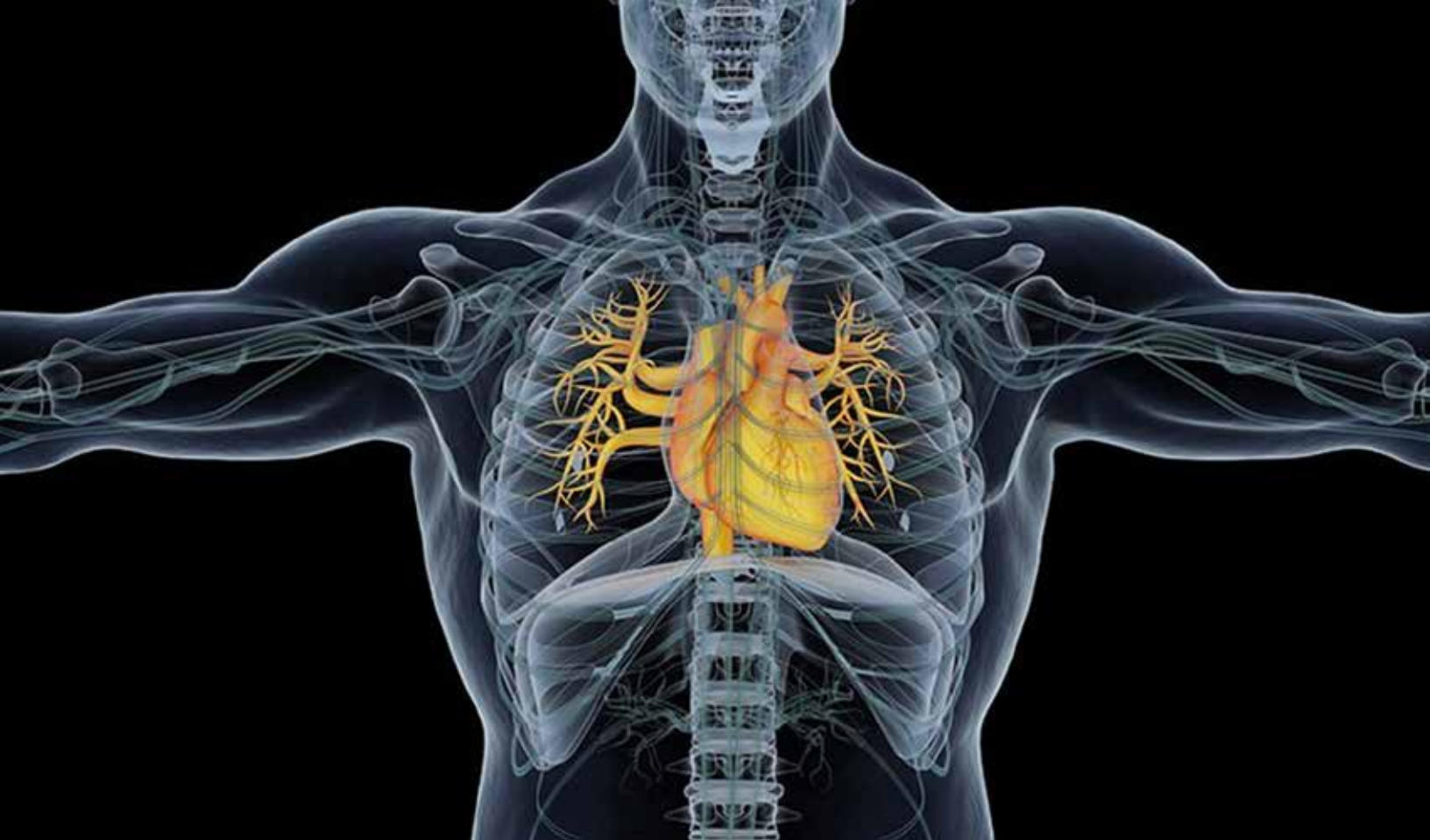
“If a patient has mitral regurgitation, the best option remains open-heart surgery, which gives the patient the best chance of eliminating the valve leak altogether,” said Sanjay Batra, MD, Director of Surgical Structural Heart at McLaren Flint. “The problem is that not all patients are fit enough to undergo open-heart surgery due to various medical conditions. Prior to the availability of the clip, there were no good options except for continuing their medications or agreeing to undergo high-risk open-heart surgery. The MitraClip allows patients, who are otherwise too sick or have other serious medical conditions that do not allow them to undergo open-heart surgeries, an option to significantly reduce the regurgitation in a less invasive way. It meets the same goals of traditional regurgitation treatment, improving the patient’s symptoms and helping to avoid future hospital visits.”



Ahmad Munir, MD

The structural heart team has also performed the region’s first transcatheter mitral valve replacement (TMVR). This procedure is for patients who have previously had an open-heart surgical procedure in which their mitral valve was replaced. Should their replacement valve become diseased again, or quit functioning properly, they likely will not qualify for a second open-heart procedure. Now TMVR is an available treatment option that can improve the quality and duration of patients’ lives.

For more information on minimally invasive heart procedures available close to home, visit mclaren.org/flintheart.



NEW TECHNOLOGY SEES DETAILED ANATOMY OF THE HEART

Cardiac MRI is now another diagnostic tool available to McLaren Flint's structural heart and cardiac care specialists. It is the only technology of its kind in the region. Cardiac MRI is a non-invasive evaluation of cardiac function, cardiac structures and cardiac pathology. The benefits to patients include no radiation exposure and that it is a non-invasive test. Among the benefits to heart experts are its superior imaging quality, proven usefulness for both diagnosis and management for a wide range of cardiac disease

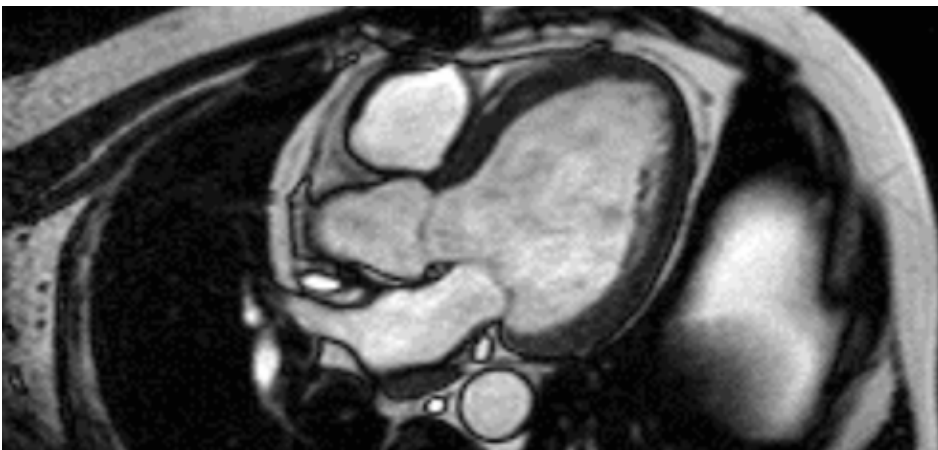
states, and its superior sensitivity and detail for stress testing compared to other stress imaging options. It can help diagnose valvular disease, aortic disease, irregular heartbeats, disease of the heart muscle called cardiomyopathy and multiple other conditions.

In most cases a test can be completed in about an hour. During the testing the patient lies on their back inside of the MRI machine and is instructed by the technicians to do a series of breath holds in between capturing the heart's

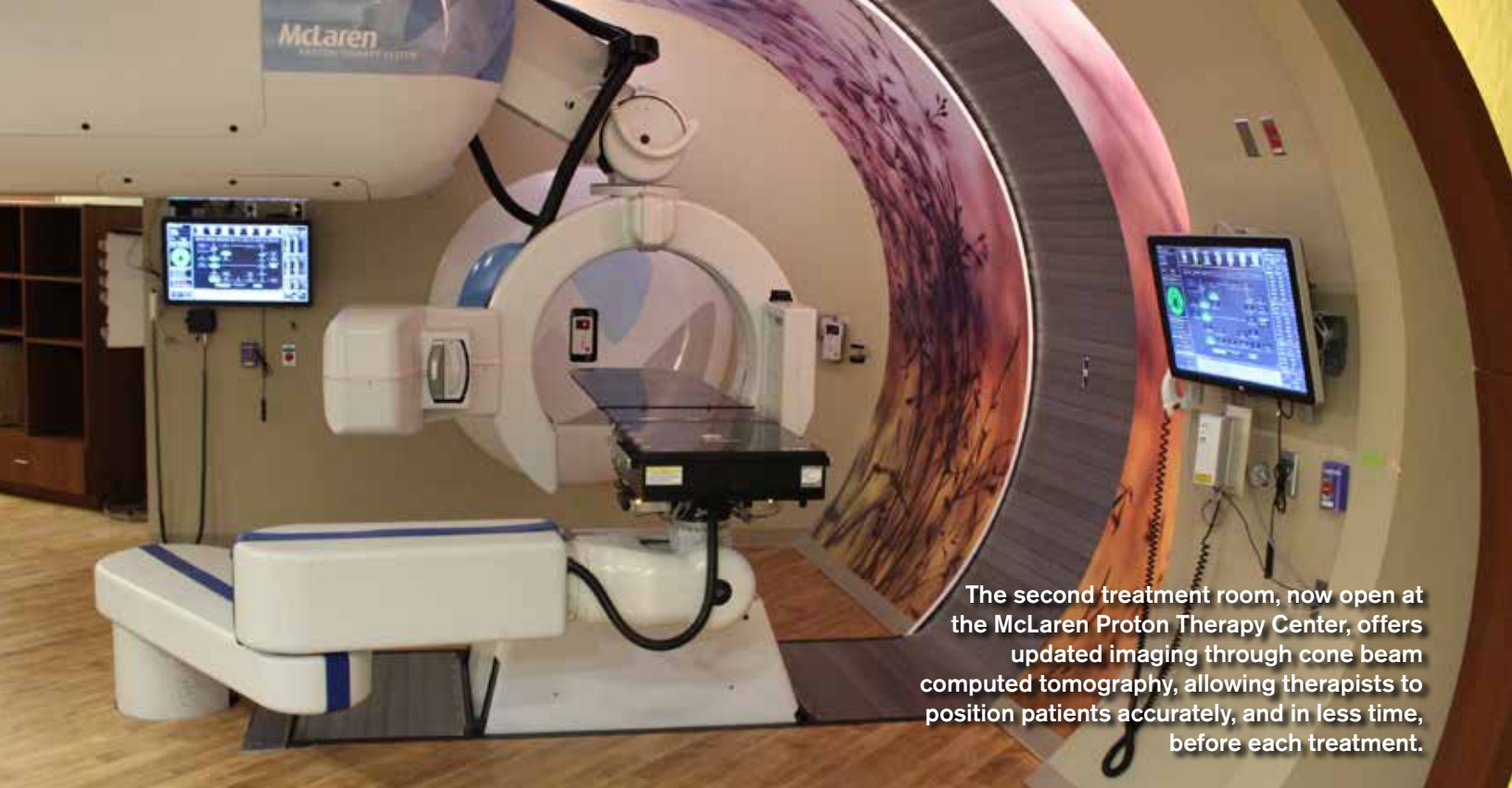
normal rhythm or what we often call the beat. The patient can choose to listen to music in between communication from the technicians once the testing gets underway.

All tests are reviewed by Abdulbaset Sulaiman, MD, who is fellowship trained in advanced cardiac imaging. Once the imaging is interpreted, Dr. Sulaiman sends the results to the patient's cardiac care provider.

Tests are performed at the McLaren MRI-Flint outpatient facility located just ¼ mile south of McLaren Flint on Ballenger Highway.



Cardiac MRI provides detailed and clearer pictures of the heart and blood vessels from many views. Often, it is used when more information is needed after a patient has had an echocardiogram or heart CT scan. Another added benefit is it does not use ionizing radiation.



The second treatment room, now open at the McLaren Proton Therapy Center, offers updated imaging through cone beam computed tomography, allowing therapists to position patients accurately, and in less time, before each treatment.

WORLD CLASS CANCER TECHNOLOGY

MORE CANCER PATIENTS TO BENEFIT FROM PROTON THERAPY

Now, more people fighting cancer may receive radiation oncology treatment with superior precision. The McLaren Proton Therapy Center has opened a second treatment room, which doubles the center's patient capacity. With a second operational treatment room, the McLaren Proton Therapy Center is the largest proton therapy center in Michigan and the first in the state to operate cancer treatments in two rooms. The center has also developed new imaging modality by adding cone beam computed tomography (CBCT) in both treatment rooms. All of this comes at a time when the number of physician referrals and self-referrals have significantly increased.

"We have an increasing demand for proton technology as we have been treating at almost capacity with one gantry room," explains Hesham Gayar, MD, Medical Director of the McLaren Proton Therapy Center. "Patients are coming to us from all over Michigan and neighboring states."

The addition of the second treatment room allows for a more efficient workflow, and for a better patient experience. As the proton beam is being delivered to one of the treatment rooms, another patient will be positioned and prepared for their treatment in the second treatment room.

The alignment of the patient is important when delivering the proton beam to treat the targeted tumor. The CBCTs in each treatment room allows for six degrees of freedom when aligning patients for treatment. This means patients are accurately aligned for treatment in less time, even in the most challenging scenarios. A traditional image-guided radiation therapy uses two-dimensional radiographic images, which do not delineate soft tissues. With a CBCT, therapists can see a more detailed image to distinguish the tumor from healthy tissue. The McLaren Proton Therapy Center is one of a few centers in the country with this technology.

"We're at a good place, treating more patients than we could have imagined with only one room, utilizing this exceptional cancer treatment resource more efficiently," says Vahagn Nazaryan, PhD, Executive Director of the McLaren Proton Therapy Center. "While we begin treatments in the second room, we will continue to develop our center by focusing on getting a third treatment room operational. This will allow us to treat even more patients in the future with the most advanced technologies available."

"I am glad to have the additional room to help more patients receive life-saving treatments, at the highest possible precision and accuracy of positioning to reduce side effects and improve quality of life," adds Dr. Gayar.

For more information, call (855) MY-PROTON or visit mclaren.org/protontherapy.



John Miller rings the bell after his last proton therapy treatment on January 17, 2020. Miller underwent treatment at the McLaren Proton Therapy Center for prostate cancer.

PATIENT HUNTS FOR HIS BEST OPTION TO FIGHT CANCER

In July 2019, John Miller received four options from his urologist. They were all written on his medical report. Surgery was one of them. "I didn't want to be cut open," explains Miller.

He was diagnosed with prostate cancer. Like many others, it is a diagnosis he least expected. As an army veteran and a hunting enthusiast, it is in Miller's DNA to hit his target. That was exactly what he had in mind when searching online for the best treatment option.

"I found [the McLaren Proton Therapy Center] on my own, really," says Miller.

After reading about proton therapy treatment and how the advanced technology at McLaren allows targeted radiation delivery with precision, Miller made a phone call. That call led to his drive from Hope in Midland County to Flint, where he was able to sit down with Hesham Gayar, MD, Medical Director of the McLaren Proton Therapy Center, and Nicole Cygnar, RT(R)(T), the proton patient navigator. From this consultation, Dr. Gayar determined that Miller's cancer would effectively be fought with proton therapy. So, the 70-year-old Vietnam veteran began his treatments in mid-November.

"I've been to war. If I ever had to go to war again, I'd take them all with me," says Miller as he explains his experience with the staff at the McLaren Proton Therapy Center. "Anything I'd ask [Nicole], she'd help me. She always asked if I needed something. I didn't have to really ask her for anything."

For the first couple of weeks of treatment Miller even stayed at the Hospitality House at McLaren. The Hospitality House is located right next door to the McLaren Proton Therapy Center and serves as a home-away-from-home for patients and their families who travel long distances for care. Miller says the service there was just as welcoming and comforting as the service he received at the Proton Therapy Center.

As far as treatments, Miller says they were simple and painless.

"There was no pain. I just had to be still during treatment," he explains. "The beam doesn't hurt, whatsoever. I was up and out of there in 20 to 30 minutes."

Compared to traditional radiation, which delivers doses through the targeted tumor and exits on the other side of the patient's body, proton therapy offers a precise way to target and stop radiation treatment at the depth of the tumor. This means nearby healthy organs and tissue are spared unnecessary radiation. By avoiding these areas, research has shown that patients experience fewer side effects than they would if they had undergone traditional radiation treatments.

In Miller's case, just one month after he completed his proton therapy treatment, the few side effects he did have were gone.

"There were no side effects that would hold you back if you really wanted to do something," says Miller. "I would

get tired, and I still get a little tired. I understand that the radiation is still actively fighting the target, so I know it may take some time, but most of the side effects I had are gone."

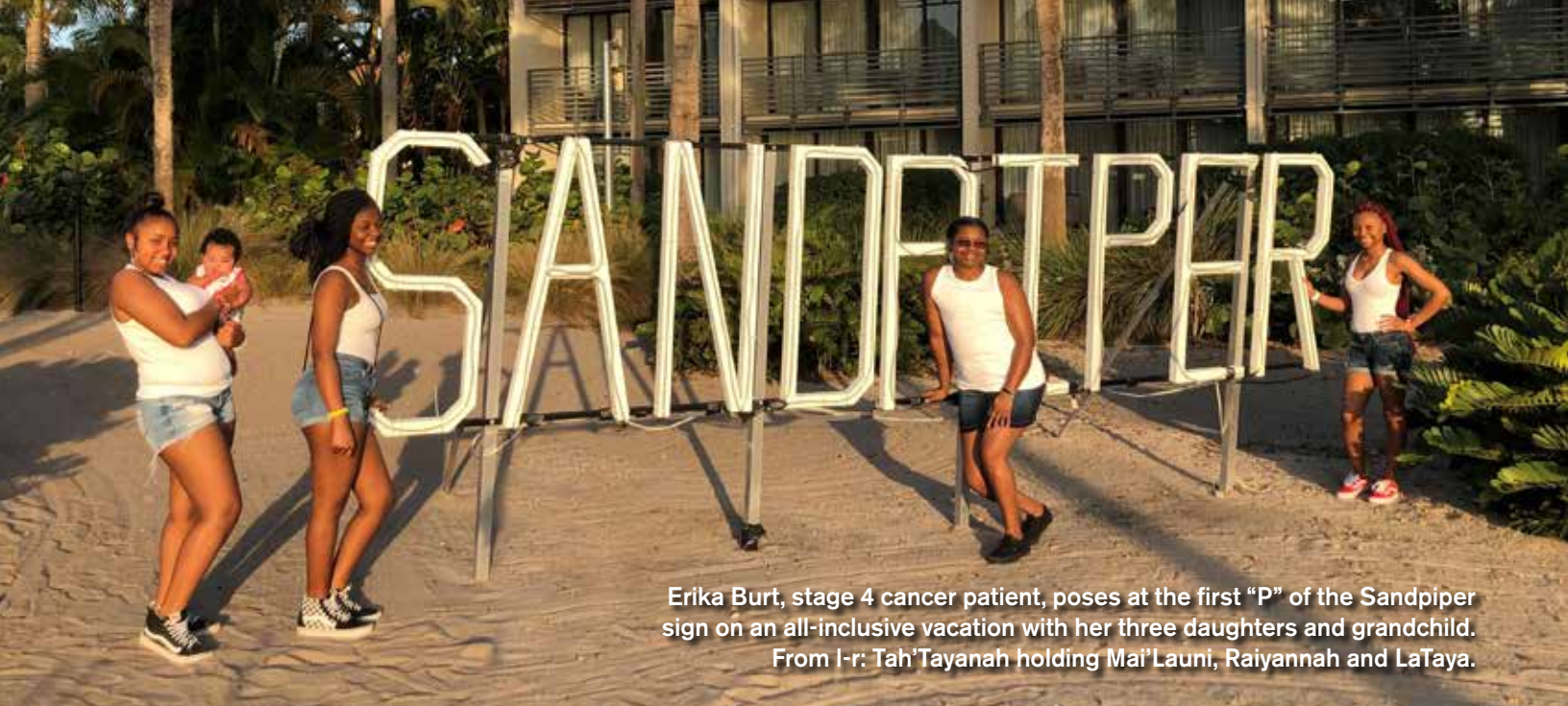
Miller says he had enough strength to continue with his daily tasks. He went through most of his treatment in late fall



and early winter, finishing on January 17. Despite his dislike of winter, he felt well enough to go fishing in February and was rewarded with a pike. Miller says he is happy with his decision to come to the McLaren Proton Therapy Center.

"I've already told people, if anything ever happens to you like me, go down there and check them out," he explains.

For more information about the McLaren Proton Therapy Center, visit mclaren.org/protontherapy. Speak to the patient navigator to find out if proton therapy is the right treatment choice for you by calling (855) MY-PROTON.



Erika Burt, stage 4 cancer patient, poses at the first “P” of the Sandpiper sign on an all-inclusive vacation with her three daughters and grandchild. From l-r: Tah’Tayanah holding Mai’Launi, Raiyannah and LaTaya.

A WISH COME TRUE: STAGE 4 BREAST CANCER PATIENT HAS FIRST VACATION WITH HER GIRLS

“It’s a roller coaster. It’s up and it’s down. One minute you’re okay and then the next minute you’re not.”

Erika Burt is fighting breast cancer, again. This time, it is stage 4. After having a double mastectomy, radiation and chemotherapy the first time around, she was told her cancer was in remission. But now it’s back.

“It’s been one thing after another, especially finances,” explains Erika.

Erika decided this time she wanted to have her radiation treatments at Karmanos Cancer Institute at McLaren Flint. Though she thought she would be making access to treatments easier by being close to home. She did not expect to get so much support from the staff in other areas of her life, including her mental wellbeing.

“We were trying to find a way to help Erika because we could tell she was feeling burned out from her radiation treatments,” says Erin Keith, MEd, ATR, registered art therapist at Karmanos Cancer Institute at McLaren Flint. “We wanted to give her a mental break.”

Erin and Hannah Ardelean, BSN, RN, OCN, oncology nurse navigator at Karmanos Cancer Institute at McLaren Flint, started researching options and came across Ally’s Wish. The non-profit organization grants wishes for young, terminally ill mothers with children. Erika, at just 38 years old, fit the criteria. Erin and Hannah brought the idea to Erika and they began the application process. A few months later, Ally’s Wish approved Erika’s application, and she and her family began planning their all-inclusive trip to Sandpiper Bay in Port St. Lucie, Florida.

“I told myself, from the time we leave this house and at least until the time that we come back, I’m not thinking

about anything,” explained Erika. “I’m not thinking about cancer. I’m not thinking about an ache or a pain. I’m just going to live, get through these days and act normal, act like I don’t have cancer. I’m going to leave this cancer diagnosis in Michigan. I’m going to live my life and be happy for the next five days.”

Naturally, as a mother, Erika also wanted to use this time to witness her daughters enjoying a new scenery.

“When we first got there, my kids were so overwhelmed with joy,” said Erika. “They had never been to Florida or seen the different things that the world has to offer. They were so amazed.”

Erin and Hannah’s actions to find Erika something to help her relax led to the experience they hoped for.

“It was so inspiring to hear how her family reacted to the vacation and how this meant so much to her,” explained Hannah. “The family time they got to spend together with Erika being healthy and well; her daughters will remember seeing her like this.”

“It was truly a blessing,” concludes Erika. “My wish was to take a family vacation before I leave this earth. After my diagnosis, I didn’t know that I would have been able to take a trip with my girls.”



Erika Burt (right) visits with Hannah Ardelean, BSN, RN, OCN, oncology nurse navigator (left), and Erin Keith, MEd, ATR, registered art therapist (middle), in January to tell them about her exciting family vacation.



KCI AT MCLAREN FLINT EXPANDS HEAD AND NECK CANCER SERVICES

Karmanos Cancer Institute (KCI) at McLaren Flint expands head and neck cancer services by collaborating with KCI physicians in Detroit. Surgical oncologists George Yoo, MD, Chief Medical Officer at Karmanos Cancer Institute, Jeffrey Hotaling, MD and John Cramer, MD are now seeing patients in Flint. Expanding head and neck surgical services brings this option closer to Genesee County residents.

"We want to provide comprehensive head and neck services in the Flint

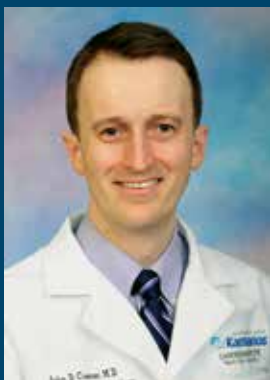
area," says Dr. Yoo. "We'll be on site to provide these services, so patients don't have to travel too far."

Surgery to remove cancers in the head and neck area are usually recommended for patients with mouth, throat and parotid gland cancers. KCI is among the best centers in the country for treatment of head and neck diseases. Drs. Yoo, Hotaling and Cramer will work collaboratively with head and neck oncology experts on the McLaren Flint campus, including

radiation, surgical and medical oncologists.

"I'm excited to expand on the oncology service line between Karmanos and McLaren Flint and provide a needed service in the Flint region," says Dr. Yoo.

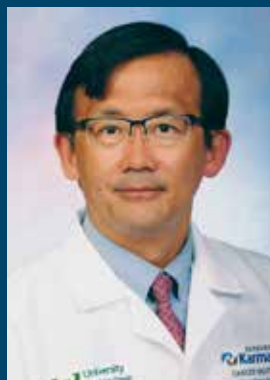
To make an appointment at the Karmanos Cancer Institute at McLaren Flint, call 1-800-KARMANOS.



John Cramer, MD



Jeffrey Hotaling, MD



George Yoo, MD

“ I’M EXCITED TO EXPAND ON THE ONCOLOGY SERVICE LINE BETWEEN KARMANOS AND MCLAREN FLINT AND PROVIDE A NEEDED SERVICE IN THE FLINT REGION. ”

AROUND THE CLOCK EMERGENCY CARE

24/7

24/7 EMERGENCY CENTER NOW OPEN



- Online check-in for non-life-threatening conditions
- Telestroke technology
- 22 private patient rooms
- Board-certified emergency physicians
- Imaging services
- Full laboratory services



McLaren Fenton ■ 2420 Owen Road, Fenton
(810) 496-2460
www.mclaren.org/fenton

 **McLaren**
FENTON

DOING WHAT'S BEST.®



DON'T WAIT: YOU DON'T HAVE TO LIVE WITH THE PAIN OF FIBROIDS

ROBOTIC GYNECOLOGIC SURGERY GIVES PATIENT AMAZING RESULTS WITH MINIMUM SCARRING

The thought of having a hysterectomy, which is the removal of the uterus, can be upsetting to women. They often associate the procedure with speeding up their biological clock and starting their premenopausal experience too soon.

"A lot of individuals are concerned that they will experience symptoms like hot flashes when they have a hysterectomy, but that doesn't have to be the case," says Michael Engel, DO, board-certified obstetrician and gynecologist at McLaren Flint.

For some cultures, having a hysterectomy without having kids can be a disappointment to families. "I think in the African American community, it's frowned upon if you're unable to conceive naturally," explains Sherrene Rigby, who is in her 40s. "If you have a hysterectomy, you know that's final. There is no coming back from that."

Rigby was hesitant when Dr. Engel advised that she needed to have a hysterectomy during her first visit with him. She suffered from fibroids – a diagnosis she received five years

earlier while living in New York. Rigby's physician told her they were small and advised her not to get them removed if she planned on having children. Since she was not experiencing pain at the time, she thought it was not a big deal. Fast forward five years – Dr. Engel has to tell Rigby that they've gotten larger.

"The biggest problem with fibroids is that they can cause heavy bleeding," explains Dr. Engel. "Women can become significantly anemic. When the uterus is trying to contract and expel its lining each month, women can also have extremely painful periods. In Sherrene's case, her uterus was 13 to 15 times the normal size and her abdomen was protruding due to the fibroids. She was having to urinate frequently and had heavy bleeding. For unknown reasons, fibroids are a prevalent problem in African American women."

So, Rigby scheduled her procedure with Dr. Engel, but canceled shortly after. She thought she could have a myomectomy instead, which would allow for the removal of only the fibroids from the uterus. Rigby also planned to get a second opinion, but before finding another physician, she found herself in McLaren Flint's Emergency Department. Rigby says her cycle was extremely heavy for 24 hours and she started to become weak. The attending physician gave her the second opinion she was not looking for.

"She told me, 'To be honest with you, even if you were to have the fibroids removed, because of where they

are positioned, it's extremely unlikely you would be able to carry a child,'" explained Rigby. "After hearing that from her, my husband and I decided it didn't make sense to see another physician."

She contacted Dr. Engel's office and rescheduled her surgery. Dr. Engel explained to Rigby how he would be able to do the surgery with the da Vinci Xi robot, which allows for smaller incisions and quicker recoveries. The plan was to spare her ovaries.

"Sherrene had one of the largest uteruses I've removed in the five years of using the da Vinci Xi," said Dr. Engel. "I had to make sure that she was aware if I was not able to get the fibroids out with the normal small incisions, I would have to use a larger incision and perform a traditional hysterectomy. In the operating room, the surgery lasted longer than expected, as I had to cut the uterus into a sausage-like shape and pull it out little by little, but it was a success."

To Rigby's surprise, she had her surgery that morning and was discharged by mid-afternoon. After having a traditional hysterectomy, women are expected to have a four- to six-week recovery period.

"That robotic surgery is just out of this world," says Rigby. "Once I got home and settled, the pain was there, but it was not to the extent of pain people who have had the traditional hysterectomy explained to me. Everyone could not believe how quickly I was able to bounce back. I was even able to return to work one week after surgery."

For more information on McLaren Flint's women's health services, visit www.mclaren.org/flintwomenshealth.

For more information about gynecologic procedures with the da Vinci Xi, visit www.mclaren.org/main/da-vinci-gynecologic-surgery.



McLAREN FLINT INTERVENTIONAL NEUROLOGIST AREA'S FIRST TO PERFORM INNOVATIVE TREATMENT FOR COMPLEX ANEURYSMS

Aniel Majjhoo, MD, an interventional neurologist at McLaren Flint, was the first doctor in the region to use the Woven EndoBridge (WEB) Aneurysm Embolization System to treat patients with complex aneurysms. The WEB Embolization System is the first technology of its kind to offer a minimally invasive treatment alternative to coils and stenting, as well as open craniotomy procedures for complex aneurysms.

Since performing the first WEB implant procedure in August of 2019, Dr. Majjhoo and his practice partners have utilized this technology in successfully treating multiple patients who have been referred to them from throughout Michigan.

The WEB implant is a permanent nickel titanium mesh ball that self-expands, reduces blood flow to the site of the aneurysm and aids in the clotting process. This minimally

invasive procedure is performed by introducing the implant into the blood vessels near the groin region. Once the implant is fed through the catheter system to the aneurysm in the brain, it is detached from the delivery system and placed into the sac of the intracranial aneurysm, reducing blood flow and promoting clotting.

Before the WEB implant system was introduced, doctors had limited options of opening the brain to treat complex aneurysms to prevent them from rupturing. This new, minimally invasive system allows physicians to treat many types of complex aneurysms with less risk for the patient.

"We have had great success in treating patients with this new system," said Dr. Majjhoo. "This innovative technology allows us to treat several various complex aneurysms both electively and emergently, providing more treatment options for a wide variety of patients.



Because it is such a minimally invasive system, the patient is at less risk for complications, has a shorter hospital stay and a faster recovery time."

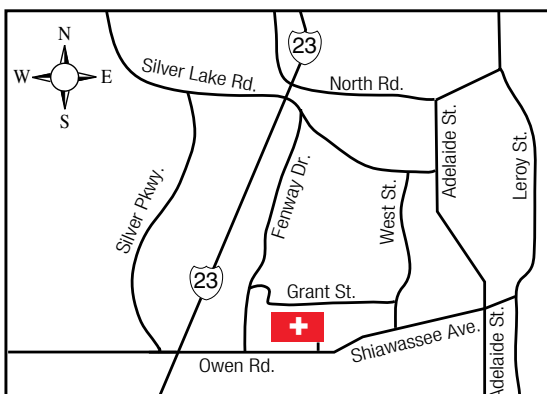
To reach the interventional neurology team performing the WEB procedure call (810) 342-5700, or to learn more go to mclaren.org/flintstroke.



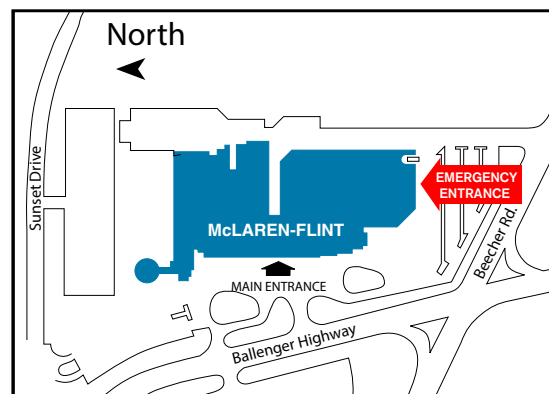
EMERGENCIES DON'T WAIT FOR COVID-19

Our team is here for you 24/7 to handle your emergency care safely. Check in online to wait from home to practice social distancing for non-life-threatening health needs.

Call ahead if you have symptoms of COVID-19 including fever, cough or shortness of breath.



McLaren Fenton Emergency Center
2420 Owen Road • Fenton, MI 48430
(810) 496-2460
mclaren.org/fentonER



McLaren Flint Emergency Department
401 S. Ballenger Hwy. • Flint, MI 48532
(810) 342-2308
mclaren.org/flintER



DOING WHAT'S BEST.®