

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY**

Spring 2022

healthy *together*

**COVID-19 RECOVERY:
IT TAKES A TEAM**

**THE BLOOD TEST
EVERY ADULT NEEDS**

**BREATHING EASIER
WITH COPD**

**CANCER:
TOMORROW'S
TREATMENTS
TODAY**



MESSAGES FROM LEADERSHIP



“During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of our RWJBarnabas Health workforce.”

BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“This latest surge in the pandemic has once again revealed our hospital’s strength and compassion. Many of our staff took ill with omicron or had to care for family members—yet despite the many challenges, they pulled together to care for our patients and for each other. They are truly healthcare heroes, and I could not be more proud.

We now welcome Trinitas Regional Medical Center to the RWJBarnabas Health family.”

KIRK C. TICE

PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

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University Hospital
Rahway**

**RWJBarnabas
HEALTH**
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HEALTH NEWS



A MODEL SURGICAL WEIGHT LOSS PROGRAM

The Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway has received accreditation by the national Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, a joint quality program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

The accreditation means that patients seeking surgical treatment for obesity have a high-quality choice at a nationally accredited program that meets the highest standards for patient safety and quality.



Vera Baez, RN, DPN, with Chief Nursing Officer Ann Marie Shears

NURSES RULE

Despite the professional demands of the pandemic, many RWJUH Rahway nurses were able to pursue advanced degrees. Nurses who achieved a Doctorate of Nursing Practice include Clinical Administrator Vera Baez and Critical Care Manager Vanessa Kenney. Seven of our nurses received their

Master of Science in Nursing: Samira Castro, Theresa Dobbins, Eric Kleinert, Courtney Kovacs, Ruth Matthew, Eileen Parks and Karen Vargas. Twelve nurses received their Bachelor of Science in Nursing: Lisa Veira-Alarcon, Simone Anckle, Ashley Austria, Renee Daily, Magdalena Filipkowska, Theresa Gorringer, Nataliya Lizanets, Laura Makras, Kaitlyn Malcom, Kristy O'Connor, Mobeen Rahman and Rose Tarantino. We congratulate them all and are grateful for their essential work!

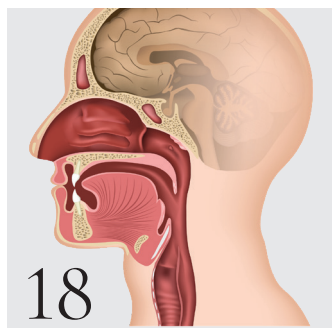


ENSURING ADEQUATE OXYGEN

The COVID-19 pandemic has greatly increased the demand for medical oxygen in hospitals. RWJUH Rahway now has a new, state-of-the-art outdoor “oxygen farm,” which doubles oxygen capacity for the hospital.

healthy *together* contents

SPRING 2022



2. WELCOME LETTER.

A community update from our CEOs.

4. THE SIMPLE BLOOD TEST EVERY ADULT NEEDS.

All about the A1C, plus three delicious recipes to keep blood sugar low.

6. 7 TIPS FOR COPING WITH CHEMOTHERAPY TREATMENT.

Infusion nurses share their best advice.

8. SERVING THE HOSPITAL—AND THE COMMUNITY.

A longtime supporter tells his story.



9. 3 FAST FACTS ABOUT CANCER CLINICAL TRIALS.

Where to find the latest treatments.

10. LISTENING TO YOUR HEART.

What a digital device can tell you about your health.

12. THE FREEDOM TO BREATHE.

With a double lung transplant, a local hero gets his life back.

14. OVERCOMING EATING DISORDERS.

Why cases are on the rise in teens.

15. A BOLD VISION.

Children's Specialized Hospital aims to help all kids reach their full potential.

16. TOBACCO RECOVERY AT YOUR FINGERTIPS.

A new service provides customized support.

17. COMMUNITY CALENDAR.

A roundup of education and support programs.

18. EMERGENCY: WHEN THE PATIENT CAN'T BREATHE.

A rare procedure to open the airway saves a life.

20. 'HIS GOALS ARE OUR GOALS.'

A COVID-19 patient and his rehab therapists form an unbeatable team.

22. BREATHING EASIER WITH COPD.

Healthy habits improve the quality of life for people with chronic obstructive pulmonary disorder.

THE SIMPLE BLOOD TEST EVERY ADULT NEEDS

KEEP TABS ON YOUR GLUCOSE LEVELS—AND LEARN WHAT TO DO IF THEY'RE TOO HIGH.

The A_{1c} test is a simple blood test that measures your average blood sugar levels over the past three months. It doesn't require fasting and is one of the most commonly used tests to diagnose prediabetes and diabetes.

Every adult over the age of 45 should have an A_{1c} test. You may need it if you're under age 45 but have risk factors for prediabetes or diabetes, such as being overweight or having a sibling or parent with Type 2 diabetes.

If your A_{1c} is between 5.7 and 6.4, prediabetes is indicated. If your level is 6.5 or higher, it's likely that you have diabetes.

"If your A_{1c} is high, the best way to lower it is to do blood glucose testing at home to learn how food, exercise and your medicine are affecting your numbers," says Lauren Bernstein, MS, RD, a Certified Diabetes Educator at Robert Wood Johnson University Hospital (RWJUH) Rahway. Her advice:



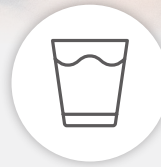
USE A BLOOD SUGAR METER (also called a glucometer) or a continuous glucose monitor (CGM) to check your blood sugar at home. This device measures the amount of sugar in a small sample of blood, usually from your fingertip. Talk with your healthcare team about how often to test and when.



WATCH YOUR MEDS. Take them exactly as directed. The time of day when you take them is very important.



EAT REGULARLY. Be sure to consume three meals, plus snacks, at regular times of the day to avoid low blood sugar.



DRINK WATER. Becoming dehydrated can cause your blood sugar to get dangerously high. Avoid any drinks with added sugar, including juice.



TAKE A WALK AFTER MEALS. Exercise helps to lower your blood sugar and maintain your health. Carry a snack with you in case you feel your sugar getting too low.



MONITOR MENTAL ACUITY. Alert family members or friends to any sudden or marked change in your mental status, including confusion. Cognitive changes may be due to low levels of glucose in the blood.

RWJUH Rahway offers a Diabetes Self-Management program for people with prediabetes or diabetes. To learn more, call **732.499.6109**.



DELICIOUS AND NUTRITIOUS

These vitamin- and nutrient-packed recipes celebrate the foods of spring. And while they're ideal for people who are managing diabetes, they can be enjoyed by everyone who wants to stay healthy.

SESAME SHRIMP SALAD

Serves 4

INGREDIENTS:

- ¼ cup unsweetened applesauce
- 1 tablespoon rice wine or cider vinegar
- 1 teaspoon toasted sesame oil
- 3 tablespoons canola oil, divided
- 1 tablespoon reduced-sodium soy sauce
- 2 tablespoons sesame seeds
- 1 pound shrimp, peeled and deveined
- 8 cups salad greens
- 1½ cups edamame, thawed from frozen
- 1 carrot, shredded or thinly sliced
- 4 scallions, thinly sliced

DIRECTIONS:

- Make the dressing: In a large bowl, whisk together the applesauce, vinegar, sesame oil, 2 tablespoons of the canola oil and the soy sauce.
- Heat the remaining 1 tablespoon of canola oil in a large nonstick pan over medium heat. Put the sesame seeds on a plate and press the shrimp into them. Sauté the shrimp until the seeds are lightly browned and the shrimp is cooked through, 3 to 5 minutes. Remove the shrimp to a plate. Allow the oil and any seeds in the pan to cool, then whisk them into the dressing.
- Toss the salad greens, edamame, carrot and scallions in the dressing. Divide the salad onto four plates and top with the shrimp.



ASPARAGUS SALAD

Serves 4

INGREDIENTS:

- 1 tablespoon extra-virgin olive oil
- 2 tablespoons mayonnaise
- 1 tablespoon fresh lemon juice
- ¼ teaspoon kosher salt
- 6 cups leaf or butter lettuce
- ½ pound raw asparagus, chopped
- 4 radishes, halved and sliced
- ¼ cup unsalted pistachios, chopped

DIRECTIONS:

- In a large bowl, whisk together the oil, mayonnaise, lemon juice and salt. Gently toss with the lettuce, asparagus and radishes, and top with the pistachios.

ASIAN CHICKEN MEATBALLS

Serves 4. These meatballs can be served with brown rice and steamed or roasted broccoli.

INGREDIENTS:

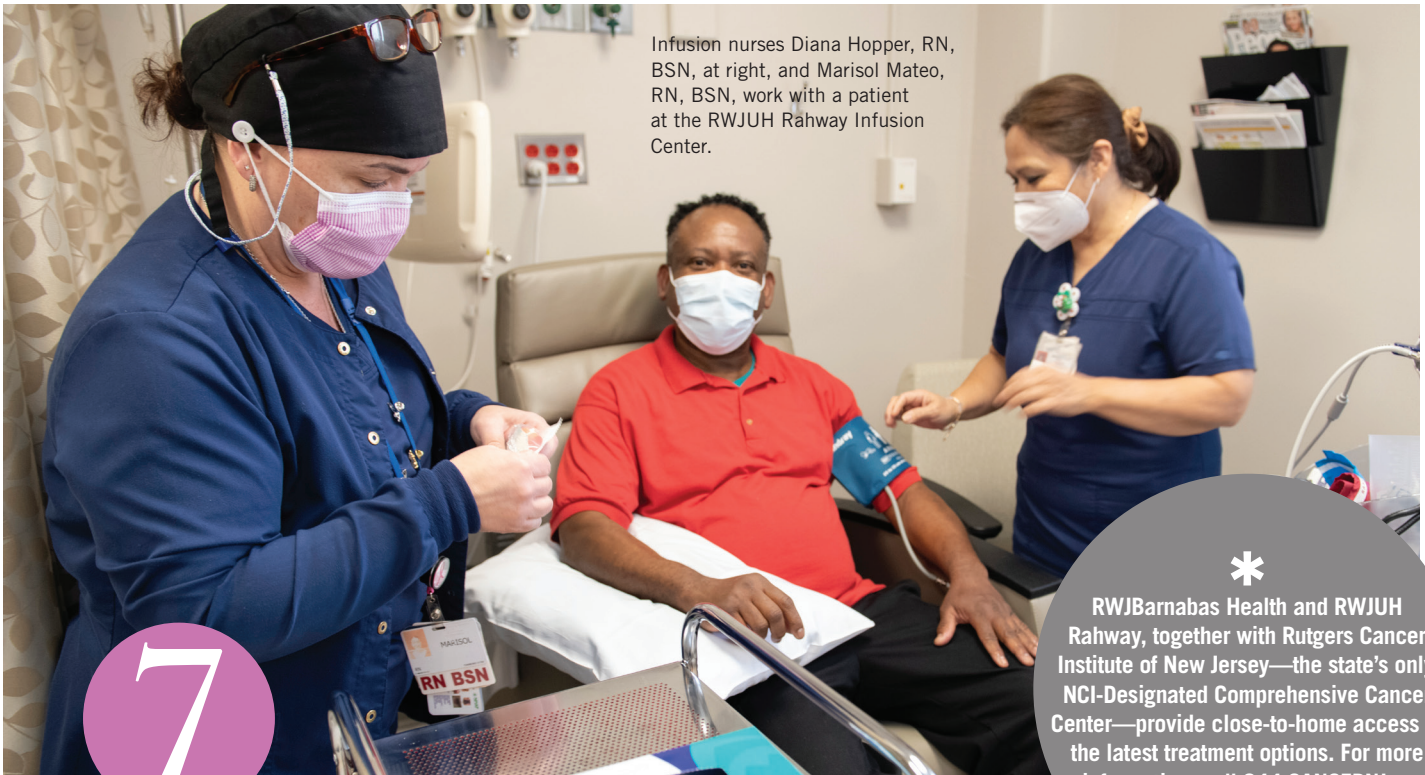
- 1 tablespoon peanut or grapeseed oil
- 1 egg
- 1 pound ground chicken breast
- 4 scallions (3 minced and 1 thinly sliced)
- ½ red bell pepper, finely chopped
- 2 cloves garlic, minced
- 2 tablespoons minced ginger
- 3 tablespoons reduced-sodium soy sauce
- ½ cup whole wheat panko bread crumbs
- 1 teaspoon toasted sesame oil
- 2 teaspoons balsamic vinegar
- ½ teaspoon brown sugar
- 2 tablespoons toasted sesame seeds

DIRECTIONS:

- Preheat the oven to 475°F. Coat a large rimmed baking pan with the oil.
- In a large bowl, lightly beat the egg. Mix in the chicken, minced scallions, bell pepper, garlic, 1 tablespoon ginger, 1 tablespoon soy sauce and bread crumbs. Form the mixture into about 20 small meatballs of about 2 tablespoons each and place them on the pan.
- Roast the meatballs on the top oven rack until cooked through, 10 to 12 minutes.
- In a small bowl, mix the sliced scallion with the remaining 1 tablespoon ginger, 2 tablespoons soy sauce and the sesame oil, vinegar and sugar.
- Divide the meatballs into four bowls. Top with the sesame seeds. Serve with the sauce.



Recipe source: NutritionAction's Healthy Cook, www.nutritionaction.com



Infusion nurses Diana Hopper, RN, BSN, at right, and Marisol Mateo, RN, BSN, work with a patient at the RWJUH Rahway Infusion Center.

7

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RWJBarnabas Health and RWJUH Rahway, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

TIPS FOR COPING WITH CHEMOTHERAPY TREATMENT



The team at the Infusion Center received a Star of the Year award from RWJUH Rahway in 2021, based on feedback from patients. From left: Mateo, Hopper and nursing assistant Joanne Kelly.

INFUSION NURSES SHARE THE ADVICE THEY GIVE THEIR PATIENTS.

Chemotherapy is a powerful treatment for cancer, but not an easy one. “Chemotherapy can be both physically and emotionally hard,” says Marisol Mateo, RN, BSN, an infusion nurse at the Infusion Center at Robert Wood Johnson University Hospital (RWJUH) Rahway. Mateo and infusion nurse Diana Hopper, RN, BSN, provide words of wisdom for self-care during chemo.

1 Lean on your care staff.
“Maintain an open and honest communication with your nurses,” says Mateo. “That’s the best way to solve issues that arise during treatment. Don’t

assume that all problems are related to chemo. I tell patients, there are no stupid questions.”

2 Remember to hydrate.

Drinking lots of fluids is key to good health in general, but especially during chemotherapy, which can dehydrate the body. “Fluids keep the kidneys flushed, which rids the body of toxins and reduces other side effects,” Mateo says. She recommends at least eight to 10 eight-ounce glasses of clear liquid daily.

“While water is best, Gatorade or sports drinks are also good choices,” Hopper says. “Just avoid sugary beverages.” Carry a bottle with you so that you can sip throughout the day.

3 Eat when you're able.

It's rare to be told to eat whenever you can—but that's just the advice Hopper and Mateo offer to chemotherapy patients. Chemotherapy can result in appetite loss and a change in the taste of food, but nutritious foods help the body heal and fight infection.

“Foods rich in protein and calories help you maintain strength,” Hopper says. “Try homemade smoothies, peanut butter with fruit, puddings, oatmeal with whole milk, eggs or ice cream.” If you don't feel hungry, eat a number of small, nutritious meals each day rather than three large ones.

4 Be proactive to control nausea.

Anti-nausea medicines are crucial in controlling chemo-related stomach upset. “Don't wait until you feel sick before taking them. Have them before meals,” Mateo says. “On chemo days, take them before meals if necessary to avoid vomiting and feeling ill.”

If you're feeling nauseous, try eating dry toast, crackers, broth or rice, or sipping ginger ale or peppermint tea. Eating frequently throughout the day helps, as does rejecting foods high in saturated fat or spices. “Whenever I hear patients say they're going to go to a fast food place after chemo, I always discourage them,” Hopper says.

5 De-stress to fight fatigue.

A common side effect of chemotherapy, fatigue may be caused



IS A CANCER CLINICAL TRIAL RIGHT FOR YOU?

Clinical trials are a way for patients to get cutting-edge treatments. Cancer patients at RWJUH Rahway have access to more than 200 clinical trials through the RWJBarnabas Health partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center. To learn more about clinical trials and whether you might be a candidate, visit www.rwjbh.org/beatcancer or call **844.CANCERNJ**.

by the treatment itself or by stress, anxiety or lack of sleep.

Resting during the day is often beneficial, though Hopper recommends short naps rather than longer ones. And getting at least eight hours of sleep at night is important.

“Exercise may be the last thing you feel like doing, but it can help ease fatigue, as well as boost the immune system,” Mateo says. “Try to be as active as possible. Walking is often the best way to start.” Learning to relax through yoga or meditation can be helpful. Check with your care team or doctor about the best ways to remain active during treatment.

6 Strive to be positive.

It can be easy to slip into depression during chemotherapy. “When treatment continues for months, people can become discouraged,” Hopper says.

“Make an effort to maintain as normal a life as possible and take one day at a time,” Mateo says. Remember that your regular activities, at home or work, may be more than you can handle during chemo. Ask family members, friends or colleagues to help when you need a hand.

“If you do fall into a depression, it can be hard to get out of it on your own. Talk to a member of your care

team,” Mateo says. “They may be able to recommend a support group or treatment strategy that can help you. And don't be ashamed.”

7 Choose your treatment location with care.

Where you receive infusion therapy treatment is one of the most important choices you'll make.

Some patients may undergo chemotherapy in large, impersonal hospital units or even emergency departments. The Infusion Center at RWJUH Rahway provides a comforting, healing alternative, designed to make patients feel at ease. “We're a small, community hospital,” says Hopper. “Our nurses and staff become like family to our patients.”

Amenities at the newly renovated center include warm blankets, cable TV, WiFi, free food and beverage services and convenient, free parking. “Patients really appreciate all the extras we provide, especially the warm blankets and food,” Mateo says.

While the center is equipped with seven comfortable, private stations, there is still space for socializing. “Patients get to talk and form bonds with each other over time,” Hopper says, “and that's important.”

To make an appointment for infusion services at RWJUH Rahway, call **844.CANCERNJ (844.226.2376)**.





At left, Nick Delmonaco, longtime member of the RWJUH Rahway Board of Governors, in the lobby dedicated to him and his late wife, Arlene, in recognition of their generous contributions.

SERVING THE HOSPITAL—AND THE COMMUNITY

A LONGTIME BOARD MEMBER TELLS WHY HE'S RWJUH RAHWAY'S BIGGEST CHEERLEADER.



Nick Delmonaco has seen a great deal at Robert Wood Johnson University Hospital (RWJUH) Rahway.

A member of the hospital's Board of Governors for 37 years, he was instrumental in the decision to merge with the Robert Wood Johnson Health System in 2003 and to continue as part of RWJBarnabas Health when Robert Wood Johnson and Barnabas Health merged in 2016. Over the years, he's been involved as the hospital grew both its physical presence and its range of inpatient and outpatient services.

Delmonaco, who was born at the hospital in 1940—"when it was a single building with a circular driveway in front"—is also a grateful patient. "I'm like the bionic man. RWJUH Rahway has

kept me alive for years now," Delmonaco says. He refers to the hospital staff as his second family.

Over the years, he's had heart surgeries, spine surgery, cancer treatment and more. Robert Wood Johnson University Hospital in New Brunswick, also an RWJBarnabas Health facility, has provided seamlessly coordinated treatment as needed.

"I'm a perfect example of why this hospital is the best place to go," he says. "Nobody needs to travel to New York to get the best healthcare there is."

GIVING BACK

Before retiring in 1993, Delmonaco worked in the Rahway Public Schools, first as a physical education teacher and coach, then as an elementary and high

school principal, and later as assistant superintendent of schools. As a well-known community member, he has promoted the hospital to a wide range of residents over the years.

The skills he used in his education career have served him well as a hospital board member. "I was an evaluator for secondary schools and colleges for the Middle States Association for many years," he says. "It's similar to what The Joint Commission does for hospitals."

His background also gave him the inspiration to donate Rahway school yearbooks to the Registration Desk. One of his former students, who works at the desk, often asks patients what year they graduated, and pulls out the relevant yearbook to show them. "It helps people relax," Delmonaco explains.

"I really enjoy seeing the kids I had at school who have become technicians, nurses, doctors, maintenance people, secretaries and more," he says. "Now many of them have retired, and I'm still hanging around!"

Delmonaco has made generous financial contributions to the hospital, including annual donations, major gifts and planned giving that he created with the help of the RWJUH Rahway Development Department. "I encourage everyone to donate to the hospital in whatever amount they can afford," he says. "The hospital serves people, and that's what we're here for. That's what I've dedicated my whole life to."

In 2019, he made a significant donation for renovations to the main lobby. The lobby is now named for him and his late wife, Arlene, a Rahway teacher who passed away in 2020 and to whom he was married for 59 years. Arlene was born at RWJUH Rahway, too, as were Delmonaco's two sons.

"My kids have strict orders that if anything happens to me, they're not to take me anywhere else," Delmonaco says. "It's one of the best hospitals anywhere."

To make a donation to RWJUH Rahway, call **732.499.6135** or visit **www.rwjrahwaygiving.org**.



3 FAST FACTS ABOUT CANCER CLINICAL TRIALS

HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

Cancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

FACT #1 You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available



HOWARD HOCHSTER, MD

elsewhere.

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

FACT #2 Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- Participated in a trial for a first-line colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.

"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were developed through clinical trials. Now people are living with colon cancer, on average, four times as long as they used to."

FACT #3 Clinical trials are not a last resort.

"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.

RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.cinj.org/clinical_trials.





LISTENING TO YOUR HEART

WHAT CAN A DIGITAL CARDIAC DEVICE
TELL YOU ABOUT YOUR HEART'S RHYTHM?

“**C**all your doctor,” said the message on the 87-year-old woman’s Apple Watch.

A regular walker and exerciser, the woman wasn’t feeling right, so she’d



PARTHO SENGUPTA, MD



GARY ROGAL, MD

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

“Her diagnosis was clearly aided by her having an Apple Watch,” says the woman’s cardiologist, Gary Rogal, MD, Medical Director for RWJBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. “I believe wearable digital devices

that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists.”

Who should wear one of these devices? The short answer: people whose doctors recommend it.

“Wearable cardiac devices are very handy tools, but you have to be selective about how you use them,” says Dr. Rogal.

THE HEART’S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These

condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason to have one, wearing the device could do nothing more than make a patient anxious."

NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains. "The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

KardiaMobile, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

The MCOT Patch System, which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

A loop recorder, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

ARTIFICIAL INTELLIGENCE


The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health."

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."



"FOR THE FUTURE OF CARDIOLOGY, OUR OVERALL CONCEPT IS THAT CARE STARTS IN THE PATIENT'S HOME AND ENDS AT HOME, WITH THE HOSPITAL AND THE CLINIC ONLY POINTS ALONG THE WAY."

Partho Sengupta, MD

occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Two decades after 9/11, double lung transplant recipient Tony Moyet visits the NY Waterway ferry.



THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

On Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

“That morning, though, when I dropped off a set of passengers, I saw the gaping hole in the North Tower, with flames coming out of it,” Moyet recalls. “I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate.”

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. “We were the first boat to start evacuating,” Moyet recalls. “We were facing a stampede.”

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn’t stop. “My doctor told me it was COPD [chronic obstructive pulmonary disease],” he says. Long-term lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.



THIRUVENGADAM
ANANDARAGAM, MD



JESUS GOMEZ-ABRAHAM,
MD

FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed end-stage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school,'" says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazing—very unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

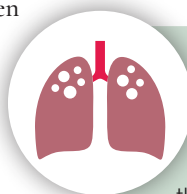
Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-year-old daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.



SPECIAL CARE FOR SERIOUS LUNG PROBLEMS

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit www.rwjbh.org/lungtransplant.



COPING WITH EATING DISORDERS: TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

OVERCOMING EATING DISORDERS

CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC, ESPECIALLY AMONG TEENS.

Being quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders—binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

“The kids we’re seeing are much more medically compromised and much more entrenched in the behaviors than we’ve seen in the past,” says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

“The pandemic has made the eating disorders worse, because so much of teens’ lives feels out of their control,”

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. “An eating disorder is really not about food; it’s a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

“Moreover,” Corey continues, “when teens aren’t in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents.”

GETTING HELP

If a parent is worried about a child’s eating habits, a trip to the primary care provider is a good first step, Corey says. “If the pediatrician feels things aren’t looking good, that can open the door for parents to set up an evaluation with our program.”

Thanks to its hospital affiliation, the RWJUH Somerset program is

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program’s levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy per day.
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. “Our programs are in-person, not virtual, because that human interaction is so important in connecting with patients,” Corey says. “So many people tell us, ‘I just don’t want to talk to a computer screen.’”

To learn more about RWJUH Somerset’s nationally recognized Eating Disorders Program, call **800.300.0628** or visit **www.rwjbh.org/eatingdisorders**.



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0 campaign.

A BOLD VISION FOR CHILDREN



Children's Specialized Hospital®

An RWJBarnabas Health facility

AN AMBITIOUS CAPITAL CAMPAIGN AIMS TO ENSURE THAT ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

When the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of children at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit www.childrens-specialized.org/transforminglives or write to foundation@childrens-specialized.org.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.

TOBACCO RECOVERY AT YOUR FINGERTIPS



A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

You're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

“In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises,” explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

“Research has shown that cessation counseling and support can double a person’s chances of success when quitting nicotine,” she says. “This new service allows us to tailor messages to patients for whatever they’re going through at the moment.”

NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting nicotine.

For times when participants need immediate support, they can text one of

a number of keywords such as “craving,” “mood,” “relax” or “meet.” Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

“Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit,” Hanna says. “Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person’s chances of success are much greater. No one should feel like they have to make this journey alone.”



**YOU CAN QUIT.
WE CAN HELP.**

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call **833.795.QUIT (7848)**, email quitcenter@rwjbh.org or visit www.rwjbh.org/nicotinerecovery.

RWJUH Rahway Is Here for You



When in-person meetings can't happen, we can still help. RWJUH Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual as well as in-person support groups and educational programs. If you have a healthcare need or would like an email invitation to these professionally run meetings, call Community Education at 732.499.6193.

ADULT BEREAVEMENT SUPPORT

GROUP: First Wednesday of each month at 1:30 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call **732.499.6193**.

ALL RECOVERY MEETINGS are for everyone who supports recovery. Find a full calendar of All Recovery meetings that you can join online or by phone at www.rwjbh.org/allrecovery.

BREAST CANCER SUPPORT

GROUP: Virtual meeting on the first Tuesday of each month from 7 to 8:30 p.m. and on the first Wednesday of each month from 5:30 to 7 p.m.

CAREGIVER SUPPORT:

Virtual meeting on the first Wednesday of each month from 7 to 8:30 p.m.

DIABETES SUPPORT:

In-person support group from 6 to 7 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway.

FIBROMYALGIA SUPPORT: Virtual meeting on the first Thursday of each month from 5:30 to 7 p.m. or 7 to 8:30 p.m.

LUNG DISEASE SUPPORT GROUP:

For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets virtually on the first Friday of every month from 3:30 to 4:30 p.m. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call **732.499.6193**.

SPOUSAL BEREAVEMENT GROUP:

Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To register, call **732.499.6193**.



COOK RIGHT, EAT RIGHT

Nutrition talks and healthy cooking demonstrations will be presented by dietitian and diabetes educator Aliz Alaman, RDN, CDE.

These in-person events will take place at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. **6 p.m., April 26, May 23 and June 13.**

Call to reserve a seat. Seating is limited. Masks required.

732.499.6193



QUITTING SMOKING OR VAPING STARTS WITH A CALL.

Free program with all the tools you need to quit.

CALL 833.795.QUIT (7848).

WEIGHT LOSS SURGERY SUPPORT

Get started on a path to better health with weight loss surgery. Virtual and in-person seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is also available for consultations.

Weight Loss Seminars:

• **April 28 at 6:30 p.m.**
Support group at 5:30 p.m.

• **May 26 at 6:30 p.m.**
Support group at 5:30 p.m.

To register for a support group or seminar or to request a consultation, call the program at **732.499.6300**.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

- **Breastfeeding Support**, every Monday from 12 to 1 p.m. International Board-Certified Lactation Consultants will provide guidance. Register at www.rwjbh.org/breastfeedingsupport.
- **Perinatal Mood and Anxiety Disorders**, every Wednesday from 11 a.m. to 12 p.m. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.


THE GOAL IS CONTROL: DIABETES LUNCH AND LEARN

Six Thursdays, March 10 to April 14, 11:30 a.m. to 1:30 p.m.

The Gateway Regional YMCA—Rahway Branch, 1564 Irving St., Rahway. This Lunch and Learn program is a series of expert-led small classes that include education, support, light exercise and a healthy lunch. Program is free, but registration and proof of vaccination are required. Classes are small and fill up quickly. To get dates and register for the next round of Thursday classes, call **732.499.6193**.

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

- **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This is a peer support group led by trained facilitators for all families and caregivers of persons with a mental illness. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.
- **SPEAKER PRESENTATIONS:** Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. To register, go to www.naminj.org/support/affiliates/union for upcoming events.
- **FAMILY TO FAMILY:** NAMI offers a program in which experienced family members help others learn more about the mental illness of their loved one, how to get through crisis periods and practice self-care, and explore recovery, advocacy and better communication. Eight-week course, offered one night a week. If interested, contact patroman2@aol.com.



EMERGENCY: WHEN THE PATIENT CAN'T BREATHE

REMEDIES RANGE FROM A PERIOD OF REST TO
CREATING AN EMERGENCY AIRWAY OPENING.

When the middle-aged man arrived at the Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH) Rahway, he couldn't get more than one word out. It was clear to Lauren Trattner, DO, Associate Chair of the Department of Emergency Medicine, that he was laboring to breathe.

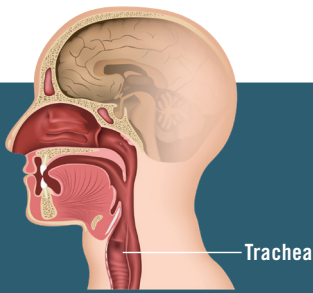
"He was leaning forward, using his abdominal muscles to breathe and making a sound known as stridor—a high-pitched, whistling sound," she says. "It's similar to



LAUREN TRATTNER, DO



MITYANAND RAMNARINE, MD



CRICOTHYROTOMY VS. TRACHEOTOMY

Both procedures require creating an opening in the airway through which a breathing tube is inserted. A cricothyrotomy is an emergency procedure. In addition, the main differences are that a tracheotomy:

- Requires anesthesia.
- Takes longer and is more difficult to perform.
- Is used when medical conditions require long-term use of a breathing aid, such as a ventilator.
- Is permanent in some cases.

the squeak made by a balloon when the neck is pulled tight and you allow tiny amounts of air to escape.”

This was cause for particular concern. “Stridor is an indication of a tightening somewhere along the airway,” she says. “It may mean imminent airway loss and needs to be treated immediately.”

Dr. Trattner would soon be called on to perform a cricothyrotomy, a rare emergency procedure used when an opening must be created in the neck to establish an airway.

SEARCH FOR A CAUSE

From the patient’s family members and medical records, Dr. Trattner learned that he had recently undergone thyroid surgery at another hospital. Per standard procedure, he’d been intubated—that is, a doctor had inserted a breathing tube through his mouth or nose into his

airway to help him breathe throughout the surgery.

That tube had been removed after the procedure, but the patient was having trouble breathing, so he was reintubated. After 24 hours, the tube was removed yet again, and the patient was discharged from the hospital. But his breathing problems persisted, which is how he found himself in the Rahway ED.

Dr. Trattner’s initial plan was to attempt to reintubate him. Before she could start the procedure, however, his airway closed completely, making intubation impossible.

Dr. Trattner called for a scalpel to perform the cricothyrotomy. She made an incision down the middle of the patient’s neck, inserted her finger into it to feel for the trachea (the windpipe), then created a small opening in the cricothyroid membrane—a site high on the neck, where there are fewer important arteries—through which she inserted a breathing tube. There’s little doubt that the procedure saved her patient’s life. He was then sent to the ICU for recovery, where a surgeon ultimately performed a tracheotomy.

She’s still not sure what condition compromised the patient’s airway, though she later learned that his breathing difficulty passed and the tracheal tube was removed. “The cricothyrotomy opening usually heals completely in a week or two,” Dr. Trattner says. While many patients suffer no long-term effects, some do experience a change in the quality of their voice.

Strikingly, the RWJUH Rahway ED recently had to perform several other cricothyrotomies within a month’s time. “That’s highly unusual. I’ve been an attending physician for 23 years, and this was only my second one,” says Dr. Trattner.

Although most emergency physicians aren’t eager to take on the procedure—as Dr. Trattner observes, “We’re not surgeons by training”—they’re no doubt as glad as she is that the lifesaving surgery is among their arsenal of treatments.

WHAT TO DO FOR SHORTNESS OF BREATH

Virtually everyone feels out of breath at some point. “It’s one of the most common conditions we see in the department,” says Mityanand Ramnarine, MD, Chair of the ED at RWJUH Rahway.

Shortness of breath is expected after a period of physical exertion, but can also occur unexpectedly. Many conditions can cause severe shortness of breath, notes Dr. Ramnarine, including:

- Trauma, such as that from a car accident.
- An allergic reaction.
- An asthma flareup.
- A lung or upper respiratory infection, such as pneumonia.
- A blood clot in the lung (a pulmonary embolism).
- Food in the windpipe.
- Chronic anemia.
- A cardiovascular problem, including arrhythmia and heart attack.
- A collapsed lung (a pneumothorax), which can happen spontaneously or as the result of an injury.
- Pulmonary issues related to COVID-19.

Immediate relief may be possible in some cases—for example, using an EpiPen after a severe allergic reaction, or administering the Heimlich maneuver (an abdominal thrust that expels foreign objects) on someone who is choking.

Release may also be found by a period of rest. “If someone near you is experiencing unexplained shortness of breath, get them into a position of rest, and wait for a couple of minutes to see if the problem resolves,” says Dr. Ramnarine.

If the difficulty is severe or if it persists, call 911 right away.

In the event of a breathing emergency, call **911**. To find courses in cardiopulmonary resuscitation, first aid and more, visit www.rwjbh.org/CPR.



Jeffrey Camilo is healing and home again after post-COVID-19 rehabilitation.



'HIS GOALS ARE OUR GOALS'

THE BOND BETWEEN A PATIENT AND HIS REHAB TEAM WAS KEY TO HIS RECOVERY FROM COVID-19.

Jeffrey Camilo was willing to do anything to recover from the “beating” he took from the COVID-19 virus. But the Linden resident—barely able to stand after coming off a ventilator, with neurological damage to one foot and his fingers paralyzed with contractures—couldn’t do it alone.

His remarkable journey of recovery began when he found healthcare providers willing to match his mettle at Kindred Hospital New Jersey Rahway and at Robert Wood Johnson University Hospital (RWJUH) Rahway.

In the process, he formed bonds with rehabilitation therapists that will last a lifetime. “I love everybody in



this organization,” says Camilo, a surveyor, field inspector and married father of three children. “I feel like they are family.”

FIRST STEPS

In late May 2021, Camilo received his first COVID-19 vaccination shot. Before the vaccine could offer its protection—which takes two weeks after a person is fully vaccinated—he began to develop symptoms. When they escalated, he went to his doctor and tested positive.

“He sent me home, but the next day I felt worse and had to go to the hospital,” Camilo says. “I felt really bad. I couldn’t breathe, and my oxygen level was 44.” (The normal level is 95 to 100 percent.)

His condition deteriorated, and he ended up on a ventilator for two months. Eventually, he was transferred to Kindred, a 34-bed transitional care hospital on the fourth floor of RWJUH Rahway.

“Jeffrey was very weak when we met him,” recalls Betty Llamas, MS, OTR/L, a member of the RWJUH Rahway rehabilitation team, who worked with Camilo while he was at Kindred and, after his discharge, through the Post-COVID Recovery Program at RWJUH Rahway. “He needed a lot of help even to sit up on the edge of the bed. He also had a lot of joint stiffness from being immobilized for so long.”

“Jeffrey had a tracheotomy and still had oxygen attached to his neck,” says Raynold Saintval, PT, MPT, who is on the RWJUH Rahway physical therapy team. “He couldn’t move his left foot, which had neurological issues.”

Not surprisingly, Camilo was also “angry and sad” at first, Saintval recalls. But his attitude improved when they told him that he would be the one setting the goals and pace for his recovery. “I told him his goals are our goals,” Saintval says. “Anything I can do to make it happen, I will do.”

“Rehabilitation always has to be patient-centered,” Llamas agrees.

ROAD TO RECOVERY

Camilo’s long-term goals were to get home to be with his family and to drive his prized truck. But first, it took both occupational therapist and physical therapist working together just to get him sitting up in bed.

At that early point, occupational and physical therapists like Llamas and Saintval often work as a team. “We help the patient with a lot of exercise, standing with the walker, two people at first, then one person,” Saintval says.

As Camilo progressed, Llamas and Saintval branched off into their specialized tasks: physical therapy for strength and ambulation, occupational therapy to perform the everyday tasks of life.

“If you think about a normal day, what does a person do?” Llamas explains. “They have to be able to get out of bed, walk to the bathroom, take care of their morning hygiene and grooming. They have to get back to performing all their self-care activities.” In addition to state-of-the-art exercise equipment, the rehabilitation facility at RWJUH Rahway includes a bathroom, kitchen and other home amenities for patients to work with.

“It was very hard when I did the therapies to walk,” Camilo says. “At first, four to five minutes was too much for me. Everything was difficult. But little by little, it was a half hour, then 45 minutes. It was positive every time.”

“You develop a therapeutic relationship,” Llamas says. “The poor guy had already been through so much. All he wanted to do was go home and play with his kids.”

“Betty was very, very patient with me,” Camilo says. “There was a connection because we both speak Spanish. She pushed me all the time to do more. She was really good for me.”

“He worked hard for every achievement he made,” Saintval says. “COVID really put a beating on him. He had big hurdles to overcome.”

The therapists also worked with Camilo’s wife, Glenis, to make her part of the recovery team. “We did some family training and showed her everything they would need to do at home,” Llamas says.

“Jeffrey’s reaction, when he shook my hand and hugged me, and his wife thanked me—this is why I’m here,” says Saintval, who has practiced physical therapy for 20 years. “I love this part of the job, especially achieving those goals. It was a very big pleasure.”

Camilo’s COVID-related challenges continue, including therapy for his hands after undergoing surgery in November for the contractures. If all goes well, his doctors hope he can go back to work this spring.

“I recommend this hospital,” Camilo says. “It is very, very good.”

To learn more about the Post-COVID Recovery Program and about physical and occupational therapy at RWJUH Rahway, call **732.499.6012**.



BREATHE EASIER WITH COPD

HEALTHY HABITS CAN GREATLY
IMPROVE YOUR QUALITY OF LIFE.

Chronic obstructive pulmonary disease (COPD) affects nearly 16 million Americans. While COPD is not curable, it's treatable—and patients can still enjoy a good quality of life, say experts at Robert Wood Johnson University Hospital (RWJUH) Rahway.



CARLOS REMOLINA, MD

“You can halt COPD’s progression if you stop smoking,” explains Carlos Remolina, MD, a pulmonologist with RWJUH Rahway. “A healthy diet and exercise are also very important, as are medications to manage the condition.”

Who’s at risk for COPD?

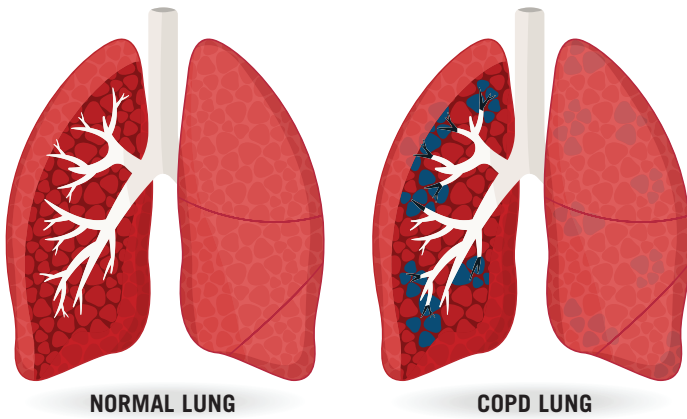
COPD is a group of chronic inflammatory diseases of the lungs that

includes emphysema and chronic bronchitis. Smoking is the primary cause of COPD, though about a quarter of people who have it have never smoked. Besides smokers, people at risk include those who have chronic bronchial asthma or those who have been exposed to fumes and chemicals, Dr. Remolina says. Other patients may also have a rare genetic predisposition to the deterioration of lung tissue.

“Usually the patient presents with a chronic cough, excessive phlegm or sputum production, shortness of breath and wheezing, and tightness in the chest,” Dr. Remolina says.

How is it diagnosed?

“The first test to do is called spirometry, which is a test in which a patient blows air into a machine,” Dr. Remolina says. “That’s going to tell you how fast air comes out and can



COPD is characterized by damage to the tissues and to tiny air sacs inside the lung.

predict how obstructed your lungs are. It's a simple test that can be done in any doctor's office."

For more advanced cases, tests called retainers analyze arterial blood gases to measure the amount of carbon dioxide in a patient's bloodstream. And genetic testing can reveal whether a patient is more likely to develop COPD.

How can people relieve their symptoms?

Fortunately, people with COPD have a number of ways to improve how they feel:

- **QUIT SMOKING.** The Nicotine and Tobacco Recovery Program at RWJBarnabas Health's Institute for Prevention and Recovery provides comprehensive support. Call 833.795.QUIT (7848) or write to quitcenter@rwjbh.org.

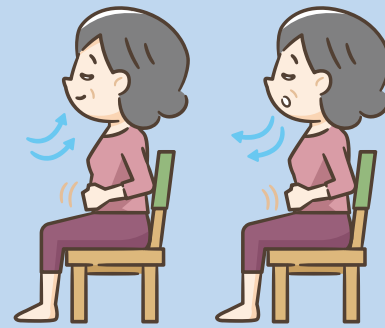
- **KEEP MOVING.** "Simple walking is good. If you have stairs in your home, make it a point to go up and down the stairs five more times than you normally would," says respiratory therapist Paula Erickson, RT, who runs RWJUH Rahway's Pulmonary Rehabilitation Program. "Swimming is also a great option. It really helps open up the chest. If you're on oxygen, you could do exercises in the water."

For advanced cases of COPD, Dr. Remolina highly recommends participation in the Pulmonary Rehabilitation Program, which typically requires two sessions a week for 36 weeks.

- **EAT RIGHT.** "Make sure your diet is high in protein, high in fiber and low in carbohydrates," Erickson says. "This will help with weight control. Also, carbohydrates can increase the amount of carbon dioxide in a patient's blood, resulting in bloating and gassiness that can make your belly push your diaphragm up toward the lungs."

High-potassium foods such as bananas, avocados, dark leafy greens, tomatoes, asparagus, beans and oranges help improve lung function, she says. Avoid salt and caffeine, which can speed up your heart rate, and alcohol, which can depress breathing.

- **GET VACCINATED.** The flu and COVID-19 vaccines protect against respiratory diseases, as does the pneumonia vaccine.



TAKE A BREATH

"If you can master breathing techniques, along with proper diet and exercise, you can lead a good, healthy life with COPD," says Paula Erickson, RT, of RWJUH Rahway's Pulmonary Rehabilitation Program. She recommends two techniques to keep the airway open and relieve shortness of breath.

- **Pursed-lip breathing:** With your mouth closed, breathe in through your nose for two seconds. Then purse your lips and breathe out through your mouth for twice as long.
- **Diaphragmatic breathing, also known as belly breathing:** Lie on your back or stand, place a hand on your belly and breathe in through your nose, so you can feel your belly fill with air. Then exhale through your mouth twice as long to help retrain the diaphragm.

You can find videos demonstrating each of these exercises at the American Lung Association website, www.lung.org.

If you have COPD and develop the symptoms of a respiratory infection, seek medical attention. "If you start coughing and bringing up colored phlegm, make sure a doctor sees you," Dr. Remolina says. "If you have an infection and we treat it early, we can prevent it from turning into pneumonia."

- **TAKE MEDICATIONS AS DIRECTED.** Many patients with COPD also have allergies, so it's important that they take care of post-nasal drip with medications.

It's also important to learn how to use bronchodilators correctly, Dr. Remolina says. "The first thing is to empty your lungs and exhale completely. When you exhale, you put the inhaler in your mouth, you squeeze it and then take a deep breath in and hold it for 10 seconds, so it spreads all over the trachea and bronchial tree. Then you usually exhale it through your nose. If you do that appropriately, you're going to get much greater benefit from your inhaler."

Dr. Remolina also prescribes inhaled medications called LABA or LAMA. Other treatments include inhalers with corticosteroids, which help inhibit inflammation. Some new inhalers contain a LABA, LAMA and a steroid as well.

To learn more about the Pulmonary Rehabilitation Program at RWJUH Rahway, call **732.499.6208**.

It's not about losing weight overnight. It's about staying healthy over time.

At Robert Wood Johnson University Hospital Rahway, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice.

Our program is located at Robert Wood Johnson University Hospital Rahway, offering on site services such as laboratory, ultra-sound services, sleep study facilities and nutritional counseling. Each office visit includes seeing the surgeon, a bariatric certified nurse and a Registered Dietitian.



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