

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

Winter 2023

healthy *together*

**IS IT ANXIETY
OR PANIC?**

**THE
FOOD/MOOD
CONNECTION**

**ANOTHER
KIND OF
PROSTATE
BIOPSY**

**BETTER WOMEN'S HEALTH
AT EVERY AGE**



“As we enter into 2023 with a renewed sense of purpose, accomplishment and optimism, it’s a great time to focus on getting and staying healthy by making preventive care a priority. And we’re making it easier for you to do all of these things at RWJBarnabas Health. We’ve welcomed even more nationally recognized clinicians; expanded telehealth;

built ambulatory and satellite facilities so that our patients can receive healthcare closer to home; and we continue to improve, expand and modernize our facilities with state-of-the-art equipment and technology. We wish you the best of health in the New Year.”

MARK E. MANIGAN

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“Our message of preventive care also includes attention to physical fitness. Make fitness a part of your life at the RWJ Rahway Fitness & Wellness Centers in Scotch Plains and Carteret. These clean, modern centers offer aquatics, free weights, the latest exercise equipment, plus challenging fitness classes led by acclaimed instructors. Our Scotch Plains facility also has

free cooking and educational classes to keep you informed about nutrition, health and medicine. If your physician recommends physical therapy, the centers have hospital-based therapy services led by highly trained therapists.”

KIRK C. TICE

PRESIDENT AND CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

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HEALTH NEWS



FREE MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN

Thanks to our terrific crew and help from the New Jersey Department of Health and Hoboken Family Planning, Robert Wood Johnson University Hospital Rahway was able to provide free 3D mammograms and breast screenings to uninsured and underinsured women in our community. The program was so successful that we will repeat it.

Our crew includes Radiology Technician Josine Schiliro, Radiology Coordinator Geri Grebler and Nurse Navigator Fiordaliza Gomez.

Please remember to make an appointment for a mammogram. Finding breast cancer early and getting state-of-the-art cancer treatment are two of the most important strategies for preventing deaths from breast cancer. Breast cancer that’s found early, when it is small and has not spread, is easier to treat successfully. Getting regular screening tests is the most reliable way to find breast cancer early.

RWJUH RAHWAY GETS AN “A” RATING—AGAIN

Robert Wood Johnson University Hospital (RWJUH) Rahway, a member of the RWJBarnabas Health System, again received an “A” rating for safety from The Leapfrog Group. Only 33 of 70 hospitals in New Jersey received the top rating. This is the hospital’s third consecutive “A” rating.

“Our staff works tirelessly to provide the safest care possible and we are proud of our grade, but we also know that patient safety is an ongoing journey that requires constant attention,” says RWJUH Rahway President and Chief Executive Officer Kirk Tice.

The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits, uses publicly available hospital safety data to assign grades to more than 2,700 U.S. acute-care hospitals twice a year. The Hospital Safety Grade’s methodology is peer-reviewed and fully transparent, and the results are free to the public.

“Safety is a core value and number-one priority across our system, and we are proud that our ratings reflect our commitment to providing quality patient-centered care,” says Andy Anderson, MD, Executive Vice President, Chief Medical and Quality Officer at RWJBarnabas Health. “I’d like to thank our staff for their hard work and dedication in providing the best-in-class care with both clinical expertise and compassion, especially as we still continue to face challenges brought on by the COVID-19 pandemic.”

healthy *together* contents

WINTER 2023



4. NEW HIP, NEW LEASE ON LIFE.
A New Jersey grandmother's hip replacement journey.

6. ANXIETY DISORDER VS. PANIC DISORDER.
What's the difference?

7. HELPING NEW NURSES SUCCEED.
RWJUH Rahway's Nurse Residency Program.

8. GENEROSITY AND SUPPORT. Gifts for and from RWJUH Rahway.



9. PREVENTING SUICIDE. What you say and do may help save a life.

10. CARDIO VS. STRENGTH TRAINING. Which is better for heart health? Resolving an old debate.

11. HEMATOLOGY DREAM TEAM. Meet the world-class team of doctors treating blood disorders and cancers.

12. BETTER WOMEN'S HEALTH AT EVERY AGE. From adolescents to seniors: what every woman needs to know.

14. SPECIALTY OUTPATIENT CARE FOR KIDS. Children's Specialized Hospital offers a range of services at 14 locations.

15. BEYOND BED-WETTING. Treating urologic conditions in children.

16. BANKING ON LIFE. How, where and when to donate blood this winter.

17. TRANSPERINEAL PROSTATE BIOPSY. RWJUH Rahway now offers an alternative to traditional biopsy.

18. THE FOOD/MOOD CONNECTION. The link between what you eat and how you feel.

20. IN A HEARTBEAT. A fitness instructor with a heart arrhythmia has a close call.

22. CARRYING A LIGHTER LOAD. A truck driver's weight loss surgery success story.

23. COMMUNITY CALENDAR. A roundup of education and support groups.



NEW HIP, NEW LEASE ON LIFE

AFTER YEARS OF CHRONIC PAIN, A NEW JERSEY GRANDMOTHER GETS HER LIFE BACK THANKS TO HIP REPLACEMENT SURGERY.

Hip replacement surgery may seem like an unusual birthday gift, but that's exactly what Maria Rivera, a resident of Iselin, decided to give herself when she turned 60 in July 2022. A mother, grandmother and human resources associate at a Perth Amboy supermarket, Maria had had enough after years of chronic hip pain. "I couldn't sleep, and it was difficult to walk," she recalls. "When you're in constant pain, it's hard to think about anything else."

Like many who suffer from joint pain, Maria had osteoarthritis. "Osteoarthritis is a very common form of arthritis—it's the general wear and tear on joints brought about by genetics, weight and joint trauma that occurs over the years," says orthopedic surgeon John King, DO, a staff physician with Robert Wood Johnson University Hospital (RWJUH) Rahway.

Maria first sought treatment from Dr. King several years prior for arthritis pain in her knees. Once chronic pain starts impacting daily activities and having an adverse effect on your quality of life, Dr. King advises that it's time to consult an orthopedist.

To facilitate movement and reduce pain, Maria received viscosupplementation treatment, in which a gel-like hyaluronic acid is injected into the joint. When Maria began experiencing hip pain, she tried oral medications, but they only offered temporary relief. "Over several years, Maria had progressed to end-stage disease in her hip," says Dr. King. "She was experiencing severe limitations of range of motion and had bone rubbing on bone." Although



JOHN KING, DO

Dr. King recommended total hip replacement surgery, two things were holding Maria back. "My job isn't physical, and I'm a very strong person," says Maria. "I didn't want to miss out on work." Maria also weighed 240 pounds, and her elevated body mass index would make surgery challenging. "I tried so many diets," she says. "But when you're in pain, it's hard to exercise, and you become frustrated."

After Maria made several unsuccessful attempts to lose weight on her own, Dr. King referred her to Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program at RWJUH Rahway, for bariatric surgery. After surgery, Maria shed over 80 pounds. Almost a year and a half later, on July 27, 2022, she was ready for a total hip replacement—the same day as her 60th birthday.

A LIFE-CHANGING PROCEDURE

Maria was not alone; more than 450,000 total hip replacements are performed each year in the United States. There are several surgical options for total hip replacement. It can be done from the front (anterior), side (lateral) or back (posterior), and patients often wonder whether one offers a greater benefit. Research presented by the American Academy of Orthopaedic Surgeons (AAOS) shows no difference in patient outcomes with each option six months after surgery. "There are benefits and risks with any approach," says Dr. King. "It's critical for patients to see a doctor who's highly experienced in their technique to avoid any complications."

Dr. King used a lateral incision for Maria's surgery to come into the anterior

aspect of her hip to remove the damaged section of the hip joint and cartilage. A metal stem was placed into the hollow center of the femur (thigh bone). The ball of the hip socket was replaced with a metal ball coated in a polyethylene shell. Dr. King uses imageless computer navigation to map the hip's rotation and patient leg length to precisely fit the prosthetic. The damaged surface of the socket (acetabulum) is removed and replaced with a metal socket. The poly coating on the metal ball creates a smooth glide between the new ball and socket and offers extended longevity for the prosthetics.

Dr. King prefers to bring his joint replacement patients, like Maria, to RWJUH Rahway. "The Joint Replacement Center has private rooms for patient recovery, and one of its biggest draws is the rehabilitation program," says Dr. King. "In some hospitals, patients aren't ready to be discharged because they haven't received enough physical and occupational therapy, but RWJUH Rahway, offers extensive rehab for quicker recovery."

Today, Maria is making big strides (literally and figuratively) and continues weekly physical therapy at RWJUH Rahway. "I have no pain, and I'm so grateful to Dr. King," says Maria. "I can finally play with my grandchildren again."

Although Maria faced daunting hurdles, she was able to meet them head-on with support from her RWJUH Rahway physicians and therapists. Now she's back at work, keeping pace with her 4-year-old grandson, Julian, and is thankful that her 60th birthday gift—a total hip replacement—has helped her get back to the life she loves.

For more information about the Joint Replacement Center call RWJ Rahway Rehabilitation Services at **732.499.6346**.



ANXIETY ATTACKS VS. PANIC ATTACKS

HOW TO TELL THE DIFFERENCE

You're having a normal, uneventful day at work when, out of the blue, your heart starts pounding, your throat tightens up, you begin sweating profusely and you feel as if you're going to faint—or die. What is happening here?

While it is important to consult a medical professional to rule out heart-related or other physical causes for these symptoms, chances are good that what you're experiencing is a panic attack. Though the terms are often used interchangeably, panic attacks and anxiety attacks are not one and the same.

“Some of the differences have to do, not just with the symptoms themselves, but with the degree of severity of symptoms,” says Rehan Malik, MD, Residency Program Director of Psychiatry at



REHAN MALIK, MD

Trinitas Regional Medical Center, an RWJBarnabas Health facility. “Generally speaking, panic attacks have more severe symptoms.” So, while an anxiety attack and a panic attack may share symptoms such as an accelerated heart rate, stomach distress and sweating, a person experiencing an anxiety attack might feel palpitations as opposed to heavy pounding, mild perspiration rather than a profuse cold sweat or a “knotted” stomach rather than severe nausea.

“Anxiety attack” is not a clinical term. A panic attack, however, is characterized by specific criteria in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*, the go-to diagnostic guide used by mental health professionals. To complicate things further, an anxiety attack can be a symptom of generalized anxiety disorder (GAD), while panic attacks can be a symptom of panic disorder—which is itself, like GAD, one of several disorders that fall under the anxiety disorder umbrella.

DIAGNOSTIC CRITERIA FOR PANIC ATTACKS

According to the DSM-5, as part of panic disorder, a panic attack is characterized by at least four of the following symptoms:

- Heart palpitations, pounding heart or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- A feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed or faint
- Feelings of unreality (derealization) or being detached from oneself (depersonalization)
- Fear of losing control or “going crazy”
- Fear of dying
- Numbness or tingling sensations
- Chills or heat sensations

4 KEY DIFFERENCES BETWEEN PANIC ATTACKS AND ANXIETY ATTACKS:

- 1. ONSET:** “Panic attacks usually come on suddenly,” says Dr. Malik. “Anxiety attacks are often more gradual.”
- 2. DURATION:** The DSM-5 describes panic attacks as “an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes.” Panic attacks often subside and then repeat. Anxiety attacks can last for hours or even days.
- 3. SEVERITY:** While anxiety attacks can range from mild to severe, panic attacks are generally severe and disruptive.
- 4. TRIGGERS:** Anxiety attacks usually occur as a result of known triggers, stressors or fears. Panic attacks often have no known trigger. “Expected” panic attacks can be triggered by specific fears and phobias.

For more information about mental health services at Trinitas Regional Medical Center, an RWJBarnabas Health facility, call **908.994.5000** or visit www.rwjbh.org/trmc.



HELPING NEW NURSES SUCCEED

RWJUH RAHWAY'S NEW NURSE RESIDENCY PROGRAM PREPARES NEW RNs FOR CLINICAL PRACTICE.

You've made it through nursing school—passed every exam with flying colors and graduated at the top of your class. Are you ready to jump into clinical practice?

Probably not. Only about 10 percent of hospital nurse leaders believe that graduates are prepared to work in a hospital setting fresh out of nursing school—and it's easy to see why. Hospitals are challenging environments for new nurses. Making that transition from nursing student to practicing professional can be daunting. According to research, the turnover rate is significant within the first year. "The first year of practice is when nurses are most vulnerable," says Kathleen Borenstein, Director of Professional Development, Innovation and Research at Robert Wood Johnson University Hospital (RWJUH) Rahway.

To reduce turnover and help new nurses become more confident practitioners, RWJUH Rahway has

adopted a Nurse Residency Program to bridge the gap between school and practice.

"The transition from school to the bedside is extremely challenging, given the complexity of patients and the current environment," says Ann Marie Shears, Vice President of Patient Services and Chief Nursing Officer, RWJUH Rahway. "This program will help us ease the transition for new nurses."

Through a NJ Department of Labor GAINS Grant made available through the New Jersey Collaborating Center for Nursing, the hospital is using the Vizient and American Association of Colleges of Nursing (Vizient/AACN) Nurse Residency Program. The 12-month program is designed to assist first-year nurses by providing support through interactive seminars, clinical reflection sessions and enhanced mentoring with an emphasis on critical thinking and reasoning. The curriculum

also emphasizes leadership development professionalism and communications strategies as well as the need to incorporate evidence-based strategies into practice. Graduating nurses hired by RWJUH Rahway with a license from an accredited school are enrolled in the program upon hire.

Trusted by more than 600 hospitals and health systems nationwide, the Vizient/AACN Nurse Residency Program focuses on new graduate nurses as they enter practice, resulting in a retention rate of 86.1 percent. The national average is 75.9 percent.

"We know that it takes a full year to grow their confidence, competence and engagement in the profession and the organization," says Evy Olson, Associate Vice President of Nursing Programs at Vizient, of new nurses. Since its establishment in 2002, more than 200,000 new graduate nurses have participated in the Vizient/AACN Nurse Residency Program.

For more information on the Vizient/AACN Nurse Residency Program, please contact RWJUH Rahway Human Resources at **732.381.4200**, press "1" and then ext. **72635**.



GENEROSITY AND SUPPORT

FOR AND FROM RWJUH RAHWAY



SUPPORTING LOCAL FAMILIES

The RWJUH Rahway Development Department presents a bag of ShopRite gift cards to help families of Rahway students with special needs. The Development Department has been providing help for local families during the holidays for many years, but this year the dollar amount was increased. “Our families are very appreciative,” says Jill Burkhard (photo: right), Case Manager for Special Education for Rahway Public Schools. “We’re happy to support local families, especially this year with higher food prices,” says Heather Hays, Vice President of RWJUH Rahway Development (photo: center). Pictured at left is Madeline Warshauer, RWJUH Rahway Development Associate.

RWJUH RAHWAY RECEIVES GRANT FOR CARDIAC NURSE NAVIGATOR

Robert Wood Johnson University Hospital (RWJUH) Rahway’s Heart Health Center has received a \$50,000 grant from Merck & Co Inc. for a nurse navigator to ensure continuity of cardiac care. RWJUH Rahway’s Heart Health Center focuses on outpatient cardiac wellness, treating patients discharged from the hospital after suffering a heart attack, congestive heart failure or other heart conditions. According to Howard Levitt, MD, Director of the Heart Health Center and a cardiologist with RWJUH Rahway and Newark Beth Israel Medical Center, the center was established to ensure continuity of care and provide patients with follow-up after discharge. “Managing heart disease can take time, getting medication right, balancing diet and lifestyle,” says Dr. Levitt. “It’s important for people to have a place for that follow-up care.” The nurse navigator will help improve access to care, especially for extremely vulnerable populations. Among their many duties, nurse navigators help direct patients to available resources within the community.



The 38th Annual Golf Classic raised \$70,000 for RWJUH Rahway.

RWJUH RAHWAY’S 38TH ANNUAL GOLF CLASSIC

Robert Wood Johnson University Hospital (RWJUH) Rahway held its 38th Annual Golf Classic on Monday, September 12, at the Echo Lake Country Club in Westfield, New Jersey.

This year’s event drew 80 participants and raised \$70,000 for RWJUH Rahway. It was a fun-filled day of golf, networking and supporting the hospital. The success of the day’s outing was also attributable to the generous contributions of the many sponsors and individuals that supported the event, including the title sponsor—RWJUH Rahway’s own Pathology Department.



HELP AND HOPE FOR THOSE AT RISK FOR SUICIDE

Contact the RWJBarnabas Health Behavioral Health Access Center at 800.300.0628 for information about services or a referral to a mental health specialist.

SUICIDE WARNING SIGNS

According to the National Institute of Mental Health, signs that a person may be thinking about suicide include:

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped or having no reason to live
- Extremely sad, anxious, agitated or full of rage
- Unbearable emotional or physical pain

Changing behavior:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

A RETIRED U.S. ARMY MAJOR GENERAL AND HIS STAFF HELP PREVENT SUICIDE—ONE CALL AT A TIME.

Suicide. It's a scary word. According to the Centers for Disease Control and Prevention (CDC), close to 48,000 people in the U.S. died by suicide in 2020—that's one person approximately every 11 minutes. You may have a family member or friend who is contemplating, or who has attempted, suicide—and chances are you don't even realize it.

- There are several reasons for that.
- The warning signs are not always clear—and not every person exhibits them.
- The associated stigma is so widespread that many people in crisis are afraid or ashamed to reach out for help.
- There's often a very brief period



MAJ. GEN. (RETIRED) MARK A. GRAHAM

between thought and action. Studies have shown that nearly half of those who've attempted suicide did so within 10 minutes of first thinking about attempting.

Nobody knows this better than

Mark A. Graham, a retired U.S. Army Major General who serves as Executive Director, Rutgers University Behavioral Health Care (UBHC) and RWJBH Behavioral Health and Addictions Services, National Call Center and Vets4Warriors, which includes the New Jersey Suicide Prevention Hopeline (NJ Hopeline). One of his sons died by suicide in 2003 and since then, Maj. Gen. Graham and his wife, Carol, have been tireless champions of efforts to promote suicide-prevention awareness.

One in five adults in the U.S. (nearly 53 million people) lives with a mental illness. Yet, it still is not widely acknowledged as "real" sickness. "We've made some progress in changing that perception," says Maj. Gen. Graham, "but we're going to have the stigma until we make mental healthcare part of healthcare. Mental health is health."

One of the goals of the NJ Hopeline, which launched a decade ago, is to make it easier for people contemplating suicide to seek help without fear of judgment. All NJ Hopeline employees have extensive training and are well

prepared to help callers. "During a crisis, quick access to support and care can prevent death by suicide," says NJ Hopeline Program Director William Zimmerman. "We listen, support and assess people for needs. There's no time limit for a call, and we're available 24/7. If we can keep that person engaged and supported, the suicidal action may never happen," he says. Maj. Gen. Graham agrees. "The last thing we want to do is make a person regret that they called," he says. "We want people to feel better, to know that there's hope and help and that they're not alone."

If you or someone you know is experiencing warning signs of suicide, get help immediately. Call 988 or NJ Hopeline at 855.654.6735. For more information, visit rwjbh.org/behavioralhealth.





THE GREAT DEBATE:

CARDIO VS. STRENGTH TRAINING

FIND OUT WHICH ONE IS BEST FOR YOUR HEART HEALTH.

Everyone knows that exercise is good for the heart. But what kind of exercise is most beneficial for optimum heart health—cardio or strength training? Anthony Altobelli III, MD, Clinical Chief of Cardiology, Robert Wood Johnson University Hospital (RWJUH) and RWJBarnabas Health (RWJBH) Medical Group, sheds some light on this decades-old debate.

When it comes to cardio vs. strength training for heart health, is one more beneficial than the other?

The scientific evidence is still building around which form of exercise is best to prevent chronic disease. Historically, aerobic (or cardio) exercise was always recommended for heart and lung health with little attention paid to strength (or resistance) training. What's clear now, however, is that strength training is as



ANTHONY ALTABELLI III, MD

important to heart health as aerobic exercise and that a combination of both yields the best heart outcomes with regard to blood pressure, body composition,

fitness, strength and metabolism. In turn, beneficial change in a person's physiology yields a lower risk of diabetes, hyperlipidemia (high cholesterol), heart attack and stroke.

What's the best way to combine these exercises?

Physical Activity Guidelines for Americans, a 2018 report from the Department of Health and Human Services, recommends that each week, adults aged 18 to 64 do at least 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 150 minutes of vigorous-intensity aerobic activity or an equivalent combination of both. Strength training should be performed at least twice a week on nonconsecutive days to allow a period of rest for the muscle groups being stressed.

How does age affect the type of exercise(s) a person should do?

As we age, safety becomes an issue. The aging adult should do both forms of exercise, but participation should take into account chronic medical conditions,

such as musculoskeletal disorders, that may place the individual at risk for injury. For people at risk for falls or with balance issues, resistance exercises, such as chair squats, heel lifts, rowing, resistance bands, bicep curls and shoulder presses, may be effectively and safely performed. Research continues to support strength/resistance training for older individuals.

What advice do you have for the average person who wants to start an exercise regimen to improve their heart health?

Recommendations are based on age and whether the individual is new to an exercise program. First, choose exercise that you may find enjoyable. Second, set realistic expectations for how often and how long you'll exercise. Third, choose exercises that you can safely perform. Fourth, consider partnering with others for motivation and socialization. Fifth, communicate with your physicians.

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.

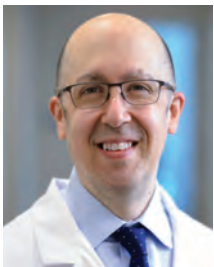


WORLD-CLASS CARE FOR BLOOD CANCERS CLOSE TO HOME

RENOWNED CANCER DOCTORS ARE HELPING TO ENHANCE AND EXPAND THE HEMATOLOGIC MALIGNANCIES PROGRAM AT RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RWJBARNABAS HEALTH.

The Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health is known in New Jersey and beyond for its world-class multidisciplinary team of cancer experts and for its coveted place at the forefront of cancer research. As the state's only National Cancer Institute-Designated Comprehensive Cancer Center, it offers patients access to the most advanced treatment options for blood cancers, including blood and marrow transplantation, CAR T-cell therapy, immunotherapies and innovative clinical trials, many not available elsewhere.

Now, the highly regarded program



MATTHEW MATASAR, MD, MS



IRA BRAUNSCHEWIG, MD

has extended its reach—and its potential—with the addition of two nationally recognized leaders in the field of hematologic malignancies to lead and complement the already outstanding team in place.

As the new Chief of Blood Disorders, Matthew Matasar, MD, MS, brings extensive expertise to the program and is among the nation's most experienced clinicians and researchers in routine, rare and complex hematologic malignancies, with extensive expertise in treating these types of cancers with clinical trials, immunotherapy and other cellular therapies. Dr. Matasar will lead the enhancement of multidisciplinary clinical services, including programmatic growth of the bone marrow transplant and cellular therapy programs across the health system.

“My goal is to grow what already is an amazing program with extraordinary physicians,” says Dr. Matasar. “My vision is to continue to develop the health system's ability to give best-in-class care; to deliver the most promising novel

therapies in the context of ongoing and new clinical trials; to educate our patients, their families and the community; and to train physicians how best to take care of these patients.”

Ira Braunschweig, MD, Chief of Transplant and Cell Therapy, is an expert at treating blood cancers with blood and marrow transplantation as well as with CAR T-cell therapy, in which, he says, “We take the cells of a patient's own immune system and reengineer them to become super-powerful cancer-fighting cells.” Dr. Braunschweig was one of the physician-scientists leading the pivotal study in late 2015 that established CAR T-cell therapy as a standard for relapsed and refractory aggressive lymphoma.

“The Rutgers Cancer Institute/RWJBarnabas Health program has a strong foundation,” he says. “I want to take it to the next level by expanding it and ensuring that more patients have these therapies available to them close to home, and by further enhancing the availability of cutting-edge therapies.”

To learn more about the Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey/RWJBarnabas Health, please visit www.rwjbh.org/beatcancer.





BETTER WOMEN'S HEALTH AT EVERY AGE

**WHAT WOMEN NEED TO KNOW TO STAY WELL—
FROM ADOLESCENCE TO AGELESS.**

Throughout a woman's life, her body and her healthcare needs evolve. From adolescence through menopause and beyond, women experience many changes. Staying healthy through all those changes can be daunting—but it doesn't have to be. We asked doctors at RWJBarnabas Health to share some of their best advice on how women can maintain optimal

health at every age and stage.

PREVENTIVE AND GENERAL HEALTHCARE

Being proactive about preventing illness and injury should start early in a woman's life. "Adolescent women should be encouraged to establish healthy eating and sleeping habits, exercise regularly and avoid excessive screen time," says

Robert A. Graebe, MD, Chair and Program Director of the Department of Obstetrics and Gynecology at Monmouth Medical Center. Preventive care, he says, can include taking seemingly simple but important measures such as consistently using sunblock and always wearing a seat belt.

Dr. Graebe also stresses the importance of caring for mental health and says that adolescent and young women should be encouraged to seek support for feelings of anxiety and depression or other mental health problems. In addition, women should schedule an annual well-woman visit. "During this visit, the care you receive will focus on you, your body and your reproductive health," says Dr. Graebe. "A well-woman visit also provides a time



ROBERT A. GRAEBE, MD



LENA L. MERJANIAN, MD



JULIE MASTER, DO, FACC



NICOLE M. MONTERO LOPEZ, MD

to discuss fertility questions and family planning options and to get screened for sexually transmitted diseases.”

GYNECOLOGIC AND REPRODUCTIVE HEALTH

• First OB/GYN Visits

“The American College of Obstetricians and Gynecologists recommends that a girl establish care with a gynecologist between the ages of 13 and 15,” says Lena L. Merjanian, MD, an obstetrician and gynecologist at Rutgers Health. “This visit is an opportunity for her to establish a trusting rapport with her physician. It’s a confidential visit to discuss reproductive health concerns, contraception, relationships, adolescent sexuality and avoiding risky behaviors.”

According to Dr. Graebe, the first OB/GYN visit is also an opportunity to establish the diagnosis of common problems such as polycystic ovarian syndrome, hypothyroidism, eating disorders, etc. “The majority of bone formation occurs during the early years, so discussion concerning proper bone health is vital to prevent future osteoporosis,” says Dr. Graebe. A first gynecologic visit usually doesn’t include a pelvic exam or Pap smear.

• Reproductive Years

During a woman’s reproductive years, maintaining optimal health can increase her chances of a healthy pregnancy and birth if she chooses to start or grow a family. Folic acid supplementation is important, especially when planning a pregnancy. In addition, women should be proactive with age-appropriate screenings, such as Pap and HPV (human papillomavirus) tests. They should use condoms with new sexual partners to prevent sexually transmitted diseases, such as chlamydia and gonorrhea, which can negatively impact fertility. And, says Dr. Graebe, they should be aware that “a woman’s peak fertile years are from about age 27 to 29, with a steady decline starting in the mid-30s.”

Some women, including those receiving cancer therapies and those wishing to postpone pregnancy until beyond their mid-30s, may want to consider egg freezing and subsequent

HEALTH EQUITY

The importance of women’s health equity cannot be understated. According to Meika Neblett, MD, MS, Chief Medical Officer at Community Medical Center,



MEIKA NEBLETT, MD, MS

“Women’s health equity requires an integrated approach that recognizes the need for progress in understanding the social determinants of health, diversity and inclusion, and their intersectionality.

“RWJBarnabas Health has made equity a priority in women’s health,” says Dr. Neblett, “and it has taken steps toward removing barriers to preventive screenings that lead to earlier diagnosis and treatment of certain types of cancers as well as improving access to family planning services.”



in-vitro fertilization, says Dr. Graebe.

• Breast Health

Breast self-awareness should start at about age 20, when women should focus on knowing what’s normal for their breasts. If changes are noticed, women should talk to their primary care provider or OB/GYN. Regular breast screening can help detect cancer at an early and more treatable stage. For women at average risk for breast cancer, a clinical breast exam is recommended every one to three years between the ages of 25 and 39, and a mammogram is recommended every one to two years beginning at age 40. “It’s important for women to be aware of their family history,” says Dr. Graebe. “Women at increased risk, such as those with a family history of breast cancer and other hereditary cancer syndromes, may benefit from seeing a genetic counselor.”

HEART HEALTH

“It’s important for a woman to know her risk factors for heart disease, including her cholesterol numbers, blood pressure, family history and smoking status,” says Julie Master, DO, FACC, Director of Noninvasive Cardiac Services at Monmouth Medical Center. “There are also novel risk factors such as pregnancy complications that can put a woman at

higher risk of heart disease in the future. A history of cancer treatment may also increase her risk. Having a yearly physical and not ignoring symptoms are of the utmost importance.”

BONE HEALTH

Most women don’t think about their bones until there’s a problem with them, but bones need care to stay healthy just like the rest of the body.

Bone density testing is one way to measure bone health. This is especially important for women because, according to Nicole M. Montero Lopez, MD, an orthopedist at Clara Maass Medical Center, hormonal changes during menopause can directly affect bone density. Women 65 and older and women under 65 with risk factors, such as a family history of the disease or fracture, should have a bone density test. Frequency of testing depends on age, results of prior tests and individual risk of fracture. The goal in osteoporosis prevention is to slow down the loss of bone mass to reduce the risk of fractures. You can strengthen your bones with certain exercises and lifestyle changes. Weight-bearing exercise is the most important type of exercise for preventing osteoporosis, and a diet rich in calcium and vitamin D is good for bone health.

To learn more about women’s health services at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/womens-health.



CHILDREN'S CARE CLOSE TO HOME

WHERE TO TURN FOR SPECIALIZED OUTPATIENT SERVICES THROUGHOUT NEW JERSEY

As a leading provider of inpatient and outpatient care for children who face special health challenges from birth to age 21, Children's Specialized Hospital, part of the RWJBarnabas Health Children's Health Network of hospitals, partners with families to treat a wide range of developmental, physical, mental and behavioral concerns. You'll find outpatient services close to home at these New Jersey locations.



Children's Specialized Hospital®

An RWJBarnabas Health facility



Outpatient services include facilities and equipment specially designed to meet children's needs.

BAYONNE

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

CLIFTON

- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Orthopedics
- Physical therapy
- Psychology
- Speech and language therapy

EAST BRUNSWICK

- Occupational therapy specializing in upper extremity and hand therapy
- Physical therapy specializing in orthopedic and sports medicine

EATONTOWN

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychology
- Speech and language therapy

EGG HARBOR TOWNSHIP

- Developmental and behavioral pediatrics
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

HAMILTON

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

NEWARK

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

NEW BRUNSWICK—PLUM STREET

- Developmental and behavioral pediatrics
- Neurology
- Neuropsychology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

TOMS RIVER—LAKEHURST ROAD AND STEVENS ROAD

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Nutrition
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Rehabilitation technology
- Speech and language therapy

UNION

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Neurorehabilitation
- Occupational therapy
- Orthopedics
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

SOMERSET

- CSH RUCARES Severe Behavioral Program
- Intensive Feeding Disorders Program

WEST ORANGE

- Occupational therapy
- Physical therapy
- Speech and language therapy

To learn more about outpatient programs and services or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

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, Eatontown, Egg Harbor Township, Hamilton, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.



BEYOND BED-WETTING

A TOP PEDIATRIC UROLOGIST SHARES THE LATEST TREATMENTS FOR URINARY TRACT PROBLEMS IN CHILDREN.

Joseph Barone, MD, a nationally recognized expert in the field of pediatric urology, was recently appointed Medical Director of Pediatric Urology for the Children's Health Network of RWJBarnabas Health (RWJBH). Dr. Barone is also Chief of the Division of Urology and Professor of Surgery at Rutgers Robert Wood Johnson Medical School. Here, Dr. Barone talks about children's urologic conditions as well as what's new in the field.

How has the RWJBH pediatric urology program changed recently?



JOSEPH BARONE, MD

We're now a system-based program with all pediatric urologists in all RWJBH children's hospitals working as one group. This allows us to take advantage of

synergistic opportunities for clinical access, safety, quality and diversity. With integration, patients will receive the same pediatric urology care no matter where they are in the system.

How are children's urologic issues different from those of adults?

Children mostly have congenital problems and adults deal with problems that develop during life. Because of this, the practice of pediatric urology now has its own board certification by the American Urological Association.

What are some common urologic issues in children?

The most common is bed-wetting, affecting 10 million children in the United States each year. Other

common conditions include urinary tract infections (UTIs) and daytime accidents. There are also some common surgical conditions, such as undescended testes and hernia.

What are some serious pediatric urologic conditions that you treat?

Some children born with neurological diseases, such as spina bifida, lack the nerves that control the bladder. As a result, they're incontinent. To restore continence, we use the small intestine to make a new bladder with a procedure called bladder augmentation. Twisting, or torsion, of the testes—when a boy's testicle twists spontaneously and cuts off its blood supply—is another serious issue that not many people know about. Sudden, severe testis pain is an emergency and parents should take their child to the emergency department if this happens.

What robotic surgical techniques are used for children?

We offer minimally invasive robotic surgery for nearly all pediatric urology conditions that historically would require an incision. The robot is controlled by the surgeon, and three or four laparoscopic ports are placed into the child's abdomen. Robotic surgery speeds recovery and results in less pain. For older children, we offer single-port robotics. There are only a handful of centers that offer this robotic procedure.

Are there any exciting new developments in this area?

We're working on developing a new electrical surgical tool designed for pediatric surgery. We currently use similar tools designed for adults and when working in a very tiny space, they can be cumbersome. We've designed the pediatric surgical tool and are in the process of making a 3D model.

To find a pediatric urologist or for more information on children's urologic issues, visit www.rwjbh.org/childrenshealth.





BANKING ON LIFE

WHERE AND HOW TO DONATE BLOOD THIS WINTER

It's estimated that someone in the United States needs blood every two seconds, and, since January is National Blood Donor Month, there couldn't be a better time to donate. Blood doesn't have a long shelf life—between five and 35 days, depending on the component—so there's rarely, if ever, a surplus. This is especially true in winter, when donations typically slow down because of bad weather, winter holidays and seasonal illnesses like colds and flu.

"Simply put, there's no substitute for blood," says Sally Wells, Business Development Liaison, Robert Wood Johnson University Hospital Blood Services. "Blood cannot be manufactured. We always say that 'it's the blood on the shelf' that makes it possible to treat traumatic injuries, perform surgeries, support premature babies and treat patients who are going through advanced cancer therapies, to name a few of its uses."

While all RWJBarnabas Health facilities run blood drives several times

a year, Wells says that multiple blood drives will occur in January, noting that donor centers in New Brunswick and Somerset will be open daily. "Our message for National Blood Donor Month is 'Donate 3 in 2023,'" she says, referring to three pints of blood.

The ripple effect of the pandemic is still being felt in many areas, including blood donation. "People aren't donating as often as before the pandemic, so we're still experiencing periodic shortages," says Wells. "We haven't been able to build up a reserve, so certain blood types and products are always in high demand."

The blood type that is most in demand is type O-negative (O-). "This is the universal blood type because it can be used in an emergency to transfuse anyone until the person's blood type can be verified," says Wells.

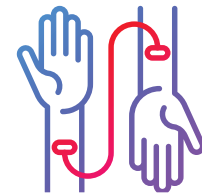
If you don't know your type, don't worry. When you donate, you'll be issued a blood-donor card that will list your blood type.



HOW TO DONATE

The four basic steps to donating blood are:

1. Registration (to gather demographic information)
2. Medical interview and mini physical (to determine if the donor is suitable)
3. Phlebotomy (the actual donation, drawing blood)
4. Rest and refreshments (after blood is donated)



REQUIREMENTS FOR DONORS

To donate blood, you must:

- Be in overall good health
- Be at least 17 years old (16 with parental consent)
- Weigh at least 110 pounds (120 pounds if 16 years old)
- Present a valid photo identification with signature

For more information or to schedule an appointment to donate blood, visit www.rwjbh.org/treatment-care/blood-donation or www.rwjhdonorclub.org, or call 732.235.8100 ext. 221 (New Brunswick) or 908.685.2926 (Somerset).

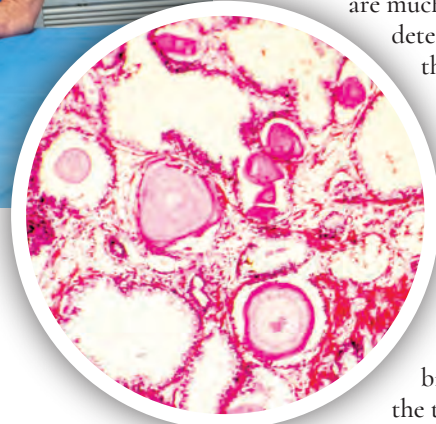
NATIONAL
**BLOOD
DONOR**
MONTH





According to Dr. Savatta (left) and Dr. Opell (right), the transperineal prostate biopsy, now offered at RWJUH Rahway, carries a lower risk of infection. “Both biopsies have benefits,” says Dr. Opell.

with the transrectal biopsy is about 3 to 7 percent,” says Brett Opell, MD, Chief of Urology at RWJUH Rahway, who also uses the technique. “With the transperineal technique, it’s less than 1 percent.” In addition, says Dr. Opell, “The transperineal technique allows us easier access to the anterior region of the prostate and lets us obtain better quality specimens.” According to Dr. Savatta, bleeding and complication rates are much lower and the cancer detection rate is higher with the transperineal method. “With this method, we have a 20 to 25 percent higher cancer detection rate,” he says. “I have found significant cancers in patients who have had negative MRIs and negative traditional biopsies.” Dr. Savatta says the transperineal biopsy requires just one hole on either side, as opposed to 12 holes with the transrectal method.



Despite its many benefits, the transperineal technique does have some disadvantages. “It’s more difficult to perform, takes longer and requires specialized ultrasound equipment that not all doctors have access to,” says Dr. Savatta. Dr. Opell adds that the procedure can be more uncomfortable for patients, since their legs are xup in stirrups, unlike a traditional biopsy, for which patients lie on their side. Both doctors use the PrecisionPoint® system, though there are other ways to perform the transperineal biopsy. Dr. Opell says that the freehanded, ultrasound-guided technique has simplified the procedure, “eliminating the need for a special device and a grid over the skin through which to puncture.” He estimates that 60 to 70 percent of the prostate biopsies he performs are transperineal. Dr. Savatta uses the transperineal technique almost exclusively.

TRANSPERINEAL PROSTATE BIOPSY

RWJUH RAHWAY HAS ADDED AN ALTERNATIVE TO THE TRADITIONAL PROSTATE BIOPSY PROCEDURE.

Every year, more than 1 million prostate biopsies are performed on men in the United States to diagnose or rule out prostate cancer. More than 99 percent of those biopsies are performed transrectally, which involves a needle inserted through the rectal wall to remove tissue samples from the prostate. Transrectal biopsies have been the standard prostate biopsy technique for three decades.

A newer technique, the transperineal biopsy, was developed in 2018 as an alternative to the traditional biopsy. In 2021, Robert Wood Johnson University Hospital (RWJUH)

Rahway began offering the procedure. “The main difference in the methods is the entry area,” says Domenico Savatta, MD, Director of Robotic Urologic Surgery at Newark Beth Israel Medical Center. Because in the traditional procedure, the needle goes through the rectum, bacteria and fecal matter can enter the prostate, which in turn can cause infection.

“The entry site for the transperineal technique is the skin of the perineum, which is located between the rectum and the scrotum and can be easily sterilized, reducing the risk of infection,” says Dr. Savatta. “The risk of infection

*

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. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.



THE FOOD/MOOD CONNECTION

**WHETHER YOU'RE FEELING GRUMPY OR FEELING CHIPPER,
THERE'S A GOOD CHANCE YOUR DIET HAS SOMETHING TO DO WITH IT.**

Wouldn't it be nice if, when you feel sad, you could just eat an apple and cheer up? Or when you're anxious, a slice of whole grain toast with avocado could calm you down? The link between food and mood isn't quite that direct, but, according to Lindsay Whelan, a clinical dietitian at Robert Wood Johnson University Hospital (RWJUH) Rahway, it's a lot stronger than you might think. "Serotonin is a neurotransmitter [a chemical that helps nerve cells communicate with each other] that very much influences our emotions and happiness," she says. "And 90 percent of the body's serotonin is produced in the digestive tract. So, everything you eat influences how you feel."

Whelan says omega-3 fatty acids, antioxidants, whole grains and

vitamin D are some of the foods and nutrients that can have a positive effect on moods.

OMEGA-3 FATTY ACIDS

"Omega-3 fatty acids help decrease inflammation in the body," explains Whelan. "More inflammation in the body can put you at risk of mood disorders and depression." That's why including foods with omega-3 fatty acids in your diet is so important. Foods rich in this nutrient include fatty fish (like salmon), nuts, avocados, olive oil and flaxseeds.

WHOLE GRAINS

Yes, they're carbs—but they're good carbs. Recent research suggests that eating whole grains may help balance serotonin levels. Whelan says that

whole grains "also contain good fiber plus vitamins we need, such as folate, magnesium and vitamin B."

ANTIOXIDANTS

All fruits and vegetables contain antioxidants, compounds that help protect the body from oxidative stress, a process that can cause cell damage. "When you have less of this stress and inflammation, you're lowering the risk for mood disorders, anxiety and depression," says Whelan. She recommends darker-colored fruits—such as berries, plums and cherries—as especially effective.

VITAMIN D

"Vitamin D plays a very big role in our moods," says Whelan. "It affects serotonin



HERE ARE TWO VERY DIFFERENT RECIPES GUARANTEED TO BOOST YOUR MOOD—AND TANTALIZE YOUR TASTE BUDS:

Berry Healthy Overnight Oats | Makes 2 servings

INGREDIENTS:

- 1 cup old-fashioned oats
- 2 cups milk
- ⅔ cup blueberries
- ¼ cup chopped walnuts
- 2 Tbsp. ground flaxseed
- Maple syrup (optional)

INSTRUCTIONS:

- In a medium-sized mason jar (or similar container with lid), combine ½ cup old-fashioned oats and 1 cup milk. Repeat in a second mason jar. Place the lids on the jars or containers.
- Place oat and milk mixtures in the refrigerator to soak overnight.
- In the morning, add about 1/3 cup blueberries, 2 Tbsp. chopped walnuts and 1 Tbsp. ground flaxseed to each jar or container. Sweeten with a small amount of maple syrup, if desired.
- Enjoy your overnight oats straight from the jar!

TIP: The oat and milk mixture can be stored in the refrigerator in an airtight container for up to five days. For optimal texture, add fruit and nuts on the day oats are being consumed.

Sardine Avocado Toast | Makes 1 serving

INGREDIENTS:

- 2 slices whole grain bread
- ½ ripe avocado
- 1 Tbsp. lemon juice
- Salt, to taste
- 1 4-ounce can sardines, drained
- Sriracha sauce or red pepper flakes, optional

INSTRUCTIONS:

- Toast bread.
- In a small bowl, mash flesh of avocado with lemon juice. Season to taste with salt.
- Spread half of avocado mixture on each slice of toast.
- Cut sardines into small pieces. Add half of the sardines to each slice of toast with avocado.
- Finish with sriracha sauce or red pepper.

production, helping to keep levels of the neurotransmitter high. But vitamin D deficiency is common, especially among older people.” Foods high in vitamin D include lean proteins like eggs and fish, fortified cereals, low-fat milk and other dairy products, and mushrooms.

All of these foods and nutrients are part of a healthy diet. In particular, they’re all included in the Mediterranean diet, which is rich in whole, unprocessed foods like fruits, vegetables, fish, nuts, legumes and olive oil. Not surprisingly, research

is finding that this diet is beneficial for mental as well as physical health.

BAD-MOOD FOODS

Simply put, junk food is called junk food for a reason—actually, for many reasons. “Sweet foods like sugar-sweetened beverages, cookies and sugary desserts often contain no vitamins or nutrients,” Whelan explains. “They make it easy for your blood sugar to rise quickly so you get that quick rush, but then your blood sugar drops and your mood falls with it.”

Fast foods, fried foods and processed foods like frozen meals, packaged meals and snacks, bacon and processed meats may also adversely affect mood and mental health. “These foods have a lot of salt and saturated fat,” she says. While an occasional indulgence won’t lead to a bad mood, “If your diet consistently contains these foods, it can lead to increased inflammation in the body, putting you at risk for mood disorders and increasing other health risks as well.”

RWJUH Rahway’s outpatient dietitian can help with nutritional counseling for various medical conditions. A prescription is required. To learn more, call 732.499.6210.





IN A

HEARTBEAT

WHEN A FITNESS INSTRUCTOR COLLAPSES IN CLASS, HE RECEIVES A LIFESAVING INTERVENTION.

One afternoon last summer, 33-year-old Jonathan (not his real name), a part-time fitness instructor who appeared to be the epitome of good health, woke early, as he always did, and jumped into a busy day—without taking a moment to eat.

As the day wore on, Jonathan felt progressively less well—tired, mostly, and out of breath—which he attributed to a lack of food. But later in the afternoon, before he had a chance to grab a bite, he collapsed and lost consciousness—just as



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

was likely the result of a cardiac arrest, a life-threatening condition in which the heart stops beating entirely. Emergency services used the defibrillator to stabilize his heartbeat, intubated him, and rushed him to the emergency department at Robert Wood Johnson University Hospital (RWJUH) Rahway.

There, he was seen by cardiologist Delphine Tang, DO, who, based on Jonathan's heart rhythms and EKGs—both before and after defibrillation—was concerned that the young man might have blockages in his heart, a common cause of cardiac arrest. She and her colleagues immediately accompanied him to the hospital's cardiac catheterization lab,

where they looked at the blood vessels in his heart and did, indeed, discover three blockages. Dr. Tang quickly inserted a stent to open up one of the blockages, along with an intra-aortic balloon pump, a temporary device to help the heart move blood around the body. Then,

Jonathan was transferred to Robert Wood Johnson University Hospital in New Brunswick, where Dr. Tang inserted a second stent. After nine days, he was able to return home.

Jonathan's frightening experience came as a shock, not just to him but to his friends and family. If there was anyone who seemed to be in great physical condition, it was Jonathan. How could someone so apparently healthy and fit suffer a serious cardiac event, one that could have easily been fatal?

There was one person to whom the patient's story wasn't particularly surprising. After his hospitalizations, he received a visit from a family member who had previously been diagnosed with serious cardiovascular disease. "So it seems that there's a family history he may not have been aware of," says Dr. Tang. That's why, she notes, "It's so important to know your family medical history." If your mother had a heart

attack and/or required the insertion of a stent before the age of 65 or your father did before age 55, Dr. Tang says that you should consult with a cardiologist to determine your own risk.

It's also essential to know if you have any other factors that might put you at a higher risk of cardiovascular disease. Those factors include high cholesterol, high blood pressure, diabetes and a history of smoking. "If you have these factors, it might mean that you should be screened a little more often," says Dr. Tang. "If so, your primary care provider may refer you to a cardiologist for further evaluation."

You should also know and pay attention to the warning signs of cardiovascular disease, including unusual fatigue and/or breathlessness. Dr. Tang recalls that, in the days before Jonathan's cardiac arrest, he'd told his wife that he wasn't feeling himself, again attributing his condition to a lack of sleep, bad diet and overwork. "If you're experiencing any new signs that are unrelenting, you shouldn't ignore them," says Dr. Tang. "Tell your doctor." It's also important to take preventive measures, like eating a heart-healthy diet and staying active. In fact, says Dr. Tang, Jonathan "might have experienced a cardiac event sooner had he not been very active."

Six months after being released from the hospital, Jonathan has an excellent prognosis. He may, at some point, need to have an additional stent implanted to treat that third blockage. And, like all patients receiving a stent, he was ordered to take some time—in most cases, a few days to a week—before resuming everyday activities. Because his normal activity level is, in fact, so high, it was necessary for him to take a little extra time before returning to full capacity. But he's now back to his highly active former life.

Now, that life will include some new activities, including regular visits to his cardiologist and a new awareness of the important numbers—cholesterol levels, blood pressure and blood sugar—that will help him live many more active years.

he was about to begin a class.

Frightened colleagues called 911, and, when emergency services arrived,



DELPHINE TANG, DO

they placed a defibrillator on him. The monitor showed that Jonathan was suffering from a heart arrhythmia—his heart was beating irregularly—which



AFTER

CARRYING A LIGHTER LOAD



BEFORE

HOW A NEW JERSEY TRUCK DRIVER DROPPED 100 POUNDS WITH WEIGHT LOSS SURGERY

Chris Hozer's weight loss story is not one of those reality-TV-ready sagas of a man who lost 400 pounds followed by a "big reveal" in front of hundreds of friends. In fact, if you had seen Chris, a now 45-year-old truck driver from Union County, three years ago, you probably wouldn't have thought he looked like a candidate for bariatric surgery.



ANISH NIHALANI, MD

At 5'9" and 280 pounds at his heaviest, Chris looked like a guy who could have benefitted from cutting down on junk food and hitting the gym a couple times a week. But he'd done all that—more than once, he says—to no avail. "I tried several diets, but I was always yo-yoing," Chris says. "As soon as I stopped, I'd put the weight right back on."

Finally, Chris had had enough. He wasn't just tired of carrying a hundred more pounds than he needed to, he was tired of all the health problems that came with the excess weight. "I had high blood pressure, sleep apnea and joint

Chris Hozer shed 100 pounds—and a number of health problems, including high blood pressure and sleep apnea—after having a sleeve gastrectomy.

pain," he says. "I didn't just want to look better—I wanted to feel better."

One of Chris's coworkers had had weight loss surgery and recommended his surgeon, Anish Nihalani, MD, Medical Director of the RWJ Surgical Weight Loss Program at Rahway. Chris made an appointment with Dr. Nihalani, who recommended a sleeve gastrectomy.

"The sleeve gastrectomy is the most common weight loss surgery performed," says Dr. Nihalani. "With this surgery, people usually achieve their weight loss goals." The sleeve gastrectomy is a restrictive procedure with metabolic benefits, but, according to Dr. Nihalani, unlike some other surgeries, such as the gastric bypass, "It does not change the normal digestion tract."

Before Chris was given the green light for the surgery by Dr. Nihalani, he underwent an extensive workup, including nutritional counseling, blood work and a psychological evaluation.

Chris also followed a special low-carb diet for three weeks before surgery to decrease the amount of fat in and around his organs and prepare his liver for surgery. At Dr. Nihalani's urging, Chris also quit smoking six months before the procedure.

Chris has since dropped 100 pounds. ("I did put a little back on," he admits. "But not much.") His recovery, he says, was simple. "I was a little sore for a couple days," he says. "I followed a liquid diet for two weeks, followed by pureed food for another two weeks."

Chris now sees Dr. Nihalani every six months and says the health problems he had before surgery are mostly gone. "I was afraid I would miss food and want to eat more," he says. "But I just feel full with less food. I can eat anything, but I still have to make good choices. Surgery can't do that for you."

The RWJ Surgical Weight Loss Program at Rahway can be reached by calling 723.499.6300.





RWJUH Rahway Is Here for You

Robert Wood Johnson University Hospital Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual and 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. or 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 5:30 to 7 p.m. or the first Thursday 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.

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. The program is free, but registration is required. To register or for more information, call 732.499.6193.

RWJUH RAHWAY FITNESS & WELLNESS CENTER



WE'RE BACK IN THE KITCHEN! HEALTHY COOKING DEMONSTRATIONS

- January 24: Wholesome Whole Grains
- February 28: Soup's On!
- March 21: Spice It Up! Herbs, Spices Add Flavor

6 to 7:30 p.m. at the RWJUH Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Demonstrations by Aliz Alaman, RDN, CDE. We provide recipes and samples to taste. Please alert us of food allergies. Seating is limited and masking is required. Registration is required; call 732.499.6193.

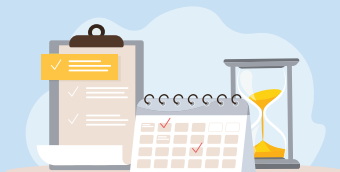


QUITTING SMOKING OR VAPING STARTS WITH A CALL.

Free program with all the tools you need to quit. CALL 833.795.QUIT (7848).

SPOUSAL BEREAVEMENT GROUP:

Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJUH Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To find out when the next session begins, call 732.499.6193.



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 are at 6:30 p.m. and support groups are at 5:30 p.m. on these dates:

- January 26
- February 23
- March 23

To register for a support group or seminar or to request a consultation, call 732.499.6300.

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 people 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.

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