



ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

NEW BRUNSWICK • SOMERSET

BREAK throughs

PEDIATRIC VASCULAR SURGERY

Malformation Becomes Inspiration

CENTER FOR WOUND HEALING

Gangrene Be Gone

LAURIE PROTON THERAPY CENTER

Precision Radiation is the Answer for Active Breast Cancer Patient

Aaliyah Juarbe, 18, of North Plainfield, suffered with debilitating leg pain that went undiagnosed for years and prevented her from experiencing an active childhood. Thanks to the expert team from the Vascular Anomalies and Malformations Program (VAMP) at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, Ms. Juarbe got the right diagnosis and treatment quickly, just in time to pursue college and her interest in writing.





WELCOME

Dear Friends,

The past few months have seen monumental changes take place in New Jersey's health care landscape, and I'm proud to have a role in this historic movement. I am very excited to share that I recently assumed the position of President and Chief Executive Officer for Robert Wood Johnson University Hospital's (RWJ) New Brunswick and Somerset campuses.

I'd like to take a moment to acknowledge my predecessor, Stephen K. Jones. On behalf of the entire RWJ family, I want to thank him for the dedication and leadership he has provided over the past 10 years. I'm also incredibly grateful for the guidance and support he's given me, and I look forward to future collaboration with him in his new position.

As you know, we recently celebrated the creation of the most comprehensive health system in the state, RWJBarnabas Health. Mr. Jones will serve as Chief Academic Officer of RWJBarnabas Health and will leverage his experience to ensure the entire health system reaps the benefits of academic medicine, including granting patients access to the most advanced treatments, sophisticated technologies and innovative research.

Joining together to create RWJBarnabas Health will enable us to affect the kind of change in the overall health of our communities that two separate systems could not do alone. It will be my job to strengthen RWJ's relationships with our new health system partners so we can successfully achieve this goal and ultimately improve the health and wellness of New Jersey.

As President of RWJ New Brunswick and Somerset, I am also responsible for ensuring the growth and development of our organizations at the local level. RWJ New Brunswick and Somerset will continue to flourish and focus on expanding access to affordable, high-quality patient care in the diverse communities we serve.

RWJBarnabas Health and the RWJ New Brunswick and Somerset campuses are excited about our future together, and we thank you for choosing us as your trusted health care partner.

We look forward to serving you and your family for generations to come.

Sincerely,

Michael Antoniadis
President and CEO
Robert Wood Johnson University Hospital

BREAK throughs

Jack Morris
Chair, Board of Directors
RWJBarnabas Health
Robert Wood Johnson University Hospital

Michael Antoniadis
President and CEO
Robert Wood Johnson University Hospital

PRODUCED BY

The Marketing and Public Relations Department

Victoria Allen
Vice President, Marketing, Communications
and Community Relations

PROJECT MANAGER

Melissa Ruzbarsky

CONTRIBUTING EDITORS

Peter Haigney
Scott McKelvey
Kathleen Roberts

DESIGN

Tara Ramirez

PHOTOGRAPHY

John Emerson
Alan Schindler
Frank Veronsky

PRINTER

Metrographics

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TO FIND A RWJ PHYSICIAN

1-888-MD-RWJUH • 1-888-637-9584

RWJBarnabas
HEALTH

The articles in this publication are not intended to provide specific medical or surgical advice or treatment recommendations to any individual or group. The publication is for information purposes only.

Physicians who have suggestions for upcoming stories can email Melissa.ruzbarsky@rwjuh.edu. Comments, suggestions or requests for additional copies of the magazine may be e-mailed directly to support@rwjuh.edu.

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CENTER FOR WOUND HEALING

Gangrene Be Gone



*David Wariner says it was a
“miracle of modern science”
that saved his leg – and his life.*

Shown: David Wariner (right) embraces his wife Diane (left), after a walk in their town of South Bound Brook, something he no longer takes for granted since nearly losing his leg to a gangrene infection. Mr. Wariner was treated with hyperbaric oxygen therapy and specialized care for his stubborn wound, available only at the Center for Wound Healing at Robert Wood Johnson University Hospital Somerset.

Mr. Wariner, 73, of South Bound Brook, got tangled in some wild blackberry vines in his backyard while doing yardwork last summer. Thorns punctured the skin on his left leg. Within two days, the leg was red and inflamed. Despite two hospital stays over the next month which included antibiotics and surgical debridements to remove the infected area, the wound would not heal.

"It was an insidious wound that kept getting worse. It was very worrisome," said Jerry Sheen, MD, an infectious disease specialist.

Tests showed Mr. Wariner – the father of two and grandfather of five–had developed gangrene in his leg. Gangrene is a potentially fatal condition that occurs when an infection cuts off the blood supply to tissues, causing them to decay and die.

Following the diagnosis, Dr. Sheen prescribed hyperbaric oxygen therapy at the Center for Wound Healing at Robert Wood Johnson University Hospital Somerset (RWJ Somerset), which opened last October.

For two weeks, Mr. Wariner spent 90 minutes a day lying in a glass-enclosed chamber that delivers 100 percent oxygen with increased atmospheric pressure.

"The high concentration of oxygen penetrates the wound so it kills bacteria and increases tissue growth to promote the healing process," said Dr. Sheen.

Mr. Wariner, who feared that his leg would need to be amputated, said his leg began to

feel better after the fourth day in the hyperbaric chamber. At the same time, he was treated with antibiotics and also wore a negative pressure wound vac on his leg 24/7. This vacuum-like device suctioned fluid from the wound.

After completing hyperbaric oxygen therapy, he returned to the Center for Wound Healing for two months for weekly debridements and application of advanced wound products to facilitate healing.

"I consider myself very lucky," Mr. Wariner said. "If I hadn't met Dr. Sheen, I wouldn't be here today. It's a miracle of modern science. The staff at the center was wonderful. They were very attentive and made me feel comfortable."

Hyperbaric oxygen therapy, which is also offered at the Center for Wound Healing at RWJ New Brunswick, has shown to be beneficial for diabetic patients with non-healing ulcers, as well as those with arterial ulcers and other types of wounds that fail to respond to conservative therapy. Hyperbaric oxygen therapy also treats conditions without open wounds, such as radionecrosis and osteoradionecrosis (death of tissue and bone following radiation exposure), osteomyelitis (bone infection) and idiopathic sudden sensorineural hearing loss (sudden deafness).

"Between 5 and 7 million Americans experience at least one form of chronic wounds annually and the incidence of these types of wounds is increasing by

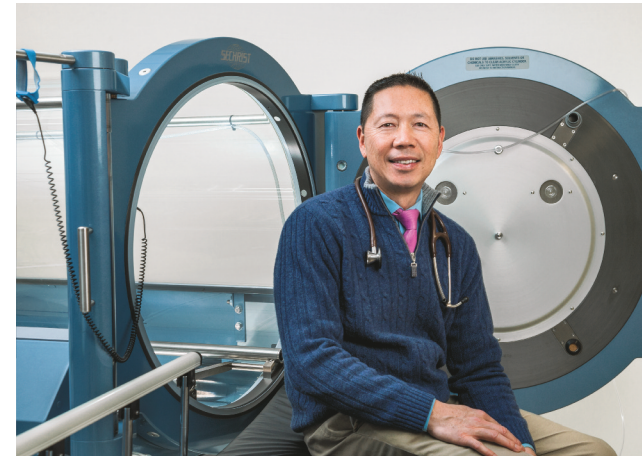
approximately 10 percent each year," said Brandon Zuklie, DPM, a podiatric surgeon and co-director of the Center for Wound Healing at RWJ Somerset, a title he shares with Robert Segal, MD, an infectious disease specialist. "Many of these individuals suffer from wounds that refuse to heal despite conventional treatment. These chronic, non-healing wounds seldom involve a simple answer."

Patients who are prescribed hyperbaric oxygen therapy typically require two-hour treatment sessions five days a week. Each session requires 10 to 15 minutes to reach the necessary atmospheric pressure before a 90-minute treatment, and then another 10 to 15 minutes to return to normal atmospheric pressure.

Mr. Wariner, who retired in 2007 from Ethicon where he worked for 41 years as a millwright doing electrical and masonry work, is happy to be spending time outside again and sharing walks with his wife Diane. He's also looking forward to getting his yard ready for spring.

"I'm an outdoor person," he said. "I always say I'm like a plant – I need my sunlight. And now I'm looking forward to being able to do anything I want with my leg fully healed."

Visit www.rwjuh.edu/woundcare or call 1-888-MD-RWJUH.



Shown above: Jerry Sheen, MD, an infectious disease specialist at Robert Wood Johnson University Hospital Somerset, prescribed an aggressive treatment plan for David Wariner's stubborn, non-healing gangrene infection using the therapies and resources available at the Center for Wound Healing at RWJ Somerset.

DID YOU KNOW?

There are 4 RWJ wound healing centers:

Center For Wound Healing at RWJ New Brunswick
48 French Street, New Brunswick
732-418-8084

Center for Wound Healing and
Hyperbaric Medicine at RWJ Rahway
865 Stone Street, Rahway
732-453-2915

Center for Wound Healing at RWJ Hamilton
One Hamilton Health Place, Hamilton
609-249-8300

Center for Wound Healing at RWJ Somerset
110 Rehill Avenue, Somerville
908-203-6200

ORTHOPEDIC SURGERY

Reconstructing a Bright Future

*Robert Wood Johnson University Hospital
New Brunswick (RWJ New Brunswick)
Security Officer Samantha Rovillos always
wanted to pursue a career in law enforcement
and public safety, but multiple knee injuries
nearly robbed her of that dream.*

Shown: Samantha Rovillos, a member of the Robert Wood Johnson University Hospital New Brunswick security team, re-injured her anterior cruciate ligament (ACL), causing her pain and putting plans for a future career in law enforcement on hold. Thankfully, the orthopedic surgery team at Robert Wood Johnson University Hospital New Brunswick gave Ms. Rovillos the option of reconstructive surgery using her own tendons, which would enable her to resume an active lifestyle and pursue her career.

A former softball player at Keyport High School, Ms. Rovillos experienced chronic soreness and weakness in her knee after playing competitive sports for many years. After high school, she earned an associate degree in criminal justice from Berkeley College. Following graduation, she was working as a security officer for a private company when she tore the anterior cruciate ligament (ACL) in her knee after a fall at home. For active individuals like Ms. Rovillos, the ACL is important because it is critical for stabilizing the knee when turning or planting the leg.

The South River resident had surgery to reconstruct the ACL at another hospital, but the knee did not heal properly. The chronic pain and weakness from the initial injury forced her to withdraw from the New Jersey State Corrections Officer Training Academy before she could complete the program.

"I was heartbroken," Ms. Rovillos said. "After I left the academy, I had to work two jobs before I was able to find a full-time security job at RWJ New Brunswick."

The stubborn knee pain persisted, but Ms. Rovillos was able to effectively perform her work at RWJ New Brunswick until she re-injured the same knee in 2014 following another fall at home.

"My knee never really healed after the first injury," Ms. Rovillos explained. "So, the weakness probably led to both tears. I was in

constant pain. Whether I was standing, the weather was humid or too cold, no matter what time of year, I always had that issue."

After three years of dealing with the chronic pain, Ms. Rovillos had enough. She contacted Charles Gatt, MD, an orthopedic surgeon at RWJ New Brunswick specializing in sports medicine, who also serves as Chair and Clinical Associate Professor of Orthopedic Surgery at Rutgers Robert Wood Johnson Medical School.

Dr. Gatt is highly experienced in ACL reconstruction and repair, routinely performing nearly 100 such surgeries each year. An MRI revealed that Ms. Rovillos first ACL graft had failed.

"It was a complete tear; the original surgery had failed," Dr. Gatt explained.

Dr. Gatt recommended that Ms. Rovillos have Autograft ACL reconstruction surgery because she is young and wants to return to an active lifestyle.

"Autograft surgery is preferable for young, active people," Dr. Gatt noted. "Medical literature shows that the re-rupture rate is much lower if you use the patient's own tissue in young and active patients."

During Autograft ACL reconstruction, two tunnels are drilled into the bones of the knee. A small portion of the patient's patella tendon is removed and fastened between

the two holes, replacing the damaged ACL. The procedure lasts approximately 90 minutes.

"The patella tendon is considered the gold standard," Dr. Gatt explained. "The allograft failure rate is 30 percent higher among young people. I expect her to return to a normal, active lifestyle. I told her that I have performed ACL reconstructions for college football players who have gone on to play in the NFL, so I expect her to be able to become a law enforcement officer. We have been performing the same technique for over 20 years and it has been highly successful."

An aggressive physical therapy regimen is part of the patient's post-operative recovery plan.

"Patients can start physical therapy in two days and will be on the exercise bike in 10 days, with exercises such as squats and leg presses at about two to three weeks following surgery," Dr. Gatt said. "Aggressive rehabilitation contributes to faster recovery and better outcomes."

"This recovery has been a lot different and a lot easier this time (compared to the first surgery)," Ms. Rovillos noted. "I am looking forward to running again, hitting the gym and hopefully I can apply for another law enforcement job."

Visit www.rwjortho.com or call 1-888-MD-RWJUH.



Shown above: Charles Gatt, MD, Chair and Clinical Associate Professor of Orthopedic Surgery at Rutgers Robert Wood Johnson Medical School is an attending orthopedic surgeon at Robert Wood Johnson University Hospital New Brunswick, where he performs nearly 100 Autograft anterior cruciate ligament (ACL) reconstructive surgeries per year.

LIFELINE MEDICAL ALERT SERVICE

Not Just for the Elderly Anymore

Confined to a wheelchair, Kristen Smith values her independence. But the 30-year-old also likes knowing that if she does need help, it is just within reach at the push of a button.

Shown: Kristen Smith, 30, of Green Brook, is one of many Lifeline clients at Robert Wood Johnson University Hospital Somerset who is dispelling the myth that a medical alert system is only needed by the elderly.



shouts for help and called 911. The incident made her realize that she needed a backup plan should she need help again.

She wears her medical alert button around her wrist, which she can press to summon help 24/7. When activated, it dials the Phillips Lifeline Response Center. Through the Lifeline unit, the response center can communicate with her to determine the nature of the problem and if needed, help will be dispatched – whether it is a helping hand from a friend or family member or emergency personnel. If Ms. Smith does not respond, her designated responders will be called.

“I’ve felt a lot more secure since becoming a Lifeline member,” she said. “It’s a big relief to have a safety net.”

Trish McFadden of Bridgewater began using Lifeline 10 years ago for her daughter, Sarah, now 32, who is developmentally challenged due to brain cancer when she was younger and who now suffers from seizures.

Mrs. McFadden, who works in the Human Resources Department at Sanofi in Bridgewater, was constantly worried that her daughter would have a seizure while she was at work and would fall and injure herself.

“I was a wreck at work all day. I didn’t know if I’d be able to continue to work,” she said.

Her daughter wears her personal help button as a pendant around her neck and presses it whenever she has a seizure. The Lifeline service then notifies her mother of the incident.

“It’s such peace of mind for me to know that all she has to do is push the button,” Mrs. McFadden said. “It’s just been a godsend. It has enabled me to keep working.”

“While many people associate medical alert systems with the elderly, it is really for anyone - of any age - who spends time alone and may need emergency assistance for any number of reasons such as medical, fire or intruder,” says Kathi Bennett, Manager of the Lifeline Program at RWJ Somerset. “We have clients recovering from strokes or surgery, recently discharged from the hospital or rehab and those managing chronic conditions such as diabetes or congestive heart failure. We offer a wide range of FDA-approved products and services to help meet each individual’s needs.”

Options include wireless devices that work in homes that do not have a telephone line, a mobile medical alert system that can be used even when the individual is away from home and an AutoAlert service, which will automatically call for help after a fall is detected and the user is unable to push the button. Battery backup is available to ensure service even during power outages.

Experts from RWJ Somerset’s Lifeline Program conduct home visits to install and maintain the medical alert equipment. A monthly fee covers the cost of the monitoring service. There is no long-term commitment as service is provided on a month-to-month basis. For a reduced fee, equipment can be shipped directly to Lifeline subscribers to install themselves.

The Lifeline Program has more than 500 clients, primarily in the Somerset County area. The program recently expanded and is available for patients and community members who live in the area served by RWJ New Brunswick.

“I would recommend Lifeline to anyone whose family and friends can’t be around all the time,” said Ms. Smith. “They’ve always been very responsive whenever I’ve needed them and it has given me the freedom to be on my own.”

Visit www.rwjh.edu/lifeline or call 908-704-0096.

KRISTEN'S PRODUCT MODEL & FEATURES

HomeSafe Wireless Communicator
Worn as necklace (also available in bracelet)

- FDA-approved
- 24-30 hour battery back-up
- Self-tests silently every 7 days
- Works around home and yard
- Uses AT&T network (wireless model)
- No hidden fees or taxes
- No contract, 30-day cancellation notification



PEDIATRIC VASCULAR SURGERY

Malformation Becomes Inspiration

Every day, Aaliyah Juarbe would endure chronic, excruciating leg pain and taunts from children who didn't understand her illness.

Shown: For years, Aaliyah Juarbe, 18, of North Plainfield, suffered from leg pain that was misdiagnosed and unsuccessfully treated. Relief finally came in the form of the Vascular Anomalies and Malformations Program (VAMP) at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital. Because VAMP follows an evidence-based algorithm that incorporates patient history, clinical findings and imaging to determine a diagnosis, Ms. Juarbe quickly received an accurate one as well as successful treatment.

So the aspiring writer would channel the lyrics to one of her favorite songs by The Script, “Hall of Fame:”

“You can go the distance
You can run the mile
You can walk straight through
hell with a smile.”

Ms. Juarbe has experienced swelling, inflammation and pain in her lower right leg and foot since birth. The pain prevented her from participating in many activities that most children her age enjoy.

At age 4, her doctors wrongly diagnosed her with Klippel–Trénaunay Syndrome, a rare congenital medical condition in which blood vessels and/or lymph vessels fail to form properly, as well as varicose veins. They felt there was little they could do surgically to alleviate her discomfort, so they prescribed rest, elevating the leg, Tylenol and compression stockings.

“I couldn’t participate in contact sports and I always felt the pain no matter what I tried to do,” the 18-year-old North Plainfield resident said. “I didn’t want to be near people or around anyone.”

Ms. Juarbe’s doctors tried to remove some of the varicose veins, but the surgery provided little, if any relief. Almost five years following the surgery, doctors ordered a vascular imaging test known as an MR Venograph, but it incorrectly revealed no significant issues.

She didn’t find relief until she was referred to her current doctor Naiem Nassiri, MD, RPVI,



Shown left: Naiem Nassiri, MD, RPVI, Instructor of Surgery at Rutgers Robert Wood Johnson Medical School is founder and Medical Director of the Vascular Anomalies and Malformations Program (VAMP) a joint initiative with Rutgers Robert Wood Johnson Medical School and The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital.

Instructor of Surgery at Rutgers Robert Wood Johnson Medical School and the founder and Medical Director of the Vascular Anomalies and Malformations Program (VAMP) at The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital New Brunswick.

VAMP is a collaboration between RWJ New Brunswick and Rutgers Robert Wood Johnson Medical School and consists of a highly specialized, multi-disciplinary team who have formed the premier regional referral center in New Jersey for management of all vascular anomalies, including hemangiomas and malformations.

“The MR Venograph failed to clearly show the problem,” Dr. Nassiri explained.

Dr. Nassiri ordered a contrast-enhanced magnetic resonance imaging series to get a

clear, high-resolution image of slow-flow blood within Ms. Juarbe’s lower right leg veins. The test revealed diffusely scattered foci of what are known as slow-flow venous malformations. Essentially, clumps of abnormal veins developed over time in Ms. Juarbe’s lower right leg.

“As someone grows older, blood pools in these abnormal vein structures causing pain and swelling,” Dr. Nassiri said.

He recommended a series of procedures known as direct-stick embolization. Performed in stages, the procedure involves inserting a small catheter directly through the skin inside the abnormal blood vessel to record a picture of the malformation. A material is injected to inflame the malformed vein, form a clot and a scar to close it off. Blood flow is then re-directed through normal veins, relieving the patient’s pain.

The procedure is performed during several 45-minute sessions. In most cases, patients can return home the same day.

“I was a little nervous at first, I don’t like needles,” Ms. Juarbe admitted. “But I knew Monica Hirsch, RN, the Clinical Nurse Coordinator for VAMP, for a long time and she highly recommended Dr. Nassiri.”

The initial procedures reduced Ms. Juarbe’s pain to the point where she could participate in marching band. With the support of good friends, Ms. Juarbe was able to enjoy marching band during her senior year.

“The vast majority of the patients we see with this condition have either been misdiagnosed or not diagnosed at all,” Dr. Nassiri explained. “Once the correct diagnosis is made and they see that something can be done to relieve their pain, their lives are changed.”

Ms. Juarbe is doing much better now and is attending Raritan Valley Community College, where she is pursuing her interest in writing. She regularly writes poetry and has completed a book that she hopes to have published. As she places the pain and taunts from her peers in the past, she has some advice for other kids who face challenges like theirs.

“Find something that inspires you, that keeps you moving forward,” Ms. Juarbe said.

Visit www.bmsch.org/vamp or call 1-888-MD-RWJUH.

LAURIE PROTON THERAPY CENTER

Precision Radiation is the Answer for Active Breast Cancer Patient

Tina Fasano loves to ski, cycle and hike – on top of her regular visits to the gym and brisk walks on the Delaware and Raritan Canal.

Shown: Tina Fasano, 37, of Franklin Park, was looking for breast cancer treatment options that minimize stress and damage to the heart, so she could remain physically active. Ms. Fasano and her doctor chose proton beam therapy which is a pinpoint accurate form of radiation that could be delivered to her tumor without going beyond it to her heart.

The 37-year-old Franklin Park resident was used to the normal aches and pain that come with working out, so pain she felt in her left armpit after a ski trip didn't alarm her at first. But the lump she later felt under her left armpit did.

"It just didn't feel right," Ms. Fasano explained. "If you find something, you need to question it and be an advocate for your own health."

Ms. Fasano called her primary care physician immediately and scheduled a mammogram. Based on the results, her radiologist suggested she see a breast surgeon. After undergoing a series of tests that included imaging and a biopsy, Ms. Fasano tested negative for cancer. Her physicians remained concerned though about the lump under her armpit and performed two surgeries to remove it and the surrounding tissue from the suspected area, along with performing a biopsy of the sentinel lymph nodes. The results confirmed Ms. Fasano's worst fear: stage 2 breast cancer.

"I knew in my heart it was breast cancer," Ms. Fasano recalled.

From August to October 2015, Ms. Fasano underwent a chemotherapy regimen that included multiple medications.

Remaining physically active was a priority for Ms. Fasano, so after completing chemotherapy, she met with Sharad Goyal, MD, Associate Professor of Radiation Oncology at Rutgers Robert

Wood Johnson Medical School and Rutgers Cancer Institute of New Jersey and a radiation oncologist at Robert Wood Johnson University Hospital New Brunswick, to discuss treatment options that would help her achieve that goal.

"I was really concerned about my heart," Ms. Fasano said.

Because it was necessary to treat the internal mammary nodes, which are located on top of the heart, Dr. Goyal thought Ms. Fasano would be a good candidate for proton beam therapy, since it causes less radiation exposure to the heart.

Thankfully, Ms. Fasano already had access to this innovative treatment with the recent opening of the Laurie Proton Therapy Center, a joint program offered by RWJ and Rutgers Cancer Institute of New Jersey.

With proton therapy, the beams can be directed to the precise spot without going beyond the perimeter of the affected tumor site. In Ms. Fasano's case, there would be much less radiation exposure to the heart and lung.

"Many long-term side effects of radiation treatment – heart disease, reduced lung function or secondary cancers – can be significantly reduced, allowing patients to have an improved quality of life," Dr. Goyal noted.

Following her sister Jamie's recommendation, much research and learning more from Dr. Goyal that the treatment could protect

her heart and reduce the risk for heart disease later in life, Ms. Fasano chose proton therapy.

Before undergoing proton therapy, Ms. Fasano received a CT scan while placed in the exact position she would receive treatment. The lungs, heart and breast tissue were identified and mapped out, treatment fields developed and the radiation needed to treat the breast and lymph nodes was calculated. The goal was to avoid exposing Ms. Fasano's heart, lungs and soft tissue as much as possible. Her treatment involved 33 25-minute sessions, five days a week, with the last five days concentrated on the node area.

During treatment, she continued working despite bouts of fatigue.

"But the energy I had was different than when treated with chemotherapy. I felt better," she said.

Now finished with a challenging part of her treatment, Ms. Fasano is "focused on getting back to an active lifestyle" and looking forward to buying a home. She has become involved in the Young Survival Coalition, a network of young women who have battled breast cancer. She's happy to share her story and educate others.

"It helps me with reality," Ms. Fasano explained.

Visit www.rwjprotontherapy.com or call 1-888-MD-RWJUH.



Shown above: Sharad Goyal, MD, Associate Professor of Radiation Oncology at Rutgers Robert Wood Johnson Medical School and Rutgers Cancer Institute of New Jersey and a radiation oncologist at RWJ, incorporated proton therapy into Ms. Fasano's treatment plan.



SPRING INTO BEAUTY EVENT

An evening of pampering for our brave breast cancer patients and survivors. Their families are welcome to join.

Friday, May 20 | 4 to 7 p.m.

Location: Arline and Henry Schwartzman Courtyard
RWJ New Brunswick

Enjoy with us:

- Massage
- Hair styling and wig offerings
- Manicure
- Make-Up
- Jewelry
- Aroma Therapy
- Giveaways

Registration is preferred and space is limited, please call 732-253-3928.

Refreshments Provided

CARDIOVASCULAR CARE

Caring Extends Beyond Hospital Walls



Joe Thornton suffered two sudden cardiac arrests within five weeks last fall.

Shown: The Thornton family (from left) son Samuel, father Joseph, wife Barbara and son Nathaniel, return for the first time, to Sarah Jane's restaurant in Somerville where Joe suffered cardiac arrest while out to dinner. The incident set into motion a chain of events for Mr. Thornton that included everything from life-saving CPR to having his heart shocked. It also included a cardiac catheterization, second heart attack, implantable defibrillator and more.

KNOWING CPR CAN SAVE LIVES

Family and Friends CPR Classes Hosted by RWJ Mobile Health Services Experts teaches the lifesaving skills of adult hands-only CPR, child CPR with breaths, adult and child AED use, infant CPR and relief of choking in an adult, child or infant.

OPTIONS AVAILABLE AT BOTH CAMPUSES

Registration is required for all classes
Classes are held from 6 to 9 p.m. and cost \$30

RWJ Fitness & Wellness Center,
100 Kirkpatrick Street, New Brunswick, 2nd Floor
Community Room
Friday, June 17
Thursday, August 11
Call 732-937-8686 to register

Robert Wood Johnson University Hospital Somerset,
110 Rehill Avenue, Somerville, Computer Training Room
Thursday, May 19
Wednesday, July 13

Call 908-685-2970 to register

The incidents highlighted a strong continuum of care amongst emergency responders, Robert Wood Johnson University Hospital and one of its own off-duty nurses.

Mr. Thornton, 62, of Somerville, was eating dinner at Sarah Jane's restaurant in Somerville with his wife and son on Sept. 25 when he suffered his first cardiac arrest. They had just finished their meal when he lost consciousness.

Cathy Moose, a nurse at Robert Wood Johnson University Hospital Somerset (RWJ Somerset), was also eating at the restaurant and came to Mr. Thornton's aid.

"I saw that he had collapsed at the table and when I went over I saw that he wasn't breathing," said Mrs. Moose, who has been a nurse for 46 years. "I asked for help getting him onto the floor and started CPR."

Somerville Police and the Somerville Rescue Squad arrived, continuing CPR and using an automatic external defibrillator three times to deliver shocks to try to restart his heart. After the third shock, paramedics from RWJ Somerset were able to restore a heart rhythm. He regained consciousness on the way to the hospital's Emergency Department.

After he was stabilized, Patrick Saulino, MD, performed a cardiac catheterization. A contrast dye was injected into Mr. Thornton's arteries and then X-rays were taken to view his arteries, showing several blockages. Over the next few days, interventional cardiologist Jeffrey Taylor, MD, performed two coronary angioplasties, during which three tiny coils called stents were inserted to open his arteries and restore blood flow.

After a week, Mr. Thornton went home wearing a Zoll Life Vest, which was an automatic external defibrillator.

"We treated what was correctable and needed time to allow the heart to heal," said Dr. Saulino. "After 90 days of wearing the vest, we planned to reassess his cardiac function to see if a permanent defibrillator was needed."

On Oct. 31, the vest detected that Mr. Thornton's heart had stopped again while he was sleeping and administered six shocks to restart his heart. His wife woke up to the sound of the vest's alarm and called 911, summoning the Somerville Police, Somerville Rescue Squad and RWJ Somerset paramedics.

Mr. Thornton was brought to RWJ Somerset where he was stabilized. A few days later, he was transferred to RWJ New Brunswick where Sanjukta Sanyal, MD, implanted a defibrillator in his chest, an electronic device which helps regulate the heartbeat and can admit a shock in the event of a cardiac arrest.

Mr. Thornton continues to have regular checkups with Dr. Saulino, who has been treating him since 2009 for cardiomyopathy, a disease of the heart muscle which can affect the heart's normal electrical rhythm. He is looking forward to being able to drive again and returning to work as a physician assistant in the student health center at Princeton University.

Dr. Saulino, who has been in practice since 1989, said Mr. Thornton's case stands out because it is highly unusual to have two cardiac arrests within such a short time frame and he successfully beat incredible odds twice.

"Second chances are minimal with this illness," Dr. Saulino said.

The first critical link in the "chain of survival" for cardiac arrest patients begins with recognizing the problem and then beginning CPR.

Mr. Thornton feels lucky that a nurse was there during his first sudden cardiac arrest to start CPR quickly.

"Lucky is an understatement," he said. "Without Cathy's prompt action, I would not be here today."



Shown from left: Patrick Saulino, MD, is Joe Thornton's primary cardiologist at Robert Wood Johnson University Hospital Somerset and was an integral part of his care team throughout his journey. Cathy Moose was eating at Sarah Jane's restaurant the evening Mr. Thornton experienced his heart attack and sprung into motion, performing life-saving CPR and ultimately saving Mr. Thornton's life, for the first time. Coincidentally, Ms. Moose also happens to be a nurse at RWJ Somerset.

Dr. Saulino agreed. "He lucked out by having a trained professional who was nearby and administered CPR," he said. "Survival not only depends on performing CPR in a timely manner but the quality of the CPR helps ensure that the individual will regain full neurological functioning."


The rest of the links of the chain, including defibrillation, advanced life support and post-cardiac arrest care, were just as crucial to his successful outcome, Dr. Saulino added.

"I cannot praise enough everyone involved with my care – everybody at RWJ, the paramedics, police and rescue squad," says Mr. Thornton. "They saved my life, not once, but twice."

Visit www.rwjheart.com or
call 1-888-MD-RWJUH.

OPHTHALMOLOGY

Revolutionary Eye Implant for Macular Edema



The sky was blue, but to Nancy Appell, it looked gray and overcast. Her vision was quickly deteriorating.

Shown: Nancy Appell, 56, of Old Bridge began to have vision problems when she was diagnosed with diabetes 20 years ago, but when it worsened so badly she couldn't drive anymore, she sought the help of specialists at Robert Wood Johnson University Hospital New Brunswick. After learning she was suffering from macular edema, Ms. Appell learned she was a candidate for ILUVIEN®, a new eye implant, a groundbreaking alternative to frequent eye injections that has successfully improved her vision.

Ms. Appell, 56, of Old Bridge, had problems with her vision ever since being diagnosed with diabetes 20 years ago. If her sugar level was too high or too low, her vision would become blurry. In 2013, she took a turn for the worse.

“Everything became gray,” Ms. Appell said. “I would ask my co-workers if it always seemed cloudy or it was just me, and I found out it was just me. You don’t miss something until you start to lose it, and then it becomes frightening.”

As an assistant retail store manager, Ms. Appell needed to be able to use computers and cash registers. She needed to be able to read receipts and labels on shelves. As an amateur photographer, she needed to be able to focus her camera. Not only couldn’t she do her job or the things she loved, but her vision became so bad that she was unable to drive.

Ms. Appell’s friend drove her to her eye doctor, Lawrence Feit, MD, of Eye Physicians of Central Jersey in Old Bridge. Dr. Feit immediately referred her to Daniel Roth, MD, Clinical Associate Professor in Ophthalmology at Rutgers Robert Wood Johnson Medical School and an attending ophthalmologist at Robert Wood Johnson University Hospital New Brunswick.

Ms. Appell went to see Dr. Roth the next day. Dr. Roth diagnosed Ms. Appell with diabetic macular edema (DME), a condition that develops in approximately 10 percent of

patients with diabetes. Diabetic macular edema occurs when blood vessels in the retina leak into the macula, the part of the eye responsible for detailed central vision. Changes in the blood vessels of the retina, called diabetic retinopathy, can cause these vessels to rupture and leak fluid. This leakage leads to thickening and swelling of the macula, which was causing Ms. Appell’s acute vision to gradually deteriorate.

Dr. Roth prescribed monthly injections of anti-angiogenic inhibitors, or steroids, into the eye to prevent blood vessel leakage and restore her vision. The treatment was successful, and Ms. Appell continued to receive monthly injections for two years. However, the improved vision was always short-lived.

“The injections worked, but they would start to wear off after a few weeks,” Ms. Appell



Shown above: Daniel Roth, MD, Clinical Associate Professor of Ophthalmology at the Rutgers Robert Wood Johnson Medical School and an attending ophthalmologist at Robert Wood Johnson University Hospital New Brunswick.

said. “Every four or five weeks, someone would have to take me to two appointments – one for each eye – and I had to miss work. I started to wonder if I would have to do this for the rest of my life.”

Dr. Roth recommended a new ophthalmological implant, ILUVIEN®, recently approved by the FDA for the treatment of diabetic macular edema. In fact, Dr. Roth was one of the first ophthalmologists in the country to use ILUVIEN®, which is ideal for patients who had been treated with corticosteroids and had not experienced a significant increase in eye pressure. The primary advantage of this treatment is that it lasts three years instead of a month.

“Nancy was a perfect candidate,” said Dr. Roth. “This implant slowly releases a steroid over the course of three years to

stop leakage and prevent recurrence, eliminating the need for monthly injections.”

Ms. Appell received the implant in her left eye in April of this year, and in her right eye two months later. Her vision has not deteriorated. “Not having to go back every month is fantastic,” Ms. Appell said. “I’m still taking it one day at a time, but I’m much more comfortable driving, I’m doing great at work, and I started taking pictures again.”

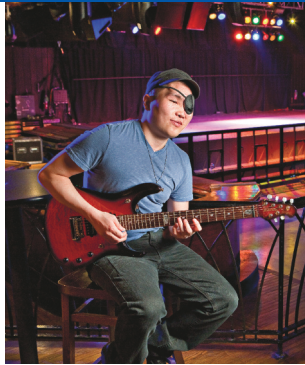
The connection with RWJ’s academic medical center makes it possible for physicians like Dr. Roth to have access to the most advanced treatments and perform such innovative procedures. Ms. Appell’s case is yet another example of RWJ’s commitment to advancing care through research and clinical trials.

“Ms. Appell is functioning at a high level, and we’ll continue to monitor her condition and provide supplemental treatment if necessary,” said Dr. Roth. “This ophthalmological implant is a more practical yet equally effective treatment for Ms. Appell and other patients who struggle with diabetic macular edema.”

Visit www.rwjuh.edu or call 1-888-MD-RWJUH.

Breakthroughs Update: Trauma Patient Comes Full Circle with Donation

A FEW YEARS BACK, WE SHARED GABE HURLEY'S REMARKABLE STORY OF RECOVERY WITH YOU.



In 2009, Mr. Hurley was a promising musician and recent college graduate with his whole future ahead of him, when a devastating car accident, caused by reckless teen driving, left him blind and with severe facial trauma. Tushar Patel, MD, an attending plastic surgeon at RWJ, performed 12 surgeries on Mr. Hurley to re-build his facial structure and heal broken bones in his left hand. When we left Mr. Hurley, he was optimistic about his recovery and wanted to talk to and inspire other youths.

Fast-forward to 2016, and Mr. Hurley's positive, can-do attitude and determination have him traveling near and far speaking at forums and assemblies, sharing his inspirational story with thousands, and educating kids about the dangers of reckless and distracted driving.

His motivational work has garnered him several awards, and he was recently honored as a "Patient of Courage" by the American Society of Plastic Surgeons. The recognition was accompanied by a \$5,000 gift that Mr. Hurley generously donated to the Safety Ambassador Program at RWJ's Level I Trauma Center, a joint initiative of our Injury Prevention Program and Safe Kids Middlesex County. Because of his contribution, the Safety Ambassador Program can continue to promote and instill safety and injury prevention measures among our youth for years to come. Mr. Hurley has truly come full-circle and we wish him the best in the future.

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open streets for active living

**ACTIVE LIVING FOR EVERYONE IN THE COMMUNITY
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SATURDAY, AUGUST 6th
SUNDAY, OCTOBER 2nd

for more info please visit
www.NewBrunswickCiclovía.com

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WALK WITH RWJ THIS SPRING

American Diabetes Association -
Princeton Tour de Cure + Step Out:
Walk to Stop Diabetes

Sunday, June 26

6 a.m. to 5 p.m.

Novo Nordisk, 800 Scudders Mill Road,
Plainsboro

www.diabetes.org/rwjuh

INJURY PREVENTION PROGRAMS: GEARING UP FOR SUMMER



NHTSA Child Passenger Safety Seat
Technician Certification Course

(by the National Highway Traffic Safety Administration)

Monday, June 6 through Thursday, June 9

8:30 a.m.

Rutgers, Piscataway Campus

732-418-8026

14th Annual Middlesex County
Drug Prevention Summit

Friday, June 10

8:30 a.m.

Middlesex County Fire Academy, Sayreville

732-254-3344

For more information on any of these events
or to find more youth programs, please visit
www.rwjtrauma.org.

Donor Champion Program: Give the Gift of Life without Giving an Organ



NEARLY 60% OF PATIENTS IN NEED OF A KIDNEY DO NOT ASK ONE PERSON TO DONATE!

Would you like to change this by advocating for a patient, friend or family member?

Join RWJ's Kidney Transplant Center experts as they prepare you for taking on the role of

DONOR CHAMPION: Tuesday, June 7 • Tuesday, November 1

We provide tips and proven techniques for starting the awkward organ donation conversation. You will learn how to educate potential donors about kidney failure and the live donation process as well as dispel myths. We will also share some recent examples of the incredibly successful networks built by donor champions through outreach and social media that have led to life-saving donations and transplants.

For more information, or to register, please call 732-253-3359.

RWJ ROUND-UP

What's Happening at RWJ Somerset



Maternity Pavilion Getting Facelift



CONSTRUCTION NOW UNDERWAY.

Over the next few months, RWJ Somerset's maternity pavilion is undergoing a renovation.

With a scheduled completion date in July, newly pregnant moms and their families can expect a completely refurbished unit with enhanced amenities, updated rooms with new furnishings and comfortable overnight accommodations.

Throughout the remodel, our exceptional nursing team will maintain normal operations and continue to care for patients in their private rooms.

Germ-Eliminating Robot Emphasizes Commitment to Patient Safety

Meet the Infection Prevention Department's Newest Team Member

Tru-D is a 5-foot-5 robot that uses powerful ultraviolet light to kill harmful pathogens like the germs that cause flu, norovirus, MRSA and other bacteria that lead to infections.

Short for Total Room Ultraviolet Disinfection, Tru-D "finishes the job" following the traditional disinfection protocols performed by hospital staff and it's controlled from outside the room using an iPad mini.

The disinfecting technology is used in patient rooms, the Emergency Department, operating rooms and other public areas and reinforces RWJ Somerset's commitment to maintaining a clean and safe environment for patient care by ultimately reducing the risk of hospital-acquired infections.

RWJ New Brunswick has also incorporated Tru-D into their rigorous cleaning efforts.



Laboratory Services Opens New Patient Service Center

New in Spring 2016, adults and children are welcome to visit the newest walk-in outpatient location for specimen collection and testing:

Steeplechase Cancer Center
30 Rehill Avenue, Suite 2100
Somerville, NJ 08876

Hours of Operation:
7 a.m. to 5:30 p.m. Monday - Friday;
7 to 11 a.m. Saturday
No appointment necessary.
Walk-ins welcome. Free parking.



We are now RWJBarnabas HEALTH

Robert Wood Johnson University Hospital's New Brunswick and Somerset campuses are proud to be part of the new RWJBarnabas Health System.

Here are some photos of the celebrations that took place on both campuses on March 31 when the merger between Robert Wood Johnson Health System and Barnabas Health became official.

www.rwjbhinfo.org



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HEALTHY RECIPE Lemony Chicken and Asparagus FROM OUR FOOD AND NUTRITION DEPARTMENT

This issue's recipe is courtesy of the Food and Nutrition Department at Robert Wood Johnson University Hospital New Brunswick.

Ingredients

- 1 lb. boneless skinless chicken breasts
- ¼ cup flour
- ½ teaspoon salt, pepper to taste
- 2 tablespoons butter or olive oil
- 1 teaspoon lemon pepper seasoning
- 1-2 cups asparagus (chopped)
- 2 lemons, sliced
- 2 tablespoons honey
- 2 tablespoons butter (optional)
- Parsley for topping (optional but nice)

Preparation

1. Cover the chicken breasts with plastic wrap and pound until each piece is about a ¾ of an inch thick. (NOTE: If your chicken breasts are really thick cut them in half horizontally to make thinner pieces).
2. Place the flour and salt and pepper in a shallow dish and gently toss each chicken breast in the dish to coat.
3. Melt the butter in a large skillet over medium high heat; add the chicken and sauté for 3-5 minutes on each side, until golden brown, sprinkling each side with the lemon pepper directly in the pan. When the chicken is golden brown and cooked through, transfer to a plate.
4. Add the chopped asparagus to the pan. Sauté for a few minutes until bright green and tender crisp. Remove from the pan and set aside.
5. Lay the lemon slices flat on the bottom of the pan and cook for a few minutes on each side without stirring so that they caramelize and pick up the browned bits left in the pan from the chicken and butter.
6. Remove the lemons from the pan and set aside.
7. Layer all the ingredients back into the skillet - asparagus, chicken, and lemon slices on top.
8. For the honey butter sauce (if desired), melt additional butter and honey in the hot pan after caramelizing the lemons and pour it over the chicken.

Serve with brown rice if desired.



www.rwjuh.edu/recipes