



ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL



Michael DiSabato is back to an active and busy lifestyle with his wife, Angela and their four children (shown from left), Cierra, Damon, Cassidy and Savannah after undergoing robotic surgery for ulcerative colitis.

BREAK throughs

HIP REPLACEMENT
A New Anterior Approach

KIDNEY TRANSPLANT
A Selfless Act

**CENTER FOR ADVANCED
PEDIATRIC SURGERY**
A Cut Above



WELCOME

Dear Friends,

Robert Wood Johnson Health System has always placed a strong emphasis on quality and patient safety.

I'm proud to report that Robert Wood Johnson University Hospital in New Brunswick, Robert Wood Johnson University Hospital Hamilton and Robert Wood Johnson University Hospital Rahway all received an "A" grade, the highest possible safety score from the prestigious Leapfrog Group.

RWJ is the only multi-hospital health system in the region to have all of its members record this success and we remain committed to setting the standard for patient care.

The "A" score was awarded in the latest update to the Hospital Safety Score, which grades U.S. hospitals based on preventable medical errors, injuries, accidents and infections. The Hospital Safety Score is designed to give the public information they can use to protect themselves and their families.

RWJ remains committed to serving as a leader that encourages both transparency and the sharing of best practices to improve patient safety and the quality of health care services delivered by our state's hospitals. We are proud of earning this distinction and it is evident in each of the patient stories we share through this magazine.

I now invite you to enjoy another exciting issue of *Breakthroughs*.

Sincerely,

Stephen K. Jones, FACHE
President and CEO

Robert Wood Johnson University Hospital and Robert Wood Johnson Health System

BREAK throughs

John R. Lumpkin, MD, MPH
Chair, Board of Directors
Robert Wood Johnson University Hospital

Stephen K. Jones, FACHE
President and CEO
Robert Wood Johnson University Hospital
Robert Wood Johnson Health System

PRODUCED BY

Marketing and Public Relations Department
Michael E. Knecht, FACHE
Vice President, Communications and Community Relations

PROJECT MANAGER

Melissa Ruzbarsky

CONTRIBUTING EDITORS

Diana Davis
Lori DeMillo
Peter Haigney

DESIGN

Tara Ramirez

PHOTOGRAPHY

John Emerson
Alan Schindler
Frank Verosky

PRINTER

Mariano Press

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1-888-MD-RWJUH
1-888-637-9584



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PEDIATRIC NEUROSURGERY

A Journey Back



Children's
Specialized Hospital

It has been a long journey for Jimmy Cox on his recovery from a serious brain bleed caused by a burst tangle of blood vessels, known as an arteriovenous malformation (AVM), which almost took his life 10 years ago.



Sudipta "Sid" Roychowdhury, MD, Clinical Assistant Professor of Radiology at Rutgers Robert Wood Johnson Medical School and Director of Interventional Neuroradiology at RWJ.

Despite his challenges, the South Plainfield resident remains determined to help others on their own journey to recover from devastating brain injuries.

"The whole experience opened my eyes to the different things I could do to help others," Jimmy explains.

Doctors diagnosed Jimmy with a brain aneurysm and AVM at age 9, but it was too much of a risk to remove them surgically due to their location within the brain. Instead, Jimmy had stereotactic radio surgery treatments at another hospital. The goal was to "shrink" the AVM and aneurysm, then perform a full embolization to remove the threat. They never had the chance.

Almost five years after his initial diagnosis, a sudden, severe headache overcame Jimmy while he was visiting a friend. He was able to ride his bicycle home, but his mother, Joanne, knew immediately that something was seriously wrong.

"He said he had a bad headache—he never really had headaches," she explains.

Ever since Jimmy's initial diagnosis, Joanne had attended a brain injury/aneurysm support group at a local hospital. The knowledge she gained from others who experienced traumatic brain injuries, like aneurysms and AVMs, helped her take quick action and save Jimmy's life.

The group members described sudden, severe headaches as one of their symptoms before seizures occurred," Joanne explains. "When the paramedics arrived, I told them

what I thought was happening based on Jimmy's medical history."

Joanne's intuition was correct: Jimmy had suffered a massive brain bleed. He was rushed to The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJ) where a seasoned team of interventional neuroradiologists and neurosurgeons experienced in treating brain aneurysms and AVMs was ready to respond.

RWJ's Brain Aneurysm and AVM program has grown steadily adding the latest and most innovative technologies, such as Gamma Knife Perfexion, to treat these serious conditions. And because BMSCH is the focal point of a nationally distinguished pediatric academic health campus, AVM and brain aneurysm patients benefit from the multidisciplinary expertise of pediatric neurosurgeons, pediatric neurointerventional radiologists, pediatric critical care specialists and nurses and pediatric anesthesiologists. In addition, patients have access to a seamless transition to both short and long-term rehabilitation care at RWJ Health System member Children's Specialized Hospital (CSH).

After arriving at RWJ, Jimmy was assessed by Sudipta "Sid" Roychowdhury, MD, Clinical Assistant Professor of Radiology at Rutgers Robert Wood Johnson Medical School and Director of Interventional Neuroradiology at RWJ. Dr. Roychowdhury and his colleagues, neurosurgeons Rachana Tyagi, MD, and Gaurav Gupta, MD, are among the most experienced specialists in the region who treat these conditions. Drs. Tyagi and Gupta

also both serve as Assistant Professor of Surgery at Robert Wood Johnson Medical School.

To treat Jimmy's ruptured AVM Dr. Roychowdhury threaded a catheter through his groin area to the ruptured brain blood vessels supplying the AVM. He then performed an embolization of the AVM by injecting glue into the AVM to block it off and stop the bleed.

"Children's blood vessels are smaller and difficult to get into, that's why it is important to be treated by a team with experience addressing these conditions," Dr. Roychowdhury explains.

Following the procedure, Jimmy remained in a medically induced coma for several weeks. After he woke and his condition stabilized, Jimmy was transferred to CSH, where he underwent several months of intensive inpatient physical, occupational, cognitive and speech therapy. He continued with outpatient therapy for another year.

Jimmy lost some strength in the right side of his body, but thanks to the expert care he received at BMSCH and CSH, he recovered well enough to volunteer with brain injury patients at CSH, play sled hockey and now, work as a teacher's aide.

"There were so many people helping me with my recovery, now I want to help others," Jimmy says.

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

KIDNEY TRANSPLANT

A Selfless Act

John Squilla and Dawn Kuster aren't blood relatives or related by marriage.



Shown from left: John Squilla received a kidney from his daughter's co-worker, Dawn Kuster, who was a stranger to him at the time, now the ultimate selfless act has made them closer than ever.

However, when John's kidneys failed due to complications from diabetes and high blood pressure, that didn't stop Dawn from deciding to give him the ultimate gift of life by donating one of her kidneys. Now, they are family forever. "We love her dearly—she is my angel," Mr. Squilla explains. "She saved my life. She is part of our family now."

After his kidneys failed, Mr. Squilla had been on dialysis for nearly a year. When he wasn't receiving treatment, he was physically drained. He also couldn't travel far from the dialysis center, which prevented him from enjoying normal activities like going to the casino, taking a vacation or enjoying time at his sister's home in Ocean City, Maryland.

Ms. Kuster's path to becoming a living kidney donor began when she met John's daughter Denise Greco. The two worked together as

instructional aides in the Mansfield Township School District. As they got to know each other, Ms. Kuster learned about Mr. Squilla's battle with kidney disease.

"We talked during breaks and she would get very emotional when she talked about her dad," Kuster recalls. "She prayed about it and decided that she would donate a kidney to her father."

According to Adena Osband, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Kidney and Pancreas Transplant Surgeon at Robert Wood Johnson University Hospital (RWJ), there are three key advantages to transplanting a living donor kidney versus one from a deceased donor.

"The (living donor) kidneys tend to last longer and almost all of them work immediately," Dr. Osband notes. "And,

everything is planned, so there is less time spent on a waiting list."

In addition, kidney transplantation is a much better alternative for patients than remaining on dialysis.

"We know that more time on dialysis is worse for patients and transplantation can have a favorable impact on their life expectancy," Dr. Osband adds.

After undergoing tests to determine if she was a match, Ms. Greco received bad news: she had a cyst on one of her kidneys and was ineligible to donate. She was devastated. Ms. Greco's sister, Stacey Squilla, planned to be tested to determine if she was a match, but Ms. Kuster stepped in.

"I just happened to walk in the break room at work when she received the news from her doctors," Ms. Kuster says. "Organ donation was always something that I supported, but I never thought I would donate an organ while I was alive. I have always been a giving person, so when this happened, I took it as a sign from God. I got this strong sensation, there were chills and the hair stood up on my arms. At that moment, I put everything in God's hands. From that moment when I made the decision, I never wondered how it would work out."

Both Ms. Kuster and Mr. Squilla admit that they were not fond of doctors or hospitals, but as they learned more about living-donor kidney transplant and worked with the team at RWJ, their fears lessened and they grew more confident in the process.

Doctors determined that their blood types were compatible and Mr. Squilla did not have antibodies present that would lead his body to reject Ms. Kuster's kidney. Dr. Osband and David Laskow, MD, Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of Transplant Services at RWJ, successfully performed the living donor transplant on August 28, 2012. Ms. Kuster and Mr. Squilla returned home from the hospital after just four days.

Kuster's incredibly selfless act has given Mr. Squilla new-found independence and he is able to share life milestones that he would have missed if he was still on dialysis.

"He looks at things in a different way now," Mr. Squilla's wife, Barbara explains. "Our grandson has asked him to be his sponsor for his Confirmation in May. He would not have been able to do that before."

Visit www.rwjh.edu/transplant or call 1-888-MD-RWJUH.



Shown from left: Transplant surgeons David Laskow, MD, Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of Transplant Services at RWJ, and Adena Osband, MD, Assistant Professor of Surgery at Robert Wood Johnson Medical School

CENTER FOR ADVANCED PEDIATRIC SURGERY

A Cut Above



Located within The Bristol Myers-Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital sits a rare jewel: The Center for Advanced Pediatric Surgery.

In conjunction with Rutgers Robert Wood Johnson Medical School, physicians in the community, nurses and staff, BMSCH has established New Jersey's premier surgery center just for kids.

From tonsillectomies to transplants, each new state-of-the-art operating suite is digitally integrated and fitted with pediatric-specific equipment and the latest in robotic and minimally invasive technologies are at the physicians' fingertips. We specialize in urology, neurosurgery, orthopedics, ear, nose and throat, trauma and ophthalmology services.

Expertise is equally as important as environment. "Children's medical problems differ from those of adults—even the way fractures are handled and we understand that, all of our surgeons are involved in cutting-edge research as well as evidence-based clinical practice," says Joseph Barone, MD, Surgeon-in-Chief of BMSCH and Professor of Surgery and Chief, Division of Urology at Rutgers Robert Wood Johnson Medical School. "This dedicated pediatric OR department represents a new era in pediatric surgical health care in this state, and we are delighted to offer this new level of service."

The new, 17,000-square-foot space is dedicated to pediatric surgery for children of all ages, from newborn through to age 21. The solarium-like waiting room offers panoramic views and the open, inviting family spaces are bathed in natural light and brilliant colors.

In the recovery areas, TVs and programmable LED lighting systems provide multiple options for comforting, calming or distracting children as they wake up.

"The new ORs put technology, fellowship-trained pediatric subspecialists, their dedicated surgical teams and all surgical specialties under one roof to provide more comprehensive, efficient care than is available elsewhere," explains Samuel J. Laufer, MD, Clinical Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of Pediatric Orthopedics at BMSCH.

Ultimately, people matter most. From a child's perspective, the parent never leaves his or her side. Parents accompany a pediatric anesthesiologist into the OR until their child is fully sedated; they rejoin their child in recovery before he or she wakes up.

"I can't tell you how proud I am of all the work the staff have put into this to make this a successful endeavor," Dr. Laufer says. "Most hospitals are run from the top down. But we wanted to know what the staff, technicians, housekeepers and sterile processors thought—what can we do to create an environment that functions as effectively for kids as we can. That's the human side of it."

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



HIP REPLACEMENT

A New Anterior Approach

Gale Sandor had always been an active woman, but as time (and arthritis) began taking a toll on her joints, she knew it was time to face the inevitable—she was going to need a hip replacement. But conventional hip replacement surgery didn't appeal to her: It requires doctors to cut through muscles from the back (buttock) or the side of the hip to replace the joint and it often means a long, painful recovery process. Unable to bear any more pain and unwilling to give up on her active lifestyle, Gale began researching other options.

That's when she discovered the new anterior approach to hip replacement—a minimally invasive procedure that drastically reduces pain and recovery time. Her next challenge was to find somebody locally who was qualified to do the surgery. Surprisingly, not many hospitals offer it.

She turned to Stephen Kayiaros, MD, Clinical Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and an orthopedic surgeon at Robert Wood Johnson University Hospital (RWJ). "He was the best in the area," Gale said.

Dr. Kayiaros quickly recognized that Gale was suffering from classic symptoms of advanced hip arthritis and agreed that the new, less invasive surgery was indeed the way to go. With the anterior approach, doctors can reach the hip socket without cutting through major muscles, resulting in far less pain and fewer complications.

"It's truly a minimally invasive, muscle-sparing approach to hip replacement," Dr. Kayiaros said. "With the anterior approach I don't need to cut or detach the critical muscles and tendons around the hip joint," he added. "So the end result is a quicker

recovery for the patient. They're able to return to their daily activities, walk and climb stairs without assisted devices much faster than they would with traditional hip replacement surgery."

But this "new" approach is anything but new. Surgeons in Paris first performed it more than 50 years ago. Not until recently did American doctors begin performing the surgery—and still only a handful of doctors are qualified to do it.

"It's a very delicate surgery," Dr. Kayiaros explained. "It requires special instruments and training and not all residency programs in the United States have surgeons who are qualified to teach it." He's proud to say that RWJ is the only hospital in the area where patients can receive it. "We have a phenomenal orthopedic team and a staff who takes care of the patients on the floor," he said.

Dr. Kayiaros urges anyone who needs a hip replacement to consider the anterior approach. "It makes for a tremendously quick recovery," he said.

For Gale Sandor, nothing could be truer: "The only pain I felt was from the stitches. I was able to do everything I did before the surgery in no time at all. And my care at Robert Wood Johnson was wonderful," she said. "I can't thank them enough."

"I would do it again in a heartbeat. I really feel like it gave me my life back," she smiled.

Visit www.rwjh.edu/orthopedics or call 1-888-MD-RWJUH.



Shown: Gale Sandor has quickly resumed her normal walking routine thanks to an accelerated recovery from a new anterior approach to hip replacement surgery available at RWJ.



ROBERT WOOD JOHNSON FITNESS & WELLNESS CENTER

NEW BRUNSWICK LOCATION:

*An affiliate of Robert Wood Johnson University Hospital
Wellness Plaza, 100 Kirkpatrick St., New Brunswick, NJ 08901*

NEW BRUNSWICK LOCATION

FEBRUARY

AARP Driver Safety

Date: Tuesday, February 18th and
Wednesday, February 19th, 2014

Time: 6 to 9 p.m.

Cost: \$15-AARP members;
\$20-Non-AARP members

*To receive a course certificate you must
attend and complete both course days.*

You will learn defensive driving techniques, new traffic laws and rules of the road and how to deal with aggressive drivers. It also includes techniques to handle driving situations, how to safely use anti-lock brakes, air bags, and safety belts. Course participants may be eligible to receive insurance discounts.

Endometriosis-Breaking the Cycle of Pain

Date: Wednesday, February 26, 2014

Time: 6:30 p.m.

Speaker: Adrian Ballica, MD

Endometriosis is a progressive disease commencing since early teens. Women suffer 7 to 10 years before diagnosis. Early diagnosis is important in minimizing suffering and preserving fertility. This presentation will focus on symptoms, awareness, diagnosis and latest treatment of endometriosis.

Blood Drive

Date: Thursday, February 27, 2014

Time: 2 to 7 p.m.

Registration: 732-235-8100 ext. 244

Registration is encouraged.



MARCH

Walk with Ease

Date: March 3rd, 10th, 17th, 24th, 31st
and April 7th, 2014

Time: 10 a.m.

Speaker: Peggy Lotkowitz,
Arthritis Foundation, NJ Chapter

Walk with Ease is a fitness program that can reduce pain and improve overall health. Walk with Ease will help you motivate yourself to get in shape, walk safely and comfortably, improve your flexibility, strength, and stamina, and reduce pain and feel great. If you can be on your feet for 10 minutes without increased pain, you can have success with Walk with Ease.

Participants are required to attend all (6) - 1hr sessions.



Pain Management Series- Part III- Advanced Intervention

Date: Monday, March 17, 2014

Time: 6:30 p.m.

Speaker: Didier Demesmin, MD

Dr. Demesmin will explain the cutting-edge, advanced Interventional Pain Management procedures that can help eliminate or reduce your pain.

Female Urinary Incontinence

Date: Tuesday, March 18, 2014

Time: 6:30 p.m.

Speaker: Manish Gopal, MD

Urinary Incontinence (the loss of bladder control) is a common and often embarrassing problem. The severity of urinary incontinence ranges from occasionally leaking urine when you lift, bend, cough or sneeze to having a constant urge to urinate.

Can Exercise Prevent Cancer?- Colorectal Cancer

Date: Wednesday, March 19, 2014

Time: 6:30 p.m.

Speaker: Rebecca A. Moss, MD

There is increasing evidence that people who exercise are less likely to get colorectal cancer. Even more exciting, people who have been treated for colorectal cancer live longer and are less likely to have their cancer come back. In this lecture, the speaker will discuss how exercise and lifestyle choices make us more prone to cancer, and how moderate exercise may help reverse the trend.

Food Allergies

Date: Monday, March 24, 2014

Time: 6:30 p.m.

Speaker: Leonard Bielory, MD

Dr. Bielory will discuss food allergy-induced diseases including signs and symptoms, prevalence, and diagnosis and management of food allergies.

Bariatric Support Group

Date: 1st Tuesday of every month:
March 4th, April 1st, May 6th, June 3rd, July 1st
August 5th, September 2nd, October 7th,
November 4th and December 2nd

Time: 7 p.m.

Speaker: Ragui Sadek, MD

Take the first step to a NEWYOU by finding out if you are a candidate for weight loss surgery.

Bariatric Information Session

Date: 4th Wednesday of every month

Time: 7 p.m.

Speaker: Ragui Sadek, MD

Find out if weight loss surgery is an option for you.

APRIL

Got Allergies?

Date: Monday, April 21, 2014

Time: 6:30 p.m.

Speaker: Leonard Bielory, MD

Find out more about signs and symptoms, diagnosis, and management of seasonal allergies.



Programa De Seguridad Del Conductor

Date: 23 & 30 de Abril del 2014

Time: 6 to 9 p.m.

Cost: \$20 por curso de 2 dias (6 horas); \$15 para miembros de AARP

Usted aprenderá técnicas de conducir a la defensiva, nuevas leyes de tránsito y reglas de la carretera, qué hacer ante conductores agresivos, técnicas para aplicar en el manejo (Giros a la izquierda, prioridad de paso, zonas ciegas), cómo usar frenos anti-bloqueo, bolsas de aire, y cinturones de seguridad con prudencia. Los participantes pueden ser elegibles para recibir descuentos en sus pólizas de seguro. Consulte a su agente de seguro para detalles.

**Unless otherwise noted, events are FREE and OPEN TO THE PUBLIC.
You may register for any of our events by calling 1-888-MD-RWJUH
(1-888-637-9584). All events will take place in the RWJ Community Room.**

*Para recibir un certificado del curso usted deberá
asistir y completar los dos días del curso.*



ROBERT WOOD JOHNSON FITNESS & WELLNESS CENTER

OLD BRIDGE LOCATION:

*An affiliate of Robert Wood Johnson University Hospital
Gateway Shopping Center, 1044 U.S. Highway 9 Parlin, NJ 08859*

OLD BRIDGE LOCATION

FEBRUARY

Stress Management Series

Date: Thursday, February 20, 2014

Time: 11:45 a.m. to 1 p.m.

Speaker: Nadine Roberts, BA, CCLS, CRM,
CCHT, CMT
*Certified Integrative Mind/Body Healing Arts
and Reiki Master Practitioner*

Gain experience with holistic stress management techniques, focusing on integrative mind/body-guided imagery and meditation, to help you cope with life's stressors.



Bariatric Information Session

Date: Wednesday, February 26th, 2014

Time: 7 to 8 p.m.

Speaker: Ragui Sadek, MD

Find out if weight loss surgery is an option for you.

MARCH

Dermascan Screening

Date: Monday, March 3rd, 2014

Time: 11 a.m. - 2 p.m.

A Dermascan is a test that uses ultraviolet light to show skin damage below the skin's surface. Come to this free screening to learn more information about your skin and increase your awareness of skin safety.

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APRIL

Reduction Mammoplasty

Date: Monday, April 7th

Time: 12 to 1 p.m.

Speaker: Samira Group for Cosmetic
and Reconstructive Surgery

Some physical activities may be painful or awkward for women with large breasts. Breast reduction surgery can reduce the limitations that large, heavy breasts place on participation in sports or other activities.



Bariatric Information Session

Date: Wednesday, April 23, 2014

Time: 7 to 8 p.m.

Speaker: Ragui Sadek, MD

Find out if weight loss surgery is an option for you.

Reduction Mammoplasty

Date: Thursday, April 24, 2014

Time: 7 to 8 p.m.

Speaker: Samira Group for Cosmetic
and Reconstructive Surgery

Some physical activities may be painful or awkward for women with large breasts. Breast reduction surgery can reduce the limitations that large, heavy breasts place on participation in sports or other activities.



AARP Driver Safety Program

Date: Thursday, April 10th and
Friday, April 11th, 2014

Time: 6 to 9 p.m.

Cost: \$15-AARP members;
\$20-Non-AARP members

You will learn defensive driving techniques, new traffic laws and rules of the road and how to deal with aggressive drivers. It also includes techniques to handle driving situations, how to safely use anti-lock brakes, air bags, and safety belts. Course participants may be eligible to receive insurance discounts.

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(1-888-637-9584). All events will take place in the RWJ Community Room.**

***Course participants may be eligible to receive insurance discount. Must attend both sessions.*

Stress Management Series

Date: Tuesday, April 15, 2014

Time: 11:45 a.m. to 1 p.m.

Speaker: Nadine Roberts, BA, CCLS, CRM,
CCHT, CMT
*Certified Integrative Mind/Body Healing Arts
and Reiki Master Practitioner*

Gain experience with holistic stress management techniques, focusing on integrative mind/body-guided imagery and meditation, to help you cope with life's stressors.

Stress Management Series

Date: Thursday, April 17, 2014

Time: 7:30 to 9 p.m.

Speaker: Nadine Roberts, BA, CCLS, CRM,
CCHT, CMT
*Certified Integrative Mind/Body Healing Arts
and Reiki Master Practitioner*

Gain experience with holistic stress management techniques, focusing on integrative mind/body-guided imagery and meditation, to help you cope with life's stressors.

ROBOTIC COLON SURGERY

Enjoying Life Again



When Michael DiSabato started having belly problems in 1998, he was not worried.

"When I was a kid, I was always nervous and things went to my stomach. I did not think much of it," said the 36-year-old man from Manalapan, NJ.

Over time though, the belly pain and frequent diarrhea got worse. In 2000, the same year that he got married, Mr. DiSabato went to see gastroenterologist Brian Weiner, MD, MS, FACP, AGAF, who diagnosed ulcerative colitis, a long-lasting inflammation in the colon (part of the digestive tract). Dr. Weiner is a Clinical Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School.

For the next 12 years, Mr. DiSabato took different medications to relieve the symptoms of ulcerative colitis, but not to cure it. He and his wife Angela started a family and now have four children: three girls and a boy ranging in age from 5 to 10. After a few years, the anti-inflammatory medications, steroids, and antibiotics were not helping much. As Mr. DiSabato's children grew, it became harder and harder for him to keep up with them and go to their soccer games. "Every time we got somewhere I was running out of the car looking for a bathroom," he said.

Mr. DiSabato was hospitalized several times for dehydration and he was malnourished. The steroids made him moody. "Mr. DiSabato had been through the ringer," said Dr. Weiner. "He had failed all of the powerful drugs that we use and was still sick." In late 2011, Dr. Weiner referred

Mr. DiSabato to colorectal surgeon Craig Rezac, MD.

Surgery can cure ulcerative colitis, but it means removing the colon and rectum. "Patients are understandably afraid of having surgery," said Dr. Rezac. "It seems like a drastic solution to their problem. But in select cases where the disease is not controlled or medications are causing more problems than they're controlling, surgery should be considered." Dr. Rezac is an Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, Chief of Robotic Surgery and Director of the Colorectal Surgery Program at Robert Wood Johnson University Hospital.

After meeting with Dr. Rezac, Mr. DiSabato agreed to have surgery, which involved removing the colon and rectum and then rebuilding the rectum using the small intestine (called J-pouch surgery). This is usually done as open surgery. Dr. Rezac is one of a few surgeons in New Jersey with extensive experience in robotic and laparoscopic surgery for ulcerative colitis, and Robert Wood Johnson University Hospital is one of a few hospitals in the state where this minimally invasive procedure is available.

While more difficult for the surgeon, robotic and laparoscopic J-pouch surgery is much easier on patients than open surgery. Smaller incisions mean less pain, faster healing, and a shorter hospital stay. The robotic part of the procedure, using the da Vinci Surgical System,



Shown: Craig Rezac, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of Robotic Surgery and Director of the Colorectal Surgery Program at Robert Wood Johnson University Hospital.

is more precise than traditional surgery and greatly lowers the risk of damage to bladder and sexual function.

Dr. Rezac performed the procedure on Mr. DiSabato in February 2012, removing the rectum robotically and using traditional laparoscopy to remove the colon and create the J-pouch. To give the J-pouch time to heal, Dr. Rezac created a temporary opening in Mr. DiSabato's abdomen for passing bowel movements into a pouch, which is attached to the skin with adhesive. This was closed in another procedure in June 2012.

"Because it was going on for so long and gradually getting worse, I did not realize how bad I was."

After the surgery I started feeling normal again. It felt fantastic," said Mr. DiSabato, who can now spend the entire day at a soccer tournament without needing to find a bathroom. "I'm eternally grateful to Dr. Rezac for fixing me. He gave me my life back."

Visit www.rwjh.edu/robotic-surgery or call 1-888-MD-RWJUH.

A woman with blonde hair, wearing a purple textured sweater and a necklace with a large pendant, is holding a dart in her right hand. She is standing in front of a dartboard. The background is a dimly lit room with a dartboard and a television screen. The text "WOUND HEALING" is written in large yellow letters, and "Bullseye!" is written in white below it. Below the text, there is a paragraph of text in yellow, and at the bottom left, there is a small caption in white.

WOUND HEALING

Bullseye!

Irene Stearn thought she was having trouble lifting her left wrist and moving her fingers because of a pinched nerve.

Shown: Irene Stearn is back to throwing darts after undergoing hyperbaric oxygen therapy at the Center for Wound Healing at Robert Wood Johnson University Hospital where she was treated for a post-surgery wound that just wouldn't heal.

But tests showed that the breast cancer she had conquered 21 years ago had come back, in the armpit nerves (brachial plexus) that control the movement of the shoulder, arm, and hand. At Robert Wood Johnson University Hospital (RWJ), Ms. Stearn, now 65 years old and living in Keansburg, NJ, received expert, multidisciplinary care that saved her life and gave her back maximum use of her left arm through a combination of cancer, vascular surgery, hyperbaric oxygen therapy, and occupational therapy.

“Speed was important. When you start losing motor nerves, it is often irreversible,” said James Goydos, MD, Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Director, Melanoma and Soft Tissue Oncology Program at Rutgers Cancer Institute of New Jersey and an attending surgical oncologist at RWJ. Dr. Goydos knew that scar tissue from past surgery to remove, and then reconstruct, Ms. Stearn’s left breast would make it harder to reach the tumor and its location increased the risk of poor blood flow in the arm. Past radiation therapy would hamper healing after surgery.

A few days after the biopsy, Dr. Goydos removed the tumor. Blood flow in Ms. Stearn’s arm was fine during the procedure, but it became blocked while she was in the recovery room. Vascular Surgeon Randy Shafritz, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, took Ms. Stearn back to the operating room, where he bypassed the

blocked artery. Soon after leaving the hospital, Ms. Stearn’s arm became infected and she was back in the hospital, and then a nursing home, for intravenous antibiotics.

After returning home from the nursing home, Ms. Stearn’s bypass became blocked and infected, and her wound opened up. She was rushed to RWJ for emergency surgery. “Dr. Rahimi told me I might lose my arm,” said Ms. Stearn. Using a vein from Ms. Stearn’s leg, vascular surgeon Saum A. Rahimi, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, created a bypass around the infected area, removed the previous graft, and cleaned the wound. “We restored blood flow to her arm and she recovered. But her wound from the previous bypass was not healing,” said Dr. Rahimi. After finishing another course of intravenous antibiotics in a nursing home, Dr. Rahimi referred Ms. Stearn to the Center for Wound Healing at RWJ.

Hesham Ahmed, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Co-Medical Director of the Center for Wound Healing at RWJ, consulted with Drs. Rahimi and Goydos and recommended hyperbaric oxygen therapy. “Hyperbaric oxygen therapy reverses the effects of radiation by helping new blood vessels grow, which heals wounds,” said Dr. Ahmed. Lying in a sealed acrylic and glass decompression chamber, Ms. Stearn was taken to 55 feet below sea level, where she breathed pure oxygen for 1.5 hours for 120 treatments. “Ms. Stearn healed completely,”

said William Kneipp, EMT, Hyperbaric Technician and Safety Coordinator. The Center for Wound Healing is one of a few centers in New Jersey offering hyperbaric oxygen therapy — and the expertise to care for all non-healing wounds, from radiation injuries to severe infections and diabetic wounds.

During her hyperbaric oxygen therapy, Ms. Stearn also had occupational therapy to re-learn how to use her left arm for activities that need two arms like dressing, cooking, and playing darts. “When Ms. Stearn came to us, her left arm was essentially non-functional. Now, she can use her left arm to do these things again,” said Shaloo Choudhary, SC, Senior Occupational Therapist at RWJ.

Ms. Stearn has stayed positive throughout all of this. “I could be laying here feeling sorry for myself. But I get up every morning and I try to do something that I haven’t been able to do,” she said. “Every day I have to smile, laugh, and accomplish something.”

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

Shown from left: Post-surgery, Ms. Stearn’s care team from the Center for Wound Healing at RWJ included Hesham Ahmed, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Co-Medical Director of the Center for Wound Healing at RWJ, and William Kneipp, EMT, Hyperbaric Technician and Safety Coordinator.



Shown from left: Ms. Stearn’s care team included James Goydos, MD, Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Director, Melanoma and Soft Tissue Oncology Program at Rutgers Cancer Institute of New Jersey and an attending surgical oncologist at RWJ; Shaloo Choudhary, SC, Senior Occupational Therapist at RWJ; and Saum Rahimi, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and an attending vascular surgeon at RWJ.



HEART FAILURE

Getting Back On Track

Cars and racing are in Frank Lattarelli's blood. He started racing hot rods when he was just 13 and he has been a professional racer since 1957.



But when heart disease prevented him from doing what he loved, he was devastated.

Now, Mr. Lattarelli is working closely with the Advanced Heart Transplant and Treatment team at Robert Wood Johnson University Hospital (RWJ) and Sheldon Kukafka, MD, an attending cardiologist at RWJ, who shares his passion for cars and racing, to get back on track.

"I was just completely into cars and anything mechanical," Mr. Lattarelli says. "I feel like I can fix anything. I can build a car from the ground up."

Mr. Lattarelli's heart problems began following a drag race in 1999. The parachutes which were designed to help his hot rod decelerate failed to deploy causing his car to plow into the track's safety sand trap. He escaped serious physical injury, but was short of breath.

"I was breathing heavily all afternoon, but I didn't go for treatment right away," Mr. Lattarelli says.

A year later, his physician ordered a stress test and electrocardiogram, which revealed that Mr. Lattarelli was suffering from heart failure. Because professional drivers must pass an annual physical, which includes a cardiac stress test, Mr. Lattarelli was sidelined from the sport he loved.

He initially sought treatment at a hospital in New York City, where physicians managed his illness with medications. After eight years, his

condition deteriorated and his heart was functioning at only 10 percent of its normal capacity.

Doctors there evaluated Mr. Lattarelli for a heart transplant, but he and his son researched other options.

"We thought that I would get a heart faster in New Jersey," he explains.

They contacted RWJ, where he was placed on the waiting list for a transplant. Because his heart function was so poor, RWJ's doctors implanted a left ventricular assist device (LVAD) to support his heart until a donor heart was found. An LVAD is a mechanical pump that serves as a substitute for the heart's main pumping chamber. As a leading cardiac transplant and heart failure treatment center, RWJ physicians and nurses are highly skilled and experienced in managing patients who can benefit from this technology. RWJ is one of the few centers in the region certified by the Joint Commission to offer LVADs as a permanent therapy in addition to offering it as a bridge to heart transplant.

On June 2, 2010, Mr. Lattarelli received the long-awaited good news: a donor heart was found. It was an emotional time for Mr. Lattarelli as June 2 was the anniversary of his daughter's death in a 1985 car accident.

The heart transplant, which was performed by Thomas Prendergast, MD, Clinical Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School and

an attending cardiac surgeon at RWJ, was successful and Lattarelli returned home a week later. He had regular biopsies performed in RWJ's cardiac catheterization laboratory to ensure that his body was not rejecting the donor heart. It was there that he met Dr. Kukafka.

"I made friends with one of the nurses and I brought in a picture of one of my cars to show him," Mr. Lattarelli recalls. "Dr. Kukafka was nearby and we struck up a conversation. I found out he was into racing too. I gave him a signed photo and we have been friends ever since."

In managing Mr. Lattarelli's condition, Dr. Kukafka understands his patient's desire to race again and is working closely with Jesus Almendral, MD, Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School and Director of RWJ's Heart Transplant Program, to make sure it happens.

"Frank has been a compliant patient. As he wished to return to his profession as an automobile racer, he has been made aware that being a heart transplant recipient is not an absolute contraindication to resuming his career," Dr. Kukafka (who has also consulted with Frank's surgeon and transplant cardiologist) explains. "We know how important it is for him to get back in his car. By meeting his medical goals, we are also satisfying his personal needs."

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



Show from left: Sheldon Kukafka, MD, an attending cardiologist at Robert Wood Johnson University Hospital who is affiliated with New Brunswick Cardiology Group and a member of the RWJ Physician Enterprise and his patient Frank Lattarelli, who underwent a heart transplant at RWJ, both share a passion for car racing.



Show from left: Heart transplant patient Frank Lattarelli and Jesus Almendral, MD, Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School and Director of RWJ's Heart Transplant Program.

SAME-DAY SURGERY

Home After Hysterectomy

The same day that Joan Skinner had a hysterectomy at Robert Wood Johnson University Hospital (RWJ), she had dinner at the Olive Garden Italian Restaurant. The 54-year-old from Edison, N.J. needed the hysterectomy to remove abnormal cervical cells (called cervical dysplasia).

“Luckily for Ms. Skinner, we were able to find these lesions before they developed into invasive cancer,” said Mira Hellmann, MD, the surgeon who performed the robotic-assisted procedure that allowed Ms. Skinner go home the same day. Dr. Hellmann is a gynecologic oncologist at Rutgers Cancer Institute of New Jersey and an Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences at Rutgers Robert Wood Johnson Medical School. RWJ is the flagship hospital of Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-designated Comprehensive Cancer Center.

Dr. Hellmann used the da Vinci surgical system to perform the procedure (removal of the uterus and cervix). She is one of only a few gynecologic oncologists in New Jersey who perform robotic hysterectomy, and RWJ is one of a few hospitals in the state where this is available. “Ms. Skinner is in recovery,” said Dr. Hellmann. “We removed the pre-cancer cells and eliminated the chance of this progressing into cancer.”

With the usual procedure, Ms. Skinner would have had a six-inch abdominal incision and spent two nights in the hospital. She would have needed narcotics to control pain and up to eight weeks to recover. But with robotic surgery, done through three dime-sized incisions, Ms. Skinner went

home the same day and was back to most normal activities in three weeks.

Within a few hours of the surgery, Ms. Skinner, who is a school bus driver, was awake and hungry. “I kept asking if I could go home,” she said. By about 6 p.m., Ms. Skinner was discharged and on her way to dinner. This was possible because robotic surgery causes less bleeding, nausea, and vomiting — the main reasons for a hospital stay — than open surgery. The robot’s high-resolution 3-D visibility let Dr. Hellmann operate more accurately and quickly (about one hour compared to up to 4.5 hours for open surgery), and be sure the bleeding had stopped. The shorter procedure meant less anesthesia and the smaller incisions meant less need for narcotics to control pain.

If Ms. Skinner needed other treatments, Dr. Hellmann would have provided them, as part of the gynecologic oncology continuity of care model at the Cancer Institute of New Jersey and RWJ. That model includes support services, which was crucial to Ms. Skinner. “Dr. Hellmann explained everything and told me it would be okay. If it wasn’t for her, I think I really would have lost it,” she said. After the surgery, Dr. Hellmann also helped Ms. Skinner get help to quit smoking.

Dr. Hellmann is one of five gynecologic oncologists at RWJ and the Cancer Institute who provide continuous care. They all perform robotic surgery, including for some cervical, ovarian, and endometrial cancers. Robotic surgery is also available at RWJ for colon and prostate cancer and for some bladder cancers.

Visit www.rwjh.edu/min-surgery or call 1-888-MD-RWJUH.

RWJ ROUND-UP

What's Happening on Campus and Beyond

UPCOMING EVENTS!

RWJ at Rutgers Day

Saturday, April 26, 2014
10 a.m. to 4 p.m.

College Avenue Campus – Rutgers University
New Brunswick, NJ

March of Dimes: March for Babies

Sunday, April 27, 2014
Registration: 7:30 a.m.
Walk: 9 a.m.

Johnson Park
Piscataway, NJ
www.rwjuh.edu/march4babies

Save the Date:

25th Annual Invitational Golf Classic

Monday, June 16, 2014
Metedeconk National Golf Club
Jackson, New Jersey
events@rwjuh.edu

Save the Date:

Children's Health 15th Annual Golf Outing

Monday, August 4, 2014
The Ridge at Back Brook
Ringoes, New Jersey
events@rwjuh.edu

Save the Date:

55th Annual Auxiliary Autumn Ball

Saturday, October 18, 2014
The Heldrich
New Brunswick, NJ 08901
events@rwjuh.edu
732-418-8385

MERGER UPDATES

TWO HOSPITALS

becoming



Visit our new Web site smc.rwjuh.info, your premier resource for:
Latest updates and news on the transition • FAQ's about the change • Upcoming events • Merger milestones

STROKE CENTER DESIGNATION

Congratulations! Robert Wood Johnson University Hospital is a designated Comprehensive Stroke Center by the American Heart Association.

The hospital is recognized for providing "up-to-the-minute stroke treatment every minute of every day" for our patients.

Thanks to all of our dedicated staff who made this possible.

Correction: In the Fall 2013 issue, there was a misprinted quote on page 2 in the article, "Emergency Stroke Care, Dentist Becomes the Patient." The quote that read, "Unlike other facilities that may have to transfer a patient or use generalized blood thinners only, we have the unique ability to treat a brain clot onsite, through the veins with generalized blood thinners – a service that could be critical for patient's survival" should have read, "Unlike other facilities that may have to transfer a patient or use generalized blood thinners only, we have the unique ability to treat a brain clot onsite, intravascularly with generalized blood thinners—a service that could be critical to the patient's survival," said Chirag Shah, MD, Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School and an attending physician in the Emergency Department at RWJ.



American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Comprehensive Stroke Center



THE ROBERT WOOD JOHNSON HEALTH SYSTEM

Robert Wood Johnson University Hospital | rwjuh.edu

Robert Wood Johnson University Hospital Hamilton | rwjhamilton.edu - Robert Wood Johnson University Hospital Rahway | rwjuhr.edu
Children's Specialized Hospital | childrens-specialized.org - The Bristol-Myers Squibb Children's Hospital at RWJUH | bmsch.org

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About Our Lung Cancer Screening

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- Low-dose CT scan
- Free interpretation of CT scan results by national experts
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- Coordination with your primary care doctor
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For more information or to schedule an appointment, please call 732-235-5947 or visit www.cinj.org/lungcancerscreening.



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HEALTHY RECIPE FROM OUR FOOD AND NUTRITION DEPARTMENT

BEEF STEW WITH DRIED PLUMS Serves 8 (serving size 1 cup)

Ingredients

- 2 cups of chopped onions
- 3 garlic cloves, minced
- 4 cups of cubed peeled celeriac (celery root), about 1 pound
- 16 pitted, dried plums
- 2 pounds of beef stew meat, cut onto bite sized pieces
- 2 cups of dry red wine
- 2 (14-ounce) cans of lower sodium beef broth
- 1 teaspoon of olive oil, divided
- 1 teaspoon salt, divided
- ½ teaspoon black pepper
- ½ vanilla bean (optional)
- 1/3 cup all-purpose flour
- 2 thyme sprigs

Preparation

1. Heat 1 teaspoon of oil in a dutch oven over medium high heat. Add onion, sauté 10 minutes or until tender and golden brown. Add garlic, sauté 1 minute. Spoon mixture into a large bowl.
2. Place flour in a shallow bowl. Dredge beef in flour, shaking off excess. Heat remaining 2 teaspoons of oil in pan over medium-high heat. Add half of beef, sprinkle with ¼ teaspoon salt. Cook 6 minutes, browning on all sides. Add browned beef to onion mixture. Repeat with remaining beef and ¼ teaspoon salt.
3. Add wine to pan, bring to a boil while scraping to loosen browned bits. Reduce heat and simmer 10 minutes or until liquid is reduced to 1 cup. Add beef mixture, broth, thyme, and vanilla bean. Bring mixture to a simmer. Stir in ½ teaspoon of salt and pepper. Cover and reduce heat to medium-low and simmer 1 hour or until beef is just tender.
4. Stir in celeriac and dried plums. Simmer uncovered for 1 hour or until beef and vegetables are very tender and sauce is thick. Stir occasionally.



www.rwjuh.edu/recipes