

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.

