

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

Spring 2021

# healthy *together*

**WOMEN AND  
HEART ATTACKS:  
WHAT TO KNOW**

**A FRESH  
START AFTER  
WEIGHT LOSS  
SURGERY**

**REFRESHING  
LOW-SUGAR  
DRINKS**

**SAVE LIVES  
CHOOSE VACCINATION**



## Let's Beat COVID-19

The development of COVID-19 vaccines is one of the greatest achievements in medical science. At RWJBarnabas Health, we're proud to be a key part of the effort to get the vaccine into the arms of all eligible people in New Jersey.

We also remain committed to fighting the spread of the disease. That's why we join with the Centers for Disease Control and Prevention in urging everyone, whether vaccinated or not, to continue with the simple precautions we know are effective in preventing the spread of the coronavirus:

- Wear a mask.
- Stay at least six feet apart from people who don't live with you and avoid crowds.
- Wash your hands thoroughly and often; use a hand sanitizer if soap and water aren't available.

The reason for this continued caution: In some cases, COVID-19 vaccines may protect against severe infection, but may not necessarily prevent mild or asymptomatic infection. If this is the case, an infected person could still spread the virus.

Robert Wood Johnson University Hospital Rahway is proud to be a part of the effort to vaccinate our communities and move us all forward together.

It will take all of us working together as a community to minimize the ongoing effects of COVID-19. Together, we can protect friends, family and neighbors and end this pandemic.

Yours in good health,



**BARRY H. OSTROWSKY**  
PRESIDENT & CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH




**KIRK C. TICE**  
PRESIDENT & CHIEF EXECUTIVE OFFICER  
ROBERT WOOD JOHNSON UNIVERSITY  
HOSPITAL RAHWAY



## HEALTH NEWS



Nurse Manager Sandy Sanford, RN, BSN, of 3C, RWJUH Rahway's Stroke and Telemetry Unit, with the new neurology robot.

### RWJUH RAHWAY OFFERS ENHANCED NEUROLOGY SERVICES

Neurology services are in heavy demand, making in-person consults and visits difficult. To address this issue, the Northfield Bank Foundation has provided a generous grant to fund a second telemedicine robot for Robert Wood Johnson University Hospital (RWJUH) Rahway. The robot interfaces with the patient and a neurologist working remotely to provide patients with comprehensive neurological services.

"This robot affords us the opportunity to do neurological consults, anywhere any time," says Deborah Gandy, MSN, MSA, RN, CPHQ, RWJUH Rahway Vice President of Clinical Effectiveness. "We are grateful to Northfield Bank Foundation for generously supporting our ability to serve the healthcare needs of our community," says Heather Hays, MHA, OTR, Vice President of Development for RWJUH Rahway.

RWJUH Rahway has the capacity to provide neurological consults while also using the stroke telemedicine program, ensuring patients get quality, evidence-based neurology services from the best clinicians in the RWJBarnabas Health system.

**Robert Wood Johnson  
University Hospital  
Rahway**

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HEALTH**  
Let's be healthy together.

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# VACCINATING NEW JERSEY

**AS AVAILABILITY INCREASES, EXPERTS HAVE ONE STRONG MESSAGE FOR THE PUBLIC: GET THE SHOT.**

“At the outset, we knew we would be helping with the COVID-19 vaccination effort,” says John Bonamo, MD, MS, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). “But we weren’t aware just how much the state would be relying on healthcare systems to make this happen.”

Just as they did when the pandemic first hit, the experts at RWJBH rose to the challenge. “We opened our first vaccine clinic the week the vaccine came out in December,” he recounts. “Then we opened clinics at each of our 11 acute care hospitals.”

RWJBH is also administering the vaccine at the Middlesex County megasite in Edison, which it runs; the former Sears in the Livingston Mall; RWJBarnabas Health Arena in Toms River; Brookdale Community College in Monmouth

County; and smaller clinics, including in Bayonne and in the Greenville section of Jersey City.

“We’re also assisting municipal efforts in four counties—Ocean, Somerset, Essex

and Monmouth—by providing some or all vaccinators for their clinics,” Dr. Bonamo says, “and we’re partnering with the state, the National Guard and others. In addition, we’ve applied for more vaccination sites for physician offices.”

As of mid-March, RWJBH had already vaccinated approximately 150,500 people and was vaccinating more at the rate of 2,000 a day at its hospitals and 4,000 a day at the Edison megasite. However, Dr. Bonamo says that number will increase significantly as vaccine availability does. “We’re ramping up,” he says. “We’re in this to get it done.”

By summer, Dr. Bonamo says, vaccine supplies will make it available to all who want it. The challenge will shift to making sure everyone who’s eligible chooses to be vaccinated.

## DISPELLING FEARS

“Many people started out with ‘vaccine hesitancy’—they wanted to see how other people did with the vaccine first,” says Dr. Bonamo. “As they saw others feeling good about having had the vaccine, they became more open to it.” That led to the

clamor for vaccination appointments the state saw in the winter.

Vaccine hesitancy persists, however. “There’s understandable mistrust, especially in the black community, born of all the social inequity and healthcare injustice that has happened over the years,” he says. “We’re working hard to dispel that with all kinds of outreach and town halls being done by healthcare professionals of color.”

Older adults should prioritize getting the vaccine, Dr. Bonamo says. “The years they have are precious, and many seniors who got COVID-19 did not do well,” he says. “Often, that’s because they have at least one other comorbidity—diabetes, hypertension, heart disease, kidney disease, lung disease or obesity—that contributes to their risk.”

Dr. Bonamo emphasizes that his message isn’t just for certain groups, but for everybody who’s eligible for the vaccine. “Get vaccinated,” he says. “That’s it. It’s safe, it’s smart, it’s advanced science and it’s the right thing to do to protect yourself and your family.”



JOHN BONAMO, MD

To learn more or to make a vaccination appointment, visit [www.rwjbh.org/covid19](http://www.rwjbh.org/covid19).





# HOW WOMEN CAN AVOID HEART ATTACKS

**HEART ATTACKS ARE DIFFERENT FOR WOMEN.  
LEARN HOW TO PROTECT YOURSELF.**

**H**art disease is the leading cause of death in women—although fewer than half of women recognize that fact, according to research by the American Heart Association.

Because women often don't recognize the symptoms of a heart attack—which can be quite different from a man's—they may not take steps to prevent one or get treatment quickly when one occurs.

An estimated 80 percent of all heart disease, including heart attacks, is preventable. “Unfortunately, many women don't seek preventive care early enough,” says Delphine Tang, DO, an interventional cardiologist at Robert Wood Johnson University Hospital (RWJUH) Rahway and a member of RWJBarnabas Health Medical Group.

“We have all this great medicine and innovative technology,” Dr. Tang says.

“But we cannot utilize it if we aren't identifying the women who need it. More women should be coming to talk to their doctors about their heart risks.”

## **WHAT CAUSES A HEART ATTACK?**

Heart attacks occur when the heart's blood supply is blocked, cutting off the oxygen the heart muscle needs to survive. The most common cause of a heart attack is coronary heart disease (CHD), sometimes called coronary artery disease (CAD), when plaque—made up of several substances in the blood, including fat and cholesterol—builds up in one or more of the heart's arteries, narrowing or hardening them.

Less often, a spasm in a coronary artery that closes off blood flow to the heart muscle can lead to a heart attack. This can occur as a result of using tobacco or stimulants such as cocaine.

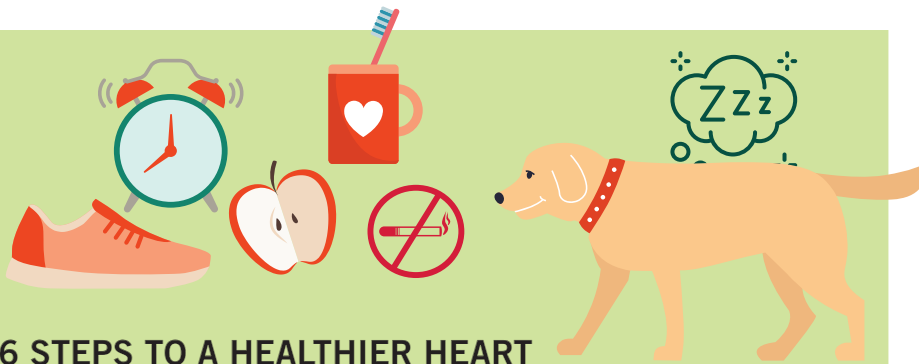
Recently, doctors have found that COVID-19 infection can also damage the heart. Too often, patients have delayed getting treatment for a heart attack due to fear of going to the hospital during the pandemic.

## **WHO'S AT RISK FOR A HEART ATTACK?**

Risk factors for a future heart attack can include:

- Age (women are at greater risk after menopause).
- High blood pressure.
- High cholesterol.
- Obesity.
- Diabetes.
- Smoking.
- Excessive alcohol use.





## 6 STEPS TO A HEALTHIER HEART

- 1. Go for a walk.** Walking for just 30 minutes a day can lower your risk for heart attack and stroke.
- 2. Get enough sleep.** Researchers found that people who have a healthy sleep duration (seven to eight hours) are less likely to have heart disease.
- 3. Go to bed at the same time each night.** One study showed that women who went to bed at the same time every day lost about two pounds of body fat over a six-week period, compared to women who had greater variations in their bedtimes.
- 4. Consider getting a pet.** Several studies have shown that dog owners have lower blood pressure, perhaps because their pets have a calming effect on them and they get more exercise.
- 5. Brush your teeth twice a day for at least two minutes.** One study found that people who do this have a greatly reduced risk of heart disease, possibly because periodontal disease is linked to heart disease.
- 6. Quit smoking.** After one year, you'll have cut your risk of coronary disease by 50 percent. To learn about a free program to help you quit smoking, call **833.795.QUIT (7848)** or visit [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery).

- Unhealthy diet.
- Lack of exercise/sedentary lifestyle.
- Family history.

Having certain autoimmune conditions, such as rheumatoid arthritis or lupus, can also raise the risk of heart attack.

### WHAT CAN WOMEN DO TO PROTECT THEMSELVES?

"The more information you and your doctors have about your risk factors



DELPHINE TANG, DO

and the state of your heart health, the more you can minimize your chance of having a heart attack," says Dr. Tang. Women should seek preventive care early, especially if

they smoke or have a family history of heart disease.

Preventive measures include:

**A healthy weight and diet:** Include fresh fruits and vegetables and avoid processed foods and excess sugar.

**Regular screening tests:** These should include lipid panels (cholesterol tests), as well as blood sugar and high blood pressure screening.

**Early treatment:** If needed, blood pressure or cholesterol medication can be prescribed. "We have to start treating people for these issues early, because we're starting to see heart attacks in younger women," Dr. Tang says.

**Regular exercise:** "Every woman should exercise for 30 minutes on most days of the week, at moderate intensity," says Dr. Tang. Exercise also helps reduce stress, which contributes to overall health.

## WHAT'S DIFFERENT FOR WOMEN?

Women and men don't necessarily have the same heart attack symptoms. "Chest pain can be a symptom of a heart attack, but it's not the main or only one," says interventional cardiologist Delphine Tang, DO. "For women, the symptoms are harder to tease out. They may not have chest pain at all."



Because these symptoms are more subtle than sharp, sudden chest pain, many women ignore them or mistakenly attribute such signs to the flu, indigestion or just the aches and pains of getting older.

Whoever your heart beats for, our hearts beat for you. To find a top cardiovascular specialist at RWJUH Rahway, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).





# YOU'RE DRINKING MORE SUGAR THAN YOU THINK

**THE GOOD NEWS: CUTTING BACK DOESN'T HAVE TO BE HARD AND WILL PAY OFF IN MANY WAYS.**



“When I’m counseling a patient about losing weight, very often the first question I ask is, ‘What do you drink?’” says Lauren Bernstein, MS, RD, a Certified Diabetes Educator at Robert Wood Johnson University Hospital (RWJUH) Rahway. “That’s because what people drink is a leading cause of obesity.”

The average adult male should have no more than nine teaspoons of added sugar a day, and the average woman should have no more than six teaspoons, according to the American Heart Association. (Added sugars are those added to foods during processing or preparation, not sugars that occur naturally in fruits and dairy.)

However, the average American consumes more than 77 teaspoons of sugar a day—and sugar-sweetened beverages are the single biggest source of added sugar in the U.S. diet. People who often have sugary drinks are more likely to face

health problems, including obesity, Type 2 diabetes, heart disease, kidney disease, tooth decay and more.

In addition to soda, commonly consumed sugary beverages include tonic, fruit punch, lemonade, sweetened iced tea, sweetened powdered drinks, specialty coffee drinks, and sports and energy drinks.

“The problem is that you don’t feel full from these drinks,” Bernstein says. “If you drink 300 calories of soda, you don’t say ‘I don’t want lunch.’ You’re still hungry.” Moreover, she adds, sugar-heavy drinks have “empty” calories, meaning that they don’t provide any other nutrients.

Alcohol is another source of empty calories. “During the pandemic, people have been at home a lot and they’re drinking more, sometimes sharing a bottle of wine at night or having some other kind of alcoholic drink,” Bernstein says. That, in turn, has been a factor in the



## OTHER NAMES FOR SUGAR

You may not realize how much sugar you’re consuming because the nutrition label on your drink doesn’t list “sugar” in the ingredients. However, sugar often goes by another name. If the ingredients include any of these, the drink has been sweetened with sugar:

- High-fructose corn syrup
- Fructose
- Fruit juice concentrates
- Honey
- Syrup
- Corn syrup
- Sucrose
- Dextrose

RWJUH Rahway has outpatient dietitian services to help you manage your sugar levels. For more information, call **732.499.6210**.



weight gain known as “COVID curves” or “the quarantine 15.”

Even fruit-based smoothies can be high in sugar. “When fruit becomes juice, you tend to consume more of it than you would in the fruit’s original state. Yes, the sugar fruit provides is natural sugar, but too much is still too much, so keep track of how much is in what you’re drinking,” Bernstein says.

Surprisingly, beverages flavored with artificial sweeteners, though lower in calories, are not more likely to prevent weight gain. Diet beverages are also related to health problems like high blood pressure, diabetes and heart disease. These findings have been consistent across numerous studies.

## WATER (ALMOST) EVERYWHERE

Despite these cautions, Bernstein advocates moderation, not deprivation, when it comes to your favorite drink. “With any kind of food or beverage, it’s not that you can never have it,” she says. “The occasional sugary drink is not going to hurt you. The key is keeping track of how often you have them and in what amounts.”

For many people, keeping a food diary—writing down exactly what you ate and drank—is helpful. So if you want a caramel brulée latte from Starbucks, keep in mind that it has 49 grams (almost 12 teaspoons) of sugar. A 12-ounce can of Coca-Cola has 39 grams, or about 10 teaspoons, of sugar. A small chocolate shake at McDonald’s has 74 grams (about 18 teaspoons) of sugar. (A general rule of thumb: Take the listed grams of sugar on an ingredients label and divide by four to get the number of teaspoons.)

Then, make sure you have plenty of more healthful alternatives at hand. Water is the healthiest form of hydration, but it’s not hard to add a pop of flavor to it. “Put cut-up fruit in a pitcher of water and keep it in the refrigerator,” Bernstein advises. “Do the same with a water bottle that you can take with you when you go out.”

Iced or hot herbal tea tastes great without sweetener. Add a splash of orange juice, or a wedge of lime or lemon, to water, or a splash of cranberry juice to seltzer. For a special treat you can also try one of the recipes at right, recommended by Diane Weeks, RDN, MS, CDE.



## PLUM SLUSHY

Serves 1

### INGREDIENTS:

- 3 fresh plums, pitted, peeled and chopped
- ¼ cup blueberries, fresh or frozen
- ¼ cup 100 percent apple juice
- 1 handful of ice cubes

### DIRECTIONS:

- Wash and prepare fruit.
- Combine all ingredients in a blender and blend until smooth, about 3 minutes.
- Serve immediately.

Source: UMass Extension Nutrition Program

## FRESH MINT TEA

Serves 1

### INGREDIENTS:

- ½ cup washed, packed fresh mint leaves (use more mint leaves for a stronger brew)
- 1 cup water
- 1 teaspoon sugar or honey (optional)
- 1½ teaspoons lemon juice (for iced tea)

### DIRECTIONS:

- Place mint in a bowl. Boil water and pour over mint leaves.
- Steep for about 3 minutes.
- Strain into a large teacup.
- Add honey or sugar and stir.
- For iced tea, let mint tea cool and then pour it into a glass filled with ice. Add lemon juice to taste.



## PINEAPPLE FIZZ

Serves 4

### INGREDIENTS:

- 1 cup unsweetened pineapple juice
- 3 cups seltzer water
- 4 lemon slices (optional)

### DIRECTIONS:

- In a punch bowl or pitcher, mix juice and seltzer water.
- Add lemon slices and chill in the refrigerator.

Note: If you prefer, you can use other 100 percent fruit juices, such as grape, apple or orange.

Source: Cornell Cooperative Extension



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**\$400,000**

donated for COVID-19  
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meals



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# HEART RACING? IT COULD BE YOUR MEDICATION

## BRIEF PERIODS OF INCREASED HEART RATE ARE COMMON AND HAVE A VARIETY OF CAUSES.

Everyone experiences an increased heart rate at some point. You exercise, and your heart rate increases. You become frightened or stressed, and your heart beats faster. You might experience the increased heart rate as a skipped beat, a flutter or a pounding in your chest.

“A temporary increase in heart rate has many causes,” says David Dobesh, MD, Chief of Cardiac Electrophysiology at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group with offices in Jersey City and West Orange. “Emotional stress, physical stress, psychological stress, even things like caffeine, nicotine, too much alcohol or fever. Your body is performing a complex balancing act with your pulse.”



DAVID DOBESH, MD

A lesser-known but common source of increased heart rate is medication, including some kinds of over-the-counter medicines and certain prescriptions. “People should be aware that some medicines do

briefly increase your heart rate,” says Dr. Dobesh, “and usually those episodes are not something you should be concerned about.”

### POSSIBLE CAUSES

Common medications that may increase heart rate for a short period of time include:

- Decongestants, specifically those that contain pseudoephedrine, a stimulant. “If the decongestant has a capital ‘D’ at the end of its name, it contains this ingredient,” says Dr. Dobesh.
  - Some inhalers for asthma, emphysema or COPD (chronic obstructive pulmonary disease).
  - Theophylline, an oral asthma medication.
  - Medications for ADHD (attention deficit hyperactivity disorder).
  - Diuretic medications (used to help prevent fluid retention) could result in dehydration, says Dr. Dobesh.
  - Some blood pressure medications may inadvertently lower blood pressure too much.
- “If your pressure is very low from either dehydration or overmedication, the body will respond by increasing the heart rate to compensate,” he explains.

## WHAT IS TACHYCARDIA?

For most people, a heart rate between 60 and 100 beats per minute (bpm) is normal.

When your heart beats more than 100 bpm for reasons unrelated to physiological stress, that’s known as tachycardia, from the Greek words for “swift” and “heart.”

If increased heart rate is a concern, basic testing, such as an electrocardiogram or blood work, can be done to determine whether you should be referred to an electrophysiologist—a cardiologist who specializes in heart rhythms. The electrophysiologist will look for possible types of tachycardia that are caused by an abnormality of the heart itself and can affect how well the heart pumps blood.

Examples include atrial fibrillation (AFib), atrial flutter and supraventricular tachycardia (SVT). A wide range of treatments may be considered, including lifestyle changes, medications and medical and surgical procedures.

“Some medications carry warning labels about increased heart rate but in practice this side effect is unusual,” Dr. Dobesh says. “These include certain antidepressants and also thyroid medications, which will not usually increase heart rate if they’re taken at the recommended dose.”

Similarly, herbal supplements such as ginseng, valerian root and orange bitters should not increase heart rate when taken in normal doses, he says.

While a short-term increase in heart rate from medication or emotional or physical stress is normal, increased heart rate that lasts for a long time is not. “If you’re repeatedly feeling symptoms of a racing heartbeat that make you uncomfortable, tell your doctor,” advises Dr. Dobesh. “Further testing may be appropriate.”

Whoever your heart beats for, our hearts beat for you. To connect with one of NJ’s top cardiovascular specialists, call 888.724.7123 or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).



# EXPECT OUTSTANDING CANCER CARE

THE NCI COMPREHENSIVE CANCER CENTER DESIGNATION CARRIES  
A WORLD OF MEANING FOR PATIENTS AND FAMILIES.

The National Cancer Institute (NCI) Comprehensive Cancer Center designation is the highest credential a U.S. cancer center can attain. But what does it mean for a patient?

“For a cancer patient, the question of where to be treated can be terribly confusing. The NCI designation tells a layperson that the institution is among the top centers in the country for delivering cancer care and performing research,” says Steven K. Libutti, MD, Senior Vice President, Oncology Services, for RWJBarnabas Health (RWJBH) and Director, Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center.



STEVEN K. LIBUTTI, MD

Though Rutgers Cancer Institute is located in New Brunswick, the beneficial effects of its research, clinical trials and advanced treatments are felt throughout New Jersey thanks to its

unique partnership with RWJBH.

“The beauty of our partnership is that Rutgers Cancer Institute is fully integrated with each of the healthcare system’s 11 hospitals,” Dr. Libutti explains. “When a patient is being treated at any RWJBarnabas facility, he or she has an entryway to an NCI-Designated Comprehensive Cancer Center and will get the same level of care and access to advanced treatments and clinical trials.”

## PERSONALIZED CARE

For all their mastery of technology and treatments, the healthcare providers at RWJBH and Rutgers Cancer Institute never lose sight of the human element. “Our whole goal is to provide personalized care not only for the type of cancer you have, but for you as a

patient,” says Dr. Libutti.

Nurse navigators “reduce the burden of diagnosis,” he explains, by working with the patient throughout treatment, coordinating appointments and ensuring that specialists involved have the information they need. “We wrap the patient in a plan of care created just for him or her,” Dr. Libutti says.

Patients who want to know more about their treatment options through RWJBH and Rutgers Cancer Institute can call the Oncology Access Center at 844.CANCERNJ (844.226.2376), where oncology specialists stand ready to help determine the next steps. “That number is our ‘Easy Button,’ our way to put you on the first step to a successful outcome,” says Dr. Libutti. “We’re only a phone call away.”



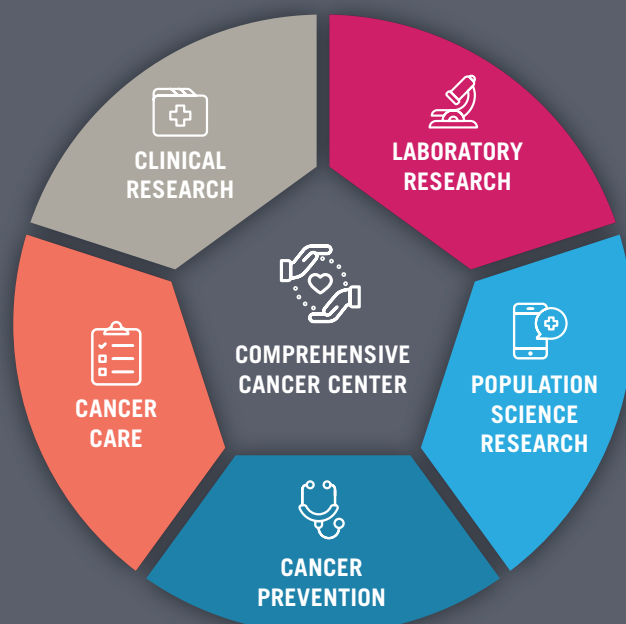
A Cancer Center Designated by the  
National Cancer Institute

## BADGE OF HONOR

A Comprehensive Cancer Center designation from the National Cancer Institute places an organization among the top tier of cancer institutions in the country. Rutgers Cancer Institute, together with RWJBarnabas Health, is the only Comprehensive Cancer Center in the state of New Jersey.

## ELEMENTS OF A COMPREHENSIVE CANCER CENTER

The designation requires the highest level of achievement in five areas:





## THE DESIGNATION MADE A DIFFERENCE

These survivors are among many who have had the benefit of cutting-edge research, clinical trials and care through the RWJBarnabas Health and Rutgers Cancer Institute partnership.



### A RARE T-CELL LYMPHOMA

Ling Jin needed treatment for a rare and aggressive form of T-cell lymphoma, requiring high-dose chemotherapy and radiation treatments in preparation for an allogeneic stem cell transplantation, sometimes referred to as a bone marrow transplant. As she underwent chemotherapy, a lymphoma was discovered behind her eye, which was resolved through brief and highly targeted proton beam therapy.

After an extensive database search, an appropriate donor for bone marrow cells was found, and last June, Ling had a successful stem cell transplant at Rutgers Cancer Institute.



### BREAST CANCER WHILE PREGNANT

Breast cancer survivor Liz Tague found out she was pregnant—and soon after, learned that her breast cancer had recurred. After consulting with an oncologist in New York, Liz opted to have her treatment closer to home, guided by Rutgers Cancer Institute and RWJBarnabas Health.

Following a lumpectomy and chemotherapy, Liz gave birth to a healthy son. Now it was time to consider radiation therapy to prevent further recurrence. Her doctors proposed proton beam therapy, which can be precisely targeted to spare previously irradiated tissues. Three years later, Liz is back to work as a teacher and enjoying family time with her toddler.



### STAGE 4 KIDNEY CANCER

Jim Gritschke was fit and active, but weight loss and sharp pains in his right leg led him to an orthopedic surgeon. The diagnosis: a large tumor on his kidney from metastatic renal cell carcinoma, which had spread to his pelvis.

Jim required major robotic surgery to remove the kidney and tumor, followed by radiation and systemic therapy. He had the benefit of the latest technology and a multi-specialty team at a high-volume center, as well as the opportunity to participate in a clinical trial for immunotherapy. Jim has now returned to his favorite activities.

**“THE BEAUTY OF OUR PARTNERSHIP IS THAT RUTGERS CANCER INSTITUTE IS FULLY INTEGRATED WITH EACH OF THE HEALTHCARE SYSTEM’S 11 HOSPITALS.”** —Steven K. Libutti, MD

## THE PATH TO A PRESTIGIOUS DESIGNATION

This year marks the 50th anniversary of the National Cancer Act, which established the NCI Cancer Centers program. Out of the thousands of U.S. facilities that have cancer programs, just 51 are NCI-Designated Comprehensive Cancer Centers. The NCI designation is a grant that brings significant dollars to the Rutgers Cancer Institute and has a positive economic impact on the state of New Jersey.



Submission of a written application between 1,200 and 1,500 pages long

1



A site visit from a variety of national cancer experts, who examine infrastructure, basic research, clinical care, clinical trials and more

2



Scoring to determine rankings

3



After five years, institutions must reapply for the designation.

4



### A PARTNERSHIP FOR PATIENTS

RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. To learn more, call **844.CANCERNJ** or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).



# BRAIN ANEURYSMS: WHAT TO KNOW

**BEING AWARE OF  
THE SYMPTOMS  
CAN KEEP YOU OR A  
LOVED ONE SAFE.**

About one in 50 people in the U.S. has a brain aneurysm—a “balloon” of blood protruding from an artery. The majority of these will never burst or even require treatment.

For those whose aneurysms do burst, however—approximately 30,000 people each year—the consequences can be devastating, leading to brain damage, stroke or death.



**ANIL NANDA, MD**

“We want to raise awareness about aneurysms because some studies have shown that almost a quarter of people who have a ruptured aneurysm die because

of misdiagnosis,” says neurosurgeon Anil Nanda, MD, MPH, Senior Vice President of Neurological Services for RWJBarnabas Health and Chairman, Department of Neurosurgery, for Rutgers-New Jersey Medical School and Robert Wood Johnson Medical School.

“We have seen an increase in ruptured aneurysms during the COVID-19 pandemic. This may be because people have been less active during this period, perhaps gaining weight or not controlling high blood pressure,” he says.

People who may have warning signs of an aneurysm often neglect them, assuming they’ll simply go away, he says. In addition, many people have avoided seeking care because of fear of going to a hospital during the pandemic.

“The classic symptom is a severe

headache—one that feels like the worst headache of your life,” Dr. Nanda explains. “Not every headache is an aneurysm, of course, and most of the time it’s not anything serious. But if you have this terrible headache along with neck stiffness, and bright light bothers you, you should go to the Emergency Department to have it investigated.”

## **ADVANCED TREATMENTS**

Aneurysms can be diagnosed by a CT (computed tomography) scan, which uses X-rays to determine whether blood has leaked into the brain. Doctors may also order an MRI (magnetic resonance imaging), which uses computer-generated radio waves to create detailed images of the brain.

Other diagnostic tests include



a cerebral angiography, which is performed by passing a catheter (a long, flexible tube) from the groin artery to inject a small amount of contrast dye into the neck and brain arteries, and a cerebrospinal fluid analysis, which measures chemicals that indicate bleeding in the brain.

“If we do determine there is an aneurysm, whether it’s ruptured or in danger of bursting, we look at the risk factors and determine the appropriate course of action. If surgery is indicated, we’ll get our team together and perform it within 12 to 24 hours,” says Dr. Nanda.

“For years, a procedure called clipping was the only way to fix an aneurysm,” he explains. In this procedure, a craniotomy is performed to create an opening in the skull and then a small metal clip is placed on the aneurysm to stop the blood flow.

“Clipping is still the best solution for some cases,” Dr. Nanda says. “Today, however, the mainstay of treatment is coiling. We can thread the catheter through a groin artery to place a coil on the aneurysm, and there is no need to open the skull.”



## WHAT IS A BRAIN ANEURYSM?

A cerebral (brain) aneurysm is a weak spot on a brain artery that balloons or bulges out and fills with blood. If it bursts, it spills blood into the surrounding tissue, an event that’s called a hemorrhage. Brain cells, deprived of oxygen, begin to die, and the patient may have a stroke.

## TEAM OF EXPERTS

Decisions about treatment are made on a case-by-case basis. “We have a multidisciplinary team at RWJBarnabas Health and Rutgers,” says Dr. Nanda. “We have neurologists, neurosurgeons, a neuropsychologist, a neuroradiology team and endovascular specialists, all providing input about what will be most effective for the patient. We’re like a special forces team, able to come together quickly. The patient gets 10 experts for a problem immediately, which is a huge advantage.” Nurse

practitioners, neurology nurses and neurophysiology technologists round out the care team.

“Another benefit of being part of a large system is that we have the advantage of research, clinical trials and education,” Dr. Nanda says. “We can do what we call translational research, meaning we take basic research that’s being done on stroke and translate it into the clinical realm. It’s a bench-to-bedside approach where we can really improve the condition of patients.”



## RISK FACTORS

- Uncontrolled blood pressure.
- Smoking.
- Family history of aneurysms.
- Older age.
- Head injury.
- Substance abuse, particularly cocaine.
- Heavy alcohol consumption.
- Conditions present at birth, including polycystic kidney disease and cerebral arteriovenous malformation, an abnormal connection between arteries and vessels in the brain.



## POSSIBLE SIGNS OF A RUPTURED ANEURYSM

**If you experience these symptoms, call 911:**

- Sudden, severe headache.
- Double vision.
- Nausea and vomiting.
- Stiff neck.
- Sensitivity to light.
- Seizures.
- Loss of consciousness, even if brief.
- Cardiac arrest.



## POSSIBLE SIGNS OF AN UNRUPTURED ANEURYSM

**If you experience any of the following, consult your doctor right away:**

- Drooping eyelid.
- Dilated pupil in one eye.
- Pain above and behind the eye.
- Changes in vision or double vision.
- Confusion.
- Weakness and/or numbness on one side of the body.

For more information about neurosurgical services available at RWJBarnabas Health, visit [www.rwjbh.org/neurosurgery](http://www.rwjbh.org/neurosurgery).





# WHY CHILDHOOD VACCINATIONS CAN'T WAIT

**DON'T DELAY ROUTINE VACCINATIONS THAT WILL KEEP YOUR CHILD SAFE FROM PREVENTABLE DISEASES.**

**T**he rate of routine childhood vaccinations—for diseases like measles, mumps, pertussis and more—has declined significantly during the COVID-19 pandemic, and pediatricians are worried.

“This decrease in vaccinations is a huge concern to us,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.



UZMA HASAN, MD



PATRICIA WHITLEY-WILLIAMS, MD

“We don’t want to experience a resurgence of vaccine-preventable illnesses that we have previously had very good control over. We don’t want to see our patients develop life-threatening issues like encephalitis from measles or meningitis from Haemophilus influenzae type B, which are prevented by safe, routine childhood vaccinations.”

“Parents have been hesitant to bring their children to doctors’ offices or clinics for fear of exposing them to COVID-19,” explains Patricia Whitley-Williams, MD, a pediatric infectious disease specialist at the Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital and Division Chief of Allergy, Immunology and Infectious Diseases at Rutgers-Robert Wood Johnson Medical School.

“However, these offices are following all the recommended guidelines from

the Centers for Disease Control and Prevention,” Dr. Whitley-Williams says. “Offices are sanitized in between patient appointments, plastic barriers are up, patients and visitors are checked for fever and masks are worn.” (For children, wearing a mask is recommended over the age of two years.)

“Pediatricians’ offices have protocols in place to keep well children and sick children apart,” adds Dr. Hasan. “Some set aside special time periods just for vaccinations. Many places require that people check in over the phone and wait outside in their cars. Patients and families then are brought straight into the office, so there’s no exposure to other people in a waiting room.”

Parents who have safety concerns should contact their pediatrician’s office to ensure that proper safety measures are in place, the doctors advise.

## FOLLOW THE SCHEDULE

Timing is important when it comes to childhood vaccinations, Dr. Hasan says. “Please don’t put off having your child vaccinated because you think it’s better to space the shots out,” she says. “The schedule of vaccines has been carefully determined to minimize risk and get the best response for each age.” The recommended schedule for routine childhood vaccinations can be found at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

Expectant mothers should get the Tdap vaccine to protect the baby against pertussis, sometime between the 27th and 36th weeks of pregnancy, the CDC recommends. “That vaccine has been a game changer for protecting vulnerable newborns,” Dr. Hasan says.

One vaccine many parents are eager to explore for their children is the one for COVID-19, Dr. Hasan says. “I can’t tell you how many calls we get about that,” she says. “We’re eagerly awaiting the results of trials so we have safety data for the younger age groups, particularly for vulnerable populations such as those with kidney, heart or lung disease.”

In the meantime, routine childhood vaccinations should proceed as advised by your pediatrician. “Parents and guardians should be assured that these vaccines have been proven to be safe and effective,” says Dr. Whitley-Williams, “and they save lives.”

To find a pediatrician at RWJBarnabas Health, call **888.724.7123** or visit [www.rwjbh.org/doctors](http://www.rwjbh.org/doctors).



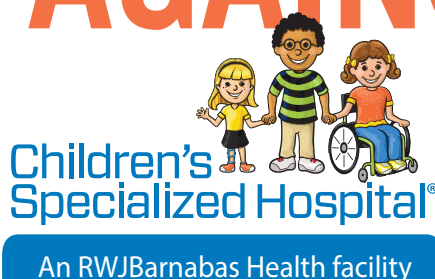




Hard work at the Inpatient Chronic Pain Management Program enabled Olivia to compete in triathlons again.

# A RACE AGAINST PAIN

**A COMPETITIVE ATHLETE  
ACHIEVES HER DREAMS THANKS  
TO AN INNOVATIVE PAIN  
MANAGEMENT PROGRAM.**



Olivia Christmann, 19, had been in pain for months when she came to Children's Specialized Hospital (CSH) in New Brunswick.

A competitive athlete, Olivia had been training for the Age Group Triathlon World Championships in August 2015 when she crashed her bike while riding at 27 miles per hour. The impact of the crash left Olivia suffering from a broken nose, a torn gluteus maximus and several strains in her legs.

Though her injuries healed with time, her pain continued and got progressively worse. Finally, Olivia was diagnosed with Complex Regional Pain Syndrome (CRPS), a form of chronic pain that develops after an injury but gets worse over time. While CRPS is not well understood, it's thought that high levels of nerve impulses are sent to the affected site.

Olivia tried several outpatient therapies, but her pain persisted, leaving

her unable to do most social or physical activities. Even walking to the car after a therapy session was an ordeal.

After researching other avenues for treatment, Olivia learned about the four-week Inpatient Chronic Pain Management Program at CSH.

"I was searching for a way to get my life back to normal," says Olivia. "During the initial evaluation, they asked me what my goals for the program were, and the first thing that I said was that I wanted to race again." She entered the program in January 2016.

## WILL TO WIN

During her time at CSH, Olivia learned techniques for moving in a way that would help her manage the pain. Her natural competitiveness came out during timed activities like learning how to step in and out of a tub, or going for a walk

outside. "I always strived to beat my time from the day before," she recalls. Swimming, aquatic therapy and group and individual psychotherapy helped her learn to desensitize herself to pain and function normally.

After four weeks, Olivia was feeling more in control of her CRPS—and ready to get back to her senior year of high school. By the end of that year, she had been accepted into a prestigious university and was back to competitive sports.

In 2019, nearly four years after her accident, Olivia competed in the Age Group Triathlon World Championships, the same competition she'd been training for when she crashed her bike.

Olivia recalls the moments before the competition began: "I remember thinking, 'I can't believe I'm actually here!' And that's when it all hit me: There's no way I would have been able to do it if it weren't for my time at Children's Specialized Hospital. The treatment I got there gave me the chance to live out my dreams."

For more information about Children's Specialized Hospital, call **888.244.5373** or visit [www.rwjbh.org/childrensspecialized](http://www.rwjbh.org/childrensspecialized).

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



## THERE'S NOTHING MINOR ABOUT THE PARTNERSHIP BETWEEN RWJBARNABAS HEALTH AND THE SOMERSET PATRIOTS.

When two powerhouse organizations combine forces, the result is a big win for the community. Fans and friends of the Somerset Patriots not only get to see great baseball—the team was recently selected as a Double-A affiliate for the 27-time world champion New York Yankees—they also learn new ways to stay healthy.

“Baseball players work at their craft every day to be the best that they can be. Their exercise routines and nutritional habits are rooted in the principles of living healthy. Like our community, they rely on experts to help guide them along the way. That’s why our partnership with RWJBarnabas Health is so important and works so well,” says Steve Kalafer, Somerset Patriots Chairman Emeritus and RWJBarnabas Health (RWJBH) trustee.

Over the 22-year history of the partnership, RWJBH has hosted regular health fairs, blood drives and food drives, and has provided information on how

community members can get access to key health services and screenings. Somerset Patriots players have benefited, too: RWJBH provides sports medicine services to keep players on the field of play.

For kids, the Somerset Patriots, in partnership with the health system, created the Hit a Home Run Program. Featuring former pitcher Nate Roe, the education program for schools (delivered virtually this school year) is designed to teach young children how to eat healthier, make smarter lifestyle choices, be a good teammate and friend and understand the importance of exercise.

### FRIENDS IN NEED

The Somerset Patriots team has been a stalwart supporter of RWJBH. Last summer, the organization raised more than \$16,000 for the RWJBarnabas Health Emergency Response Fund to help support healthcare professionals as they served communities during the COVID-19 pandemic. The money was



At left, the Somerset Patriots and RWJBarnabas Health have recently enhanced their longtime partnership. Above, former pitcher Nate Roe delivers health information for area students (photo taken pre-pandemic).

raised in a variety of ways, including online auctions, merchandise sales of T-shirts and face masks, a pop-up shopping event and drive-in movies at TD Bank Ballpark.

“We are so grateful to the Somerset Patriots for their continued support of our hospital and our community throughout the COVID-19 pandemic, from donations of food for our staff to hosting blood drives and holding events to benefit our Emergency Response Fund,” says Tony Cava, President and CEO of Robert Wood Johnson University Hospital Somerset, a pillar of healthcare throughout Central New Jersey. “Their ongoing support helps ensure that our community has access to the comprehensive healthcare services they need.”


### A SOURCE OF PRIDE

RWJBH employees, many of whom live locally, take great pride in the partnership, attending games and participating in group events. Players feel that spirit as well.


“We pride ourselves on being active in our community to help make a difference,” says Somerset Patriots President and General Manager Patrick McVerry. “Our fans are always there for us at the ballpark and for all of our efforts. We know that through our partnership with RWJBarnabas Health, we are able to make sure our fans and community are always in good hands where their health is concerned.”

To learn more about the Somerset Patriots and the RWJBH partnership, visit [www.milb.com/somerset](http://www.milb.com/somerset) and [www.rwjbh.org/partnerships](http://www.rwjbh.org/partnerships). To donate to the RWJBH Emergency Response Fund, visit [www.rwjbh.org/giving](http://www.rwjbh.org/giving).





Esophageal cancer is a cancer in the tube that runs from the throat to the stomach.

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

# RARE CANCER, COMMON SYMPTOMS

**FOR ESOPHAGEAL CANCER, AWARENESS BRINGS EARLY DETECTION AND A BETTER PROGNOSIS.**

**D**ifficulty swallowing. Worsening indigestion or heartburn. Coughing or hoarseness. Each of these symptoms is fairly common and can have any one of a number of causes.

When combined and persistent, however, they could be signs of esophageal cancer—cancer of the tube that leads from the throat to the stomach.

“Esophageal cancer is not a common cancer. It accounts for approximately one percent of all cancers diagnosed in the U.S.,” says Pawan Gundavaram, MD, a hematologist/oncologist with Robert Wood Johnson University Hospital (RWJUH) Rahway. “However, if you’ve been consuming alcohol and smoking, or are having reflux or trouble with swallowing, see your primary care doctor.



PAWAN GUNDAVARAM, MD

“Fortunately, the prognosis for esophageal cancer is improving,” he says. “It’s better than it was five years ago. People are living longer because of awareness and early detection of this cancer.”

## WHO’S AT RISK?

Men are most likely to develop esophageal cancer. (The lifetime risk is one in 125 for men and one in 417 for women.) Risk factors include:

- Age. About 85 percent of cases are found in people over age 55.
- Smoking or chewing tobacco.
- Regular, excessive alcohol consumption.
- GERD (gastroesophageal reflux disease) carries a slightly higher risk, although most people with GERD don’t develop esophageal cancer.
- Obesity, because it’s related to a higher incidence of GERD.
- Regularly drinking extremely hot liquids.
- HPV (human papillomavirus) infection.

A condition called Barrett’s esophagus, caused by persistent, chronic acid reflux, is considered a precursor to esophageal cancer. “About 10 percent of people with Barrett’s esophagus go on to develop esophageal cancer,” says Dr. Gundavaram.

## WHAT ARE THE SYMPTOMS?

Esophageal cancer may have no symptoms in the earliest stages. However, as it develops, the symptoms can include:

- Heartburn/acid reflux/indigestion.
- Difficulty swallowing.
- Coughing.
- Hoarseness.
- Unexplained weight loss.
- Anemia (when there are not enough healthy red blood cells to carry oxygen to your body’s organs, leading to tiredness or weakness).
- Black stools (which may indicate blood in the stool).

## HOW IS ESOPHAGEAL CANCER DIAGNOSED?

“The first screening test is an endoscopy,” explains Dr. Gundavaram. In that procedure, a flexible, lighted tube with a camera is passed down the throat so that doctors can identify irritated tissue and tumors.

A biopsy can be taken during the same procedure. If a cancer diagnosis is confirmed, further testing will reveal how far the cancer has spread, which helps doctors determine how best to treat it.

## HOW IS IT TREATED?

Surgery to remove the cancer is the main treatment and can be done alone or in combination with chemotherapy and radiation.

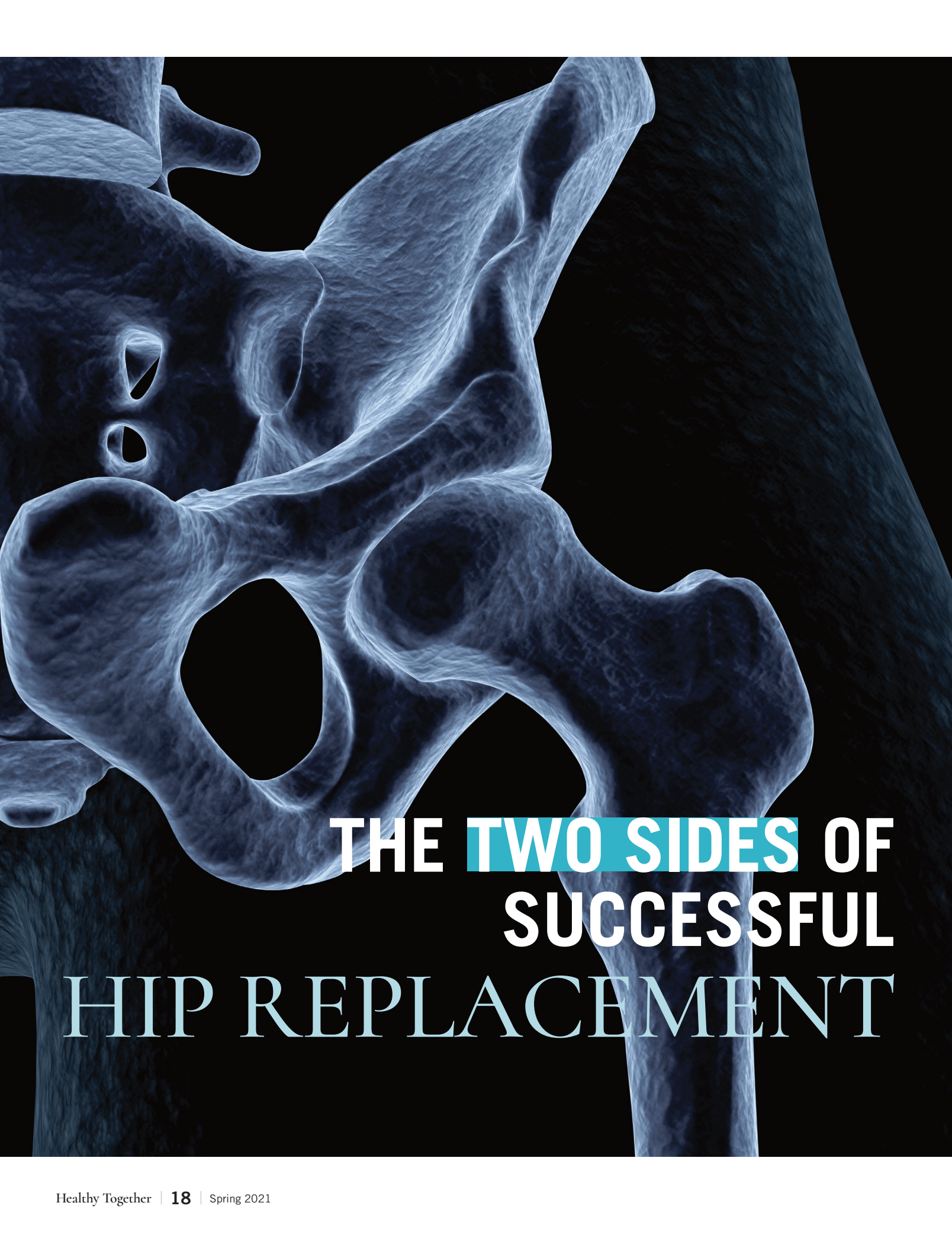
“If the cancer is in an early stage, within the mucosal layer of the esophagus, we can do endoscopic surgery, where we go through the mouth and inject saline under the tumor to separate it from the wall of the esophagus,” explains Dr. Gundavaram.

More advanced tumors require more advanced endoscopic surgery to remove a portion of the stomach and esophagus with surrounding lymph nodes, he explains.

New immunotherapy and targeted drug treatments are also being used in later stages of the disease. The cancer can be checked for markers that indicate it would be susceptible to specific drugs.

To schedule an appointment with a cancer expert at RWJUH Rahway, call **844.CANCERNJ**.





# THE **TWO SIDES** OF SUCCESSFUL HIP REPLACEMENT



## FIRST-RATE SURGERY PLUS PHYSICAL REHABILITATION EQUALS A WINNING FORMULA FOR PATIENTS.

“Our goal for patients who have a hip replacement is that, in time, they forget they even had that replacement,” says orthopedic surgeon David Rojer, MD, Medical Director of the Joint Replacement Center at Robert Wood Johnson University Hospital (RWJUH) Rahway. “When you have the right team for both surgery and for rehabilitation, as we do at RWJUH Rahway, in the end the patient feels almost like he or she has a normal hip.”

Here’s how surgery and physical therapy work in tandem to create the best possible outcome for the patient.

### SIDE 1

#### THE SURGERY

Most people who need a hip replacement have severe arthritis that interferes with everyday activities, such as walking, lying down, getting dressed and getting into a car. A painful hip can affect the gait (how a person walks), cause a limp and lead to back or knee pain. “Fortunately, these patients can get dramatic results from hip replacement surgery,” says Dr. Rojer.

During the approximately two-hour procedure, a surgeon uses highly specialized tools to remove diseased or damaged bone. The surgeon then attaches the new joint, which is typically made of ceramic or plastic and includes both the ball and the socket.

“These procedures are demanding because they involve exposing the hip joint, which is under multiple layers of muscle,” Dr. Rojer explains. “We take care to protect the many arteries and nerves there. And with our experience, we can make sure the leg remains the right length and that the new hip joint does not dislocate.”



DAVID ROJER, MD

Results can be

immediate and amazing. “Patients are up and walking hours after surgery, and most go home the next day with a clear understanding of how to safely and gradually recover,” Dr. Rojer says. “During the first few weeks after surgery, it is important for patients to protect the hip and be aware of putting the hip in dangerous positions that could lead to dislocation.”

After several weeks at home while following the recommended procedures, patients slowly begin to enjoy activities they haven’t been able to do for a long time.

“Though this is a major surgery, it works very, very well,” says Dr. Rojer. “It can be life-changing.”

### SIDE 2

#### PHYSICAL REHABILITATION

“Rehabilitation is so important to the success of a hip replacement that we begin working with patients several weeks in advance of their surgery,” says Magda Ioannou, Occupational Therapist and Joint Care Coordinator at the Joint Replacement Center at RWJUH Rahway. “In addition, we greet the patient at their bedside shortly after the procedure to help get them up and walking safely.

“During a one-hour class, the patient is issued a guidebook that provides detailed instructions for before and after care. This includes specific exercises that they begin at home before surgery,” Ioannou says, “as well as hip precautions that help prevent dislocation while the joint heals, and tips to plan ahead for a safe discharge home. Without this support and education, patients may not achieve their desired goals.”

Hip precautions, which are most important for about six weeks after surgery, include:

- Not crossing the legs, even during sleep.
- Not turning toes inward.
- Not bending at the waist at more than a 90-degree angle, whether sitting or standing, or even in bed when pulling up the covers.

“These can be hard habits to break, especially during sleep,” says Clarissa Josue, an outpatient physical therapist at RWJUH Rahway. “But we offer tools and techniques to help.”

Just after surgery, physical therapists help each patient learn to use a walker on their hospital floor as well as in the rehab center, Josue says. Patients with a hip replacement are usually ready to go home the next day.

RWJUH Rahway therapists help patients get their homes ready for their recovery. This might include getting a walker, a raised toilet seat or commode, a shower chair and a reacher to avoid bending at the hip.

Two weeks after surgery, patients return to Outpatient Rehabilitation for therapy. After one to three months of therapy and home exercises, patients typically have significant improvement to their quality of life and mobility.

“Gradual is key,” says Josue. “Patients recover safely and with the best outcomes when proper procedures are followed.” If a patient transitions from a walker to a cane too soon, for example, muscles are not ready to support the new hip and falling is a risk.

Upon successful completion of the rehabilitation program, patients who have hip replacement at RWJUH Rahway may be able to return to their favorite sporting activity, including riding a bike, golf or doubles tennis. However, running and high-impact activities are not recommended.

“After a year or two, I want them to come see me for a checkup and say, ‘I almost forgot I had a hip replacement,’” says Dr. Rojer.

To find an orthopedist at RWJUH Rahway, call **844.63.ORTHO** or visit **[www.rwjbh.org/ortho](http://www.rwjbh.org/ortho)**.





# 100 POUNDS DOWN, AND COUNTING

AFTER YEARS OF YO-YO DIETING, A  
MAN MAKES A BIG DECISION.

Bariatric patient  
Chester DeStefano  
in the lobby of his  
building, next to a  
display of photographs  
he's taken.



**I**'ve always struggled with my weight," says Chester DeStefano, 69. "I've dieted many times and I've failed many times."

Early last year, Chester was finally ready to explore other options. At the time, his weight had reached a high of 370 pounds. "I had gained so much weight that I was having trouble moving around," Chester recalls.

The endocrinologist who was helping him manage his Type 2 diabetes had been recommending bariatric surgery for a few years, but Chester had been resistant. However, he had a change of heart last winter after he attended a seminar offered by the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway.

"At the seminar, I learned about the different types of bariatric surgeries offered and decided it was time to take the plunge and just do it," says Chester.

One of his biggest motivations: a plan to retire from his job as a probation officer this year. "I was in the process of building a new home in South Jersey in a 55-plus community and I wanted to be able to move around and enjoy myself," he says.

## GETTING READY

Chester met with Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, to discuss the surgery.

"In general, a patient who needs to lose more than 100 pounds is a good candidate," says Dr. Nihalani. "We also look at body mass index, or BMI. A patient with a BMI greater than 40 is a good candidate. Those with a BMI greater than 35 who also have a medical condition, like diabetes or hypertension, can also qualify."

After exploring the bariatric surgery options with Dr. Nihalani, Chester



ANISH NIHALANI, MD

decided to pursue gastric sleeve surgery, which removes about 70 percent of a patient's stomach. A stomach reduced in size means patients become full faster

and therefore eat less.

The surgery also causes hormonal changes that can improve health. "The part of the stomach that's removed produces the hunger hormone ghrelin, so there's a drop in ghrelin production, which leads patient to feel less hungry," says Dr. Nihalani.

In addition, the surgery causes a rise in the production of the hormone GLP-1, which can help treat diabetes. "As a result, many diabetic patients are cured or experience a significant improvement after surgery," Dr. Nihalani says.

The Surgical Weight Loss Program requires patients to undergo several months of preparation before surgery, including check-ins with Dr. Nihalani and consultations with a dietitian.

An endoscopy (an examination of the digestive tract done with a long, flexible tube) is also done during this time to make sure there are no ulcers or polyps in a patient's stomach. Blood work is taken to check whether any underlying metabolic conditions can be corrected prior to surgery.

## A BIG CHANGE

Chester's surgery was originally scheduled for April 2020 but, like many other elective surgeries, had to be postponed for a while due to the pandemic. In July, it was finally time for Chester's surgery, and he was ready. "My mindset was that I was in good hands and everything would be okay," he says.

Dr. Nihalani performed the 45-minute surgery laparoscopically, meaning the procedure was minimally invasive and required only a small incision. Chester was able to return home the next day to begin recovery, which consists of following an all-liquid diet for two weeks, then gradually reintroducing solid foods.

"During this time, patients are learning the new size of their stomach," says Dr. Nihalani. "Even when they are fully recovered, they could get sick if they eat too much due to their smaller



## WEIGHT LOSS SURGERY SUPPORT

If you're interested in learning more about weight loss surgery, consider attending one of our virtual seminars. In addition, Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.

stomachs."

Today, Chester says he's feeling better than he has in years. He has lost nearly 100 pounds since he began the process of preparing for his surgery last year and requires less insulin to manage his diabetes. "I would encourage others who are in my situation to be brave and take that step onto the road less traveled," he says.

He would like to lose about 50 more pounds. "I try to work out at home most days—I love to walk on the treadmill, I lift dumbbells, and I also use a stepper, a Pilates ball and tension straps," he says. His meals consist mostly of low-fat, low-carb and high-protein foods. "I don't eat the things I used to, like gobs of pizza and sub sandwiches," he says. "For a while, I hit a bit of a plateau, but I'm back on track and doing well."

As Chester begins his retirement this spring, he looks forward to enjoying an active lifestyle. "I also always wanted to coach a basketball team, so maybe I'll find a rec league," he says. "I own a motorcycle and was having trouble getting on and off of it before the surgery. It'll be nice to take it out for more rides."

To learn more about weight loss surgery at RWJUH Rahway, call **732.499.6300** or visit [www.rwjbh.org/weightloss](http://www.rwjbh.org/weightloss).



# LOVE YOUR LUNGS

**FREE HELP FOR QUITTING SMOKING AND VAPING IS AVAILABLE.**

Smokers and people who vape are more vulnerable to respiratory and lung illnesses. They're also more vulnerable to the effects of COVID-19, which is why New Jersey has named smokers as a priority group to receive the COVID-19 vaccine.

"Smoking and vaping weaken the immune system, which makes it harder for your body to fight any disease," explains Kristofer Novak, Assistant Director, Nicotine and Tobacco Recovery Program, at the RWJBarnabas Health Institute for Prevention and Recovery (IFPR).

To encourage patients to quit smoking or vaping, Robert Wood Johnson University Hospital (RWJUH) Rahway and the IFPR are distributing "quit smoking" goody bags when patients are discharged from the hospital. The bags include nicotine gum, stress relief devices and, most important, information for accessing the IFPR's Quit Center, a free resource that offers an arsenal of tools to help them break the habit.

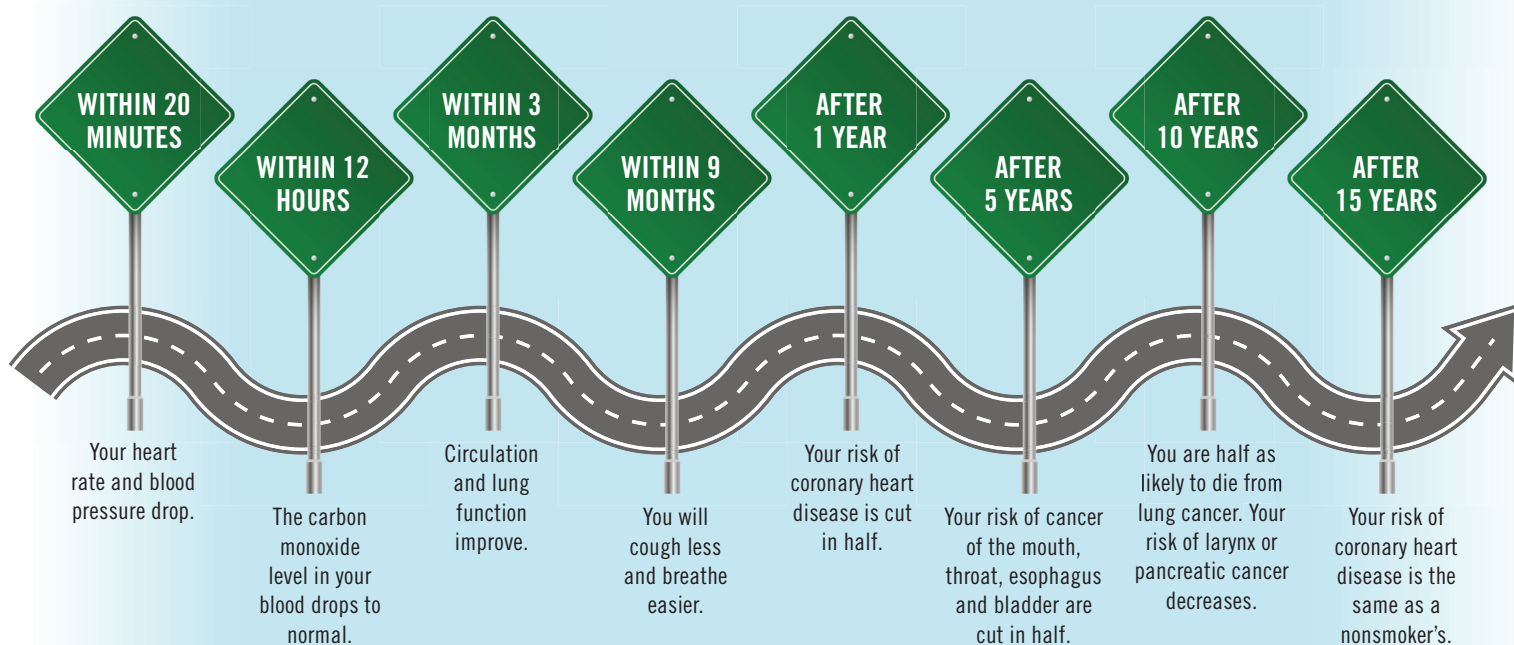
"Hospitalized patients or those who are having elective procedures can't smoke while they're here, but once they return home, we want to be sure they have the tools to help them quit," says pulmonologist Carol Ash, DO, Chief Medical Officer at RWJUH Rahway.

Studies show that individuals who vape or smoke are four times more likely to quit when participating in a structured program compared with quitting on their own. The IFPR's Nicotine and Tobacco Recovery Program is an eight-week program and includes free nicotine replacement therapies such as nicotine patches, gum and lozenges.

Participants are paired with a Certified Tobacco Treatment Specialist, who works virtually to help them establish a realistic quit date and create an individualized quit plan. The specialist supports them through the journey, which can include one-on-one or group counseling sessions.

## YOUR ROAD TO A HEALTHY FUTURE

How quitting nicotine affects your body



Source: BeTobaccoFree.gov

The Quit Center, which offers the Nicotine and Tobacco Recovery Program, can be reached by calling **833.795.QUIT (7848)** or visiting [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery).







# RWJUH Rahway Is Here for You

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

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

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

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

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

**DIABETES SUPPORT:** In-person support group from 6:30 to 7:30 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway. In addition, Lauren Bernstein, MS, RD, Certified Diabetes Educator at RWJUH Rahway, is providing individual education for people with diabetes, both in person and virtually. To learn more, call **732.499.6109**.

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

**LUNG DISEASE SUPPORT GROUP:** For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets both in person and virtually on the first Friday of every month from 3:30 to 4:30 p.m. in the hospital's Nicholas Quadrel Center for Cardio-Pulmonary Rehabilitation on the second floor, 865 Stone Street, Rahway. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call **732.499.6193**.

**PARKINSON'S SUPPORT GROUP:** Virtual meeting on the second Wednesday of every month at 1 p.m. The group is open to all people with Parkinson's and their care partners. Call Community Education at **732.499.6193** and provide an email or phone number for an invitation to this meeting. If you don't have a computer, tablet or smartphone, you can join by phone.

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

**WEIGHT LOSS SURGERY SUPPORT:** Get started on a path to better health with weight loss surgery. Virtual seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.

## ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS



- **Breastfeeding Support**, every Monday from 12 to 1 p.m. International Board Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Register at [www.rwjbh.org/breastfeedingsupport](http://www.rwjbh.org/breastfeedingsupport).
- **Perinatal Mood and Anxiety Disorders**, every Wednesday from 11 a.m. to 12 p.m. One of the most common complications of childbirth is anxiety or feelings of anger or sadness. You are not alone. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at [www.rwjbh.org/PMADsupport](http://www.rwjbh.org/PMADsupport).



## VIRTUAL HEALTHY COOKING DEMOS

Diane Weeks, RDN, MS, CDE. All classes take place from 7 to 8 p.m. To register, call **732.499.6193** and leave your name, email address and phone number.

- **Tuesday, April 27** A Healthy Spring Dinner
- **Tuesday, May 25** Diabetes-Friendly Meals Everyone Loves
- **Tuesday, June 22** Mediterranean and Plant-Based Dishes

## NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

- **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This peer-led group for family members and caregivers of persons with mental illness can help. To register, email Denise at [namiunioncounty@yahoo.com](mailto:namiunioncounty@yahoo.com) with your name, town and phone number.
- **ZOOM SPEAKER PRESENTATIONS:** Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. Free resource guide for Union County available. To register, go to [www.naminj.org/support/affiliates/union](http://www.naminj.org/support/affiliates/union) for upcoming events.

# Your family has no history of breast cancer.

## You still need a mammogram.

### Now offering 3D and SmartCurve imaging.

An annual mammogram provides peace of mind and allows for early detection. Now, we can offer a more comfortable mammogram, too. Our new 3D mammography system is clinically proven to significantly improve the detection of breast cancer and reduce the need for additional testing.

To schedule your 3D mammogram at RWJUH Rahway,  
visit [rwjbh.org/mammo](http://rwjbh.org/mammo)

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Let's beat breast cancer together.

Rutgers Cancer Institute of New Jersey is the state's only NCI-designated Comprehensive Cancer Center. Together RWJBarnabas Health and Rutgers Cancer Institute offer the most advanced cancer treatment options close to home.



**We've taken every precaution to keep you safe.  
So if you've put off any cancer care due to COVID-19, please don't delay it any longer.**