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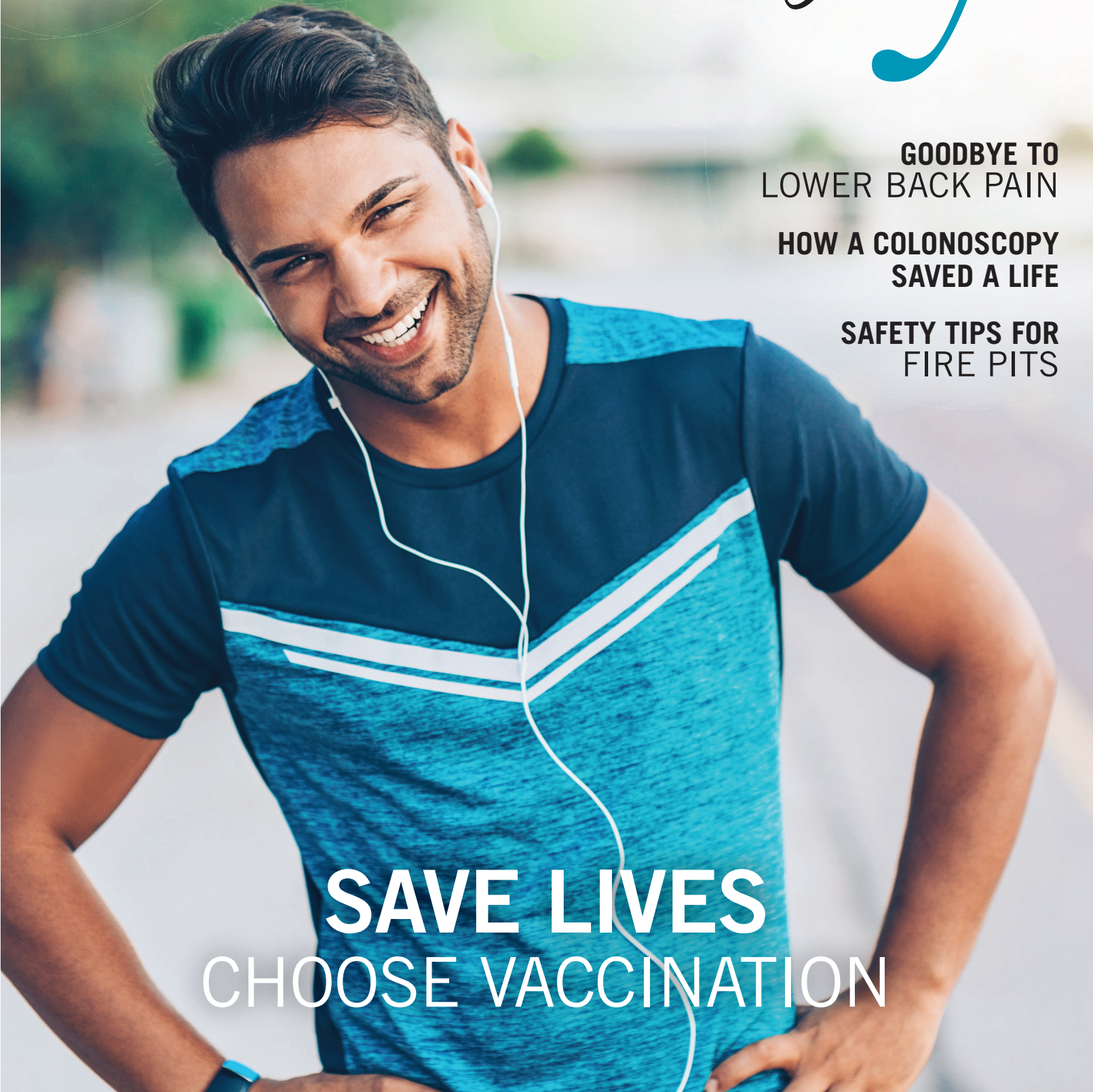
# healthy *together*

**GOODBYE TO  
LOWER BACK PAIN**

**HOW A COLONOSCOPY  
SAVED A LIFE**

**SAFETY TIPS FOR  
FIRE PITS**

**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.

At Saint Barnabas Medical Center, we are proud to be a local vaccination site for residents throughout New Jersey. These vaccinations are an important step in opening up our state and keeping our family, friends and relatives healthy. We thank our community members who have already received their vaccine. We encourage all eligible individuals who have yet to sign up to do so.

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 AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH




**STEPHEN P. ZIENIEWICZ, FACHE**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
SAINT BARNABAS MEDICAL CENTER



## HEALTH NEWS

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94 Old Short Hills Rd., Livingston, NJ 07039

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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).





## CATCH MELANOMA EARLY

Do regular self-exams. Check for new or expanding growths from head to toe. Ask someone to examine your back.

Know the ABCDEs. If you have any of these warning signs, see a dermatologist.

- A = ASYMMETRY** Half of the mole looks different from the other.
- B = BORDERS** Irregular, jagged or blurred edges.
- C = COLOR** Variations, such as shades of brown, or white or blue spots.
- D = DIAMETER** Greater than 6 millimeters (the size of a pencil eraser), though they can be smaller when diagnosed.
- E = EVOLVING** Changes in size, shape or color.

## FINDING MELANOMA EARLY SAVED A RECENT RETIREE'S LIFE.

Heading into 2020, Tom Brougham had big plans. He was set to retire from his 26-year career with the Rahway Police Department, and he and his wife, Judy, were going to Hawaii to celebrate.

Before the trip, Judy noticed a mole on Tom's back. "She wanted me to get it checked out," says Tom, 51. "I told her I'd do it after we got back from Hawaii."

By the time they returned to their home in Clark, COVID-19 had hit. "So I put the doctor visit off some more," Tom says. But Judy remained persistent.

Finally, in April, Tom saw a dermatologist, who performed a biopsy on the mole, which had grown. The biopsy confirmed a life-threatening

diagnosis: melanoma. "That," Tom says, "scared the hell out of me."

Before choosing a skin cancer surgeon, Tom and Judy researched several physicians. They chose Franz



FRANZ SMITH, MD

Smith, MD, an oncologic surgeon at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.

"He was comforting, and the oncology nurse navigator, Moira Davis, RN, explained everything to us and reassured us," Judy says. "When we left the office, we were optimistic."

### WHAT IS MELANOMA?

While melanoma accounts for just one percent of all skin cancers diagnosed in the U.S., it's the deadliest type, with about 7,100 people expected to die of it in 2021.

Melanoma develops when melanocytes (the cells that give the skin its tan or brown color) start to grow out of control, according to the American Cancer Society. Risk factors include exposure to UV (ultraviolet light) from the sun and a family history of

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

melanoma. Males and people over 50 are most at risk.

"Men who work outdoors often are more likely to have excessive sun exposure, which can cause skin cancer," explains Dr. Smith.

"Men also are less likely to follow up with a doctor when they see a suspicious mole."

Fortunately, surgery can cure the majority of melanomas. "That's why early detection is so important," Dr. Smith says.

In June 2020, Dr. Smith removed the mole on Tom's back along with several lymph nodes. "I was in and out of the hospital the same day," Tom says. The good news: His cancer hadn't spread.

Now, he and Judy are enjoying retirement. His message to other men: "Listen to your wife," he says, "and go to the doctor as soon as you see anything suspicious on your skin."





# GOODBYE TO LOWER BACK PAIN

**SIMPLE MOVEMENTS CAN EASE THE ACHES AND STIFFNESS THAT COME WITH SITTING TOO MUCH.**

**M**ore people are working from home. More people are staying at home. And physical therapists are seeing more complaints of pain in the lower back and neck.

“We’re finding that many patients with new onsets of back and neck pain are people who are just generally moving a lot less as they stick close to home during the pandemic,” says Michael Heitzman, PT, DPT, a supervisor at the Saint Barnabas Medical Center Outpatient Physical Rehabilitation Center in Millburn.

The solution, though simple, is often overlooked: Move more. “There’s a saying in physical therapy: ‘Motion is lotion,’” Heitzman explains. “Regular motion tends to ‘lubricate’ the body so you don’t feel stiff. Moving more is going to improve the quality of your life.”

Get out of the chair for two to five minutes every hour, Heitzman says. “Take a walk around the house, or march in place. Do calf raises—standing on your toes and then slowly easing back down—while you’re on the phone. Set your computer higher so you can stand during Zoom meetings,” he suggests.

Along with moving more, people need to be more conscious of how they’re sitting. “About half the time, when people come in with back and neck pain, we end up discussing the kind of workstation they have,” Heitzman says. “People are on the computer for long periods. We need to be sure to move muscles in the opposite direction occasionally.” Heitzman suggests the following stretches:

**Standing back bends:** “Put your hands on your belt line on your lower

## A BETTER WAY TO SIT

- ✓ **Head and shoulders:** Head is upright and over shoulders, not leaning forward. This prevents the suboccipital muscles (which attach the head to the neck) from being foreshortened, Michael Heitzman, PT, DPT, explains.
- ✓ **Arms:** Elbows are supported, shoulders are relaxed, and your arms, from your elbows to your hands, are level with your work station. “Otherwise, you will see a tightening in your upper trapezoids and your biceps, contributing to fatigue and wrist and elbow pain,” Heitzman says.
- ✓ **Back:** Hips and lower back are all the way at the back of the chair; use a pillow or rolled-up towel for support if necessary. “If the back is not fully supported from the top to the bottom, your spine is going to relax and curve, causing the muscles and tissues to strain and fatigue. Eventually, your body will feel discomfort,” Heitzman says.
- ✓ **Feet:** Feet should be supported, not hanging or tucked underneath you. “That takes the pressure off your hips and ensures that your calves and hamstrings aren’t chronically shortened in a prolonged sitting posture,” Heitzman explains.

back. While standing, bend backwards over your hands,” he says. “This will reverse the strain that sitting has been putting on the spine.”

**Shoulder rolls:** Occasionally roll your shoulders forward and backward to make sure they’re relaxed.

**Wrist flexes:** “Usually the wrists are in a static position and only the fingers are moving,” he says. “Take time to occasionally stretch your arms out fully, straight in front of you, and flex your wrists around in big motions.”

“If you’re having severe pain and it’s changing your ability to function and work, absolutely reach out to a movement professional such as a physical therapist or your primary care doctor,” Heitzman says. “But if you’re finding that you’re more sore and stiffer than you have been, try these stretches and see if they make a change.”

For more information about physical therapy and rehabilitation services at Saint Barnabas Medical Center, call **973.322.7500** or visit **[www.rwjbh.org/sbmcrehab](http://www.rwjbh.org/sbmcrehab)**.







Until spin classes can begin again, Dr. Lizzio keeps in shape by running.

## **AN INNOVATIVE VALVE REPLACEMENT SURGERY ALLOWS A MAN TO RETURN TO AN ACTIVE LIFE.**

**“I**’m somewhat of a fitness advocate,” says Frank Lizzio, DC, 67, a chiropractor who practices in the Bronx. That’s an understatement. Frank became certified to teach spin cycling and group exercise classes at age 60. Prior to the COVID-19 pandemic, he was teaching six spin sessions and three or four group classes a week.

In the past two years, however, Frank has successfully faced unexpected cardiac challenges. “One cardiologist told me,

“Thank God you’re in shape,” Frank says. “It’s been quite a journey.”

That journey included traveling from his home in New York to Saint Barnabas Medical Center (SBMC) for a surgery known as transcatheter aortic valve replacement (TAVR) under the care of renowned surgeon Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery for RWJBarnabas Health’s Northern Region and a member of RWJBarnabas Health Medical Group.



"As more and more patients are doing, he made the decision to cross the Hudson River and come to New Jersey for his care," Dr. Salemi says.

## AN UNSETTLING EPISODE

One day in May 2019, Frank was at the gym when his left leg suddenly gave out. "I thought it was a cramp," he says.

Unfortunately, the episode turned out to be a mild stroke. An echocardiogram taken at the time revealed that Frank also had a second major cardiac problem: severe aortic stenosis. The condition occurs when the valve leading to the aorta—the large blood vessel that carries blood from the heart to the rest of the body—becomes narrowed, straining the heart and eventually hindering the body's blood supply. "I was told I needed to see a surgeon and get that valve changed," Frank says.

As he researched his condition, Frank learned about TAVR. By June 2019, he was under the care of Dr. Salemi, an international leader in structural heart diseases, who has performed more than 2,000 TAVR procedures.

However, at the time TAVR had been approved only for use in high-risk patients too sick to undergo an open heart procedure. It wasn't clear whether Frank would qualify.

## POSTPONEMENT PAYS OFF

After Frank went for a CT (computed tomography) scan in preparation for heart surgery, another challenge arose. "Dr. Salemi called and said, 'I don't know



ARASH SALEMI, MD

how to tell you this, but they found a stomach tumor,'" Frank says.

Heart surgery was postponed in order to perform urgent gastric surgery. "It was malignant cancer

but fortunately was self-contained and hadn't spread," Frank says.

As it turned out, the delay was fortuitous: In the interim, the Food and Drug Administration approved TAVR for low-risk, relatively healthy patients like Frank.

"We now have a deep tool chest, and TAVR is essentially available to anyone with aortic stenosis, regardless of their relative risk," Dr. Salemi says. "Open heart surgery is still an outstanding option for the appropriate person, but patient preference weighs heavily."

"Naturally, I wanted the less invasive surgery," Frank says. Dr. Salemi did the TAVR surgery in January 2020 at SBMC. "It was amazing," Frank says. "I was in and out of surgery in an hour and a half, walking that afternoon and

## WHAT IS TAVR?

The aortic valve, one of four valves that regulate blood flow through the heart, opens so blood can flow out, then closes to ensure blood is only moving forward. With aortic stenosis, however, the aortic valve is narrowed and the heart has to work harder than it should to pump blood to the body.

That's where heart valve replacement comes in. "For 60 years, valve replacement was done with an invasive, four-hour surgery," explains Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery for RWJBarnabas Health's Northern Region. "We have perfected that technique, and we have great results with it. But transcatheter aortic valve replacement, known as TAVR, is a minimally invasive approach."

With TAVR, a surgeon can approach the bloodstream through an artery in the leg. "We have a valve that's crimped upon a catheter. We pass that valve through the bloodstream into the 'doorframe,' so to speak, of the patient's aortic valve," explains Dr. Salemi. "Once we have it positioned appropriately in that area, we inflate a balloon that expands a new valve in the place of the prior diseased valve." The procedure takes an hour, and patients usually go home within 24 hours.

Patients at medical centers with a large volume of TAVR procedures, like Saint Barnabas Medical Center, typically have better outcomes and less chance of complication, according to a recent study by Dr. Salemi and his colleagues published by the American College of Cardiology.

"One of the major strengths of RWJBarnabas Health is our patient-centered care and attention to detail," says Dr. Salemi. "There is a tremendous amount of expertise in our system, and we have assembled a multidisciplinary team comprised of cardiologists, interventional cardiologists, radiologists, anesthesiologists and cardiac surgeons who provide great results for our patients."

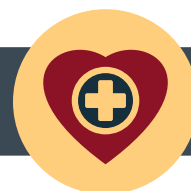
released the next day."

Two weeks later, with catheter incisions healing nicely, Frank texted Dr. Salemi asking if he could start teaching spin classes again. "I thought he'd say, 'What are you, nuts?'" Frank says. "But no, he said I could go for it—I just had to promise I'd go slower than normal."

"I didn't want him going gangbusters, but most patients have very few limitations imposed upon discharge," Dr. Salemi says. "Frank was an extreme example of that and in some ways tested our limits, but he showed we can safely start pushing that valve even earlier than we thought."

Frank says all his efforts have paid off. "I'm stronger, faster and thinner than I've ever been in my life," he says. "I've never felt better."

To learn more about transcatheter aortic valve replacement at Saint Barnabas Medical Center, call 973.322.2200 or visit [www.rwjbh.org/TAVR](http://www.rwjbh.org/TAVR).





# THE DRIVE TO HELP

## HOW A TOP CAR SALESMAN SUPPORTS THE EMERGENCY RESPONSE FUND

During the COVID-19 pandemic, Peter Wendell of West Orange has seen its effects through the eyes of his partner, Alvin Schmidt, MD, a longtime internist at Saint Barnabas Medical Center (SBMC) and a member of RWJBarnabas Health Medical Group.

"I've never seen him so tired when he comes home at night," Peter says. "I know what he and his colleagues are going through. We don't have that problem in my profession. I had to find a way to give back."

For the past year, a portion of Peter's commission on every Audi he sells at Paul Miller Audi in Parsippany has been donated to the Emergency Response Fund at SBMC. It's a substantial ongoing donation, because Peter has been one of the top 10 Audi salesmen in the U.S. for the past 20 years.

"In the past, as a thank-you, I'd give my customers a nicely framed photo of themselves with the car," he explains. "Now, I make a donation in their name to the medical center instead. I can't tell

Peter Wendell provides a steady stream of donations to the Emergency Response Fund through his commissions on car sales.



## WOULD YOU LIKE TO HONOR A SPECIAL DOCTOR?

This year, physicians on the front lines of the COVID-19 pandemic deserve a special kind of gratitude—not just from the patients and families they serve, but from our entire community. The families of these doctors have been just as incredible as they encourage and support them in their essential work.

National Doctors Day was March 30. Each year, it is a chance to let these doctors know how much they mean to us, and each year, hundreds of grateful patients make donations to Saint Barnabas Medical Center in honor of the physicians that mean the most to them. This year was no exception.

If you would like to make a contribution to Saint Barnabas Medical Center in honor of National Doctors Day and share the story of how your doctor has changed your life, call **973.322.4330** or visit [www.sbmcdgiving.org](http://www.sbmcdgiving.org).

you how positive the response has been."

Peter decided to direct his donations to the Emergency Response Fund because he felt it would have the most impact on COVID-19 efforts.

"Even if Alvin weren't there, I would be donating to Saint Barnabas Medical Center," he says. "My family and I have a long relationship with them. They're our local medical center. They're the place where our neighbors are going for help."

To learn more about making a donation to Saint Barnabas Medical Center, call **973.322.4330** or visit [www.sbmcdgiving.org](http://www.sbmcdgiving.org).





# 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.

**T**he 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.”



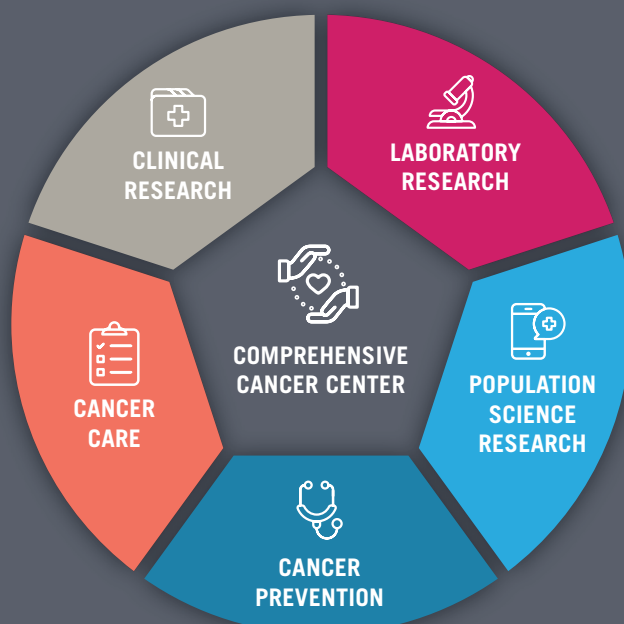
A Cancer Center Designated by the  
National Cancer Institute

### 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)**.



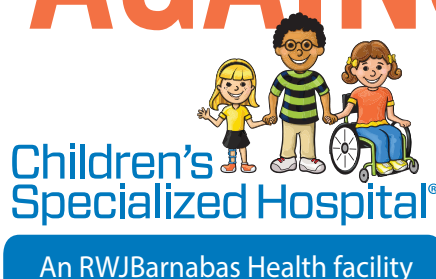




Hard work at the Inpatient Chronic Pain Management Program enabled Olivia to compete in triathlons again.

# 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).





# THE PERILS OF FIRE PITS

**BACKYARD FIRE PITS ARE INCREASINGLY POPULAR, AND ACCIDENTS ARE ON THE RISE.**

**O**n a cool night last fall, Michele Mele, 42, of Hopatcong, was relaxing at a friend's backyard fire pit, her chair drawn close.

When she got up to go to the bathroom, her foot got stuck between the chair and the low stone side of the pit. She lost her balance and fell in, the left side of her face going flat into the flames.

"My friend's neighbor reacted so quickly to pull me out. I couldn't have been down for more than 10 seconds," Michele says.

It was enough time for Michele to suffer second-degree burns from her eyebrow to her jaw, as well as burns on her hand and knee. "The next thing I knew, I was in an ambulance," she recalls. "The EMT happened to be a girl I knew

from high school. She was telling me, 'Michele, you're gonna be okay, we're taking you to Saint Barnabas, it's the best place to go.'"

Michele was admitted to The

Burn Center at Saint Barnabas Medical Center, New Jersey's only state-certified burn center, which provides highly specialized treatment for burn patients from throughout the state.

## THE PATH TO HEALING

Since the pandemic hit, people are sticking closer to home and seeking to enhance their outdoor spaces. As a result, fire pit sales have been on the rise—and so have fire pit injuries.

"We have definitely seen an uptick in injuries from fire pits, for both adults and children," says Michael Marano, MD, Medical Director of The Burn Center. "These injuries tend to be mixed—flame burns as well as contact burns—and tend to be deep."

In the days after the accident, Michele, who had been in shock at first, began to have significant pain. "I couldn't really eat and could barely drink," she says. "My left eye was swollen closed."

## SAFETY TIPS FOR FIRE PITS

- Keep the fire pit a minimum of 10 feet away from the house.
- Have a bucket of water, a hose or a fire extinguisher at hand.
- Place a spark screen on the top.
- Keep children and pets at least three feet away.
- Afterward, spread out coals, ash and unburned logs and saturate with water until embers die.
- Check with the fire department for local fire pit regulations.



"I know I was lucky," says Michele, at left with her fiancé, Joe Luongo, three months after the accident.

Each morning, she would be taken to what's known as the "tank room" to be bathed and to have dead skin scraped off her face. "Then the whole team would come in to evaluate how my face was healing," Michele says. Her face was covered with topical antimicrobial ointments and then rewrapped with gauze.

She was surprised to find that part of her treatment was a high-calorie diet with lots of protein—meatloaf, chicken, mac and cheese, whatever she wanted from the hospital menu—and lots of fruit juice. To stay flexible, she made sure to keep her left knee moving and worked her left hand with a little ball.

"Everyone at the hospital was so nice. They didn't just look at you like a patient with your head wrapped. They'd talk to you, ask about your family," Michele says.

After 12 days, Michele was able to go home with ointment and a few small bandages. Less than a week after that, she went back to the gym. "I know I was lucky," she says. "It could have been a lot worse." Her advice to others: "Be aware of your surroundings while around a fire pit, and keep your distance."



MICHAEL MARANO, MD

To learn more about The Burn Center at Saint Barnabas Medical Center, call **973.322.5920** or visit **[www.rwjbh.org/saintbarnabas](http://www.rwjbh.org/saintbarnabas)**.





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

Now cancer-free, Michele Izuchukwu urges people to be sure to get regular health screenings.

# HOW A COLONOSCOPY CHANGED A LIFE

**A SOUTH ORANGE WOMAN RECOVERS FROM COLON CANCER AND A HIDDEN HEART CONDITION, THANKS TO A RENOWNED PREOPERATIVE PROGRAM.**



Regular screening for colorectal cancer should begin at age 45 for most people. Like many people, however, Michele Izuchukwu, 57, of South Orange, had avoided having a colonoscopy. The procedure, in which a long flexible tube is used to examine the colon, can detect colorectal cancer and even prevent it by finding growths (polyps) that can turn into cancer.

Last August, after repeated urging by her sister, Michele finally scheduled her first colonoscopy. The decision possibly saved her life. It led to the discovery of two serious health issues, one of which was brought to light only through a set of tests and procedures known as the Comprehensive Recovery Pathway (CRP) for Lower Intestinal Surgery at Saint Barnabas Medical Center (SBMC).

#### A DISEASE DETECTED

Results of the colonoscopy shocked Michele. Though she'd had no symptoms, she did have colon cancer, and surgery was the best option to remove it. She made an appointment with Mark Gilder, MD, a colorectal surgeon at SBMC and a member of RWJBarnabas Health Medical Group. "I told him I wanted to have the surgery right away," she says.

But Dr. Gilder explained that at SBMC, the CRP process before such a surgery includes education for patients, as well as thorough testing, to make sure each person is as prepared as possible. Dr. Gilder scheduled a



MARK GILDER, MD

range of tests for Michele, including one for her heart. Though she'd had no obvious heart concerns, one test led to another, and then to another shock: Michele had

serious blockages in her heart.

"I thought I'd just need a stent," says Michele, who is a pharmacist, "and then I'd be ready for colon surgery." A stent is a tiny tube that allows blood to flow through the blocked part of an artery, and placement of the stent usually takes a few hours.

"But the doctor told me I had four blocked arteries, ones that a stent could not fix," she says. "I needed open heart surgery—a quadruple bypass—right away."

"Michele's heart condition was certainly unexpected, and another facility might have missed it," Dr. Gilder says. "That could have caused a life-threatening issue during colon cancer surgery, even after it."

#### 'THE SCARS OF A WARRIOR'

Michele had the heart surgery and recovered well. In December 2020, three months after her initial conversation with Dr. Gilder about colon surgery, she was physically ready for the next step.

Michele admits she was hesitant. "But Dr. Gilder told me, 'You're ready for this,'" she says. "Just before surgery, he gave me an elbow bump and the confidence that I'd be okay."

And she is. After a two-night hospital stay at SBMC and four weeks of recovery at home, Michele went back to work. Today, she's free of cancer, and her heart is healthier than it's been in a long time.

"My son says that these surgeries have given me the scars of a warrior," she says with a smile. With the support of her family, including three adult sons, and her team at SBMC, she fought two health battles—during a pandemic—and won.

"I'm glad to share the story of my scars," she says, "if it can help others understand how important it is to have regular medical tests, on time."



#### FEELING BETTER FASTER

For surgery patients at Saint Barnabas Medical Center (SBMC), a good recovery begins well before the day they enter the hospital.

"We want people to be in the very best shape they can be before they have surgery," says colorectal surgeon Mark Gilder, MD. "So we have developed a set of guidelines that involves patient education and a team of specialists. Our patients know what to expect before and after surgery, and they have the resources—workbooks, classes, even an app—to help them recover more quickly."

The guidelines are part of SBMC's Comprehensive Recovery Pathway (CRP). Specialists designed them to help a variety of patients, from those having chest, colon or gynecological surgery, to those having total joint replacement and weight loss surgery, to patients giving birth through cesarean section.

"For over five years, and for close to 1,000 patients, these pathways have become part of our normal system," Dr. Gilder says. "They work amazingly well to help patients recover sooner and have fewer complications."

SBMC experts were recently invited to an international medical conference to share their results. "Comprehensive Recovery Pathways are just as dramatic and exciting to me as the surgical advances I've seen in my 28 years as a surgeon," Dr. Gilder says. "And our team here at Saint Barnabas Medical Center is very good at using them to help our patients. They're a win for everyone involved."

To learn more about gastrointestinal cancer care at Saint Barnabas Medical Center, call **888.724.7123** or visit **[www.rwjbh.org/sbmccgicancer](http://www.rwjbh.org/sbmccgicancer)**.





# HOW TO WORK OUT WHEN YOU'RE PREGNANT

**STRENGTH TRAINING AND AEROBIC EXERCISE ARE SAFE—  
AND GOOD FOR BOTH YOU AND THE BABY.**

**P**regnancy is a fine time to exercise, from the first months through the last. That's true whether you've been a regular exerciser or not. "Often, women who haven't been exercising regularly find that pregnancy is a great time to start healthy new habits because they're so excited about the pregnancy," says Angela Wimmer, MD, an OB/GYN at Saint Barnabas Medical Center.



ANGELA WIMMER, MD

The benefits of exercising while pregnant are many, including decreased risk for high blood pressure, postpartum depression, gestational diabetes mellitus and cesarean

section. "Exercise also helps manage weight and reduces the aches and pains of pregnancy, especially in the lower back," says Dr. Wimmer. "A woman's body is changing so rapidly during pregnancy. It's super important to stretch those muscles and joints as they are sustaining extra weight."

Before beginning an exercise program, talk with your OB/GYN to be sure you have no conditions or complications that would restrict the kind of exercise you can do. Then, a physical therapist can work with you to develop a safe and effective program of exercise. When you're exercising, wear loose clothes, stay hydrated and avoid high heat, advises Dr. Wimmer. "Shoot for 30 minutes of exercise, five days a week," she says. "That includes dancing, swimming and anything else you like to do. Walking is also great!"



## AEROBIC EXERCISE IS IMPORTANT, TOO

Perform low-impact aerobic exercise such as walking, jogging or using equipment like an elliptical or stationary bike for 20 to 45 minutes, three to six days per week. Choose an exercise that you will be able to continue throughout your entire pregnancy.

A good way to monitor your intensity is the "talk test." If you are able to maintain a conversation, then you are exercising at an appropriate intensity. If you are too out of breath to talk, dial back your intensity by decreasing your speed, incline or resistance.

For more information about maternity services at Saint Barnabas Medical Center, visit [www.rwjbh.org/sbmcmaternity](http://www.rwjbh.org/sbmcmaternity).





# Baby, Let's Move!

Here, Kate Bellucci, PT, DPT, MSCS, a physical therapist at the Comprehensive Outpatient Rehabilitation Center at the Barnabas Health Ambulatory Care Center, works with patient Andrea Miller on exercises to strengthen the upper body and core. Please note: The following exercises are recommended for an uncomplicated pregnancy. Talk to your OB/GYN before beginning an exercise program and for any new symptoms, such as vaginal bleeding, abdominal pain, shortness of breath without exertion, dizziness, headaches, chest pain or new swelling.

## UPPER BODY STRENGTH

These exercises will pay off after birth when you're carrying your growing baby.

### BICEP CURLS



- Stand or sit with upright posture, maintaining shoulder blades back and down.
- Start with arms at your sides holding an appropriate weight for you.
- Bend your elbows, bringing the weight toward your shoulders. Slowly return to start position and repeat for three sets of 10 reps.

### SHOULDER EXTERNAL ROTATION



- Stand or sit with upright posture, maintaining shoulder blades back and down.
- Hold a resistance band or weights with elbows at a 90-degree angle.
- Move forearms out while keeping elbows glued to your sides.
- Slowly return to start position and repeat for three sets of 10 reps.

## CORE EXERCISES

Note that the head and trunk are supported for these exercises in order to reduce pressure on the inferior vena cava artery, which may already be somewhat compressed by the weight of the baby.

### LEG EXTENSION SLIDES

- Lie down with trunk supported at a 45-degree angle (use pillows or a wedge to prop yourself up).
- Put your hands above your pelvic bones as shown in the picture.
- Start by performing a core contraction by bringing your belly button down toward your spine. If you're contracting the muscle appropriately, you should feel your tissue change from soft to firm under your fingertips. Maintain this contraction throughout the motion.
- Bend both knees with feet supported. Slide one heel until your leg is straight, then return to start position and repeat on the other side. Perform as many reps as you are able while maintaining the appropriate core contraction, up to 20 reps on each side.



### 90/90 FOOT TAPS

- Lie down with trunk supported at a 45-degree angle (use pillows or a wedge to prop yourself up). Perform your core contraction as described above and maintain throughout the motion.
- Start with hips and knees at a 90-degree angle.
- Slowly tap one foot down then return to start position and repeat on opposite side. Perform as many reps as you are able while maintaining the appropriate core contraction, up to 20 reps on each side.





# WHAT TO KNOW IF YOUR CHILD HAS HAD COVID-19

**CASES OF SERIOUS POST-COVID-19 COMPLICATIONS ARE RARE, BUT HELP IS AVAILABLE.**

**A**lmost all children and adolescents who get COVID-19 will have mild symptoms, such as a low-grade fever, fatigue and cough, and recover completely. Others will have no symptoms at all.

Some of them, however, develop serious and even life-threatening symptoms about four to six weeks after the initial infection. “The cases are few and far between,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center (SBMC) and a member of RWJBarnabas Health Medical Group. “However, a small percentage of



UZMA HASAN, MD

children who have had COVID-19 will develop a combination of very serious symptoms that involve more than one organ system.” Complications can include heart inflammation,

kidney damage, neurologic symptoms, excessive blood clotting and more.

Much remains unknown about the condition—known as multisystem inflammatory syndrome in children (MIS-C) or pediatric post-COVID-19 syndrome—including its exact connection with COVID-19. For reasons doctors do not yet understand, African-American and Hispanic children appear to be most at risk.

What’s known: Hospitals around the world have been reporting an increase in cases. Fortunately, the vast majority of children affected recover fully with medical care. To ensure that these patients get the care they need, SBMC has created a Pediatric Post-COVID CARE (Comprehensive Assessment, Recovery and Evaluation) program, directed by Dr. Hasan.

## COMPREHENSIVE CARE

“The key thing for parents to know is that if a child has had COVID-19—even if it was asymptomatic, but especially if the child was hospitalized—the

child should have regular follow-up with a pediatrician for at least four to six weeks after the infection,” Dr. Hasan says. “That is when symptoms of MIS-C—red eyes, belly rashes, shortness of breath—tend to show up.”

If Dr. Hasan, in collaboration with the pediatrician, determines there is a need for specialty services, a patient navigator will facilitate the next steps at the Pediatric Post-COVID CARE program. Because each MIS-C case is different, treatment is individualized. The program has gathered a broad range of experts who can deliver a variety of services, including pediatrics, behavioral health, nurse navigation, cardiology, gastroenterology, hematology, nephrology, neurology, pulmonology, physical, speech and cognitive rehabilitation, radiology and rheumatology.

“We will provide structured follow-up for the patient with all necessary subspecialties,” says Dr. Hasan. “Our goal is to provide comprehensive care to make sure these kids don’t slip through the cracks.”



## ACT IF YOU SEE THESE POST-COVID-19 SYMPTOMS

*If your child shows any of these symptoms, contact your primary care provider right away: persistent fever, abdominal pain, vomiting, diarrhea, neck pain, rash, swelling of tongue or lips, swelling of feet, bloodshot eyes or chronic fatigue.*

*Call 911 or go to the Emergency Department if your child has any of these emergency signs: trouble breathing, pain or pressure in the chest that does not go away, new confusion, inability to wake up or stay awake, bluish lips or face, or severe abdominal pain.*

To learn more, visit [www.cdc.gov/mis-c/](http://www.cdc.gov/mis-c/).

The Pediatric Post-COVID CARE program at Saint Barnabas Medical Center works in collaboration with your pediatrician. To make an appointment for your child, call **888.COVID94 (888.268.4394)** and press option 2, or email [postcovidcare@rwjbh.org](mailto:postcovidcare@rwjbh.org).





# HOW TO NIP SPRING ALLERGIES IN THE BUD

## SIX PREVENTIVE STRATEGIES, PLUS TREATMENTS THAT HELP



### WHEN TO CALL THE DOCTOR

"If you have chronic symptoms that aren't relieved by over-the-counter medications and they're interfering with your life, it's time to seek medical help," says Maria Garcia, MD. "Talk with your primary care provider to see if you should make an appointment with an allergist."

Untreated allergies can lead to sinus infections or can be accompanied by other, possibly related medical conditions, such as eczema or seasonal dermatitis (hives, also known as urticaria). Chronic rhinosinusitis—inflamed and clogged sinuses—can eventually lead to nasal polyps. "At that point, people may need to see a surgical specialist like an ear, nose and throat doctor to have the polyps removed," says Dr. Garcia.

Doctors can prescribe more powerful antihistamines than the ones that are available over the counter. In addition, new biologic therapies, administered by injection, can help people with very severe, persistent symptoms. These new drugs are approved for most adults over 18, and some also have pediatric indications for children as young as age 6. "Depending on the drug, the injections may be given every two weeks or once a month," says Dr. Garcia.

For people with seasonal allergies, the arrival of spring is a mixed blessing. "The classic symptoms of seasonal allergies are runny or stuffy nose, sneezing, postnasal drip, sore or itchy throat and dry cough," says Maria Garcia, MD, a family medicine practitioner at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group. "I've even had patients tell me their ear canals get itchy."

When nasal congestion isn't controlled, sinus headaches can result. Red, itchy, teary eyes, otherwise known as "allergic conjunctivitis," are another common symptom. "And if you have asthma, allergens can trigger an attack, so minimizing your exposure to them is very important," Dr. Garcia says. The allergens that most commonly cause spring allergy symptoms are grass and tree pollen.

Seasonal allergies can begin in childhood or arise in adulthood, but treatments and symptoms are the same. For mild to moderate allergies, over-the-counter antihistamines, nasal sprays and eye drops can help.

To prevent or minimize symptoms, Dr. Garcia recommends these steps:



MARIA GARCIA, MD

**1 Shower as soon as you come in from being outdoors.** "Whether you're an adult who's been out for a run or a child who was playing outside, pollen can stay in the hair and cause symptoms," Dr. Garcia says. Soap up and rinse off, wash your hair

and change your clothes when you come indoors to minimize continuing contact with pollen.

**2 Rinse your sinuses.** "This is an important one," says Dr. Garcia. "When you breathe during exercise outdoors, pollen gets into your nostrils and sinuses. It's very simple to take a nasal saline rinse—available in the pharmacy in little squeeze bottles—and squirt it into the nostrils."

**3 Keep car and home windows closed.** Keep the air conditioning on.

**4 Don't dry laundry outside.** "As clothes and sheets hang outside, pollen settles on them," says Dr. Garcia.

**5 Consider using an air purifier.** Air purifiers with HEPA filters, which force air through a fine mesh to trap particles, can remove airborne pollen and other allergens (such as dust or mold) from your home or office.

**6 Wear a mask outdoors.** "The masks that people have been wearing to prevent COVID-19 are also helpful at screening out allergens," Dr. Garcia explains. "However, allergens will stay on the mask, so wash it or dispose of it afterward."

To find a primary care doctor at Saint Barnabas Medical Center, call **888.724.7123** or visit **[www.rwjbh.org/saintbarnabas](http://www.rwjbh.org/saintbarnabas)**.

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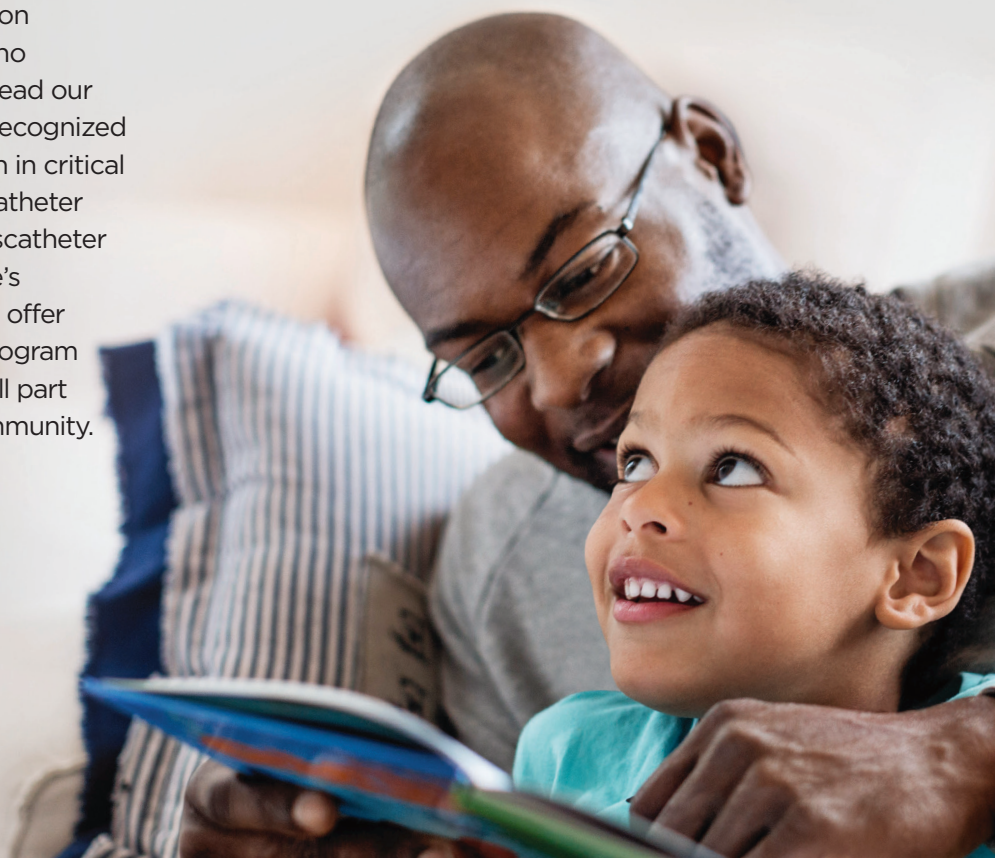
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