

healthy *together*

**10 TIPS FOR
HEALTHY TRAVEL**

**YOUR
PREGNANCY:
WORK OUT SAFELY**

**ANGIOPLASTY:
WHAT TO EXPECT**

**CANCER:
TOMORROW'S
TREATMENTS
TODAY**



MESSAGES FROM LEADERSHIP



“During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of our RWJBarnabas Health workforce.”

BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“In the spirit of our namesake, nurse Clara Louise Maass, members of the staff at Clara Maass Medical Center exemplify selfless giving and compassionate care. Everyone a patient or family member meets, from the moment they enter our doors and beyond, is dedicated to doing whatever is needed to meet their healthcare needs.”

MARY ELLEN CLYNE, PhD

PRESIDENT AND CHIEF EXECUTIVE OFFICER, CLARA MAASS MEDICAL CENTER

Clara Maass Medical Center | RWJBarnabas HEALTH

1 Clara Maass Drive, Belleville, NJ 07109
973.450.2000 | www.rwjbh.org/claramaass

CONNECT WITH US ON

- @ClaraMaassMedicalCenter
- @Clara_Maass
- RWJBarnabas Health
- Clara Maass Medical Center
- clara_maass.medicalcenter

Clara Maass Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/claramaass. Clara Maass Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 973.450.2000. Clara Maass Medical Center konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 973.450.2000.

For issues regarding delivery of Healthy Together, please write to HTCirculation@wainscotmedia.com.

HEALTH NEWS



NEW DIRECTOR FOR BREAST CENTER

Clara Maass Medical Center (CMMC) is proud to announce the appointment of Maria J. Kowzun, MD, FACS, as the Director of its Center for Breast Health and Disease Management. In this role, Dr. Kowzun, a breast surgeon at Rutgers Cancer Institute of New Jersey, will provide expertise and leadership

as well as facilitate collaboration with CMMC's multidisciplinary breast cancer care team. Together with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, CMMC provides patients access to the most advanced treatment options, including clinical trials, precision medicine, complex surgical procedures and sophisticated radiation therapy techniques.

“I'm thrilled to lead the team at Clara Maass Medical Center and help guide patients through their breast cancer journey from diagnosis to treatment to survivorship,” says Dr. Kowzun.



NEW TECHNOLOGY BREAKS DOWN LANGUAGE BARRIERS

A new technology introduced at RWJBarnabas Health breaks down language barriers, eases communication between patients, families and providers, and furthers the health system's mission to overcome health disparities.

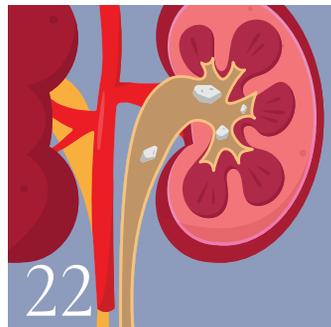
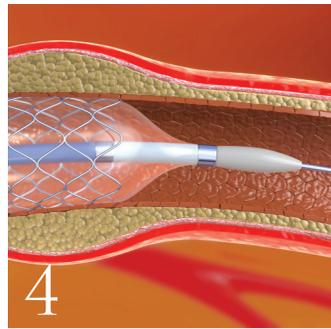
Known as MARTTI (My Accessible Real-Time Trusted Interpreter), it provides 24/7 access to certified medical interpreters in more than 250 languages. MARTTI devices resemble IV carts with 12-inch tablets attached and are easily wheeled anywhere they're needed.

MARTTI can help limited English-proficient patients as soon as they enter Clara Maass Medical Center. The patient or a family member can point out their country of origin on the MARTTI screen and choose from a list of languages. For deaf or hard of hearing patients, an ASL medical interpreter is readily available.



healthy *together* contents

SPRING 2022



2. WELCOME LETTER.

A community update from our CEOs.

4. WHAT TO EXPECT: CARDIAC CATHETERIZATION.

Cardiac cath labs provide both diagnosis and treatment.

6. HOW TO WORK OUT WHEN YOU'RE PREGNANT. Exercise is safe, and good for you and the baby.

8. 'ALWAYS MOVING FORWARD.' A donor shares what inspires him about CMMC.



9. 3 FAST FACTS ABOUT CANCER CLINICAL TRIALS. Where to find the latest treatments.

10. LISTENING TO YOUR HEART.

What a digital device can tell you about your health.

12. THE FREEDOM TO BREATHE.

With a double lung transplant, a local hero gets his life back.

14. OVERCOMING EATING DISORDERS. Why cases are on the rise in teens.

15. A BOLD VISION. Children's Specialized Hospital aims to help all kids reach their full potential.

16. TOBACCO RECOVERY AT YOUR FINGERTIPS. A new service provides customized support.

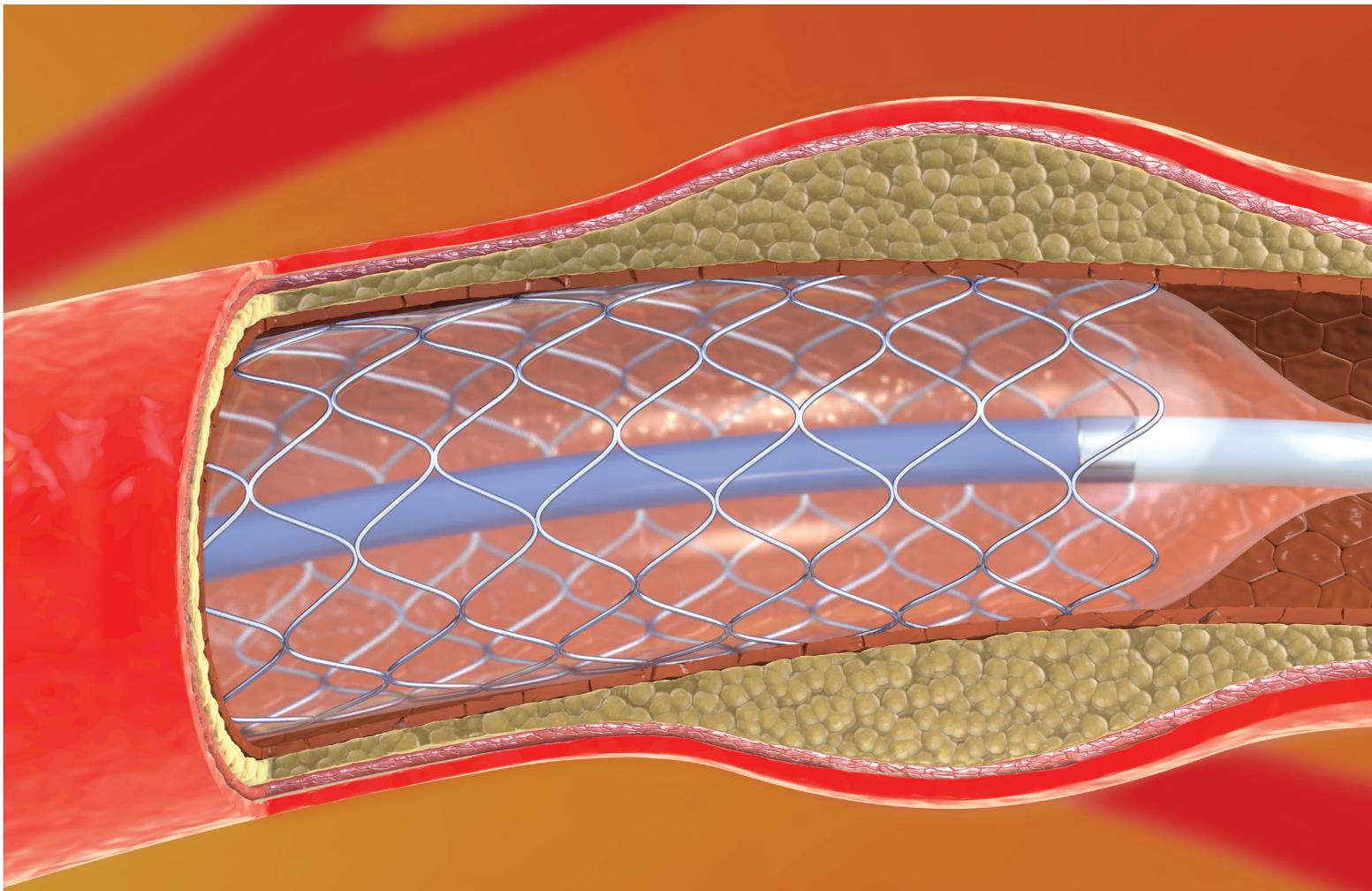
17. WAYS TO TREAT COVID-19. Monoclonal antibodies and more.

18. THE ROUTE TO A PAIN-FREE KNEE. A postal carrier takes a knee replacement in stride.

20. 10 TIPS FOR A HEALTHY TRIP. Stay well while on the road.

22. ALL ABOUT KIDNEY STONES. The hard facts about a common disorder.

23. LEARN ABOUT WEIGHT LOSS SURGERY. Virtual education and support.



WHAT TO EXPECT: CARDIAC CATHETERIZATION

ADVANCED TECHNIQUES AND TECHNOLOGY ALLOW SUCCESS WITH MINIMALLY INVASIVE PROCEDURES.

Forty-five years ago, a revolutionary concept allowed cardiologists to “travel” inside a person’s body to treat coronary artery disease (CAD)



ELIE CHAKHTOURA, MD

without the need for surgery. For the first time, they could insert a catheter into a blood vessel and widen the vessel with a balloon to improve the blood flow to the heart.

In the 1990s, stents

(small metal mesh tubes) were added to the technique. These stents were implanted in the heart vessels to ensure that they would stay open.

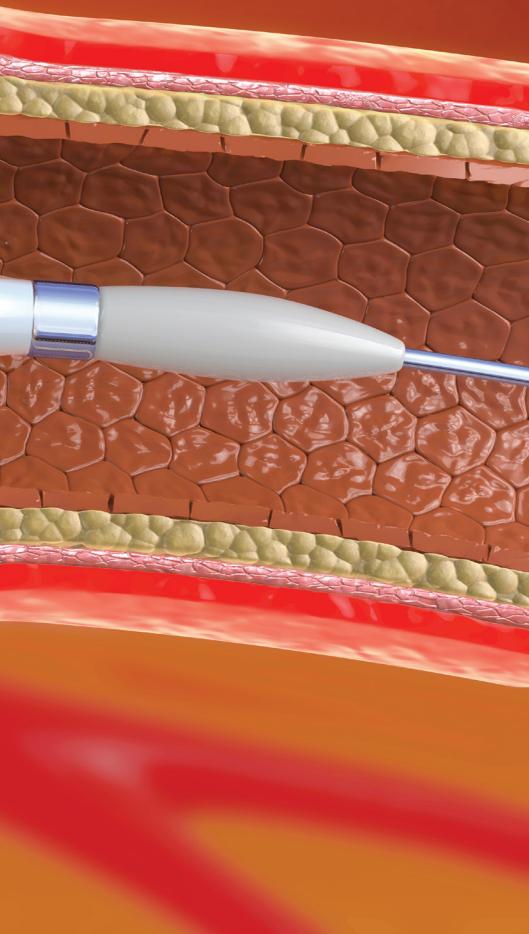
The technique became known as percutaneous (meaning “through the skin”) coronary intervention, or PCI. It’s now standard treatment for CAD and other cardiovascular conditions, performed in cardiac catheterization (cath) labs in hospitals. Advances in technique as well as technology have helped PCI deliver ever-better and more comprehensive care for cardiac patients.

“The cath labs of today have evolved from being purely diagnostic to combining both diagnosis and treatment,” says interventional cardiologist Elie Chakhtoura, MD, Director of the Cardiac Catheterization Laboratory at Clara Maass Medical Center (CMMC) and a member of RWJBarnabas Health Medical Group.

PCI EVOLVES

In PCI’s earliest days, interventional cardiologists performed the procedure with a transfemoral approach. They inserted a catheter into a puncture in the

An illustration of an arterial stent



groin to reach the femoral artery—the main blood vessel supplying blood to the lower body—and then guided that catheter up into the vessel where the blockage was located.

The earliest catheters were relatively large in diameter (about 3 millimeters). “That led to higher rates of complications,” Dr. Chakhtoura recalls. By the early 2000s, smaller catheters (about 2 millimeters in diameter) helped to lessen the risk of bleeding after PCI. As technology evolved, newer stents, known as “drug-eluting,” were developed to release a medication that helps prevent scar tissue from growing into the repaired artery and also reduces

the risk for blood clotting.

“Over the past few years, drug-eluting stents have become thinner, allowing for a better stent delivery and less trauma and inflammation in the coronary arteries,” Dr. Chakhtoura says. “This also allows patients to be on prescription blood thinners—a combination of aspirin and clopidogrel or ticagrelor—for a shorter time, sometimes for just one month, and then continue with aspirin alone thereafter.”

A CLEARER VIEW

As PCI treatments advanced through the decades, so too did diagnostics. Traditional angiography imaging gave interventional cardiologists a two-dimensional picture of a three-dimensional artery. “That meant we had to essentially estimate how severe a patient’s stenosis [narrowing of the arteries] was,” Dr. Chakhtoura says.

Today’s more sophisticated angiography, invasive imaging and flow evaluation technology give providers a better way to evaluate coronary blockages in the lab. Interventional cardiologists now use a specialized wire to measure coronary blood flow across a blockage, or introduce an ultrasound catheter that gives them a better detailed image of the vessel.

“This gives us a much better functional and anatomical understanding of the blockage, helping us determine whether we need to begin treatment and which type of treatment will be most beneficial for each patient,” Dr. Chakhtoura says.

ACCESS THROUGH THE WRIST

The use of smaller catheters during PCI has led to the latest advance in treatment: a transradial approach, during which a physician inserts a catheter in the wrist instead of the groin, and then guides it to the affected vessel.

Research shows that the transradial approach, when compared to transfemoral, leads to less bleeding, fewer complications and better survival in patients presenting acutely with chest pain and heart attacks. Accessing a blocked artery through the wrist also leads to less discomfort for patients, earlier mobility (no to minimal

bed rest) after the procedure and shorter hospital stays. As a result, transradial is now the standard of care for both coronary angiography and PCI.

“Almost anyone with a good blood supply to their hands is a candidate,” says Dr. Chakhtoura, who has used the transradial approach since 2012 and estimates he currently uses it in 75 to 80 percent of all PCI cases. “We’ve seen extremely beneficial results across the spectrum from low- to high-risk patients.”

CHOOSING A CATH LAB

The Cardiac Catheterization Laboratory at CMMC was part of a national study comparing PCI results at hospitals without on-site cardiac surgery with hospitals that offered open heart surgery. The results, published in *The New England Journal of Medicine*, showed that sites like CMMC without on-site cardiac surgery had slightly better mortality rates and fewer adverse cardiac events than those with on-site heart surgery.

“While those results weren’t statistically significant, they showed a trend that community hospitals like Clara Maass deliver as high a level of care as larger centers,” Dr. Chakhtoura says.

The Cath Lab at CMMC includes an experienced team of interventional cardiologists, technicians and nurses, along with the latest technology. CMMC is also an evaluation and referral center for structural heart disease, giving patients with heart valve problems access to leading-edge valve repair and replacement options—such as transcatheter aortic valve replacement and transcatheter mitral valve replacement such as the MitraClip—offered by their same physicians at Cooperman Barnabas Medical Center, which is also part of the RWJBarnabas Health system.

“The best news about PCI’s evolution is that it’s not a one-size-fits-all procedure—it can be customized to the patient’s needs,” Dr. Chakhtoura says. “We’re proud to offer patients a medical center that will deliver the fastest and safest cardiac care with the least amount of risk.”

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Clara Maass Medical Center, visit www.rwjbh.org/heart.





HOW TO WORK OUT WHEN YOU'RE PREGNANT

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

Pregnancy is a great time to exercise, from the first months through the last. That's true whether you've been a regular exerciser or not. The benefits of exercise include decreased risk for postpartum depression, gestational diabetes mellitus and cesarean section. Moreover, exercise helps manage weight and reduces the incidence of lower back pain and

constipation.

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 should do. A physical therapist can work with you to develop a safe and effective program of exercise, one that is modified for the needs of your changing body. Be sure to

exercise in a cool environment and drink plenty of water.

The following exercises are recommended for an uncomplicated pregnancy. If you experience any new symptoms, such as vaginal bleeding, abdominal pain, shortness of breath without exertion, dizziness, headaches, chest pain or new swelling, be sure to consult with your doctor.

FOR UPPER BODY STRENGTH

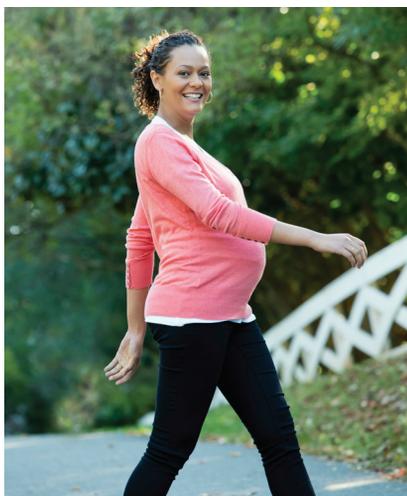
These exercises will pay off after birth, giving you extra strength when carrying your growing baby.

BICEPS 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.



FOR CORE STRENGTH

The head should be 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 your trunk supported at a 45-degree angle (use pillows or a wedge to prop yourself up).
- Put your hands just above your pelvic bones.
- Start by performing a core contraction: Bring 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 your trunk supported at a 45-degree angle (use pillows or a wedge to prop yourself up). Perform a 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.

FOR AEROBIC EXERCISE:

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're able to maintain a conversation, you're exercising at an appropriate intensity. If you're too out of breath to talk, dial back your intensity by decreasing your speed, incline or resistance.



THE NURSE MIDWIFE IS ON YOUR TEAM

Mothers who have their babies at Clara Maass Medical Center (CMMC) have the advantage of a certified nurse midwife (CNM) as part of their care team. "Nurse midwives provide a wide range of care," explains Suzette Gray, RNC, MSN, a CNM at CMMC. "We do everything from answering patient questions, to helping reposition a patient for optimal comfort, to starting IVs and doing ultrasounds, to overseeing deliveries."

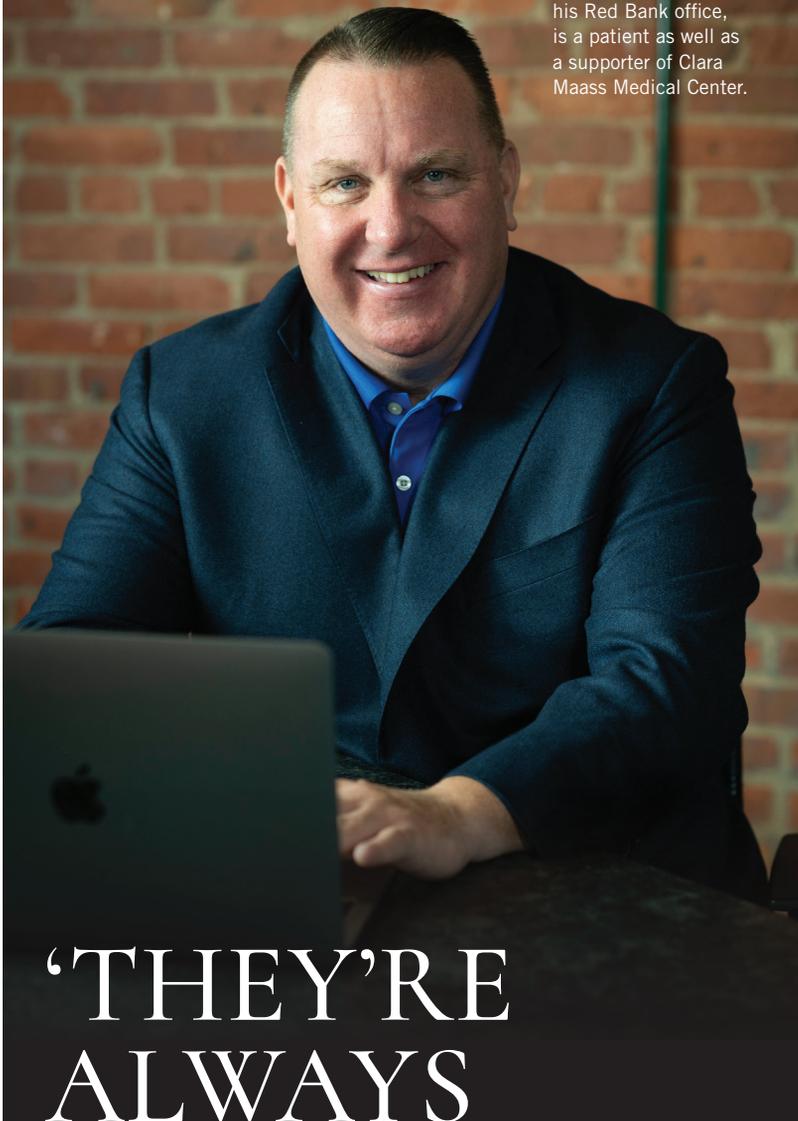
CNMs work with the preferences of mothers-to-be. "If they don't want an epidural, for example, we'll give them other pain relief options," Gray explains. "If they need help pushing, we can suggest different positions. If a patient wants to avoid a cesarean section, we know techniques that can allow their body and gravity help to guide the baby out."

A team approach ensures the highest level of care, Gray says. "On the maternity unit, there's a strong collaboration among nurses, doctors and midwives," she says. "That teamwork ensures the patient is first and foremost and gets the birth experience they want to have."

For information about maternity services at Clara Maass Medical Center, visit www.rwjbh.org/maternity.



Foundation trustee Rob Gill, shown in his Red Bank office, is a patient as well as a supporter of Clara Maass Medical Center.



‘THEY’RE ALWAYS MOVING FORWARD’

A DONOR SHARES WHAT INSPIRES HIM TO GIVE TO CLARA MAASS MEDICAL CENTER.

To learn more about giving to Clara Maass Medical Center, visit www.claragiving.org.



Where you’ve been, where you are now, where you see yourself in the future: Those are key elements Rob Gill, President of EPIC Financial Strategies in Red Bank, assesses when creating a financial plan. “I feel you can predict your future based on what you do every day,” he says.

Those considerations are also important when it comes to philanthropy, says Rob, who is a member of the Board of Trustees of the Clara Maass Medical Center Foundation. “If you look at what Clara Maass Medical Center has been and what it’s doing, you see that they’re always moving forward,” he says. “Each year, I’m more impressed with how they serve the public.”

An example is the new state-of-the-art MRI and full MRI suite, to which Rob made a significant donation as part of a challenge grant from the Healthcare Foundation of New Jersey. “It’s so important for the community to have a cutting-edge MRI,” he says. “Nobody should have to live with pain or any other condition because they didn’t have that access.”

For Rob, giving has a strong emotional component as well. “When I make a donation, it’s because the cause and the organization and the people are the kind that I would invite into my living room,” he says. “Clara Maass Medical Center is that kind of place.”

THE HUMAN TOUCH

Though his home and work are based in Monmouth County, Rob remains linked with Clara Maass Medical Center personally as well as philanthropically. His primary care provider is there, and his mother and brother have each received treatment there.

“There’s a human connection at Clara Maass that you don’t often see in hospitals,” Rob says. “They’re excellent at communicating and building rapport with the patient and with their family. My father, who passed away more than 15 years ago, was treated there and got tremendous care.

“Clara Maass has a mom-and-pop feel, even though it’s at a much larger scale,” he says. “When you’re there, it feels like you’re at home.”

The unique culture at Clara Maass Medical Center may be in its DNA, Rob speculates, based on the renowned nurse, Clara Louise Maass, for whom it is named. “But it also comes from the leadership, from Mary Ellen Clyne and her team,” he says, referring to Mary Ellen Clyne, PhD, President and CEO of the medical center. “As part of the RWJBarnabas Health system, they are part of the right team for moving forward with the highest level of care.”

What advice would he give to someone who was considering making a donation to Clara Maass? “Look at their history,” Rob says. “Clara Maass Medical Center has always been an overachiever and has always prevailed. If you want your money to be part of something that genuinely moves humanity forward, then Clara Maass is the place for your donation.”

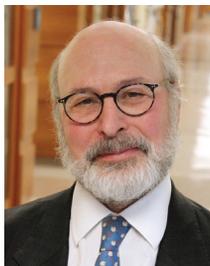
3 FAST FACTS ABOUT CANCER CLINICAL TRIALS

HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

Cancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

FACT #1 You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available



HOWARD HOCHSTER, MD

elsewhere.

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

FACT #2 Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- Participated in a trial for a first-line colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.

"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were developed through clinical trials. Now people are living with colon cancer, on average, four times as long as they used to."

FACT #3 Clinical trials are not a last resort.

"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.

* RWJBarnabas Health, together 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.

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.cinj.org/clinical_trials.





LISTENING TO YOUR HEART

WHAT CAN A DIGITAL CARDIAC DEVICE
TELL YOU ABOUT YOUR HEART'S RHYTHM?

“Call your doctor,” said the message on the 87-year-old woman’s Apple Watch.

A regular walker and exerciser, the woman wasn’t feeling right, so she’d



PARTHO SENGUPTA, MD



GARY ROGAL, MD

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

“Her diagnosis was clearly aided by her having an Apple Watch,” says the woman’s cardiologist, Gary Rogal, MD, Medical Director for RWJBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. “I believe wearable digital devices

that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists.”

Who should wear one of these devices? The short answer: people whose doctors recommend it.

“Wearable cardiac devices are very handy tools, but you have to be selective about how you use them,” says Dr. Rogal.

THE HEART’S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These

condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason to have one, wearing the device could do nothing more than make a patient anxious."

NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains.

"The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

KardiaMobile, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

The MCOT Patch System, which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

A loop recorder, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

ARTIFICIAL INTELLIGENCE

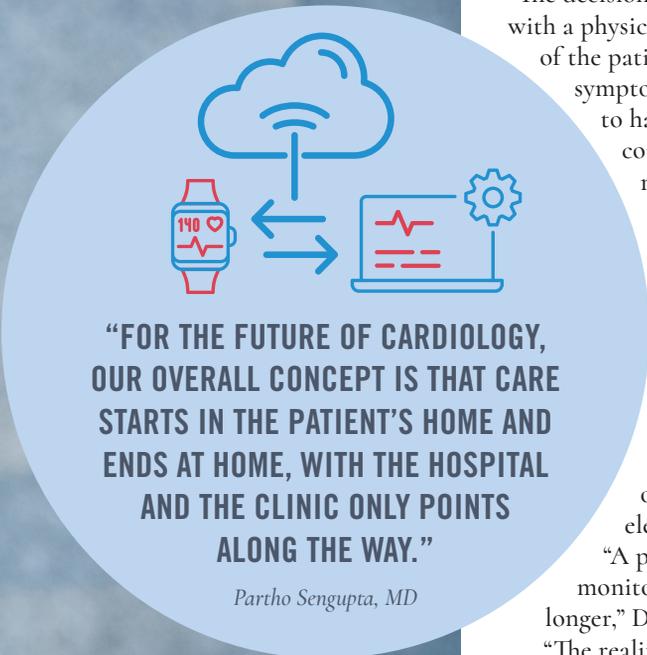
The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health."

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."



"FOR THE FUTURE OF CARDIOLOGY, OUR OVERALL CONCEPT IS THAT CARE STARTS IN THE PATIENT'S HOME AND ENDS AT HOME, WITH THE HOSPITAL AND THE CLINIC ONLY POINTS ALONG THE WAY."

Partho Sengupta, MD

occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Two decades after 9/11, double lung transplant recipient Tony Moyet visits the NY Waterway ferry.



THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

On Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

“That morning, though, when I dropped off a set of passengers, I saw the gaping hole in the North Tower, with flames coming out of it,” Moyet recalls. “I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate.”

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. “We were the first boat to start evacuating,” Moyet recalls. “We were facing a stampede.”

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn't stop. “My doctor told me it was COPD [chronic obstructive pulmonary disease],” he says. Long-term lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.



THIRUVENGADAM
ANANDARAGAM, MD



JESUS GOMEZ-ABRAHAM,
MD

FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed end-stage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school,'" says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazing—very unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

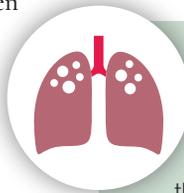
Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-year-old daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.



SPECIAL CARE FOR SERIOUS LUNG PROBLEMS

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit **www.rwjbh.org/lungtransplant**.



COPING WITH EATING DISORDERS: TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

OVERCOMING EATING DISORDERS

CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC, ESPECIALLY AMONG TEENS.

Being quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders—binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

“The kids we’re seeing are much more medically compromised and much more entrenched in the behaviors than we’ve seen in the past,” says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

“The pandemic has made the eating disorders worse, because so much of teens’ lives feels out of their control,”

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. “An eating disorder is really not about food; it’s a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

“Moreover,” Corey continues, “when teens aren’t in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents.”

GETTING HELP

If a parent is worried about a child’s eating habits, a trip to the primary care provider is a good first step, Corey says. “If the pediatrician feels things aren’t looking good, that can open the door for parents to set up an evaluation with our program.”

Thanks to its hospital affiliation, the RWJUH Somerset program is

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program’s levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy per day.
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. “Our programs are in-person, not virtual, because that human interaction is so important in connecting with patients,” Corey says. “So many people tell us, ‘I just don’t want to talk to a computer screen.’”

To learn more about RWJUH Somerset’s nationally recognized Eating Disorders Program, call **800.300.0628** or visit www.rwjbh.org/eatingdisorders.



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0 campaign.

A BOLD VISION FOR CHILDREN



Children's Specialized Hospital®

An RWJBarnabas Health facility

AN AMBITIOUS CAPITAL CAMPAIGN AIMS TO ENSURE THAT ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

When the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of patients at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit www.childrens-specialized.org/transforminglives or write to foundation@childrens-specialized.org.

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, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.

TOBACCO RECOVERY AT YOUR FINGERTIPS



A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

You're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

"In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises," explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

"Research has shown that cessation counseling and support can double a person's chances of success when quitting nicotine," she says. "This new service allows us to tailor messages to patients for whatever they're going through at the moment."

NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting nicotine.

For times when participants need immediate support, they can text one of

a number of keywords such as "craving," "mood," "relax" or "meet." Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

"Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit," Hanna says. "Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person's chances of success are much greater. No one should feel like they have to make this journey alone."



**YOU CAN QUIT.
WE CAN HELP.**

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call **833.795.QUIT (7848)**, email quitcenter@rwjbh.org or visit www.rwjbh.org/nicotinerecovery.



NEW WAYS TO TREAT COVID-19

MONOCLONAL ANTIBODIES AND MORE FOR MILD TO MODERATE CASES

Vaccines and booster shots are the best preventive measures against severe illness, hospitalization and death from COVID-19, according to the Centers for Disease Control and Prevention (CDC).

But if you have mild to moderate COVID-19 or have been exposed, you may qualify to receive monoclonal antibody treatment in the Emergency Department (ED) at Clara Maass Medical Center (CMMC).

“The criteria are set by the CDC and include certain risk factors and specific conditions that place patients at high risk for clinical progression and poor outcomes, such as age and BMI [body mass index, a ratio of height to weight],” explains John Fontanetta, MD, Chair of the ED at CMMC. “Monoclonal antibodies are not for patients who are admitted to the hospital or who require oxygen supplementation. However,



JOHN FONTANETTA, MD

for people with mild or moderate cases, monoclonal antibodies are the best tool we have to prevent hospitalization and possible death from COVID-19.”

The Food and

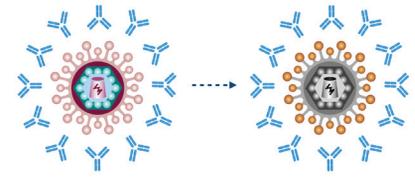
Drug Administration recently authorized emergency use of two antiviral pills, Paxlovid and molnupiravir, for certain at-risk people with COVID-19. Because of the recent surge of the omicron variant, use of these drugs as well as monoclonal antibodies was limited during the winter months. However, supplies are increasing.

WHAT TO DO

Get tested as soon as you suspect you have COVID-19 or have been exposed, advises Dr. Fontanetta. The State of New Jersey offers test site information and more at its COVID-19 Information Hub at www.covid19.nj.gov and by phone at 855.568.0545.

“If you have COVID-19, find out whether you qualify for monoclonal antibody treatment, and if you do, get it as soon as you can,” he says. “The earlier you get it, the more effective it will be.”

The importance of prompt treatment is one reason CMMC decided to make monoclonal antibodies available in its ED. “Infusion centers and even some private doctors are



Monoclonal antibodies bind to coronavirus

Once attached, they make it harmless

WHAT ARE MONOCLONAL ANTIBODIES?

- Molecules produced in the laboratory that can mimic the natural immune system.
- Used to treat many diseases, including some forms of cancer.
- Some monoclonal antibodies protect against the SARS-CoV-2 virus, the virus that causes COVID-19.
- Treatment is given through intravenous (IV) infusion.

capable of giving it, but you might have to wait for an appointment,” Dr. Fontanetta says. “Getting the treatment quickly is vitally important. In the ED, we’re available 24/7, so we can give it as quickly as possible.”

The infusions are given in a section of the ED that’s reserved for COVID-19 patients. It’s a one-time treatment that takes several hours, including time for the medication to be prepared in the pharmacy and time spent observing the patient afterward.

“No one should think that monoclonal antibody therapy is an alternative to vaccination, because it absolutely is not,” Dr. Fontanetta says. “The COVID-19 vaccines have been saving hundreds of thousands of lives across the country. In many respects, we are taming this beast because of all we’ve learned.”

While vaccinations are not available at the CMMC ED, you can register to receive the vaccines and boosters at www.rwjbh.org/covid19.

To learn more about COVID-19 testing and treatment resources at Clara Maass Medical Center, visit www.rwjbh.org/covid19.

Ben Alano on his
Nutley mail route



“Knee replacement is a resurfacing of the joint with a highly engineered prosthetic implant,” explains orthopedic surgeon Frank Femino, MD. “The implant consists of a component cap on the end of the femur, a cap on the upper end of the tibia and dome on the undersurface of the patella. Think of it like putting a crown on a molar.”

THE ROUTE TO A PAIN-FREE KNEE

A KNEE REPLACEMENT LETS A POSTAL CARRIER RETURN TO TAKING HIS JOB IN STRIDE.

Imagine walking 35,000 steps every day, often up and down stairs, and with a painful knee.

That was Ben Alano's daily routine as a postal carrier in Nutley.

His left knee started hurting six years ago. By 2019, he was bowlegged—on the left side only—and limped through his route, which by then took him eight hours to complete rather than the usual six.

"It hurt to put pressure on my knee, which made me favor the other side, and my back began to hurt, too," says Alano, 55. Massage and over-the-counter pain relievers failed to deliver relief. "Psychologically, it was rough," he recalls.

But after 25 years as a carrier, he wasn't about to retire. "I love my job," he says. "I like getting to know and talk with the customers, and I like having a physical job that keeps me fit."

Fortunately, some of those customers offered a solution. They told him about orthopedic surgeon Frank Femino, MD, Medical Director of the Joint and Spine Institute at Clara Maass Medical Center, who'd done their own knee replacements. "They said, 'Go to him. He's great,'" Alano recalls.

A GRADUAL APPROACH

From their first appointment, Alano found Dr. Femino reassuring and thorough. The surgeon explained that osteoarthritis, sometimes called "wear-and-tear arthritis," had eroded the articular cartilage that buffers the joint between the tibia in the calf and the femur bone in the thigh.

"This can cause your leg to bend outward," Dr. Femino says. "In fact, Ben's bowleggedness was really pronounced. That kind of deformity is called varus." In addition, the condition had caused the mail carrier to transfer stress to his hip, back and ankle, making his discomfort unrelenting.

Alano suspects his years of playing basketball while in high school and college in Manila, the Philippines, played a role in his condition. "It's so easy to twist your knee as you jump, land and run," he says.

While some surgeons insist on operating immediately, Dr. Femino believes the patient should set the schedule. "I'm not just treating the knee, I'm treating the person—and they've got to be ready for surgery," he says.

Alano was not, so they started with conservative measures: physical therapy, pain relievers and a brace to stabilize the knee. Dr. Femino also injected anti-inflammatory corticosteroids to the joint. Since the mail carrier was otherwise in great shape, weight loss and exercise weren't prescribed.

"He was in so much pain that he had

a tan line from his brace because he never took it off," Dr. Femino recalls.

"Eventually, I couldn't handle the pain any longer," Alano says. "My knee was bone-on-bone and wasn't going to improve."

They scheduled knee replacement surgery for January 2021.

OUTPATIENT SURGERY

"Knee replacement is a resurfacing or retreading of the articular surfaces of the knee—where the femur, tibia and kneecap meet—followed by the placement of an artificial joint," says Dr. Femino. "The surgery is minimally invasive and quad-sparing. Not cutting muscles means less postsurgical pain and a speedier recovery. It's also an instant cure for osteoarthritis of the joint."

Not only is the surgery state-of-the-art, but it also leaves a less-than-five-inch cut. "He did such a beautiful job that sometimes you cannot see the scar," Alano says. Within hours of the one-hour operation, Alano was making his way down hospital corridors with the use of a walker. He went home to his wife the next day.

The Joint and Spine Institute takes a team approach. Physical therapy is set, medical equipment including a walker is ordered and a case manager is assigned.

Alano says he was wowed by how easy the entire process was. "Patients don't have to worry about the details," says Dr. Femino. "We let them know in advance what the timing will be and what each step will include. Well-prepared patients feel much better and do much better. Ben was younger than many who have this procedure and was really gung ho, so his recovery was even faster."

For the first two weeks post-surgery, a physical therapist came to Alano's home. After that, he did a month of outpatient therapy. "That was the toughest part," he admits.

Within three-and-a-half months, he was fully recovered and no longer bowlegged, so he was able to return to his mail route. He also is back to his normal speed and gait and has full range of motion.

His life has transformed, with travel plans on the horizon. "Before, it was frustrating when I'd go on vacation and couldn't do what I wanted. Now I can do whatever I want."

"The knee surgery was the best decision I've made," Alano says. "I should've done it a long time ago."



FRANK FEMINO, MD

To learn more about orthopedic services at Clara Maass Medical Center, visit www.rwjbh.org/ortho.



10



TIPS FOR A HEALTHY TRIP

STAY WELL WHILE ON THE ROAD.



FAIZA MALIK, MD

RWJBarnabas Health Medical Group member located in Belleville, offers her best tips for healthy travel this year.

When the warm weather comes, the urge to travel is strong. Faiza Malik, MD, an internal medicine specialist at Clara Maass Medical Center and an

about how they clean their rooms and what their sanitization practices are.



3 PACK A SMALL FIRST-AID KIT.

Include adhesive bandages, alcohol wipes, gauze and over-the-counter medications you may need, like Tylenol or Motrin, motion sickness medication or anti-allergy medication.



4 REMEMBER YOUR HEALTH INSURANCE CARDS.

Also carry a list of current medications, medical conditions, vaccination status and treating physicians.



5 PLAN FOR VIRTUAL CARE.

“It’s a good idea to find out whether your primary care physician offers telehealth should you need a doctor while you’re away,” Dr.

Malik says. You can also create an account with RWJBarnabas Health’s TeleMed service for virtual care. To learn more, visit www.rwjbh.org/telehealth.



6 GET VACCINATED—for

COVID-19 as well as for diseases that are prevalent at your destination. Find advice from the U.S. State Department at travel.state.gov and from the U.S. Centers for Disease Control and Prevention at wwwnc.cdc.gov/travel. “Regulations change quickly, so it’s best to do this right

before you leave,” says Dr. Malik.



7 WASH YOUR HANDS OFTEN.

“This is a very important step, and was even before the COVID-19 pandemic,” says Dr. Malik. Research shows that handwashing results in significant reductions in cases of diarrhea and respiratory illnesses.



8 STAY HYDRATED.

Use bottled water if you’re traveling out of the country.



9 MOVE AROUND ON LONG RIDES.

Staying in the same position for hours at a time can bring the risk of swelling due to a buildup of fluid in the body’s tissues. Stretch and take walking breaks, and consider wearing compression socks or stockings.



10 PRACTICE GOOD SLEEP HYGIENE WHILE ON THE ROAD.

“Have a routine, a comfortable environment, and refrain from eating or drinking three hours before bed,” Dr. Malik suggests. Don’t take sleep aids unless you’ve done so before and know what side effects they have on your body.

1 KEEP CALM AND MAKE A LIST.

“If you’re stressed or anxious about travel, the general rule is to create a checklist and plan ahead,” Dr. Malik advises. “Don’t leave anything for the last minute.”

2 LOOK INTO YOUR LODGING.

Most places provide public information

To find a primary care physician at Clara Maass Medical Center, call 888.724.7123 or visit www.rwjbh.org/medgroupprimarycare.

I've got cancer but I also have an expert team of specialists on my side.

At Clara Maass Medical Center, fighting cancer is a team effort between you and our nationally recognized experts, including a fellowship-trained breast surgeon and dedicated nurse navigators to guide your way. In partnership with New Jersey's only NCI-designated Comprehensive Cancer Center, we're able to offer the most advanced treatment options, including clinical trials, complex surgical procedures and sophisticated radiation therapy techniques. We develop a care plan that's tailored to each patient's unique needs.

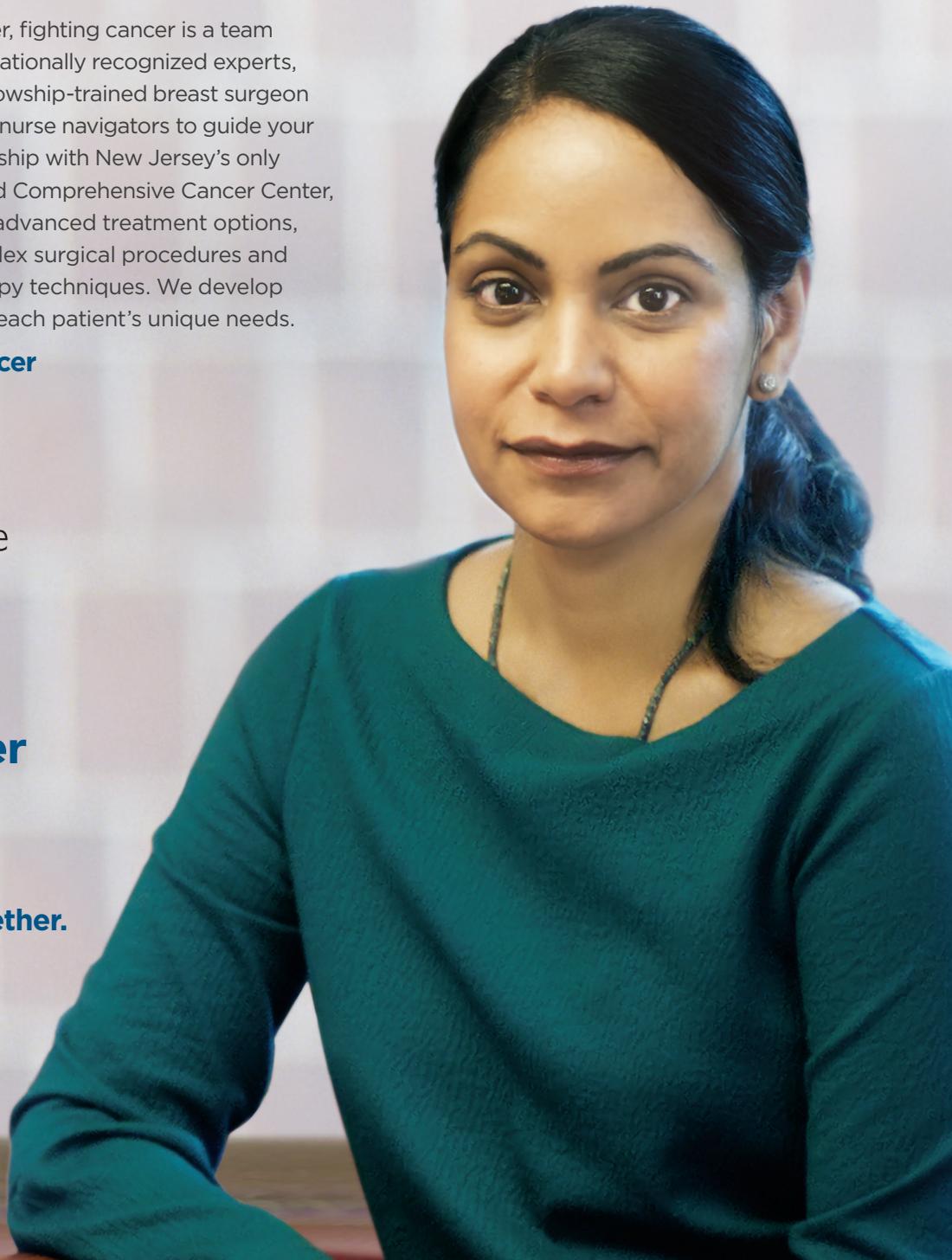
Visit rwjbh.org/beatcancer
or call 844-CANCERNJ.

RUTGERS
Cancer Institute
of New Jersey
RUTGERS HEALTH

**Clara Maass
Medical Center**

RWJBarnabas
HEALTH

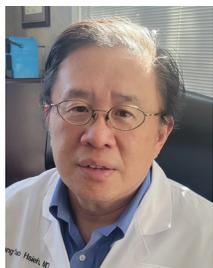
Let's beat cancer together.



ALL ABOUT KIDNEY STONES

THE HARD FACTS ABOUT A COMMON DISORDER

Kidney stones send more than half a million people to the emergency department yearly, and it's estimated that one in 10 people will have a kidney stone at some time in their life.



KUANG-YIAO HSIEH, MD

If left untreated, kidney stones can lead to kidney damage. Urologist Kuang-Yiao Hsieh, MD, of Essex Hudson

Urology and Clara Maass Medical Center, who is also a member of RWJBarnabas Health Medical Group, explains.

WHAT ARE KIDNEY STONES?

Kidney stones are hard objects made up of minerals and salts that stick together in urine. "Think of kidney stones like rock candy," Dr. Hsieh says. "The urine gets concentrated and forms a seed, and then continues to form layers on top of layers."

WHAT ARE THE RISK FACTORS?

Many who experience kidney stones are genetically predisposed, Dr. Hsieh explains. The other leading cause is dehydration, and a high sodium intake can play a part as well. To help keep

Kidney stones are made of minerals and salts, and cause pain as they pass through the ureter.

kidneys healthy, the National Kidney Foundation advises a daily fluid intake of approximately nine cups for women and 13 cups for men.

WHAT ARE THE MOST COMMON SYMPTOMS?

"A kidney stone causes pain only when the patient begins passing it, because that is when the stone enters the ureter—the thin tube that connects the kidneys to the bladder, which is then being stretched," says Dr. Hsieh. If a stone is still in the kidney, it will not cause pain, he explains, but it can cause symptoms like blood in the urine and recurrent urinary tract infections.

HOW ARE KIDNEY STONES DIAGNOSED?

If a patient is in extreme pain and is feverish, he or she should go to the emergency department. However, many patients will first go to their doctor's office, which is likely equipped to perform an ultrasound that will show whether the kidney is swollen, explains Dr. Hsieh. From that point, a CT scan of the ureter may be prescribed.

HOW ARE THEY TREATED?

The two main options are to either pass the stones in urine or undergo a surgical procedure, says Dr. Hsieh.

Stones that are 4 millimeters or less have a high chance of passing on their own because they'll fit through the narrowest part of the ureter, Dr. Hsieh explains. In those situations, physicians will often prescribe tamsulosin, a medication that relaxes the smooth muscle around the ureter, and advise the patient to hydrate and keep moving.

If the stone is too big to pass, options include extracorporeal shock wave lithotripsy, which uses shock waves to break a kidney stone into smaller pieces, or laser lithotripsy, where the doctor goes in with a scope and breaks up the stone with a laser.

To prevent recurrence, a physician may recommend supplements, medications and dietary changes.

To find a urologist at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/doctors.





LEARN ABOUT WEIGHT LOSS SURGERY

VIRTUAL EDUCATION AND SUPPORT ARE HERE FOR YOU.

Are you a candidate for bariatric (weight loss) surgery? “Most people have already tried diet and exercise programs before they consider weight loss surgery as an option,” says Naveen Ballem, MD, Director of Bariatric Surgery at Clara Maass Medical Center (CMMC). “They may have seen tremendous success for the short term but find themselves losing and gaining weight over and over—and each time they gain, they typically gain more. These people need a better alternative for sustainable weight loss. For them, surgery can be a great tool for success.”



NAVEEN BALLEM, MD

To learn more about weight loss surgery, attend a virtual seminar. Those who are interested can follow up with a consultation with the bariatric team at CMMC.

For more information about weight loss and bariatric surgery at Clara Maass Medical Center, call **973.450.2476** or visit www.rwjbh.org/weightloss.

FINDING ANSWERS ONLINE

Learn from experts and from your peers at one of these sessions. Sign up at www.rwjbh.org/events.

VIRTUAL BARIATRIC SURGERY INFORMATION SEMINAR

Presented in cooperation with the New York Bariatric Group, this online seminar is for patients who are interested in lap band, bypass, sleeve gastrectomy or gastric balloon surgery. Joining this session will be one of your first steps in learning all you need to know about bariatric surgery. One of our bariatric surgeons will join the group live to discuss the bariatric surgery journey, from the procedures to risks and benefits.

- First Tuesday of every month. All meetings are from 6 to 7 p.m.
- 2022 Schedule: April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, December 6

VIRTUAL WEIGHT LOSS SUPPORT GROUP

Perhaps one of the most important aspects of a comprehensive weight loss surgery program is the after-surgery support group. Attending a support group allows you to share your personal experiences in open discussion with peers who are going through a similar situation. The support group addresses topics to assist you along your weight loss journey including snacking, meal portions and self-esteem, to name just a few.

- First Wednesday of every month. All meetings are from 6:30 to 7:30 p.m.
- 2022 Schedule: April 6, May 4, June 1, July 6, August 3, September 7, October 5, November 2, December 7

Clara Maass Medical Center, a facility of RWJBarnabas Health, has been designated an Aetna Institute of Quality® Bariatric Surgery Facility for treating individuals living with morbid or extreme obesity.



Joy. Delivered daily.

**There are countless reasons to choose Clara Maass Medical Center.
But you really need only one.**

The only thing that matters to every expectant mom is the safe delivery of a healthy baby. That's why our board certified obstetricians and gynecologists, anesthesiologists and neonatologists are available 24/7, and why our specially trained nurses and midwives are as compassionate as they are knowledgeable. Together, let's customize a birth experience just for you in the privacy of your own room for your family. Learn more and schedule a tour at rwjbh.org/maternity

**Clara Maass
Medical Center**

**RWJBarnabas
HEALTH**

Let's be healthy together.

