

Stronger Every Day

OVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to I find new ways to cope.

These days, however, we're experiencing another, more welcome, feeling: optimism. Thanks to the effectiveness of the COVID-19 vaccines and the massive effort we and others have made to administer them, we're seeing real progress in containing the pandemic.

At RWJBH, we always strive to be proactive, positive and energetic in our response to issues and events. We acknowledge that disparities in healthcare for Black and brown communities exist, and we're making every possible effort to address this issue throughout our entire organization. We've developed a farreaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

Throughout a very challenging year that has uncovered a host of racial inequities, our team at Clara Maass Medical Center has extended our reach into communities of color, offering educational opportunities for those who are hesitant to accept the COVID-19 vaccine. We've worked to improve access by offering a convenient vaccine clinic on-site, and we have also offered mobile vaccine clinics, such as the one held at St. Lucy's Church in Newark's North Ward.

In the end, it's the resilience and strength of our healthcare providers, staff and patients that continues to inspire us. If you've been avoiding medical appointments or treatments because of the pandemic, please don't put off getting care any longer. We're here to help you stay healthy for all the good days to come.

Yours in good health,

BARRY H. OSTROWSKY PRESIDENT AND CHIEF EXECUTIVE OFFICER RWJBARNABAS HEALTH



Mary Ellen Clyne, Ph.D.

MARY ELLEN CLYNE, PhD PRESIDENT AND CHIEF EXECUTIVE OFFICER CLARA MAASS MEDICAL CENTER



HEALTH NEWS

TOP 5 PERCENT IN THE NATION FOR BARIATRIC **SURGERY**

Clara Maass Medical Center (CMMC) has been recognized by Healthgrades for its superior clinical outcomes in bariatric surgery for the third year in a row. The Bariatric Surgery Excellence Award is awarded to the top 5 percent of hospitals in the nation. In addition, CMMC was noted for the following 2021 clinical achievements:

- Five-Star Recipient for Pacemaker Procedures for two years in a row (2020-2021)
- Five-Star Recipient for Small Intestine Surgeries for three years in a row (2019 - 2021)
- Five-Star Recipient for Hip Fracture Treatment for 15 years in a row (2007–2021)

"We are extremely proud to receive this recognition from Healthgrades," says Mary Ellen Clyne, PhD, President and Chief Executive Officer of CMMC. "Every person at Clara Maass—our doctors, our entire heathcare team and volunteers—plays an important role in ensuring our patients receive excellent medical care."







Clara Maass Medical Center

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SUMMER 2021

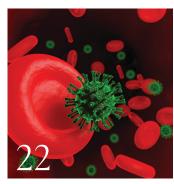












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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.





CMMC received the Obstetrics and Gynecology Excellence Award from 2016 through 2020. In 2020, CMMC was the only hospital in New Jersey to receive that award as well as the Patient Safety Excellence Award and Labor and Delivery Excellence Award.

very woman should know that they can expect a great experience when they deliver a baby at Clara Maass Medical Center," says Cynthia McMahon, RN, Nurse Manager. "The mother can look forward to one-on-one, family-centered care from our whole team."

From the newly renovated Labor and Delivery suites—made possible by the generous gift of Brian and Linda Sterling—to the comfortable, amenityfilled private postpartum rooms, Clara Maass Medical Center (CMMC) strives to provide a first-class experience for its new mothers and their partners.

INDIVIDUALIZED CARE

The Labor and Delivery team makes every effort to honor birth plans the parent has made—for example, whether they want pain medication, or whether they prefer to walk around during labor.

A new mother can choose to have a



MICHAEL STRAKER, MD

spouse, partner or family member, along with a doula if desired, stay in her private postpartum room. The room is equipped with a couch that transforms into a twin bed. "Each



AND BABY **MAKES FOUR**

Trenece Zamora, 34, of Passaic Park, recently gave birth to her daughter, Khaleesi Kimberley, at Clara Maass Medical Center. "I have a 4-year-old son. I forgot what having a newborn is like!" she says with a laugh. Trenece credits the care at CMMC for making her second delivery a positive experience. "I was so happy when I learned my husband would be able to stay in the room with me and the baby," Trenece says. "We had a nice private room with a private bathroom. Everyone who worked there was great about sanitizing the room and wearing masks—they took every precaution against COVID-19. I would tell anybody who's considering giving birth at Clara Maass that they'll be in good hands.'

mom and baby are assigned a primary nurse to care for them," McMahon says. "The nurse really gets to know the newborn, mom and partner."

"We prioritize the ability to communicate with our patients, no matter what their primary language is," says Michael Straker, MD, Chair of the Department of Obstetrics and Gynecology at CMMC. "Whether we have an in-person certified translator or a remote certified translator, we are able to directly address any patient's concerns or needs. That's very important, because patients should always be able to speak up and be their own best advocates."

For a baby who is premature or needs specialized nursery care, CMMC has a designated Level II Special Care Nursery with a neonatologist and a highly skilled team of neonatal nurses available 24 hours a day. In those situations, parents and family members can see a live-streamed video of the new baby right on their mobile device through a technology known as Angel Eyes.

A SENSE OF COMMUNITY

CMMC healthcare providers are a tightknit community, Dr. Straker says. "The way doctors and the entire maternal healthcare team work collaboratively here is special," he says. "When a patient is admitted from Labor and

Delivery to the postpartum unit, I see the nurses really tuning in to what that patient needs. We also have great communication with other departments when their services are needed."

A patient typically stays in the postpartum unit for only two to three days and the nurses spend a lot of that time on education. "We give instructions on newborn care—diapering, breastfeeding, burping, safe sleep and more," McMahon says. "It's great for dads and partners who are staying at the hospital because they can actively participate in the care of their newborn."

New mothers are screened for depression and symptoms of postpartum preeclampsia (a condition related to high blood pressure) and are given information on those conditions so that they can get care right away if any signs occur. After the mom is discharged, CMMC will call within 24 hours to be sure the mother and baby are doing well.

"We send our new moms home with a birthday cake for the baby that they can enjoy with their families," McMahon says. "We're happy to do everything we can to help celebrate this special time."



THE SUPPORT YOU NEED, IN THE **COMFORT OF YOUR** HOME

Clara Maass Medical Center (CMMC) offers virtual support groups to help women during pregnancy and after. To learn more or register for any of these groups, visit www.rwjbh.org/events.

Pregnancy Support

Pregnant women need support and answers to their questions. Our virtual Pregnancy Support Group is led by maternal health experts who lead a supportive and inclusive online community.

Breastfeeding Support

New and expecting moms can get guidance from International **Board-Certified Lactation** Consultants on topics including breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. CMMC also has a "Warm Line" that new mothers can call with questions about breastfeeding, which will be answered by a Certified Lactation Consultant as soon as possible.

Perinatal Mood and Anxiety **Disorders Support**

It's not uncommon for pregnant women or new mothers to have feelings of anxiety, panic, rage or sadness—and to fear that they are alone in those feelings. Our virtual community, led by a specialist certified in perinatal mood disorders, can answer questions, validate feelings and offer more resources if needed.

To learn more about maternity services at Clara Maass Medical Center, call 973.450.2000 or visit www.rwjbh.org/maternity.



WHY CANCER SCREENINGS ARE A VITAL PART OF TAKING CARE OF YOURSELF

t's easy to put off getting screened for cancer," says James Orsini Sr., MD, Medical Director of Oncology at Clara Maass Medical Center (CMMC). "Some people don't want to look into the possibility, even if a family member has had cancer, because they're fearful of what they might find.

"But people need to understand that they're in control of a lot of the things that can affect their health, and screening and early detection is one of those things," he continues.

Screening can find cancer early, before it shows any symptoms, and when it is likely to be most curable. All testing, including genetic testing, can be done at CMMC. An oncology nurse navigator is available to help patients navigate the process.

"Cancer treatments and technologies have remarkably changed the horizon on cancer care," Dr. Orsini says. "We have new types of chemotherapy. We have immune therapy, which uses the body's own immune system to fight cancer, and we have targeted therapy that can identify and attack specific types of cancer cells."

Because of RWJBarnabas Health's partnership with the Rutgers Cancer Institute of New Jersey—the state's only National Cancer Institute-Designated Comprehensive Cancer Center-patients at CMMC have access to the latest treatments, including clinical trials. "We have a tremendous



JAMES ORSINI SR., MD

opportunity to share ideas and treatments, and to discuss individual cases with experts throughout RWJBarnabas Health and Rutgers Cancer Institute," Dr. Orsini says.

To schedule a cancer screening at Clara Maass Medical Center, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.



TAKING CHARGE

Early screening is a powerful way of taking charge of your health—but practicing healthy habits is even more effective, Dr. Orsini says. "Caring for yourself is critical. Maintain a healthy weight, eat a healthy diet, stay physically active, don't smoke and avoid or minimize alcohol—all of those things can actually prevent cancer from developing," he says. "They can also prevent cardiovascular disease, diabetes, high blood pressure and more.

"This isn't about merely following rules, but about actually loving your body enough to care for it so it can stay healthy," Dr. Orsini says. "Not all health problems are avoidable, of course, but many can be prevented. Sometimes, it's all up to you."

EARLY DETECTION SAVES LIVES

The earlier cancer is found, the better the outcome. Use this chart to determine when you should get cancer screenings.

TYPE OF CANCER	SCREENING Type	RECOMMENDED AGE	SPECIAL CONSIDERATIONS
Breast (women)	Mammogram	Women ages 40 to 45 have the choice to start annual screenings; women ages 45 to 65 should have mammograms every year; women 55 and older can switch to every other year.	Women at high risk should have a mammogram every year beginning at age 30. This includes women who have a specific gene mutation (BRCA1 or BRCA2) or who have had radiation to the chest between ages 13 and 30.
Breast (men)	Physical exam, followed by diagnostic mammogram or other tests if needed	A lump or swelling, skin dimpling, nipple retraction, skin redness or nipple discharge should be examined as soon as possible.	A family history of breast cancer, inherited gene mutations, chest radiation and certain testicular conditions may increase male breast cancer risk.
Cervical	For women, a Pap test every three years and/ or an HPV (human papillomavirus) test every five years	Regular screening for women between ages 25 and 65.	Both males and females can get HPV-related cancers. The HPV vaccine, recommended for children and adolescents between the ages of 9 and 16, can prevent HPV infection.
Colorectal	Stool-based test or colonoscopy	For people of average risk, regular screening at ages 45 through 75. After that, discuss with doctor.	People at increased risk may need earlier screenings: those with a personal or family history of colorectal cancer, or a personal history of radiation to the abdomen or pelvic area.
Lung	Low-dose CT scan (LDCT)	For people ages 50 to 80 who currently smoke or have quit in the past 15 years and who have a 20 pack-year smoking history.	Research has shown that LDCT scans for people at higher risk of lung cancer save more lives than X-ray screenings.
Prostate	A prostate-specific (PSA) blood test and/or a digital rectal exam	Discuss with healthcare provider at age 50.	If you are African American or have a family history of prostate cancer, have the discussion starting at age 45.

Source: American Cancer Society, U.S. Preventive Services Task Force



HOW TO HAVE YOUR BEST DOCTOR VISIT

A LITTLE BIT OF 'HOMEWORK' WILL HAVE A BIG PAYOFF. SAYS THIS FAMILY DOCTOR.

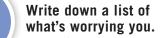
hy does your primary care provider ask so many questions when you come in for an appointment? "I want to know everything about you," says Luis Espina, MD, a family medicine specialist with Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group. "Information about your past medical history, your family history and the medications you take—it's all incredibly important because that's how

LUIS ESPINA. MD

we make decisions about your care."

Dr. Espina recommends that a patient take 15 to 20 minutes before the appointment to do the following steps. "All of this can be

on a single sheet of paper," he says. "It doesn't have to be fancy!"



"Just acknowledging something to yourself makes it easier to talk about it. You may feel that some things are a bit embarrassing, but writing it down takes the awkwardness out of it," says Dr. Espina. "Also, this way you won't forget to mention something important."



Make a list of the specialists you've seen.

"A lot of people forget their doctor's name or don't have the full name," says Dr. Espina.

"But having this information makes it much easier for me to understand what's happening with you, and to

To find a doctor at Clara Maass Medical Center, call 973.450.2000 or visit www.rwjbh.org/doctors.



follow up with that doctor if needed."



Write down every surgery you've had.

"Occasionally, a new patient will say he has never had any surgery, and then during the exam I'll see an abdominal scar, and it turns out he had his appendix or gallbladder removed when he was 18," says Dr. Espina. "I need to know that so that I can interpret your lab results properly."



Ask your parents about their health issues.

"This can be tough in certain cultures," says Dr. Espina. "I know from personal experience that older Hispanics tend to be tight-lipped on these issues. However, important information pertaining to

family history and your own health can come up in these discussions."



Check your insurance in advance to be sure the visit is covered.

"Sometimes patients aren't sure what their insurance company covers. Check with your insurance before your visit to confirm your coverage," Dr. Espina says. "That way, you won't be in the position of having to reschedule."



Bring your medicines with you. "Just throw them all in a plastic bag. I want to physically go

through the medications you're taking," he says. "So often, we find that the patient is not taking a prescribed medication because it upsets their stomach. Or they're taking two kinds of blood pressure medication from two different doctors, and maybe that's why they're feeling faint. I need to know what you're actually taking so I can explain to you what each medication does and weed out the ones that aren't working for you.

"The more I know about you, the better I can help you," Dr. Espina says. "What you tell me is more valuable than something you had to squeeze in on a printed form. It's in our conversations that the story of your health becomes clear."







'FOCUS ON [HE GOOD'

A DETERMINED YOUNG ATHLETE BATTLES BACK FROM PARTIAL PARALYSIS.

n May 2019, Carol Backle of Toms River noticed drooping on the left side of her son Jayson's face. After evaluation by a doctor, the athletic, highenergy 13-year-old was diagnosed with Bell's palsy, a weakness in facial muscles that's usually temporary.

One day, however, Jayson experienced sudden weakness in his left leg and hand. At the local emergency department, tests revealed the reason: a tumor in his brain that was causing hemiparesis, a partial paralysis on the left side of his body. In July, Jayson had surgery to remove the tumor.

The family's insurance carrier, unsure of how significant the teen's recovery would be, strongly recommended that he be admitted to a long-term care facility. "I was not OK with that," Carol says. She immediately began to research other options and soon decided that an inpatient rehabilitation program at Children's Specialized Hospital (CSH) in New

Children's Specialized Hospital

An RWJBarnabas Health facility

Brunswick offered the type of care Jayson would need.

UP FOR THE TASK

"Hemiparesis can be very frustrating, especially for someone of Jayson's age and high activity level," says Zack Gubitosi, DPT, CSCS, a pediatric physical therapist at CSH. "I could tell this was a scary experience for him and his family, and I wanted them to be as comfortable as possible from day one."

Gubitosi incorporated elements of the sports and games Jayson loves into their sessions. "He would have me balance on one leg while we played Uno. We would play catch," says Jayson. "It was awesome!"

"Jayson was always so motivated to get better," Gubitosi says. "There were understandably some difficult days, and those were the days I would challenge him to fight harder. He was always up

for the task."

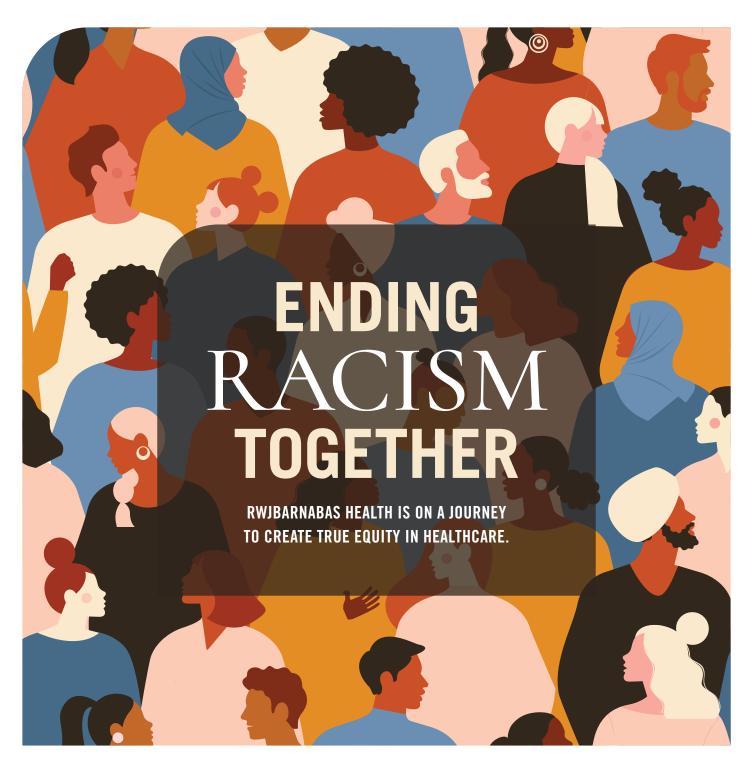
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. He's also involved in the Youth Advisory Council at CSH, which meets once a month to discuss ways to create the best possible experience for patients.

"We're just so grateful for the care that Jayson was given," Carol says. "We know this whole experience could have been so much worse if we had not chosen to go where we did."

With the wisdom of experience, Jayson offers advice for anyone who is on their own recovery path. "Don't dwell on any of your bad thoughts," he says. "Think about all the good that is happening, even the littlest progression in recovery. Focus on that!"

For more information about Children's Specialized Hospital, call **888.244.5373** or visit 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.



WJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism and promoting an antiracist culture throughout the organization and the communities it serves.

Here, Barry Ostrowsky, President and Chief Executive Officer of RWJBH, and DeAnna Minus-Vincent, Chief Social Integration and Health Equity Strategist, explain what the system's Ending Racism Together initiative entails.

Racism has been described as a public health crisis. What does that mean?

[BARRY OSTROWSKY] We start with the proposition that there is structural racism in our society. The data show that whether you're talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren't doing well are people of color, particularly Black people. When it comes to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

[DEANNA MINUS-VINCENT]

Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That's important, because race itself has

been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

What are some examples of how racism plays out in healthcare? [DEANNA MINUS-VINCENT]

Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we're more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren't given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, "Do you have any clean veins?" I work in healthcare and so I was able to navigate the system and march upstairs and talk to the CEO. But I shouldn't have to do that, and neither should anyone else.

What is the role of a healthcare system in combating racism?

[BARRY OSTROWSKY] We realize that when we construct healthcare delivery mechanisms, we have to consider the ability of everybody to access them. It's not equitable to simply say, "Anyone can walk into our clinic between the hours of 9 a.m. and 4 p.m." Many people, particularly Black people in urban communities, can't take time off for a healthcare visit during those hours.



BARRY OSTROWSKY



DEANNA MINUS-VINCENT

From an operational standpoint, we're reviewing key policies and procedures such as the refusal of care policy. We've conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We

hold monthly educational sessions for employees, called "Equitable Encounters: Real Talk About Race," where issues of racism are discussed. Training is forthcoming for all employees.

We're also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don't want outreach workers coming to the house. Maybe you'd prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative?

[BARRY OSTROWSKY] When patients come to our facilities, they'll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we'll make the point that we're an antiracist organization and if they have any experience that's inconsistent with that, please tell us.

The journey to end racism requires everybody's effort and commitment. We know that we can't send out a memo saying, "We're anti-racist, and by the end of the year there'll be no racism." We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

WHAT IS A MICROAGGRESSION?

As part of Ending Racism Together, RWJBarnabas Health conducts regular trainings and other educational events for its employees. A recent session focused on the topic of microaggressions.

What is a microaggression?

Microaggressions are the everyday verbal and nonverbal slights and indignities that members of marginalized groups experience in their day-to-day interactions. Often, individuals who engage in microaggressions are unaware that they have said something offensive or demeaning. The accumulated experience of receiving microaggressions can lead to depression, anxiety and effects on physical health.

What are some examples?

Mispronouncing a person's name even after he or she has corrected you. Asking an Asian American where she's "really" from. Clutching your purse or wallet when a Black or Latino man approaches. Assuming a person of color is a service worker.

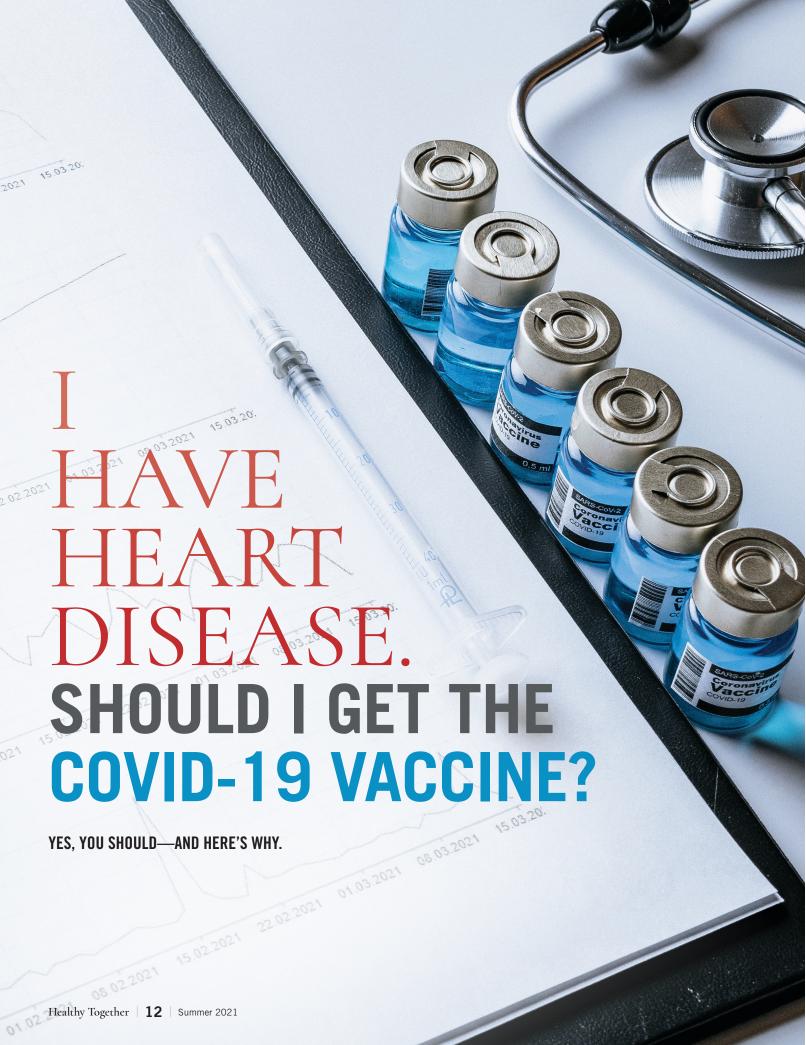
How can a person avoid committing a microaggression? Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

REFUSAL OF CARE POLICY

RWJBarnabas Health will not accommodate requests for or refusal by a patient for the services of RWJBH workforce members based on a personal characteristic, such as race or ethnicity, except in the limited situation where the patient (or other individual on the patient's behalf) requests that an accommodation based on gender only is necessary to protect a patient's religious or cultural beliefs.

To learn more about RWJBarnabas Health's commitment to racial equity, visit www.rwjbh.org/endingracism.





ot only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines it's especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

Why is it so important for cardiovascular patients to get the vaccine?

"People with cardiovascular disease are more vulnerable to the effects of COVID-19," Dr. Sengupta explains. "That's because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects."

What kind of side effects can be expected?

"Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot," Dr. Sengupta says. "If you're on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare."

After a person is fully vaccinated, can he or she resume normal activities?

"Clinical trials have shown 90 to 95



PARTHO SENGUPTA. MD

percent protection, but there's a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course," Dr. Sengupta says.



Whether you're in need of care for high blood pressure, require heart surgery or are interested in ways to help keep your heart healthy, RWJBarnabas Health's heart, vascular and thoracic care programs are here for you. We offer:

- One of the top 15 largest heart transplant programs in the nation, with locations in Newark and New Brunswick.
- One of New Jersey's highest-performing transcatheter aortic valve replacement (TAVR) programs.
- Two of the only care destinations in the state offering FFR-CT (fractional flow reserve computed tomography), located in Lakewood and in Newark.
- Leading cardiac specialists and surgeons who are at the forefront of innovation in critical care and the treatment of coronary artery and valvular diseases, heart rhythm disturbances and vascular and thoracic disorders.
- A network of cardiac rehabilitation programs and hundreds of preventive and wellness programs designed to strengthen and protect hearts.
- · Access to many of the latest and most advanced clinical trials.
- More than 100 cardiologists across 30 practices with offices conveniently located throughout our communities.

"The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines."

What else should cardiovascular patients do to protect themselves?

"Get outdoors and exercise—walk, bike, experience nature," says Dr. Sengupta. "The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

"I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30

minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience."

If you've been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. "People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic," he says. "This is your chance to resume your relationship with your doctor and get back on track.

"In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices," he says. "The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue."

For more information or to connect with one of NJ's top cardiovascular specialists, call 888.724.7123 or visit www.rwjbh.org/heart.



THE LIFE-CHANGING IMPACT **OF A KIDNEY TRANSPLANT**

POST-TRANSPLANT, PEOPLE WITH KIDNEY FAILURE FIND THEIR WORLD TRANSFORMED.

WJBarnabas Health offers the region's most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

BACK IN ACTION AFTER A DOUBLE TRANSPLANT



illon Devlin, 29, had Type 1 diabetes, but that didn't stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

"Kidney failure alone is an older person's disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes," explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. "That's because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body."

THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting



RONALD PELLETIER, MD

transmissions onto pallets, to needing threetimes-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for

transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

"All of a sudden I was waking up from surgery and my mom was saying, 'You did it!'" he recalls. "I was standing up within six hours and out of the hospital in six days." A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he's back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. "It's so strange to wrap my head around not having to take insulin," he says. "Modern medicine is a complete marvel."

"What I really love about kidney and pancreas transplantation is that you get to transform someone's life," Dr. Pelletier says. "Not only do they not need dialysis afterward, they're no longer diabetic! That's fantastic."

Dillon's advice to others awaiting transplant: "Don't let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match."



LOVING LIFE WITH A NEW KIDNEY

imothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. "PKD is hereditary," he explains. "My father had it, my grandmother had it and my brother has it."

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

"Even though you're on dialysis, it's not like having a kidney," Timothy says. "There's still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high."

MEDICAL ADVANCES

"We're so fortunate that in kidney failure, there's the option of dialysis," says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). "It keeps people alive. However, dialysis doesn't replace the full function of the kidney. For most patients, the better option is a kidney transplant."

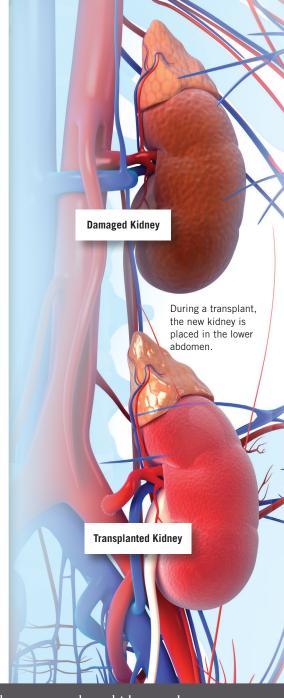
Timothy's niece, who was 21 at the time, offered to donate a kidney to him. At Timothy's insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn't a match for Timothy, she became part of the kidney transplant chain at SBMC: She donated to someone for whom her kidney was compatible, and Timothy was given a kidney from another donor.

"Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we've seen over the past 15 years," says Dr. Weng. "We also have many more

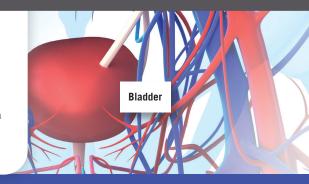
choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation."

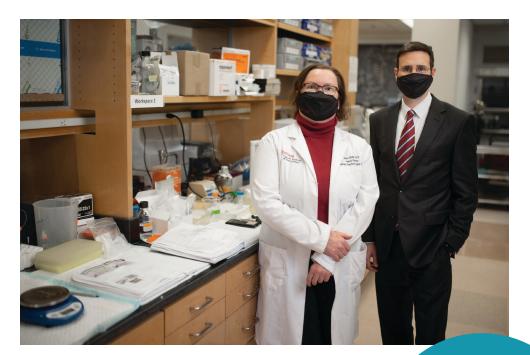
"It's a wonderful thing," says Timothy. "I have so much more energy now, and I have so much more time to myself since I don't have to plan my days around getting to a machine at a certain time. I've been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I've been very blessed."

FRANCIS WENG, MD



To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.





MISSION POSSIBLE

RUTGERS CANCER INSTITUTE OF NEW JERSEY LAUNCHES A NEW CENTER OF EXCELLENCE TO HARNESS THE POWER OF IMMUNOTHERAPY.

or decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront.

"What's remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells," explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer

Institute.

"Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons," Dr. Hinrichs says. "First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects."

RWJBarnabas Health and

the 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.

However, some cancers respond well to immunotherapies, but others don't respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The \$50 million effort, fueled by an anonymous gift of \$25 million, is poised to lead the immunotherapy revolution and transform cancer treatment.

"We are putting into place key expertise and facilities for 'first in human' clinical trials in immunotherapy and cell therapy," Dr. Hinrichs explains.

Eileen White, PhD (left), and Christian Hinrichs, MD, Co-directors of the Cancer Immunology and Metabolism Center of Excellence, a groundbreaking collaboration with a mission to develop new immunotherapies

The program is also serving a large and diverse patient population in New Jersey, Dr. Hinrichs notes. "That's so important in cancer research," he says.

NEW CONNECTIONS

The Center of Excellence takes a novel approach by uniting its strengths in cancer immunology and metabolism under one umbrella. "Few, if any, institutions have this capability," says Dr. White, Co-director of the center.

> Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance and how it contributes to cancer. "By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop new immunotherapies and make existing immunotherapies

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs. "We are focused on the discovery and development of new T cell [immune system cell] therapies, particularly geneengineering approaches that allow T cells to specifically and powerfully target tumors," he says.

more effective," she says.

These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. "A GMP facility is absolutely critical for what we do," says Dr. Hinrichs. "It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else." Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

To learn more about the Cancer Immunology and Metabolism Center of Excellence, visit https://cinj.org/immunology-metabolism.



SUMMER SPORTS: PLAYING IT SAFE

PRECAUTIONS TO KEEP YOUNG ATHLETES INJURY-FREE

ports are a wonderful thing for children because they improve their physical and psychological health and well-being," says John Fontanetta, MD, Chairman of Emergency Medicine at Clara Maass Medical Center. "However, we see a lot of young people coming into the Emergency Department with sports injuries, and many of them were preventable." His advice for safer play:

Give young athletes appropriate, well-fitting equipment. Poorly fitting equipment can lead to more severe injuries. Soccer players should have shin guards; skaters and skateboarders should have helmets, knee pads, wrist guards and elbow pads. A helmet should always be worn for bicycle riding.

Basketball players need ankle



JOHN FONTANETTA, MD



NICOLE LOPEZ, MD

support, and soccer players need to have both turf shoes and field cleats to avoid cleats getting caught on the the turf, causing knee injuries.

Coaches, umpires and referees should be well-trained to keep control of a game and prevent overly aggressive play.

Make sure athletes do good warmups, including stretches, to significantly decrease the risk of injury.

Be watchful about head and neck injuries. Any significant head trauma should be considered a possible concussion until ruled otherwise. If a young athlete has a possible neck injury keep them immobilized and call 911 immediately.

"If you have any question at all about a young person's injury, please bring them into our Emergency Department," says Dr. Fontanetta. "It's not worth taking a chance. If nothing's broken, that's good news we love to tell!"



PROTECTING YOUNG **BONES, AGE BY AGE**

Nicole Lopez, MD, an orthopedic surgeon at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group, gives the scoop on young bones and injuries:

Toddlers and preschoolers: Don't let young children play on playgrounds that are meant for older children and supervise them closely. Serious elbow injuries can occur in falls from playground equipment, especially monkey bars.

If there is no fracture, the child will typically bounce back and resume playing. If they don't or can't do so, get them evaluated right away.

Ages 6 to 10: Kids are beginning to play harder and can trip or collide into other players while running at high speed. We often see forearm fractures from falls, as well as foot or leg injuries from tripping.

At any age, if a child is unable to bear weight on a limb, or is still complaining after taking over-thecounter pain medication and a few hours have passed, have the injury X-rayed.

Preteens and adolescents. ACL tears and shoulder issues become more common as kids play at even higher intensity at the same time as their skeletons mature and bones become more rigid.

Young athletes should be sure to do the preseason conditioning recommended by athletic trainers. Coming out of the pandemic restrictions, many athletes have experienced growth spurts and are more out of condition than they would typically be. They should know they won't be up to their usual level of play right out of the gate.

In an emergency, call 911. To learn more about orthopedic services at Clara Maass Medical Center, call 973.450.2000 or visit www.rwjbh.org/ortho.







A SUPERIOR TESTING EXPERIENCE FOR PATIENTS AND THE EXPERTS WHO CARE FOR THEM

n MRI (magnetic resonance imaging) scan is a powerful diagnostic tool. This type of testing uses a strong magnetic field, radio waves and a computer to make detailed images of organs and tissue inside the body.

Thanks to a generous donation from The Healthcare Foundation of New Jersey (HFNJ), Clara Maass Medical Center (CMMC) has a state-of-the-art MRI and a full MRI suite on-site. It features the latest MRI technology available: the Philips Ingenia Ambition S.

"This new MRI brings so many benefits to our patients," says Joseph Fusco, MD, Medical Director of Radiology at CMMC. "The machine is faster than older models, so

Top photo, the Philips Ingenia Ambition S. At the ribbon-cutting, left to right: Dan Boysen, MRI Supervisor; Starsha Mohammad, Director of Radiology; Frank Mazzarella, MD, Chief Continuum of Care Officer; Stacie Newton, Director of Marketing and Public Relations; Marsha I. Atkind, Executive Director and Chief Executive Officer, HFNJ; Celeste A. Oranchak, Vice President, Foundation and Development, Clara Maass Medical Center; Amy B. Schechner, Chair, HFNJ Board of Trustees; Mary Ellen Clyne, PhD, President and Chief Executive Officer, CMMC; and Geraldina Leger, MRI Technologist. Bottom photo, the sophisticated technology for viewing a scan in progress.

patients don't need to hold their breath for as long a time when we're taking an image. It's significantly quieter, and it's a wide-bore model, meaning it can comfortably accommodate patients up to 550 pounds."

ADVANCED TECHNOLOGY

The new MRI has technological advantages that excite the radiology team as well. "While we always had the benefit of highquality images for MRIs, with this brand-new machine we are seeing incredibly fine resolution and detail such as very small nerves and blood vessels," says Dr. Fusco.

Further, the new MRI's innovative BlueSeal magnet uses only a fraction of the amount of helium typically used—a distinct advantage because the gas is in increasingly short supply globally.

The MRI suite includes several areas: the scan room, an equipment room, a control room and two patient holding bays, for a total of 1,550 square feet. The suite is equipped with "negative room pressurization," a ventilation technique that prevents airborne contaminants from leaving a room and that has been used in hospitals during the pandemic.

"The Healthcare Foundation of New Jersey's generous donation will ensure that we have the necessary resources to improve the health, well-being and quality of care for the communities we serve throughout northern New Jersey while working to reduce disparities in access to essential imaging services," says Mary Ellen Clyne, PhD, President and CEO of CMMC.

"It truly makes our hearts happy to know that we are making a difference in the lives of our community, especially those who are served by Clara Maass Medical Center," says Marsha Atkind, Executive Director and CEO of HFNI.



Director/CEO Marsha Atkind visit the new MRI suite.

HOW A GENEROUS ACT INFLUENCES MANY LIVES

A new, state-of-the-art MRI suite at Clara Maass Medical Center (CMMC) was the vision of a dedicated team of healthcare professionals. The vision was made reality by The Healthcare Foundation of New Jersey (HFNJ).

HFNJ, an independent, endowed grant-making organization, provided a \$534,000 grant for the new suite. The organization has also agreed to match every dollar CMMC raises for the project up to \$250,000.

"We're having an enthusiastic response to this challenge grant from our Foundation Board of Trustees, grateful patients and other donors," says Celeste A. Oranchak, Vice President, Foundation and Development, Clara Maass Medical Center. "They like the idea that every dollar they give becomes two dollars for us."

GIVING BACK

Donors also like the idea of giving money that has a direct impact on patient care. "People who give to Clara Maass Medical Center know that everything we raise money for—whether it's equipment, technology, a new service line or a new program—is patient-focused," Oranchak says. "We want the best, most advanced equipment, technology and training so we can give the community the best care."

That goal lines up with HFNJ's mission, which is focused on reducing disparities in the delivery of healthcare for vulnerable populations in the greater Newark area. CMMC estimates that 1,800 patients will benefit from the new MRI suite annually.

"At Clara Maass, we continue to make advancements in care and donors have been critical to that progress every step of the way," Oranchak says. Recent examples include a new hybrid OR, upgrades to the Emergency Department, Labor and Delivery suites, digital mobile ultrasounds and robots that disinfect rooms with UV light.

"When people give to us, they know that the benefit of their dollars stays local," Oranchak continues. "We are their community hospital and we are always striving to have what we need to take the best care of you, your family, your friends and your neighbors. Our donors have a lot of pride and satisfaction in knowing they can have this kind of an impact close to home."

To contribute to the \$250,000 challenge grant or to learn more about giving to Clara Maass Medical Center, visit www.claragiving.org. To schedule an MRI, call 973.450.2000.





here have been plenty of jokes about gaining the "COVID-19" in recent months, but being overweight is no laughing matter.

NAVEEN BALLEM, MD

For starters, it increases your risk of dying from the coronavirus. In addition, people who have a body mass index (BMI) a weight-height ratio—greater than 30 are at increased risk of developing

coronary artery disease, stroke, diabetes, cancer and fatty liver disease.

Losing weight through diet and exercise can be challenging for people with a high BMI. But weight loss (bariatric) surgery can help people lose 55 to 75 percent of excess body weight and extend a person's life expectancy by 10 to 12 years. In addition, the surgery may "cure" serious medical problems, such as high blood pressure, reflux, sleep apnea and joint pain.

Surgery can also improve a person's quality of life. "When I ask a patient, 'Why are you here?' I often hear things like 'I want to spend more time with my family' and 'I can't keep up with my grandkids," says Naveen Ballem, MD, Medical Director of the Bariatrics Program at Clara Maass Medical Center (CMMC). "Bariatric surgery can help people live the life they want

At CMMC, the Bariatrics Program offers a multidisciplinary approach to slimming down, including support from nurses, dietitians and psychologists. Patients are encouraged to attend at least two monthly support group meetings before surgery and to attend

following surgery as well. Run by CMMC bariatrics team members, these groups offer the opportunity to discuss issues with others who understand and can offer support.

The program offers primary surgery as well as revisional procedures. Bariatric surgeons at CMMC perform the procedures using minimally invasive techniques. The benefits include a lower risk of infection and hernias, a quicker recovery and less incisional pain. Patients are scheduled for several postoperative visits in order to measure progress and address any concerns or complications.

WEIGHT LOSS SURGERY FOR YOU?

To qualify for bariatric surgery, you must meet the following criteria:

- a body mass index (BMI) of 40 or greater.
- a BMI of 35 to 40 plus one or more other conditions, such as Type 2 diabetes, high blood pressure, sleep apnea, high cholesterol or an enlarged liver.

TYPES OF BARIATRIC SURGERY

SLEEVE GASTRECTOMY

HOW IT WORKS: About 80 percent of the stomach is removed, leaving a small "sleeve" about the size of a banana. This surgery helps people feel full after eating small amounts of food and causes gut hormone levels to drop so they're not as hungry.

BEST FOR: It helps to resolve serious health conditions like diabetes. People who have gastroesophageal reflux disease should avoid this procedure, though, because it can worsen the problem.

GASTRIC BYPASS

HOW IT WORKS: The stomach is divided into two sections. The top part becomes a small pouch the size of a golf ball. It limits the amount of food that can be eaten. The stomach is connected to the middle of the small intestine, and the bypassed parts of the stomach and intestinal tract don't absorb food. This procedure leads to hormonal changes that promote weight loss.

BEST FOR: This procedure is ideal for people with diabetes and reflux

SINGLE-ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S)

HOW IT WORKS: This is a modified duodenal switch procedure. A portion of the stomach is removed to create a smaller one. Next, a large part of the small intestine, or duodenum, is bypassed

so that food empties into the last segment of it, resulting in less absorption of calories and nutrients. The new version, called SADI-S, is a less complicated operation and has a lower risk of long-term nutritional deficiencies. The procedure helps to reduce the amount of food a person eats and reduces the absorption of fat. It also results in hormonal changes that reduce appetite.

BEST FOR: People with high BMIs or long-standing diabetes that's difficult to control.

To learn more about weight loss surgery at Clara Maass Medical Center, call 973.450.2393 or visit www.rwjbh.org/weightloss.



A BARIATRIC SURGEON **ANSWERS YOUR** QUESTIONS

What's the most popular bariatric surgery?

"The sleeve gastrectomy is our most popular bariatric procedure," says Naveen Ballem, MD, Medical Director of the Bariatrics Program." It comprises about 90 percent of the surgeries we perform. It has good results and appeals to patients because it only involves operating on the stomach, as opposed to the stomach and intestines."

What's a multidisciplinary approach to weight loss?

"We provide nutritional counseling for three to six months before a patient has surgery. Our registered dietitians work with patients to help them develop better eating habits. In addition, patients see a mental health professional to be screened for depression, anxiety and eating disorders, which must be treated before a patient can have bariatric surgery. We also offer support group meetings."

Why should a patient choose Clara Maass Medical Center's **Bariatrics Program?**

"We have a fully integrated team of professionals, including a bilingual bariatric dietitian and a bariatric navigator, to support patients every step of the way. Our program has been named a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery and has earned a designation as an Aetna Institute of Quality, as well as Specialty Excellence Awards in Bariatric Surgery from Healthgrades."



NEW STUDIES HAVE EASED FEARS. HERE'S WHAT STROKE SURVIVORS AND THOSE AT RISK FOR STROKE SHOULD KNOW.

n the early months of the COVID-19 pandemic, multiple news outlets reported a disturbing trend: an increase in unexplained



AYMAN IBRAHIM, DO

strokes in young and middle-aged adults.

Researchers wondered about possible links between COVID-19 and the most common type of stroke,

acute ischemic stroke, which occurs when a blood clot develops in an artery and restricts or stops blood flow to the brain.

"At the beginning of the pandemic, we in the medical community thought that COVID-19 significantly increased the risk for stroke," says neurologist Ayman Ibrahim, DO, Director of the Stroke Program at Clara Maass Medical Center. "Now we've had many studies done and found that is not the case."

Here, he explains the latest thinking on COVID-19 and strokes.

Does COVID-19 increase the risk for developing blood clots?

COVID-19 can increase your risk for clotting, but we don't yet know by how much. We do know that blood clots can cause multiple problems. Acute ischemic stroke is one of them. Blood clots also can cause a heart attack, pulmonary embolism (a blood clot in the lungs), deep vein thrombosis and other cardiovascular problems.

Does COVID-19 increase the risk for stroke?

Yes, but far less than we thought initially. The largest and most recent study on acute ischemic stroke and COVID-19, published in the American Heart Association Journals, analyzed more than 27,000 patients across 54 healthcare facilities.

Of patients studied who had COVID-19, 1.3 percent developed an acute ischemic stroke. Of the patients who did not have COVID-19, 1 percent developed an acute ischemic stroke. Conclusion: While COVID-19 does increase your risk for blood clots, it only causes a slight increase in your risk for having a stroke.

The majority of patients in the study who suffered a stroke also had other risk factors for cardiovascular disease, including high blood pressure, diabetes and high cholesterol.

Is COVID-19 associated with other neurological problems?

Researchers are studying whether two other rare but dangerous neurological problems may be associated with it. One is Guillain-Barre syndrome, a disorder that causes temporary paralysis, seizures and increased risk of Parkinson's or Alzheimer's disease. The other is encephalopathy, damage to the brain caused by a lack of oxygen.

These conditions tend to occur only in the sickest of COVID-19 patients those needing hospitalization in an intensive care unit. Whether there's a direct relation to COVID-19 and these conditions is not yet fully determined.

What are your recommendations for people worried about stroke as they navigate the pandemic?

Stroke survivors and those at risk should take immediate steps to reverse their risk factors. They should control their blood pressure and blood sugar, and reduce their cholesterol. I also recommend regular exercise and taking vitamin C, zinc and vitamin D supplements to help boost the immune system.

If survivors of stroke or COVID-19 are experiencing significant depression and emotional stress, as many do, they should seek behavioral counseling or psychotherapy. They should also talk with their doctor about whether antianxiety medications could help.

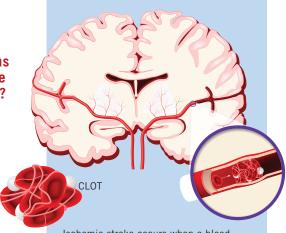
Should stroke survivors or those at risk for stroke get a COVID-19 vaccine?

Yes. There are no reports of blood clots related to the Pfizer or Moderna vaccines, and while there were reports of blood clots related to the Johnson & Johnson vaccine, they were in a small number of patients. Therefore, I believe the vaccines are safe and effective for stroke survivors.

What should a person do if they have any signs of stroke?

If you experience face drooping, arm weakness or speech difficulty-three telltale signs of stroke—call 911.

Clara Maass Medical Center is designated a Primary Stroke Center by the New Jersey Department of Health, meaning we have all the resources and processes needed to care for acute stroke patients. We can give patients the clot-busting drug tPA within the first four-anda-half hours of symptoms. We also have neurosurgery available and on call 24/7.



Ischemic stroke occurs when a blood clot blocks or narrows an artery leading to the brain.

WHAT IS A **BLOOD CLOT?**

WHAT IT IS: A blood clot occurs when platelets begin to stick together, forming a clump of blood that is semisolid rather than liquid.

WHAT IT DOES: Clotting forms a plug that stops bleeding at the site of a cut or injury. Typically, that type of clot dissolves on its own as an injury heals.

A blood clot can also form in arteries or veins when the blood isn't flowing freely as the result of a condition such as cholesterol plaque, atrial fibrillation (irregular heartbeat) or deep vein thrombosis, which can develop as a result of prolonged immobility.

Blood clots may break off and restrict blood flow to the brain (leading to a stroke), heart (leading to a heart attack) or lungs (leading to dangerously low oxygen levels).

PREVENTIVE TREATMENTS: For patients at risk of blood clots, doctors may prescribe blood thinners (anticoagulants) to keep new clots from forming or thrombolytics, which can actually break down a clot.

WHEN TO CALL 911: Call 911 right away if you have signs of a heart attack or stroke. These symptoms include chest pain, shortness of breath, upper body discomfort in the arms, back, neck or jaw, paralysis, facial drooping, dizziness or sudden trouble speaking.

To learn more about stroke care at Clara Maass Medical Center, call 973.450.2000 or visit www.rwjbh.org/claramaass.



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Bariatric surgery at Clara Maass Medical Center

At Clara Maass Medical Center, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice. Attend one of our life-changing

Clara Maass Medical Center



seminars to learn more.

Let's be healthy together.

rwjbh.org/weightloss

* Results are not guaranteed and may vary by individual

