

A Publication of  
JERSEY CITY MEDICAL CENTER

Summer 2021

# healthy *together*

**A HAPPY OUTCOME  
FOR A RARE CANCER**

**HAVING  
YOUR BABY,  
YOUR WAY**

**A GOOD NIGHT'S  
SLEEP—AT LAST!**

**TRANSPLANTS THAT  
TRANSFORM LIVES**



# Stronger Every Day

COVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to 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 far-reaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

Jersey City Medical Center (JCMC) has focused on raising awareness and eradicating racial bias within our organization through regular panel forums and open dialogues, which provide a safe space for all our staff to share our experiences and recognize our prejudices. Through our public outreach, JCMC has sought to educate those who are hesitant to accept the COVID-19 vaccine, and we have improved access to vaccination by offering the service at three convenient locations—at Bayonne, Greenville and the main campus. Through programs like the Trauma Recovery Center, which provides mental health and other support for victims of violence, as well as the Good Apple Rx, which addresses food insecurity, JCMC is tackling the most urgent health needs of the most vulnerable and underserved in our community.

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



**MICHAEL PRILUTSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
JERSEY CITY MEDICAL CENTER



## HEALTH NEWS



### HEALTH STEM SHOWCASE HIGHLIGHTS YOUNG SCIENTISTS

Jersey City Medical Center (JCMC) and RWJBarnabas Health are proud to have sponsored Hudson County's Health STEM Showcase virtually this spring.

More than 200 students in grades 5 through 12 conducted independent scientific and engineering research and submitted slide presentations, videos and written papers for evaluation by the judges. Top students are selected to move on to the Regeneron International Science and Engineering Fair or the Broadcom Masters. Both programs will also be conducted in a virtual format this year.

"The past year has highlighted yet again the necessity and urgency of scientific research and innovation," says Michael Prilutsky, President and CEO of JCMC. "Jersey City Medical Center and RWJBarnabas Health remain committed to supporting intellectual creativity through our longtime leadership role in the Hudson County STEM Showcase."

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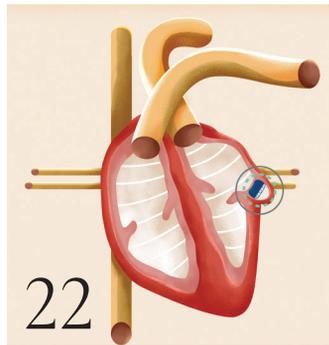
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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.

ANNE LAWSON, MSN, CNM, BSN, RN



DEANNA KARAM, DNP, CNM



BATSHEVA BANE, MSN, CNM, BSN



DORA FLORES-RYAN, MSN, CNM

# YOUR BABY, YOUR WAY

## A DIVERSE TEAM OF CERTIFIED NURSE-MIDWIVES EMBRACES MANY DIFFERENT PREFERENCES IN BIRTH PRACTICES.

The expectant mother had her first two babies in France, where it's the norm for a professional midwife to attend births. Now in the U.S., she was pregnant with her third.

"This patient was nervous about what her experience giving birth would be in this country," says Anne Lawson, MSN, CNM, BSN, RN, Director of Midwifery at Jersey City Medical Center (JCMC). "She was so happy when she learned a midwife would be here for her and would be practicing many of the same birth norms she was accustomed to—things like letting her labor naturally without inducing her unless medically

necessary, using specific techniques to help manage pain in labor and more."

Having a birth attended by a midwife is a growing trend in the U.S. but has long been common elsewhere in the world. To meet the needs of all mothers who deliver at JCMC, the medical center has created a robust midwifery program, which currently has seven Certified Nurse-Midwives (CNMs). "We're unique in that our midwifery staff is diverse, reflecting the breadth of diversity in Jersey City itself," Lawson says.

That's important for two reasons. "When a patient sees a healthcare provider who looks like her and speaks

her language, she is reassured," Lawson explains. "However, that doesn't mean a midwife has to be of the exact same background as the patient in order to provide sensitive and compassionate care. Because we have a diverse staff, we educate each other and expand our perspectives about what all kinds of women want for their birth experiences."

### NEW VIEWS

"I'm a native Spanish speaker, so I can have a fluent conversation with someone who speaks Spanish," says Dora Flores-Ryan, MSN, CNM. "That makes a difference, because when a person goes

JACQUELINE LINDER, CNM



SARAH WROCLAWSKI, RN, WHNP-BC, CNM



JENNY XIAO, CNM



into a hospital setting, they may feel a lack of control, and it's important for them to be able to express themselves and be clearly understood."

Flores-Ryan worked as a Labor and Delivery nurse for 22 years but specialized in midwifery because she was attracted to the idea of caring for a patient before, during and after delivery. "There are some things about Hispanic or Latino culture that I intuitively understand," she says. "They tend to have very strong familial ties and want to be involved in a loved one's healthcare—whether that's coming along to the baby's checkup or providing support at home after delivery. In some Hispanic cultures, the mother rests and focuses on bonding with her baby for 40 days after delivery. As midwives, we can help patients by facilitating whatever they need to feel supported."

Batsheva (Eva) Bane, MSN, CNM, BSN, is an Orthodox Jew who grew up in a religious community at the Jersey shore. "Even healthcare providers for patients in other units come to me to ask questions about my community's cultural and religious practices," she says. "For

example, we don't use electricity or drive on the Sabbath or on religious holidays. That can affect the admitting process in many ways, such as not going through electronic doors or using elevators."

As far as pregnancy care and delivery goes, Bane advises providers to be cognizant that prenatal genetic testing may be limited for Orthodox Jews, as may the use of ultrasound. "Also, often the husband or partner will want to minimize exposure and physical touch during the actual labor and birthing process," Bane says. "It's important to recognize and respect those preferences."

Though only a small percentage of JCMC's maternity patients are Orthodox Jews, Bane says her background helps her work in many ways. "Being from a nondominant religious group makes me seek to understand the values and background of all my patients," she says. "It gives me a cultural humility that enables me to learn from my colleagues—not only in midwifery, but all the staff at the hospital."

"I studied anthropology as an undergrad, so human culture is

fascinating to me," says Jenny Xiao, CNM. "I chose midwifery as my life's work because it allows me to honor different cultural practices in childbirth and women's health." While researching postpartum practices, Xiao learned that in many Asian cultures, only warm or hot foods or liquids are considered appropriate during labor or after delivery. She makes sure to ask first before she offers water with ice chips to a woman of Asian background, a practice she has shared with her colleagues.

"The other day, we midwives were all talking about growing up with our different backgrounds and explaining how things are done in specific cultures," Xiao says. "If you're open to learning about those things, that's great for patient care and bonding."

No matter what the background of the midwife or the patient, however, personal connections are essential. "With every patient, you try to find things you bond over," Xiao says. "Even if your experiences growing up were completely different, you can always find things that you have in common."

To make an appointment with a Certified Nurse-Midwife at Jersey City Medical Center (JCMC), call Women's Health at Grove Street at **201.984.1270**. For more information about giving birth at JCMC, visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).





# THE ABCs OF ACL INJURIES

IT'S AN ALL-TOO-COMMON  
INJURY, BUT EFFECTIVE  
TREATMENT IS AVAILABLE.

If you're a sports or fitness fan, you're probably familiar with the ACL (anterior cruciate ligament). This band of tissue within the knee connects the femur (the thigh bone) to the tibia (the shin bone) and helps keep the knee stable.

Among both professional and amateur athletes, ACL injuries are common. More than 120,000 Americans injure the ligament each year, according to the National Institutes of Health. "Luckily, every ACL injury is treatable, either by surgery or physical therapy," says John Feldman, MD, an orthopedic surgeon with Jersey City Medical Center and a member of RWJBarnabas Health Medical Group.

### WHO'S AT RISK?

Doctors don't know for sure why these injuries are so prevalent. "Our knees see a lot of rotational forces when we run, jump and, especially, change direction, which puts a lot of force on the ACL," says Dr. Feldman. "One theory is that when humans went from going on all fours to walking upright, our ACL didn't necessarily evolve to keep up."

Women, Dr. Feldman notes, are more prone to ACL injuries than men, perhaps because they're more likely to have valgus (knock) knees and/or quadriceps muscles that are stronger than their hamstrings, which can lead to knee instability. Also prone to ACL injury are "weekend warriors"—non-athletes who participate in a vigorous activity without sufficient physical preparation, notes Dr. Feldman. Though relatively rare, ACL injuries in children and teens are increasing, according to the American Academy of Pediatrics.

### HOW TO PROTECT YOURSELF

"Activities that require you to plant and cut—slow suddenly, then change direction—like soccer, basketball,



JOHN FELDMAN, MD

football and skiing can leave you open to injuring your ACL," says Dr. Feldman.

If you haven't been physically active on a regular basis or consistently played

a sport you're thinking about taking up, "make sure you're in shape generally before you decide to join a club team or engage in a vigorous sport like pickup basketball," Dr. Feldman advises. Ask your doctor for sport-specific workouts, warmups and stretches. You can also stabilize and protect your knee with exercises that specifically target your quads and hamstrings.

### WHEN TO SEE A DOCTOR

"The signs of an ACL injury are pretty obvious for most people," Dr. Feldman says. Often, there's an accident—a sudden, awkward fall, for instance—followed by rapid knee swelling. Many people also report hearing or feeling a "pop" in the knee at the time of impact. Nevertheless, not everyone experiences, or notices, these symptoms. "The tip-off," says Dr. Feldman, "is a feeling of instability, the sense that your knee is slipping out on you."

There are two basic types of ACL injury: a tear and a sprain. (A sprain is a stretch or partial tear of the ligament.) These injuries can often be diagnosed through an office exam, but an MRI is always used for confirmation.

### TREATING AN ACL

"An ACL injury doesn't necessarily equal surgery," Dr. Feldman explains. If you have a mild sprain, you're likely to be prescribed physical therapy to strengthen the muscles that support the knee and help you return to your former level of activity.

A full tear—one that severs the ligament—may require surgery, depending on your age and everyday activities. That's because blood to the ACL is supplied by the synovial membrane that surrounds it. When the ACL is severed, the membrane is torn as well, disrupting blood supply and making it impossible for the ligament to fully heal. "Once the ACL is torn, it stays torn unless the patient undergoes surgery," says Dr. Feldman.

Older or less active adults may opt to skip the surgery, choosing physical therapy instead, perhaps combined with bracing of the knee. "Without a working ACL, it's still possible to walk or do some light running in a straight line, ride a bike, garden and play golf," Dr.



## ORTHOPEDIC SERVICES CLOSE TO HOME

Jersey City Medical Center offers the latest diagnostic and surgical technologies for orthopedic patients at two convenient locations:

### MEDICAL OFFICE BUILDING AT JERSEY CITY MEDICAL CENTER

377 Jersey Avenue, Suite 280-A  
Jersey City

### NEWPORT LOCATION

100 Town Square Place, Suite 208  
Jersey City

To learn more about orthopedic services at Jersey City Medical Center, call **844.63.ORTHO** or visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).

Feldman notes.

If, however, the goal is to return to a life of vigorous activity, reconstructive surgery will likely be the answer. This is an outpatient procedure that involves using tissue, usually your own, to rebuild the ligament.

After surgery, you'll be asked to put weight on your leg almost immediately, with the help of crutches, as long as there are no other injuries to the knee. (It's not uncommon, for instance, to tear your meniscus at the same time as your ACL.) About a week after surgery, you'll start physical therapy, which Dr. Feldman says is as important to full recovery as the surgery itself.

Patients can expect to walk normally in about six weeks; by three months, they can begin light jogging in a straight line. Most patients, according to Dr. Feldman, return to their sport of choice and/or full activity in between nine and 12 months. "Whether you're an athlete returning to a sport, or someone returning to recreational activities," he says, "the procedure reliably allows people to get back to normal function. In fact, ACL reconstruction is one of the most successful surgeries in orthopedics."



Free nutritional counseling and free food are available for Hudson County community members who are Greenville Primary Care patients, are food insecure and have a chronic disease.

### SUPPORT FROM ACME

The Food FARMacy program was launched with a generous grant from ACME's Nourishing Neighbors Community Relief Program. "ACME's number one priority in terms of philanthropic giving is food insecurity," says Dana Ward, Communications and Public Affairs Manager at ACME Markets. "We have two stores in Jersey City as well as one in Hoboken, and it makes sense for us to partner with Jersey City Medical Center because they serve so many of our own neighbors."

To keep the shelves stocked, the Food FARMacy partners with the Community FoodBank of New Jersey to purchase foods at minimal cost. The program has also received significant donations from Goya Foods and from local community agencies and donors.

"The Food FARMacy is one of Jersey City Medical Center's many initiatives to go beyond the four walls of the hospital to help our community residents," explains Whitney Bracco, Assistant Vice President, Social Impact and Outpatient Hospital Services for JCMC. "We regularly assess the community's needs, and one thing we hear loud and clear are the problems of food insecurity and chronic health conditions. The community spoke, and we're delivering this program to address their needs."

In addition to providing food and nutritional counseling, the program connects people with food assistance services they may not have had the tools to apply for. "Our patients are thrilled with this program," says Carlino, "and we look forward to continuing to help our neighbors get healthier."

# NOURISHING HUNGRY NEIGHBORS

**AN INNOVATIVE PROGRAM SUPPLIES NUTRITIOUS FOOD WHERE IT'S MOST NEEDED.**

The idea is simple: Food is medicine. What people eat and drink can strengthen their immune system, increase energy and ward off chronic diseases like diabetes and cardiovascular conditions.

Nonnutritious food, however, has the opposite effects on the body. That's why Jersey City Medical Center (JCMC) has created a program, the Green Apple Rx, JCMC Food FARMacy, to provide patients at its Greenville Primary Care practice with healthy foods customized to their needs.

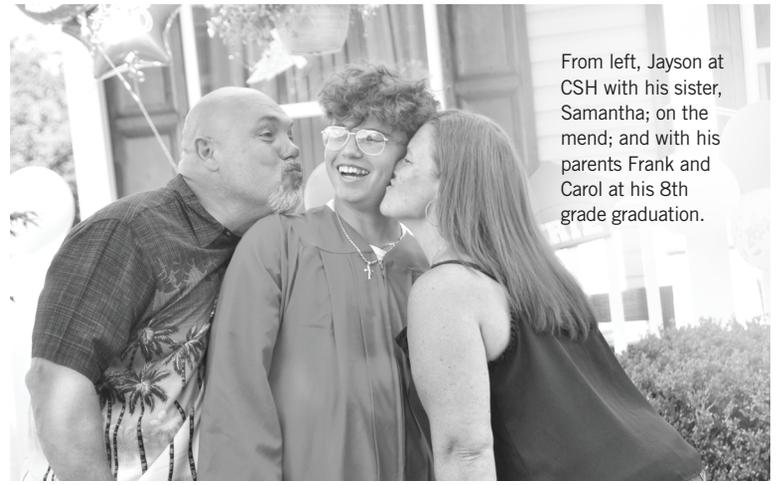
"When patients come in for a primary care visit, those who are having a difficult time purchasing groceries are identified through screening," explains Kristin Carlino, MS, RDN, at the Food FARMacy. "I

meet with them one-on-one to discuss their health needs as they relate to nutrition. Do they need to gain or to lose weight? Do they have a condition such as high cholesterol, high blood pressure or diabetes that can be helped through nutrition?"

Patients leave that meeting with a grocery bag full of food tailored to their nutritional needs, along with an appointment for a follow-up visit. "The great thing is that the patient and I can select the foods together, based on what kinds of things the patient likes to eat and what I can recommend to improve their health," Carlino says. "I had one patient who doesn't like vegetables but loves cheese, and I was able to give him asparagus, parmesan cheese and a recipe for them that he ended up liking a lot."

The Green Apple Rx, JCMC Food FARMacy serves community members in Hudson County who are food insecure and have a chronic disease. Registration and participation with the Greenville Primary Care team is required. For more information, call **201.839.2643**.





From left, Jayson at CSH with his sister, Samantha; on the mend; and with his parents Frank and Carol at his 8th grade graduation.

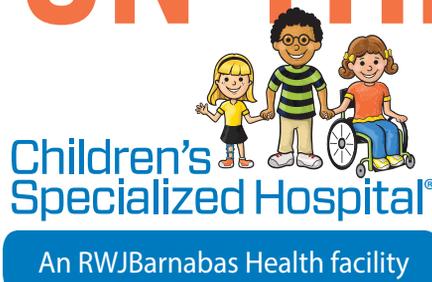
# 'FOCUS ON THE GOOD'

## A DETERMINED YOUNG ATHLETE BATTLES BACK FROM PARTIAL PARALYSIS.

In 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, high-energy 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



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."

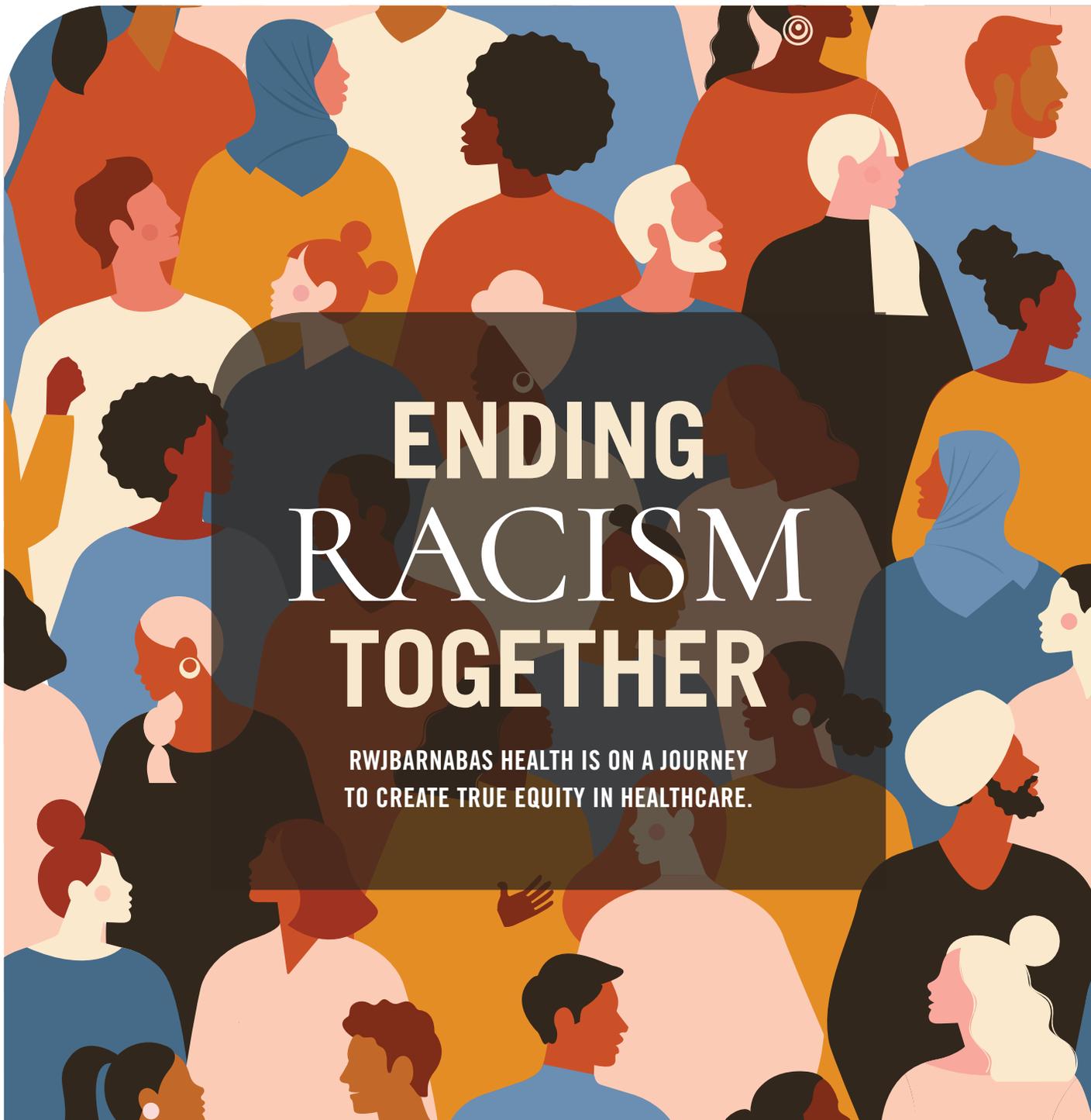
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. 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](http://www.rwjbh.org/childrensspecialized).

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



# ENDING RACISM TOGETHER

RWJBARNABAS HEALTH IS ON A JOURNEY  
TO CREATE TRUE EQUITY IN HEALTHCARE.

**R**WJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism and promoting an anti-racist 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 anti-racist 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?

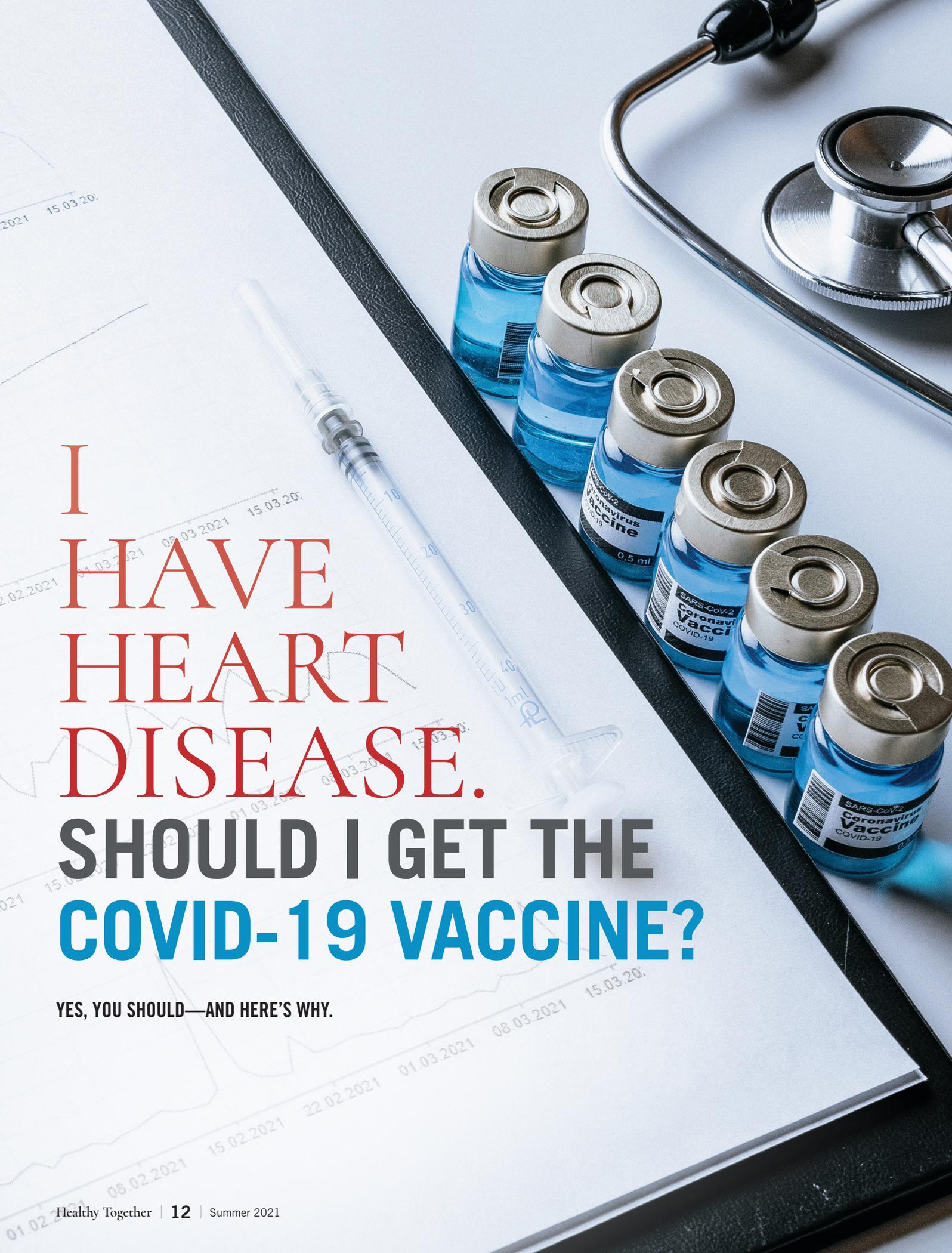
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

## 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](http://www.rwjbh.org/endingracism).





I  
HAVE  
HEART  
DISEASE.  
SHOULD I GET THE  
COVID-19 VACCINE?

YES, YOU SHOULD—AND HERE'S WHY.

Not 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 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.



PARTHO SENGUPTA, MD



## RWJBARNABAS HEALTH: YOUR HEART-HEALTH DESTINATION

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](http://www.rwjbh.org/heart).

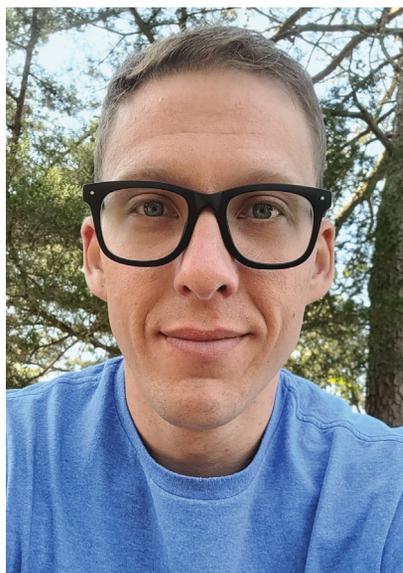


# THE LIFE-CHANGING IMPACT OF A **KIDNEY TRANSPLANT**

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

**R**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



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



**RONALD PELLETIER, MD**

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

**T**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.

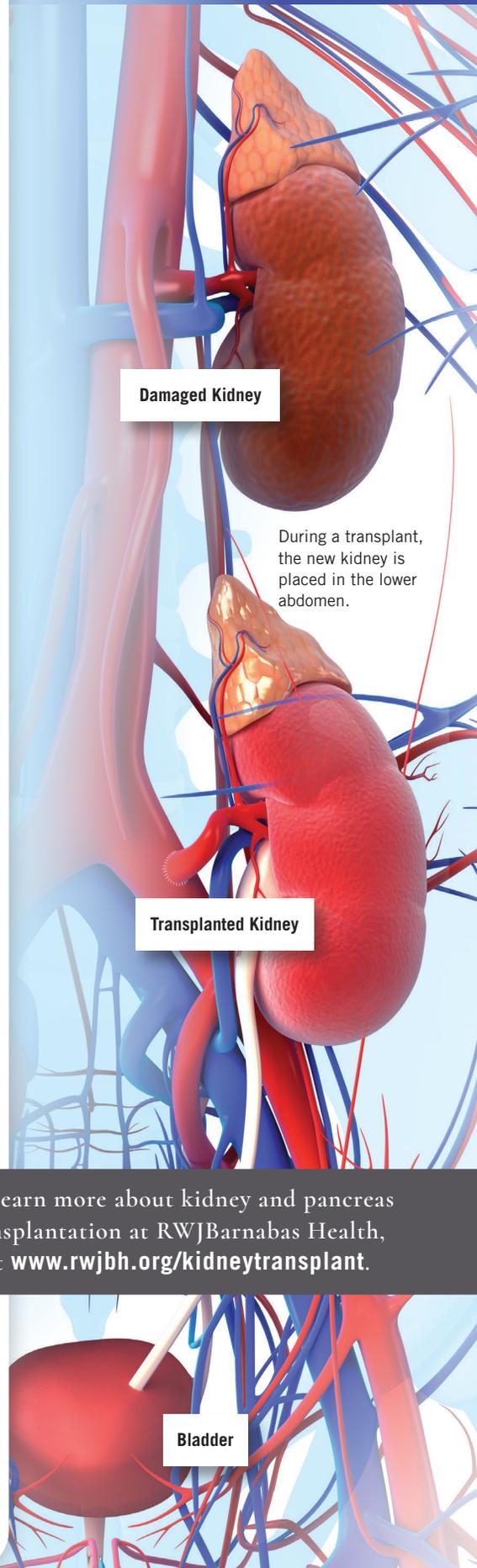
“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more

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



Damaged Kidney

During a transplant, the new kidney is placed in the lower abdomen.

Transplanted Kidney

Bladder

To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit [www.rwjbh.org/kidneytransplant](http://www.rwjbh.org/kidneytransplant).



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

# MISSION POSSIBLE

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

For 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.”

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.

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.

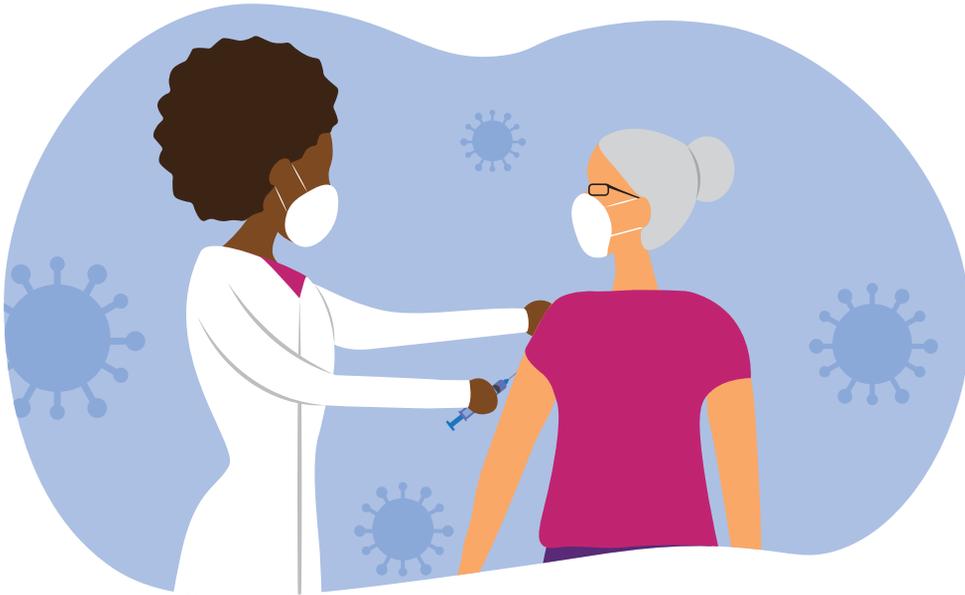
Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance—and how it contributes to cancer. “By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop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

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 gene-engineering approaches that allow T cells to specifically and powerfully target tumors,” he 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.

\*  
 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](http://www.rwjbh.org/beatcancer).

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



# THE TRUTH ABOUT THE COVID-19 VACCINE

**THE BENEFITS OF THE SHOT FAR OUTWEIGH ANY POSSIBLE RISKS, SAYS A TOP EMERGENCY MEDICINE SPECIALIST.**

**W**hat do Hudson County residents need to know about COVID-19 and vaccines? That's a question on the mind of Schubert Perotte, MD, the newly appointed Chair of Emergency Medicine at Jersey City Medical Center. A leader in his field and a New Jersey native—he got his undergraduate degree at Rutgers University and his medical degree from Rutgers Robert Wood Johnson Medical School—Dr. Perotte shares his message about COVID-19 for the community.

## What do you want people to know about COVID-19?

For those of us who work in the Emergency Department, who are living with the disease day in and day out, we see patients arrive extremely sick—sicker than we have ever seen before in our



SCHUBERT PEROTTE, MD

careers. The amount of damage that this disease is doing to individuals and the community is something that we have never experienced.

## Do you believe the COVID-19 vaccines are safe?

Yes, I do believe that the vaccines are safe. Although the vaccine is new, the science behind the vaccine is not. The form in which we are getting this vaccine is like the vaccines that we have all had in the past.

## Are there any long-term effects of taking the vaccine?

The vaccine has not been out long enough to study the long-term impacts. But we must balance the unknowns against the risk of getting COVID-19, especially for people with comorbidities, such as diabetes and obesity. Simply put, if you are at high risk, you do not want to get

this disease. The benefit of taking the vaccine far outweighs the known risks.

## Why is there reluctance to get the vaccine among some in the Black community?

RWJBarnabas Health acknowledges that the medical community across the United States has failed to address inequities that continue to cause nationwide disparities in healthcare delivery and outcomes. This failure, coupled with the clear and well-documented history of the exploitation of Black bodies, which extends back centuries, has created a pervasive mistrust of the healthcare system, clinical trials and, in turn, the vaccines developed to combat COVID-19.

## Should women who are pregnant or thinking about becoming pregnant take the vaccine?

This is particularly of concern to women of color, who are more likely to experience both more severe COVID-19 and higher rates of maternal mortality. Two of the most well-respected medical societies in our country, the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine, have recommended that pregnant women, women considering pregnancy, lactating moms and women with infertility problems may choose to receive the COVID-19 vaccine. If you have specific concerns, speak with your physician.

## If you've already had COVID-19, do you need to get the vaccine?

Yes, for multiple reasons. The first is that the immunity provided by the vaccine is superior compared to the response your body would naturally make. In addition, some of the vaccines also cover the variants now surfacing in other countries. Lastly, the CDC has readjusted its guidelines and patients are able to receive the vaccine sooner even if they've had COVID-19 recently.

To register to get the COVID-19 vaccine, visit [www.rwjbh.org/covid19vaccine](http://www.rwjbh.org/covid19vaccine).





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

Kathleen Grzyb is back at work as a radiation therapist after successful treatment for anal cancer.

# AN EARLY DIAGNOSIS, A GOOD PROGNOSIS

QUICK ACTION AND A TEAM APPROACH LEAD TO A  
SUCCESSFUL OUTCOME FOR A RARE CANCER.

**K**athleen Grzyb, 56, a radiation therapist at the Radiation Oncology Practice at Jersey City Medical Center (JCMC), loves her job and her patients.

“Some of them have become good friends,” she says.

She never expected to find herself receiving radiation treatment rather than administering it. But that’s what happened when she was diagnosed with anal cancer early in the COVID-19 pandemic.

“It was April of 2020, soon after the pandemic had started, when I began to have symptoms,” she says. “I thought it was just a hemorrhoid flaring up, but it didn’t go away.”

As she later learned, the symptoms of anal cancer—itching, burning and bleeding—can easily be mistaken for hemorrhoids or other benign conditions. Signs of anal cancer can also include narrow stools, a feeling of fullness, pain and discharge.

Though JCMC was open for business and Kathleen continued her work, many doctor offices were closed. When they opened up again in June, Kathleen made an appointment with a gastroenterologist.

“The gastroenterologist did an internal exam, which was very painful,” she says. “He told me I should have a colonoscopy since I was due for one anyway. That’s when they found the cancer.”

Next came a battery of tests to stage the cancer and see if it had spread. Fortunately for Kathleen—and thanks to her diligence in seeking medical care during the pandemic, when many put it off—the cancer had been found early and was self-contained.

## MULTIDISCIPLINARY CARE

Kathleen’s next move was to see Stefan Balan, MD, Director of Oncology at JCMC and a member of RWJBarnabas Health Medical Group, who recommended simultaneous radiation and chemotherapy.

“We radio-sensitize the tumor,” explains Dr. Balan. “In this type of case, the chemotherapy does a better job with the radiation than without it.”

Kathleen decided to stay at JCMC for treatment even though she knew that meant being vulnerable around her co-workers. “I didn’t shop around,” she says. “My colleagues are wonderful, and I wanted to be treated where I work.”

A team of experts participated in Kathleen’s treatment. Surgical oncologist Jason Maggi, MD, also a member of



STEFAN BALAN, MD

RWJBarnabas Health Medical Group, confirmed the diagnosis and placement of the tumor, and inserted the port that would be used to deliver the chemotherapy drugs. Alan Shaiman, MD, Medical Director of Radiation Oncology, supervised the radiation part of treatment.

Oncology nurse navigator Francine Raphael, RN, BSN, OCN, helped

## WHAT IS ANAL CANCER?

- Anal cancer grows in the anus, the opening at the lower end of the intestines that connects to the outside of the body.
- It’s a relatively rare cancer, more common in white women and African American men.
- The average age of diagnosis is in the early 60s.
- The biggest risk factor for the cancer is HPV (human papillomavirus), a common infection. “We say that 100 percent of people who are sexually active are exposed to this virus, but only some varieties of it are associated with anal cancer,” explains Stefan Balan, MD, Director of Oncology at JCMC.
- Because its location is easy to examine and because symptoms lead people to see a doctor, anal cancer is often found early. With early detection, survival rates are high.

prepare Kathleen for each step of her care, making sure that she always understood what was happening and what the side effects might be. Kathleen also met with oncology social worker Kristy Case, BS, MSW, LCSW, OSW-C, and participated in a survivor support group.

“The nurses coordinated her schedule between infusion and radiation,” says Raphael. “It’s really a credit to the team that they were able to schedule treatments to allow her to keep working.”

## A NEW UNDERSTANDING

Kathleen was fortunate that she didn’t suffer severe side effects. The radiation caused some burning, which she treated with a cooling cream. She experienced some nausea and fatigue from the chemotherapy, “and a little bit of brain fog, too,” but none of it was enough to keep her from her job. In fact, the side effect that bothered her the most was the fact that about half of her hair fell out.

While Kathleen was always devoted to her job and the people she treated, she finds she has even more empathy now that she’s been through radiation therapy herself. “It’s a little different for me now,” she says. “I understand when patients tell me they’re so tired. And I can understand how lost they feel when they first come in.”

Kathleen marked October 1, 2020, in her calendar as the day when her treatments ended. She’ll be monitored closely for the next five years to make sure the cancer doesn’t return, but her prognosis is good.

“In oncology, the mind shies away from using the word ‘cure,’ but the heart doesn’t. I believe that she is cured,” says Dr. Balan. “She’s a brave person in the way she dealt with the disease and worked through it all, and now she’s using that same courage to be open about her cancer to try and make a difference for other patients.”



# IN SEARCH OF A

# GOOD NIGHT'S SLEEP

**AFTER YEARS OF FATIGUE, AN ORADELL MAN  
FACES HIS PROBLEM HEAD-ON.**

Jesse Gennarelli, 45, was intimately acquainted with fatigue. For 15 years, the special education teacher from Oradell rarely experienced a day when he didn't feel tired. And though the fatigue didn't affect his performance on the job, it did make everyday challenges a little more challenging.

At first, he wondered if the constant low-level weariness could be a side effect of the medication he was taking



**JYOTI MATTA, MD**

for anxiety, so he gradually cut back on the dosage. When a colleague told him about the Center for Sleep Disorders at Jersey City Medical Center, Jesse decided it was

**“ONCE THEY EXPERIENCE HIGH-QUALITY SLEEP USING THE CPAP, THEY’RE IN LOVE WITH IT,”**

*Jyoti Matta, MD  
Medical Director of the  
Center for Sleep Disorders*



time to deal with the problem head-on. “Enough,” he says, “was enough.”

The first step was a telemedicine consultation with Jyoti Matta, MD, Medical Director of the Center for Sleep Disorders and a member of RWJBarnabas Health Medical Group. During the consultation, in which Dr. Matta took a complete sleep history, Jesse told her that he was often on his computer or phone late into the night and that his wife had mentioned that he sometimes snored. Dr. Matta recommended that Jesse participate in a sleep study at the center.

### OVERNIGHT ASSESSMENT

During a sleep study, the patient’s oxygen levels, heart rate, depth of sleep, movements and possible snoring are monitored overnight using a

variety of sensors attached to the skin. Jesse arrived at the center at 9 p.m. and was taken to one of its testing suites—private spaces more akin to luxury hotel accommodations than hospital rooms. There, a technician described in detail everything that was going to happen and placed the sensors. Then, Jesse slept.

“I pretty much slept through the whole night, with some tossing and turning,” he recalls. “The whole process was very smooth.”

Once the results were analyzed, he had another telemedicine appointment with Dr. Matta. She advised him that, while being on computer and phone screens before bed could be interfering with his sleep, the study indicated that the root cause of his fatigue could be a mild case of obstructive sleep apnea (OSA), a condition in which the muscles at the back of the throat relax too much and therefore interfere with breathing.

Patients with OSA are often awakened multiple times throughout the night when their airways are partially or fully blocked, resulting in daytime sleepiness. “OSA is incredibly common,” says Dr. Matta. “It’s more common in men—four out of 10 men are likely to suffer from it—although women catch up in the postmenopausal age group.” People most at risk are those who snore, those of Asian, Southeast Asian and Filipino descent, African American men, people carrying excess weight, smokers, football players and bodybuilders with highly muscular necks. Of those risk factors, Jesse only had two: snoring and being male.

In addition to causing fatigue, OSA can also have more serious consequences, including weight gain and cardiac issues like stroke, hypertension, atrial arrhythmias, heart attacks and heart failure. The good news: It’s relatively easy to treat, usually by a technique known as continuous positive airway pressure, or CPAP, which Dr. Matta calls “the gold standard of apnea treatment.”

### A FLOW OF AIR

With this treatment, the patient is fitted with a mask that delivers a constant flow of air through a slender hose, which keeps the patient’s airway open as he sleeps. The mask is attached to a machine about the size of a clock radio.

Jesse received his CPAP machine not long after his second consultation with Dr. Matta, who was hopeful that a monthlong trial would determine its efficacy in alleviating his fatigue. It took him a few days to get used to the machine, but, like many, if not most, CPAP users, he acclimated well to it.

In fact, Dr. Matta notes, the more patients have struggled with sleep apnea, the more they’re likely to adjust to CPAP. “Once they experience high-quality sleep using the CPAP, they’re in love with it,” she explains.

To ensure a positive CPAP experience, the Center for Sleep Disorders offers clinics led by registered technicians to help patients adjust to the machine. “PAP naps”—short naps in which patients are monitored as they wear the CPAP equipment to pinpoint problems and offer solutions—are another tool to help patients adjust.

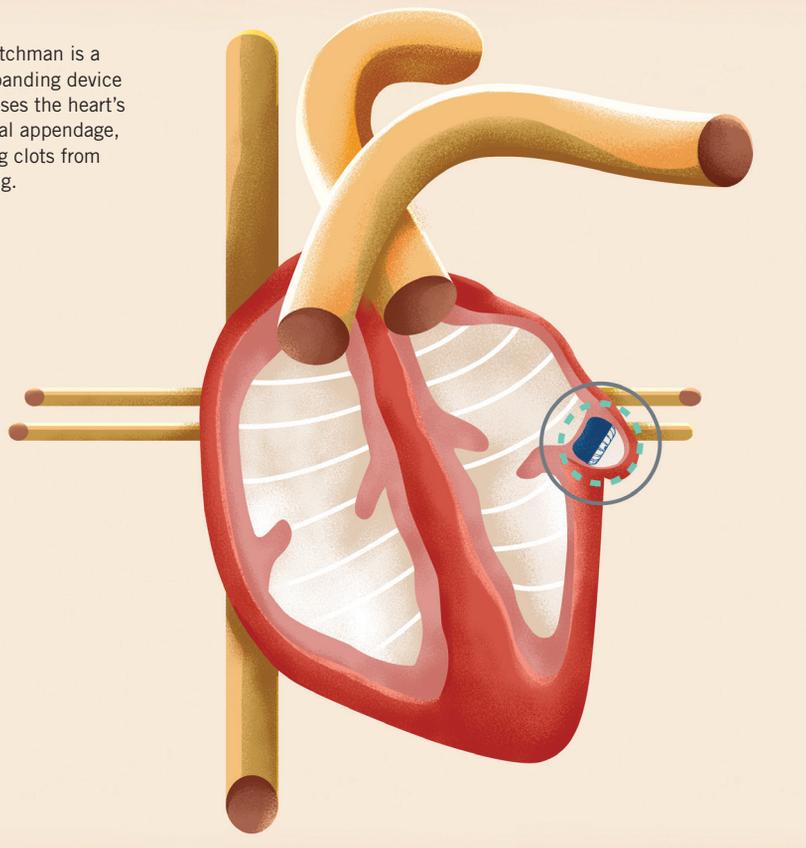
Those who can’t adapt to CPAP can try one of several alternatives, including Provent, a mesh placed around the nostrils, and Inspire, a small device implanted in the body, both of which work by keeping the airway open.

It’s still too early to determine whether CPAP will fully quell Jesse’s fatigue, in part because of the newborn daughter who’s been depriving him of sleep at least as effectively as his sleep apnea did. But he notes that, when his wife took both of his daughters for an overnight with their grandmother, he slept through the night with no interruptions. “I don’t think I moved an inch,” he says. “I was very encouraged by that.” He’s hopeful that when the baby starts sleeping through the night and waking up rested, so will he.

The Center for Sleep Disorders treats a wide range of conditions, including insomnia, narcolepsy, restless leg syndrome, sleepwalking and more. To learn more, call **201.915.2020** or visit **[www.rwjbh.org/jcmcsleep](http://www.rwjbh.org/jcmcsleep)**.



The Watchman is a self-expanding device that closes the heart's left atrial appendage, blocking clots from escaping.



# A NEW WAY TO PREVENT BLOOD CLOTS

## A MINIMALLY INVASIVE PROCEDURE REDUCES THE RISK OF STROKE FOR PEOPLE WITH AFIB.

Inside the heart lies a little-known structure called the left atrial appendage (LAA), a pouch in one of the heart's chambers. It's unclear what function, if any, the LAA performs in a normally functioning heart. "The LAA is similar to the appendix," explains cardiologist David Dobesh, MD, Chief of Cardiac Electrophysiology at Jersey City Medical Center (JCMC). "It's important as the body develops, but once you're born, you can do without the LAA."



DAVID DOBESH, MD

The LAA can cause problems, however, if a person has atrial fibrillation (AFib), an abnormal heart rhythm that increases the risk of developing a blood clot or having a stroke. Potentially life-threatening blood coagulation is especially likely to occur in the LAA, which is filled with tiny pockets where blood can easily congeal.

Now, JCMC has the capability to seal off the LAA and eliminate its clot risks with a minimally invasive treatment that deploys a device called the Watchman FLX. "This treatment has emerged as a key therapy to treat stroke risk from AFib over the past few years," Dr. Dobesh says. "Jersey City Medical Center is the first to offer it in Hudson

County, and other RWJBarnabas Health hospitals offering specialized care have implanted more than 500 Watchman devices. We're very experienced in its use and are expanding our ability to deliver this advanced service."

### ALTERNATIVE TO BLOOD THINNERS

In a procedure that takes an hour or less, a cardiologist threads a catheter through a vein from the groin to the heart's left atrium. There, it delivers the Watchman device under ultrasound guidance. The device, collapsed while inside the catheter, opens like an umbrella when it reaches the LAA. Eventually, heart tissue grows over the permanently implanted fabric-capped nickel titanium device and keeps clots in the LAA from entering the bloodstream. Most people go home the day after implantation.

Not everyone with AFib needs a Watchman implant. "Most patients take blood thinners to reduce the risk of blood clots, blockages and stroke," Dr. Dobesh says. "But a range of problems can occur with blood thinners in the long term, such as bleeding, anemia and bruising. Also, we often prefer avoiding blood thinners in patients with other medical conditions that put them at risk of fainting or falling." Many patients receiving the Watchman can go off blood thinners and instead take less problematic medications such as aspirin.

The Watchman's relative safety has been well established in studies, Dr. Dobesh says. "It causes no change in heart pumping function or movement of blood through the heart's chambers," he says. "There's little downside."

Until this minimally invasive system became available, sealing the LAA might have been done as part of open-heart surgery, Dr. Dobesh says. "The Watchman is one more way Jersey City Medical Center is offering patients the most sophisticated cardiac technology and procedures in our local community," he says. "We've got what you need right here."

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





# HEALING FROM TRAUMA

## A NEW RESOURCE CENTER REMOVES BARRIERS THAT PREVENT TRAUMA SURVIVORS FROM GETTING HELP.

When something very bad happens to a person—a violent attack, domestic abuse, sexual assault, a hate crime—the event passes. The feelings of stress, helplessness and anxiety often don't.

Many trauma victims don't know where to turn for help. "When someone has been through significant trauma, in many cases they lose the ability to go through the steps it takes to get traditional counseling," explains Marli Gelfand, MA, LPC, APS, Senior Director of Behavioral Health Services at Jersey City Medical Center (JCMC). "Finding a provider, calling for an appointment, dealing with insurance or charity care—it can feel overwhelming."

The Trauma Recovery Center (TRC) at JCMC is designed to remove these obstacles. It offers a confidential, free

program that includes on-call crisis intervention, individual and group counseling, clinical case management and assistance in linking to community resources.

Funded through the federal Victims of Crime Act, the TRC follows the proven and data-based Trauma Recovery Center model created by the University of California San Francisco. It is one of four TRCs recently established for underserved populations in New Jersey and the only one of its kind in Hudson County.

"Our communities are seeing high levels of violence, which have a direct correlation with the socioeconomic struggle many residents are facing—housing insecurity, food insecurity, the inability to find a job above minimum wage," says Gelfand.



### WHO IS ELIGIBLE FOR ASSISTANCE AT THE TRC?

- Hudson County resident.
- Ages 5 and up.
- Survivor of a violent crime that occurred in the last five years.
- Must not have any other mental health services at the time of enrollment.

### SAFETY FIRST

TRC's doors opened in December 2020. The program gets referrals from police stations, courts, emergency departments, domestic violence shelters, schools and community groups, but individuals who need help are also welcome to reach out to the TRC on their own.

"Our treatment has different stages," Gelfand explains. "The first is the establishment of safety and trust. We work to stabilize whatever is causing the biggest point of distress for an individual in the wake of trauma—for example, the loss of a home or the inability to pay bills—by connecting the person with community resources."

When immediate needs have been met, the trauma survivor can truly begin to grieve the loss related to the trauma.

"That's when therapy starts to happen," says Gelfand. "We work to create a connection between trauma survivors and their communities by increasing their engagement. Patients begin to 'fill the hole' in their lives with tangible activities and by creating meaningful relationships within the community."

The goal, says Gelfand, is for trauma survivors to learn that they can be successful and stand on their own.

"People will learn that trauma does not have to define them," she says. "It's something that happened to them. But it's not who they are."

The Trauma Recovery Center is located on the first floor of Jersey City Medical Center at Greenville, 1825 John F. Kennedy Boulevard. To learn more or to make an appointment, contact Deborah Almonte, LCSW, Program Coordinator, at **201.839.2644**.



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