

A Publication of  
**SAINT BARNABAS MEDICAL CENTER**

Summer 2021

# healthy *together*

**SAFE FUN IN THE  
SUMMERTIME**

**ADVANCED  
CARDIAC CARE  
SAVES A LIFE**

**CATCHING LUNG  
CANCER EARLY**

**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.

At Saint Barnabas Medical Center, we are working to vaccinate the communities we serve. For those who are unable to attend clinics within the hospital, we have launched vaccine clinics in surrounding towns. We are collaborating with various community groups and organizations to target vulnerable populations and ensure they have access to vaccines. Together, we are working to keep our communities healthy.

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



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



## HEALTH NEWS

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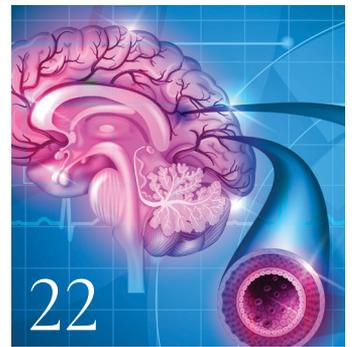
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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.



# GET YOUR CHILD READY FOR FALL SPORTS

**YOUNG ATHLETES LOOKING TO GET BACK INTO THE GAME SHOULD START CONDITIONING NOW.**

The easing of COVID-19 restrictions has meant that children can begin to play sports competitively again. However, young athletes should be sure they're physically ready to jump back into team sports.



PETER YONCLAS, MD

"Before the pandemic, regular activities like gym class, recreation leagues and summer leagues kept children in athletic shape year-round," says

Peter Yonclas, MD, Chair of Physical Medicine and Rehabilitation at Saint Barnabas Medical Center. "Many of those activities stopped during the pandemic. That's why youngsters looking to get back in the game this fall should start getting in shape now."

Even though most sports leagues didn't play last year, children kept on growing. "Now their bodies need to quickly readapt to the patterns and movements of their favorite sports as well as their growth spurts," Dr. Yonclas says. "As a result, children may feel winded trying to keep up with the level of athletic play. They also may

feel overwhelmed because they don't have the same hand-eye coordination or fluidity they had before."

As a result, young athletes are more prone to injuries. "As some sports have restarted, we've seen an increase in soft-tissue injuries such as sprains, strains and even anterior cruciate ligament tears," Dr. Yonclas says.

## UP TO SPEED, SAFELY

The best way to ward off injuries and prepare youngsters for fall sports is to help them be active now, Dr. Yonclas says. Bicycling, playing tag, frolicking on a swing set or running around the house are good ways to help keep a child's muscles conditioned. "Parents should also get involved by playing alongside their children, whether it's hitting a tennis ball back and forth or tossing a football," he advises.

As fall sports grow closer, Dr. Yonclas recommends children do at least three weeks of conditioning before preseason games begin. "As a rule of thumb, have your child start at 50 percent of where they were the last time they played competitively," he says. "For example, if they used to practice soccer for one hour, have them practice for 30 minutes. Then slowly increase their activity level by 10 percent each week until the season begins."

In addition, make sure your child stays flexible. "When children don't get enough physical activity, their hamstrings or other muscles may become tighter," Dr. Yonclas says. "Activities like gentle stretching or kid yoga can help children lengthen and strengthen those muscles."

If you find your child is struggling to get back into the game, a sports medicine physician can help develop a more specific conditioning program.

One last tip: "Make sure your children follow all current COVID-19 prevention regulations for their sport," Dr. Yonclas says. Parents can find updated guidelines outlining everything from face screening to hydration to sanitization from the New Jersey State Interscholastic Athletic Association at [www.njsiaa.org](http://www.njsiaa.org).

To learn more about sports and physical medicine at Saint Barnabas Medical Center, call **973.322.7330**.





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

# A NEW WAY TO CATCH LUNG CANCER EARLY

## A SCREENING PROGRAM CAN DETECT CANCER IN LOW-RISK PATIENTS.

**L**ung cancer is a leading cause of death in the United States. Catching it early dramatically improves the chances of survival and even cure.

Since 2012, Saint Barnabas Medical Center (SBMC) has been catching lung cancer early in people who are at high risk by offering free screenings and testing. Now SBMC has introduced the Incidental Lung Nodule Program, which can catch lung cancer early even in patients who aren’t known to be at risk.



**KILLOL PATEL, MD**

“A lung nodule—a small, abnormal lesion or spot—can be detected incidentally, during a scan ordered by a cardiologist or other specialist looking for something else,” explains pulmonary specialist Killol

Patel, MD, Medical Director of the lung nodule program and a member of RWJBarnabas Health Medical Group.

“Any time you get a CT [computed tomography] scan at Saint Barnabas Medical Center or the Barnabas Health Ambulatory Care Center and a lung nodule is picked up, our software system will alert our team,” he says.

“Letters are sent to both the ordering provider and the patient, informing them of the current recommended guidelines. They are offered an opportunity to follow up with us in our lung nodule clinic,” says the program’s nurse navigator, Rebecca Cerrone, RN, BSN. “We make a follow-up call to each patient to make sure they are receiving appropriate care with regard to their incidental nodule, whether with us or with their own provider.”

“If the patient chooses to follow up with our team, we consider the patient’s medical history and whether the nodule

has any characteristics of a malignancy,” says Dr. Patel. “This, in conjunction with evidence-based guidelines, will lead us to recommend either continued surveillance or more tests if required. All recommendations are reported to the patient’s primary healthcare provider and the patient.”

On further workup, if the patient is ultimately diagnosed with lung cancer, he or she may be referred to an SBMC thoracic surgeon, who may treat the patient by removing and resecting the cancer with minimally invasive robotic or video-assisted surgery.

### FOR HIGH-RISK PATIENTS

The Incidental Lung Nodule Program complements SBMC’s participation in the International Early Lung Cancer Action Program, which includes a low-dose CT screening for individuals who are at high risk of developing lung cancer.

Following the guidelines set in March 2021 by the U.S. Preventive Services Task Force, to qualify for the program, a participant must:

- Currently smoke or have quit within the past 15 years.
- Be between 50 and 80 years old.
- Have a history of at least 20 “pack years.” (One pack year is the equivalent of smoking 20 cigarettes—one pack—per day for a year.)

When lung cancer is detected early with a low-dose CT scan, deaths drop by 20 percent compared with a chest X-ray.

“Lung cancer is usually picked up at a really late stage,” says Dr. Patel. “With early detection, we have a good shot at curing people of this disease.”

For more information on lung cancer diagnosis and treatment at Saint Barnabas Medical Center, call **973.322.6644** or visit [www.rwjbh.org/sbmclung](http://www.rwjbh.org/sbmclung).





Carla, Matt and 1-year-old Liam at a park near their home. “Nothing stops Liam,” says Matt. “If he wants a toy that’s not within reach, he’ll do whatever it takes to get it.”

# A SURGERY TO LAST A LIFETIME

**COMPLEX SURGERY AND TREATMENT SAVE A BABY BORN WITH INTERNAL ORGANS OUTSIDE HIS BODY.**

Carla Vaz, 34, was 12 weeks into her pregnancy when a technician took a routine ultrasound scan at a prenatal visit. After the doctor reviewed it, she told Carla and her husband, Matthew De Oliveira, 37, that the scan had revealed an issue. The baby had an omphalocele (pronounced um-fa-lo-seal).

“We were clueless. We had no idea what she was talking about,” Carla

remembers. Soon enough, they learned that an omphalocele is a birth defect of the abdominal wall in which the infant’s intestines, liver or other organs protrude outside the abdomen through the belly button, contained in a thin membrane sac. It’s a rare condition—about one in 4,200 U.S. babies is born with it—and the cause is unknown.

Babies born with an omphalocele often have additional problems,

such as heart defects, chromosomal abnormalities and damage to organs. “The doctor told us there were a lot of tests we could do to find out if there were other issues,” Carla says.

The couple went back to the Newark home they share with Matt’s parents and gave them the news. “There were a lot of tears,” Matt says. The family went through the holidays waiting for test results, the last of which came in mid-January.

The baby’s omphalocele was classified as “large,” and his liver and gallbladder were outside the body; his stomach hadn’t fully closed. “But after all the other tests, they found there was nothing else wrong with the baby,” Carla says. “His only problem was the omphalocele.”

### A COMPLEX SURGERY

Carla and Matt were referred to Christopher A. Gitzelmann, MD, Chief of Pediatric Surgery at Saint Barnabas Medical Center (SBMC) for a prenatal consult. Dr. Gitzelmann specializes in the reconstruction of congenital (present at birth) malformations of the newborn.

“These surgeries need to be very precise because we only get one shot at getting them right, and then it needs to last a lifetime,” Dr. Gitzelmann says.

“By the time I meet parents, they have been Googling the word they’ve been given, and unfortunately they often find examples of cases that have not gone very well,” Dr. Gitzelmann says. “I sit with them and go through the entire sequence of why this defect has occurred, make a drawing of the anatomy for them and give them a general idea of what procedure may be necessary. It calms them down to have a clearer understanding.”

No outcome, of course, is a given. “I’ve been a pediatric surgeon for more than 20 years and can handle very complex things and different variances in a case,” Dr. Gitzelmann says. “But there are limitations in medicine about what can be accomplished, and



CHRISTOPHER A. GITZELMANN, MD

we have to be open and honest about that.”

### INTESTINAL OBSTRUCTIONS

After an emergency C-section because the sac around the omphalocele had ruptured, Liam Vaz De Oliveira came into the world on March 29, 2020, weighing 6 pounds, 11 ounces.

“Liam’s organs were open to the environment, so we placed a dome-shaped VAC [vacuum-assisted closure] dressing, a foam barrier with a cellophane-like wrapping, to temporarily cover the opening,” Dr. Gitzelmann explains. “It also keeps the opening clean by sucking out fluids and bacteria.”

Two days later, in a second procedure, Dr. Gitzelmann discovered that Liam had atresias—complete obstructions of the intestine—in six separate locations. “Atresias lead to the intestine not being in continuity, and therefore the baby cannot eat,” he explains. “Due to these circumstances, the intestine was too short—less than half as long as it should have been.” It was an extraordinary case.

Over the course of several subsequent procedures, Dr. Gitzelmann sutured all the sections of the intestine back together. “In the first months of a baby’s life, tissues are still able to regenerate. We were trying to make the intestine grow on its own,” he says.

Nutrients stimulate growth, but the only way Liam’s intestine could access nutrients at this point was to be “fed” through a catheter (a thin tube) threaded through an ostomy (a hole created by a surgeon). The Neonatal Intensive Care Unit (NICU) team at SBMC also provided total parenteral nutrition (TPN), which gives nutrients through veins when the intestine is not functioning. These treatments went on for nearly six months, during which time Liam’s intestine grew in length and the disconnected segments slowly grew together.

Meanwhile, Liam’s VAC dressing was changed twice a week. “Because the



VAC dressing has some suction, it begins to pull the edges of the opening together,” Dr. Gitzelmann explains. “Every time we changed the dressing, the organs were gently pushed back inside the abdomen and the skin was pulled a little tighter.”

### HOME AT LAST

During these months, Carla and Matt were daily visitors to the NICU, where Liam was under the care of neonatal and perinatal medicine specialist Hyejin Lee, DO.

Three weeks after Liam was born, Carla and Matt were able to hold him. “We finally got to kiss his little head,” Matt recalls. “Liam showed us his personality right from the start,” Carla says. “He was a happy, smiley baby, and that helped us be able to go home and sleep at night.”

Carla pumped breast milk and brought it to the NICU. As Liam’s intestines healed and grew, procedures were performed to reconnect segments of intestine. Liam was able to take ever-increasing amounts with a bottle.

After almost eight months, Liam’s intestine was able to absorb all the necessary nutrients, enabling him to grow and thrive. In early November, Carla and Matt got the call that they could bring Liam home. Matt recalls how the baby’s eyes widened in wonder as he saw an environment outside the NICU for the first time.

Liam will need more procedures as he grows, but today, he is a happy toddler. “There is no bigger reward than seeing these kids come back to us in clinic and seeing that our plan has worked out just as we wanted it to,” says Dr. Gitzelmann.

“We have a great team, both in our range of pediatric surgery specialties and in the NICU. Though these babies have some of the most complex conditions they could have, we can handle them right here at Saint Barnabas Medical Center.”

To learn more about pediatric specialties at Saint Barnabas Medical Center, call **973.322.6900** or visit [www.rwjbh.org/saintbarnabas](http://www.rwjbh.org/saintbarnabas).

Ryan Gottsegen, 29,  
Chair, Young Leaders  
Committee at Saint  
Barnabas Medical Center



# INVESTING IN THE FUTURE

## THE YOUNG LEADERS COMMITTEE WELCOMES A NEW GENERATION OF GIVERS.

Philanthropy often runs in families. “For years, my father hosted a golf outing at the Plainfield Country Club on behalf of the RWJBarnabas Health hospice program,” says Ryan Gottsegen. “I was fascinated by the turnout and how much money the event raised. I’d wonder, if my dad wasn’t doing this event, how would the hospice program have had the benefit of this much money to support their endeavors? The experience facilitated my love of getting involved.”

Ryan himself took over the chairing of the golf event for several years. Today, he’s supporting Saint Barnabas Medical

Center (SBMC) as Chair of the recently created Young Leaders Committee. (His father, Gregg Gottsegen, is a member of the medical center’s Board of Trustees.)

The Young Leaders Committee supports one project per year, with an approximate goal of raising \$50,000. Members also make annual contributions, which can be designated as a general donation or directed to a specific program.

“We see members of the Young Leaders Committee as ambassadors to the community, a great sounding board and future leaders within the institution,” says Katherine Lubinger, Director of Special Events at SBMC.

## SPECIAL EVENTS TO SUPPORT THE MEDICAL CENTER

**SEPTEMBER 13:** 47th Annual Saint Barnabas Medical Center Golf & Tennis Open

**SEPTEMBER 22:** The Pink Crusade to benefit breast programs and services

**OCTOBER 10:** Miracle Walk to benefit the Neonatal Intensive Care Unit (NICU)

**OCTOBER 20:** Valor Awards to benefit The Burn Center

**OCTOBER 24–26:** Running with the Devils 5K Run/Walk

“Anyone who wants to help can contribute in a number of ways,” says Ryan Gottsegen, Chair, Young Leaders Committee, “whether by making a donation, showing up in person or spreading the word to their social networks to facilitate fundraising efforts.”

To learn about how you can support Saint Barnabas Medical Center, visit [www.sbmcgiving.org](http://www.sbmcgiving.org).

## A FRESH APPROACH

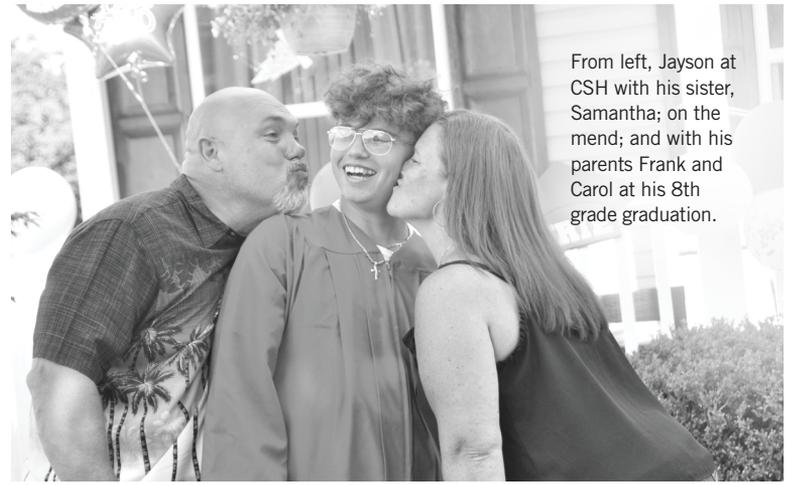
Participation is a generous act, but members will find they give as much as they get from their involvement, Ryan says. Committee members are invited to meetings with key leaders at SBMC to hear updates about what’s happening at the medical center and have access to webinars on topics of interest, such as summer camp safety.

“The Young Leaders Committee can also bring a freshened approach to fundraising,” Ryan says. “We welcome new strengths, skills and new ideas to give a twist to events that help raise the total proceeds.”

It’s rewarding, as well, to engage with like-minded individuals who share similar values and have a desire to support the medical center, he says.

“I hope people realize that whether you live one mile or 25 miles away from this hospital, it will inevitably have an impact on you or your family,” Ryan says. “We’re actively looking for more community members to get involved and share the rewards of making a difference.”

For more information or to get involved with the Young Leaders Committee, call **973.322.4330** or write to [sbmcgiving@rwjbh.org](mailto:sbmcgiving@rwjbh.org).



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

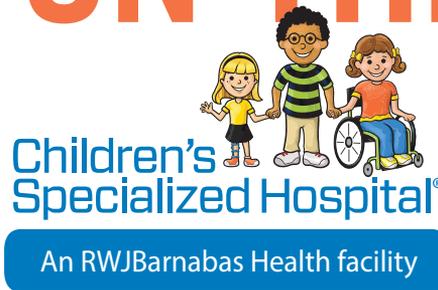
# 'FOCUS ON THE GOOD'

## 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."

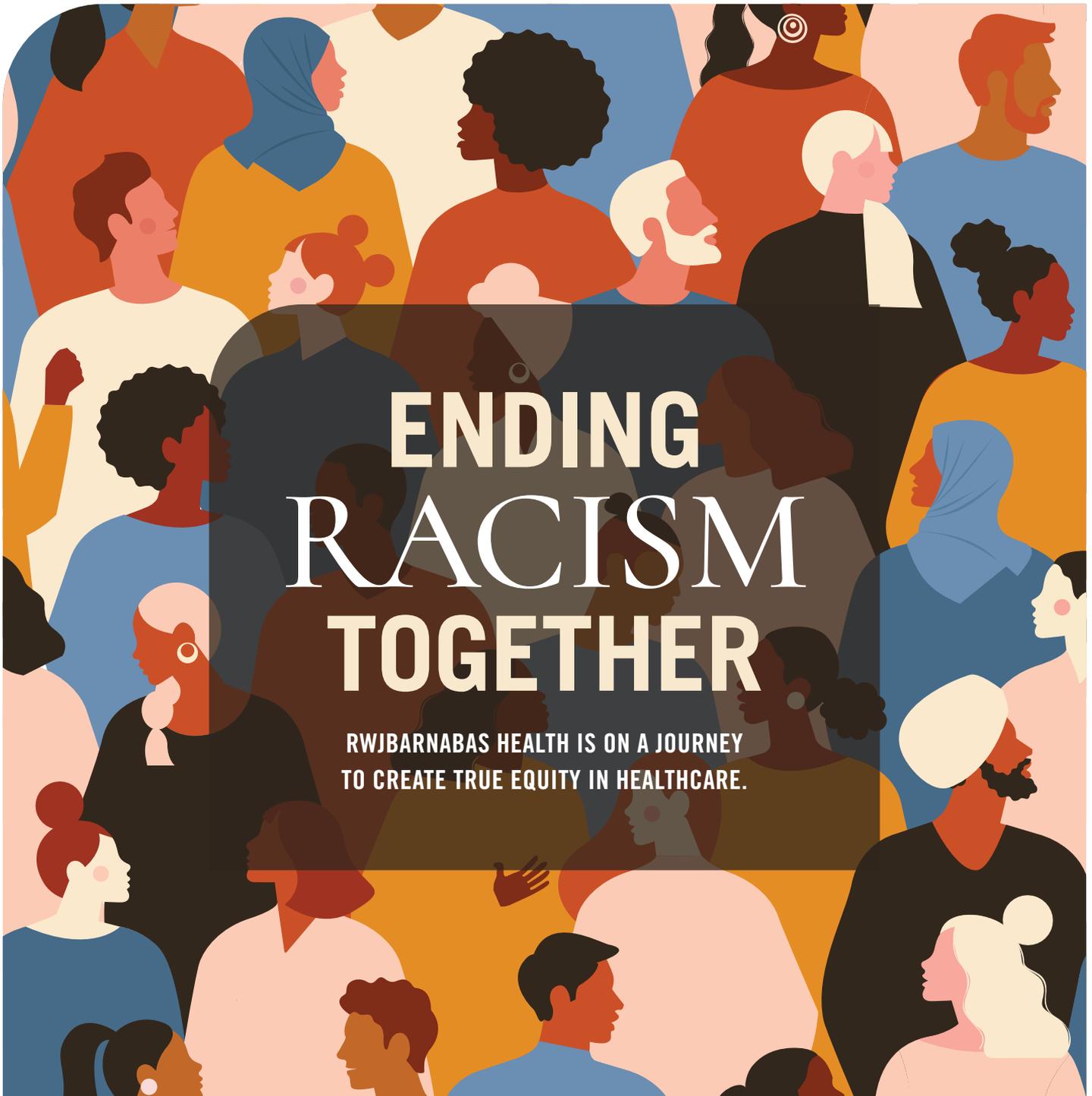
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends.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

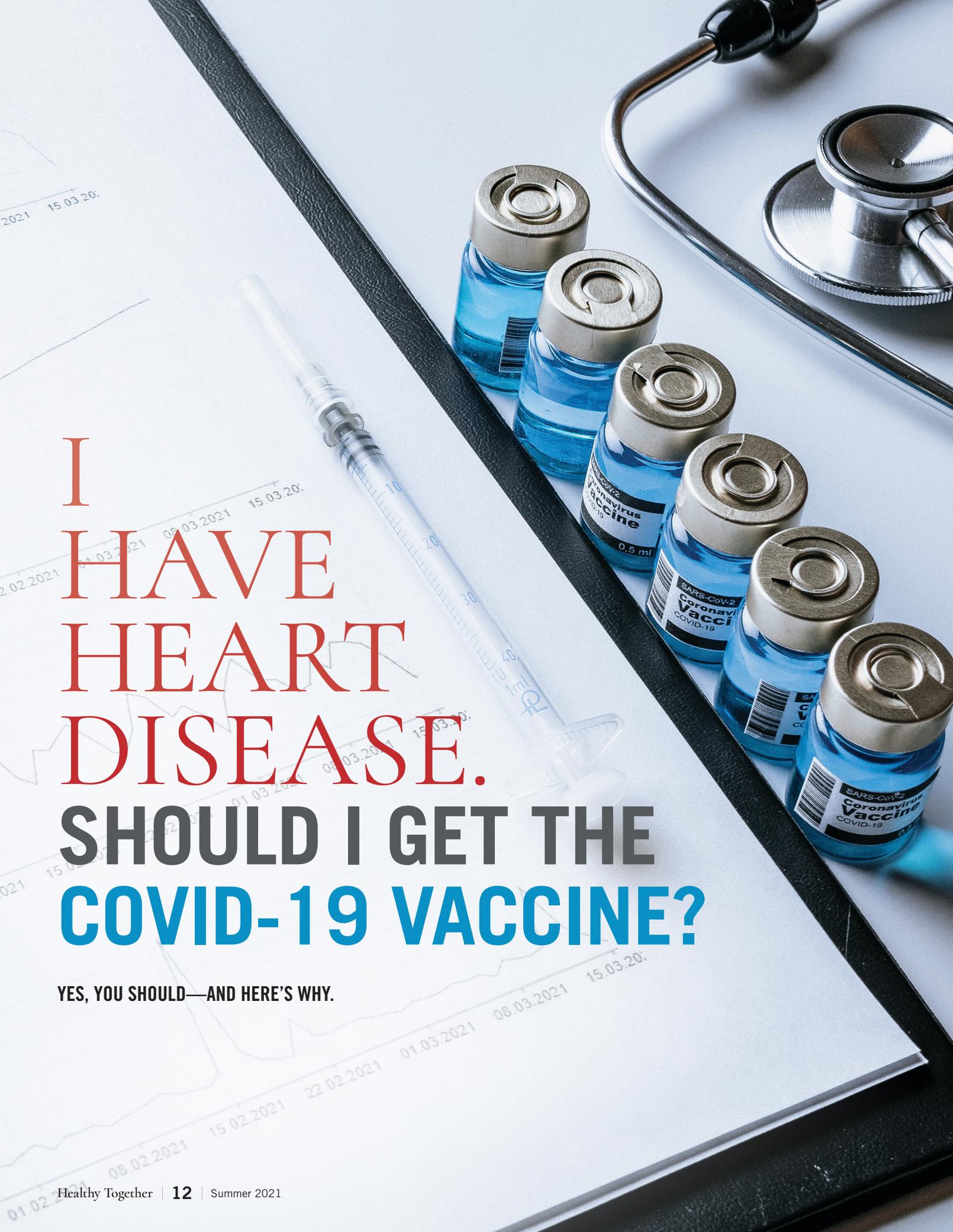
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

## 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



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.



## 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**.



# 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



**RONALD PELLETIER, MD**

transmissions onto pallets, to needing three-times-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

**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.

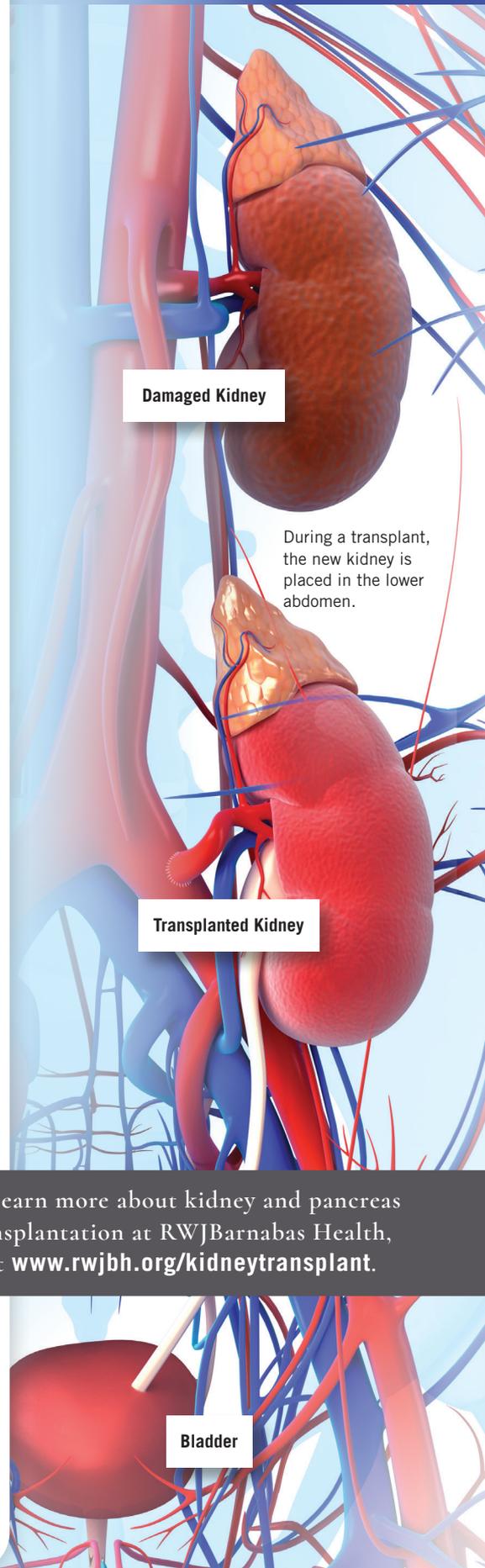
“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more

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



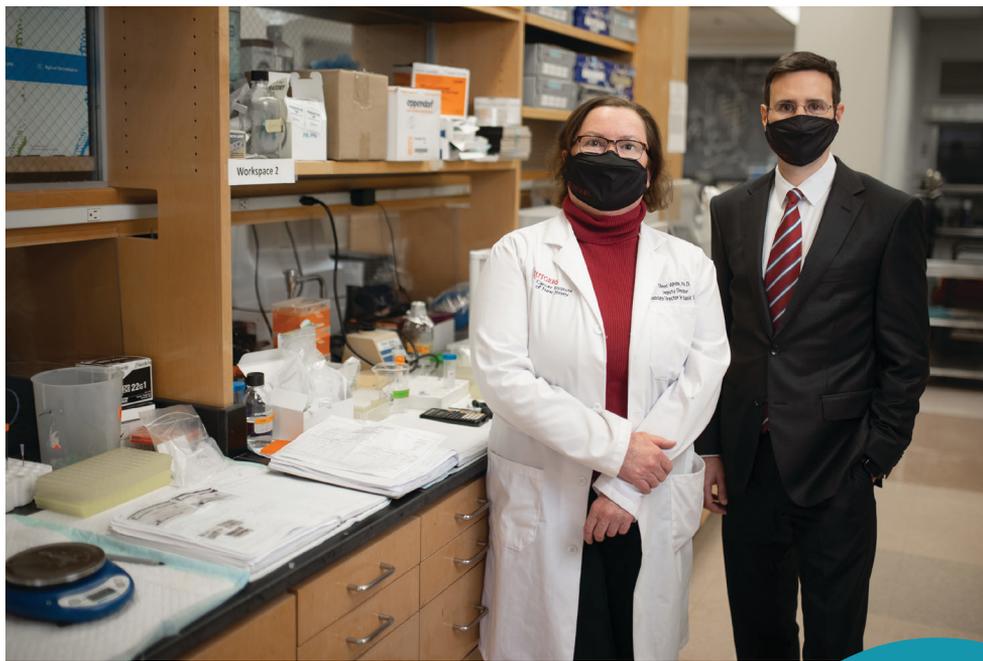
Damaged Kidney

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.

\*  
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).

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.

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



# HOW TO HAVE AN INJURY-FREE SUMMER

## KNOW THE ACCIDENTS MOST LIKELY TO REQUIRE AN EMERGENCY DEPARTMENT VISIT IN THE SUMMER—AND HOW TO AVOID THEM.

**E**mergency Department (ED) visits tend to spike in the summer, and this season will likely be no exception. “We’ve been dealing with COVID-19 restrictions for a long time, and when kids and adults start getting back to doing activities they haven’t done in a while, it can lead to injuries,” says Eric Handler, DO, Chairman of Emergency Medicine at Saint Barnabas Medical Center. He outlines the most commonly seen injuries in the ED in the summer:



### TRAMPOLINE INJURIES.

Trampoline accidents can easily lead to serious injuries like concussions and fractures. “Be sure not to overcrowd the trampoline,” Dr. Handler advises, “and always have a net surrounding it to prevent falls.”



### BICYCLE AND OTHER “WHEELED SPORTS” INJURIES.

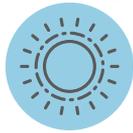
A properly fitted helmet can decrease the risk of head and brain injuries by up to 88 percent. Elbow and knee pads are recommended for skating, skateboarding and scootering, especially for beginners.



ERIC HANDLER, DO



**WATER INJURIES.** Every day, 10 people die from unintentional drowning, and two of these are aged 14 or under, according to the Centers for Disease Control and Prevention. Drowning can occur in small amounts of water and even to good swimmers. At the beach, pay attention to flags to avoid riptides. Swim where lifeguards are present, avoid alcohol and make sure children are supervised at all times.



### HEAT-RELATED ILLNESSES.

Heat cramps (heavy sweating, muscle pain or spasms) and heat exhaustion (dizziness or fainting, nausea, clammy skin, fast, weak pulse) are often seen in the ED, Dr. Handler says. If you have heat-related symptoms, stop what you’re doing, find a place to cool down and hydrate until the symptoms dissipate. If your symptoms persist for an hour, or if you have chest pain, call 911.



### PLAYGROUND INJURIES.

The most common playground injuries arise from falls or from going down slides. Supervise children closely and avoid playgrounds



## SAFE IN THE ED

“Patients should know that, despite COVID-19, they can safely visit the Emergency Department,” says Eric Handler, DO, Chairman of Emergency Medicine at Saint Barnabas Medical Center (SBMC).

In the SBMC ED, healthcare providers are following every precaution to avoid the spread of COVID-19, including:

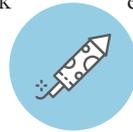
- Wearing personal protective equipment.
- Maintaining social distancing.
- Utilizing sanitizer stations.
- Active screening of anyone who comes into the hospital—patients, visitors and employees alike.

that are on hard surfaces, like concrete or hard-packed soil.



### SPORTS INJURIES.

Many overuse injuries—often in the shoulders, elbows and knees—occur in adults and children who haven’t had much physical activity for a while. Warm up your muscles before any activity. If you’ve been sedentary for an extended period of time, see your doctor for a checkup before returning to exercise.



### FIREWORKS-RELATED INJURIES.

ED visits spike around the Fourth of July, primarily due to fireworks. “If something is lit but doesn’t go off, leave it alone for at least 15 minutes, and then pour water on it to make sure it’s fully extinguished,” recommends Dr. Handler. Avoid holding fireworks in your hands—use a long lighter instead—and never dispose of fireworks without covering them in plenty of water.

To learn more about Saint Barnabas Medical Center or for a physician referral, visit [www.rwjbh.org/saintbarnabas](http://www.rwjbh.org/saintbarnabas).





Attorney Mike Spar needed emergency surgery for a tear in his aorta. Weeks later, he was back on the tennis court.

# A GRATEFUL HEART

**ADVANCED CARDIAC CARE ENABLES A  
SHORT HILLS MAN TO BOUNCE BACK  
FROM AN AORTIC DISSECTION.**

One of Mike Spar's favorite sayings is, "You're better off lucky than good." The 65-year-old Short Hills attorney usually applies this insight to tennis, which he plays often. In fact, he was on the court this past January when two incidents made clear that something was wrong—and that he was lucky indeed.

The first happened while he was playing singles on Saturday, January 9. "I had a weird sensation in my chest, like when you breathe really cold air and get a spasm or cramp," he recalls. He stopped playing for a few minutes and the sensation passed, so he continued to play.

After that episode, Mike played tennis for three hours on Sunday, then paddleball for an hour and a half Monday night. On Tuesday, he was casually hitting tennis balls against a wall. "That's when it happened," he says.

The cramping sensation returned. "But this time my peripheral vision looked staticky, filled with electric, sparkly things," he says. And the world seemed to get brighter, "like if you're in a room with a dimmer and somebody flips the switch all the way up."

### RIGHT PLACE, RIGHT TIME

Mike had just seen his cardiologist, Robert Charney, MD, the previous week and all had seemed well. He'd started seeing the specialist more than two years earlier, following a bout of lightheadedness. At that time, tests had determined that his aorta—the major blood vessel that supplies blood from the heart to the rest of the body—was slightly enlarged. His aortic valve,



IOANNIS LOUMIOTIS, MD

which forms a gate between the heart's pumping chamber and the aorta, was slightly leaky as well.

"We were monitoring it, but none of this was bad enough

to warrant surgery," Mike says. "My doctor had said I could run a marathon but shouldn't lift heavy things. I didn't want to run a marathon, but playing two to three hours of tennis was not a problem."

After the second incident, Mike drove home and his wife drove him to Saint Barnabas Medical Center (SBMC). There, they learned that the situation was grave. Mike was experiencing an aortic dissection, a life-threatening condition in which the aorta tears and its layers separate, sending blood coursing through abnormal pathways. The brightness and sparkles Mike perceived were due to a drop in the blood flow to his eyes.

"It was almost happenstance that I went to Saint Barnabas Medical Center over another hospital the same distance away," Mike says. "I found out later that the medical center has cardiothoracic capabilities that the other place doesn't." Had he gone elsewhere, he probably would have had to be transported to SBMC, losing valuable time.

"With acute aortic dissection, every delay of care, even of an hour, increases the risk of dying," says Ioannis Loumiotis, MD, a cardiothoracic surgeon at SBMC and Newark Beth Israel Medical Center and a member of RWJBarnabas Health Medical Group.

Dissections typically are due to high blood pressure but also can be caused by preexisting aortic aneurysms—a bulging and weakening of the aorta. In some dissections, the aorta wall can rupture, often fatally.

"Mike had an aortic aneurysm, which is basically 'stretching the aorta,'" Dr. Loumiotis says. "An aneurysm is a chronic condition that 90 to 95 percent of the time causes no symptoms at all. Patients many times are not even aware they have one, and the diagnosis is made when they are worked up for other reasons. Aortic aneurysms can be fatal, though, so regular follow-up is mandatory because

of the risk of complications like aortic dissection. He was lucky—many patients don't survive this."

In another piece of luck, Mike's cardiologist already was at SMBC doing rounds when Mike got there. "Dr. Charney was able to inform people what was going on with my history. They did a CT scan quickly to see why my blood pressure was so low," Mike says.

"The only chance of survival for these diseases is open-heart surgery to repair the dissection," Dr. Loumiotis says. "It's very important to have a top-notch team take care of aneurysms and conditions like aortic dissection. I am really proud to say that at Saint Barnabas Medical Center we have created a unique team with exceptional abilities to take care of aortic emergencies and complex aortic cases."

Shortly after he'd been hitting balls against a wall, Mike was whisked into an operating room.

### MANAGING RISK

Mike bounced back quickly after surgery. "Considering that they opened my chest, I'm amazed at how little pain there's been," he says. Recovery takes four to six weeks. By March, he was back on the tennis courts, hitting a ball. "I expect that he'll be playing tennis, enjoying himself and having the quality of life he had before, with one exception: He has to be carefully followed up," says Dr. Loumiotis.

Having one dissection or aneurysm makes another more likely. "That doesn't mean it will happen, but he's at higher risk than most people," Dr. Loumiotis says. "Our dedicated aortic surgery program has specific protocols and guidelines for managing aortic disease."

"I'm pretty lucky in terms of how everything broke," Mike says. "Getting to the hospital and falling into the hands of very good doctors and care, and coming out the other side in as good a shape as I could hope. As I said, better off lucky than good."

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





# GOING MOBILE

**A RETROFITTED TOY JEEP EMPOWERS YOUNG PATIENTS TO TAKE THE WHEEL.**

In February, 5-year-old Ella Francks underwent surgery at Saint Barnabas Medical Center (SBMC), which required her to be in the Pediatric Intensive Care Unit (PICU) for a time.

A key part of Ella's care plan involved having her consume liquids to stay hydrated—a tough ask, because swallowing is uncomfortable after a surgery like the one Ella had. Ella resisted.

But the PICU nurses had a secret weapon: If Ella met her drinking goal, she could drive the unit's battery-powered toy Jeep down to the playground.

Ella drank the water, and off she drove to the playground.

"It was so great to see her having fun after a bit of an anxious morning," recalls her mother, Sarah Francks.

The Jeep is useful for encouraging patient compliance, but also for much more, explains Lauren Farrand, MSN, RN, CPN, Clinical Director of the PICU. "We want our patients to get out of bed and participate in activities to the fullest extent possible, and the prospect of driving the Jeep encourages that," she



At left and above, Ella takes a spin. At right, Pediatric Intensive Care Unit team members Liz Ricciardi, BSN, RN, Patient Care Coordinator; Lauren Farrand, MSN, RN, CPN, Clinical Director; Vanessa Silva, BSN, RN; and Kevin Reylado, BSN, RN, are pictured with Kearny Police Benevolent Association members Mathew Lopez, Jason Rodrigues, Derrick Hemphill and Ryan Stickno.

says. “This kind of early mobilization has a big impact on their road to recovery and leads to a better outcome.”

Moreover, the activity provides a welcome distraction. “When possible, we let kids drive themselves to a procedure or even to the OR,” Farrand says. “It keeps their mind off where they’re going and lets them feel more in control at a time when so much is out of their control.”

### A GENEROUS DONATION

The toy Jeep came to the PICU through the efforts of nurses who felt passionate about giving their patients an outlet and a chance to take the wheel. Vanessa Silva, BSN, RN, heard about a similar car in use at a West Coast hospital, researched the subject and came to Farrand with the proposal that the SBMC PICU should have one, too.

Silva, who grew up in Kearny, then

asked for a grant from the Kearny Police Benevolent Association (PBA). The group wasted no time in approving the purchase.

“Not only did the PBA buy the car, they assembled it and delivered it, and gave us a bunch of cool police stickers for the kids,” Silva says. “They were awesome!”

Next, the Jeep needed a special customization: a tow bar suitable for the secure attachment of an IV pole. For that, the PICU team turned to David Savage, ATP/SMS, RET, an assistive technology specialist at Children’s Specialized Hospital of New Jersey in New Brunswick (also an RWJBarnabas Health facility). “I reinforced the inside bumper and added a plastic plate so the IV pole can be flipped down and locked when not in use,” he says.

Now the car is a familiar sight in the halls of SBMC. Before a patient sets out

on an excursion to the playroom or to a procedure, nurses scope out the route to ensure that nothing is blocking the hallway. An adult accompanies each trip, equipped with a remote control for the car that can be deployed if needed. (The remote control also allows even very young children to “drive” while an adult maneuvers the car.)

The Jeep is just one tool in SBMC’s multidisciplinary approach to helping young patients’ recovery. “We work alongside physical therapists, physicians and the Child Life team to get our patients out of the PICU as soon as possible so they can return to their regular activities,” Silva says.

“The car provides a much-needed break for patients and their families,” Farrand says. “It’s a lot of fun to see both the patients and their parents light up and forget for a moment that they’re in a hospital.”

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





# A NEW TOOL TO TREAT STROKE

## A SHORT TREATMENT WINDOW EXPANDS.

For people who suffer a stroke, successful treatment is a race against time. “The sooner you get treatment, the better the outcome,” says David Kung, MD, a cerebral vascular, endovascular and general neurosurgeon at Saint Barnabas Medical Center (SBMC), Co-Director of Endovascular Neurosurgery for the RWJBarnabas Health system and member of the RWJBarnabas Health Medical Group.

Yet while stroke remains a leading cause of death and disability, recent advances in treatment for the most common type of stroke have given doctors and patients new hope.



DAVID KUNG, MD

### NEW APPROACH

The type of treatment a stroke patient gets depends on the type of stroke that has occurred. The most common

kind, ischemic strokes, are triggered by a blocked artery, usually caused by a blood clot. Physicians can use a protein known as tissue plasminogen activator (tPA) to dissolve the clot. “This treatment can be very effective, but only within the first few hours of a patient having an acute ischemic stroke,” Dr. Kung says.

Over the last decade, a new endovascular approach has lengthened the treatment time window for ischemic strokes. It involves physically removing the clot through a technique called thrombectomy, in which a physician guides a catheter through the femoral (thigh) or radial (wrist) artery and up into the brain using X-ray guidance.

“Once we find the blood clot, we can either use suction to remove it or use mesh to retrieve it and pull it out of the vessel,” Dr. Kung says. Vascular neurosurgeons at SBMC may perform thrombectomy using local or general anesthesia, depending on the patient’s condition. Thrombectomy can be effective for six to 24 hours after a stroke



## WHEN IT COMES TO STROKE, BE FAST

Know the warning signs of stroke:

- B Balance** Sudden dizziness, loss of balance or coordination.
- E Eyes** Sudden trouble seeing out of one or both eyes.
- F Face** Facial weakness, uneven smile.
- A Arm** Weakness, unable to raise both arms equally.
- S Speech** Impaired, slurred, difficulty repeating simple phrases.
- T Time** Call 911 immediately.

has occurred. “However, it is important to know that the sooner the blood flow is restored, the better the outcome,” says Dr. Kung.

## DRAMATIC RESULTS

Numerous studies published over the past seven years show thrombectomy’s benefits. A multisite clinical trial, published in *The New England Journal of Medicine*, compared 92 patients who received thrombectomy to 90 patients who received medical therapy alone.

After three months, fewer patients receiving thrombectomy died (14 percent) compared to those receiving medical treatment alone (26 percent). In addition, 45 percent of patients receiving thrombectomy achieved functional independence compared to 17 percent of patients in the control group.

“These results are dramatic,” Dr. Kung says. “It’s very rare in medicine to have data that overwhelmingly shows how a procedure is safe, effective and improves quality of life in every way you can measure it.”

Speed is still of the essence when it comes to stroke treatment. “Don’t wait to get help,” Dr. Kung says. “Call 911 as soon as you see the first signs of stroke.”

Saint Barnabas Medical Center is home to a state-designated Comprehensive Stroke Center and Joint Commission-certified Advanced Primary Stroke Center. To learn more, call **973.322.6500** or visit [www.rwjbh.org/sbmcstroke](http://www.rwjbh.org/sbmcstroke).



**'IF YOU'RE IN PAIN,  
DON'T DELAY'**

**'I WISH I'D DONE IT 15 YEARS AGO,' SAYS A SATISFIED  
HIP REPLACEMENT PATIENT.**

Sparta resident James Bizarro, 62, had always had an active lifestyle: practicing martial arts, lifting weights at the gym and running on the treadmill. Fifteen years ago, however, he was told he needed a hip replacement.

He decided to put off the procedure and push through the pain. "I had never had an operation," James explains, "plus I didn't want to interrupt my career and stop doing the things I like to do."



FRANK LIPORACE, MD

By November 2020, however, James could not

wait any longer to take action. "The pain had become so bad that I had a hard time even trying to put on my socks," he says.

He met with Frank Liporace, MD, Chair of the Department of Orthopedics at Saint Barnabas Medical Center. "As soon as I met Dr. Liporace, I knew I wanted him as my doctor," says James. "He made me feel confident. He told me I was in great shape and would be fine—afterward, I wouldn't even know I'd had the hip replacement done."

James Bizarro is back to normal activities after a successful hip replacement.

Under Dr. Liporace's care, James had a successful total arthroplasty on his right hip, a replacement of the joint with an artificial one.

"James suffered from hip dysplasia, and his X-rays showed a slightly abnormally shaped hip as well as an abnormally positioned femur," says Dr. Liporace. "We used an atypical implant on his femoral side to accommodate for the mismatch."

**UP AND ABOUT**

By 4 a.m. on the day after the surgery, James was ready to start moving. Walking laps around the hospital floor, he felt so good that his care team had to stop him to prevent damage to his new hip.

With no pain and some minor discomfort, James was discharged home with over-the-counter pain medicine that he took only for a couple of days.

"Everyone at Saint Barnabas Medical Center was wonderful—the staff, the hospital, Dr. Liporace, the whole nine yards," James says.

As James continued through physical rehabilitation, he started to run again. "My hip had been so bad for so long that I forgot how to run properly," says James. "I was so used to limping, I had to train myself not to do that."

Two weeks post-op, James was doing yardwork at his house, and three weeks post-op, he was dancing with his wife. James has since gone back to his daily routine of spinning, running and lifting weights, all pain-free.

"My new hip has made a remarkable difference in my life," says James. "If I knew I would feel like this, I would have done it 15 years ago. My advice to other people is, if you're in pain, don't delay hip replacement. You'll be surprised at how fast the recovery is."

Says Dr. Liporace, "It's always so uplifting to see patients return to the life they once had."

To learn more about orthopedic services at Saint Barnabas Medical Center, call **973.322.7005** or visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).

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