BACK PAIN NO MORE
TRUSTED CARE FOR MOMS AND BABIES
WINTER TIPS FOR PREVENTING FALLS

BETTER WOMEN’S HEALTH AT EVERY AGE
HONORING HEALTHCARE WORKERS IN A TOMS RIVER PARADE

Front-line healthcare workers were named the Grand Marshals of the 2022 Toms River Fire Company #1 Halloween Parade, and Community Medical Center (CMC) staff were honored to be invited to participate. Hospital staff joined other local healthcare heroes to lead the historic parade, a Toms River Halloween tradition for more than 80 years.

MESSAGES FROM LEADERSHIP

“As we enter into 2023 with a renewed sense of purpose, accomplishment and optimism, it’s a great time to focus on getting and staying healthy by making preventive care a priority. And we’re making it easier for you to do all of these things at RWJBarnabas Health. We’ve welcomed even more nationally recognized clinicians; expanded telehealth; built ambulatory and satellite facilities so that our patients can receive healthcare closer to home; and we continue to improve, expand and modernize our facilities with state-of-the-art equipment and technology. We wish you the best of health in the New Year.”

MARK E. MANIGAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH

“Here at Community Medical Center, we continue to grow and expand our hospital and services to help the people of Toms River and Ocean County enjoy a healthy 2023. We look forward to a new year and new opportunities to improve the lives of our neighbors and community members.”

PATRICK AHEARN
CHIEF EXECUTIVE OFFICER, COMMUNITY MEDICAL CENTER

JOIN THE CMC TEAM!

Want to join the Community Medical Center staff and physicians featured in this magazine? Scan this QR code or visit www.rwjbarnabashealthcareers.org to see a complete list of current career opportunities at CMC and RWJBarnabas Health.

COMING SOON: CMC’S WOMEN’S HEALTH CLINIC

Community Medical Center is proud to announce our Women’s Health Clinic will be opening in early 2023. To learn more about the clinic and our women’s health services, visit www.rwjbh.org/cmcmaternity.
2. WELCOME LETTER.
A community update from our leadership.

4. TRUSTED MATERNITY CARE.
After a pandemic delivery, a woman returns to CMC for baby number two.

6. ‘I WAS LIKE A NEW PERSON.’
Spine surgery gives a woman her life back.

8. NEW YEAR, NEW YOU.
Weight loss surgery can improve health and extend life.

9. PREVENTING SUICIDE.
What you say and do may help save a life.

10. CARDIO VS. STRENGTH TRAINING.
Which is better for heart health? Resolving an old debate.

11. HEMATOLOGY DREAM TEAM.
Meet the world-class team of doctors treating blood disorders and cancers.

12. BETTER WOMEN’S HEALTH AT EVERY AGE.
From adolescents to seniors: what every woman needs to know.

14. SPECIALTY OUTPATIENT CARE FOR KIDS.
Children’s Specialized Hospital offers a range of services at 14 locations.

15. BEYOND BED-WETTING.
Treating urologic conditions in children.

16. BANKING ON LIFE.
How, where and when to donate blood this winter.

17. 5 WAYS TO AVOID WINTER FALLS.
Smart strategies to sidestep everyday hazards.

18. ‘A VOICE OF HOPE AND RESILIENCE.’
Battling breast cancer with team care and a fighting spirit.

20. ‘IT GIVES ME A SENSE OF CALM.’
A homemade craft comforts patients.

22. SUPPORTING MEDICAL RESIDENTS.
Local businesses welcome new doctors.
Thought of giving birth during a deadly virus outbreak had been frightening, she says. But she knew she was in good hands delivering her baby at Community Medical Center (CMC). She not only has worked at the hospital for 11 years, currently in the operating room billing department, but also was born at CMC along with all three of her sisters.

Her experience giving birth during a particularly challenging period for hospitals only cemented her commitment to having her second child at CMC two years later. “I just feel very comfortable with my doctor, the nurses are wonderful and the maternity unit is very nice,” Chelsea says.

PANDEMIC DELIVERY
When Chelsea’s contractions started becoming more regular and closer together the evening of April 18, 2020, she called Lauren Mason Cederberg, MD, an obstetrician-gynecologist with the Ocean Women’s Health Care Group, a practice of the Combined Medical Group of RWJBarnabas Health (RWJBH) and Rutgers Health that is
Dr. Mason Cederberg cautioned Chelsea that normal maternity care had been disrupted due to emergency pandemic measures in place to protect patients and staff. “She said, ‘You can’t really walk around, so labor at home as long as you can, and when your contractions take your breath away, give me a call,’” says Chelsea.

By 5:30 a.m. the next day, it was time to head to CMC for delivery. “We came through the ER because it was so early,” Chelsea remembers. She halfway wondered if she should go back home and have the baby there. But she already was eight centimeters dilated, and there could be no delay.

Chelsea was rushed to the delivery room. “Dr. Mason Cederberg broke my water, and I had my son, Weston, within an hour,” she says, grateful that her significant other was allowed to be with her in the delivery room for the birth.

The hospital was working hard to give patients necessary care while minimizing the risk of getting sick with the spreading virus, Dr. Mason Cederberg says. “At CMC we are always equipped to deal with high-risk situations at any moment, and this was evident during the COVID-19 pandemic,” she says. “I couldn’t be any prouder of how the entire hospital came together to give each and every patient top-notch care.”

**HEALTHY MOMS AND BABIES**

After one night in the hospital, Chelsea and her baby were released the next evening to recover comfortably at home, away from the threat of potential hospital-acquired viral infection.

When Chelsea had her second child, a girl, Vanessa, on August 25, 2022, Dr. Mason Cederberg induced delivery, and again all went well. This time, Chelsea appreciated that the easing of certain pandemic restrictions allowed her to stay an extra night in the hospital to rest and recover. “Dr. Mason Cederberg is wonderful,” Chelsea says. “She’s very compassionate.”

Dr. Mason Cederberg says she loves helping families bring their babies into the world. “Our goal is for patients to always have a beautiful experience, with the results being a healthy mom and a healthy baby,” she says. “Chelsea had beautiful deliveries, and as with all of my patients, it was an honor for me to be a part of her special days.”

To learn more about maternity services at Community Medical Center, visit [www.rwjbh.org/cmcmaternity](http://www.rwjbh.org/cmcmaternity).
When Jennie Fazio strained her lower back shoveling ice in 2011, she didn’t think anything of it. Yes, it hurt. But the pain would fade—at least for a while—after the Toms River resident took ibuprofen and applied heat and ice packs. “Every now and then, I would lift something like a case of water and throw my back out again,” recalls Jennie. Since home remedies seemed to work, she didn’t see a doctor.

But in 2021, the pain hit worse than ever. “It started in my back, around my hips,” she says. “It went into my tailbone and down the back of my left leg. If I bent over, I’d have trouble straightening up. The pain was excruciating. I almost didn’t want to get up.”

Not being able to bend affected Jennie’s daily life. She enjoyed gardening in her backyard but could plant or weed only if she sat cross-legged on the ground. Exercising was impossible. Driving, doing chores—even getting dressed—was agonizing. “I try not to let anything hold me back,” she says, “but it just got too bad for me.”

DISCOVERING THE PROBLEM
She finally resolved to see a doctor but had misgivings. She worried that her back pain wouldn’t seem like a big deal. But Chanakya (Sean) Jandhyala, MD, an orthopedic surgeon at Community Medical Center (CMC) and a member of RWJBarnabas Health Medical Group, put her at ease. Dr. Jandhyala listened

‘I WAS LIKE A NEW PERSON’

SPINE SURGERY FINALLY RELIEVES A WOMAN’S PAIN AND GIVES HER BACK HER LIFE.
to her—and didn’t dismiss her pain. “He told me, ‘You know what? I’ve seen people who have less pain than you do and are in worse shape,’” she says.

Dr. Jandhyala determined that she had a herniated disk. This common condition occurs when cushions of tissue between bony vertebrae in the spine tear or leak, allowing material in the disk’s center to ooze out and press on spinal nerves.

Jennie’s herniated disk was located on the lowest bone of her spine. “That was causing pain radiating down her left leg,” Dr. Jandhyala says. “Besides low back pain, she predominantly was having severe left leg radiculopathy—what people traditionally call sciatica.”

Physical therapy focused on strengthening muscles in Jennie’s legs, abdomen and back. Bolstering core muscles provides a kind of internal brace that can help stabilize the spine as the body works to absorb the herniated portion of the disk. “But this process can take months,” Dr. Jandhyala says.

Dr. Jandhyala also provided steroid injections to help reduce inflammation. But the shots offered Jennie only temporary relief.

Most people with herniated disks—a leading cause of back and leg pain—don’t need surgery, says Dr. Jandhyala. “We always try to see if you can get better without a procedure,” he says. “But if more conservative measures fail, there is a minimally invasive option that can usually be done on an outpatient basis and can greatly improve your quality of life.”

In a couple of months, Jennie was back in Dr. Jandhyala’s office. This time she cried. “I told him, ‘Nothing is helping,’” she recalls. “If it means having surgery, I’m ready, because I can’t live like this.”

MINIMALLY INVASIVE RELIEF

After an MRI confirmed Dr. Jandhyala’s diagnosis, he performed a minimally invasive procedure known as a lumbar discectomy in September 2022. He made a small incision about the size of a quarter in her lower back near her tailbone. Using a tube with a microscope attached, he made a small hole in what’s called the L5 vertebra, located the part of the disk that bulged out and removed it so it no longer pinched or squeezed the nerve.

In the recovery room, Jennie was amazed. “The pain was totally gone,” she says. “Other than some soreness from the incision, I felt good.”

When Dr. Jandhyala cleared her to go home the next day, Jennie marveled at all the ordinary things she could do at home without discomfort that most people take for granted—getting out of bed, using the bathroom, lifting her knees, putting on clothes, driving, sitting on the sofa. After a few weeks, she could even bend better.

During the customary six-week recovery, Jennie looked forward to walking, yoga and cleaning up her yard and garden for spring.

“It’s worth finding a good doctor,” Jennie says. “I would recommend Dr. Jandhyala to anyone.” At her two-week checkup after surgery, she was in tears again—this time from joy. “I was thanking him so much,” she says, “because I was like a new person.”
NEW YEAR, NEW YOU
WEIGHT LOSS SURGERY CAN IMPROVE HEALTH AND EXTEND LIFE FOR PEOPLE FIGHTING OBESITY.

About 42 percent of adults in the U.S. are obese, according to the National Health and Nutrition Examination Survey. That’s alarming, because people with a body mass index (BMI)—a weight-height ratio—over 40 live an average of 10 fewer years than those who have a lower BMI, says Ragui Sadek, MD, Chief of Bariatric Surgery at RWJBarnabas Health and on staff at Community Medical Center. Dr. Sadek explains why obesity threatens health and longevity—and how bariatric, or weight loss, surgery can help.

What makes obesity dangerous?
Obesity puts tremendous stress on the body’s metabolic systems and increases the risk of significant and even life-threatening conditions including heart disease, diabetes and uterine, esophageal and colorectal cancers. There’s also a correlation between high BMI and grave illness from infection, including from COVID-19. Overweight people tend to have higher levels of inflammation due in part to hormonal imbalances that can weaken the immune system, and often lack strength in the heart and lungs, so it’s harder for the body to fight infection.

How does bariatric surgery make a difference?
It changes the digestive system in ways that not only foster weight loss but also can lower blood sugar, improve or even cure diabetes, boost cardiopulmonary function and help the body fight infections. Bariatric surgery has had proven success, based on medical literature, at improving health and quality of life.

Who should consider weight loss surgery?
To qualify, you should have a BMI of 40 or greater, or a BMI of 35 to 40 plus one or more other conditions such as Type 2 diabetes, high blood pressure, obstructive sleep apnea, high cholesterol or an enlarged liver. You also must commit to long-term lifestyle changes that allow you to sustain weight loss achieved through surgery. We develop an individualized plan that includes both surgery and a lifestyle management program that helps with behavioral adjustments and promotes overall good health.

What happens during weight loss surgery?
It’s not just about what happens during surgery. You undergo extensive evaluation both before and after the procedure involving a range of medical disciplines, including pulmonology, cardiology, gastroenterology, endocrinology and psychology. The procedures themselves are typically performed using minimally invasive techniques that reduce the size of the stomach, curtail the amount of food you can eat at one time and help correct hormonal imbalances. The goal isn’t just to trim your waist size but to achieve long-term health benefits.

To learn more about the Center for Bariatrics at Community Medical Center, call 732.557.8966 or visit www.rwjbh.org/cmcweightloss.
HELP AND HOPE
FOR THOSE
AT RISK FOR SUICIDE

A RETIRED U.S. ARMY MAJOR GENERAL AND HIS STAFF HELP
PREVENT SUICIDE—ONE CALL AT A TIME.

Suicide. It’s a scary word. According to the Centers for Disease Control and Prevention (CDC), close to 48,000 people in the U.S. died by suicide in 2020—that’s one person approximately every 11 minutes. You may have a family member or friend who is contemplating, or who has attempted, suicide—and chances are you don’t even realize it.

There are several reasons for that.
• The warning signs are not always clear—and not every person exhibits them.
• The associated stigma is so widespread that many people in crisis are afraid or ashamed to reach out for help.
• There’s often a very brief period between thought and action. Studies have shown that nearly half of those who’ve attempted suicide did so within 10 minutes of first thinking about attempting.

Nobody knows this better than Mark A. Graham, a retired U.S. Army Major General who serves as Executive Director, Rutgers University Behavioral Health Care (UBHC) and RWJBH Behavioral Health and Addictions Services, National Call Center and Vets4Warriors, which includes the New Jersey Suicide Prevention Hopeline (NJ Hopeline). One of his sons died by suicide in 2003 and since then, Maj. Gen. Graham and his wife, Carol, have been tireless champions of efforts to promote suicide-prevention awareness.

One in five adults in the U.S. (nearly 53 million people) lives with a mental illness. Yet, it still is not widely acknowledged as “real” sickness. “We’ve made some progress in changing that perception,” says Maj. Gen. Graham, “but we’re going to have the stigma until we make mental healthcare part of healthcare. Mental health is health.”

One of the goals of the NJ Hopeline, which launched a decade ago, is to make it easier for people contemplating suicide to seek help without fear of judgment. All NJ Hopeline employees have extensive training and are well prepared to help callers. “During a crisis, quick access to support and care can prevent death by suicide,” says NJ Hopeline Program Director William Zimmerman. “We listen, support and assess people for needs. There’s no time limit for a call, and we’re available 24/7. If we can keep that person engaged and supported, the suicidal action may never happen,” he says. Maj. Gen. Graham agrees. “The last thing we want to do is make a person regret that they called,” he says. “We want people to feel better, to know that there’s hope and help and that they’re not alone.”

If you or someone you know is experiencing warning signs of suicide, get help immediately. Call 988 or NJ Hopeline at 855.654.6735. For more information, visit rwjbh.org/behavioralhealth.

Contact the RWJBarnabas Health Behavioral Health Access Center at 800.300.0628 for information about services or a referral to a mental health specialist.

SUICIDE WARNING SIGNS

According to the National Institute of Mental Health, signs that a person may be thinking about suicide include:

Talking about:
• Wanting to die
• Great guilt or shame
• Being a burden to others

Feeling:
• Empty, hopeless, trapped or having no reason to live
• Extremely sad, anxious, agitated or full of rage
• Unbearable emotional or physical pain

Changing behavior:
• Making a plan or researching ways to die
• Withdrawing from friends, saying goodbye, giving away important items or making a will
• Taking dangerous risks such as driving extremely fast
• Displaying extreme mood swings
• Eating or sleeping more or less
• Using drugs or alcohol more often
Everyone knows that exercise is good for the heart. But what kind of exercise is most beneficial for optimum heart health—cardio or strength training? Anthony Altobelli III, MD, Clinical Chief of Cardiology, Robert Wood Johnson University Hospital (RWJUH) and RWJBarnabas Health (RWJBH) Medical Group, sheds some light on this decades-old debate.

When it comes to cardio vs. strength training for heart health, is one more beneficial than the other? The scientific evidence is still building around which form of exercise is best to prevent chronic disease. Historically, aerobic (or cardio) exercise was always recommended for heart and lung health with little attention paid to strength (or resistance) training. What's clear now, however, is that strength training is as important to heart health as aerobic exercise and that a combination of both yields the best heart outcomes with regard to blood pressure, body composition, fitness, strength and metabolism. In turn, beneficial change in a person's physiology yields a lower risk of diabetes, hyperlipidemia (high cholesterol), heart attack and stroke.

What's the best way to combine these exercises? Physical Activity Guidelines for Americans, a 2018 report from the Department of Health and Human Services, recommends that each week, adults aged 18 to 64 do at least 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 150 minutes of vigorous-intensity aerobic activity or an equivalent combination of both. Strength training should be performed at least twice a week on nonconsecutive days to allow a period of rest for the muscle groups being stressed.

How does age affect the type of exercise(s) a person should do? As we age, safety becomes an issue. The aging adult should do both forms of exercise, but participation should take into account chronic medical conditions, such as musculoskeletal disorders, that may place the individual at risk for injury. For people at risk for falls or with balance issues, resistance exercises, such as chair squats, heel lifts, rowing, resistance bands, bicep curls and shoulder presses, may be effectively and safely performed. Research continues to support strength/resistance training for older individuals.

What advice do you have for the average person who wants to start an exercise regimen to improve their heart health? Recommendations are based on age and whether the individual is new to an exercise program. First, choose exercise that you may find enjoyable. Second, set realistic expectations for how often and how long you'll exercise. Third, choose exercises that you can safely perform. Fourth, consider partnering with others for motivation and socialization. Fifth, communicate with your physicians.

ANTHONY ALTOBELLI III, MD
The Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health is known in New Jersey and beyond for its world-class multidisciplinary team of cancer experts and for its coveted place at the forefront of cancer research. As the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, it offers patients access to the most advanced treatment options for blood cancers, including blood and marrow transplantation, CAR T-cell therapy, immunotherapies and innovative clinical trials, many not available elsewhere.

Now, the highly regarded program has extended its reach—and its potential—with the addition of two nationally recognized leaders in the field of hematologic malignancies to lead and complement the already outstanding team in place.

As the new Chief of Blood Disorders, Matthew Matasar, MD, MS, brings extensive expertise to the program and is among the nation’s most experienced clinicians and researchers in routine, rare and complex hematologic malignancies, with extensive expertise in treating these types of cancers with clinical trials, immunotherapy and other cellular therapies. Dr. Matasar will lead the enhancement of multidisciplinary clinical services, including programmatic growth of the bone marrow transplant and cellular therapy programs across the health system.

“My goal is to grow what already is an amazing program with extraordinary physicians,” says Dr. Matasar. “My vision is to continue to develop the health system’s ability to give best-in-class care; to deliver the most promising novel therapies in the context of ongoing and new clinical trials; to educate our patients, their families and the community; and to train physicians how best to take care of these patients.”

Ira Braunschweig, MD, Chief of Transplant and Cell Therapy, is an expert at treating blood cancers with blood and marrow transplantation as well as with CAR T-cell therapy, in which, he says, “We take the cells of a patient’s own immune system and reengineer them to become super-powerful cancer-fighting cells.” Dr. Braunschweig was one of the physician-scientists leading the pivotal study in late 2015 that established CAR T-cell therapy as a standard for relapsed and refractory aggressive lymphoma.

“The Rutgers Cancer Institute/RWJBarnabas Health program has a strong foundation,” he says. “I want to take it to the next level by expanding it and ensuring that more patients have these therapies available to them close to home, and by further enhancing the availability of cutting-edge therapies.”
Throughout a woman’s life, her body and her healthcare needs evolve. From adolescence through menopause and beyond, women experience many changes. Staying healthy through all those changes can be daunting—but it doesn’t have to be. We asked doctors at RWJBarnabas Health to share some of their best advice on how women can maintain optimal health at every age and stage.

**PREVENTIVE AND GENERAL HEALTHCARE**

Being proactive about preventing illness and injury should start early in a woman’s life. “Adolescent women should be encouraged to establish healthy eating and sleeping habits, exercise regularly and avoid excessive screen time,” says Robert A. Graebe, MD, Chair and Program Director of the Department of Obstetrics and Gynecology at Monmouth Medical Center. Preventive care, he says, can include taking seemingly simple but important measures such as consistently using sunblock and always wearing a seat belt.

Dr. Graebe also stresses the importance of caring for mental health and says that adolescent and young women should be encouraged to seek support for feelings of anxiety and depression or other mental health problems. In addition, women should schedule an annual well-woman visit. “During this visit, the care you receive will focus on you, your body and your reproductive health,” says Dr. Graebe. “A well-woman visit also provides a time...
to discuss fertility questions and family planning options and to get screened for sexually transmitted diseases.”

**GYNECOLOGIC AND REPRODUCTIVE HEALTH**

• **First OB/GYN Visits**
  “The American College of Obstetricians and Gynecologists recommends that a girl establish care with a gynecologist between the ages of 13 and 15,” says Lena L. Merjanian, MD, an obstetrician and gynecologist at Rutgers Health. “This visit is an opportunity for her to establish a trusting rapport with her physician. It’s a confidential visit to discuss reproductive health concerns, contraception, relationships, adolescent sexuality and avoiding risky behaviors.”

According to Dr. Graebe, the first OB/GYN visit is also an opportunity to establish the diagnosis of common problems such as polycystic ovarian syndrome, hypothyroidism, eating disorders, etc. “The majority of bone formation occurs during the early years, so discussion concerning proper bone health is vital to prevent future osteoporosis,” says Dr. Graebe. A first gynecologic visit usually doesn’t include a pelvic exam or Pap smear.

• **Reproductive Years**
  During a woman’s reproductive years, maintaining optimal health can increase her chances of a healthy pregnancy and birth if she chooses to start or grow a family. Folic acid supplementation is important, especially when planning a pregnancy. In addition, women should be proactive with age-appropriate screenings, such as Pap and HPV (human papillomavirus) tests. They should use condoms with new sexual partners to prevent sexually transmitted diseases, such as chlamydia and gonorrhea, which can negatively impact fertility. And, says Dr. Graebe, they should be aware that “a woman’s peak fertile years are from about age 27 to 29, with a steady decline starting in the mid-30s.”

Some women, including those receiving cancer therapies and those wishing to postpone pregnancy until beyond their mid-30s, may want to consider egg freezing and subsequent in-vitro fertilization, says Dr. Graebe.

• **Breast Health**
  Breast self-awareness should start at about age 20, when women should focus on knowing what’s normal for their breasts. If changes are noticed, women should talk to their primary care provider or OB/GYN. Regular breast screening can help detect cancer at an early and more treatable stage. For women at average risk for breast cancer, a clinical breast exam is recommended every one to three years between the ages of 25 and 39, and a mammogram is recommended every one to two years beginning at age 40. “It’s important for women to be aware of their family history,” says Dr. Graebe. “Women at increased risk, such as those with a family history of breast cancer and other hereditary cancer syndromes, may benefit from seeing a genetic counselor.”

**HEART HEALTH**

“Bone health is vital to prevent future osteoporosis,” says Dr. Graebe. “Bones need care to stay healthy but bones need care to stay healthy and not ignoring symptoms are of the utmost importance.”

**HEALTH EQUITY**

The importance of women’s health equity cannot be understated. According to Meika Neblett, MD, MS, Chief Medical Officer at Community Medical Center, “Women’s health equity requires an integrated approach that recognizes the need for progress in understanding the social determinants of health, diversity and inclusion, and their intersectionality. “RWJBarnabas Health has made equity a priority in women’s health,” says Dr. Neblett, “and it has taken steps toward removing barriers to preventive screenings that lead to earlier diagnosis and treatment of certain types of cancers as well as improving access to family planning services.”

**To learn more about women’s health services at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/womens-health.**

**BONE HEALTH**

Most women don’t think about their bones until there’s a problem with them, but bones need care to stay healthy just like the rest of the body. Bone density testing is one way to measure bone health. This is especially important for women because, according to Nicole M. Montero Lopez, MD, an orthopedist at Clara Maass Medical Center, hormonal changes during menopause can directly affect bone density. Women 65 and older and women under 65 with risk factors, such as a family history of the disease or fracture, should have a bone density test. Frequency of testing depends on age, results of prior tests and individual risk of fracture. The goal in osteoporosis prevention is to slow down the loss of bone mass to reduce the risk of fractures. You can strengthen your bones with certain exercises and lifestyle changes. Weight-bearing exercise is the most important type of exercise for preventing osteoporosis, and a diet rich in calcium and vitamin D is good for bone health.
CHILDREN’S CARE CLOSE TO HOME
WHERE TO TURN FOR SPECIALIZED OUTPATIENT SERVICES THROUGHOUT NEW JERSEY

As a leading provider of inpatient and outpatient care for children who face special health challenges from birth to age 21, Children's Specialized Hospital, part of the RWJBarnabas Health Children's Health Network of hospitals, partners with families to treat a wide range of developmental, physical, mental and behavioral concerns. You’ll find outpatient services close to home at these New Jersey locations.

BAYONNE
- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

CLIFTON
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Orthopedics
- Physical therapy
- Psychology
- Speech and language therapy

EAST BRUNSWICK
- Occupational therapy specializing in upper extremity and hand therapy
- Physical therapy specializing in orthopedic and sports medicine

EATONTOWN
- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

EGG HARBOR TOWNSHIP
- Developmental and behavioral pediatrics
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

HAMILTON
- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

NEWARK
- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

NEW BRUNSWICK—PLUM STREET
- Developmental and behavioral pediatrics
- Neurology
- Neuropsychology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

TOMS RIVER—LAKEHURST ROAD AND STEVENS ROAD
- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Nutrition
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Rehabilitation technology
- Speech and language therapy

UNION
- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Neurorehabilitation
- Occupational therapy
- Orthopedics
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

SOMERSET
- CSH RUCARES Severe Behavioral Program
- Intensive Feeding Disorders Program

WEST ORANGE
- Occupational therapy
- Physical therapy
- Speech and language therapy

To learn more about outpatient programs and services or to schedule an appointment, call 888.244.5373 or visit www.rwjbh.org/cshoutpatient.

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, Eatontown, Egg Harbor Township, Hamilton, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.
Joseph Barone, MD, a nationally recognized expert in the field of pediatric urology, was recently appointed Medical Director of Pediatric Urology for the Children’s Health Network of RWJBarnabas Health (RWJBH). Dr. Barone is also Chief of the Division of Urology and Professor of Surgery at Rutgers Robert Wood Johnson Medical School. Here, Dr. Barone talks about children’s urologic conditions as well as what’s new in the field.

How has the RWJBH pediatric urology program changed recently?

We’re now a system-based program with all pediatric urologists in all RWJBH children’s hospitals working as one group. This allows us to take advantage of synergistic opportunities for clinical access, safety, quality and diversity. With integration, patients will receive the same pediatric urology care no matter where they are in the system.

How are children’s urologic issues different from those of adults?

Children mostly have congenital problems and adults deal with problems that develop during life. Because of this, the practice of pediatric urology now has its own board certification by the American Urological Association.

What are some common urologic issues in children?

The most common is bed-wetting, affecting 10 million children in the United States each year. Other common conditions include urinary tract infections (UTIs) and daytime accidents. There are also some common surgical conditions, such as undescended testes and hernia.

What are some serious pediatric urologic conditions that you treat?

Some children born with neurological diseases, such as spina bifida, lack the nerves that control the bladder. As a result, they’re incontinent. To restore continence, we use the small intestine to make a new bladder with a procedure called bladder augmentation. Twisting, or torsion, of the testes—when a boy’s testicle twists spontaneously and cuts off its blood supply—is another serious issue that not many people know about. Sudden, severe testis pain is an emergency and parents should take their child to the emergency department if this happens.

What robotic surgical techniques are used for children?

We offer minimally invasive robotic surgery for nearly all pediatric urology conditions that historically would require an incision. The robot is controlled by the surgeon, and three or four laparoscopic ports are placed into the child’s abdomen. Robotic surgery speeds recovery and results in less pain. For older children, we offer single-port robotics. There are only a handful of centers that offer this robotic procedure.

Are there any exciting new developments in this area?

We’re working on developing a new electrical surgical tool designed for pediatric surgery. We currently use similar tools designed for adults and when working in a very tiny space, they can be cumbersome. We’ve designed the pediatric surgical tool and are in the process of making a 3D model.

To find a pediatric urologist or for more information on children’s urologic issues, visit www.rwjbh.org/childrenshealth.
It’s estimated that someone in the United States needs blood every two seconds, and, since January is National Blood Donor Month, there couldn’t be a better time to donate. Blood doesn’t have a long shelf life—between five and 35 days, depending on the component—so there’s rarely, if ever, a surplus. This is especially true in winter, when donations typically slow down because of bad weather, winter holidays and seasonal illnesses like colds and flu.

“Simply put, there’s no substitute for blood,” says Sally Wells, Business Development Liaison, Robert Wood Johnson University Hospital Blood Services. “Blood cannot be manufactured. We always say that ‘it’s the blood on the shelf’ that makes it possible to treat traumatic injuries, perform surgeries, support premature babies and treat patients who are going through advanced cancer therapies, to name a few of its uses.”

While all RWJBarnabas Health facilities run blood drives several times a year, Wells says that multiple blood drives will occur in January, noting that donor centers in New Brunswick and Somerset will be open daily. “Our message for National Blood Donor Month is ‘Donate 3 in 2023,’” she says, referring to three pints of blood.

The ripple effect of the pandemic is still being felt in many areas, including blood donation. “People aren’t donating as often as before the pandemic, so we’re still experiencing periodic shortages,” says Wells. “We haven’t been able to build up a reserve, so certain blood types and products are always in high demand.”

The blood type that is most in demand is type O-negative (O-). “This is the universal blood type because it can be used in an emergency to transfuse anyone until the person’s blood type can be verified,” says Wells.

If you don’t know your type, don’t worry. When you donate, you’ll be issued a blood-donor card that will list your blood type.

For more information or to schedule an appointment to donate blood, visit www.rwjbh.org/treatment-care/blood-donation or www.rwjudonorclub.org, or call 732.235.8100 ext. 221 (New Brunswick) or 908.685.2926 (Somerset).
Winter is a high-risk time for slips and falls—and the injuries that can result. But most falls are preventable, especially if you’re alert to common hazards, says Gerardo Chiricolo, MD, FACEP, Chair, Department of Emergency Medicine and Core Faculty, Community Medical Center, and Director, Emergency Ultrasound, RWJBarnabas Health Emergency Medicine Health Services.

As colder weather makes ice and snow more prevalent, Dr. Chiricolo shares his best advice for sidestepping winter pitfalls that often contribute to tumbles.

5 WAYS TO AVOID WINTER FALLS

THESE EVERYDAY SITUATIONS CAN TRIP YOU UP, BUT SMART STRATEGIES CAN KEEP YOU ON YOUR FEET.

HAZARD #1

**HURRYING**
In cold conditions, it’s tempting to walk faster or take more hazardous shortcuts to get inside or reach a destination. “Rushing is the underlying cause of many falls,” says Dr. Chiricolo.

**FOIL FALLS:** Give yourself plenty of time to get where you’re going, says Dr. Chiricolo. “Walk slowly and carefully, taking slower, smaller steps and keeping your weight over your feet.” Keep hands out of pockets to help block a fall if necessary.

HAZARD #2

**COLD MUSCLES**
“Cold muscles tend to become more rigid,” says Dr. Chiricolo. “Chilly limbs could hinder your ability to react quickly if you slip or lose your balance.”

**FOIL FALLS:** Put on winter clothes such as a hat, gloves and a coat each time you head outside, even to grab the mail. Give preference to gear that’s both warm and light, such as down or fleece coats and vests, so clothes themselves don’t restrict mobility.

HAZARD #3

**ICY SURFACES**
Ice on pavement can be hard to spot—especially under a surface puddle that makes all the water look melted. Awkward twisting while standing can make getting out of a car on ice particularly treacherous.

**FOIL FALLS:** When it’s necessary to walk on snowy or icy surfaces—as when clearing the driveway—sprinkle a gritty substance such as sand, salt, cinders or cat litter for traction. In parking lots, pull into well-lit spots and scan the ground before getting out. When exiting your car, swing both legs out and plant them firmly on the ground before standing. Feel around and steady yourself on the door frame before you start walking.

HAZARD #4

**SLIPPERY FLOORS**
Melted snow from shoes can make indoor surfaces slick in winter, especially in public areas like stores and offices where many people have trod.

**FOIL FALLS:** At home, take off shoes or boots when you come inside—and ask guests to do the same. Be extra careful in indoor public places, especially near exterior doors, and wear shoes or boots with good traction and ankle support.

HAZARD #5

**UNWISE TRAVEL**
Many people think it’s important to keep appointments or get their shopping done even during hazardous weather.

**FOIL FALLS:** “Stay inside during bad weather unless your task or appointment is an emergency,” says Dr. Chiricolo. “Very few things can’t wait until after a snowstorm.”

To learn more about Community Medical Center, visit [www.rwjb.org/community](http://www.rwjb.org/community).

Gerardo Chiricolo, MD, FACEP

COLD MUSCLES

ICY SURFACES

SLIPPERY FLOORS

UNWISE TRAVEL
Advanced treatment options have helped Ferlie Almonte battle an aggressive form of breast cancer and continue living her best life.

‘A VOICE OF HOPE AND RESILIENCE’

TEAM CARE AND A FIGHTING SPIRIT HELP A LIFE COACH BATTLE BREAST CANCER.
As a motivational speaker and resilience coach, Ferlie Almonte has made a career of helping other people tackle life’s challenges. But in November 2021, when she was diagnosed with breast cancer, she was the one in need of advice.

She found the medical guidance and care she required through a multidisciplinary team of doctors and other healthcare professionals at Community Medical Center (CMC) and Monmouth Medical Center Southern Campus (MMCSC). “I’m grateful every single day,” says Ferlie, 60, of Toms River. “I can still continue to lead a good, vibrant life. I’m doing my best to stay healthy in mind, body and spirit.”

Now cancer-free, Ferlie can look back on a journey that—even for a person well versed in dealing with trials—took all the grit, determination, experience and wisdom she could muster.

**A LONG ROAD**

Ferlie never felt a breast lump or any other symptoms, so she was surprised when a routine mammogram made a suspicious finding in her left breast. A biopsy showed that she not only had cancer but a subtype known as triple positive breast cancer. This meant her cancer was HER2 positive, estrogen-receptor positive and progesterone-receptor positive—an aggressive form of the disease.

Yet the diagnosis also contained good news: The cancer was stage 1, so it was caught early, and effective treatments can specifically target triple positive breast cancer.

“We have made tremendous strides in breast cancer treatment,” says Sumy Chang, MD, a breast surgical oncologist at CMC. Among the most important advances has been development of the drug trastuzumab (Herceptin), a therapy that works specifically against HER2-positive cancer. “It’s made a huge difference,” Dr. Chang says.

Before receiving this treatment, Ferlie needed to undergo surgery at CMC to remove her cancerous growth. Dr. Chang talked with Ferlie about the pros and cons of lumpectomy versus mastectomy to remove the entire breast.

Ferlie weighed her options in light of her cancer type and a family history of breast and ovarian cancers. “I did not want to take any chances,” she says. “I went for double mastectomy to lessen my risk.”

In the face of this daunting decision, Ferlie found talking with Dr. Chang reassuring, even therapeutic. “She’s like an angel here on Earth,” Ferlie says. “You can feel the love, care and compassion she has.”

After surgery at CMC in December 2021, Ferlie worked with Horace Tang, MD, a medical oncologist and hematologist who oversaw her regimen of follow-up treatments at MMCSC.

In January 2022, Ferlie started chemotherapy treatments once a week for 12 weeks along with infusions of Herceptin every three weeks that continued through the year. She’ll continue taking a daily pill called letrozole (Femara) for five years to suppress estrogen in her body and help prevent cancer from recurring.

“She has responded to her treatments very well, has maintained a really good attitude and kept her spirits up,” Dr. Tang says. “She has a very good prognosis.”

Ferlie made the best of infusion treatments by chatting with patients and staff. “The nurses are phenomenal because they take the time to get to know you and are very compassionate,” Ferlie says. “When you go for treatment, you feel the energy, and it’s very positive.”

In June, RWJBarnabas Health honored Ferlie as an “Amazing Save” at a Jersey Shore BlueClaws game, where—accompanied by Dr. Chang, Dr. Tang and members of her infusion team—she threw out the first pitch.

**CALLED TO HELP OTHERS**

In July, Ferlie underwent a second surgery, for breast reconstruction, and soon felt on her way back to normal life.

After a long year that included three hospital stays in six months and extensive medical treatment, Ferlie looked forward to life events that she had put on hold during her treatment, such as celebrating her 60th birthday and traveling to Europe with her family.

“If you are always dwelling on all the worry and feeling sorry for yourself, it’s not helping,” she says. “And believe me, I know it’s not easy to motivate yourself when you don’t feel well. But I did the best I could—and am doing the best I can.”

Her goal now is to help other women do the same. She’s working on a book about her breast cancer journey that she hopes will lend support, encouragement and a fighting spirit to other women grappling with the disease.

“I know my purpose in life,” she says. “I know that I am a voice of hope and resilience. For people who are going through what I’m going through, I want them to not be afraid, to feel empowered and to remain confident about the possibilities in life.”
Florence Schwab, 56, of Toms River found herself shaky and overcome with anxiety as she got into the standing position required for a follow-up mammogram in November 2021. It had been more than a year since she’d undergone her partial mastectomy and begun rounds of chemotherapy and radiation treatments for breast cancer recommended by her team of oncologists and radiation oncologists at Community Medical Center (CMC). “I was nervous after all the scans and rescans and worrying about the results,” Florence says. With her treatments complete, this mammogram would provide a key indicator of her outlook over the next several years and ‘IT GIVES ME A SENSE OF CALM’
potentially the rest of her life. Across the room stood Jennifer Schinder, RT, a technologist assisting in the procedure, who noticed Florence was nervous and understandably upset. Schinder reached into her purse, walked over to Florence and handed her a small pocket quilt with a cross sewn inside. Schinder said it was a “care square” that her mother had made.

Thanking Schinder, Florence held onto the square for the rest of the mammogram, which yielded positive results: She was cancer-free and has been ever since. “I say my prayers with it,” Florence says. “I pray for good outcomes and that everything will go well— and so far, it has.”

Today, Florence continues bringing the care square to all medical appointments and follow-up consultations on her calendar. “It’s always right in my pocket for every single doctor’s visit,” she says. “It gives me a sense of calm during anxiety-provoking experiences.”

A SOFT PICK-ME-UP
Schinder’s mother, Dolores Stracensky, 78, of Myrtle Beach, South Carolina, started making the squares as a hobby. An avid quilter for 50 years, she wanted to create a small item that she could give to others who were going through a difficult time—an item that could lift spirits and inspire hope. “Every now and then, I’d see someone—for example, a waitress at a restaurant—who looked like they were in need of a pick-me-up,” Dolores says. “People are often very happy that I thought about giving squares to them. For me, it’s just rewarding seeing someone smile.”

Schinder approached her mother about making care squares in bulk and sending them up north for biopsy patients at CMC’s Comprehensive Breast Center. “Florence was the inspiration for us to do this for our patients,” Schinder says. “I actually had given her my own pocket quilt that was in my bag. She really was so happy—that’s how this idea came about.” Dolores agreed to the effort, donating her time and materials. Comprehensive Breast Center patients have since embraced care squares as an emblem of hope, a sign of unity and a reminder that they’re not alone on their journey toward better health.

‘LOVE AND BLESSINGS’
Each care square measures 3 by 3 inches. Many contain a little red heart at the center while others contain a cross. On the back, squares are inscribed with a text that reads: “This pocket quilt was made especially for you to slip in your pocket. Throughout the day when your fingers touch the heart [or cross] inside the quilt, may your anxiety be replaced with calmness and healing. Keep as a tangible symbol of your strength and our commitment to your wellbeing. Donated with love and blessings from Jen’s mom.”

Dolores has made about 400 care squares for CMC patients. “My kids almost think I do production-line sewing,” she says. “I have to press all my fabric, then cut it in strips, and it’s just cutting and sewing and cutting and sewing. It takes me maybe 15 minutes to make one, and I make several at a time.” As she spoke, she noted she had just finished 70 that morning and pinned the little saying on the back.

For Dolores, it’s a passion project that she doesn’t measure in hours. “You can’t really put a price on time,” she says. “You have it and have to use it wisely.” She also doesn’t—and can’t—put a price on providing others a reminder from a stranger that they’re not alone, especially as they go through one of the hardest challenges they’ve ever had to face.

The care square Florence has carried remains a source of comfort as she continues to be monitored every six months for her testing and every three months by her oncologist. “I hold it tight,” she says, “and it makes everything feel better.”

RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjb.org/beatcancer.

To learn more about Community Medical Center, visit www.rwjb.org/community.
Congratulations: You’ve completed medical school and, through a rigorous matching process, have been selected to do your hands-on medical residency at Community Medical Center (CMC). You’re excited to get in on the ground floor of a brand-new academic program at the hospital, and now, for the first time in your life, you find yourself in Toms River. Now what?

That’s the situation for many medical residents joining CMC’s academic program, now in its second year. “A lot of them have never even been in our state, and they know few people when they arrive,” says David West, partner of The Fortis Agency, a financial services firm based in Holmdel. New residents may not know where to eat, buy necessities, obtain services or blow off steam.

The Greater Toms River Chamber of Commerce and many local businesses, including The Fortis Agency, decided it was important to roll out the welcome mat in tangible ways. “These doctors practically live at the hospital, and their opportunity to even see the sun except through the window is limited,” says Phil Brilliant, Chairman at the Chamber of Commerce. “We wanted to give them things so they could walk out the door into the community and know where to go.”

“It’s a way of expressing how grateful we are that they’re here,” says Marina Papanikolas, Chief Executive Officer at the Chamber—“and how we value our relationship to the hospital.”

MUTUAL BENEFITS

CMC’s residency program began in 2021, providing training for doctors in a variety of disciplines including internal medicine, emergency medicine, surgery and podiatry. The program marked a milestone for the hospital, community and supporters.
“We see CMC as a direct partner,” Brilliant says. “Having a teaching hospital is a huge step forward for the area, which is mostly made up of small businesses run by people who live here. The phenomenal growth we’re seeing at CMC means we have a one-stop hospital, so people in the community don’t have to hop in a car and drive somewhere else to get high-quality healthcare.”

Supporters see the arrival of new, young physicians as a benefit all its own. Attracting young professionals who may be starting families is a potential boon to businesses, local organizations, governing bodies and schools. “We hope these doctors will stay in the community when they finish their rotations and become part of the bigger picture in the greater Toms River area,” says Papanikolas.

The area has inherent appeal. “I’ve been here more than 30 years and there’s no better place to live than Toms River and Ocean County,” Brilliant says. “We have beaches, a great school district, and cities and mountains are just a short ride away. We want to show medical residents what we’re made of, and as they take care of our community, we want to take care of them.”

But caring for residents goes beyond highlighting local amenities, says Christine Cox-West, partner at The Fortis Agency, which has worked with medical residents and other doctors nationwide for more than 12 years.

Often, young doctors need help managing student loan burdens, protecting their incomes, navigating employment contracts, arranging mortgages and overall putting together a plan to help them reach their financial goals. “These are matters often left out of medical school,” Cox-West says. “But if doctors have successful personal lives, they’ll feel more secure and be more successful physicians as well.”

And personal success includes feeling connected to the community. “We’re here to support CMC’s residents in as many ways as we can,” Cox-West says.

GIFTING NEW ARRIVALS
Through the Chamber’s efforts, many local businesses stepped forward with gifts that the organization donated to incoming residents. The effort began during the residency program’s first year and expanded to residents who recently arrived for the program’s second year.

“Residents received coupons, gift cards, mugs—it’s been a really beautiful community-wide effort,” says Jennifer Shufran, Vice President of the CMC Foundation. Gift cards included funds toward restaurants, microbreweries, goods and service providers such as dry cleaners and admission to a Jersey Shore BlueClaws game. “Both years, AristaCare gave stethoscopes to our first-year residents,” Shufran says. “The entire effort speaks volumes about how the community is behind our medical residents.”

The Fortis Agency, building on a history of organizing networking events for professionals, hosted a happy-hour social gathering at Shogun Legacy restaurant in Toms River for PGY-1 residents (doctors in their first postgraduate year), PGY-2s and their attending physicians.

“At that point, a lot of residents had met on Zoom but never in person,” Cox-West says. The event included an open bar, dinner, karaoke and a version of bingo that entailed mingling with others. “Over 75 doctors registered, and it was an awesome experience for both them and us,” Cox-West says.

Fortis team member Shiv Patel, Agency Advisor, attended to represent both the firm and Toms River, where he grew up. “Supporting the hospital is important to a lot of us on a personal level,” Patel says. “To see CMC today—how it’s stepped up and where it’s going—is very impressive.”

The Fortis Agency has also made donations to the hospital out of proceeds from charitable gatherings such as golf outings and other networking events.

“Our residents have been very excited and positive about the reception they’ve had,” Shufran says. “They understand this is something special that not every community does.”

To learn more about giving at Community Medical Center, visit www.cmcgiving.org.

UPCOMING CMC FOUNDATION EVENTS

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<th>Event</th>
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<tr>
<td>Robert H. Ogle Golf Invitational</td>
<td>Monday, May 15</td>
<td>Metedeconk National Golf Club</td>
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<td>Red, White &amp; Brew Wine Tasting Event</td>
<td>Wednesday, June 7</td>
<td>Toms River Country Club</td>
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<tr>
<td>Local Summer Celebration</td>
<td>Friday, September 22</td>
<td>The Ocean View Restaurant</td>
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To purchase tickets or sponsorships for these events, call 732.557.8131 or visit www.cmcgiving.org.
Whoever your heart beats for, our hearts beat for you.

Comprehensive cardiac care for all.
Community Medical Center has a passion for heart health. We’ve invested in state-of-the-art catheterization equipment and technology to provide comprehensive care for both elective and emergency cardiovascular needs. In partnership with Rutgers Health, we offer convenient access to surgical care, research and clinical trials through the RWJBarnabas Health network of heart centers. And, we provide cardiac rehabilitation, prevention and wellness programs, with a growing network of specialists in non-invasive diagnostic and imaging, including stress testing. It’s all part of our dedication to every heart in our community.

Learn more at rwjbh.org/heart

Community Medical Center