

RWJBarnabas
HEALTH

WINTER 2026

1 healthy *together*

NEXT-LEVEL CANCER CARE
CLOSE TO HOME

GLUTEN-FREE KIDS
TIPS FROM OUR CELIAC CENTER

BACK TO ACTIVE
WITH TWO NEW HIPs

*When a Heart
Can't Pump*

TEAMWORK SAVES LIVES

healthy *together* contents

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Llame al 1.844.465.9474

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1.844.465.9474 પર કોલ કરો

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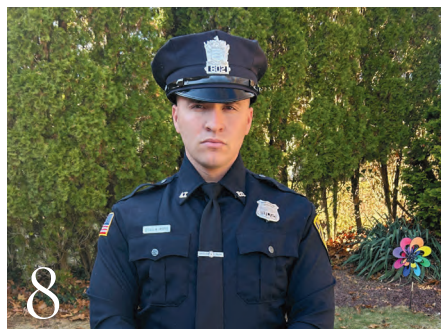
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CREDIT: RICHARD B FLORES PHOTOGRAPHY

A MIRACLE ARRIVAL

WHEN AN EXPECTANT MOTHER FELT CHANGES IN HER BABY'S MOVEMENTS, QUICK ACTION AND TEAMWORK HELPED SAVE THEIR LIVES.



STEVEN CULBERT, MD



JAMES MCDERMOTT, DO



HAYLEA SWEAT PATRICK, MD



MARIE BONVICINO, MD

Kayla MacNeil awoke one morning last January ready to start a new routine. She had just entered her 36th week of pregnancy. The night before, she and her husband, Christian, had gone out to dinner to celebrate her last day of work before their baby's due date.

But early the next morning, she noticed that something didn't feel right. "My baby was always most active in the morning and at night," says Kayla, 29, of Manchester. "On this morning, she was still active, but her kicking was very faint. It was nothing like normal."

Concerned, Kayla phoned Christian, a firefighter who had just started a 24-hour shift. "I asked him to come home so we could get to the hospital," she says. That decision ultimately saved both her life and the life of their soon-to-be-born daughter, Emilee.

A LIFE-THREATENING SITUATION

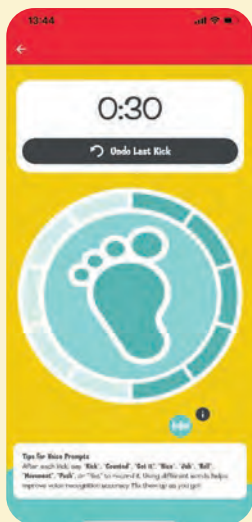
"Decreased fetal movement could indicate potentially fatal conditions, including separation of the placenta, umbilical cord accidents, or changes in maternal blood sugar or blood pressure," says Haylea Sweat Patrick, MD, an OB-GYN at Jersey City Medical Center who focuses on maternal-fetal medicine, and a member of RWJBarnabas Health Medical Group. "That's why it's important for moms to act quickly."

Kayla listened to the signs and headed to the Labor and Delivery unit at Community Medical Center (CMC). Nurses quickly connected her to fetal monitoring equipment, which revealed that her baby's heart rate was unusually flat.

"It was almost a straight line," says Kayla's OB-GYN, Marie Bonvicino, MD, who is on staff at CMC. "The baby was in grave danger."

A FAST RESPONSE

Kayla needed an emergency C-section. Thankfully, CMC is fully equipped to handle life-threatening obstetric crises, with a



IT'S EASY TO COUNT KICKS

Tracking your baby's kick count during pregnancy can help ensure their wellbeing. To help manage the process, download Count the Kicks' free app. By entering the average time it takes to record 10 movements each day during your third trimester, you'll be able to recognize healthy patterns. The app even sends reminders to enter your data. The Count the Kicks website also offers a web counter and downloadable paper charts. For more information, visit www.countthekicks.org.

dedicated laborist in-house 24/7 and a team of doctors, nurses, and other highly trained professionals ready at a moment's notice. "As soon as we knew the baby's heart rate was concerning, everything was prepared to deliver her as quickly as possible," says OB-GYN Steven Culbert, MD, a member of RWJBarnabas Health Medical Group, who assisted in the surgery.

James McDermott, DO, also a member of RWJBarnabas Health Medical Group, was the in-house laborist on duty that day. He prepared the operating room for Drs. Bonvicino and Culbert, who performed the C-section. "The teamwork of everybody involved—the anesthesiologists, nurses, doctors—was remarkable," Dr. McDermott says.

Amid the flurry of activity, Kayla focused on staying strong. "I felt a wave of calm come over me," she says. "I didn't let fear take over. I figured if this was the best way to get Emilee here, let's get her here safely."

A JUST-IN-TIME DELIVERY

During and after delivery, the reasons for Emilee's decreased fetal movement became clear. Kayla had suffered two rare but life-threatening complications. First was a placental abruption, in which the placenta separates from the uterus, limiting oxygen and nutrients to the baby. The abruption caused a fetomaternal hemorrhage, in which the

Placental abruption
affects approximately
0.4% to 1%
of pregnancies.**

Source: National Library
of Medicine

baby loses significant amounts of blood into the mother's circulation.

While Kayla recovered at CMC, Emilee needed blood transfusions and specialized care, which she received at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson

University Hospital in New Brunswick. The facility has a Level IV neonatal intensive care unit (NICU) staffed by physicians who are part of RWJBarnabas Health Medical Group and Rutgers Robert Wood Johnson Medical School. Kayla spent two nights at CMC while Emilee spent a week in the NICU.

"Emilee's care was phenomenal," Kayla says. "The doctors and nurses were absolutely amazing. Being at a teaching hospital made the experience even greater, to have so many people at her bedside and supporting us as well."

EXCEEDING EXPECTATIONS

Almost a year later, Emilee is thriving. "To think we once feared she wouldn't make it, and now to see how far we've come, is nothing short of a miracle," Kayla says.

Inspired by her daughter and the care team that saved her, Kayla now

HOW TO PERFORM KICK COUNTS

Doctors recommend that women start monitoring their babies' fetal movement patterns in the 28th week of pregnancy.

"Kick counts are a sign of fetal wellbeing," says Haylea Sweat Patrick, MD, an OB-GYN at Jersey City Medical Center who focuses on maternal-fetal medicine, and a member of RWJBarnabas Health Medical Group. "It's a way for a pregnant person to reassure themselves that their baby is doing well inside their uterus."

To monitor fetal movement, she recommends these tips:

- **Get comfortable.** Lie on your side or sit comfortably in a quiet space.
- **Give it two hours.** This accounts for fetal sleep cycles (40 to 75 minutes).
- **Count your baby's movements.** Aim for at least 10 kicks.
- **Choose active times.** Babies are typically active after meals or in the evening.
- **Track your results.** Use a chart or a kick-counting app.

"If you don't feel 10 movements in two hours, you should call your doctor's office or head to Labor and Delivery," Dr. Sweat Patrick says. "We can place the baby on a fetal heart monitor or perform a special ultrasound to assess their wellbeing."

shares her story with other expectant mothers, emphasizing the importance of monitoring fetal movements in the third trimester. Her message to others is: "Always trust your intuition," she says. "It's always better to get checked out, even if it's just for peace of mind."

To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/maternity.





SURVIVING CARDIOGENIC SHOCK

**RAPID RESPONSE, COLLABORATION, AND ADVANCED THERAPIES
HELP DELIVER EXPERT CARE TO PATIENTS STATEWIDE.**

Cardiogenic shock is a life-threatening emergency. It can strike within minutes, most often after a heart attack or a sudden worsening of heart failure. No two cases are alike, making it tricky to diagnose and stage. And despite advanced therapies, mortality rates remain as high as 50 percent.



KIMBERLY SKELDING, MD

Quickly identifying and treating cardiogenic shock can be the difference between life and death. That's why care teams at RWJBarnabas Health (RWJBH) have formed a Cardiogenic Shock Team, bringing rapid response, clinical expertise, and heart-saving treatments to patients throughout New Jersey.

"Cardiogenic shock represents the sickest group of patients we see in cardiology," says Kimberly Skelding, MD, an interventional cardiologist at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group.

"At RWJBH, we work as a united front to care for these patients quickly and get them the proper level of treatment."

HOW IT WORKS

The Cardiogenic Shock Team is activated whenever a patient with suspected cardiogenic shock is identified. Clinicians from multiple specialties—including doctors and advanced practice providers in interventional cardiology, cardiothoracic surgery, heart failure, and intensive care—gather together to discuss each patient's symptoms and

ADVANCED TREATMENTS

RWJBarnabas Health (RWJBH) offers multiple innovative treatments for heart attack and heart failure, providing hope and healing to patients with conditions like cardiogenic shock. Advanced therapies include:

- **Impella**—A temporary heart pump for use when a patient's heart is too weak to pump on its own
- **Extracorporeal membrane oxygenation**—A life-support machine that circulates blood outside the body and adds oxygen, giving weak hearts and lungs time to recover
- **Ventricular assist device**—A circulatory support device that supports heart function and blood flow in people with weakened hearts and is often considered a bridge to transplant for uncontrolled heart failure
- **Heart transplant**—The only heart transplant and mechanical circulatory support program in New Jersey, available at Robert Wood Johnson University Hospital and Newark Beth Israel Medical Center

For patients who need procedures such as angioplasty or coronary artery bypass graft surgery after a heart attack, RWJBH offers the largest adult cardiac surgery program in the state and performs more angioplasties than any other health system in New Jersey.



WHAT TO WATCH FOR

Symptoms of cardiogenic shock can include:

Signs of a heart attack:

- Chest pain
- Radiating pain down shoulders, neck, arm, or jaw

Signs of a heart attack or worsening heart failure:

- Shortness of breath
- Cool, clammy skin
- Weak pulse
- Low blood pressure
- Lightheadedness or dizziness

If you experience any of these symptoms, call **911**.

create a personalized care plan.

"Every specialist looks at their piece of the puzzle, then as a group, we decide the next best step for each patient, such as going to the cardiac catheterization lab for emergency treatment or receiving a temporary heart pump to improve circulation," Dr. Skelding says.

To help guide those critical decisions, the team grades the severity of each patient's cardiogenic shock on a scale, from A (at risk) to E (extreme). The grades are based on a framework that is provided by the Society for Cardiovascular Angiography and Interventions.

WHY IT'S SIGNIFICANT

Research continues to show that a coordinated team approach to cardiogenic shock accelerates time-to-treatment and improves in-hospital survival rates. At RWJBH, the Cardiogenic Shock Team has treated nearly 100 patients since its inception in September 2024, achieving

impressive results.

"Some patients walk out of the hospital, follow up with their cardiologists, and don't need any advanced therapies," Dr. Skelding says.

"Others receive life-saving therapies and completely recover. They are true miracle stories."

WHERE IT'S AVAILABLE

Originally designed to care for patients inside RWJBH, the Cardiogenic Shock Team has quickly expanded into a trusted statewide resource. Today, providers caring for cardiogenic shock patients at any hospital in New Jersey can access the team's expertise.

"We're here to act as a resource for other hospitals and get them access to the advanced therapies that not every hospital in the state can provide," Dr. Skelding says. "We partner with them to identify which stage of shock their patient is in and determine the best place to receive treatment, whether that's in their hometown hospital or through a transfer to one of our hospitals."

No one plans on heart disease, but everyone should have a plan for it. Connect with an RWJBarnabas Health heart and vascular specialist at 888.724.7123 or visit www.rwjbh.org/heart.

For patients needing advanced therapies available only at RWJBH, the team determines the fastest and safest transfer method (air or ground transport) and the appropriate plan of action.

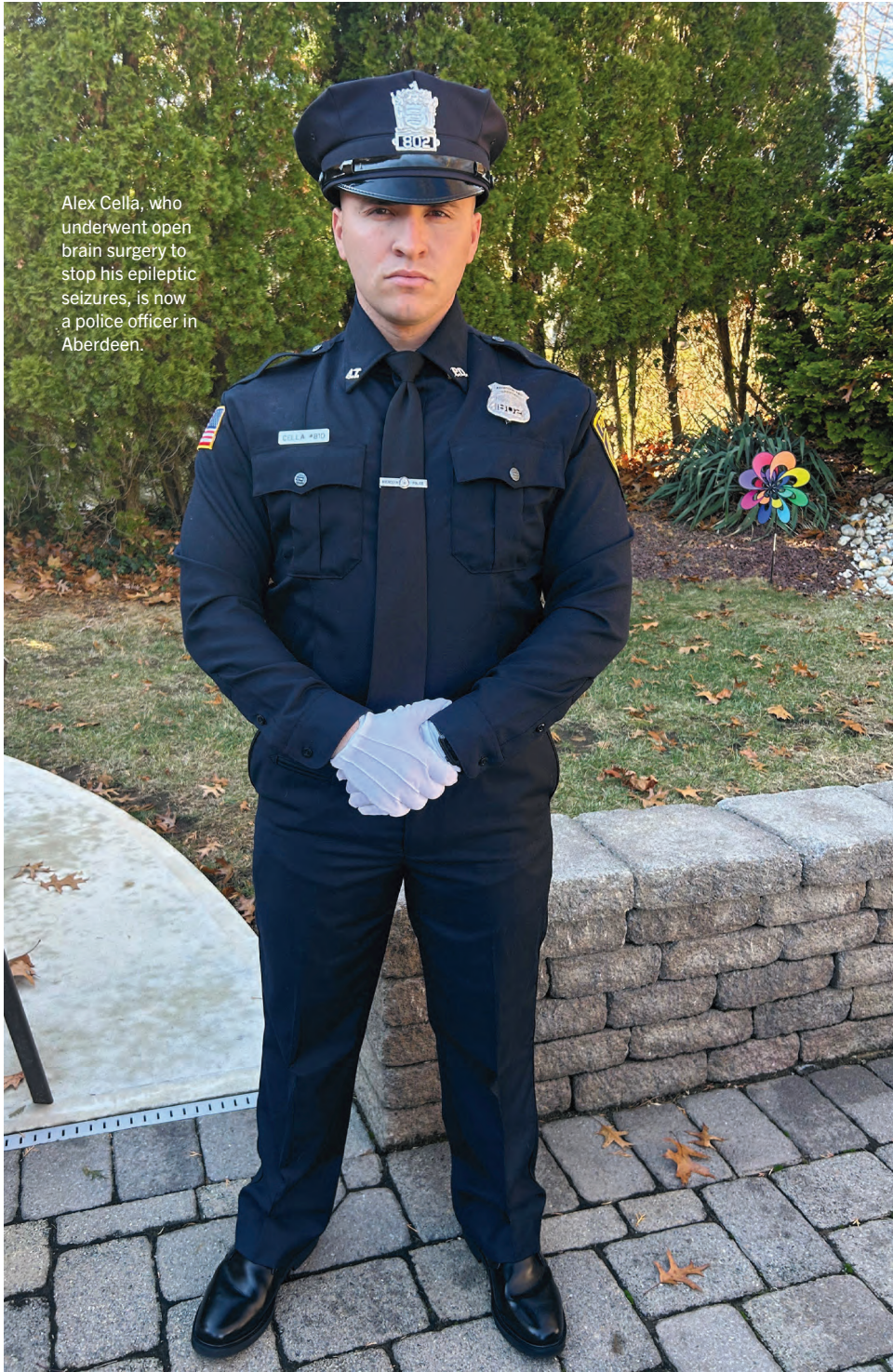
"Together, we decide where the patient should be transferred, whether it's directly to the cardiac catheterization lab, the cardiovascular intensive care unit, or the operating room," Dr. Skelding says. "Once the patient arrives, we reassess and pivot to a new game plan based on the patient's condition if needed."

IMPROVING OUTCOMES

Because awareness is an essential part of rapid response, the Cardiogenic Shock Team has developed educational resources to aid providers in recognizing the signs of cardiogenic shock. The team also is sharing lessons learned with medical students and other health-care professionals to help save more lives.

"We are fortunate to have such high levels of resources and talent across our hospitals," Dr. Skelding says. "By working together, we can give every person with cardiogenic shock in New Jersey a better chance at survival."

TO PROTECT AND SERVE



Alex Cella, who underwent open brain surgery to stop his epileptic seizures, is now a police officer in Aberdeen.

ADVANCED EPILEPSY CARE HELPS A MAN ACHIEVE HIS DREAM OF BECOMING A POLICE OFFICER.

For as long as Alex Cella can remember, he's been compelled to help people. As a collegiate soccer player, this desire led him to coaching and mentoring others. He was also a teacher's assistant for students with special needs. Later, Alex began to explore becoming a police officer so he could serve his community. However, a series of seizures suddenly threatened his dreams.

Alex experienced several brief and small nonconvulsive seizures followed by three more-significant nonconvulsive and convulsive seizures, preventing him from completing his police academy training. He embarked on a journey of multiple daily antiseizure medications for years, then ultimately underwent open brain surgery at the Level 4 Epilepsy Center at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. Now seizure-free following the surgery, Alex was able to return to his dreams.

ADDRESSING THE SEIZURES

"In 2019, I started having déjà vu, where I felt that I was experiencing the exact same thing at the exact same time," Alex



HAI SUN, MD, PHD



RAM MANI, MD, MSCE

recalls. “I would sit down and gather myself and be fine. But I would lose two to three seconds each time.” A neurologist diagnosed him with epilepsy and managed it with medications, but Alex began to experience more-severe seizures.

In July 2021, Alex was coaching a high school baseball game when he fell to the ground unconscious. He was taken by ambulance to a local hospital but was released. “The doctors thought I’d passed out due to dehydration, but the mother of a player on my team who was a nurse said, ‘I hate to tell you, but you had a seizure.’ She knew exactly what it was,” he says.

After Alex experienced his third severe seizure, his neurologist recommended an evaluation to determine whether surgery could improve the episodes. He referred Alex to Ram Mani, MD, MSCE, Chief, Epilepsy and Medical Director of the Clinical Neurophysiology Lab at RWJUH, Associate Professor of Neurology at Rutgers Robert Wood Johnson Medical School (RWJMS), and a member of RWJBarnabas Health Medical Group.

Dr. Mani consulted with fellow RWJBarnabas Health Medical Group member Hai Sun, MD, PhD, Chief of Neurosurgery at RWJUH and Associate Professor of Neurosurgery and Director of Epilepsy Surgery at Rutgers RWJMS. Alex’s best treatment options included a minimally invasive procedure that uses heat to ablate scar tissue, tumors, or other abnormal areas of the brain causing the seizures, or open brain surgery to remove or disconnect those areas. Given the severity of his seizures and the potential to more precisely remove the diseased brain tissue responsible for them, Alex chose open brain surgery.

“Alex’s previous doctor had tried four different medications—two of them are our ‘big guns’ that are highly effective—but he still kept seizing,” Dr. Mani says.

SURGERY IS THE SOLUTION

In May 2023, to better understand what was going on, surgeons implanted seven thin wire electrodes in Alex’s brain. For this procedure, Alex was taken off all medications and remained in the hospital for observation for eight days while the epilepsy team recorded the details of his brain activity. “We were able to watch him seize and record the brain waves, which gave us high confidence of where the seizures were coming from,” Dr. Sun says.


Drs. Mani and Sun note that Alex benefited from having the procedure performed at a Level 4-accredited NAEC (National Association of Epilepsy Centers) Epilepsy Treatment Center like RWJUH. Level 4 Centers (the highest level of accreditation) have highly skilled and experienced multidisciplinary teams that can address complex cases like Alex’s. The

RWJUH and Rutgers RWJMS team includes epileptologists, subspecialty neurosurgeons, neuropsychologists, neuroradiologists, neuropathologists, electroencephalogram technicians, nurses, and more.

As a result of the procedure, the doctors identified a malformation of the outermost layer of Alex’s brain as the cause of his seizures. In July 2023, Dr. Sun performed open brain surgery to remove this abnormal tissue. Alex has remained seizure-free since.

A DREAM REVIVED

Alex graduated from the police academy in December 2024 and began his new job as a police officer in Aberdeen, where he is excited to serve the community. He hopes to continue teaching in


Epilepsy is not a rare disorder—1 in 26 people will develop it during their lifetime. It can occur on its own or alongside other health conditions of the brain.

Source: © 2024
Epilepsy Foundation

RWJBarnabas Health Epilepsy Centers

For quality care, visit one of RWJBarnabas Health’s highly rated epilepsy centers:

Level 4 Adult NAEC (National Association of Epilepsy Centers) Epilepsy Centers:

Cooperman Barnabas Medical Center, Livingston

Robert Wood Johnson University Hospital, New Brunswick

Level 3 Epilepsy Centers:

The Bristol-Myers Squibb Children’s Hospital (Pediatric), New Brunswick

Community Medical Center (Adult), Toms River

McMullen Children’s Center at Cooperman Barnabas Medical Center (Pediatric), Livingston

his new position, this time as a Law Enforcement Against Drugs officer for the school district.

“I couldn’t be happier—there isn’t a single day that goes by when I don’t think about how grateful I am for the doctors and how everything worked out,” Alex says. “I’m also beyond thankful for the support I have received from my mom, dad, brother, and extended family. I wouldn’t be where I am today without them.”

By sharing his story, Alex hopes to encourage others to keep pursuing their dreams no matter what obstacles they may face. “My advice is to not give up on anything,” he says. “I admit I was down when the medications weren’t stopping all the seizures and I had to leave the police academy. But I want young kids and even adults to know that if you have a dream—whatever it is—you need to have faith in yourself, your doctors, and God.”

To learn more about neurosurgery at RWJBarnabas Health, visit rwjbh.org/epilepsy.





NEXT-LEVEL CANCER CARE

PATIENTS NOW HAVE THE MOST ADVANCED RADIATION THERAPY OPTIONS CLOSE TO HOME.

Receiving a cancer diagnosis can be overwhelming enough without having to worry about where to find the best treatment—or how to get there. Fortunately for patients in New Jersey, optimal cancer care, including a number of advanced radiation therapy options, is available close to home.



BRUCE HAFFTY, MD

RWJBarnabas Health (RWJBH), together with Rutgers Cancer Institute, New Jersey's only National Cancer Institute-designated Comprehensive

Cancer Center, offers patients access to the latest, most advanced radiation therapy treatments, as well as a team of internationally recognized, board-certified radiation oncologists. A fully integrated network means that all patients receive the same high level of care at every location in the system.

"We have about 30 radiation oncologists throughout the system, and we all use the same quality metrics, the same dose constraints, and the same database," says Bruce Haffty, MD, System Director of Radiation Oncology at RWJBH and Rutgers Cancer Institute. "This allows us to share information and discuss any case at any time, including a patient's condition and treatment plan."

INNOVATIVE THERAPIES

Dr. Haffty says that nearly every radiation therapy technology that's currently available is offered through RWJBH and Rutgers Cancer Institute, including many cutting-edge technologies. Among these options are:

- **Proton beam therapy (PBT)**, which works by directing proton particles toward the tumor with pinpoint accuracy. Protons release their energy only at a certain depth, directly inside the tumor, so radiation is targeted directly to the cancer cells, minimizing damage to surrounding healthy tissues.

- **Stereotactic radiosurgery (SRS)**, which uses a high-dose, focused radiation beam. It targets both benign and malignant tumors of the brain.

- **Radionuclide therapy (RNT)**, also known as **unsealed source radiotherapy** or **molecular radiotherapy**, which relies on radioactive substances called

WHAT IS RADIATION THERAPY?

Radiation therapy is a cancer treatment that uses radiation to destroy cancer cells, shrink tumors, and keep them from recurring. In some cases, it can be used to treat benign conditions as well.

radiopharmaceuticals to treat cancer. Radiopharmaceuticals are approved for a number of cancers, and indications continue to expand. They are available to treat patients at several RWJBH facilities across the state.

- **Stereotactic body radiation therapy (SBRT)**, which delivers high-dose, precisely targeted radiation to small, well-defined tumors of the lung, liver, spine, and other sites. It uses advanced linear accelerator (linac) technology with image-guided treatment capabilities.

- **Gamma Knife radiosurgery**, which uses 192 tiny beams of precisely focused gamma radiation. It treats brain tumors and other brain abnormalities.

- **Intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT)**, which use advanced imaging and computer technology. The high-resolution, 3D imaging pinpoints tumor sites while protecting surrounding healthy tissue.

- **CyberKnife**, which uses robotic delivery and real-time image guidance to direct high-dose, focused radiation to tumors with extreme precision. It also minimizes exposure to surrounding healthy tissue. (See sidebar for additional information.)

- **Brachytherapy**, which is an internal radiation therapy. The radiation source is inserted directly into or next to a tumor to deliver radiation to a precise target.

- **Radioembolization/selective internal radiation therapy (SIRT)**, which is used primarily to treat inoperable liver tumors and metastatic colon cancer that has spread to the liver. It delivers radiation using tiny radioactive beads injected directly into the tumor.


According to the American Cancer Society, about **60%** of people with cancer in the United States will have radiation therapy.

THE CYBERKNIFE SYSTEM: HIGH-DOSE RADIATION DELIVERED WITH PRECISION

CyberKnife is one of the many advanced radiation treatments offered by RWJBarnabas Health and Rutgers Cancer Institute. Despite its name, CyberKnife is not an actual knife. It is a cutting-edge noninvasive, nonsurgical treatment that delivers targeted, high-dose radiation to cancerous and noncancerous tumors. Its pinpoint accuracy minimizes radiation exposure to surrounding healthy tissue and reduces the risk of side effects.

The technology uses a linear accelerator (linac) mounted onto a robot that moves around the patient to deliver accurate radiation from thousands of unique beam angles. It is the only system that verifies the exact position of the tumor and adjusts the robot to target it specifically. It features real-time motion synchronization, accommodating all types of patient and tumor movement, to deliver accurately targeted radiation and enable smaller treatment margins around the tumor. It also enhances patients' comfort by eliminating the need for uncomfortable restraints or for patients to hold their breath to stay still.

The technology can be used to treat a variety of conditions, including cancers of the head and neck, brain, prostate, spine, liver, and lung, as well as arteriovenous malformations, neuralgia, meningiomas, and neuromas. Good candidates for CyberKnife include patients who:

- have inoperable or surgically complex tumors
- seek an alternative to surgery or conventional radiation therapy
- have recurrent cancer or metastatic tumors
- are at high risk of developing complications after surgery
- have had prior radiation treatments

Depending on a patient's treatment plan, each session lasts 30 to 90 minutes over the course of five appointments in a two-week period.

- **Magnetic resonance-guided linear accelerator (MR-Linac)**, which is a highly advanced technology that combines a magnetic resonance imaging (MRI) scanner with a linac in one system. This allows doctors to more clearly see the size, shape, and location of the tumor,

as well as surrounding organs and tissue, in real time. This helps them deliver higher, more effective doses of radiation with pinpoint precision and adjust the dose as needed during the treatment. RWJBH has one of only 100 MR-Linacs in operation worldwide, and one of just two in New Jersey, available at the Jack & Sheryl Morris Cancer Center in New Brunswick. Another MR-Linac will be available at the Melchiorre Cancer Center at Cooperman

Barnabas Medical Center when it opens in early 2026.

"Because radiosurgery uses high doses of radiation, patients can often be treated in fewer sessions," Dr. Haffty says. "For example, patients with certain types of prostate cancer can be treated with stereotactic radiosurgery, which allows them to be treated with five radiation treatments, as opposed to six to eight weeks of radiation."

While radiation therapy is used primarily to treat cancer, it can also treat benign conditions. Less than 10 percent of the radiation therapy treatments performed by RWJBH and Rutgers Cancer Institute are for nonmalignant tumors and conditions, such as arterial venous malformations and some forms of osteoarthritis.

To learn more about our advanced cancer treatments, visit www.rwjbh.org/beatcancer.





HIP, HIP, Hooray

AN ACTIVE PATIENT FINDS RELIEF WITH ANTERIOR HIP SURGERY—NOT ONCE, BUT TWICE.

Melina El was forced to stop her workout routine due to severe pain in her left hip. “I thought it was just arthritis flaring up,” recalls Melina, who first started experiencing hip pain at the age of 52.

The pain subsided for a few years, but when it returned, over-the-counter drugs didn’t offer relief, so Melina booked an appointment with Richard S. Yoon, MD, FAOA, FAAOS, FIOTA, an orthopedic surgeon with RWJBarnabas Health Medical Group who is on staff at Jersey City Medical Center (JCMC).

“When Melina came to see me, she was in such severe pain, she could barely walk,” says Dr. Yoon, who is also a member of RWJBarnabas Health Medical Group. “She could barely perform daily activities like going to the bathroom, let alone her high-powered job as a legal assistant for a nationwide law firm.”

Dr. Yoon immediately performed an X-ray on Melina’s left hip. The imaging revealed bone on bone from advanced deterioration of the hip socket cartilage, which was caused by osteoarthritis—a degenerative joint disease for which there is no cure. “Replacement was the only option,” Dr. Yoon says.

Prior to the X-ray, Melina didn’t expect that she needed anterior hip surgery, but she recalled wanting it done “without hesitation,” as she desired to get back to her normal routine—one without pain.

Dr. Yoon spent plenty of time with her to explain the surgery, translate all the medical terms, and assure

Melina that he’d performed the surgery many times before. “The surgery achieved all of her goals—to have minimally invasive surgery and get back on her feet as soon as possible,” Dr. Yoon says.



RICHARD S. YOON, MD, FAOA, FAAOS, FIOTA

DELIVERING PRECISE CARE

Because anterior hip surgery is performed in between muscle intervals and requires no muscle to be cut during the procedure, for most patients it is a same-day surgery—meaning patients are up and walking the same day, and many even go home the same day. Using this technique, Dr. Yoon removed Melina’s arthritic hip during surgery at JCMC and replaced it with high-grade titanium alloy, ceramic, and plastic that could last 30 years or more.

The entire procedure averages less than two hours, and there are few precautions. “Patients can’t turn out their operative leg for six weeks,” Dr. Yoon says. “But they should start physical therapy on postoperative day zero to start early mobility and use a cane for as long as they feel unstable, though most patients barely use a cane after two weeks. The majority of patients ask for three months off from work but go back sooner.”

Melina followed this trajectory; she took off 60 days from work on short-term disability, then worked from home for 30 days. She was back to walking in public and taking public transportation in less than a month. Dr. Yoon says it’s typical for most patients to return to driving within four to six weeks.

COMMITTED TO RECOVERY

“A hip replacement only replaces the diseased bone, but the muscles and tendons that have been working hard and are inflamed need to be ‘retrained’ to account for the new mobility and lack of disease,” Dr. Yoon says. To do this, physical therapy (PT) is needed.

Melina received in-home PT several times a week with the goals of walking, climbing stairs, and entering and

exiting the shower safely. “After being able to complete these three things, I then began physical therapy at a JAG [Physical Therapy] facility that was located just about a mile and a half from my home,” she says.

She took her workouts seriously, and the additional practice she put in between appointments enhanced her recovery time. “I completed the exercises on my own on the days when the therapist was not there,” she says. “It was like homework—they expect you to do it, and they will be able to tell if you don’t.”

READY FOR ROUND TWO

After a year of returning to her normal activities, Melina started experiencing new pain—this time in her right hip. “I like to tell my friends my right hip became jealous of the new left hip,” she jokes. Dr. Yoon had prepared Melina for this scenario, given her degenerative osteoarthritis. Luckily, she knew exactly what to expect from her second hip surgery at JCMC and the recovery process.

“My body has responded well to both hip replacements,” says Melina, who has returned to her daily routine with the added activity of stretching regularly to keep her hips feeling limber. “I feel like myself again.”

Being able to return to her normal activities was her primary motivation for undergoing both hip surgeries. “Having constant pain and walking with a limp was not a comfortable way of living for me,” she says. “I felt very vulnerable when walking in public. The surgeries on my hips have given me back my quality of life. I now feel confident to walk, dance, be intimate with my partner, and swim again—all the things that I used to do.”

For more information about orthopedic services at RWJBarnabas Health or to find a physician, visit www.rwjbh.org/ortho.





GROWING UP GLUTEN-FREE

FROM KNOWING WHAT FOODS ARE SAFE TO BECOMING SELF-ADVOCATES, KIDS WITH CELIAC DISEASE NEED TO LEARN HOW TO MANAGE THEIR CONDITION.

Celiac disease is an autoimmune disease that can occur any time in life. About 1 to 2 percent of children have it. Although awareness is growing, many with celiac disease don't realize they have it because they have



ASHWIN AGRAWAL, DO, MA, MBA

no symptoms, the symptoms are minor, or they've had symptoms for so long that they think what they're experiencing is normal.

Celiac disease causes

an autoimmune response to gluten, a protein found in some grains, including wheat, barley, and rye. When gluten is consumed, villi—the small, finger-like projections lining the small intestine that help break down and absorb nutrients—become damaged. This can cause a variety of symptoms, from abdominal pain, bloating, nausea, vomiting, and diarrhea to hair issues, dental enamel problems, rashes, and migraines. In children, it can lead to poor growth, failure to gain appropriate weight or height, and delayed puberty. Untreated, it can lead to more-serious consequences such as increased risk of

certain cancers, infertility, and liver abnormalities, among others.

A CENTER OF SUPPORT

The Pediatric Celiac Disease Center, part of the Children's Health network at RWJBarnabas Health, is the only multidisciplinary pediatric celiac disease program of its kind in New Jersey. The center offers comprehensive care throughout the state for kids with celiac disease, including a team of gastroenterologists, dietitians, social workers, and mental health professionals.

The center has been honored by the Society for the Study of Celiac Disease as part of its Celiac Disease Unit Recognition Program, affirming that the center has demonstrated a significant commitment to delivering quality celiac disease diagnosis and treatment. It is one of only 10 such centers in the nation to have received this elite recognition.

"Having this designation means that when your child comes to us for concerns of celiac disease, they will get the most expert-level, cutting-edge, and evidence-based care available," says Ashwin Agrawal, DO, MA, MBA, a pediatric gastroenterologist, Medical Director for the Pediatric Celiac Disease Center, and a member of RWJBarnabas Health Medical Group.

The center also engages with families and children by offering programs throughout the year that often include gluten-free cooking demonstrations. "We try to help educate and bring a sense of community to people with celiac disease," Dr. Agrawal says.

TIPS FOR PARENTS

The only treatment for celiac disease is to be on a strict gluten-free diet. While this isn't easy for anyone, it can be especially challenging for kids, particularly when they're away from home. Fortunately, there are some simple ways to help kids adjust. Dr. Agrawal has these recommendations for parents:

- Seek a 504 plan at school to get special accommodations. Public schools and private schools that receive federal funding are required to provide gluten-free meal alternatives.
- Communicate with teachers about upcoming celebrations so that you can



**FOR PLAY DATES
AND SLEEPOVERS,
GIVE YOUR CHILD
GLUTEN-FREE SNACKS
TO TAKE ALONG IN CASE
GLUTEN-FREE OPTIONS ARE
NOT AVAILABLE.**

send in something similar but gluten-free for your child to enjoy.

- To help with impromptu food sharing, provide a few nonperishable gluten-free treats that can be kept in your child's classroom.
- For play dates and sleepovers, give your child gluten-free snacks to take along in case gluten-free options are not available.

Additionally, there needs to be a plan at home. "When one child in the household has celiac disease, families have to decide if everything is going to be gluten-free in the house for everyone, or if they are going to offer gluten-free things only to the person who has celiac disease," Dr. Agrawal says.

At a restaurant or friend's house, kids should self-advocate and politely inform waitstaff or caregivers that they can't eat gluten. They should also learn how to read labels, as there are different levels of "gluten-free"—from items that simply contain no wheat to certified gluten-free products. "When things are certified gluten-free, they've been tested by a lab to say they have less than 20 parts per million of gluten, which is the definition of being gluten-free," Dr. Agrawal says.

HOLIDAY HAZARDS

The holidays can be especially challenging for kids with celiac disease. "The majority of our holidays are food-based," Dr. Agrawal says. "Relatives often make their favorite dishes, and a lot of those can have gluten.

If you're going to a party, let others know your child has celiac disease and what that means. A lot of family members want to be supportive."

Parents also can create their own gluten-free fare. Cooking together is a great way to teach kids about diet-friendly dishes and potential hazards, and encourages them to be more adventurous with their food choices.

When it comes to shared dishes and buffets, whether at home or in a restaurant, watch out for cross-contamination. Using the same serving spoon for gluten and non-gluten food can pose a problem. To mitigate this risk, when possible, people with celiac disease should try to be the first ones getting food from the communal dishes before the food becomes cross-contaminated.

Holiday sweets pose another challenge as not all candy is gluten-free. Dr. Agrawal recommends consulting online resources, such as the Celiac Disease Foundation, to identify gluten-free products and using apps to scan barcodes to tell whether a product contains gluten.

With no current cure for celiac disease and a restrictive diet the only recommendation, work is underway to find alternate treatments. "From enzymes that might reduce the risk of contamination to injections and infusions that might be able to modulate the immune system, there's definitely a bright future," Dr. Agrawal says.

To learn more about the Pediatric Celiac Disease Center, visit www.rwjbh.org/childrenshealth.





FOOD WITHOUT FEAR

THESE TIPS WILL HELP THOSE IMPACTED BY
EATING DISORDERS AVOID THE CHALLENGES THAT
CELEBRATIONS AND SOCIALIZING CAN BRING.

Social gatherings are supposed to be a fun time shared between friends and family. But the combination of bountiful buffets, triggering social media, and stress to impress can create challenges for those vulnerable to disordered eating patterns.

“An eating disorder can negatively impact every body system and cause lifelong consequences, so early detection makes a significant difference in positive outcomes,” says Christine DeSouza, MS, RD, CEDS-C, nutrition coordinator for the Eating Disorders Program at Robert Wood Johnson University Hospital (RWJUH) Somerset. “Loved ones are in the best position to notice changes that could indicate an eating disorder, as they know their family and friends the best.”

When an evaluation is needed, RWJUH Somerset’s Eating Disorders Program can help. Part of RWJBarnabas Health’s Behavioral Health Services together with Rutgers Health University Behavioral Health Care, the program offers the full spectrum of inpatient

and outpatient care, and provides comprehensive, holistic treatment for adults and teens ages 14 and older in a newly renovated space designed to facilitate healing.

NAVIGATING THE NOISE

Whether you know someone who might be facing an eating disorder or struggle with the pressures yourself, these tips can help manage triggers during celebrations.

Social Media

An endless feed of recipes, cooking demonstrations, and appearance-focused content can precipitate negative thoughts. “Posts that label a dessert as a ‘better’ or ‘healthier’ version can sometimes feel triggering, because they suggest that the original is less acceptable,” DeSouza says. “This puts unnecessary judgment on food. Instead, we should aim to view all foods as neutral.”

The good news is that you have some control over your social media. If you don’t want to continue to see certain

posts, avoid clicking on them or hide those accounts. You also can log off from social media or simply turn off your phone altogether.

Parties and Dinners

Coworkers, friends, family, or servers may offer you food that you don’t want at celebrations. Instead of feeling pressured to take it, simply say, “No, thanks, I just ate,” or “I’m saving room for something else.” Family members might make well-intentioned yet unwanted comments that seem judgmental, but don’t engage them. At sit-down meals that make you uncomfortable, excuse yourself to go outside and get some air. You can also use the time to call a friend for support.

Additional strategies to help you get through social situations include:

- Inviting close family and friends to a trial meal to mentally prepare for a dinner
- Rehearsing specific responses to unwanted comments
- Role-playing with a therapist or dietitian to handle difficult situations

CONVERSATION STARTERS

Broaching the subject of an eating disorder can be delicate. If an issue is suspected, a caring, nonjudgmental approach can maintain trust and facilitate conversation. It's helpful to start with the bigger picture and then zoom in. Try these tips for initiating conversation:

- Gain a better sense of the person's mental health. (How's school or work going? How are things with your friends or family?)
- Ask about the person's physical health and eating habits. (Have you been feeling OK? How have meals been?) If they express difficulty, ask if there is anything you can do to make mealtimes easier.
- Thank the person for sharing and express that you can be a trusted resource for help.
- If you are a parent, make an appointment with your child's health-care provider to identify any issues and determine next steps.

Disrupted Routines

Attending events can throw off routines and proper nutrition. Don't skip meals or cut back earlier in the day in anticipation of a big dinner. Instead, try to maintain a regular eating pattern throughout your day.

Food-Focused Socializing

Even when it comes to celebrations that aren't typically centered around food, social events often involve snacks. To minimize your temptation, try standing or sitting away from serving areas. You also can plan activities that don't leave much time for snacking, such as sporty outings or a game night. DeSouza urges people to remember the purpose of the get-together is to spend time with family and friends—not focus on food.

A CIRCLE OF SUPPORT

Having a strong support system is essential when dealing with an eating disorder. Here are some ways to provide aid to those in need:

Make Home a Haven

Home should be a safe place where calm family meals are prioritized. Avoid negative self-talk, comments about dieting, or appearance-focused remarks, as these can unintentionally reinforce harmful ideas. For individuals already more vulnerable, added stress can make it harder to cope. A supportive home environment can make all the difference.

When to Say Something

Because everyone has their own patterns, it's best to look for changes in a person's

general demeanor compared with a couple of months ago. (See the sidebar "Top 10 Signs to Watch For.") "If a person is making negative changes in their life that are not indicative of their normal self, you might want to think about talking to them," DeSouza says.

To open the lines of communication, approach the person in a caring, nonjudgmental way. Instead of focusing on food, weight, or appearance, ask questions about their general well-being. (For specific ideas, see the sidebar "Conversation Starters.") "Just letting the person know you're there for them can go a long way," she adds. "Respect their pace and comfort level—they'll share when they feel ready."

Seeking Outside Help

The Eating Disorders Program at RWJUH Somerset offers a multidisciplinary team of psychiatrists, nurses, dietitians, and therapists who work collaboratively to monitor nutritional rehabilitation. They partner with families and provide education on everything from meal planning and coping skills to identifying triggers and more.

Located on the hospital's Somerville campus, inpatient services include access to additional medical disciplines such as gastroenterology, endocrinology, and family medicine. If a different level of care is needed, partial hospitalization

TOP 10 SIGNS TO WATCH FOR

"Eating disorders can affect anyone, regardless of body size, shape, appearance, gender, or race—you can't determine who is struggling based on looks alone," says Christine DeSouza, MS, RD, CEDS-C, nutrition coordinator for Robert Wood Johnson University Hospital Somerset's Eating Disorders Program. While it's not always apparent, picking up on changes in normal lifestyle patterns can help address potential issues before they become a problem.

Here are 10 signs to look for:

1. Mood swings, irritability, or anxiety
2. Ongoing complaints of stomachaches, nausea, or dizziness
3. Changes in clothing style or wearing baggy clothing
4. Skipping meals, calorie counting, or excessive exercise
5. Frequently bringing home uneaten food from packed school lunches
6. Regularly using the bathroom after meals
7. Shifting perspectives around food, such as eliminating entire food groups, or making sudden or extreme dietary changes
8. Negative body comments or self-deprecating statements
9. Frequent mirror checking
10. Weight fluctuations (although this is not a reliable indicator)

and intensive outpatient care also are available. During an initial evaluation, the team decides the appropriate level of care or whether the patient should see an individual local provider.

"If you notice that someone is struggling or is not acting like themselves, and you're concerned for their health or safety, we're here," DeSouza says.

For more information about the Eating Disorders Program, call 800.300.0628 or visit www.rwjbh.org/eatingdisorders.





NOURISHING NEIGHBORHOODS

NEW INITIATIVES EXPAND ACCESS TO HEALTHY FOOD AND IMPROVE COMMUNITY WELLBEING.

The term “food insecurity” may bring to mind hunger or not knowing where someone’s next meal will come from. “But the concern is not just about having food,” says Balpreet Grewal-Virk, PhD, Senior Vice President, Community Health, RWJBarnabas Health (RWJBH). “It’s also about the impact of foods people eat and issues such as affordability and access.”

Such issues are known as social determinants of health—nonmedical factors that directly affect health outcomes and overall wellness. “RWJBarnabas Health has always had a critically important clinical focus, but more than ever, we’re also invested in social determinants of health,” Grewal-Virk says.

OFFERING HEALTHY OPTIONS

Almost 1 million people in New Jersey face hunger daily due to food insecurity. What’s more, over a quarter of neighborhoods are identified as food deserts or food swamps. These are areas where fast foods and processed foods are easier to find and are often cheaper to

buy than healthier options such as fresh fruits and vegetables. Lack of affordable access to healthy food is associated with higher risks of chronic conditions such as diabetes, obesity, heart disease, and mental health disorders.

One recent investment is a first-of-its-kind initiative in Newark called Harvest: An RWJBH Farm-to-Community Center. A collaboration with Urban Agriculture Cooperative, the center is a hub for

programs that expand access to nutritious food, provide comprehensive nutrition and wellness education, and support local businesses, including our New Jersey farmers.

“As health-care providers, we are committed to helping our communities not only manage or treat disease, but help to prevent it as well,” says Barbara Mintz, Senior Vice President, Social Impact and Community Investment, RWJBH. “We want our communities to be healthy and thriving. A healthy food system is linked to healthier communities. Harvest addresses this by increasing access to healthy farm food





Opposite page, top: RWJBarnabas Health leadership, along with state and local elected officials and key stakeholders, gathered to announce the plans for Harvest: An RWJBH Farm-to-Community Center in June 2025. **Opposite page, bottom:** The Food Farmacy at Saint James Health is located in the Ironbound section of Newark. **Above left:** The Beth Greenhouse at Newark Beth Israel Medical Center. **Above right:** A rendering of the demo kitchen at Harvest

and nutrition education, bringing those components together.”

The Harvest program, located in the heart of Newark, addresses root causes of food insecurity by concentrating innovative, holistic services under one roof. Key features include:

Farm-to-table food distribution: Harvest provides a centralized hub for storing, packaging, and distributing food from New Jersey farmers. Local residents gain access to fresh fruits, vegetables, eggs, meat, and more through community partners such as federally qualified health centers, schools, and food pantries.

Consultation and wellness offices: Registered dietitians and Supplemental Nutrition Assistance Program (SNAP) Navigators educate community members on healthy eating and meal preparation. Community Health Workers also offer support for new mothers and families, and meet with residents to find providers, coordinate medical appointments, and access transportation or other health-related services. Other spaces support operations, host community partners, and facilitate presentations and conferences.

Demonstration and teaching kitchen: A fully equipped kitchen is available for cooking demonstrations, nutrition education classes, and lunch-and-learns. It serves local students, community groups, and organizations through preregistered programs.

Commercial kitchen: This state-of-the-art facility allows local chefs, caterers, food entrepreneurs, and culinary students to enhance their

operations, support their businesses, and benefit from training.

The Harvest program hopes to help build small businesses, create jobs, support New Jersey farmers, and encourage anchor institutions or corporations to purchase locally. “A healthy food system helps stabilize the community’s economy,” Mintz says.

SYSTEMWIDE SUPPORT

RWJBH hopes to replicate the Harvest model elsewhere in the state, reinforcing its initiatives across New Jersey that already expand access to nutritious food. Examples include four food “farmacies”—two in Newark and one each in Jersey City and New Brunswick—where registered dietitians counsel patients one-on-one, providing recommendations for food choices available on-site. Advice is customized to a patient’s condition and cultural preferences. A Women’s Wellness Pantry at Newark Beth Israel Medical Center (NBIMC) further focuses on pregnant women and families with young children.

“Food is medicine, and these local food hubs help manage and prevent diseases and comorbidities,” Mintz says.

Through March 2025, these four food farmacies served almost 89,000 individuals and provided a total of 429,400 pounds of food, along with necessities such as 593,800 diapers.

Another example is the hydroponic Beth Greenhouse at NBIMC, which

grows and donates or sells fresh produce through the Beth Farmers Market, often in conjunction with education programs at the Rev. Dr. Ronald B. Christian Health and Wellness Center. A similar greenhouse is planned to complement the Sadie Vickers CommUnity Garden associated with Community Medical Center in Toms River.

Statewide programs include having SNAP Navigators available at all 12 RWJBH hospitals to guide low-income families through the application process for and enrollment in the federal food-assistance program and connect them with local food resources.

Other statewide initiatives include nutrition education available for children and families through KidsFit, which cultivates healthy lifestyles and behaviors through offerings such as a cooking class called Hannah’s Kitchen. In addition, RWJBH recently expanded a partnership with Share My Meals, a food recovery program now in place at all RWJBH hospitals. The program redistributes surplus food from cafeterias to local families experiencing food insecurity.

By strengthening local food systems, RWJBH and its community partners seek not just to improve food security and equitable access to food. “With this focus, we’ll help improve the physical and economic health of individuals and communities,” Grewal-Virk says.

To learn more about healthy food initiatives at RWJBarnabas Health, visit www.rwjbh.org/harvest.



A NEW ERA IN NURSING

RWJBARNABAS HEALTH SCHOOL OF NURSING EXPANDS WITH A NEW LOCATION IN OCEANPORT.

Nurses are the backbone of patient care, the essential link between patients, physicians, and families. They combine clinical expertise with compassion, translating complex medical information into meaningful guidance and reassurance. As the eyes and ears of the health-care team, nurses assess, advocate, and communicate to ensure that every patient receives safe, coordinated, and holistic care.

Yet today, the nursing profession faces significant challenges. Across the nation and here in New Jersey, a shortage of nurses continues to grow, driven by factors such as an aging workforce, rising health-care demands, occupational fatigue, and a shortage of qualified nursing faculty. According to the New Jersey Collaborating Center for Nursing, the state is projected to face a shortfall of more than 24,000 nurses within the next decade.

To meet this challenge head-on, RWJBarnabas Health (RWJBH) is expanding its investment in the future of nursing through the RWJBarnabas Health School of Nursing. Building on its strong foundation in Elizabeth on the campus of UCNJ Union College of Union County, NJ, the school has opened a second location at Fort Monmouth's Squire Hall in Oceanport, where the first class of 53 students began its journey this past fall.

The 40,000-square-foot, state-of-the-art space, which also houses The Institute for Nursing Excellence, features advanced simulation technology, experienced faculty, and immersive hands-on training opportunities. A dedicated Student

Resource Center further supports academic success and professional growth.

HELPING NURSES THRIVE

Nurses are at the core of New Jersey's largest and most comprehensive health system, which now cares for more than 5 million people each year. "Let me be clear, without our 11,000 nurses, there would be no RWJBarnabas Health," says Mark E. Manigan, President and Chief Executive Officer, RWJBH.

RWJBH's commitment to nursing extends far beyond the classroom.

Since its founding in 1891 as the Elizabeth General Training School, the RWJBarnabas Health School of Nursing, formerly Trinitas School of Nursing, has upheld a legacy of excellence. It is New Jersey's longest-operating nursing school and among the oldest in the nation.

"Our investment in nursing merely starts with the School of Nursing, but it does not end there," Manigan says. "Through The Institute for Nursing Excellence and The Center for Professional Development, Innovation and Research (CPDIR), RWJBH provides nurses with support and training, as



Some of the inaugural RN Track students at the RWJBarnabas School of Nursing's Oceanport location along with Mark E. Manigan, President and Chief Executive Officer of RWJBarnabas Health (RWJBH), and Mary Beth Russell, PhD, RN, Executive Dean of the RWJBarnabas Health School of Nursing and Senior Vice President, The Center for Professional Development, Innovation and Research, The Institute for Nursing Excellence at RWJBH



Leaders from RWJBarnabas Health and UCNJ Union College of Union County, NJ, along with state and local elected officials, celebrate the opening of the RWJBarnabas Health School of Nursing in Oceanport.

COOPERATIVE PROGRAM FEATURES

The RWJBarnabas Health School of Nursing's Cooperative Nursing program is available at its two locations—Elizabeth and Oceanport. The program offers:

- Financial aid and scholarships
- Student support and tutorial services
- An administrative student liaison
- Academic and personal counseling
- Computer labs and learning and a simulation center
- Clinical hours at RWJBarnabas Health (RWJBH) facilities
- Postgraduate employment opportunities with RWJBH
- The opportunity to pursue credits toward a Bachelor of Science in Nursing degree

well as opportunities for growth throughout their careers.”

The RWJBarnabas Health School of Nursing—as it was officially renamed in March—will continue to offer programs at its Elizabeth location, maintaining its valued partnership with UCNJ. “We appreciate the incredible partnership and collaboration with UCNJ’s administration and leaders who were instrumental in making this possible,” says Nancy Holecsek, MAS, MHA, BSN, RN, FNAP, Executive Vice President and Chief Nursing Officer, RWJBH. “Our collective vision for providing students with a learning environment conducive to developing the knowledge, skills, and attitudes required to become competent, professional nurses will continue to be reflected in our nursing school philosophy.”

RWJBH is excited to be a part of investing in the future of nursing. “These students will learn more than they ever imagined, grow into competent and confident professionals, and make a difference that will ripple far beyond those walls,” adds Mary Beth Russell, PhD, RN, Executive Dean of the

RWJBarnabas Health School of Nursing and Senior Vice President, CPDIR, The Institute for Nursing Excellence at RWJBH.

AVAILABLE PROGRAMS

The RWJBarnabas Health School of Nursing offers Generic Registered Nurse (RN) and Cooperative Nursing programs at both its Elizabeth and Oceanport locations. The Cooperative Nursing program awards a diploma in nursing from the RWJBarnabas Health School of Nursing and an Associate of Science degree from UCNJ. Licensed practical nurses (LPNs) who want to

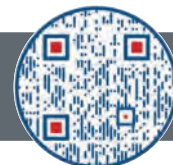
advance their careers can register for the LPN to RN program in Elizabeth.

Those who successfully complete their education at the RWJBarnabas Health School of Nursing earn a total of 65 credits and upon graduation become eligible to sit for the National Council Licensing Examination for Registered Nurse Licensure.

PROSPECTIVE STUDENTS

	APPLICATION SUBMISSION	DECISION NOTIFICATION FROM RWJBH SCHOOL OF NURSING	APPLICANT ACCEPTANCE DECISION BY
GENERIC RN FALL 2026 SEMESTER	MAY 1-JUNE 30	JULY 15	JULY 19
LPN TO RN FALL 2026 SEMESTER	MAY 1-JUNE 30	JULY 10	JULY 14

To learn more about the RWJBarnabas Health School of Nursing, visit www.rwjbh.org/nursingschool.



FIGHT FLU

**FOLLOW
THIS SIMPLE
CHECKLIST TO
HELP YOU STAY
HEALTHIER WHEN
INFLUENZA
SPREADS.**

Influenza isn't strictly seasonal: Flu viruses can infect people year-round. "But when weather turns colder,

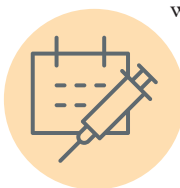
we tend to see more respiratory illness—both because we're indoors with other people more and because cold air helps flu viruses spread faster," says Jessica Mathew,



JESSICA MATHEW, DO

DO, a primary care provider with Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group. She says you can counter flu's seasonal

edge by preventing infection, reducing symptoms, or vanquishing the virus with steps like these:



GET VACCINATED

If you didn't already receive your annual flu vaccine, it's not too late

for an inoculation that can prevent infection or shorten the duration of your illness if you get sick. "Flu typically causes symptoms such as mild fever and decreased appetite, but for some people, such as children and older adults, an influenza infection can become more severe and may even result in hospitalization," Dr. Mathew says. "Vaccination reduces these risks."



WASH HANDS REGULARLY

Good hand hygiene means washing away germs that you can easily pick up from surfaces. "Wash with soap and water before eating or after any activities where hands may have contacted viruses," Dr. Mathew says. Also avoid touching your face—where mucous membranes in the eyes, nose, and mouth are highly susceptible to infection—and cough or sneeze into your elbow rather than your hand to help prevent spreading viruses you might carry.



PRACTICE HEALTHY HABITS

Maintaining a well-balanced diet, getting enough restful sleep, and drinking plenty of fluids help the immune system fight off challenges such as viral infections. In addition, keeping physically active is especially important during cold weather, when remaining indoors tends to curtail movement. "Even stepping outside for a 10-minute walk can help you stay active while also exposing you to fresh air and sunlight, which can further bolster the immune system," Dr. Mathew says.



SEEK TREATMENT

Mild flu symptoms might eventually resolve on their own with rest, hydration, and over-the-counter remedies such as acetaminophen or nonsteroidal anti-inflammatory medications; cough and congestion relievers; and warm liquids such as soup and tea. But if symptoms like fever, lack of appetite, or body aches don't respond to home treatment—or get worse—consult your primary care physician. Your doctor may prescribe antiviral medication that can help control the infection, especially when administered within 48 hours of the onset of your symptoms.

To learn more about primary care or to make an appointment, visit www.rwjbh.org/medgroupprimarycare.



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Two of our hospitals, Robert Wood Johnson University Hospital and Cooperman Barnabas Medical Center, have earned recognition as Best Regional Hospitals, ranking in the top 10 in New Jersey, and in the top 25 in the competitive Mid-Atlantic Region. Our hospitals throughout New Jersey have been recognized for quality in a variety of specialties: cardiac and cancer care, neurology and orthopedic surgery, and more. [Learn more at **rwjbh.org/usnews**.](https://rwjbh.org/usnews)

