A GAME CHANGER
FOR RUTGERS SPORTS

MYTHS, DEBUNKED
DELICIOUS
DISHES
TO CONTROL
DIABETES
KEEP YOUR ANKLES
SAFE AND STRONG

SEE THE
DOCTOR
ONLINE!
PAGE 9

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ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY

FALL 2019
Patients and staff on the medical surgical unit 3E will see a transformation as the unit undergoes a total renovation.

The project, which began over the summer, encompasses clean lines, soothing colors and plenty of natural light. It was designed with input from staff to ensure maximum comfort and efficiency.

The new 3E, which also cares for bariatric and joint replacement patients, will have eight private rooms and eight semi-private rooms. Each patient room will have a computer for nurses and physicians. Gasses and vents will be integrated into the headwall, and handwashing stations for each room will be recessed to allow clean lines in the hallway. Sliding glass doors will help maximize space and light in the rooms.

The unit will also feature an exam room and multipurpose room for physical therapy, as well as an open nursing station and a private area for case management and social work. A comfortable lounge will allow families to get a break and beverages.

The project is being handled by DIGroupArchitecture of New Brunswick.

"The goal is for 3E to be patient-focused, family-friendly and efficient for medical and hospital staff," says Kirk Tice, President and CEO of Robert Wood Johnson University Hospital Rahway. "Most important of all, it will be conducive to healing."
2. WELCOME LETTER. A community update from our CEOs.

4. ‘I’M YOUNG AND I WANT TO LIVE.’ How one local woman took control of her diabetes, with help from RWJUH Rahway.

6. LEARNING TO LOVE YOUR ANKLES. Give these sturdy, yet vulnerable, joints a little tender loving care, and they’ll always carry you through.

8. GIVING FOR A GOOD CAUSE. Friends and neighbors are joining to help RWJUH Rahway provide excellent care.

9. 10 TIMES TO USE TELEMED. A virtual doctor visit can be the fastest way to feel better.

10. GAME CHANGER. The RWJBarnabas Health Athletic Performance Center at Rutgers University kicks off a new era for Rutgers sports.

12. THE A-TEAMS FOR ADVANCED HEART FAILURE. Two RWJBarnabas Heart transplant programs offer world-class, close-to-home care for New Jersey residents.

14. CANCER: WHERE TO CALL FOR HELP. Now there’s a single phone number for clear and compassionate answers about treatment.

16. BEYOND BRAIN INJURY. A new partnership provides resources to people living with traumatic brain injury.

17. PAIN, NUMBNESS, TINGLING, WEAKNESS: WHAT’S CAUSING IT? There are two likely culprits.

18. 7 THINGS YOU SHOULD KNOW ABOUT LUNG CANCER. Screening and other smart steps to take.

20. THE ROAD TO CARDIAC RECOVERY. Rehabilitation speeds the journey.


22. COMMUNITY CALENDAR. A roundup of health, education, screening and support programs.
At one memorable visit, Donna Whaley’s doctor gave her news she didn’t want to hear: She had Type 2 diabetes and would need to be on medication.

Though unwelcome, the news wasn’t entirely surprising. “I had been in denial for years,” Donna recalls. “My weight

HOW ONE LOCAL WOMAN TOOK CONTROL OF HER DIABETES—
WITH HELP FROM RWJUH RAHWAY.

A

EATING SMART, EATING WELL

The recipes at right provide advantages no matter where a person is on the prediabetes or diabetes spectrum, says Diane Weeks, a registered dietitian who leads healthy cooking classes at the RWJ Rahway Fitness & Wellness Center in Scotch Plains (see calendar on page 22). “If you have prediabetes, you may want to lose a few pounds and avoid large portions of refined carbohydrates that may raise your blood sugar level,” she says. “If you have prediabetes or diabetes, you are at increased risk for cardiovascular disease, so you want to be mindful of sodium and saturated fats that raise your ‘bad’ cholesterol levels. You also want to eat nutrient-rich, anti-inflammatory foods. These recipes address all these factors, don’t take too long to prepare and are really tasty!”

PAPRIKA CHICKEN AND CHICKPEAS

Serves 6

INGREDIENTS:
- 3 tablespoons extra-virgin olive oil
- 6 bone-in chicken thighs, skin and fat removed
- 1 large onion, finely chopped
- 1 red bell pepper, finely chopped
- ¼ cup tomato paste
- 3 cloves garlic, minced
- 1 tablespoon paprika
- 1 15-ounce can no-salt-added diced tomatoes
- 1 15-ounce can no-salt-added chickpeas, undrained
- Freshly ground black pepper, to taste
- ½ teaspoon kosher salt

DIRECTIONS:
- In a large, heavy pot, heat the oil until shimmering hot over medium heat. Sauté the chicken until browned, 3–4 minutes per side. Remove to a plate.
- Sauté the onion and red pepper until they start to brown, 4–5 minutes.
- Stir in the tomato paste and cook, stirring often, until it starts to darken, 2–3 minutes.
- Stir in the garlic and paprika and cook, stirring constantly, for 1 minute.
- Stir in the tomatoes and chickpeas with their liquid. Return the chicken and any juices to the pot. Reduce the heat to low, cover and gently simmer until the chicken is tender and cooked through, 15–20 minutes.
- Season with pepper and up to ¼ teaspoon of salt.
was increasing. I was always hungry and thirsty, and my vision was blurry when I drove.”

She was afraid of blindness, amputation, stroke and the myriad other possible complications of diabetes. But something her doctor told her had stuck with her: “You can beat this,” the doctor had said, “and live a healthy life.”

Donna was up for the challenge. “I’m young and I want to live,” says the 54-year-old Union Township resident. “My ‘why’ is to be a healthier person and to get off medication.”

STEP BY STEP
She began by going to the Diabetes Self-Management Program at Robert Wood Johnson University Hospital (RWJUH) Rahway. There, she learned how to monitor her blood sugar and about food pairings that would help balance it. She also learned that if she lost weight, continued to exercise and consistently ate balanced, nutritious meals, she could ultimately be taken off her medication.

Donna joined a weight-loss program through her church, Agape Family Worship Center in Rahway. She took a hard look at her diet and began making cuts and substitutions.

Instead of super-sized sodas, she drinks water flavored with lemon. She no longer eats bagels and submarine sandwiches, opting instead for whole grains, tuna, chicken or salads. Her go-to for breakfast is oatmeal, and she has a salad with every meal. For a snack, she will spread peanut butter on apple slices. She doesn’t go to a party hungry.

With a friend, Donna now regularly walks the local high school track for 12 to 18 laps, then goes up and down the bleacher steps. She’s trying new things: Recently, she took a water aerobics class and participated in a 5K race/walk.

CELEBRATING PROGRESS
Her quest to beat Type 2 diabetes goes on. In the summer, Donna took a free, six-week diabetes management class, funded by Merck and led by experts at RWJUH Rahway and The Gateway Family YMCA–Rahway branch. There, she learned more about controlling blood sugar through food and exercise.

And she’s seeing results. Donna has lost 27 pounds and is well on her way to reaching her goal of losing 50 pounds. Her A1C number—a measure of average blood sugar level over the past two to three months—had been around “8 or 9 percent” and is now 5.1 percent. She has been able to reduce her medication.

“Yes, I am celebrating my progress,” Donna says, “but this is a journey that I’m still on. It’s all about making the necessary adjustments that will help me to become healthier and live my best life.”

THE ABCs OF THE A1C TEST
WHAT IT IS: a simple blood test that measures a person’s average blood glucose (sugar) level over the preceding two or three months.

WHAT IT MEASURES: percentage of hemoglobin (a protein in red blood cells that carries oxygen) coated with sugar.

WHAT THE NUMBERS MEAN: the higher the level, the higher your risk of developing diabetes or complications of diabetes. As a general rule, below 5.7 percent is normal; from 5.7 to 6.4 percent indicates prediabetes; and 6.5 percent or above indicates diabetes.

RWJUH RAHWAY CAN HELP
For personalized help with diabetes management, or to avert diabetes if you are prediabetic, call the RWJUH Rahway Diabetes Self-Management Center at 732.499.6109. For information about the next six-week Lunch and Learn program at The Gateway Family YMCA–Rahway, call Leeanne Muller at 732.388.0057.

STEWED BUTTERNUT SQUASH AND SPINACH
Serves 8

INGREDIENTS:
• ¼ cup extra-virgin olive oil
• 1 onion, diced
• ¼ cup golden raisins, minced
• 3 cloves garlic, minced
• ¼ teaspoon garam masala
• ¼ teaspoon black pepper
• 1 15-ounce can no-salt-added diced tomatoes
• 4 cups ½-inch cubes butternut squash
• 1 lb. baby spinach
• ½ teaspoon kosher salt

DIRECTIONS:
• In a large, heavy skillet, heat the oil over medium heat. Cook the onion until it starts to brown, about 5 minutes.
• Stir in the raisins, garlic, garam masala and pepper. Add the tomatoes and simmer until thickened, 5–7 minutes.
• Add the butternut squash and 1 cup of water. Simmer until the squash is tender, about 20 minutes.
• Stir in the spinach.
• Season with up to ½ teaspoon of salt.

LEARNING TO LOVE YOUR ANKLES

GIVE THESE STURDY, YET VULNERABLE, JOINTS A LITTLE TENDER LOVING CARE, AND THEY’LL ALWAYS CARRY YOU THROUGH.

To find a foot and ankle specialist at RWJUH Rahway, call 888.724.7123 or visit www.rwjbh.org/ortho.
Our ankles literally carry us through our days, allowing us to walk, dance, run and play sports. Yet these joints can be vulnerable to the substantial force they are required to absorb. It’s not surprising that 25,000 people reportedly sprain an ankle each day. “Ankle sprains are the most frequent injuries I see,” says Chudi Mgbako, DPM, a podiatrist and foot and ankle specialist with Robert Wood Johnson University Hospital (RWJUH) Rahway.

“Doctors and patients often don’t take these sprains seriously enough,” says Dr. Mgbako. “A common misconception is that all sprains are the same and can always be treated adequately with icing and rest. Yet they all need to be X-rayed and evaluated by a physician.”

Types of Injuries

The ankle joint is made up of three bones: the tibia (or shinbone), the fibula (the smaller bone of the lower leg) and the talus, a small bone that sits between the heel and the other two. A number of ligaments surround the ankle, binding the bones of the leg to each other and to those of the foot.

With a sprain, one or more of these ligaments is damaged by an accidental twist or turn of the foot. Sprains often happen quickly from stepping off a curb, rolling the ankle while running or tripping in high heels.

There are several levels of sprains, says Dr. Mgbako:

A Grade 1 sprain, which consists of a slight stretch but no ligament tears, generally becomes better within five days to a week. Treatment involves rest, ice, ankle range-of-motion exercises and an elastic bandage or ankle brace.

A Grade 2 sprain, with partial tears, requires the same treatment, but a longer period of rest—between two to four weeks. Physical therapy is sometimes required.

A Grade 3 sprain, where ligaments are completely torn, usually requires either a boot or a cast with crutches, and two weeks of immobilization in order for ligaments to repair. Physical therapy is recommended for every sprain of this type.

Fractures are another common ankle issue. These can range from avulsion injuries, where small pieces of bone have been pulled off, to shattering breaks of the tibia, fibula or both. Fracture symptoms include inability to walk, swelling, pain at touch and deformity around the ankle. A bone that breaks through the skin is a compound fracture and is more serious than a simple fracture.

Whether a fracture requires surgery depends upon the type of injury and whether the fractured bones have been displaced, Dr. Mgbako says. A non-displaced fracture, without injury to the ligaments of the medial—or inner—side of the foot, usually heals without surgery. If inner and outer bones are fractured, however, surgery is usually required.

Long-term Damage

Dr. Mgbako often sees patients who’ve had chronic ankle sprains that haven’t been treated appropriately. Scar tissue also may develop in an untreated ankle sprain, along with inflammation. In these cases, surgical repair is sometimes needed to clear the scar tissue from the area.

An inadequately treated sprain can result in other conditions as well. “Once ligaments have been pulled and stretched over a long period, they lose their elasticity, resulting in an unstable ankle,” explains Dr. Mgbako. Ankle instability is characterized by a repeated giving way of the outer side of the ankle. This is accompanied by a sense of imbalance or wobbliness, especially when walking on uneven surfaces. Tenderness and swelling may also be present.

“Sometimes people don’t even realize they need treatment, but continue to sprain their ankle,” says Dr. Mgbako. “Over time, this can cause the breakdown of cartilage, the cushion that separates bones in the ankle joint. When that breaks down, it eventually can cause bone-on-bone arthritis.”

Dr. Mgbako notes that osteoarthritis, the most common form of the condition, can also result from normal wear and tear. In that case, stiffness and swelling can make walking difficult, especially on steps or uneven surfaces.

Treatment for ankle arthritis includes strength-building exercises, as well as custom ankle braces and anti-inflammatory medications. If pain persists, injections of cortisone may be used before surgical options are considered.

For severe ankle arthritis, fusion of the ankle—in which remaining cartilage is removed and hardware is used to hold the joint in place—was once the only surgical option. Total ankle replacement is a newer surgery in which weight-bearing parts of the ankle are resurfaced. This procedure allows more normal ankle function and movement.

Protecting the Ankle

There are a number of ways that you can help protect this important joint. One of the best is to pay attention to your body’s signals and slow down if you feel fatigue or discomfort. Other tactics include:

- Wear well-supported shoes, which can help prevent rolling of the ankles. Avoid high heels or flat sandals.
- For support, use an elastic ankle brace or cuff.
- Avoid walking on uneven terrain, or use a cane.
- Try range-of-motion, balance and flexibility exercises to strengthen ankles.

If you injure your ankle and pain and swelling persist for more than a few days, be sure to consult your physician.
GIVING FOR A GOOD CAUSE

Here are just a few of the ways friends and neighbors are joining to help RWJUH Rahway provide excellent care.

INFUSIONS WITH LOVE
Elizabeth resident Irene Wodzinski has been receiving care in the Robert Wood Johnson University Hospital (RWJUH) Rahway Infusion Center for more than a decade. “I am here every four months and spend several hours here each time,” she says. “All the patients here are like family. We comfort each other. And the staff is just wonderful! They know how to put us at ease and create a homey feeling.”

Irene also enjoys the recently renovated and upgraded facility. “The new, larger center makes the whole experience even more comfortable.” But most important of all is the quality of care she receives, Irene says. “The nurses are top-notch. It’s a good feeling to know that everyone is on their toes and ready to answer my questions. I get a level of attention I could not get at a larger hospital.”

In appreciation of the care she receives at RWJUH Rahway, Irene financially contributes to ensure that others can have the same positive patient experiences that she has had. Like Irene, you can impact the health of your community by supporting RWJUH Rahway. For more information, call 732.499.6135.

At left, Irene Wodzinski with one of her favorite nurses at RWJUH Rahway, Diana Hopper, RN.

WHAT BREAST CANCER PATIENTS NEED
Joanne Wilkerson, a 25-year breast cancer survivor, formed a walking group two years ago to encourage health and wellness at the community level. The Joanne Wilkerson/Point2Prove Walkers Fund at Robert Wood Johnson University Hospital Rahway provides items related to breast cancer for patients in need, such as wigs, bras and transportation to and from treatment.

To support the fund, text “Wilkerson” to 41444 or make your gift online at www.rwjbh.org/rahwaypoint2prove.

Above, Joanne Wilkerson, in pink cap, with walking group friends and with her surgeon, Anthony Tonzola, MD.

WALK, RUN, HAVE FUN!
The Running with the Devils 5K Run and Family Fun Walk takes place this year on Saturday, Nov. 2, at the Essex County South Mountain Recreation Complex in West Orange. The annual event brings participants from around the state to support the commitment of RWJBarnabas Health and the New Jersey Devils to build healthier communities by promoting healthy lifestyles and world-class healthcare. Sign up for our team and help support RWJUH Rahway! To learn more and to register, visit www.rwjbh.org/runningwiththedevils.

Above: Last year, RWJUH Rahway won a trophy for having the highest percentage of employees registered in its region.
With the RWJBarnabas Health TeleMed service, patients can reach a U.S. board-certified doctor at any time of day or night, including weekends and holidays. The how is simple: Download an app for iOS or Android and connect via smartphone, tablet or computer.

But why might you choose to use TeleMed rather than make an appointment with your doctor? At right are some circumstances that might make a virtual visit a good choice.

TeleMed is appropriate for common complaints such as colds, flu, fever, minor rashes, earache, sinusitis, migraine, abdominal pain, allergies, pink eye and joint pain.

CALL 911 IF...
TeleMed is not for emergencies. Call 911 or go to the nearest emergency department if you are experiencing any of the following emergency medical problems:
- Chest pain or pressure
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Difficulty breathing or shortness of breath
- Sudden dizziness, weakness, change in vision, slurred speech, numbness or other neurological changes
- Severe or persistent vomiting or diarrhea
- Severe abdominal pain
- Changes in mental status, such as confusion
- Assault, physical or sexual abuse
- Broken bone

A VIRTUAL DOCTOR VISIT CAN BE THE FASTEST WAY TO FEEL BETTER.

You get sick while on vacation.
Your doctor's office is closed.
You need care for a sick child, but can't leave your other children home alone.
You can't get a same-day appointment with your doctor.
You feel too sick to leave the house.
You're out of town and realize you forgot a prescription.
You live in a rural area, making doctor visits and follow-up visits inconvenient.
You don’t have time to wait in a waiting room.
It’s difficult to take time off from work to go to the doctor.

To learn more or to sign up for the RWJBarnabas Health TeleMed service, visit www.rwjbh.org/telemed.
As a major milestone in Rutgers sports history is marked with the opening of the RWJBarnabas Health Athletic Performance Center, a national college sports milestone is also being celebrated: the 150th anniversary of the first game of intercollegiate football, which took place on Nov. 6, 1869, between Rutgers and Princeton. (Rutgers triumphed, 6-4.) The season-long festivities include themed home games and the unveiling of a new “Victory” statue. RWJBarnabas Health, the official healthcare provider of Rutgers Athletics, is a presenting sponsor. To learn more, visit www.rutgersgameday.com.

Happy Birthday, College Football!
150 Years of Athletic Prowess and Passionate Fandom Began at Rutgers University.

The RWJBarnabas Health Athletic Performance Center at Rutgers University Kicks Off a New Era for Rutgers Sports.

For Rutgers student-athletes, the future is here. The state-of-the-art RWJBarnabas Health Athletic Performance Center at Rutgers University, which opened in September, is home to new facilities for men’s and women’s basketball, wrestling and gymnastics, as well as a sports performance/sports medicine suite, nutrition lounge, seating area for professional scouts and more.

The 307,000-square-foot, four-story facility brings Rutgers athletic offerings to a new level. “It’s a game changer for our student-athletes in clinical care,” says Pat Hobbs, Director of Intercollegiate Athletics at Rutgers University. “They are going to receive the very best in sports medicine.” The facility was made possible by an investment from RWJBarnabas Health, the official healthcare provider of Rutgers Athletics.

“For far too long, we haven’t produced, as a state, those facilities and resources necessary to have world-class athletes—and frankly, in New Jersey, we have world-class athletes,” says Barry Ostrowsky, President and CEO of RWJBarnabas Health. “At Rutgers, we have world-class students. For us, this is a wonderful opportunity to invest in a great University.”

To learn more about RWJBarnabas Health partnerships, visit www.rwjbh.org/corporatepartners.
In 1989, cardiologist Mark Jay Zucker, MD, relocated from Chicago to join nationally renowned cardiovascular surgeon Victor Parsonnet, MD, at Newark Beth Israel Medical Center (NBI). Both physicians saw an opportunity to build a world-class heart failure treatment and transplant program at NBI.

Toward that end, Dr. Zucker and other members of the NBI team met with cardiologists around the state, gave talks and lectures, and sent out educational mailings to introduce the medical community to the new program.

Over the course of 30 years, the goal of creating a nationally renowned heart failure and transplant center has been met, perhaps beyond the team’s wildest dreams—and certainly beyond those of many patients. By 2017, the Advanced Heart Failure Treatment and Transplant Program at NBI had performed more than 1,000 transplants, one of only a dozen programs in the U.S. to reach that milestone. Today the program performs about 50 to 55 transplants each year; has roughly 70 staff members, seven physicians, three surgeons and a full complement of nurses and nurse practitioners; and follows more than 4,000 patients at five different offices.

COVERING THE STATE
The NBI program and the Advanced Heart Failure and Heart Transplant Program at Robert Wood Johnson University Hospital in New Brunswick (RWJUH) are the only two heart transplant programs in New Jersey.

“We are one of the major referral centers for heart conditions in the state, particularly in central New Jersey,” says Aziz Ghaly, MD, Surgical Director, Advanced Heart Failure and Heart Transplant Program at RWJUH. “We offer the most advanced options for treatment of heart failure available. That means we
can do complete workups for patients under one roof.”
As collegial members of the same health system, the two programs provide seamless treatment to any patient in need of complex cardiac care, not only from the hospitals of the RWJBarnabas Health system but from any hospital inside New Jersey or beyond. For New Jersey residents, that means advanced cardiac care is always available close to home.

The connection between the two teams further enhances patient care. “Leadership of both programs meet regularly to discuss how to coordinate care, improve safety, streamline services and sometimes just to learn from one another as well,” says Dr. Ghaly.

MULTIDISCIPLINARY APPROACH
At NBI, Dr. Zucker, Director of the Cardiothoracic Transplantation Program, and Margarita Camacho, MD, Surgical Director of Heart Transplantation, are two of the most senior physicians in the field, with a combined experience of caring for more than 1,500 transplant patients. Both physicians are at the forefront of advanced heart failure treatments, and both have been at NBI for the majority of their careers. “That translates to consistency,” says Dr. Zucker. “We have danced together for a long time.” The RWJUH transplant program has been in place for more than 20 years, with year after year of excellent outcomes, says Dr. Ghaly.

Both programs rely on multidisciplinary teams to provide the highest quality of care. “Advanced cardiac care requires a tightly integrated, well-functioning team of talented and knowledgeable clinicians, paramedical professionals, social workers, pharmacists and dietitians,” says Dr. Zucker.

“Heart transplantation is not maintenance-free after surgery,” explains Dr. Ghaly. “Our heart failure cardiologists and nurse coordinators monitor patients very closely afterward, becoming like part of the patient’s family. The role is crucial to the patient’s survival post-transplant, and they are the heart and soul of our program.”

FUTURE-FACING
Both programs are national leaders in treatment for advanced heart failure, including the use of ventricular assist devices (VADs). These surgically implanted mechanical pumps can keep patients alive as they wait for a heart transplant or when other medical conditions have rendered them ineligible for transplantation.

The NBI and RWJUH programs also participate in multiple research trials that offer patients access to new investigational medications and devices prior to commercial availability. Most recently, the teams have been studying medications to treat advanced congestive heart failure, amyloid and lamin A/C cardiomyopathy.

The transplant center at NBI is currently undergoing a $4.3 million renovation. “The transplant suite will soon integrate the mechanical support, heart and lung transplant programs all under one roof,” says Dr. Zucker. “The ability to interact on a moment-to-moment basis provides an ability to exchange ideas and ensure that all team members are up to date with new and emerging technologies.”

This type of interaction is crucial when it comes to caring for such critically ill patients, says Dr. Zucker. “After all, the management of heart failure is a 24/7 operation that only works when you have a team of truly committed individuals.”

Your heart doesn't beat just for you. Get it checked. To reach an RWJBarnabas Health cardiac specialist near you, call 888.724.7123 or visit www.rwjbh.org/heart.
When a person is diagnosed with cancer, he or she has a lot to learn—and many decisions to make. What’s the best course of treatment? Where is the best place for treatment? Who is the best doctor to treat my cancer? How can I get a second opinion?

That’s why RWJBarnabas Health (RWJBH), in partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, has created an Oncology Access Center. This concierge-like service for cancer patients has an easy-to-remember number: 844-CANCERNJ. At that number, specialized oncology access representatives and oncology access nurse navigators stand ready to direct patients to the expert care they need. The Oncology Access Center creates one point of contact for all oncologists and hospitals in the RWJBH system and at Rutgers Cancer Institute.

“We are well aware that people who are newly diagnosed or seeking a second opinion are dealing with an extremely stressful personal situation,” says Steven K. Libutti, MD, Senior Vice President of Oncology Services, RWJBH and Director of Rutgers Cancer Institute of New Jersey. “We want to make the process of finding care as stress-free and efficient as possible.”

In the past, Dr. Libutti explains, patients and caregivers needed to do extensive research on their own to figure out what location and what physician would be most appropriate for their care. “Now they can more easily access NCI-designated cancer care across the state,” he says.

NAVIGATING THE JOURNEY
“We’re especially excited to have nurse navigators located right at the contact center if a person has a clinical question,” says Bryan Soltes, System Vice President, Network Development, Oncology Services for RWJBH. “That aspect of our system makes it uniquely helpful to patients.”

When a caller is referred to a specific hospital, he or she is immediately linked to the nurse navigator platform at the hospital, Soltes says. “Nurse navigators guide patients through their entire journey of diagnosis, treatment and recovery, not only making appointments but connecting the patient with oncology support services,” he explains.

“Our system is making a very big commitment to nurse navigation in general,” Soltes says. “Our goal is to be the largest nurse navigation system for oncology in the country.”

Experts at RWJBH recognize that oncology healthcare calls are different from other kinds of calls. “They are often from people dealing with potentially serious situations,” Soltes says. “With our Oncology Access Center and nurse navigator programs, we’re able to put our arms around the patient, so to speak, and say, ‘We’ll help you take it from here.’”
Opposite page and this page, clockwise: For the first time, a roller coaster was wrapped in support of cancer awareness for the Coasters for Cancer campaign. Survivors and their families joined a special survivors celebration at Six Flags Great Adventure, which partnered with RWJBarnabas Health and Rutgers Cancer Institute of New Jersey to bring greater awareness to the disease and efforts to fight it.

RAISE YOUR HANDS FOR SURVIVORS

Life can be a roller coaster, especially when a person is coping with cancer. That made it especially fitting for three iconic New Jersey brands—RWJBarnabas Health (RWJBH), Rutgers Cancer Institute of New Jersey and Six Flags Great Adventure—to create the Coasters for Cancer campaign.

Brightly colored handprints were collected from cancer survivors and supporters. Those handprints were wrapped into a design to adorn the Runaway Mine Train roller coaster at Six Flags Great Adventure in Jackson Township. When park visitors take the ride, they’re reminded of how many people cancer touches in the state of New Jersey.

The campaign was unveiled during a National Cancer Survivors Day Celebration at Six Flags Great Adventure on June 9. “More people need to know about the disease and about the research that’s being done right in our own backyard,” says John DeSimone, a patient at Rutgers Cancer Institute.

“What I hope people get out of this display is that cancer doesn’t discriminate,” says cancer survivor Johnny Volpe, 17, who was diagnosed when he was just 7. “Cancer goes for anyone and everyone, and it’s great that people are aware.”

“The Coasters for Cancer campaign is an incredible opportunity to shine the spotlight on cancer survivorship, education and prevention,” says Justin Edelman, Senior Vice President, Corporate Partnerships, RWJBH. “If this campaign helps just one person, it’s all worth it.”
BEYOND BRAIN INJURY

A NEW PARTNERSHIP BRINGS ADDITIONAL RESOURCES TO THOSE LIVING WITH TRAUMATIC BRAIN INJURY.

About every 13 seconds in the U.S., someone suffers traumatic brain injury—a blow or penetrating injury to the head that’s severe enough to disrupt normal brain function.

Children with TBI are often treated at Children’s Specialized Hospital (CSH), the leading provider of inpatient and outpatient care for children and young adults facing special healthcare challenges. Until recently, however, CSH had no way to help these patients as they grappled with the lingering effects of TBI in adulthood.

To remedy that situation, CSH has begun a new partnership with the nonprofit Opportunity Project, founded by parents whose sons were dealing with TBI. The program offers a wide range of services to help adults with TBI reach their full potential.

The organization’s mission and services make it a natural fit for CSH. “Opportunity Project has a long, rich history of serving the critical needs of adults with brain injury,” says Warren E. Moore, FACHE, President and CEO, CSH, and Senior Vice President, Pediatric Services, RWJBarnabas Health. “We are thrilled to partner and learn from one another, ensuring a bright future for the communities we serve.”

MOVING FORWARD

Mild TBI, the most common kind, affects the brain only temporarily. However, symptoms of moderate to severe TBI may be long-term, even lifelong. These symptoms can include difficulty thinking clearly, headaches, moodiness, sensitivity to light, physical impairment and sleep problems. Up to 90,000 people experience the onset of long-term disability from TBI each year.

The only program of its kind in New Jersey, Opportunity Project has served more than 600 individuals affected by TBI, along with their families, since its inception in 1993. The organization is housed in a 14,000-square-foot facility in Millburn that’s accessible to the center of town and to public transportation, and is open five days a week.

Here, members can meet to receive occupational therapy, to confer with social workers who can help them access community resources, or to practice skills in reading, writing, planning and more. Opportunity Project also trains members who wish to become part of its Speakers Bureau, enabling them to use their firsthand knowledge of living with a brain injury to deliver inspiring and educational presentations.

For more information about Opportunity Project, visit www.opportunityproject.org. For more information about Children’s Specialized Hospital, call 888.244.5373 or visit www.childrens-specialized.org.

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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries to developmental and behavioral issues like autism and mental health.
Europathy and radiculopathy are nerve conditions that share similar symptoms—pain, numbness, tingling—but have very different causes. Telling the difference between the two isn’t just tricky for ordinary patients. Even healthcare professionals have been known to get them mixed up. In rare cases, patients have even had unnecessary surgery.

“It’s so important to distinguish these two causes,” says Paul Abend, DO, FAAPMR, Medical Director, Inpatient and Outpatient Rehabilitation Services, at Robert Wood Johnson University Hospital (RWJUH) Rahway. “The treatments are completely different.”

Neuropathy

The more common of the two conditions, it is also often called peripheral neuropathy. That’s because it is the result of damage to nerves outside of, or peripheral to, the central nervous system, which consists of the brain and spinal cord.

**Symptoms:** Weakness, pain, numbness, tingling or a “pins and needles” sensation are common signs. They can appear almost anywhere but often begin in hands or feet.

**Causes:** Diabetes is the most common, but injuries, infections, autoimmune disease, hereditary factors and even chemotherapy can also cause it.

**Diagnosis:** “You have to do a detailed medical history—85 percent of the diagnosis is in the history,” says Dr. Abend. “Then you need a good physical exam.” Only then, Dr. Abend says, should the physician proceed with tests. “EMG [electromyography], which measures muscle response, and nerve conduction studies are the gold standard,” he says. If necessary, Dr. Abend may use CT (computed tomography) or MRI (magnetic resonance imaging) scans to get more information.

**Treatment:** Different types of neuropathy may call for different treatments. Dr. Abend has had success with one called MicroVas, in which electrical stimulation boosts blood flow and helps heal damaged nerves. Physical therapists at RWJUH Rahway administer MicroVas along with gait and balance retraining. Topical treatments or pain relievers may also be used.

Radiculopathy

This pain begins at the root of nerves near the spinal column, and can originate at various locations along the spine.

**Symptoms:** Similar to neuropathy, radiculopathy can manifest as numbness and tingling, weakness or sharp pain.

**Cause:** A nerve root gets pinched in the spinal column, a result of spinal stenosis (a narrowing of the spaces within the spine), a herniated (slipped or ruptured) disk or a bone spur (an outgrowth of a bone that occurs along its edges).

**Diagnosis:** An extensive medical history and exam should be done, followed by the same tests as those done for neuropathy.

**Treatment:** Medications or steroid injections can help manage the pain. So can physical therapy to strengthen muscles, and weight loss to reduce pressure on the area. In some cases, surgery to relieve compression on nerves is recommended.

Some patients may have both radiculopathy and neuropathy, with overlapping symptoms. “No matter what the condition, the goal is to have it treated appropriately in order to increase functionality, to be pain-free and to maintain balance,” says Dr. Abend. “When your physician does a thorough exam and takes the time to really listen, it’s usually pretty obvious what’s going on.”

To learn about peripheral neuropathy treatment at RWJUH Rahway, call the Rehabilitation Department at 732.499.6012.
People often have mistaken ideas about lung cancer—starting with how common it is. “You might get screened regularly for breast or colon cancer but not consider being screened for lung cancer,” says Anubha Sinha, MD, a board-certified physician in internal medicine, pulmonary diseases and critical care medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway. “Yet lung cancer is the leading cause of cancer deaths in both men and women.” More people die of lung cancer than from breast, colorectal, prostate and pancreatic cancer combined.

**PROACTIVE STEPS**
Screening with a low-dose CT scan at RWJUH Rahway can help people at high risk for lung cancer identify the disease.
in its early stages, when prospects for treatment and cure are at their best. You may be eligible for yearly lung cancer screening if you are 55 to 77 years old, have a history of smoking for 30 “pack years” (a pack year is the equivalent of a pack a day for a year), are a current smoker or have quit within the past 15 years.

“Lung screening is similar to colonoscopy, which looks for polyps that can be precancerous and are removed,” says Dr. Sinha. “Low-dose lung screening looks for nodules that are precancerous and can also be removed before there is a problem. This concept can relax patients who are nervous about having the test and getting bad news.”

If you are concerned because you have smoked in the past, have had secondhand smoke exposure or a strong family history, ask your doctor about diagnostic testing.

For anyone, understanding lung cancer risks starts with correcting myths like these:

**MYTH #1** “I don’t smoke, so I’m safe.”
Fact: “About 10 to 15 percent of lung cancers are not related to smoking,” Dr. Sinha says. “Secondhand exposure, environmental factors and genetic influences all can play a role.”

**MYTH #2** “I’ve smoked for so long that quitting is pointless.”
Fact: “Even though a smoking-related risk still exists after you quit, it declines with each smoke-free day,” Dr. Sinha says.

**MYTH #3** “I’m too young to get lung cancer.”
Fact: “I’ve seen lung cancer in patients as young as their 40s,” says Dr. Sinha. Risks are especially high in younger people who also have a disease that compromises the immune system.

**MYTH #4** “It’s okay if I smoke because I exercise and take antioxidants.”
Fact: Smoking is dangerous even if you otherwise practice healthy behaviors. What’s more, lung cancer symptoms such as coughing, shortness of breath and chest pain typically don’t develop until the disease has reached its later stages. Smoking also puts a person at risk of emphysema, heart disease and other smoking-related conditions.

**MYTH #5** “Secondhand smoke isn’t really a risk.”
Fact: Exposure to airborne environmental toxins is known to increase lung cancer risks, and secondhand smoke is a leading source. Other environmental hazards include asbestos and radon gas, which can accumulate in homes after being released by elements in soil.

**MYTH #6** “Radiation from screening increases my cancer risk.”
Fact: A low-dose CT scan uses significantly less radiation and is completed faster—in about five minutes—than a standard CT scan. “It’s a minimal amount of exposure and is relatively safe,” says Dr. Sinha. Because scans are low-dose, doctors can use them regularly to track patients over time.

**MYTH #7** “A lung cancer diagnosis is a death sentence.”
Fact: “In the past year, we’ve been able to offer more than 90 percent of lung cancer patients a treatment plan, and some people can be completely cured,” says Dr. Sinha. “The earlier it is detected, the better the outcome.”

Options include surgical removal of the tumor—possibly combined with chemotherapy—and new immunotherapies that have been shown to shrink tumors and improve survival.

“Lung cancer treatment demands a multidisciplinary approach that includes interventional radiology, oncology, pathology, pulmonology and thoracic surgery,” says Dr. Sinha. “RWJUH Rahway has been able to offer the bulk of patients a plan because we have those resources available.”

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**QUIT NICOTINE WITH A FREE PROGRAM**

Quitting nicotine is hard. To help, the RWJBarnabas Health Institute for Prevention and Recovery offers free tobacco and nicotine cessation services in Union County. Services are available for all individuals with a tobacco and/or nicotine dependence, including e-cigarettes and vapes.

Enrolling in the program will give participants access to:
- Ongoing support in both individual and group settings
- Access to a medical director for primary care coordination and prescription medications
- Free nicotine replacement therapy (nicotine patches, gum and lozenges)
- Behavioral modification and help managing or eliminating nicotine withdrawal symptoms
- Understanding triggers and stressors and developing healthy coping strategies

To learn more, visit [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery), call 833.795.QUIT or email QuitCenter@rwjbh.org

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**QUIT NICOTINE SUPPORT GROUP**

A Quit Nicotine Support Group is available every Wednesday from 3–4 p.m. at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. For more information, call 732.499.6193.
What do I do now? That’s the question patients often ask after a cardiac event or procedure. One very good answer: Participate in cardiac rehabilitation—a medically supervised program of exercise, education, nutritional counseling and support.

Cardiac rehabilitation (CR) works. Research shows that people who participate have a reduced risk of hospital readmission, improved health factors (for example, blood pressure and lipid profiles) and a better quality of life.

Yet research also shows that only a third or fewer cardiac patients take advantage of CR programs—whether because of lack of time, lack of information or a belief that exercising on their own will be an adequate substitute.

“A lot of patients think they can walk on their own or get conditioned on their own at a fitness center,” says Helen Peare, RN-BSN, Director of the Cardiac Service Line for Robert Wood Johnson University Hospital (RWJUH) Rahway. “But in our program, we’re monitoring patients for any problems, and that’s reassuring for them. We’re helping them recondition and regain their strength, but they also get their self-confidence back and get education about cardiac health.

“We’re doing everything we can to keep them out of the hospital and functioning as well as they were prior to their cardiac event—or better!”

CUSTOMIZED CARE
CR is suitable for patients across a broad spectrum of cardiac concerns. Many insurers, including Medicare and Medicaid, cover CR services for patients who have recently experienced a heart attack, coronary artery bypass surgery, chronic heart failure, valve repair and heart transplant, among other conditions. (Exceptions apply; check with your insurer.)

At the Nicholas Quadrel Healthy Heart Center for Cardio-Pulmonary Rehabilitation at RWJUH Rahway, participants complete 36 one-hour sessions, usually over the course of three months. A nurse evaluates patients for exercise capacity, and reviews medical history, current medications, nutrition and lifestyle. The nurse then creates an exercise regimen customized for the patient.

Blood pressure and heart rate are monitored throughout each session, and progress reports are sent to the patient’s referring physician. Additionally, patients have access to a registered dietitian as well as education on managing their condition, reducing risk factors and making heart-healthy choices.

Farah Lebron, RN, recalls the story of a recent patient who had undergone heart surgery. “She was devastated when her cardiologist told her she couldn’t lift her 18-pound grandbaby,” Lebron says, “but it motivated her to keep working. After six weeks of cardiac rehab, the doctor lifted that restriction. She was so happy! We see every day how our program really changes people and turns things around for them.”
In an Emergency Department (ED), emergency medicine specialists are often called on to make fast decisions for the acute care of trauma. Sometimes, though, they’re called on to rely on their training and instincts to find complex causes of a problem.

That’s what happened when college student Paige Fleming of Carteret went to the ED at Robert Wood Johnson University Hospital (RWJUH) Rahway. Paige, 19, had suffered leg pain for a week, which she’d chalked up to a muscular pull from overexercise. But as time went on, her discomfort grew worse, eventually becoming excruciating. One afternoon, she fainted in her dorm room.

“When I woke, the pain was better, but my mother, along with my cousin who’s a nurse, insisted that I go to the Emergency Department,” Paige recalls.

SEEKING THE SOURCE

At RWJUH Rahway, Paige met Emergency Department physician Sarah Campeas, DO, who observed that Paige’s leg was painful, swollen and discolored. She ordered blood work. When the initial workup failed to reveal the cause of Paige’s symptoms, and her pain was worsening, Dr. Campeas ordered more tests, including a CT (computed tomography) scan.

Paige, who had assumed her visit to the ED would be a short one, grew anxious as the testing continued. “The nurses and other staff went out of their way to comfort me,” she remembers.

The second round of tests finally revealed the source of Paige’s problem. She had numerous blood clots in her body, including her lungs—a potentially fatal complication. Blood clots can travel to critical blood vessels, leading to limited blood flow and the risk of heart attack, stroke and more. “It was very fortunate that Paige sought medical attention when she did,” says Dr. Campeas.

Paige was sent to the Intensive Care Unit (ICU) with a regimen of blood-thinning drugs. Additional testing showed that Paige had a clotting disorder. She remained in the ICU until she recovered.

Paige had no idea that she suffered from this disorder and credits the doctor’s persistence and skill for discovering it. “Dr. Campeas ordered tests that indicated what was wrong with me. Thank God she did that. It saved my life. I’m so grateful.”

“One of the best parts of my job is helping someone navigate the scariest experience or worst day of their lives,” says Dr. Campeas. “In Paige’s case we are fortunate that modern medicine has treatment, tools and specialists to help her live a long, healthy and full life. I am rewarded knowing I had a part in contributing to that.”

MYSTERY IN THE ED

WHEN A PATIENT’S PAIN WASN’T WHAT IT SEEMED, DETERMINED DOCTORS FOUND THE TRUE CAUSE.

While in the hospital, Paige made up her mind that when she got out, she would realize a long-held dream of getting a dog. At left, Paige with Baron, a Labrador retriever mix rescue who is the newest member of the family.
The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732.499.6193. Unless otherwise noted, programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

2019 Greater Northern NJ Heart Walk
Sun., Oct. 20, South Mountain Recreation Complex, West Orange
Walk to raise funds for lifesaving science. To register:
Denise Cherepanya@rwjbh.org

NAMI (National Alliance on Mental Illness) Union County
Tues., Oct. 22, 7:30 p.m.
Grief After Mental Illness Diagnosis: Coming to Terms With a New Normal
Alison Johnson, PsyD
Summit Psychological Services

Weight Loss Surgery is Life-Changing
Thurs., Nov. 14, 6:30 p.m.
Anish Nihalani, MD, FACS, FASMBS

Delicious, Healthy Desserts
Tues., Nov. 19, 7 p.m.
Cooking Demo
Diane Weeks, RD, CDE

NAMI (National Alliance on Mental Illness) Union County
Tues., Nov. 26, 7:30 p.m.
Meditation and Relaxation: How to Survive the Holidays
Teresa Lastella, RN

What’s for Breakfast?
Tues., Dec. 3, 7 p.m.
Cooking Demo
Diane Weeks, RD, CDE

Anti-Inflammatory Diet: What and Why?
Tues., Dec. 10, 9:30 a.m.
Christina Frescki, MBA, RD, FAND

The Secrets to Longevity
Weds., Dec. 11, 6 p.m.
Bernardo Toro-Echague, MD, Internal Medicine

Seafood
Tues., Dec. 17, 7 p.m.
Cooking Demo
Diane Weeks, RD, CDE

These are just some of the many programs we offer our community. If you would like a monthly calendar updated with all the latest events, email donna.mancuso@rwjbh.org.
Support Groups

Unless otherwise noted, support groups are held at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Call 732.499.6193 to register.

**Adult Bereavement**
First Wednesday of each month, 1:30 p.m.

**Bariatric Support**
Fourth Thursday of each month, 5:30 p.m.

**Breast Cancer Support—two groups**
First Tuesday of each month, 7 p.m.
First Wednesday of each month, 5:30 p.m.

**Caregiver Support**
First Wednesday of each month, 7 p.m. (closed to new members)

**Fibromyalgia Support—two groups**
First Thursday of each month, 5:30 p.m. and 7 p.m.

**Overeaters Anonymous**
Fridays, 7 p.m., Conf. Room A. 12-Step fellowship. No dues or fees. To register, call 908.358.5154 or email genak2@verizon.net. For more information about Overeaters Anonymous, visit our Central Jersey Intergroup website at www.oa-centraljersey.org.

**Quit Nicotine Support**
Wednesdays, 3–4 p.m. Weekly program covering all types of nicotine dependence, including vaping. Call 732.499.6193.

**Spousal Bereavement Support**
Group meets from 10:30 a.m. to noon. For information on the next eight-week session, call 732.247.7490.

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**THE GOAL IS CONTROL: DIABETES EDUCATION AND PREVENTION**

**Oct. 1, 8, 15, 22, 29 and Nov. 5, 12–1:30 p.m.**
Gateway Family YMCA–Rahway
1564 Irving Street
Light lunch and exercise included.
To register or learn more, call 732.388.0057.

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**WEIGHT LOSS SURGERY IS LIFE-CHANGING**

Featuring Anish Nihalani, MD, FACS, FASMBS, Bariatric Surgery.
Weight loss surgery is not a cosmetic procedure. Often, it’s considered medically necessary. Learn more about the surgery and how it can change your life. Registration required; call 732.499.6193.

**RWJ Rahway Fitness & Wellness Center,**
2120 Lamberts Mill Road, Scotch Plains
Unless otherwise noted, presentations take place on the fourth Thursday of the month at 6:30 p.m.

- October 24
- November 14 (second Thursday)
- December 5—support group only

For this location, please note there is a support group meeting at 5:30. This professionally led group is free and is open to those who have had a procedure as well as those considering it.

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**THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY**

**All Recovery Support Group for Alcohol and Drugs**
Every Thursday, 6 p.m., Conf. Room #1

**Diabetes Support**
First Tuesday of each month, 7 to 8:30 p.m.

**Parkinson’s Support**
Second Wednesday of each month, 1 p.m.

**Self-Help Enhancement, Stress Program**
Every Tuesday, 5:30 to 7 p.m. For information, call 908.276.2469.
We treat your non-emergency medical needs including:

- Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- Chronic conditions and breathing disorders
- Skin, hair and nail conditions
- Immunizations, vaccinations and physicals
- Preventive care testing and evaluations

First Health Urgent Care in Clark & Edison
Urgent and Primary Care

Some things shouldn’t or can’t wait for an appointment. First Health, a new Barnabas Health Medical Group healthcare provider affiliated with Robert Wood Johnson University Hospital Rahway, combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers quick and high-quality care for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.

As a Barnabas Health Medical Group provider, First Health is now Horizon Blue Cross Blue Shield OMNIA℠ Health Plan Tier 1-designated and accepts most major insurances.

We treat your non-emergency medical needs including:

- Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- Chronic conditions and breathing disorders
- Skin, hair and nail conditions
- Immunizations, vaccinations and physicals
- Preventive care testing and evaluations

Robert Wood Johnson University Hospital Rahway

rwjbh.org/medicalgroup