HEALTH SCREENINGS EVERY MAN NEEDS
SURPRISING BENEFITS OF WEIGHT-LOSS SURGERY
A LIFE-CHANGING SPINE PROCEDURE

PROTECT YOUR HEART FROM STRESS
Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a new and unpredictable virus and making it safe for patients to receive all types of care under these extraordinary conditions have become our top priorities.

We’re proud of how RWJBarnabas Health has risen to these challenges, as stories in this issue show. From new mothers who need help with breastfeeding to seniors looking for advice on how and whether to have social interactions, we’re here for you with support and guidance.

We offer telehealth services for children and adults through RWJBarnabas Health TeleMed,® which makes virtual visits available for many issues in both primary and specialty care. If an in-person doctor visit is required, know that all physicians in our RWJBarnabas Health Medical Group have implemented additional safety standards for their offices, including social distancing, mask wearing, intensified disinfection protocols, and COVID-19 screening of patients and staff.

Of course, in the event you or a loved one need to go to the hospital, you can rest assured that each facility in the RWJBarnabas Health system has taken every precaution for the safety of patients, visitors and team members.

At Robert Wood Johnson University Hospital (RWJUH) Hamilton, your safety is our top priority. Now is the time to reschedule any medical care you may have postponed. Our physicians and specialists are available in person or via telemed. Most importantly, if you are experiencing symptoms like chest pain, abdominal pain or stroke signs, do not delay seeking care. For many serious conditions, minutes matter. Rapid treatment is critical; the consequences of putting off needed medical care are often irreversible. As always, we’re taking every precaution to keep you safe and healthy during your visit to all RWJUH Hamilton facilities.

At RWJBarnabas Health, caring for the community is our mission and our passion. Please take good care of yourselves by wearing a mask when needed, washing your hands frequently and practicing social distancing.

Yours in good health,

BARRY H. OSTRÓWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

RICHARD FREEMAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON

A COMMUNITY CONVERSATION

This summer, about 50 members of Robert Wood Johnson University Hospital (RWJUH) Hamilton’s staff welcomed Dr. Joseph E. Woods, Pastor of Saint Phillip’s Baptist Church in Hamilton, who led a program entitled “Powerful Conversations on Racial Equality and Social Justice: Building Lives & Leaders.” This impactful hour-long event, which was held virtually and in person (appropriately socially distanced and masked), was a valuable, interactive opportunity to share and discuss experiences and come together as a community.

HELP FOR SPINE DISORDERS

RWJUH Hamilton and the RWJBarnabas Health Medical Group welcome nationally recognized orthopedic spine surgeon Marc J. Levine, MD, Director, Orthopedic Spine Surgery. Dr. Levine manages disorders involving the cervical, thoracic and lumbar spine using minimally invasive spine surgery techniques, which help to achieve optimal results. Call 609.689.7031 to schedule an appointment with Dr. Levine.
2. WELCOME LETTER. A community update from our CEOs.

4. COMMUNITY CALENDAR. A roundup of health education and support programs.

8. A NEW KIND OF HOLISTIC HEALING. Last summer, chefs, musicians, artists and others entertained cancer patients during an especially stressful time.

9. GOING OUT: WHAT’S SAFE FOR SENIORS? When it comes to COVID-19 and social contact, it pays to weigh the risks and benefits.

10. NEW MOTHERS, NEW CHALLENGES. Virtual support is helping new and expecting moms get safely through the pandemic.

12. RADIATION ONCOLOGY: IT TAKES A TEAM. Patients throughout the RWJBarnabas Health system have access to the most advanced cancer treatments.

14. EVERYDAY JOYS. Expert care provides a young patient with the best possible quality of life.

15. HOW STRESS HARMs THE HEART. Heart muscle disease is increasing, and experts think emotional distress is a major cause.

16. GETTING THE MOST OUT OF TELEHEALTH. Virtual visits can provide big benefits.

17. EASING THE BURDEN OF BREAST CANCER. Patients in need are receiving financial assistance from “I Believe in Pink,” a local nonprofit.

18. “I GOT MY LIFE BACK.” Thanks to spine surgery, a physician is back to playing golf and can walk without pain.

20. LOSE WEIGHT, LIVE LONGER. The Bariatric Program offers safe and effective ways to slim down.

22. LIFESAVING SCREENINGS FOR MEN. Why it pays to stay on track with routine medical tests.

*NOTE: This photo was taken before mask and social distancing recommendations were in place.
Diabetes Awareness
**Wed., December 2; 11 to 11:45 a.m.**
As one of the top 10 leading causes of death in the U.S., diabetes affects 17 million people. Take control of diabetes now by making small lifestyle modifications today with tips from your board-certified diabetes educator Shesha Desai, Pharm D., Rph-BC-ADM.

Resilience During Adversity
**Thu., December 3; 6:30 to 7:30 p.m.**
2020 has been a time of illness, loss, fear, isolation and social injustice. How do we persevere during trying times? Understand what resilience is and how you can build it for yourself and others. In collaboration with NAMI Mercer.

Dr. Aubrey Daniels, LPC

Shirley Roberts, MA, LPC, NCC

The Psychology of Clutter – Learning to Let Go
**Wed., January 6; 10:30 to 11:30 a.m.**
Explore how clutter affects your mood and attitude, how to overcome the emotional ties to your “stuff” and how to let go. Whether downsizing or creating healthier surroundings, this discussion is for you.

Shirley Roberts, MA, LPC, NCC

Understanding Congestive Heart Failure
**Tue., January 12; 10:30 to 11:30 a.m.**
Learn about congestive heart failure—its causes, signs and symptoms, when to notify your doctor or nurse practitioner and more.

Ann Mancuso, BSN, RN, CHFN

Catch That Fall Before It Happens
**Wed., January 27; 1:30 to 2:30 p.m.**
Winter weather can create risks, and a fall can be life-changing. Join physical therapist Dr. Maureen Stevens and occupational therapist Sarah Masco to learn about risk factors, prevention and staying safe inside and outside.

Dr. Aubrey Daniels, LPC

Preventing Drug Use in Youth
**Thu., February 4; 6:30 to 7:30 p.m.**
Preventing drug abuse in the early years is crucial in reducing health risks. Learn about the steps families can take to prevent substance use in youth.

EK Lalwani, PharmD

Learn How to Spot a Stroke
**Wed., February 24; 11 a.m. to Noon**
Recognize the signs and symptoms of a stroke.

Connie Moceri, Director of Disease Management at RWJUH Hamilton

Fit Families: Holiday Edition
**Mon., December 7 & 14; 6:30 to 7:30 p.m.**
This dietitian-directed series will focus on staying moderate in the madness of the holiday rush. You’ll receive recipe makeovers and learn how to incorporate fitness into your life during the stressful season.

Registration required.

Michelle Summerson, MEd., RD

Fireside Chat Over Dinner (Series)
**Tue., December 8; 6:30 p.m.; Tue., January 19; 6:30 p.m. & Tue., February 16, 6:30 p.m.**
Join the experts from our Orthopedic & Spine Institute team and ask your questions in a small, private and safe environment. Limited seating available.

Registration required.

Risk Factors: Prevention, reversal and management of chronic lifestyle diseases can start wherever you are, with what you have. Kick off your week with the most up-to-date, evidence-based nutrition research, recipes and interviews with MDs, allied health professionals and chefs.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management

Breakfast in Bed & the Facts on Fasting
**Mon., December 21; 11:15 a.m. to Noon**
Fasting has been used therapeutically since at least the 5th century BC by Hippocrates! Join us to learn more and enjoy a few new recipe ideas for “breaking the fast” this holiday season.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management

Culinary Nutrition in the Kitchen
**Thu., December 17, January 21 & February 18; 11:15 a.m. to Noon**
Discover the latest recipes and interview with MDs, allied health professionals and chefs.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management

Blue Zones: The Lessons We Can Learn from the Healthiest People in the World
**Mon., December 28; 6:30 to 7:15 p.m.**
Blue Zones are areas of the world where people live the longest, with the lowest incidence of chronic disease. Learn about their lifestyles and culinary staples.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management
**NUTRITION, FITNESS & WELLNESS**

**Plant-Based Comfort Foods**

**Mon., January 11; 6:15 to 7 p.m.**
Cold winter months often center on feel-good food, and that’s okay! Learn how to optimize delectable down-home favorites into wholesome recipes the whole family will enjoy.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management

**Money-Saving Meal Plan Strategies**

**Mon., January 25; 11:15 a.m. to Noon**
Pandemic got you in a pinch? You’re not alone. During this presentation, we’ll review some of the basics of bulk, ways to beef up a can of beans, and how to slide into savings by preparing one step ahead.

Alyssa Luning, Registered Dietitian and board-certified specialist in obesity and weight management

**Fit Families: Virtual Wellness in the New Year**

**Mon., January 25, February 1, 8 & 15; 6:30 to 7:30 p.m.**
Are you looking to make a fresh start with your family health habits? This dietitian-directed series will help you get back on track or set new goals with healthy eating, less-stress mealtimes and incorporating fitness into daily routines. Registration required. Michelle Summerson, MEd., RD

**22-Day Healthy Eating Challenge: The End of Heart Disease**

**Thu. series: February 4, 11, 18 & 25; 6:30 to 7 p.m.**
It’s 2021! There’s no better time to become a “Nutritarian”! What’s that, you ask? Sign up to learn why and how to begin a nutrient-dense dietary pattern. This virtual support session is complete with an introduction, check-in and follow-up. We will be referencing The End of Heart Disease: The Eat to Live Plan to Prevent and Reverse Heart Disease by Joel Fuhrman. The book is available at www.drfuhrman.com, amazon.com, eBay and Barnes & Noble.

Michelle Summerson, MEd., RD

**The Lunch Bunch: Virtual Cooking for the Pre-K Crowd**

**Fri., February 5, 12, & 19; Noon to 12:45 p.m.**
Encourage adventurous eating by cooking with your preschooler in your own kitchen! Simple recipes and helpful tips on creating positive mealtimes. Registration required.

Michelle Summerson, MEd., RD

**Sensational Sweet Solutions**

**Mon., February 8; 11:15 to Noon**
Meet Jamie Hague, pastry chef and owner of Whisked Away Sweets in Hamilton. Stressed about making a nutritious but delicious dessert? Take a load off and listen to the expert!

Michelle Summerson, MEd., RD

**Your Mood & Food**

**Mon., February 22; 11:15 to Noon**
Do you ever feel like eating but are not actually hungry? Come get real with Certified Holistic Health Practitioner and Licensed Massage Therapist Cristin Polizzi to learn more about this phenomenon and leave with a new perspective.

Cristin Polizzi, Certified Holistic Health Practitioner and Licensed Massage Therapist

**Mindfulness Meditation for Beginners**

**Wed., December 16, January 20 & February 17; 1 to 2 p.m.**
Enjoy the profound relaxation and health benefits of meditation. No experience necessary. Patti McDougall, BSN, Integrative RN

**Winter Solstice Celebration**

**Wed., December 16; 7 to 8:30 p.m.**
The Winter Solstice celebrates the longest night of the year. Come help us “drum back the sun” with this fun, relaxing class. Drums will be provided. Fee: $15. Mauri Tyler, CTRS, CMP

**HealthRhythms® Drumming**

**Wed., January 20 & February 17; 7 to 8 p.m.**
Come have some fun with this evidence-based program, which helps strengthen the immune system and reduces stress. Drums will be provided. Fee: $15. Mauri Tyler, CTRS, CMP

**Reiki Share**

**Wed., December 23, January 27, February 24; 7 to 9 p.m.**
For those currently certified in Reiki (at any level) to share the gift of Reiki with other Reiki practitioners. Please bring a sheet and small pillow. Fee: $5

**Beating the Holiday Blues**

**Tue., December 15; 1:30 to 3 p.m.**
Do the holidays invoke feelings of stress and sorrow, rather than comfort and joy? Learn practical tips to help you cope.

Patti McDougall, Integrative RN

**Creating Your New Year’s Intentions with Passion and Purpose**

**Tue., January 19; 6:30 to 8 p.m.**
Forget making shallow resolutions that fall flat. Rather, design the year you desire by getting in touch with your passion and purpose.

Patti McDougall, RN, BSN, Integrative RN

**Radical Self-Care**

**Thu., February 18; 6:30 to 8 p.m.**
Explore what self-care really is and why you can’t truly care for others until you take care of yourself.

Kathi Szabo, Far Cliffs Empowerment Coaching
INTRODUCING THE BETTER HEALTH PROGRAM
AT RWJUH HAMILTON

There’s no better time to be 65+ years old, and there’s no better place to experience it than at the Better Health Program at Robert Wood Johnson University Hospital (RWJUH) Hamilton. This complimentary program will engage your mind, encourage you to move and help you reflect. Members will meet like-minded people and learn from the doctors and professionals who make your well-being a priority.

The programs listed below and on the next page are exclusively for Better Health members. They will be held virtually unless otherwise indicated. In-person classes will be limited in size and will be held at the RWJUH Hamilton Fitness and Wellness Center, 3100 Quakerbridge Road, Hamilton. Attendees will be required to wear a mask and practice social distancing to help ensure safety.

To learn about complimentary membership, attend the “Meet Your Better Health Program” class. For additional information, call Joyce Cantalice, Manager of the Better Health Program, at 609.584.6422. To register for a program, call the Health Connection at 609.584.5900 or visit us online at www.rwjbh.org/Hamilton.

You

[SUPPORT GROUPS]
Nicotine and Tobacco Dependence Treatment Program
Mon. & Wed., 1 to 5 p.m., Fri., 11 a.m. to 3 p.m.
In-person, one-on-one and walk-in hours for individual/group counseling. Prescriptions for smoking cessation medication (gum, patches, etc.) are available upon request. To preregister or for information, contact Michael Kosloski, BA, CTTS, Certified Tobacco Treatment Specialist, at 732.837.9416 or email quitcenter@rwjbh.org.

Nicotine and Tobacco Dependence Treatment Program Virtual Group Session Counseling
Every Thu., 6 to 7 p.m.
Group counseling. To preregister or for information, contact Michael Kosloski, BA, CTTS, Certified Tobacco Treatment Specialist, at 732.837.9416 or email quitcenter@rwjbh.org.

Bariatric Weight Loss Support Group
Tue., December 8, January 12 & February 9; 6 to 7 p.m.
Call 609.584.5900 to register.

[HEALTH SCREENINGS]
Cholesterol Lipid Profile/Glucose/Blood Pressure & Stroke Risk Assessment
Fri., December 11, January 8 & February 5; 8:30 to 10:30 a.m.
80 percent of strokes can be prevented by controlling your risk factors. Simple finger stick and fast 12 hours prior. Fee: $5. Appointment and registration required.

Body Fat Screening
Tue., December 22, January 26 & February 16; 10 a.m. to Noon
Excess body fat is a preventable risk factor for heart disease. Learn how much excess weight is safe to lose.

Take Home Colorectal Kit
Tue., February 9; 9:30 to 10:30 a.m.
Learn how to use a simple take-home test to detect early colon cancer. Appointment and registration required.

The following programs will be held at the RWJUH Hamilton Balance and Hearing Center; 2 Hamilton Health Place, Hamilton:

Hearing Screening
Thu., January 7, 14, 21 and 28; 9 to 11 a.m.
Lorraine Sgarlato, AuD
Call 609.245.7390 to register.

Fall Prevention/Balance Screening
Thu., January 7, 14, 21, 28; 1:30 to 3:30 p.m.
Call 609.245.7390 to register.
Healthy Together

CLASSES FOR HEALTHY LIVING

Robert Wood Johnson University Hospital Hamilton

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Virtual          In Person          Virtual & In Person

Series on Parkinson’s: Updates, Cognition and Exercise

Thu., December 10, January 14 & February 11; 10 to 11 a.m.
Join Jill M. Giordano Farmer, DO, MPH, and Director, Parkinson’s Disease and Movement Disorders Programs at Global Neurosciences Institute, for an in-depth conversation about Parkinson’s disease, including cognition and exercise.

Meet Your Complimentary Better Health Program for VIPs 65+

Thu., December 10, January 14, February 11; 1 to 2 p.m.
Introducing the Better Health Program at RWJUH Hamilton. Explore the benefits of this complimentary program, which engages your body, mind and spirit. Sara I. Ali, MD, Geriatric and Internal Medicine, will discuss the benefits of Geriatric Medicine, including managing chronic illness.

Advanced Directives & POLST

Tue., December 15; 10 to 11 a.m.
Connie Moceri, MSN, RN, AGNP-C, Director, Disease Management/Stroke Coordinator at RWJUH Hamilton, will discuss the need for and the differences between advanced directives and POLST.

Art with April Zay

Wed., December 16; 10 to 11 a.m.
April Zay, artist and owner of Hummingbirds Art Studio, will lead this interactive art class.

HOLIDAY PARTY

Thu., December 17; Noon to 2 p.m.
Better Health members, join Sara I. Ali, MD, Geriatric and Internal Medicine, and Joyce Cantalice, manager, Better Health Program, to celebrate the holiday season with food, fun and music.

Retirement Blues

Tue., January 5; 2 to 3 p.m.
Start the New Year off right by putting your fears to rest with David Bossio, Investment Specialist. Learn about options for securing your retirement funds and discerning fact from fiction when it comes to your nest egg. The session will include a question-and-answer segment.

Acoustic Café

Wed., January 6; 1:30 to 3 p.m.
Sheli Monacchio, songwriter, performer and Director of Life Care Resources at Van Dyck Law, will share her original music over snacks and beverages during this fun-filled time.

Healthy Bones

Thu., January 7 and February 18; 1 to 2 p.m.
Join Sara I. Ali, MD, Geriatric and Internal Medicine, to learn how diet, physical activity and other lifestyle factors can affect your bone mass.

Stroke – Am I at Risk?

Tue., January 12; 2 to 3 p.m.
Join our very own expert, Connie Moceri, MSN, RN, AGNP-C, Director, Disease Management/Stroke Coordinator at RWJUH Hamilton, to learn about stroke risk factors.

Healthy Mind, Healthy Aging

Tue., January 15; 1:30 to 2:30 p.m.
Join Shirley Roberts, MA, LPC, NCC and Community Health Educator, to learn what it means to take care of our brain and cognitive function. Shirley will also touch on our emotions and psychological health.

Crafting with Clay

Wed., January 20; 10 to 11:30 a.m.
Lisa Freeman, RWJUH Hamilton, Foundation Board Member, co-chair of We vs. C and co-creator of the Holistic Medicine Program at the RWJUH Hamilton Cancer Center, will join us for a hands-on activity to create beautiful, colorful and uniquely shaped jewelry bowls as gifts or for ourselves.

Polypharmacy – Managing Your Medications

Thu., January 21; 1 to 2 p.m.
Sara I. Ali, MD, Geriatric and Internal Medicine, will lead a discussion on managing multiple medications while treating several illnesses.

Navigating the Medicaid Process

Tue., January 26; 3 to 4 p.m.
Justin Scott, Esquire and author of Senior Shakedown: The Unknown Dangers of Getting Old, and How to Protect Your Loved Ones, will help us understand the process and benefits of Medicaid.

Healthy Heart

Thu., February 4; 1 to 2 p.m.
Sara I. Ali, MD, Geriatric and Internal Medicine, will share the best ways to take care of your heart and maintain heart health.

Heart Disease

Tue., February 9; 1 to 2 p.m.
Connie Moceri, MSN, RN, AGNP-C, Director, Disease Management/Stroke Coordinator at RWJUH Hamilton, will share facts about heart disease and how to prevent, diagnose and treat it.

For the Love of Music

Wed., February 10; 10 to 11:30 a.m.
Sheli Monacchio, songwriter, performer and director of Life Care Resources at Van Dyck Law, will let us add our own twist to her songwriting. Join us for an interactive and lyrical class.

14 Ways to Love Yourself this Valentine’s Day

Fri., February 12; 2 to 3 p.m.
Noellmarie Rossi, owner of Mindful Community and Corporate Wellness, wants you to commit to loving yourself even more! While love is in the air and the flowers and chocolates sell out, learn 14 ways to love yourself even more.

Ask the Investment Specialist

Tue., February 16; 10 to 11 a.m.
David Bossio, Investment Specialist, will provide us with a brief market update, then will open up the conversation for a question-and-answer segment. Get the answers to the questions you’ve always wanted to ask.

Be Wise About Medications

Tue., February 23; 1:30 to 2:30 p.m.
Shirley Roberts, MA, LPC, NCC and Community Health Educator, will explain safe use, contraindications, side effects and how supplements, over-the-counter medications and some foods may affect your prescribed medications.

Dementia – What You Must Know to Protect Your Loved One

Wed., February 24; 10 to 11 a.m.
Please join Justin Scott, Esquire and author of Dementia – What You Must Know to Protect Your Loved One, for an overview on the impact of dementia on patients as well as their family members and caregivers.

Psychiatric Care for our Aging Population

Thu., February 25; 1 to 2 p.m.
Sara I. Ali, MD, Geriatric and Internal Medicine, will focus on the prevention, evaluation, diagnosis and treatment of mental and emotional disorders in our healthy and ill aging population.

MEDICAL ADVISORY PANEL MEMBERS

The following physicians and experts provide guidance and expertise in developing our community health education programs.

Richard Freeman, CEO
Seth Rosenbaum, MD, MMM, CMO, Infectious Disease
F. Javier Villota, MD, Chair, Internal & Occupational Medicine
Diane Grillo, MS, VP Health Promotion
Sara Ali, MD, Internal Medicine/Geriatrics
Maqood Amjad, MD, Hematology/Oncology
Leslie Adelman Banks, Fitness & Wellness Center/Managing Partner
Harj P. Bezwada, MD, Orthopedic Surgery
Anjali Bhandarkar, MD, Internal Medicine
Gurvan Blackman, MD, Interventional Radiology
Sean Bradley, DMD, Oral & Maxillofacial Surgery
Oleg Chebotarev, MD, Cardiology
George DiRienzando, Jr., MD, MPH, Public Health
Michael Duch, DO, Orthopedic Surgery
David Engorm, MD, Orthopedic Surgery
Firas Eladoumikichi, MD, Oncology/Breast Surgery
Jill Giordano Farmer, DO, MPH, Neurology
Jessica Federman, Director of Marketing
David Feldstein, MD, Interventional Radiology
Jared Fingerman, DO, Urology
Marcella M. Frank, DO, Internal Medicine, Pulmonary Disease and Sleep Medicine
Elie Goldenberg, MD, General Surgery/Bariatric Surgery
Dorota Gribbin, MD, Physical Medicine & Rehab/Pain Management
Joshua Horstman, Orthopedic Surgery
Kevin F. Law, MD, Critical Care/Pulmonary/ Sleep Medicine
Marc Levine, MD, Orthopedic Spine Surgery
Kenneth M. Liebman, MD, Neurosurgery
Matthew Lynch, MD, Plastic & Reconstructive Surgery
Raghu Madhavan, DO, Thoracic Vascular Surgery
Shivaprakash Marumendi, MD, Gastroenterology
Ronniel Nazarian, MD, Orthopedic Spine Surgery
Amanda Newsham-Tinsley, Marketing
John Nolan, MD, Orthopedics
Earl Noyan, MD, Bariatric Surgery
Marguerite O’Donnell, BSN, RN, Community Education
Rao S. Pasupuleti, MD, General Surgery
Diane Grillo, MS, RN, Director of Community and Corporate Wellness
Kim Zambito, MD, Hand Surgery

Robert Wood Johnson University Hospital Hamilton | RWJBH.ORG/HAMILTON | 7
A NEW KIND OF HOLISTIC HEALING

LAST SUMMER, CHEFS, MUSICIANS, ARTISTS AND OTHERS ENTERTAINED CANCER PATIENTS DURING AN ESPECIALLY STRESSFUL TIME.

When the COVID-19 pandemic struck, the providers of holistic medicine at the Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Hamilton weren’t able to engage with patients in person. “Yet cancer patients needed holistic services more than ever,” says Ilana Gutierrez, a Foundation board member and co-chair of the annual “We vs. C” fundraising event, which benefits the holistic programs at the Cancer Center. So, she and Lisa Freeman, co-creator and co-chair of We vs. C, as well as a Foundation board member, decided they could help bring holistic healing to patients in a new way. “The healing garden, which is located outside the Cancer Center, had just received a face-lift, and we had access to talent,” says Freeman. She picked up the phone and began calling musicians, artists, chefs and others in the community. That’s how the idea for “Summerfest” was born. In July and August, local performers, chefs and business owners entertained and educated patients in the garden while patients watched through the glass windows. The sound was streamed into the Cancer Center.

WELCOME DISTRACTIONS
Singers and instrumentalists played different genres, such as Broadway and Disney tunes, 1940s music and electric guitar. Painters created works of art and shared their techniques with patients. Mexican and Jamaican chefs led cooking demonstrations and provided tastings for patients and staff members. Another artist taught patients meditative techniques to help them find peace and balance. There were lecturers who discussed inspirational topics, and there was a mobile flower market. Patients were invited to create their own bouquets and bring them home afterward. “The patients were very receptive,” says Freeman. “The program was meaningful for the performers as well.”

Certain performances were recorded, and they will be used to create a video library for Cancer Center patients and their families to enjoy. The hospital purchased iPads, and several were donated by local community members and Shop Hamilton, an organization composed of local businesses. They will be available for patients undergoing infusions. The iPads will contain the library of performances.

In the next phase of the program, patients may have access to holistic providers who are off-site, says Freeman. “They will be brought to the patients virtually,” she says.

Summerfest was a win-win for everyone. Not only was the hospital able to brighten the days of cancer patients, but it was able to help support the musicians, chefs, artists and others during the pandemic. “We are beyond thrilled,” says Freeman. “We were able to bring patients an entertaining distraction from both cancer and COVID-19 while providing the performers with a rewarding experience.”

To learn more about the holistic programs at the Cancer Center, call 609.286.8372 or visit www.rwjbh.org/hamiltonholistic.
A senior citizen who lives alone had become depressed. Her family said she seemed confused when they spoke to her on the phone. Should she allow visitors into her home to help her, or was the risk of contagion too great?

An elderly couple was being urged to attend the wedding of a dear family member, and they very much wanted to be there. Should they go?

These and similar questions are being debated daily by older adults, who are among the groups most at risk for severe illness from COVID-19.

“When stay-at-home recommendations began, many assumed that there would be a clear end date and kept a stiff upper lip as they socially isolated,” says Jessica Israel, MD, Senior Vice President of Geriatrics and Palliative Care for RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.

However, as questions about transmission and treatment persist, it’s become clear that life will not be going back to “normal” anytime soon—and prolonged isolation has health risks as well. “Today, older adults need to evaluate the risk of having an interaction vs. the risk of not having it,” says Dr. Israel. “And we all need to be open to the fact that there’s no one-size-fits-all answer for everybody.”

THREE QUESTIONS

To weigh out the pluses and minuses of a social interaction, Dr. Israel advises, ask yourself three questions:

“What are the risks of what I’m thinking about doing?” Will people be masked, will there be the ability to wash or sanitize hands, and will commonly touched surfaces be sanitized? Will the event be indoors or outdoors?

“How am I feeling emotionally?” Are you emotionally OK, or is staying inside affecting your ability to live your life successfully? For example, do you have a hard time getting motivated to get out of bed to begin your day? Have you lost interest in talking to people on the phone or in doing things you could enjoy, such as sitting outside?

“How am I feeling physically?” Is your health good, or do you have trouble with normal activities, such as walking from room to room? Have you been putting off care for a health condition?

Based on these considerations, Dr. Israel advised the family of the depressed older woman that she should have visitors. “It was becoming an unsafe situation, and when it comes to depression, you can’t solve everything with medication,” she says. “The family had been trying to protect her by staying away, but she needed to see them in person, with all appropriate safety measures taken, of course.”

As for the elderly couple who were invited to the wedding, Dr. Israel asked them whether all guests would be masked and practice social distancing. The answer was no. “I had to tell them that I thought it would be too unsafe for them. They actually felt relieved,” she says.

“People come to me all the time and say, ‘Can I go to the hairdresser? Can I go to a restaurant that has outdoor seating?’” says Dr. Israel. “I tell them there may not be a great answer. No activity is without any risk at all, so you have to consider what you can do to mitigate that risk.”

The one activity that’s definitely off-limits for now is hugging grandchildren, says Dr. Israel. “We’re still learning, but it looks like young people spread the virus very easily, even if they show no symptoms at all,” she says. “I hate to say it, but hugging grandkids should be on hold for a while longer.”

To learn more about healthcare for seniors at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.

GOING OUT: WHAT’S SAFE FOR SENIORS?

WHEN IT COMES TO COVID-19 AND SOCIAL CONTACT, IT PAYS TO WEIGH THE RISKS AND BENEFITS.
NEW MOTHERS, NEW CHALLENGES

VIRTUAL SUPPORT IS HELPING NEW AND EXPECTING MOMS GET THROUGH THE PANDEMIC SAFELY.
The experience of being pregnant and having a baby is different during the era of COVID-19. In-person baby showers aren’t happening. Pregnant women aren’t seeing friends and coworkers on a daily basis, so they can’t have the kind of “Is this normal?” discussions that tend to come up between expecting and experienced mothers.

After the baby is born, many women have to go without help from other family members because of travel restrictions or fears of bringing COVID-19 into a home with a newborn.

“Many families are trying to navigate the emotional, physical and social challenges often experienced after the birth of a baby without the traditional support of friends and family,” says Suzanne Spernal, Vice President for Women’s Services at RWJBarnabas Health (RWJBH). “We’ve been hearing that pregnant women feel anxious because they’re isolated and not able to experience pregnancy and new motherhood as they’d imagined they would.”

For many women, help has come in the form of virtual support groups, facilitated by experts at RWJBH hospitals. Specific topics vary from hospital to hospital, but two groups are open to all: virtual support for women who are experiencing perinatal mood and anxiety disorders (PMADs) and virtual support for breastfeeding.

“One of the most important things women learn in these groups is that the things they’re feeling are normal and they can talk about them,” Spencers says. “We’ve created comfortable, safe virtual spaces for expecting and new mothers.”

MANAGING ANXIETY
Women may come to a PMAD group feeling that they’re alone, but in fact, PMAD—which used to be called postpartum depression—affects 1 in 5 pregnant and new moms. Though a very real illness, it is temporary and treatable, and peer support has been shown to be a powerful help.

In the group, new and expecting mothers may express their sadness or anger, or feelings of being overwhelmed, without feeling judged.

“The conversations these women are having are so meaningful,” Spernal says. “Some of them feel so isolated and sad at the beginning of a session, and by the end they’re actually smiling and have been given a handful of resources they can immediately tap into as soon as the session is over.”

Conversations can continue in a private Facebook community, and telehealth visits with a behavioral health specialist can be arranged. “We’ve been able to open the doors for more women to get support for mood and anxiety disorders because the virtual groups have eliminated geographic barriers,” Spernal says.

BREASTFEEDING BASICS
Breastfeeding is good for both mother and baby, but it comes with many challenges—from latching-on to milk supply, tongue-tie, pain, pumping, diet, weaning and more. In virtual breastfeeding support groups, women connect with other new mothers as well as International Board-Certified Lactation Consultants to get the answers they need.

Lactation consultants allow moms to take the lead by raising issues that are of concern to them and provide their professional advice and insight as needed.

“When I got home from the hospital, I missed the support of the great lactation consultants and nurses there,” says Lauren Tran, 34, of South Orange, who had a baby boy in mid-June. “I wondered if it would feel silly to do a breastfeeding group virtually instead of in person. But that feeling went away quickly, and we are building camaraderie and getting to know each other just as we would if we were in person.”

“Knowing I’m not alone in challenges I’m dealing with is so helpful,” says Shlomit Sanders, 33, of Elizabeth, who gave birth in April. “There are breastfeeding behaviors in babies that first-time moms have no idea about—for example, a feeding position that works great one time and not at all the next. It’s so comforting to normalize these behaviors.”

“At RWJBarnabas Health, we’ve made ourselves available to all of the pregnant and parenting women in our communities, and we welcome their questions,” Spernal says. “We want them to have a great experience, even as they take all the measures needed to stay safe and healthy during the pandemic.”

To learn more about virtual breastfeeding support, visit www.rwjbh.org/breastfeedingsupport. To learn about the PMAD group, visit www.rwjbh.org/PMADsupport. To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/maternity.
IT TAKES A TEAM

PATIENTS IN THE RWJBARNABAS HEALTH SYSTEM HAVE ACCESS TO THE MOST ADVANCED TREATMENTS FOR CANCER.

RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
Radiation oncology, which uses precisely targeted doses of high-energy radiation to eliminate cancer cells, is an effective treatment for a wide range of cancers.

Within the field, though, are numerous treatment options, and that leads to crucial questions. Would a patient’s cancer respond best to external beam radiation therapy, in which high-energy rays are directed from the outside into a specific part of the body? Or internal radiation, which involves putting a source of radiation inside the patient’s body? And within those two categories, which specific treatment is most likely to be more effective for a particular patient?

Cancer patients in New Jersey can be assured that they have the best minds in the field on their cases, thanks to the unique partnership between RWJBarnabas Health (RWJ) and Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center.

“All of the radiation oncology doctors at the 11 hospitals in the RWJBarnabas Health system and Rutgers Cancer Institute consult with each other. We don’t hesitate to pick up the phone,” says Bruce Haffty, MD, FACP, FASTRO, FASCO, Chair of Radiation Oncology for Rutgers Cancer Institute and for Rutgers Robert Wood Johnson Medical School and New Jersey Medical School.

“Moreover, we all know what technologies are available throughout the system. So if a patient at one of our cancer centers needs a treatment that’s not available at Rutgers Cancer Institute or any RWJBarnabas Health facility, we ensure that treatment can be offered based on the individual patient needs. If a clinical trial at any of those places could benefit a patient, his or her oncologist will know about it and the patient will have access to it,” explains Dr. Haffty, who is also the Associate Vice Chancellor for Cancer Programs.

“In this way, we can provide a seamless continuity of advanced care that’s of great benefit to our patients,” he says.

**CONSISTENT CONNECTION**

Physicians at RWJBH and Rutgers Cancer Institute represent a vast array of cancer specialties. “A physician can call a specialist at another RWJBarnabas Health hospital to consult on any case,” Dr. Haffty says. “For example, I get calls all the time about cases in my specialties, breast cancers and head and neck cancers. The same kind of discussions go on among experts in gastrointestinal, brain, blood cancers—all kinds of subspecialties within radiation oncology.”

Such consultations aren’t left to chance. Cancer specialists at RWJBH and Rutgers Cancer Institute meet regularly to discuss their cases. “We’ve implemented peer-review planning sessions, where every new patient case at each facility is peer-reviewed by multiple physicians,” says Dr. Haffty. “Physicians share their ideas about what treatments might best benefit the patient—perhaps Gamma Knife, CyberKnife, proton therapy or other sophisticated radiation therapy techniques. Very few health systems have all of these options available.”

Physicians and patients also have the benefit of the most up-to-date national research and the latest clinical trials. As one of just 51 U.S. institutions designated a Comprehensive Cancer Center by the National Cancer Institute, Rutgers Cancer Institute is a leader in conducting cancer research and translating scientific discoveries into novel treatments.

“The partnership between Rutgers Cancer Institute and RWJBarnabas Health is unique in that it offers the latest technology available in combination with all of our subspecialty expertise,” says Dr. Haffty, “and anybody who walks in the door anywhere in the system has the benefit of all of it.”

**ADVANCED TREATMENTS**

Radiation oncologists at Rutgers Cancer Institute of New Jersey and throughout the RWJBarnabas Health system are experts in the most advanced radiation treatments available, including but not limited to:

**BRACHYTHERAPY:** In this type of radiation therapy, the radioactive source is delivered through seeds, ribbons, catheters or wires placed within or just next to a tumor.

**CYBERKNIFE:** This robotic radiosurgery system is noninvasive and delivers intense, highly focused doses of radiation directed by a sophisticated computer guidance system.

**GAMMA KNIFE RADIOSURGERY:** This treatment uses multiple beams of radiation focused with extreme accuracy on the tumor or area to be treated. With Gamma Knife, no incision is required to treat tumors and other abnormalities of the brain.

**INTENSITY MODULATED RADIATION THERAPY (IMRT) AND IMAGE GUIDED RADIATION THERAPY (IGRT):** These therapies utilize advanced imaging and computerized radiation delivery techniques that provide high-resolution, three-dimensional imaging to pinpoint tumor sites while protecting healthy tissue.

**PROTON BEAM THERAPY:** This type of therapy uses protons (subatomic particles with a positive electric charge) to precisely target locations within tumors while protecting surrounding tissues and organs.

Your cancer care is too important to wait. Our cancer centers and our hospitals have taken every precaution as we continue to provide the most advanced cancer care. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ (844.226.2376).**
At 8 years old, Aiden Shanklin is wheelchair-dependent, has a sensory processing disorder and functions at the level of a 1-and-a-half-year-old. He also loves to laugh, listen to the acoustic guitar, ride horseback and swim or run his hands under water. Aiden is doing these things and living his best possible life, thanks to the loving care of his family and the expertise of doctors at Children’s Specialized Hospital (CSH).

“Children’s Specialized Hospital has provided us with such excellent care, I couldn’t ask for a better team for Aiden,” says his mother, Nicole. “They have given us the opportunity to provide him the best quality of life that we can.”

QUESTIONS ANSWERED
When Aiden was 9 months old, Nicole became concerned because he had trouble holding his head up and had no trunk control. “When I would go to lift him, it felt as if I were picking up a rag doll,” she says.
A pediatrician diagnosed Aiden with cerebral palsy (CP), a disorder of movement, muscle tone or motor skills caused by damage to or abnormal development of the brain. CP symptoms often include exaggerated reflexes, floppy or rigid limbs and involuntary motions.
Aiden lived with this diagnosis for six years. Then he was taken to see Adam Aronsky, MD, a developmental and behavioral pediatrician at CSH in Mountainside. Dr. Aronsky felt that Aiden’s clinical picture did not align with those of CP patients and suggested that he undergo genetic testing. That led to the discovery that Aiden actually had a GRIN2B mutation, a genetic disorder with symptoms very similar to those of CP.

“Because the symptoms of CP and GRIN2B-related syndrome are so similar, our treatment plan has not changed,” Nicole says. “However, the new diagnosis has provided a lot of answers to my questions.”
Aiden now sees three physicians at the CSH Mountainside location who work together to help with his treatment plan. Dr. Aronsky treats Aiden’s bone and muscle function. JenFu Cheng, MD, a physical medicine and rehabilitation physician (physiatrist), provides Botox injections that assist with the parts of Aiden’s body that have high muscle tone (spasticity). Neurologist Andrea Richards, MD, assesses any episodes he may have. For example, when there was concern that a laughing condition was a sign of a seizure, she was able to determine that it was just part of Aiden’s personality.

“This experience has taught me that it’s OK to ask questions, even if you think they don’t make sense or seem silly,” Nicole says. “I encourage other families going through similar experiences to go with their gut, ask questions, research everything you can and share your experiences with others. You never know who will benefit from your story.”

To learn more about Children’s Specialized Hospital, call 888.244.5373 or visit www.childrens-specialized.org.

**EVERYDAY JOYS**

**EXPERT CARE PROVIDES A YOUNG PATIENT WITH THE BEST POSSIBLE QUALITY OF LIFE.**

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.
If someone says their heart is broken, you instantly know what that means: The person is feeling deep grief, usually from the loss of a love relationship or the passing of a loved one. The pain is emotional, but it can feel—and be—physical as well. In fact, cardiac specialists know extreme emotional stress can actually “break” a heart’s functioning by reducing the ability of heart muscles to pump, thereby depriving the brain and organs of oxygen-rich blood. This is called stress cardiomyopathy, also known as “broken heart syndrome,” and cases have been on the rise.

“Recent data show an increase of four times the number of stress cardiomyopathy cases compared to before the COVID-19 pandemic,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

HOW IT HAPPENS
“The mechanism for triggering stress cardiomyopathy is not completely understood, but it’s possible that there is a link between the brain and the heart where you have a high activation of neurons in the brain stem,” says Dr. Chaaban. “These in turn secrete a tremendous amount of stress hormones and neuropeptides, which could be captured by the receptors of the heart, leading to a temporary dysfunction of an area in the heart.” However, the COVID-19 virus attacks the heart in many ways that are still not completely understood, he notes.

Stress cardiomyopathy has the same symptoms as a heart attack: chest pain, shortness of breath, sweating, dizziness, nausea and vomiting, weakness and pounding of the heart. In addition to being triggered by intense emotion, it can be caused by significant physical stress, such as a severe asthma attack or a broken bone.

“Many times, a patient comes in with what presents as a heart attack, and we discover it was actually stress cardiomyopathy only after further testing, such as an echocardiogram or angiogram,” says Dr. Chaaban.

Women, especially those over 50, seem to be more at risk of emotion-caused stress cardiomyopathy. When men have the condition, it is more often caused by physical stress.

MANAGING STRESS
“We don’t know why some people get stress cardiomyopathy and others don’t, but what we can tell patients is that they are highly likely to fully recover,” says Dr. Chaaban. “We generally need to provide supportive treatment for several weeks, with medications to help improve blood pressure, remove fluid from the lungs and prevent blood clots.” For very sick patients, a ventilator or an intra-aortic balloon pump may be needed.

Managing stress is the most important thing anyone can do to protect the heart, he says. “The best way to de-stress yourself is to live a healthy life—stay active, eat well and maintain a healthy weight as well as a positive attitude,” he says. “Life is stress, but you can learn not to take things personally and become more resilient to whatever life throws at you.”

The most urgent message Dr. Chaaban has is for people to pay attention to their symptoms. “If you’re stressed out and suddenly feeling chest pain, don’t ignore it,” he says. “Get checked as quickly as possible. Call 911 or go to the Emergency Department. That’s a controlled environment where we can help you and support you until the stress has passed and your heart has healed.”

Your heart doesn’t beat just for you. Get it checked. To find a cardiac specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.
Not long ago, virtual doctor visits—appointments conducted via video or phone—were relatively rare. Now they’re commonplace, and they’re here to stay. “The pandemic gave telehealth a jump-start, but I believe it will become a permanent part of the healthcare delivery system,” says Andy Anderson, MD, President and Chief Executive Officer of the combined medical group of RWJBarnabas Health and Rutgers Health. “We are seeing ever-increasing use of our RWJBarnabas Health TeleMed services.”

Telehealth can be used for primary and routine medical care, as well as for some aspects of specialty care. “There’s still enormous value in face-to-face appointments and physical examinations, and that will never go away,” says Dr. Anderson. “But telehealth has many uses, both for convenience and for making and maintaining the doctor-patient connection.” Here, he explains why.

Can a wellness visit be done through telehealth?
A good deal of preventive screening can be done this way. A doctor can ask, “Have you had your mammogram? Have you scheduled your colonoscopy? What kind of diet are you consuming? Are you sleeping well?” Patients can self-report their weight and, if they have a blood pressure cuff at home—as many patients do—their blood pressure numbers. A doctor can screen for cognitive issues, give referrals, advise on a plan for self-care and recommend future tests and appointments.

Telehealth is not, clearly, a full substitute for an in-person visit and examination. But it is a valuable way for people to get many of their healthcare needs met.

Besides wellness visits, what other kinds of primary care can be conducted virtually?
If you have an acute issue—for example, a cut or sprain, or a possible urinary tract infection—telehealth is a way to sort out the next steps, such as a doctor office visit, trip to urgent care or a prescription.

Also, aspects of care for chronic conditions like diabetes, heart failure and high blood pressure can be managed via telehealth. A doctor can ask about blood sugar levels, about symptoms and about medication side effects. The physician can see certain symptoms over video, such as swelling in legs.

Chronic disease management should be done in a combination of in-person and telehealth visits. But many patients have been very happy to have routine check-ins take place in a video visit, sparing them time they’d have to spend traveling to the doctor’s office.

When an in-person visit isn’t practical, why not just have a telephone call?
We encourage a video visit whenever possible, and fortunately, the technology for having one has become very simple to use. There’s a huge visual component to communication—body language, expression. It’s important to see the patient and have them see you when you’re counseling or coaching them, or asking about side effects.

Are there any special issues for children?
For kids, much of their preventive care has to do with getting vaccines on schedule, so they’ll need in-person visits more than most adults.

Can telehealth be used for COVID-19 screening?
Absolutely. In fact, it’s a very important screening tool because, ideally, you don’t want a person to show up to a medical office and potentially expose other people. An initial screening can be done effectively over the phone or via a video call by asking about the patient’s health history and symptoms. Then prescriptions, tests or other next steps can be arranged as needed. The same is true, by the way, for people who have a bad cold or the flu.

GETTING THE MOST OUT OF TELEHEALTH

VIRTUAL VISITS WON’T REPLACE IN-PERSON APPOINTMENTS, BUT THEY CAN PROVIDE SIGNIFICANT BENEFITS.

To learn more about RWJBarnabas Health TeleMed®, call 888.724.7123 or visit www.rwjbh.org/telemed.

ANDY ANDERSON, MD

Healthy Together | 16 | Fall 2020
Worrying about finances when you’re fighting for your life is the last thing you want to do. But for some breast cancer patients, that’s the reality. To the rescue: “I Believe in Pink,” a nonprofit group that partners with Robert Wood Johnson University Hospital (RWJUH) Hamilton to help breast cancer patients in need. Recently, the organization helped pay for a patient’s hormone therapy. “She was taking the drug every other day because she couldn’t afford the out-of-pocket cost,” says Amy German, Director, Cancer Center, RWJUH Hamilton. “We were able to pay the difference, helping to prevent her chances of a recurrence.” The hospital was also able to purchase a chair lift for a patient with an aggressive form of breast cancer who was too weak to get to the second floor of her home. Another patient with advanced breast cancer had lost her job and was having trouble paying her rent. “We paid two months’ rent,” says German. The hospital has also provided transportation for patients who need a ride to treatment appointments. “Breast cancer patients already have enough stress and worries, so if we can help improve their outcome or quality of life, we’re happy to do that,” says German.

HELPING THE NEEDIEST PATIENTS

“I Believe in Pink” was launched in 2018 by Stacy Spera, a breast cancer survivor, and her best friend, Tracey Destribats, a local bakery owner. Local attorney Denise Mariani was also instrumental in forming the organization. The mission was established after Spera received a $900 bill for a compression bra, which is used to treat lymphedema, in which swelling occurs as a result of the removal of lymph nodes. The bra was covered by Spera’s insurance, but she wondered how people who don’t have insurance can afford items like this. “We wanted to start an organization to help the neediest patients,” says Spera.

Two years ago, Spera and Destribats met with a nurse navigator at RWJUH Hamilton, and they agreed to raise funds for hospital patients. “I Believe in Pink” donated the first $10,000 it raised to RWJUH Hamilton for items such as wigs, turbans, headscarves, food, gas and rent. “It was a win-win,” recalls Spera, who works as Chief of Operations at New Jersey’s Department of Community Affairs. Several local businesses have provided funds for “I Believe in Pink,” and there’s a fundraising event every year. In 2018, the organization held a “Hats Off to Breast Cancer” event, in which attendees wore their favorite hats. Last year, the event was called “Let’s Tackle Breast Cancer,” and the organization sold football shirts to guests. In total, the organization has raised $20,000 for RWJUH Hamilton patients. “Patients are humbled and touched by any kind of support we give them,” says German, who notes that there have been more requests for financial assistance since the COVID-19 pandemic began. “We want to give them the best chance for a positive outcome.”

For more information about “I Believe in Pink,” visit www.Ibelieveinpink.org.
To support the hospital, visit www.rwjbh.org/hamiltongivenow.
THANKS TO SPINE SURGERY, A PHYSICIAN IS BACK TO PLAYING GOLF AND CAN WALK WITHOUT PAIN.

In the summer of 2019, Robert Silverbrook, DO, an internist with RWJBarnabas Health Medical Group, was suffering from debilitating back and leg pain. He had to drive down his driveway to get his mail because it was too painful to walk. When he went to work, he always had to worry about finding a parking spot close to the door. When he visited his children in another state, he had to stop at rest stops because he couldn’t sit for long. “I was in pain every minute, and I was becoming more and more inactive,” recalls Dr. Silverbrook. “The discomfort radiated down my back into my left thigh below my knee. I took anti-inflammatory medications, but I knew I needed surgery.”

Unfortunately, this wouldn’t be his first spine surgery. Dr. Silverbrook had already had four procedures. The most recent one, a discectomy—in which a herniated or bulging spinal disk is removed to relieve pressure on the spinal cord—was done in 2018. Initially, he experienced relief from the pain, but it didn’t last long. He tried cortisone injections and physical therapy, but neither helped.

Dr. Silverbrook had previously worked with Erol Veznedaroglu, MD, a neurosurgeon at The Center for Neurosciences at Robert Wood Johnson University Hospital (RWJUH) Hamilton, so he contacted him. Dr. Veznedaroglu recommended that Dr. Silverbrook see his partner, Zakaria Hakma, MD, FACS, FAANS, Section Chief, Neurosurgery, RWJUH Hamilton, and a minimally invasive spine surgery specialist. “Over time, Dr. Silverbrook had developed a very high tolerance for pain,” says Dr. Hakma. “For him to complain and seek another surgical opinion indicated that he suffered from quite a bit of discomfort.”

A COMPLICATED PROCEDURE

An MRI of Dr. Silverbrook’s lumbar spine revealed that he had what’s known...

“I GOT MY LIFE BACK”
as “adjacent segment disease,” which can develop as a result of spinal fusion surgery or degenerative changes in the spine. When spinal segments—composed of an intervertebral disc, vertebrae above and below the disc, joints and ligaments—are fused during surgery, they no longer move. As a result, the healthy adjacent segments move more, and they become stressed. This can lead to degenerative disorders in the spine, such as herniated discs and osteoarthritis. In Dr. Silverbrook’s case, he also had spondylolisthesis, in which a spinal bone (vertebra) slips forward, causing back and leg pain.

Dr. Silverbrook needed another procedure to remove damaged spinal discs. He also needed surgery to remove facet joints, which compress nerve roots when they’re damaged or degenerated, and the bony “roof” of the spinal canal. The goal was to relieve pressure on spinal nerves. Afterward, Dr. Hakma would use bone graft material and screws to stabilize Dr. Silverbrook’s spine. Dr. Silverbrook was confident in Dr. Hakma’s expertise. In addition, “He has a calming presence,” he says.

A SUCCESSFUL OUTCOME
Dr. Silverbrook had surgery on January 29 at RWJUH Hamilton, and it went smoothly. Three neurosurgeons, including his former coworker, Dr. Veznedaroglu, performed the procedure. “Multiple previous surgeries and old hardware required us to perform an open procedure,” says Dr. Hakma. The night of the surgery, Dr. Silverbrook was able to walk the hallways of the hospital. “I was sore, but I didn’t have pain in my back or leg,” he says. He spent two days in the hospital. “The care on the orthopedic floor was tremendous,” he says. “The nurses were very attentive.”

About one week after the surgery, Dr. Silverbrook was able to walk to his mailbox. Two weeks later, he was able to go to the grocery store and carry light bags (around five pounds each). During his recovery, Dr. Silverbrook worked with a trainer. On March 1, he returned to work. “The procedure was successful,” he says. “My goal was to be able to walk a mile without any leg pain and play golf. Now I can golf, swim and walk without any pain. This surgery has given me my life back. It’s hopefully my last one.”
About 42 percent of adults in the U.S. are obese, according to the National Health and Nutrition Examination Survey. That’s alarming, because being overweight increases the risk of dying from COVID-19—especially in people age 60 or younger and in men, according to a study published in the Annals of Internal Medicine. One possible explanation: COVID-19 causes breathing difficulties, and obesity exacerbates the problem. Also, people who are obese have more trouble recovering from respiratory infections like pneumonia.

People with a body mass index (BMI)—a weight-height ratio—over 40 live 10 fewer years than those who have a lower BMI, according to Ragui Sadek, MD, Director, Metabolic and Bariatric Surgery, Robert Wood Johnson University Hospital (RWJUH) Hamilton. Obesity can lead to heart disease, diabetes and uterine, esophageal and colorectal cancers. For people with high BMIs, “the cure is surgery,” says Dr. Sadek. “It has proven success based on the literature.”

At RWJUH Hamilton, the Bariatric Program provides advanced treatment for weight loss. Program physicians perform primary surgeries as well as revision surgeries using robotic technology. There are six surgeons, a physician assistant, a nurse and a dietitian. Patients see a nutritionist, psychologist, cardiologist, pulmonologist and gastroenterologist prior to surgery, says Dr. Sadek. The psychologist evaluates patients for behavioral health problems like eating disorders, which can interfere with the outcome of surgery. A cardiologist ensures patients can tolerate surgery. A pulmonologist, who specializes in lung conditions, rules out conditions like sleep apnea. A gastroenterologist checks patients for ulcers, untreated infections, hernias and reflux. “We use cutting-edge research to improve our outcomes,” says Dr. Sadek.
TYPES OF BARIATRIC SURGERY

The weight-loss procedure that's right for you depends on several factors, such as your age, eating habits, long-term goals and medical problems, such as diabetes, says Ragui Sadek, MD, Director of Metabolic and Bariatric Surgery at Robert Wood Johnson University Hospital (RWJUH) Hamilton. Talk with your physician about which procedure would work best for you.

• **SLEEVE GASTRECTOMY**

  **HOW IT WORKS:** About 80 percent of the stomach is removed, leaving a small “sleeve” about the size of a banana. This surgery helps people feel full after eating small amounts of food and causes gut hormone levels to drop so they’re not as hungry.

  **BEST FOR:** It’s great for people who feel hungry all the time because it prevents them from overeating. It also helps to resolve serious health conditions like diabetes. People who have gastroesophageal reflux disease should avoid this procedure, though, because it can worsen the problem.

• **GASTRIC BYPASS**

  **HOW IT WORKS:** The stomach is divided into two sections. The top part becomes a small pouch the size of a golf ball. It limits the amount of food that can be eaten. The stomach is connected to the middle of the small intestine, and the remaining parts of the stomach and intestinal tract don’t absorb food. This procedure leads to hormonal changes that promote weight loss.

  **BEST FOR:** This procedure is ideal for people with severe diabetes because it cures the condition. It also prevents people from overeating. It can benefit those with reflux disease.

• **DUODENAL SWITCH AND SINGLE-ANASTOMOSIS DUODENAL ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S)**

  **HOW IT WORKS:** This is a modified duodenal switch procedure. A portion of the stomach is removed to create a smaller one. Next, a large part of the small intestine, or duodenum, is bypassed so that food empties into the last segment of it, resulting in less absorption of calories and nutrients. The new version, called SADI-S, is a shorter, less complicated operation and has a lower risk of long-term nutritional deficiencies. The procedure helps to reduce the amount of food a person eats and reduces the absorption of fat. It also results in hormonal changes that reduce appetite and lead to a feeling of “fullness.”

  **BEST FOR:** This procedure results in the most weight loss. People with high BMIs or long-standing diabetes that’s difficult to control can benefit.

**BEST CANDIDATES**

To qualify for bariatric surgery, you must have:

• A body mass index (BMI) of 40 or greater

• A BMI of 35 to 40 plus one or more other conditions, such as Type 2 diabetes, high blood pressure, sleep apnea, high cholesterol or an enlarged liver

Schedule an appointment today and begin your journey to a healthier life. Call 888.124.7123 or visit www.rwjbh.org/weightloss.
LIFESAVING SCREENINGS FOR MEN

WHY IT PAYS TO STAY ON TRACK WITH ROUTINE MEDICAL TESTS.
Many people put off medical care—especially men. That’s risky. Taking the time to see your doctor for routine screening tests can have a big health payoff. “When conditions are found earlier, they can be easier to treat,” says Shankar Santhanam, MD, a family physician and chair of the Department of Family Practice at Robert Wood Johnson University Hospital Hamilton. Men should schedule the following screenings at these ages, according to Dr. Santhanam:

**STARTING AT AGE 18**

- **BLOOD PRESSURE** Check it at least once every two years. If your systolic blood pressure (upper number) is between 120 and 129 mm Hg and your diastolic blood pressure (lower number) is less than 80 mm Hg, your blood pressure is elevated and you should get it checked annually. High blood pressure is defined as a reading that’s higher than 140/90 mm Hg. Before starting treatment, be sure to obtain measurements outside the doctor’s office.
- **CHOLESTEROL** Unless your readings are abnormal, this blood test should be performed every five years. Total cholesterol should be less than 200 mg/dL; LDL, or “bad” cholesterol, should stay under 100 mg/dL; and HDL, or “good” cholesterol, should be 60 mg/dL or higher. An HDL reading below 40 is considered a cardiac risk factor. High levels of “bad” LDL cholesterol can increase your risk of developing heart disease, while high levels of “good” HDL cholesterol can lower it.
- **DIABETES** Screening is only advised if you have risk factors, such as a body mass index (BMI) of 25 or greater; blood pressure of 140/80 mm Hg or higher; and other risk factors, such as a family history of diabetes. Normal blood sugar levels are up to 99 mg/dL after fasting or 140 mg/dL two hours after eating.
- **TESTICULAR CANCER** Testicular cancer is the most common malignancy in young men; it often strikes in the 30s. During a routine checkup, a physician typically performs an exam. Men with risk factors—such as a family history of the disease or an undescended testicle—should consider performing self-exams on a monthly basis.
- **SKIN SELF-EXAMS** There are no standard guidelines for early detection of skin cancer, but many doctors recommend monthly self-exams, according to the American Cancer Society. They’re especially important if you’re at risk of skin cancer due to a personal or family history of the disease or if you have a compromised immune system.

**AGES 40 TO 64**

- **COLORECTAL CANCER** In 2018, the American Cancer Society recommended that people begin screening at age 45 instead of 50 due to the increase in younger individuals being diagnosed with the disease. You might need to be screened even earlier if you have risk factors, such as a family history of colorectal cancer or polyps or inflammatory bowel disease. Screening can involve annual stool-based tests; sigmoidoscopy every five years; or colonoscopy every 10 years. You may need to be tested more often depending on your risk factors.
- **PROSTATE CANCER** Men over 50 should discuss prostate cancer screening with their doctor, says Dr. Santhanam. The benefits of having a routine screening blood test that measures PSA (prostate-specific antigen) have not been shown to outweigh the risks. Some men experience false-positive test results that may require more testing and possibly a biopsy. However, African-American men and those who have a family member who was diagnosed with prostate cancer before age 65 should consider PSA testing starting at age 45.
- **LUNG CANCER** Annual screening with low-dose CT scans is recommended for people between the ages of 55 and 80 who have smoked one pack of cigarettes per day for 30 years or two packs per day for 15 years. Most insurance covers this screening if you meet additional criteria, such as being a current smoker or have quit in the last 15 years.
- **OSTEOPOROSIS** If you’re over 50, discuss screening with your healthcare provider. You might benefit from bone density testing if you smoke, have used steroids for a long time, drink heavily or broke a bone after age 50.

**AFTER AGE 65**

- **ABDOMINAL AORTIC ANEURYSM** If you’re a former smoker and are between the ages of 65 and 75, consider having an ultrasound, which detects this potentially deadly bulging in the aorta, the body’s main artery. Otherwise, ask your healthcare provider if you could benefit from this test.
- **ELECTROCARDIOGRAM (EKG)** Starting at age 65, have an EKG annually, advises Dr. Santhanam. EKGs measure the heart’s electrical activity and can detect irregularities, which can signal heart disease. Men with a personal or family history of heart disease, diabetes or high blood pressure should consider having an EKG starting at age 40, says Dr. Santhanam.

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We’ve taken every precaution to keep you safe.
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