

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

FALL 2020

healthy *together*

**A LIFE-CHANGING
KIDNEY
TRANSPLANT**

**TRANSFORMING
SURGICAL CARE**

**RELIEF FROM
PARKINSON'S
SYMPTOMS**



**PROTECT YOUR HEART
FROM STRESS**

Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a novel 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, staff and visitors.

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), we have gone above and beyond all recommendations by the Centers for Disease Control and Prevention and other national and regional experts to ensure that you have a safe and healing experience at our hospital. We use the most advanced technology, such as Tru-D Ultraviolet Light, to deep clean and disinfect our facility. RWJUH was also the first hospital in New Jersey to offer COVID-19 antibody and COVID-19 PCR testing to all employees and physicians as part of a Rutgers University research study. We routinely perform temperature checks and symptom screenings for all patients, visitors and staff before they enter our facility. Additionally, all patients receiving any type of interventional or invasive procedure at RWJUH receive a COVID-19 test before their procedure.

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. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL



HEALTH NEWS



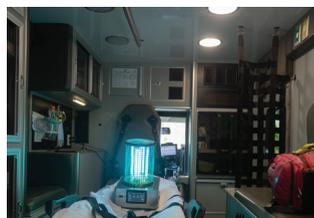
CARING FOR THE TRANSGENDER COMMUNITY

Robert Wood Johnson University Hospital (RWJUH), in partnership

with Rutgers Robert Wood Johnson Medical School, has established The PROUD Gender Center of New Jersey to meet the healthcare needs of the transgender community. The PROUD Gender Center of New Jersey offers comprehensive services and expert LGBTQIA care in one location. The Center's highly experienced, multidisciplinary team offers hormone therapy and surgical procedures to support the transition of transgender patients.

RECOGNITION FOR TOP-NOTCH STROKE CARE

The RWJUH Comprehensive Stroke Center has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. This award recognizes the hospital's commitment to ensuring that stroke patients receive treatment based on national guidelines and the latest scientific evidence. RWJUH earned the award by meeting specific quality measures for the diagnosis and treatment of stroke patients.



PROTECTING EMS PATIENTS AND CREWS

RWJUH is using ultraviolet lamps to disinfect Emergency Medical Services (EMS) vehicles,

helping to protect patients and crews. The lamps, called Tru-D, use a powerful wavelength to deactivate germs found in airborne droplets. Ten of the devices are being placed in unoccupied EMS vehicles and are turned on for 10 to 15 minutes to help disinfect hard-to-reach places and uneven surfaces.

Robert Wood Johnson University Hospital | **RWJBarnabas HEALTH**

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Dawn Drickler, right, donated a kidney to Kate Lim, enabling her to discontinue time-consuming and sometimes painful dialysis.

A GIFT of LIFE

**ONE WOMAN DONATED A KIDNEY
TO HELP AN ACQUAINTANCE.**

In December 2018, Hyewoon “Kate” Lim started kidney dialysis, a treatment that required her to hook herself up to a machine every night so her blood could be filtered for eight hours while she slept—well, tried to sleep. She usually got no more than three or four hours of rest, and never all in a row.

She needed dialysis because her kidneys were failing as a result of a disease called IgA nephropathy, which

she was diagnosed with in 2005. While patients who experience kidney failure often undergo hemodialysis at a medical facility a few times a week during the day, Kate, 37, who lives with her husband in Hillsborough, works as a pianist and music instructor. So she chose to do a nighttime treatment called peritoneal dialysis instead.

Besides the lack of sleep, Kate became overwhelmed with how much time the treatment took, including a half hour before and after to carefully clean the equipment. Sometimes, she also experienced pain and discomfort from the treatment, which required a port to be inserted in her abdomen so that a cleansing fluid could flow through a tube into the lining of her abdomen, the peritoneum, which acted as a filter to remove waste from her blood. "I got very depressed," says Kate.

A PERFECT MATCH

Kidney dialysis patients often need to wait five or more years on a transplant list until they can receive a kidney from a deceased donor. Luckily for Kate, dialysis came to an end after about a year and a half, when Dawn Drickler, 49, an acquaintance from church, offered to donate her kidney to Kate. For many years, Dawn, who lives in Flemington with her husband and two cats, hadn't been a regular churchgoer and had seen Kate only a few times. But Dawn's mother knew Kate well because they saw each other every Sunday at church. Dawn's mom sang in the choir, and Kate was the pianist. By the time Kate's kidneys were failing to the point that she needed

dialysis, Dawn had started to go to church more often, and the two women had become better acquainted. When Dawn learned about Kate's need for a kidney, she decided to see if she was a donor match. She was surprised to find out that she was. "I was ecstatic because I didn't think I would get that far," says Dawn. The two women had the same blood type and were compatible in other ways necessary for a successful transplant.

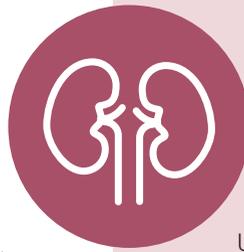
The surgeries were originally scheduled for March but were delayed due to safety concerns surrounding the COVID-19 pandemic. When the women finally got the go-ahead on June 23, Dawn's physician, Ronald Pelletier, MD, a transplant surgeon and Program Director at the Kidney and Pancreas Transplant Center at Robert Wood Johnson University Hospital (RWJUH), removed her left kidney. He immediately gave it to Kate's doctor, Advait Bongu, MD, a kidney/pancreas transplant surgeon, who transplanted it into Kate. Dr. Bongu accommodated Kate's request to play classical music during the operation. Both surgeries went well.

A GRATEFUL PATIENT

Kate's new kidney started working immediately. She stopped doing dialysis and taking the blood pressure medications she needed previously because of her failed kidneys. For a few months after the transplant, she had to take medication to prevent infection, but now she only takes anti-rejection medications to prevent her body from attacking the new organ.

Dr. Bongu says Kate probably would have spent several more years on the transplant wait list had it not been for Dawn. "None of this would have been possible if it had not been for Dawn's selfless gift," he says.

Dawn was glad to help. Since the surgery, she and Kate have talked and texted frequently. "I didn't hesitate to help Kate," says Dawn. "I wanted to help so that she could live and not have to go through what



COULD YOU DONATE A KIDNEY?

Surgeons at Robert Wood Johnson University Hospital (RWJUH) currently perform about 60 to 70 kidney transplants a year. About 30 percent involve living donors. Doctors at RWJUH say they'd like to see more procedures—upwards of 200—to meet the needs of the community. Kidneys from living donors are ideal, says Advait Bongu, MD, a transplant surgeon. "Living donor kidneys work sooner and last longer," he says. "It's in patients' best interest if they have somebody who's willing to donate a kidney to them."

Ronald Pelletier, MD, a transplant surgeon and Program Director at the Kidney and Pancreas Transplant Center at RWJUH, says he would love to see more eligible people volunteer to donate a kidney. They must have two healthy kidneys, and they can't have any diseases that might affect their kidney function in the future. "There are great rewards for donating, especially when you get to see someone else's life dramatically changed for the better," says Dr. Pelletier. "With the incredible shortage of deceased donor kidneys, we need people interested in donating to step forward and try to help these people who are stuck on dialysis."

she went through with the dialysis." Kate is thankful. "Dawn and I call each other sisters because I have part of her body," she says.

For Kate, the gift of Dawn's kidney was nothing short of life-changing. "Every night I go to sleep without hooking myself up to the machine, I'm grateful," says Kate. "I feel great."



ADVAITH BONGU, MD



RONALD PELLETIER, MD

For more information about the Kidney and Pancreas Transplant Center, visit www.njtransplant.org.





New hybrid operating rooms, like the one shown here, will enable physicians to perform both minimally invasive and open surgeries.

SAVING MORE LIVES

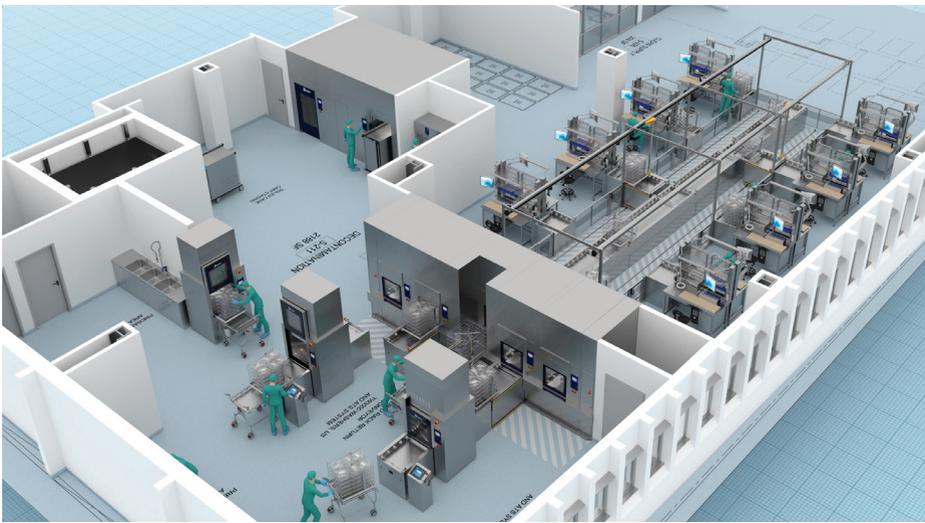
**A MAJOR EXPANSION AND RENOVATION OF SURGICAL SERVICES WILL
TRANSFORM PATIENT CARE AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.**

Robert Wood Johnson University Hospital (RWJUH) recently began construction on a major capital project that will take surgical care to the next level. It will enable physicians to perform the most complex surgeries using advanced robotic and imaging technologies, enhancing patient safety. “RWJUH is committed to providing leading-edge technologies and state-of-the-art facilities to ensure optimal patient outcomes,” says John J. Gantner, President and CEO of RWJUH.

Groundbreaking on the first phase of the project took place in July. An addition will house new hybrid operating rooms (ORs)—surgical “theaters” equipped with medical imaging devices for minimally invasive procedures. By combining imaging technology with traditional surgical devices, including surgical booms and other instruments, hybrid ORs allow physicians to perform both open and laparoscopic surgeries. For patients, having a single surgery in a hybrid OR can result in a shorter hospital stay and a quicker recovery.

The new building will also feature a 16,000-square-foot Central Sterile Processing Unit, which will be located near the operating rooms. The unit will increase the quality and efficiency of sterilizing, storing and preparing surgical equipment, devices and other items to prevent infection.

After the addition is complete, the existing ORs will be renovated. The new ORs will be used by every service line at the hospital. “This ambitious expansion and enhancement project



Top: Leonard Y. Lee, MD, Chairman of the Department of Surgery at Robert Wood Johnson University Hospital and Professor of Surgery at Rutgers Robert Wood Johnson Medical School, with the da Vinci robot, which is used for minimally invasive surgeries. Bottom: A rendering of the new Central Sterile Processing Unit.

will meet New Jersey's growing need for highly specialized surgical care for years to come," says Gantner. The project will result in the following:

- state-of-the-art imaging technologies, such as intraoperative MRI, ultrasound and "bi-plane" imaging, in which two rotating cameras provide detailed, three-dimensional images
- robotics, including the da Vinci robot, which will allow physicians to perform minimally invasive procedures and more complex cardiac, vascular and neurological surgeries
- a larger post-anesthesia care unit, where patients can recover in private bays under the care of specialists

A UNIQUE MOMENT IN HISTORY

The RWJ University Hospital Foundation is raising \$30 million to help fund the project. So far, nearly \$5 million has been raised thanks to generous donors, including Bob Campbell, former Vice Chairman at Johnson & Johnson, the RWJ Foundation and the RWJUH Auxiliary, according to Mary Burke, Vice President of the Foundation. "It's important that we continue to invest in the hospital,"



"IT'S IMPORTANT THAT WE CONTINUE TO INVEST IN THE HOSPITAL," SAYS BOB CAMPBELL, FORMER VICE CHAIRMAN AT JOHNSON & JOHNSON. "MEDICINE NEVER STOPS GROWING. IT'S ALWAYS CHANGING. THOSE CHANGES HAVE TO COME FROM A LEADER, AND THAT LEADER IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL."

says Campbell. "Medicine never stops growing. It's always changing. Those changes have to come from a leader, and that leader is Robert Wood Johnson University Hospital."

This project will lead to the creation of a new standard in surgery, which will enrich every aspect of patient care. It will also help the hospital recruit and retain top-notch nurses and physicians. "Our goal is to provide surgeons and operating room nurses with the best facilities their field offers, elevating professionalism and pride," says Gantner. "This project will enable us to attract and retain highly talented physicians and surgical support staff right here in New Jersey."

"This is a unique moment in the history of RWJUH," says Burke. "We are the leading academic medical center in New Jersey, and we are raising the bar. Philanthropic dollars will make the difference between getting this project done and getting it done right."

To support the RWJ University Hospital Foundation, visit www.rwjuhgiving.org.



CUTTING-EDGE CARE FOR CYSTIC FIBROSIS

HOW A MULTIDISCIPLINARY APPROACH TO TREATMENT BENEFITS YOUNG PATIENTS.

More than 30,000 people in the U.S. have cystic fibrosis, in which mucus clogs the airways, leading to persistent lung infections and difficulty breathing. At Robert Wood Johnson University Hospital (RWJUH) and Rutgers Robert Wood Johnson Medical School, the Cystic Fibrosis (CF) Center provides expert care for children with CF. Thomas Scanlin, MD, Director of the CF Center, Professor of Pediatrics and Chief of the Division of Pulmonary Medicine at Rutgers Robert Wood Johnson Medical School, explains how the Center helps to improve patients' quality of life.

What is the Cystic Fibrosis Center's approach to patient care?

At the Center, a multidisciplinary team cares for patients. It's composed of physicians who specialize in CF and pulmonary medicine, nurse practitioners, respiratory therapists, social workers, psychologists, physical therapists and registered dietitians. Our social workers perform a screening for depression and anxiety, which tends to be higher in people with chronic disease. A physical therapist assesses patients' fitness levels and helps them achieve a healthy body mass index (an indicator of body fat). In addition, the Center works closely with patients' families to fit cystic fibrosis care into their busy schedules.

What makes the Center unique?

The Center is ranked among the top 10 in the nation for helping patients maintain their nutritional and pulmonary function. We're focused on achieving the best outcomes for our patients. That means we don't accept

a drop in lung function without doing something about it. We hospitalize patients and perform aggressive chest physical therapy when necessary.

Are there any new treatments?

In 1989, a gene responsible for cystic fibrosis was identified, and we've been trying to find a drug that would target it. In October 2019, a medication called Trikafta was approved by the U.S. Food and Drug Administration for patients who are 12 and older. It helps to improve patients' lung function dramatically. Patients can breathe more easily when they wake up, and it's easier for them to clear mucus from their lungs. Their quality of life is much better. We're currently studying the drug to monitor liver function for any long-term problems. Ultimately, we hope to be able to use it to prevent symptoms from developing in babies who test positive for CF during routine newborn screening.



Thomas Scanlin, MD, Director of the Cystic Fibrosis Center, is focused on achieving the best outcomes for children with the disease.

To learn more about the Cystic Fibrosis Center, visit www.rwjbh.org/bmschcfcenter.



GOING OUT: WHAT'S SAFE FOR SENIORS?

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

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.



JESSICA ISRAEL, MD

“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.



A pregnant woman with curly hair, wearing a light blue long-sleeved shirt, is smiling and holding a white tablet computer in front of her. The background is a soft-focus indoor setting with a white brick wall and a white sofa.

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 Sernal, 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," Sernal 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," Sernal 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," Sernal 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



PROTECTING MOMS AND BABIES FROM COVID-19

"The medical community is still learning about all of the potential effects COVID-19 may have on pregnancy and newborns," says Suzanne Sernal, Vice President for Women's Services at RWJBH. "What we do know is that all of the stay-safe recommendations—mask wearing, distancing, and frequent and thorough handwashing—that apply to us all are especially important for pregnant women and infants, and those who visit or care for them."

The Centers for Disease Control and Prevention recommends that mothers who come into a hospital for delivery be tested for COVID-19, even if they have no symptoms (cough, shortness of breath, fever or chills, loss of taste or smell). "At RWJBarnabas Health hospitals, we've put every precaution in place to ensure the safety of everyone in our facilities, including mothers and their birth partners," says Sernal. "So far, we've delivered more than 10,000 babies during this pandemic and have kept every one of those mothers and babies safe and healthy."

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," Sernal 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.



RADIATION ONCOLOGY: 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 (RWJBH) 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, FACR, 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 available at Rutgers Cancer Institute or any RWJBarnabas Health facility,



BRUCE HAFFTY, MD

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)**.





Aiden Shanklin, left, has a custom treatment plan designed by his doctors to alleviate symptoms caused by a genetic mutation.

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.



Children's Specialized Hospital®

An RWJBarnabas Health facility

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,

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.



HOW STRESS HARMS THE HEART

HEART MUSCLE DISEASE IS INCREASING, AND EXPERTS THINK EMOTIONAL DISTRESS IS A MAJOR CAUSE.

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.



FADI CHAABAN, MD

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.





GETTING THE MOST OUT OF TELEHEALTH

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

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."



ANDY ANDERSON, MD

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.

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





THE NEXT GENERATION OF HEALTHCARE PROVIDERS

A NEW FELLOWSHIP PROGRAM TRAINS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS TO PROVIDE SPECIALIZED CARE FOR PATIENTS.

In 2006, about 10 advanced practice providers (APPs) were members of the medical staff at Robert Wood Johnson University Hospital (RWJUH). Today, more than 375 APPs help care for patients undergoing heart transplants, cancer treatment, palliative care and more. “They’re trained to work in different areas of the hospital,” says Olivia Nicastro, MSN, RN, APN, ACNP-BC, an ICU nurse practitioner and Director of the Advanced Practice Provider Fellowship Program at RWJUH.

APP is an umbrella term that refers to skilled healthcare providers, such as clinical nurse specialists, Certified Registered Nurse Anesthetists, physician assistants (PAs) and nurse practitioners (NPs). APPs are licensed healthcare providers who work in collaboration with attending physicians. NPs and PAs are versatile because they can help care for patients with a variety of medical problems. “Their autonomy is unmatched,” says Sherry Stein, MS, RN, APN, ACNP-BC, Administrative Director, Hospital Based Providers at RWJUH. “They can perform many procedures. They can place central venous catheters in the ICU, manage critically ill patients and suture wounds in the Emergency Department.”

FIRST IN NEW JERSEY

In 2016, RWJUH introduced a fellowship program for APPs in New Jersey. In 2019, the hospital was the first in New Jersey to receive Accreditation with Distinction by the American Nurses Credentialing Center. “We developed the program because we have highly specialized departments, such as cardiothoracic surgery, rapid response and many Intensive Care Units, which use APPs,” says Stein. “We wanted to give APPs the support, education and training they need.” In the one-year, intensive program, APPs rotate through various clinical areas in the hospital, such as cardiology, neurology, neurosurgery, infectious disease, renal, endocrine, trauma and acute care. They also work with physicians in the medical, surgical, neurological and cardiovascular ICUs.

So far, seven people have graduated from the APP fellowship program. Three APPs are participating this year. “The program creates a collaborative, multidisciplinary

Robert Wood Johnson University Hospital celebrated when the new Advanced Practice Provider Fellowship Program received accreditation by the American Nurses Credentialing Center. **NOTE: This photo was taken before mask and social distancing recommendations were in place.**

culture,” says Nicastro. “APPs develop an appreciation for each team’s role in patient care. When you’ve worked in a certain area of the hospital, you develop a relationship with people there and you know who to call later. You can provide better care for patients as a result.”

The fellowship program enables APPs to practice to the highest level of their licensure, says Nicastro. It’s highly competitive. Each year, there are more than 20 applicants for just three spots. Graduates are often hired to fill open positions at RWJUH. Currently, the program is working to expand advanced training for other specialties, such as primary care. “We have a shortage of primary care providers, so APPs can help combat the physician shortage,” says Stein. “We want to train the next generation of skilled healthcare providers.”

To learn more about the Advanced Practice Provider Fellowship Program, visit www.rwjbh.org/RWJUHappfellowship.



NO MORE SHAKING

**A HIGH-TECH
PROCEDURE HELPS
TO CONTROL THE
SYMPTOMS OF
PARKINSON'S DISEASE.**

In 2013, Mike McCormack of Wyckoff was diagnosed with Parkinson's disease. Over the next five years, he struggled with the neurological disorder, which affects movement. Even with medication, the father of three had tremors and numbness on his left side, which caused him to drag his foot. Occasionally, this resulted in tripping and falling. An avid outdoorsman, Mike had to stop hiking, skiing and participating in other activities. He also developed a stutter.

"I knew I had to do something," recalls Mike, now 57. "I was maxed out on the medications and experiencing side effects. Quite frankly, I was something of a mess."

Thankfully, Mike's life began to turn around in April 2019 when he underwent a procedure known as deep brain stimulation (DBS) at Robert Wood Johnson University Hospital (RWJUH). "The operation involves putting two wires into the brain, which are connected to a generator in the chest," explains



Left: Shabbar Danish, MD, performs the deep brain stimulation procedure. Right: Patient Mike McCormack, who had the surgery, enjoys the beach with one of his children.



One week later, Mike had another surgery to implant the battery-powered generator, a pacemaker-like device, in his chest. A wire under the skin connects the generator to electrodes in the brain.

ROBOTICS EXPERTISE

DBS has been around for about 30 years, but Mike was one of the first patients at the hospital to undergo the procedure with the hospital's new surgical robot. The robotic surgery has several advantages: patients aren't required to have their head fixed in a cage during the procedure, and it requires a smaller opening in the dura, the covering of the brain. "That usually means less air gets into the brain during surgery, and that hopefully means a faster recovery," says Dr. Danish. RWJUH is the only hospital in the Northeast and one of only a few in the country that uses the Mazor robotic system for DBS.

Mike's symptoms started improving right away—particularly the stuttering. "It was one of the first things I noticed when I got out of surgery," he says. "It was like turning on a light switch. Literally the next day, my voice was almost back to normal." He's walking much better, too. "I occasionally have some numbness in my left foot," he says. "But it's not nearly as bad as it was before the surgery."

Sometimes, Mike still experiences shaking in his left hand if he's anxious, but he can stop it with a few deep breaths. "I don't sit and shake," he says. Overall, Mike estimates his symptoms are about 75 percent improved. He's taking much less medication now, too. "I couldn't be more pleased with the results," he says. "I'm very happy with how things are progressing. It's not a cure, and I wasn't expecting a cure, but it's been wonderful."

SYMPTOM RELIEF

Dr. Danish says DBS can offer relief to many Parkinson's patients who have movement-related symptoms—such as tremors and rigidity—and aren't being sufficiently helped by medications or are experiencing too many side effects. "This operation gives people their lives back," says Dr. Danish. "Most patients with Parkinson's are living every day on the clock. They know exactly when to take their medications, when the medications kick in and when they wear off. This operation completely changes that. It removes the need for some of the medications and it eliminates patients' symptoms in a steady fashion, meaning they aren't fluctuating."

DBS is also used to treat other health conditions, including epilepsy, essential tremor, dystonia (a disorder that results in repetitive or twisting movements) and obsessive-compulsive disorder. After surgery, patients must periodically have their device programmed. This is to ensure that it's working at the optimal level to minimize symptoms without causing any side effects from overstimulation, such as tingling, uncontrolled movements or visual or speech problems.

Today, Mike visits with nurse practitioner Deborah Caputo about every three months to determine whether his device needs any adjustments. "Parkinson's will continue to progress, so there are times we'll need to tweak the settings," she says. "There are times we may need to tweak Mike's medications. But DBS does restore a person's quality of life."

Mike knows that firsthand. Happily, he has returned to his favorite pastimes. "I'm back to activities I couldn't do before," he says. "I walk or hike with the dog almost every day. Come wintertime, I'll hopefully be skiing."

neurosurgeon Shabbar Danish, MD, Professor, Department of Neurosurgery, Rutgers Robert Wood Johnson Medical School and Director, Stereotactic and Functional Neurosurgery. "The wires are programmed to change how the circuitry in the brain works."

During the surgery, Mike was awake so that Dr. Danish could ask him to perform simple movements and ensure that the wires were being placed in the best spots to minimize his symptoms.

To learn more about Parkinson's disease, visit www.rwjbh.org/RWJUHparkinsons.





CLOCKWISE, FROM TOP: Margaret Greene (front, far right) of the Praising Healthy Ministry at the Mount Zion A.M.E. Church and members of the RWJUH Community Health Promotions Program, the NAACP New Brunswick chapter and other community organizations with “emergency kits,” which contain masks, soap, hand sanitizer and information about COVID-19. Food is ready for distribution to those in need. Volunteer Germania Hernandez unloads boxes of the emergency kits. Rosabel Pastrana, RWJUH Healthy Homes Community Health Worker, screens a patient for COVID-19. RWJUH Community Health Promotions Program staff members with food for distribution.

HELPING THE COMMUNITY

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL STAFF MEMBERS DISTRIBUTED FOOD AND EDUCATIONAL MATERIALS IN MEMORY OF A LOCAL LEADER.

In March, at the beginning of the pandemic, there were reports of many New Brunswick-area residents who were struggling to find or buy food. Stores were depleted by people hoarding food, toilet paper and other supplies, and many residents lacked transportation to shop elsewhere. Other people couldn't afford to buy in bulk. All of this worried Mariam Merced, MA, director of the Community Health Promotions Program at Robert Wood Johnson University Hospital (RWJUH). "We're considered a food 'desert' because we have less access to healthy and quality foods, and we don't have a big supermarket," says Merced. "Many of the issues that arose with COVID-19 aren't new to us. The pandemic just made them worse."

Initially, the Community Health team was told that seniors needed help, since they were homebound due to social distancing rules and medical conditions left them at high risk for contracting the virus. But as the weeks passed, many local food pantries and a soup kitchen reported a decrease in donations and an uptick in the number of people coming for food.

FEEDING THE HUNGRY

The Community Health team partnered with nonprofits and local organizations to

deliver vegetables, fruit, eggs, bread and yogurt to needy individuals and families. A key partner was the Common Market, a national nonprofit that distributes food from sustainable family farms to communities in need.

The RWJUH initiative was named Linda's Bright Smile Summer Feeding Program in memory of Linda Bright, the former chair of the Praising Healthy Ministry at the Mount Zion A.M.E. Church. The Ministry sponsored health fairs and workshops for community members. Linda, who supported the hospital's Community Health team, died from COVID-19 in April. She spent years educating community members about the importance of healthy eating and worked to increase their access to nutritious foods. "Linda always helped other people," says Margaret Greene, her sister, with whom she lived in Somerset. "She was the kind of person who made others smile."

As of early August, more than 18,000 pounds of food were distributed in the community. It was a great way to honor the memory of Linda, with whom Merced collaborated for many years. "I knew we couldn't gather to remember her because of COVID-19, so naming the summer feeding program after her was a way for us to heal," says Merced.

COVID-19 EDUCATION AND TESTING

In addition to distributing food, the Community Health team provided COVID-19-related services to the community. After identifying two New Brunswick neighborhoods that had become virus hotspots, Merced and her army of volunteers stood in front of local convenience stores and handed out "emergency kits," which included masks, hand sanitizer and soap. They also worked with Middlesex County officials to ensure that New Brunswick had its own COVID-19 testing site, since the two county sites were not within walking distance of the city.

Merced's team placed leaflets with information about COVID-19 in every kit and "made sure every citizen knew about keeping a safe distance from others when they go to the laundromat and bodega."

The program is far from over. "The reverberations of COVID-19 are going to be with us for a long time," says Merced. "My fear is that people's ability to pay their rent and utilities will continue to be a problem. Some residents aren't eligible for community programs, so we're going to think outside the box about how to help them."

For more information, contact the RWJUH Community Health Promotions Program at **732.247.2050** or email **Mariam.Merced@rwjbh.org**.



Robert Wood Johnson
University Hospital nurse
Kristen Deeken, RN, on her
wedding day with her husband,
Shaun.



WHEN A NURSE BECOMES A PATIENT

SURGERY FOR A SERIOUS BACK PROBLEM ALLOWED A HEALTHCARE PROVIDER TO WALK DOWN THE AISLE AT HER WEDDING.

The first half of 2020 didn't get off to a good start for Kristen Deeken, RN, an Emergency Department nurse at Robert Wood Johnson University Hospital (RWJUH). First, her beloved godson died from a seizure. Then, Kristen, 40, of Woodbridge contracted COVID-19. Fortunately, she overcame the virus after three harrowing weeks.

Eventually, life returned to normal, and Kristen, who was engaged, began planning her long-awaited summer wedding. In July, she experienced piercing back pain and weakness in her legs and lower body. She even had trouble urinating. "It was really scary," recalls Kristen. "I remember thinking, 'I have to be able to walk down the aisle.'" She was also worried about being able to work. "I knew if I couldn't walk, I couldn't be an ER nurse," she says. "It felt like my identity and future were in jeopardy."

A DANGEROUS CONDITION

At RWJUH, Kristen had an MRI, which revealed that she'd suffered a herniated disc, in which a tear in the tough, outer edge of a spinal disc causes the gel-like material in the center to "leak" and irritate nearby spinal nerves. This can cause lower back pain as well



GINO CHIAPPETTA, MD

as burning, tingling or numbness that radiates from the buttocks to the leg and, sometimes, the foot.

It wasn't the first time she'd experienced this condition. She'd had surgery for a herniated disc when she was in her 20s. This time, though, the herniation occurred in the middle of her back. It compressed the spinal cord, which can lead to numbness, stiffness, weakness in the legs and difficulty with bowel and bladder control. "Thoracic disc herniations and spinal cord compressions are not common—especially in a healthy, young woman without an injury," says Gino Chiappetta, MD, an orthopedic surgeon at RWJUH and Clinical Associate Professor of Orthopaedic Surgery at Rutgers Robert Wood Johnson Medical School. "Kristen was profoundly weak and had urinary dysfunction, so it was important to act fast." When a herniated disc affects bladder or bowel function, it's considered a medical emergency because it can lead to incontinence and paralysis.

On July 21, Dr. Chiappetta performed a thoracic discectomy, laminectomy and fusion surgery to ease the pressure on Kristen's spinal cord. "We needed to remove the herniated disc material as well as the bone and ligament that covers and protects the spinal cord," he says. Dr. Chiappetta and his team then inserted screws in Kristen's spine to hold it in place, which is known as a fusion.

Several thousand spine surgeries take place at RWJUH each year, but fewer

than 5 percent are done on patients with diagnoses like Kristen's, says Dr. Chiappetta. Her surgery required a three-inch incision in the area between her shoulder blades.

A SUCCESSFUL SURGERY

As soon as Kristen "woke up" after her surgery, she knew it had been a success. "I could move my left foot, and there was no numbness," she recalls. "I started crying." She stayed in the hospital for three days. On the third day, she was able to walk unassisted. "As nurses, we're not good at being patients," she says. "But after my surgery, I felt helpless. The nurses and other staff members were so comforting and accommodating."

Dr. Chiappetta was surprised by Kristen's swift progress. "Most patients who experience a similar surgery use a walker or cane for a few weeks because their muscles have shrunk and become weak," he says. He expects that she will recover fully with physical therapy.

Kristen's wedding, which was held in early August, was smaller than originally planned because of the COVID-19 pandemic. But she achieved her goal of walking down the aisle toward her husband, Shaun, at their waterfront ceremony. "The surgery has changed my perspective in a lot of ways," she says. "It's made me more grateful. As a nurse, it was a reminder of the faith and trust patients place in us and the responsibility we have toward them."

To learn more about orthopedic surgery at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjhortho.



My son has cancer but he also has advanced technology to fight it: Proton Therapy.

When treating cancer, precision is crucial. That's why Robert Wood Johnson University Hospital, in partnership with Rutgers Cancer Institute of New Jersey, is proud to offer proton therapy for adults and children. This pinpoint-accurate, non-invasive treatment targets the exact location of the cancer, with fewer effects on surrounding areas. It's just one of many innovations you can expect to find at New Jersey's only NCI-designated Comprehensive Cancer Center. [Visit **rwjbh.org/beatcancer**](http://rwjbh.org/beatcancer) or call **844-CANCERNJ** to learn more.

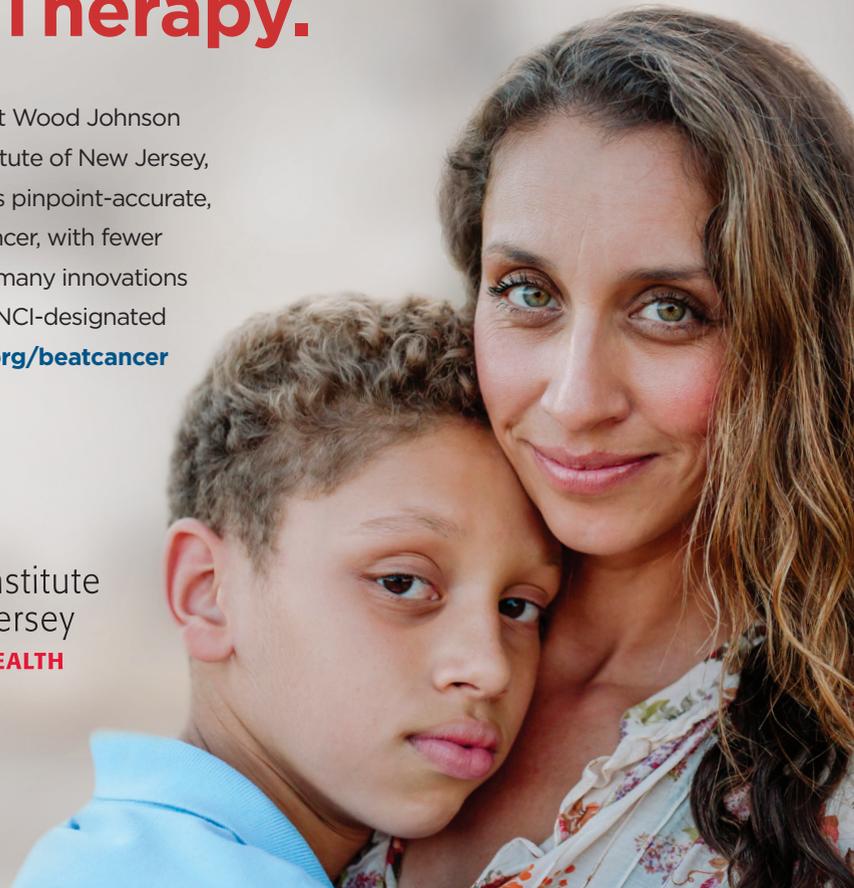


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So if you've put off cancer care due to COVID-19, please don't delay it any longer.