

# healthy

*together*

**NEW WAYS TO  
IMPROVE EYESIGHT**

**BABY MIRACLES:  
20 YEARS OF JOY**

**HOME EXERCISE:  
GETTING STARTED**

**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.

You will notice some changes when you enter our facility. You will be asked a series of health questions, have your temperature taken and receive a mask if you are not already wearing one. Many of our classes and support groups are now online for the convenience of our community members. If you have put off any health screenings or preventative services, make the commitment to you and your health and schedule those appointments. We are here and ready to care for you and your family.

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




**STEPHEN P. ZIENIEWICZ, FACHE**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
SAINT BARNABAS MEDICAL CENTER



## HEALTH NEWS

### NATIONAL RECOGNITION FOR SAINT BARNABAS MEDICAL CENTER

**LEADING LGBTQ CARE:** Saint Barnabas Medical Center (SBMC) has once again been recognized and re-designated as a "Leader in LGBTQ Healthcare Equality" by the Human Rights Campaign (HRC) Foundation, the educational arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender and queer people. The honor was based on an annual comprehensive assessment identifying healthcare institutions that are leaders in efforts to offer equitable care to LGBTQ patients by evaluating inclusive policies and practices related to LGBTQ patients, visitors and employees.



**SAFETY FIRST:** SBMC has been awarded its 17th consecutive grade "A" in the Hospital Safety Score ratings by The Leapfrog Group, an independent national nonprofit organization. SBMC is the only hospital in the state and one of only 32 in the country to have earned an "A" in each report since the Leapfrog Surveys began.







**TOPS IN TEACHING:** SBMC was named a Top Teaching Hospital 2019 by The Leapfrog Group. The award, one of the most competitive honors a U.S. hospital can receive, rates performance across many areas of hospital care, including infection rates, practices for safer surgery, maternity care and the hospital's capacity to prevent medication errors. "We congratulate the board, staff and clinicians whose efforts made this honor possible," says Stephen P. Zieniewicz, President and CEO of SBMC.



**Saint Barnabas Medical Center** | **RWJBarnabas HEALTH**

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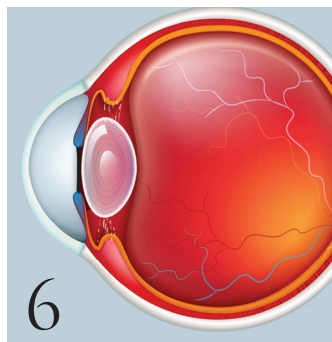
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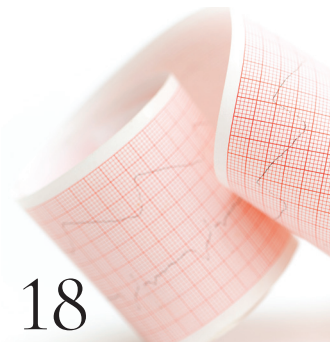
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At right: The Hirschmann family: Jonathan, Lauren, Hayley and Jessica; below, center; a happy family at a Miracle Walk; bottom, the Brooker family: Johnnie III, Johnnie Jr., Annaya and Ayanna.



# Celebrating 20 YEARS OF MIRACLES



**FRIENDS AND GRATEFUL FAMILIES  
HAVE WALKED TO SUPPORT THE  
NICU FOR TWO DECADES.**

**T**wenty years ago, the Neonatal Intensive Care Unit (NICU) at Saint Barnabas Medical Center (SBMC) had 56 infant beds in 7,500 square feet. The premies there survived and thrived at rates competitive with much larger NICUs around the world.

Twenty years ago, Hayley Hirschmann gave birth to premature twins in that space. While one twin, sadly, survived for only a few hours, Hayley's daughter Lauren—born at 25 weeks and weighing just one pound, 11 ounces—spent 96 days in the NICU and was then able to go home.

Just months later, Hayley and her husband had an idea for giving back to



the SBMC NICU. Their brainstorm: the Miracle Walk, a combination fundraising event and family reunion for NICU alumni and their families and friends. Hayley, a clinical psychologist, and her husband, Jonathan, who has a background in marketing, hoped to raise a million dollars for the NICU within 10 years.

Flash forward 20 years: Hayley's daughter Lauren is now turning 20 and is a happy, healthy college sophomore. The SBMC NICU has 56 beds in a 37,000-square-foot space and cares for about 1,100 babies a year, with infant survival rates among the best in the nation.

And about 2,000 people take part in the Miracle Walk each year. The walk raised its first million dollars in less than five years and has now raised more than \$6 million in total.

The money has helped the NICU afford additional state-of-the-art technology and move into its new, larger space. "The new space is fantastic and provides a lot of niceties for the families," says Hayley. "But none of that would mean anything without the amazing staff."

## SAVING BABIES

Over the past 20 years, the NICU has continued to evolve. A major focus has been family-centered care. "We used to refer to families as 'visitors,'" explains Kamtorn Vangvanichyakorn, MD, Director of Neonatal-Perinatal Medicine and Pediatrics, who goes by "Dr. Kamtorn" and who joined the NICU in 1992.

"But we've changed how we engage with families," she says. "Parents are parents, not visitors, and they can be with their baby 24/7, talking to them, touching them.

Nobody is better for that baby than family." Now, there are rooms for parents to stay overnight and other rooms for mothers to breastfeed.

The NICU also has a Family Advisory Council



KAMTORN VANGVANICHYAKORN, MD



SHYAN SUN, MD, DCH, FAAP

## REMEMBERING A DEVOTED NICU DOCTOR

Saint Barnabas Medical Center mourns the passing of a pioneer who represented all that is good in medicine: Shyan Sun, MD, DCH, FAAP, former Director of Neonatology, SBMC, and Clinical Professor, Pediatrics, Rutgers-New Jersey Medical School. Said Dr. Sun at his retirement, "I have been blessed to devote my days to something I am passionate about: caring for the babies."

(FAC), chaired by Hayley. "We have a NICU buddy program," Hayley explains. "We match trained graduates in the program with new NICU families to be supportive listeners and help." The council meets monthly to discuss new ways to help NICU families and staff.

The NICU has been a regional center since 1993 and certified to perform major surgery on even the tiniest babies born there and infants who are transported to SBMC from other hospitals.

Miracles happen frequently. "I think the smallest baby we've saved weighed less than 12 ounces," says Dr. Kamtorn proudly. "Some other units won't even attempt to save babies that small.

"We don't only want to save the babies, we want to save them well," she continues. "We not only have an extremely high survival rate, but we have a disability rate lower than most other places, too."

This year, the NICU has been dealing with the COVID-19 pandemic. "The first COVID mom who delivered here was very sick. She was in the ICU, pregnant with twins, and on 100 percent oxygen," says Dr. Kamtorn. "The babies were putting pressure on her diaphragm." The twins were delivered at 28 weeks and both mother and babies survived and thrived.

## GIVING BACK

Ayanna Mishoe-Brooker gave birth to her daughter prematurely 11 years ago. Testing had determined that her daughter had hydrocephalus—a buildup of fluid in the brain—and several doctors had recommended that she terminate the

pregnancy.

But Ayanna, an attorney, is also an associate minister, and her husband is a pastor. "We believe only God has the final say in how we should proceed with our child," she says. The couple decided to continue the pregnancy.

Ayanna consulted many specialists for advice, and what she remembers most vividly is what Dr. Kamtorn said. "She told me that my daughter would be OK, and that I would be OK. That still resonates with me. I trusted her with my baby."

Today, says Ayanna, her daughter Annaya is "vibrant, smart, active, top of her class and creative."

Ayanna is a longtime member of the FAC. "Every NICU story is different, but you still need someone there who's been through it to hold your hand and understand what you're going through," she says.

There was a big celebration when the Miracle Walk reached its 10th anniversary in 2010, and Hayley and Dr. Kamtorn were hoping for a big party to celebrate the 20th anniversary this year. The pandemic changed those plans, and this year a virtual walk was planned for October 11 rather than an in-person event at Verona Park as usual. However, the enthusiasm for the event was undimmed.

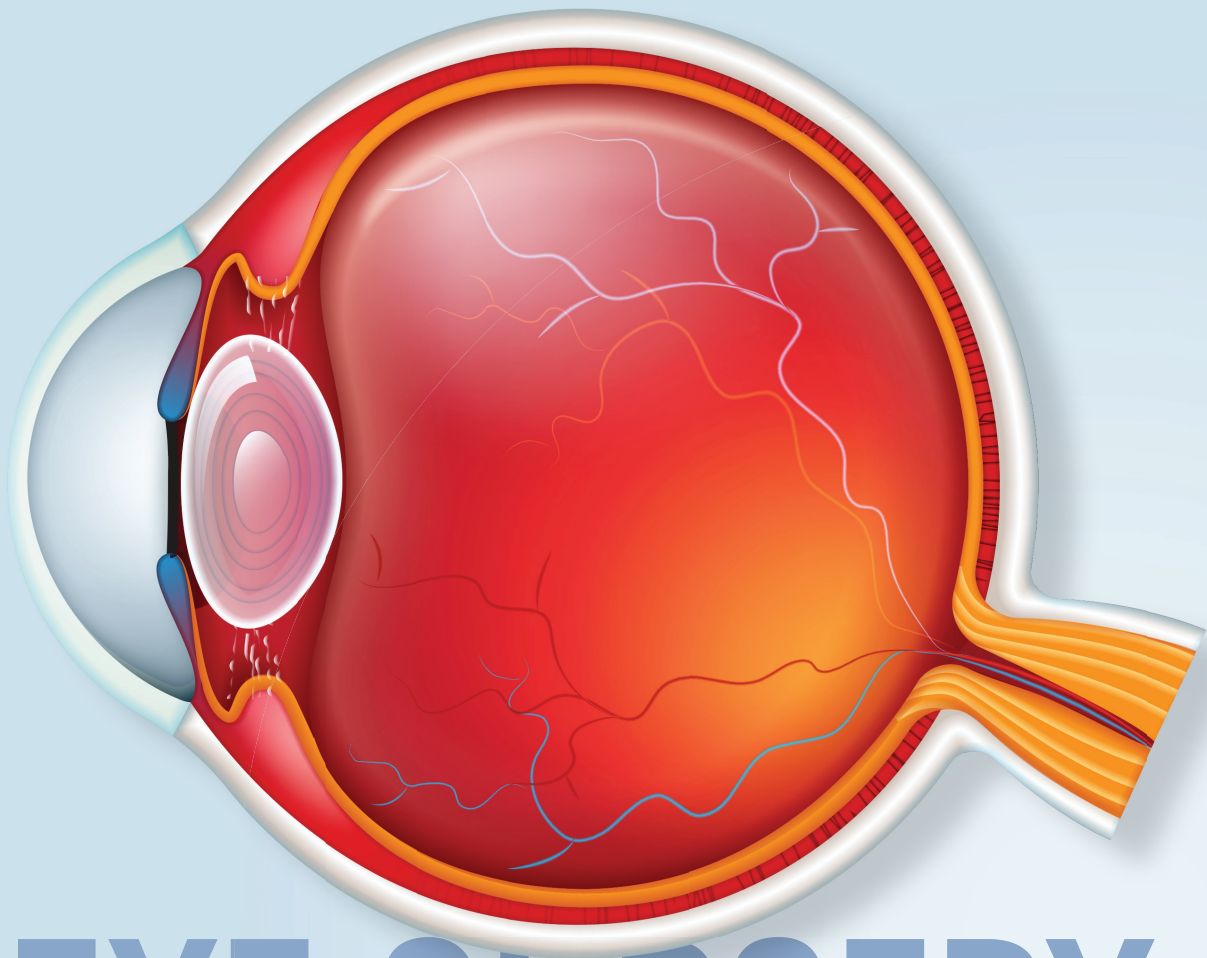
Ayanna and her entire family planned to participate in the Miracle Walk, as they do every year as Team Brooker. "It has been such a great time to see all of the miracles, from those in baby carriages to college students," she says. "Each step I take as we walk around the park I'm thankful."

To learn more about the Miracle Walk and to read more NICU stories, visit [www.miraclegwalk.com](http://www.miraclegwalk.com).

To learn more about the NICU at Saint Barnabas Medical Center, visit [www.rwjbh.org/sbmcnicu](http://www.rwjbh.org/sbmcnicu).







# EYE SURGERY: A NEW VISION

**ADVANCED  
TECHNOLOGY  
PROVIDES THE  
LATEST SOLUTIONS  
FOR COMMON VISION  
PROBLEMS.**

**W**hen you look into someone's eyes, you mostly see the clear, round dome of the cornea.

Unfortunately, in many cases, the other person may have trouble looking back. Vision problems known as refractive errors often occur when a misshapen cornea prevents light from focusing correctly on the retina at the back of the eye.

These problems include nearsightedness, or myopia (difficulty seeing things far away); farsightedness, or hyperopia (difficulty seeing things close up); and astigmatism (blurriness that can

affect vision both near and far).

Glasses or contact lenses can help, but surgery can provide long-term resolution of refractive errors and even cure more serious, degenerative eye diseases.

"This is an amazing time in eye care," says Matthew Marano, MD, Section Chief of Ophthalmology at Saint Barnabas Medical Center (SBMC).

"Ophthalmology continues to evolve dramatically. Under the right circumstances, we can give you quality of vision that you wouldn't have imagined 10 years ago."

Three technologies illustrate how



SBMC's Refractive Surgery Center can offer state-of-the-art treatments:

### **CUSTOMIZED BLADELESS LASIK**

In LASIK (short for laser in situ keratomileusis) procedures, an excimer laser reshapes the cornea so it focuses better. But first, a thin flap must be cut in the upper layer of the cornea to provide access to layers below.

Traditionally, this is done with a physical cut, made with an instrument called a microkeratome. "At the Refractive Surgery Center, we use a second laser called a femtosecond laser to make the flap," Dr. Marano says. "In many patients, this allows faster healing. The patient can drive or work the next day."

The excimer laser also can be finely calibrated to a patient's eye. "It's almost like we take a fingerprint," Dr. Marano says. "We can get people to see better than they ever did with contacts or glasses."

It's important to talk with an ophthalmologist about whether you're a candidate for LASIK. "Most concerns people have about LASIK come from situations in which people were not evaluated properly preoperatively," Dr. Marano says.

### **COLLAGEN CROSS-LINKING**

Some refractive problems aren't easily resolved with glasses or contacts. In a disease called keratoconus, the normally round cornea becomes progressively thinner and more cone-shaped starting as young as a person's teens. "It's a very unstable condition that causes a tremendous amount of distortion and requires changing your prescription frequently," Dr. Marano says. "Vision diminishes significantly." The condition often triggers glare and vigorous eye rubbing that can make eyesight even worse. Many patients eventually require a corneal transplant.

Fortunately, a recently FDA-approved treatment called corneal or collagen cross-

linking can strengthen and stabilize the cornea by creating new links between collagen fibers in the eye. The minimally invasive treatment involves first bathing the eye in the vitamin B compound riboflavin for about 30 minutes, then exposing it to ultraviolet light.

"We're the only hospital-based facility on the East Coast, and one of the few in the country, to offer this," Dr. Marano says. "We're able to proactively prevent keratoconus progression and maintain quality of vision for decades."

### **YAG LASER**

Cataract surgery is a removal of a clouded lens in the eye and its replacement with a clear artificial lens known as an intraocular lens, or IOL. Most cataract surgeries provide clearer vision without further problems. Sometimes, though, substituting a clouded lens with an IOL triggers cell growth. This in turn can calcify and fog a layer of tissue on the capsule that holds the lens in place—a complication known as posterior capsule opacification (PCO).

PCO can be corrected quickly and permanently with a noninvasive, painless procedure called YAG laser capsulotomy. "It takes only one to five minutes and there are no restrictions on activity afterward," Dr. Marano says. The low-energy YAG (short for yttrium-aluminum-garnet) laser cuts the clouded membrane from the patient's line of sight without the need for an incision. "It's very precise, requires no anesthesia and has no capacity for infection," Dr. Marano says.

The YAG laser can also be used to treat floaters in the vitreous fluid between the lens and retina, along with certain forms of glaucoma, a category of eye conditions in which pressure damages the optic nerve.

"The Refractive Surgery Center has been providing the latest technology for over 20 years," Dr. Marano says. "We also can treat many irregularities of the cornea non-surgically, including dry eye, low-grade allergies and infections."



## **5 WAYS TO TAKE CARE OF YOUR EYES**

Guard against preventable damage to your eyes with these protections suggested by Saint Barnabas Medical Center ophthalmologist Matthew Marano, MD.

**GET CHECKED:** Schedule an eye exam every year not only to make sure a corrective lens prescription is sharp but also to check the health of your cornea, retina and optic nerve.

**WEAR PROTECTION:** When outside, put on sunglasses that ward off the harmful effects of ultraviolet rays, which are linked to numerous eye problems.

**TAKE DISCOMFORT SERIOUSLY:** Don't ignore eye pain, injury or discomfort, which could indicate or put you at risk for a variety of serious conditions. See an eye specialist.

**EAT EYE-HEALTHY FOODS:** Consuming a healthy diet that's low in fatty junk food and rich in fruits and vegetables provides a variety of nutrients shown to benefit eye health. Foods that are particularly good for eyes include leafy greens, nuts, eggs, fish, legumes and citrus fruits.

**TAKE SCREEN BREAKS:** Look away from any screen for about 20 seconds at least every 20 minutes to minimize exposure to blue light, which can cause dry eyes and eyestrain.

To learn more about services at the Refractive Surgery Center at Saint Barnabas Medical Center, call **973.322.7185** or visit **www.rwjbh.org/bhacc**.





Thanks to the generous support of the community, Saint Barnabas Medical Center has grown from a one-house hospital to a world-class campus.



# HOW TO INSPIRE HOPE AND HEALING

**A GIFT IN YOUR WILL TO SAINT BARNABAS MEDICAL CENTER WILL HELP  
KEEP YOUR COMMUNITY HEALTHY FOR YEARS TO COME.**

In 1865, Eliza Titus—a woman who had “no family or friends to care for her”—was nursed by the Ladies Society of Saint Barnabas House in Newark. In gratitude, Eliza left her small estate to the group to help found a hospital on McWhorter Street in Newark.

Eliza’s generous act set in motion a chain of events that led to the present-day Saint Barnabas Medical Center (SBMC) in Livingston. One of the largest healthcare providers in the state, SBMC is home to nationally recognized facilities, including the Renal and Pancreas Transplant Division, Heart Centers, Cancer Center, Burn Center, a Level III Neonatal Intensive Care Unit and much more.

“We have often seen individual legacy gifts have a big impact,” says Kelly Goss, Vice President for Development at SBMC. “One person’s gift can really help to make things better for a whole community.”

## YOUR GIFT, YOUR WAY

Donors can follow Eliza’s visionary spirit by including a gift to the medical center

in their will. They can designate their gift based on what is personally meaningful. Some people select a specific area of interest, such as cardiology or cancer care. One donor gave specifically to fund a pet therapy program. Others choose to donate to nursing scholarships. “Many of our programs rely on philanthropy to improve and sustain an exceptional level of care,” Goss says.

Still other donors choose to leave legacy gifts unrestricted, so that the medical center can use the money as new needs arise. “No matter how it is directed, any gift you give will help keep healthcare in your community strong for your

neighbors,” Goss says.

Creating such a legacy can be as simple as adding one sentence to your will or trust. “Many people think estate planning is just for the wealthy or elderly, but everyone should do it to ensure that their intentions for family, other loved ones and favorite charities will be fulfilled,” says Greg Ellmer, Vice President, Gift Planning, for RWJBarnabas Health.

Other key points to know about leaving a charitable legacy:

- **YOU HAVE CHOICES.** You can leave a specific dollar amount, a percentage of your estate or the remainder of your estate after your loved ones are provided for.

- **THERE’S NO IMMEDIATE COST.** A gift will not affect your current cash flow and will allow you to maintain control of your assets.

- **YOU CAN CHANGE YOUR MIND.** If circumstances change, you can adjust or revoke your gift.

“We understand that making a bequest is not something that gets decided casually,” Goss says. “Know that you can call us, and we’ll be happy to have a conversation about how you can have an impact on the future of Saint Barnabas Medical Center in the way that will work best for you.”

To learn more about making a bequest to Saint Barnabas Medical Center, call **973.322.4330** or visit **[www.sbmccgiving.org](http://www.sbmccgiving.org)**.





# 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.

“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



JESSICA ISRAEL, MD

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](http://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 cushion.

# 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](http://www.rwjbh.org/breastfeedingsupport). To learn about the PMAD group, visit [www.rwjbh.org/PMADsupport](http://www.rwjbh.org/PMADsupport). To learn more about maternity care at RWJBarnabas Health, visit [www.rwjbh.org/maternity](http://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](http://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,

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



BRUCE HAFFTY, MD

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](http://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.

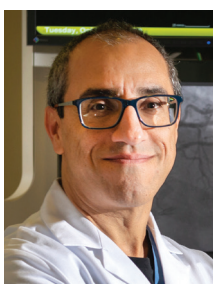


# HOW STRESS HARMS THE HEART

**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](http://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."

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.



ANDY ANDERSON, MD

To learn more about RWJBarnabas Health TeleMed®, call 888.724.7123 or visit [www.rwjbh.org/telemed](http://www.rwjbh.org/telemed).





Each butterfly on the walls of the Cooperman Family Pavilion is unique, like the baby it represents.

# BABIES, BUTTERFLIES AND HOPE

**BRIGHT, COLORFUL BUTTERFLIES REPRESENT DELIVERIES AT SAINT BARNABAS MEDICAL CENTER.**

The COVID-19 pandemic has limited many activities, but new babies don't care. They just keep coming, bringing with them joy and fresh possibilities. That's why more than 2,500 exquisitely detailed paper butterflies—each representing a baby born at Saint Barnabas Medical Center (SBMC) during the pandemic—adorn the walls of the Cooperman Family Pavilion.

"When the world shut down, we were still delivering," says Liliana Morales, MPH, RN, a staff nurse in Labor & Delivery at SBMC. "I felt like every baby was delivering hope and inspiration. It was keeping the staff grounded, as well as the

patients. Expecting parents were coming here with so much anxiety but in that moment of birth it was just instantaneous, we forgot there was a pandemic going on for that split second."

While Morales was thinking about how to keep up the spirits of everyone in Labor & Delivery, a vision of butterflies came to mind. "Butterflies are always a sign of hope, of new beginning, of transformation," she explains.

She came up with the idea of

putting a butterfly on the wall for every baby born since SBMC saw its first COVID-19 case in March. Each butterfly is unique, like the baby it represents. Morales named the project "Delivering Hope." A sign on the wall reads "The greatest miracles happen in the middle of the battle."

"It's been wonderful for us to be able to quantify how much beauty came out of the pandemic, and is continuing," Morales says. "I'm just so grateful to be able to display it. I know that these babies and these butterflies will always have their first story about being born and bringing joy in a time when it was very hard to find."

Is your baby one of SBMC's butterflies? Let us know! Visit us on Facebook or at [www.rwjbh.org/sbmc](http://www.rwjbh.org/sbmc) to share your story.

To learn about maternity services at Saint Barnabas Medical Center, visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).





# CAN CANCER CARE DAMAGE THE HEART?

**CARDIO-ONCOLOGY SPECIALISTS HELP CANCER PATIENTS AVOID HEART PROBLEMS.**

**W**hat does heart disease have to do with cancer, and vice versa?

Over the past few years, researchers and physicians have determined that the answer is: quite a bit. As new cancer treatments become available, the relationship between heart disease and cancer takes new forms.

That has spawned a new type of medical

focus called “cardio-oncology,” which is found only at the most advanced medical centers. “This is a new and evolving field of care, where cardiologists and oncologists work together to understand what cancer treatments have an effect on the heart and which patients might be affected,” says Sarah Y. Fan, MD, a cardiologist at Saint Barnabas Medical Center (SBMC) and a member of RWJBarnabas Health Medical Group.

“For decades, we’ve known that some cancer treatments can cause heart damage,” says Michael Scoppetuolo, MD, Chief Medical Officer of the Cancer Center at SBMC. “Previously, however, only a handful of drugs had that risk. Today, there are more effective treatments for cancer than ever before, but a significant and growing number of them

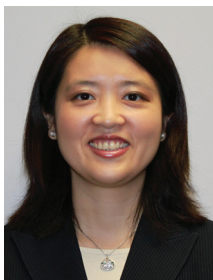
can damage the heart.

“We also now know how to prevent heart damage and to correct these heart issues,” says Dr. Scoppetuolo, “so that our patients can get both the most effective cancer treatment as well as the most effective care for their heart.”

## **WHO’S AT RISK?**

Some cancer treatments can lead to high blood pressure, abnormal heart rhythms and heart failure. These side effects may be caused or worsened by chemotherapy, radiation therapy or newer treatments such as targeted therapies and immunotherapies.

Patients most likely to be at risk are those treated for breast cancer. Less commonly, patients being treated for lymphoma can also be at risk. However, because some cancer treatments are so

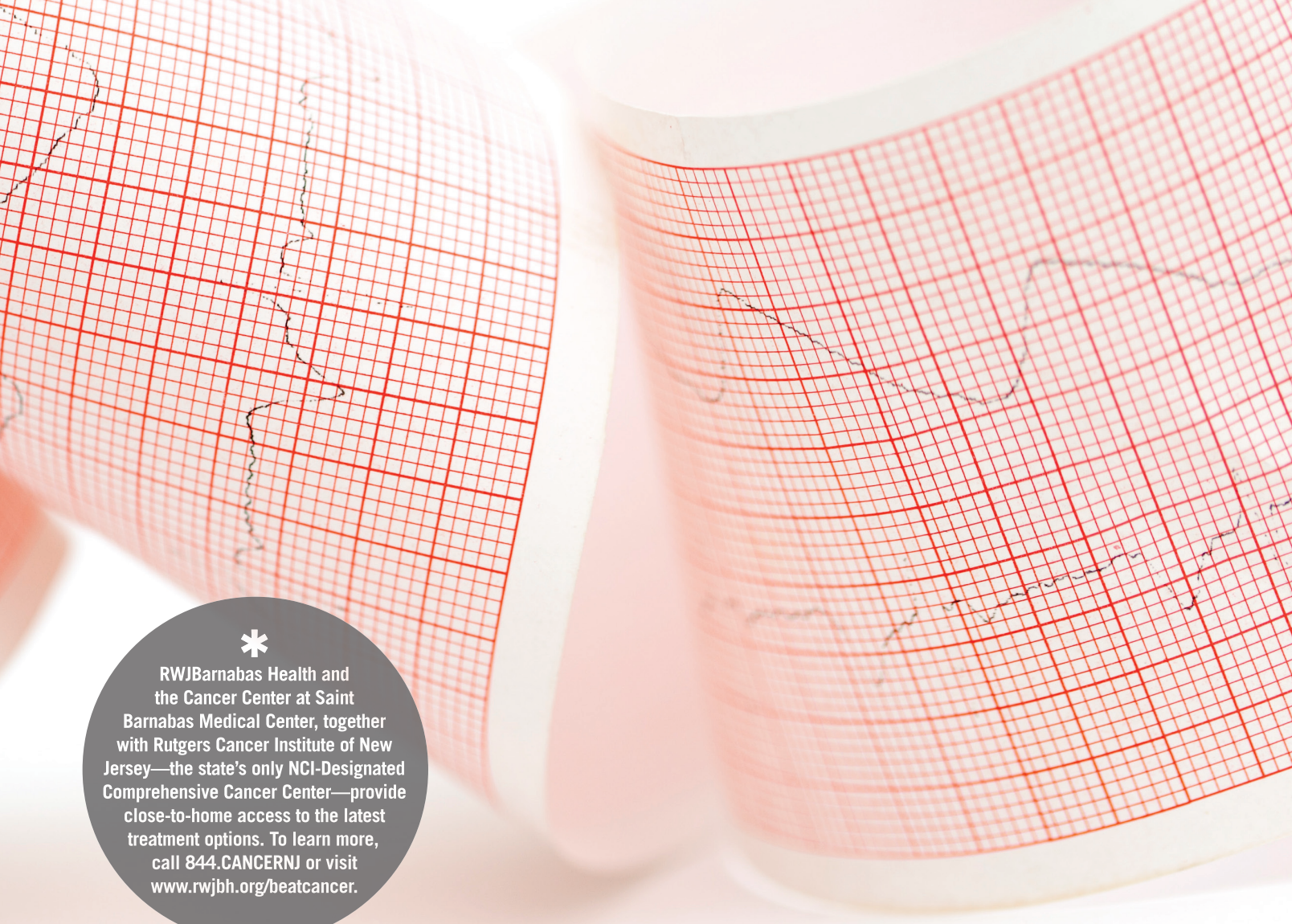


SARAH Y. FAN, MD



MICHAEL SCOPPETUOLO, MD





RWJBarnabas Health and the Cancer Center at Saint Barnabas Medical Center, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

new and so personalized, cardio-oncology specialists can't necessarily specify categories of patients and levels of risk. The type of cancer, type of treatment and the patient's overall health are all important factors.

"Every drug and every person is different," says Dr. Fan, who has a special interest in cardio-oncology as well as nuclear cardiology and echocardiology. "People who are older, who have a history of heart disease, who are overweight or obese, or who have diabetes or hypertension have a greater risk to their heart during some cancer treatments."

Sometimes a cancer treatment's effect on the heart is rapid. In other cases, the damage can occur five, 10 or even 15 years after a

person has completed cancer treatment.

### CLOSE MONITORING

The cardio-oncology team at SBMC works closely with Rutgers Cancer Institute of New Jersey, the state's only NCI-Designated Comprehensive Cancer Center, to evaluate cases. The team takes many deliberate steps to ensure each patient's health.

"We test everyone before cancer treatment to identify existing heart conditions and to evaluate any risk to the heart," says Dr. Scoppetuolo. "Depending on these results, we can adjust the cancer treatment by changing the drug, or by making sure any heart conditions they have are well under control."

If someone has high blood pressure

or heart failure, for example, the team at SBMC provides targeted treatment for that condition before chemotherapy or radiation begins. During cancer treatment, the team monitors the patient carefully to see if changes to a heart medicine are required.

"In this way, we can catch some heart issues early and provide medicines to prevent or limit any further damage," Dr. Fan says. "This close monitoring helps us make sure the cancer treatment works as well as possible, too."

When cancer treatment ends, SBMC's cardio-oncology specialists also make sure patients with higher risks have regular follow-up exams, sometimes every three months, and sometimes for years after.

To make an appointment with a cardio-oncology specialist at Saint Barnabas Medical Center, call **888.724.7123** or visit [www.rwjbh.org/cardiooncology](http://www.rwjbh.org/cardiooncology).





# EXERCISING AT HOME: HOW TO GET STARTED

**EXERCISE CAN EASE MINOR PAINS CAUSED BY A TOO-SEDENTARY LIFESTYLE.**

**H**ave you experienced a recent onset of neck, shoulder, back, knee or ankle pain? If you're one of the many who are now working from home—or who are staying at home more for pandemic-related reasons—your reduced level of mobility may be the cause.

If that's the case, scheduling an in-person or telehealth visit with a physical therapist (PT) for a screening is a good first step, advises Puja Desai, PT, DPT, Supervisor of Sports Medicine and Orthopedic Physical Therapy at Saint Barnabas Medical Center Sports Medicine

and Orthopedic Rehabilitation at the JCC MetroWest. (In New Jersey, most insurances will cover an evaluation by a PT without a doctor's prescription; check your plan to be sure.)

"As a part of a thorough physical therapy evaluation, your past medical history will be reviewed and you will be screened for possible red flags, such as an underlying medical condition," says Desai. "If there's cause for concern, you'll be referred back to your primary care physician." In other cases, a personalized course of treatment with a PT may be the

recommended option.

If, on the other hand, you are cleared for an at-home exercise regimen, that practice can improve your life in many ways. "Patients who have a regular exercise routine have more energy, strength and mobility, and reduced risk of developing various health conditions, such as Type 2 diabetes and heart disease," says Desai.

Desai recommends the exercise routine on these pages, which can be done from warm-up to cooldown in under a half hour to begin. "This routine provides a good balance of strength and cardio work for a full-body workout. It can be performed by beginners and be done at home with limited space," she says. "Also, the exercises don't require any special equipment. They use body weight to challenge the individual."

When you are ready to increase intensity, increase repetitions first. For example, perform the exercise for 45 seconds instead of 30 and progress toward 60 seconds.

Once this is not challenging, add weights for the following exercises: posterior lunge, weighted squat and lateral lunge. Use household items, such as a gallon of water or a heavy textbook for the exercises demonstrated with a medicine ball in the photos. Desai's instructions include the all-important cues—for example, "core engaged, chest high"—that are required for proper form.

One caution: If any of the exercises causes discomfort or pain, stop the exercise and reach out to your PT or primary care physician.



## REHABILITATION DESTINATIONS

When you need a physical rehabilitation program customized to your needs by a highly trained professional, Saint Barnabas Medical Center offers four convenient locations for outpatient physical and occupational therapy.

**Comprehensive Rehabilitation Center at the Barnabas Health Ambulatory Care Center**  
200 South Orange Avenue, Livingston; **973.322.7500**

**Saint Barnabas Medical Center Outpatient Physical Rehabilitation Center in Millburn**  
120 Millburn Avenue, Suite 206, Millburn; **973.921.0480**

**Saint Barnabas Medical Center Sports Medicine and Orthopedic Rehabilitation at the JCC MetroWest**  
760 Northfield Avenue, Suite 210A, West Orange; **973.325.9100**

**Saint Barnabas Pediatric Occupational and Physical Therapy, West Orange**  
375 Mount Pleasant Avenue, West Orange; **973.969.3434**

For more information about rehabilitation services at Saint Barnabas Medical Center, call **973.322.7500** or visit [www.rwjbh.org/sbmc rehab](http://www.rwjbh.org/sbmc rehab).

# AT-HOME EXERCISES FOR ANY BODY

TOTAL WORKOUT: 18-27 MINUTES

## WARM-UP

Use large movements to promote blood flow throughout your body to ready it for the workout. Perform each exercise for 30 seconds, resting for 10 seconds between each exercise. Do this circuit three to five times.

**High Knees (or standing march for a low-impact option):** With feet hip-width apart, lift your left knee to your chest, then your right knee. Alternate this movement and keep posture upright and core engaged throughout.

**Calf Raises:** Stand up straight, push through the balls of your feet, so that your heels are off the ground, and slowly lower back to the floor. Keep your core engaged and your posture upright.

**Active Knee Flexion with Side-to-Side Shuffle:** Step side to side while bending your knee so that your heel gets closer to your buttocks. Lateral step with butt kicks.

## STRENGTH

Perform each exercise for 30-45 seconds, 15-20 seconds of rest in between. Perform three rounds of each circuit. Take breaks as needed throughout.



**Modified Triceps Push-ups (at left):** Keep elbows tucked to the sides of your body, parallel to your chest.

**Plank:** Place forearms on floor, elbows aligned below shoulders and arms parallel to your body at shoulder width. Form a straight line from your head to your heels. Engage core, tighten glutes (buttocks muscles).



**Mountain Climber (at left):** Moving in a slow and controlled way, keep your core engaged and try to keep your hips level and parallel to the floor. Bring one knee toward your chest, avoid curving your lower back. Hold for a second and then alternate with the opposite knee.



**Posterior Lunge with Overhead Press (at left):** Slow controlled movement, steady knees, abs/core engaged. Make sure knee and toes are in line. You can use water bottles, a gallon of water, a textbook or other household item as a weight.



**Weighted Lateral Lunge (above):** Keep your hips back, core engaged, chest high. Hold weight close to body at chest level.



**Weighted Squat with Calf Raise (above):** Beginners should try this exercise with a stable/sturdy chair behind them at first. If using a weight, keep it close to your body. Make sure your knees do not pass your toes, keep your chest high and core engaged. End with a calf raise.

## CARDIO

Perform each exercise for 30 to 45 seconds, with a 15-second break in between. Perform three rounds.

**Jumping Jacks:** self-controlled pace.

**High Knees** (same as those suggested in warm-up exercises).

**Lateral Shuffles:** step side to side, self-controlled pace.

## ACTIVE COOLDOWN

Low-intensity aerobic activity prevents blood pooling in limbs. Active cooldowns also allow controlled and gradual decrease in heart rate and blood pressure. Perform a combination of the following and cool down for about 5 to 10 minutes.

**Side-to-side Shuffle** for 30 seconds

**Marching in Place** for 30 seconds

**Forward Bend**, seated with legs outstretched; hold for 10 seconds, perform 3 times

**Walk** for 5 to 10 minutes

CIRCUIT #1

CIRCUIT #2





# A MATCH MADE IN HEAVEN

WHEN HER HUSBAND NEEDED A KIDNEY  
DONATION, A LOVING WIFE STEPPED UP.



In August 2019, husband and wife Arthur Williams and Shameena Layne had no clue what was coming when Arthur, 64, went in for a routine colonoscopy. “Other than being overweight [at 217 pounds], I had no symptoms of anything,” Arthur says. He had been going about his normal activities, including his job as a supervisor for Jersey City Public Schools. “Nothing gave me a heads-up that there might be a problem,” he says.

A few days after Arthur’s procedure, however, Shameena, 32, fielded an urgent call from the colonoscopy doctor. “They needed to speak with him right away because tests showed his creatinine levels were high,” Shameena says. “I have a nursing background and knew that meant his kidneys were in trouble.”

In fact, the couple learned in a hastily arranged meeting with Craig Goldstein, DO, a nephrologist at Saint Barnabas Medical Center (SBMC), it was the worst kind of kidney trouble: Arthur had end-stage renal failure. “His kidneys had almost stopped functioning,” Shameena says.

Arthur had two options: either to get a kidney transplant or to have dialysis, a medical procedure in which waste, extra chemicals and fluid are removed from the blood because kidneys can no longer perform that function. “I knew the toll that dialysis takes on the body,” Shameena says. “I didn’t want him to go through that.”

“I was having an emergency,” Arthur says. “It was the start of a journey we’ll never forget.”

## IN SEARCH OF A KIDNEY

One route for getting a kidney is to use kidney-donor channels to connect with a donation from a newly deceased person. That was out of the question for Arthur because a typical wait time is six years. “We didn’t have that kind of time,” Shameena says.

That left the option of seeking a kidney donation from a living donor. Because only one kidney is needed to live a normal life, both the donor and the recipient can thrive after the procedure.

As their extended family learned what was happening, the couple’s oldest daughter



Opposite page, Shameena and Arthur stroll near their Jersey City home; this page, with sons Jaden, 10, and Joel, 8.

and a sister and a niece of Arthur’s each volunteered to give up one of their kidneys to save his life. But blood or tissue tests found none of them to be viable candidates.

“I decided to get evaluated,” Shameena says. This time, blood and tissue tests showed a match.

“I was so happy that I could be the one to donate,” she says. “At the same time, I was sad that it had come to this place. I had all these different emotions going through me.” The promise of Arthur continuing a productive life without the burden of dialysis and his being available to their young sons, ages 10 and 8, were foremost in Shameena’s mind.

But she also worried about the risks of undergoing any major surgery. “I was scared, but at the end of the day, the emotions most predominant were love and happiness.”

Arthur found her courage humbling. “When she stepped up, it was an honor, to say the least,” he says. “I am so grateful for her kindness, her love, her friendship and for being the mother of my children.”

## LIFESAVING CARE

The couple completed testing in February 2020 and awaited a surgery date at the Renal and Pancreas Transplant Division at SBMC, one of the largest kidney transplant programs in the country, which performs more than 300 transplant surgeries each year.

Surgery, however, had to be pushed back as the coronavirus pandemic raged. When

elective surgeries restarted, the couple’s procedures were scheduled for July 8.

Board-certified renal transplant specialist Samantha Aitchison, MD, headed the surgical team for Arthur’s case. She and Arthur hit it off over shared appreciation for the television series “Married to Medicine Los Angeles.” “I had the greatest surgeon in the world,” Arthur says. “She was thorough, efficient and kind in explaining what was happening, and she had a great team.”

Shameena appreciated that the team noticed her anxiety and offered a sedative to calm her nerves as she prepped for her part of the double surgery. “They secured the kidney from me before they opened him up,” Shameena says. “Once they had it and were ready, they put it right into him.”

Post-op, Arthur is following a healthy diet, as well as taking medication to prevent organ rejection. “Everything is progressing great and the doctors are very pleased with my prognosis,” Arthur says. “I’m even down to 200 pounds.” Shameena felt almost fully recovered after about three weeks. “I can’t tell that a kidney was taken,” she says. “I don’t feel a void.”

Instead, the two literally feel a part of each other. The transplanted kidney “ties me to him and him to me,” Shameena says. Arthur jokes that now they have to separate because they’re so close that they’re related.

The kidding ran deeper when Shameena came to Arthur’s hospital room the day after surgery.

“Babe, you can’t leave me now because you’re damaged goods, so you’re stuck with me,” Arthur joked.

“We’re stuck with each other,” Shameena said. “You’ve got to put up with me inside and outside.”

To learn more about the kidney transplant program at Saint Barnabas Medical Center, one of the nation’s largest, visit [www.transplantkidney.org](http://www.transplantkidney.org).





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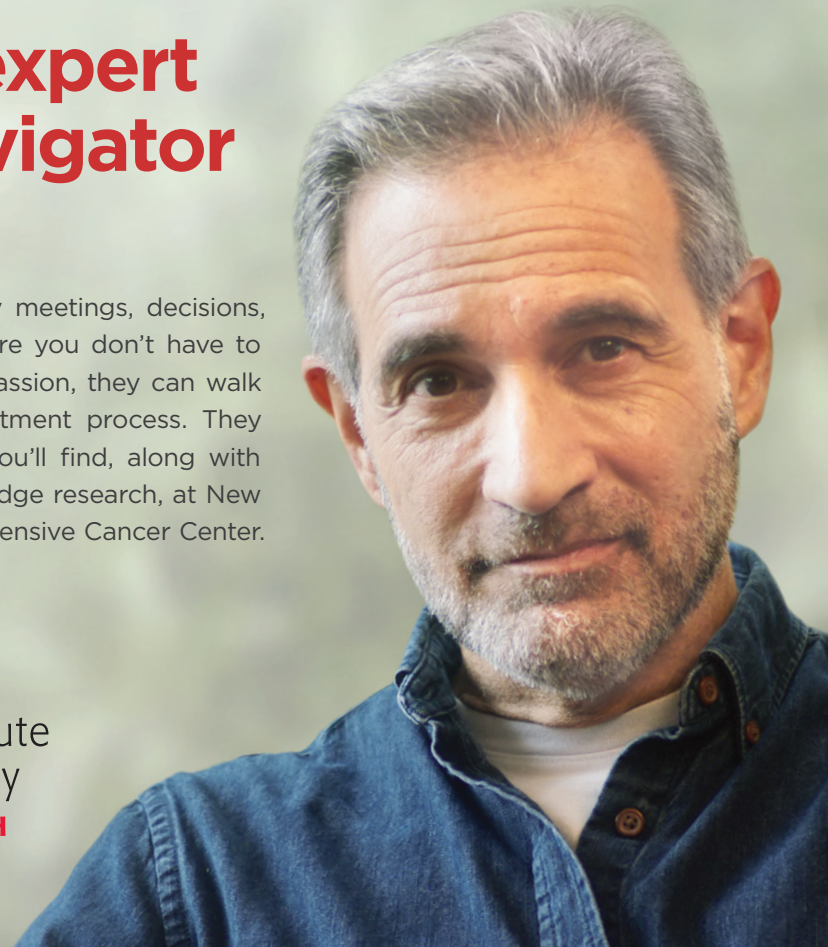
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