

A Publication of
**NEWARK BETH ISRAEL MEDICAL
CENTER AND CHILDREN'S
HOSPITAL OF NEW JERSEY**

healthy *together*

**TASTY RECIPES FOR
HEART HEALTH**

**MIRACLES
OF THE HEART:**

- DUAL TRANSPLANT
GIVES LIFE
- A NEW HEART
AND A
NEW BABY
- RESTARTING
A GIRL'S HEART



**FINDING THE
BEST CANCER CARE**

Stronger Together

The past year has been one of unprecedented challenges for our communities and for our healthcare system. The onset and spread of COVID-19 tested our hearts and minds as never before, all against a backdrop of national social, political and economic turmoil.

Each day, we've learned more about this new virus and how to treat it. We've also learned that the pandemic's impact is falling drastically harder on communities already struggling against economic and social disadvantages.

Throughout this crisis, our medical professionals and staff have been compassionate and expert while caring for patients inside our walls, and innovative in creating ways to provide virtual care. They've risen magnificently to the challenge of keeping our facilities safe and sanitized. And many throughout our system have been working hard in a wide range of programs to help our communities stay healthier and to eliminate healthcare disparities.

At Newark Beth Israel Medical Center and Children's Hospital of New Jersey, we have distributed more than 2,500 COVID-19 preparedness kits to local residents. These kits include essential items such as facemasks, hand sanitizers and the latest guidance on staying safe. We continue to reach out to our communities through virtual health fairs and webinars where our expert physicians discuss everything from COVID-19 to pregnancy to exercise routines. In addition, our physicians are increasingly available and able to accommodate online consultations as well as in-person visits for patients seeking care at our health centers.

At RWJBarnabas Health, we've learned something else this year: how strong and encouraging the communities we serve are. We can never thank you enough for your ongoing generosity.

While we continue to battle the COVID-19 pandemic together, we want you to be as healthy and strong as you can, and we pledge to do everything possible to help you achieve that goal.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




DARRELL K. TERRY, SR.
PRESIDENT AND CHIEF EXECUTIVE OFFICER
NEWARK BETH ISRAEL MEDICAL CENTER
AND CHILDREN'S HOSPITAL OF NEW JERSEY



HEALTH NEWS

WORLD'S BEST HOSPITAL—AGAIN

Newark Beth Israel Medical Center (NBI) has been named one of the World's Best Hospitals 2020 by *Newsweek* magazine, marking two years in a row that the medical center has received this recognition.

Newark Beth Israel has long been a center of excellence and a destination center for the most advanced cardiac care, heart and lung transplant, comprehensive cancer care and pediatric specialties at Children's Hospital of New Jersey.



BEST MATERNITY CARE HOSPITAL

NBI is one of 231 hospitals across the country named a Best Maternity Care Hospital as part of *Newsweek's* Best Health Care series. NBI has fully met The Leapfrog Group's standards for maternity care on evidence-based, nationally standardized metrics.



GOLD ACHIEVEMENT FOR CARDIAC RESUSCITATION

NBI has received the Get With The Guidelines Resuscitation Gold Award for the third year in a row. This achievement is given to medical centers that have implemented specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer cardiac arrests in the hospital.



HIGH-QUALITY CANCER CARE





The Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center at NBI recently earned the Association for Clinical Oncology's Quality Oncology Practice Initiative, a three-year certification recognizing high-quality care for outpatient hematology-oncology practices within the U.S.

ASCO QOPI[®] Certification Program

Newark Beth Israel Medical Center | **RWJBarnabas HEALTH**
Children's Hospital of New Jersey

201 Lyons Ave. at Osborne Terrace, Newark, NJ 07112
973.926.7000 | www.rwjbh.org/newarkbeth

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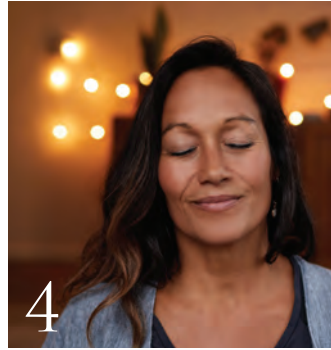
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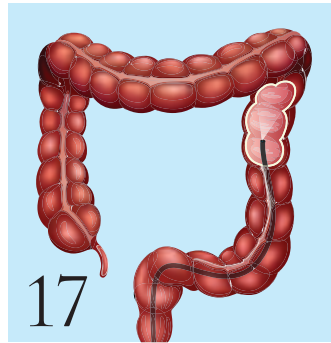
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A community update from our CEOs.
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We've taken every precaution to keep you safe. So if you've put off care due to COVID-19, please don't delay it any longer.

6

TIPS FOR COPING WITH STRESS

CREATING A FEW MOMENTS OF PEACE CAN BE THE BEST MEDICINE.

Stress is how the body responds to demand, whether it's related to daily situations or to a sudden negative event, such as losing a job.

Everybody gets stressed sometimes, but stress that lasts for a long time can be hazardous to your health. "People may experience physiological changes, such as headaches, stomachaches or muscle tension," explains Barbara A. Prempeh, PsyD, Mental Health Clinician at Metro Regional Diagnostic and Treatment Center at Newark Beth Israel Medical Center. "Chronic, long-lasting stress can lead to conditions like high blood pressure and serious issues in the gastrointestinal or immune system."

Fortunately, we can learn to reduce stress and protect our health by using some basic coping strategies.



1 GET GROUNDED IN THE MOMENT.

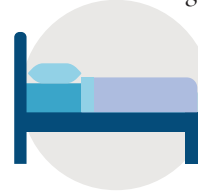
Use the "5-4-3-2-1" technique, Dr. Prempeh advises. "Notice five things you see in your environment—perhaps a lamp, a chair and so on," she says. "Then notice four things you physically feel, such as the clothes on your back or cold air. Next, notice three things you hear, two things you smell and finally one thing you taste. This exercise helps bring you into the present moment and allows you to get out of your mind and your stressful thoughts."



2 BREATHE DEEPLY.

This relaxation technique can be done anywhere, whether you're sitting at a desk or standing at the kitchen sink. "This should be really deep breathing, where you breathe in through your nose and allow your

stomach to fill up, then exhale and allow your stomach to deflate," Dr. Prempeh says. "Take two minutes to do this. Release tension in your neck by turning it gently from side to side."



3 TAKE A BREAK.

Sometimes you need to walk away from a situation for a while to reduce its stressful effect. Getting enough rest is a key way to take a break and to refuel. "In order to function well, adults need seven to eight hours of sleep each night, and children need nine or 10," Dr. Prempeh says.



4 FOCUS ON THE POSITIVE.

Attitude adjustment is a proven method of stress relief. To nurture positivity, try keeping a gratitude journal. "At the end of the day, notice what things worked out well for you and write them down," Dr. Prempeh advises. "Allow yourself to realize what you're grateful for having experienced that day."



5 TALK TO FRIENDS OR FAMILY.

"Holding things inside can be overwhelming," Dr. Prempeh says. "Make sure you have a supportive network you can talk to, whether friends or family, to tell them about the stressors you're experiencing."



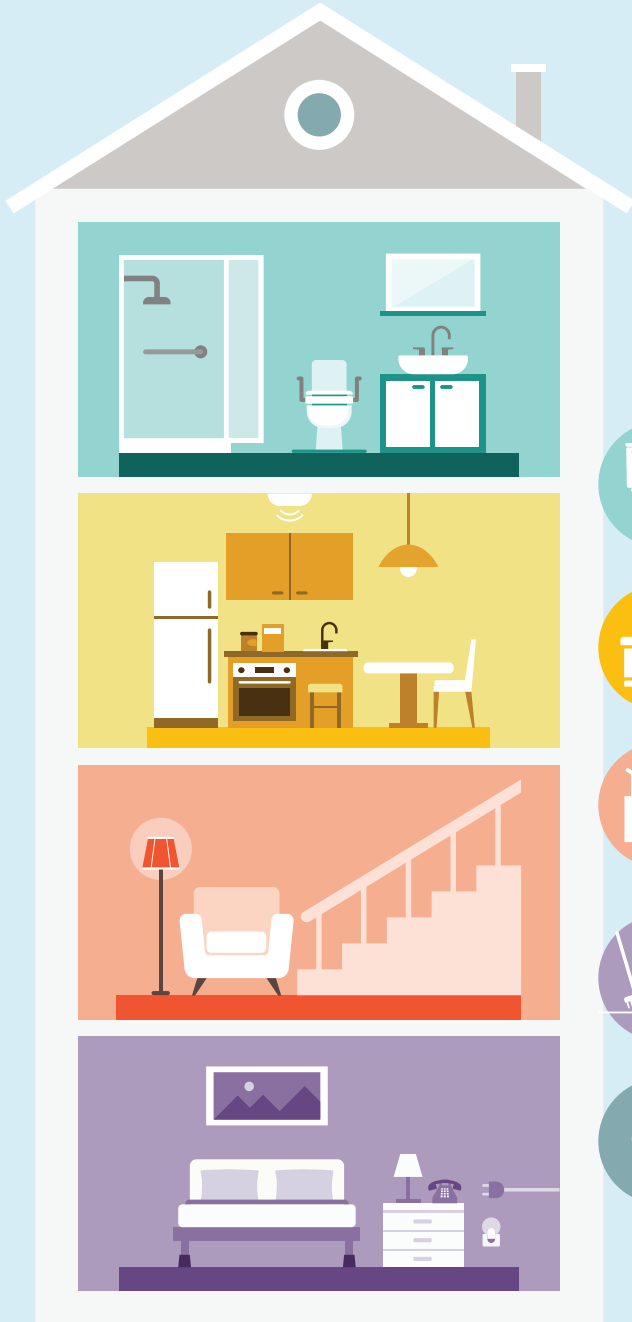
6 TALK TO A THERAPIST.

Sometimes a trained professional is best positioned to help you find your way out of a stress cycle. "It can be very helpful to talk to a neutral person," Dr. Prempeh says, "one who can provide you with new techniques to cope with the stressors you have in your life."

To learn about services at Metro Regional Diagnostic and Treatment Center at Newark Beth Israel Medical Center, call **973.753.1180**.

HOW TO PREVENT FALLS AT HOME

FALLING IS COMMON, BUT IT DOESN'T HAVE TO HAPPEN TO YOU.



“Falls are pretty common for older Americans,” says Anup Dhage, PT, MS, of the Physical Medicine and Rehabilitation Department at Newark Beth Israel Medical Center. “One in four Americans over the age of 65 will fall within a year.” One in five of those falls will cause a serious injury, such as a broken bone or head injury.

Fortunately, a few basic precautions can greatly reduce the risk of falling at home. Talk to your doctor and evaluate your risk, including a review of your medications. Do simple, regular exercises to improve your balance. Have your eyes checked at least once a year. And take the precautionary steps shown on this page to make your home safer.



IN THE BATHROOM: “Falls often happen in this area. Make sure you have guardrails that are attached to studs on the walls so they are sturdy,” Dhage says. Buy a raised toilet seat that fits on top of your toilet to make sitting and standing easier.



IN THE KITCHEN: If you have a rug in front of the sink, make sure it’s secured underneath by a nonskid surface, such as double-sided tape. “Be sure to clean up any spills on the floor right away,” Dhage cautions.



ON THE STAIRS: Keep stairs free of clutter and always hold on to the handrail to prevent falling or tripping. Use a bright contrast tape on the edge of each step to help you differentiate the height of steps when lighting is poor.



THROUGHOUT THE HOUSE: Pick up clutter from the floors. Keep extension cords near walls. “We recommend that you remove any area rugs because their corners can fold up and cause a fall,” Dhage says.



JUST IN CASE: Always carry a cell phone or a personal emergency alert system. “If you do fall, stay calm,” Dhage advises. “Take a few deep breaths, then do a self-check for injuries. Crawl to the nearest chair so you can get up off the floor. If you are injured, call 911 or a friend or neighbor.” For more tips about preventing falls for older people, visit www.cdc.gov/steady/patient.html.

To learn about physical therapy, physical medicine and rehabilitation at Newark Beth Israel Medical Center, call **973.926.7270**.

HEART-HEALTHY RECIPES WITH TONS OF FLAVOR

MAKE THE MOST OF SPICES THAT ARE GOOD TO EAT AND GOOD FOR YOU.

You probably know that a heart-healthy diet includes lean proteins, whole grains, fresh fruits and vegetables, and low-fat dairy foods. But have you heard that some spices can also help protect the heart?

Three that have been extensively studied are garlic, cinnamon and turmeric. All three of these spices boost the flavor of a dish and eliminate the need for extra salt, fat or sugar. Moreover, they're low in calories and relatively inexpensive.

Garlic has a positive effect on blood pressure and is a favorite flavor for many. Raw garlic has a strong, pungent taste that may be too harsh for some, so sauté it in a bit of olive oil at medium heat for about 30 seconds. You can also mash a clove of garlic and add it to a mix of vinegar and olive oil for a flavorful homemade salad dressing. To truly transform garlic, try roasting it (see recipe below) to bring out a delicious

caramelized flavor and make a smooth spread for whole-grain bread.

Cinnamon is a fragrant spice that may help to lower blood sugar and cholesterol levels. It enhances the sweetness of foods or beverages, making it a great choice for those trying to control the amount of sugar in their diet. Add a pinch of cinnamon to your tea or coffee and you may not need any sugar at all. Cinnamon also tastes great on fruit and in savory dishes, such as tomato sauce.

Turmeric, an earthy, warm and slightly bitter spice, is an anti-inflammatory food, meaning that it reduces swelling and pain in the body. Turmeric is also high in antioxidants, which help keep cells healthy.

Turmeric originated in India more than 4,000 years ago and migrated to the cuisines of China, East and West Africa and finally to Jamaica. It's the main spice in curry and is used to flavor and color yellow mustard. Cooking enhances the

flavor of turmeric, so a little goes a long way.

Turmeric is versatile. Add it to a few recipes a week, such as soups, stews, rice, poultry, and lentil and vegetable dishes. "Try adding a dash to scrambled eggs and macaroni and cheese," says Kerri Likakis, MS, RDN, of Newark Beth Israel Medical Center's Reverend Dr. Ronald B. Christian Community Health and Wellness Center. "My kids love the enhanced color and flavor of these family favorites!"

A word of caution: While these healthy spices can be added to any foods, check with your doctor before taking supplements, since large doses of some spices could interact with medicines. Pregnant or nursing women should avoid spice or herbal supplements.

For heart-healthy comfort food this winter, try the recipes on these pages from the Reverend Dr. Ronald B. Christian Community Health and Wellness Center.



ROASTED GARLIC

INGREDIENTS:

- 1 teaspoon olive oil
- 1 whole head of garlic

DIRECTIONS:

- Preheat oven to 400°F.
- Using your fingers, peel away all the loose, papery outer layers around the head of garlic. Leave the head itself intact with all the cloves connected.
- Trim about ¼ inch off the top of the head of garlic to expose the tops of the garlic cloves.
- Drizzle olive oil over the exposed surface of the garlic, letting the oil sink down into the cloves.
- Wrap the garlic in aluminum foil and roast in the oven for about 40 minutes. The garlic is done when a center clove is completely soft when pierced with a paring knife.
- Let the garlic cool slightly before serving. Press on the bottom of a clove to push it out of its paper. Roasted garlic can be refrigerated for up to 2 weeks.



SPICY CARIBBEAN POTATO SOUP

Serves 6

INGREDIENTS:

- 2 teaspoons canola oil
- 2 medium onions, chopped
- 3 garlic cloves, minced
- 2 teaspoons minced fresh ginger
- 2 teaspoons ground coriander
- 1 teaspoon ground turmeric
- ½ teaspoon dried thyme
- ¼ teaspoon ground allspice
- 5 cups low-sodium vegetable broth
- 2 cups peeled, cubed sweet potato
- 3 cups chopped fresh kale
- 1 cup frozen sliced okra
- 1 cup reduced-fat coconut milk
- 1 cup canned diced tomatoes, drained
- 1 cup black-eyed peas, rinsed and drained
- 2 tablespoons lime juice

DIRECTIONS:

- In a large, sturdy pot with a lid, heat canola oil over medium heat. Once oil is hot, sauté onions until tender. Add garlic, ginger and spices. Cook one minute longer.
- Stir in broth and sweet potato and bring to a boil. Reduce heat, cover and simmer for 5 minutes.
- Stir in kale, okra and coconut milk. Return to a boil, cover and simmer 10 minutes longer or until sweet potato is tender.
- Add tomatoes, peas and lime juice. Heat through.

BAKED APPLES WITH CINNAMON OAT TOPPING

Serves 8

INGREDIENTS:

- 4 large apples, cut in half
- 4 tablespoons butter, melted
- 4 tablespoons brown sugar, unpacked
- 4 tablespoons all-purpose or gluten-free flour
- 8 tablespoons quick oats
- ¼ teaspoon cinnamon

DIRECTIONS:

- Preheat oven to 350°F.
- Remove core and seeds from apple halves with a small paring knife or spoon.
- In a small bowl, combine butter, brown sugar, flour and oats. Spoon on top of apple halves and sprinkle with cinnamon.
- Place on a cookie sheet and bake for 30 minutes. Serve warm.



LENTIL DAL

Serves 5

INGREDIENTS:

- 1 tablespoon sesame oil (or olive oil)
- 1 cup white onion, finely chopped
- 2 cloves garlic, finely chopped
- 1 tablespoon fresh ginger, finely chopped
- 4 cups water or vegetable broth
- 1 cup dried red lentils, rinsed and picked over
- 1 teaspoon ground cumin
- 1 teaspoon ground coriander
- 1 teaspoon ground turmeric
- ¼ teaspoon ground cardamom
- ¼ teaspoon ground cinnamon
- ¼ teaspoon cayenne pepper
- ¼ teaspoon salt
- 2 tablespoons tomato paste

DIRECTIONS:

- In a sturdy pot with a lid, heat sesame oil over medium heat. Once oil is hot, add onion, garlic and ginger. Cook, stirring often, until onion is translucent, about 6 minutes.
- Stirring constantly, add water, lentils, cumin, coriander, turmeric, cardamom, cinnamon, cayenne pepper and salt. Bring to a low boil, then turn heat to low and cover. Simmer for about 20 minutes, or until lentils are very tender.
- Stir in tomato paste until well combined. Cook for about 15 more minutes.

The Reverend Dr. Ronald B. Christian Community Health and Wellness Center, located at 208 Lyons Avenue, offers free wellness classes to community members. To learn more, call **973.926.7371**.



BREAKING GROUND ON A BRIGHT FUTURE

**NEWARK BETH ISRAEL MEDICAL CENTER USHERS
IN AN EXCITING NEW ERA.**

On October 20, Newark Beth Israel Medical Center (NBI) held a groundbreaking ceremony for a transformational \$100 million renovation project that will literally change the face of the Lyons Avenue neighborhood.

“I grew up less than a mile from here,” says Darrell K. Terry, Sr., President and CEO of NBI and Children’s Hospital of New Jersey. “I remember being a child walking down Lyons Avenue on my way to Weequahic Park and looking at this building like it was a fortress. Now, we will be matching our external campus appearance with the great medical accomplishments that take place inside.”

The centerpiece of the project will be the hospital’s new main lobby, an estimated 17,000-square-foot, glass-enclosed space with modern seating

areas, community meeting spaces, an expansive registration area and cafés. Other renovation highlights include an expanded Emergency Department, new Advanced Heart Failure Treatment and Transplant facilities, continued remodeling of the maternity unit and renovated intensive care units.

The groundbreaking milestone is a step in continued positive change for the city of Newark. “Newark Beth Israel is an anchor in our community, not just in providing medical care, but in providing jobs, dealing with social determinants of health like food and housing, and much more,” says Ras Baraka, Mayor of Newark. “We look at Newark Beth Israel, Children’s Hospital of New Jersey and RWJBarnabas Health as our partners



Top left, leaders from the medical center and the city break ground. Top right, a rendering of the new, light-filled lobby on Lyons Avenue. Above, from left, Ras Baraka, Mayor of Newark; Darrell K. Terry, Sr., President and CEO, Newark Beth Israel Medical Center and Children’s Hospital of New Jersey; Barry Ostrowsky, President and CEO, RWJBarnabas Health.

here in Newark as we reenvision Lyons Avenue. This project is going to inspire other people to come and help us grow, expand and bring the South Ward back to the glory it once had.”

The groundbreaking was livestreamed to more than 500 people and accompanied by a chorus of video congratulations from staff members, community partners, local clergy members and more. To see a video of the event, visit www.rwjbh.org/NBIexpansion.

To learn about ways to support this project, visit www.newarkbethgiving.org.



FAST FACTS ABOUT

CARDIAC STRESS TESTS

MONITORING YOUR HEART WHILE YOU EXERCISE IS SAFE AND CAN GIVE YOUR DOCTORS IMPORTANT INFORMATION.

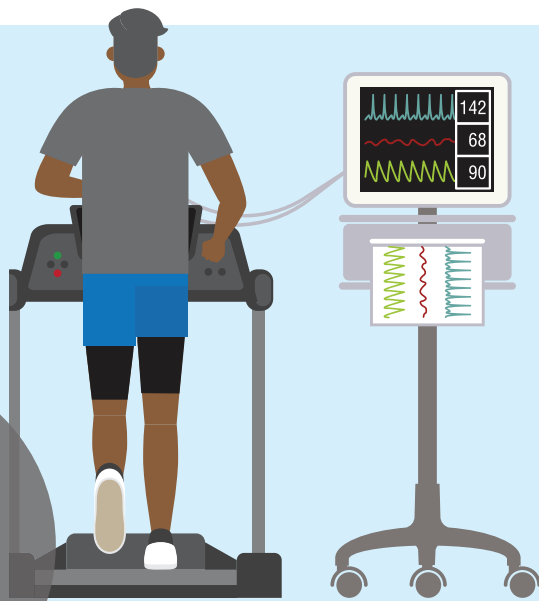
A stress test is a way to detect heart disease while the body is in motion.

“We have several noninvasive tests, such as electrocardiogram (ECT) or echocardiogram, to help detect coronary artery disease as well as heart disease,” explains Sharan Mahal, MD, an interventional cardiologist at Robert Wood Johnson University Hospital Somerset and a member of RWJBarnabas Health Medical Group. “Those tests are done when the patient is sitting or lying down. However, some people are not symptomatic until they are exercising.”

Think of the heart as an engine, he suggests. “You can only get so much information when the engine is at rest; to really see how it’s working, you have to rev it up and take it for a drive. A stress test lets us see how the heart acts and how blood flows through the body while it’s moving.”



SHARAN MAHAL, MD



WHAT HAPPENS DURING AN EXERCISE STRESS TEST?

- Most stress tests are done in a cardiologist’s office. Patients should wear comfortable clothes and refrain from eating or smoking for four hours in advance.
- The patient is connected to heart-monitoring equipment, then walks on a treadmill under the supervision of a doctor or healthcare professional.
- At first, the pace is a gentle 1.7 miles per hour. The pace will gradually be increased to a brisk walk or light jog.
- At the same time, the incline of the treadmill is increased by two degrees every three minutes. It begins at 10 degrees and progresses to 16 degrees.
- The patient’s heart rate, blood pressure and breathing are monitored throughout the test, which can last up to 15 minutes. The patient can stop at any time if needed.
- After the stress test, the patient will be observed for five minutes during cooldown.



STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

Unlike a colonoscopy or mammography, there’s no recommended age for a person to begin having stress tests. “People need a stress test if they’re having symptoms, usually chest pain or shortness of breath with activity, or unexplained passing out,” says Dr. Mahal. “In the absence of symptoms, you might also want to do a stress test if a patient has a family history of cardiac disease, or as a precautionary measure if a patient who has been sedentary wants to start an exercise program.”



THERE’S NO NEED TO BE AFRAID OF A STRESS TEST.

“It’s a simple, cost-effective and low-risk procedure,” says Dr. Mahal. “You’ll be carefully monitored the whole time, and if there’s any problem at all—which only about one in 10,000 patients will experience—be reassured that your cardiologist is prepared and will be able to take care of you.”



THERE ARE DIFFERENT KINDS OF STRESS TESTS.

The most common is the exercise stress test as described in “What Happens During an Exercise Stress Test?” above. Depending on your risk factors, your physician may prescribe a nuclear stress test, which is the same as an exercise stress test, except that a safe radioactive dye is injected and an imaging machine is used to take pictures. If for some reason you can’t handle the physical activity of a stress test, your doctor can prescribe a medication that will mimic the effects of exercise.

Your heart doesn’t beat just for you. Get it checked. To connect with one of New Jersey’s top cardiac specialists, call **888.724.7123** or visit www.rwjbh.org/heart.



CANCER SURGERY: PART OF A PLAN

WHAT TO CONSIDER WHEN YOU'RE DECIDING WHERE TO BE TREATED FOR CANCER

Surgery has been a mainstay of cancer treatment for millennia—in fact, the use of surgery to treat cancer appears in Egyptian papyri dating back as far as 2500 BC. Today, medical breakthroughs have opened exciting new possibilities for the successful surgical treatment of cancer.

As critical as surgical advances are, however, they're most effective when they're part of a continuum of cancer care, says H. Richard Alexander Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology



H. RICHARD ALEXANDER JR., MD

at Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"The best outcome for surgery doesn't just depend on what happens in the operating room," says Dr. Alexander. "The best outcome happens when surgery is integrated into a comprehensive, individualized plan of care for a patient who has a new diagnosis of cancer."

COMPLEMENTARY TREATMENTS

As part of the robust partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute, experts from a wide range of specialties—surgical oncology, radiation oncology, medical oncology, gastroenterology, genetics

counseling and more—have weekly conferences to assess individual patient cases and make recommendations.

"These discussions aren't about deciding whether to do surgery versus some other treatment," explains Dr. Alexander. "Instead, because we understand cancer so much better now, these discussions are about finding the best ways to use surgery to complement the latest chemotherapy, immunotherapy or biologic treatments."

All treatments offered by Rutgers Cancer Institute and RWJBH are available to any patients being treated within the system, regardless of the facility at which the patient's treatment originated. Among those treatments are advanced and complex surgeries, some of which are only available at Rutgers



CANCER CAN'T WAIT

Because of the pandemic, cancer patients may have concerns about scheduling surgery. However, cancer care shouldn't be delayed. Rutgers Cancer Institute and RWJBarnabas Health facilities have taken every precaution to keep patients, visitors and care-team members safe, including:

- COVID-19 screening and testing of all patients and staff prior to working in an operating room or being involved in a surgical procedure
- Rigorous cleaning and disinfecting practices in recovery room spaces, frequently touched surfaces, exam rooms and terminals.

abdominal cavity, which is designed to obliterate the remaining invisible cancer cells that may be present in the tissues.

•**Preventive, or prophylactic, surgery**, in which sophisticated testing and analysis is used to identify high-risk patients and remove an organ or gland before cancer can develop. This may be recommended for people at risk of developing breast, colon, endometrial, gastric, ovarian, thyroid and many other types of cancer.

Experience counts when it comes to cancer surgery. "There's a large body of literature showing a relationship between the volume of operative procedures done and how successful the outcomes are," says Dr. Alexander. "The more experience surgeons and hospitals have, the better patients do in terms of a shorter length of stay, fewer complications and the return to a normal life more quickly.

"That's something we do especially well at Rutgers Cancer Institute and

RWJBarnabas Health," he says. "We have the experience and technology to recognize potential complications early on and intervene as necessary."

NEXT STEPS

When a patient is told that cancer surgery is needed, how should he or she decide what to do next?

The first step, says Dr. Alexander, is to do further research. "Every doctor wants the best outcome for their patients, and no doctor should object to a patient asking for a referral for another opinion," he says.

Patients also have the option of calling the RWJBH Oncology Access Center at 844.CANCERNJ (844.226.2376). "The call will be taken by a specialist who is trained to gather information about the patient and identify the appropriate experts to evaluate and potentially provide treatment for them," explains Dr. Alexander.

Be sure to consider the continuum of care in the place where you will receive treatment. "Treatment that is fragmented, or administered in different locations without proper coordination, becomes more challenging," he says. "To me, it's always best for a patient to get cancer treatment from a multidisciplinary team of specialists who have good communication and coordination, from diagnosis through treatment, discharge and survivorship."

To help keep communication flowing smoothly among all experts treating a cancer patient at RWJBH facilities and Rutgers Cancer Institute, an oncology nurse navigator assists each patient throughout the cancer journey.

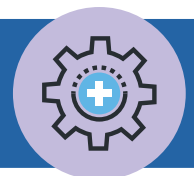
"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

Cancer Institute or RWJBH facilities, including:

•**Robotic surgery and laparoscopic surgery**. These are minimally invasive and very precise, and are performed with the most up-to-date technology on the market.

•**HIPEC (hyperthermic intraperitoneal chemotherapy) surgery**, used for cancers that have spread to the abdominal cavity. This treatment strategy involves the surgical removal of metastatic cancer, followed by heated chemotherapy given within the

RWJBarnabas Health, together with Rutgers Cancer Institute—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**.





WHAT A HOSPITALIST CAN DO FOR YOU

THIS DOCTOR'S SPECIALIZED SKILLS CAN GET YOU FEELING BETTER FASTER AND HOME SOONER.

If you're admitted to a hospital, you'll be cared for by a specialist physician known as a hospitalist. Though the specialty has been growing

fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.

Maninder "Dolly" Abraham, MD, has been a



MANINDER ABRAHAM, MD

hospitalist for 18 years and was recently named Chief of Hospitalist Medicine at RWJBarnabas Health. Here, she explains what patients should know.

What is a hospitalist?

A hospitalist is usually an internal medicine-trained physician who has undergone a residency training and is dedicated to and skilled at inpatient care.

Whether a patient is admitted to the hospital from the Emergency Department or as part of a planned admission, the hospitalist will manage

that patient's care during the time the patient is in the hospital.

How does the hospitalist manage a patient's care?

The hospitalist will see the patient every day during the hospital stay, sometimes more than once. In addition to evaluating the patient, they will spend a large amount of time coordinating their care. This means making sure all consultants and specialists are on the same page, keeping the primary care physician in the loop and

FAST FACTS ABOUT HOSPITALISTS



1996

IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



60,000

IT'S GROWING FAST

More than 60,000 physicians practice hospital medicine, up from just a few hundred 20 years ago.



30%/20%

THEY SAVE TIME AND MONEY

Studies show that hospitalists can reduce patient lengths of stay by up to 30 percent and reduce hospital costs by up to 20 percent.



March 4

NATIONAL HOSPITALIST DAY

is held on the first Thursday in March every year (this year, March 4).

Sources: Staffcare.com, Society of Hospital Medicine

"A HOSPITALIST IS LIKE A STAR QUARTERBACK WHO KNOWS HOW TO CALL THE PLAYS AND NAVIGATE YOU THROUGH THE SYSTEM TO GET YOU HOME AS QUICKLY AS POSSIBLE."

communicating with nurses, social workers, case managers and discharge planners, as well as the patient's family.

Schedules are usually in blocks of days to ensure continuity of care for patients.

Why doesn't a patient's "regular doctor" see him or her in the hospital?

As medicine has evolved, primary care doctors need to dedicate more time to seeing patients in an outpatient setting. In addition, as treatments have become more sophisticated, doctors are able to treat more patients on an outpatient basis.

As a result, patients who are admitted to the hospital these days tend

to be those who are very sick. They require a lot of time and attention, which hospitalists are able to provide. Primary care providers entrust their patients to us. We become an extension of that primary care physician.

How does a hospitalist get up to speed on a patient's history and condition?

There is a steep learning curve on day one. The primary care or referring physician sends over a patient's file and has a phone conversation with the hospitalist. At the first encounter with the patient, the hospitalist will do a detailed history and physical exam on the patient, getting to know him or her as well as possible.

Electronic sharing of medical records has made this process much easier and faster. We have access to the patient's history and to all the doctors involved. In addition, we have HIPAA-compliant, secure text messaging, so we can communicate with other physicians efficiently.

How does a hospitalist communicate with the patient's family members?

Hospitalists spend a lot of time talking with patients and family members. We

train new hospitalists on how to talk with them in layman's terms and not use medical jargon.

We ask families to designate one person to be our contact, and we make every effort to communicate with the patient's family every day.

What advantages does a hospitalist have when it comes to treating a patient?

Hospitalists have broad knowledge of most illnesses and how to manage cases, including surgery patients, diabetes and cancer patients and more.

We are specialists in inpatient care. We organize care throughout the hospital. We're there to order tests, track the results and order follow-up tests promptly. We can clear a patient for surgery and manage him or her post-operatively.

We're also available to explain test results to patients and family members and respond to any medical crises. Then, at discharge time, we have all the tools needed for a smooth handoff to the next step of the healthcare plan.

A hospitalist is like a star quarterback who knows how to call the plays and navigate you through the system to get you home as quickly as possible.

To find a physician at an RWJBarnabas Health facility, call **888.724.7123** or visit www.rwjbh.org/doctors.





THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

Do old age and depression go together—especially in a pandemic? We asked two people who know: Jessica Israel, MD, Senior Vice President, Geriatrics



FRANK GHINASSI, PhD



JESSICA ISRAEL, MD

and Palliative Care, at RWJBarnabas Health, and Frank Ghinassi, PhD, ABPP, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health Care.

Many people expect older adults to be depressed, or at least unhappy. Is that fair?

DR. GHINASSI: Seniors get a bad rap about that. In fact, the age 40 to age 58 group is more likely to be prone to depression. For every older person who is struggling, there are probably seven

or eight who are doing very well as they transition to the later stages of their career and life.

DR. ISRAEL: That expectation is a stereotype and needs to change. In fact, chances are that someone who has had 80 years to develop strategies to deal with stresses in life is, in many ways, better at coping than a younger person.

How does social isolation affect seniors?

DR. ISRAEL: In my experience, people of any age who were already prone to depression have seen their symptoms magnified since the pandemic began. Of

course, COVID-19 struck older adults in disproportionate ways. I would say that a significant number of my patients were able to stay safe at home and find new resources to help them stay connected, although some of them needed extra help to find those connections and services.

DR. GHINASSI: The folks we worry most about have a troubling package of circumstances—for example, they live alone, their children have moved away or they never had children, friends are beginning to die off, or they’ve moved to a community where they don’t have an existing network. Some may begin to show cognitive decline. If that’s combined with a history of depression or anxiety, that’s when we get most concerned.

What are signs of depression?

DR. GHINASSI: At any age, changes in baseline behavior are concerning: somebody who had a good sense of humor no longer laughs, somebody who had a healthy appetite isn’t eating, somebody who was a good sleeper now has sleep disturbances. Have they stopped doing things they enjoy? Are they saying things like, “What’s the point of going on?”

DR. ISRAEL: These days, it may be harder to pinpoint these changes because people have less contact with other people—they haven’t been going to the gym, or they no longer get together with their knitting circle.

How can loved ones help?

DR. ISRAEL: It’s so important to reach out to someone who may be isolated and depressed—to learn more about the situation surrounding the person, and what’s happening inside that situation. If you see signs of depression, know that it’s treatable. The first step, the critical one, is to reach out.

DR. GHINASSI: This is the time to connect with seniors more frequently than usual. Options range from phone and video calls to screen porch visits and talking through windows—even providing iPads. Visual contact can be a godsend for both the senior and his or her family.



HOW TO THRIVE WHILE SOCIAL DISTANCING

Seven research-backed ideas to promote physical and mental health.



- **KEEP TO A CONSISTENT ROUTINE.** Studies show that a regular daily routine, especially a consistent pattern of sleeping and waking, has distinct benefits for mental health. Create new routines for daily and weekly activities, including time for self-care, such as exercise or meditation.



- **SPEND TIME WITH CRAFTS AND HOBBIES.** People who take part in creative activities feel higher levels of positive emotion, according to recent studies. Creativity includes not only hobbies such as drawing, knitting or woodworking, but even simple activities like coloring or keeping a diary.



- **TAKE A DAILY WALK.** Walking helps maintain a healthy weight, improves heart health and elevates your mood by increasing your body’s levels of endorphins, the feel-good hormones. If you can get outside, so much the better: Numerous studies have shown that time in nature is an antidote for stress. If weather or slippery conditions prevent going outside, put on your sneakers, put on some music and walk in place at home.



- **READ BOOKS.** Reading books reduces stress, decreases blood pressure and lowers heart rate. Reading actually strengthens the brain by promoting the development of neurons. Moreover, studies show that reading fiction books increases the ability to empathize. If you use an e-reader, turn to a print book at bedtime. The blue light from screens can interfere with sleep.



- **LISTEN TO PODCASTS.** Podcasts are mini-radio shows created on every topic you can imagine, and they’re available free online or through apps for iPhone or Android. A 2016 study found that listening to podcasts activates multiple parts of the brain and can soothe, excite or make you laugh.



- **LISTEN TO YOUR FAVORITE MUSIC.** Music is an effective form of mood regulation, helping us to calm down, feel pleasure or even indulge in a good cry. One study found that adults with chronic osteoarthritis who listened to music daily for two weeks reported less pain.

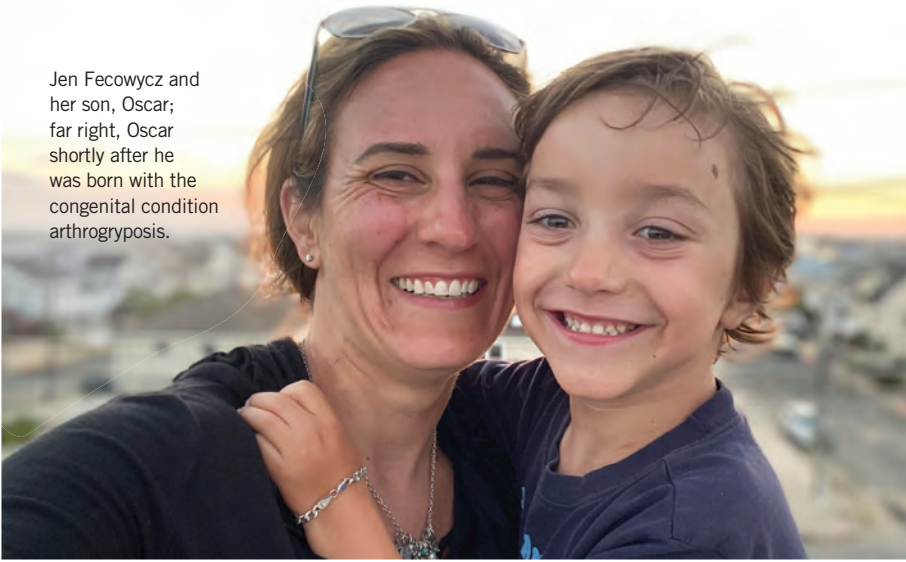


- **KEEP AND BUILD YOUR SOCIAL NETWORK.** A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it’s via your phone or laptop, or the “old-fashioned” pen-and-paper way.

To reach the physician referral service at RWJBarnabas Health, call **888.724.7123**. To learn about mental health services, call the RWJBarnabas Health Behavioral Health hotline at **800.300.0628**.



Jen Fecowycz and her son, Oscar; far right, Oscar shortly after he was born with the congenital condition arthrogryposis.



ONE STEP AT A TIME



**INTENSIVE PHYSICAL THERAPY
ALLOWS A LITTLE BOY TO
OVERCOME A RARE CONDITION.**

**Children's
Specialized Hospital®**

An RWJBarnabas Health facility

Jennifer Fecowycz was only 13 weeks pregnant when she learned her baby wasn't developing normally in utero. Doctors could see that he wasn't bending at his wrists, knees, ankles or elbows, and diagnosed a rare condition called arthrogryposis—a congenital joint contracture (stiffness) in two or more areas of the body.

When Jen's baby, Oscar, was born he faced a myriad of complications: club feet, hyperextended knees and elbows, and wrists that hooked under the wrong way. All necessary healthcare services, including surgery and casting, began right after birth. Then, when he was just six weeks old, he began weekly physical therapy sessions at Children's Specialized Hospital (CSH) in Mountainside.

TRUSTING THE PROCESS

Because Oscar couldn't bend his elbows, "tummy time" to strengthen the neck was very difficult. Nighttime splints

were needed to increase the ability of his arms to bend. He had casts on his legs from the age of five weeks to six months, which made rolling over a big challenge.

Oscar and his therapist Diana Deshefy, PT, DPT, PCS, worked on exercise modifications. When the leg casts were removed, Deshefy taught him how to roll over. Deshefy also served as a friend and confidant to Jen and made sure Oscar's entire care team had the most up-to-date information on his case.

"When Oscar was born, we were told that the only way he'd ever walk would be if we amputated his legs at his knees," says Jen. "Children's Specialized made sure that was a decision we never had to make." Because Oscar couldn't bend his knees, physical therapists began by having him stand and put pressure on his legs. "The team at Children's continued to work with us each week, figuring out

where his legs needed the most support and creating bracing options for his unique needs," Jen says. Just before Oscar's second birthday, Deshefy helped him take his first independent steps.

Today, Oscar is a typical 5-year-old boy who loves to spend time outside hiking, swimming and throwing rocks into the creek. He also enjoys coloring, building with Legos and playing with trucks, cars and dinosaurs. Oscar continues to see Deshefy weekly and interact with all of his friends at CSH.

"My advice for parents going through a similar situation is to take a deep breath, be patient and trust your therapists and the process," Jen says. "It can be overwhelming to hear the therapists set goals for three, six and 12 months and worry that your child isn't going to hit them. But your therapists work with you and your child, adjusting the plan as needed. I'm so grateful to Children's Specialized for all they've done for Oscar and our entire family."

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

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. 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.

COLORECTAL CANCER: ARE YOU AT RISK?

TAKE THIS QUICK QUIZ TO FIND OUT WHY, WHEN AND WHERE YOU SHOULD BE SCREENED FOR THIS COMMON CANCER.



JULIE CABALEIRO, MD

1. Colorectal cancer can often be prevented.

T F

2. Colorectal cancer is a problem only for older people.

T F

3. If I have no symptoms, I don't need to get screened.

T F

4. Colonoscopy is the only test used to screen for colorectal cancer in people who have no symptoms of it.

T F

5. Early detection leads to a high survival rate.

T F

1. **TRUE.** Regular colorectal cancer screening can find abnormal colon growths called polyps so they can be removed before they develop into cancer. You can also lower your risk with regular physical activity, by maintaining a healthy weight and by eating a nutritious diet with minimal sugar and processed foods.

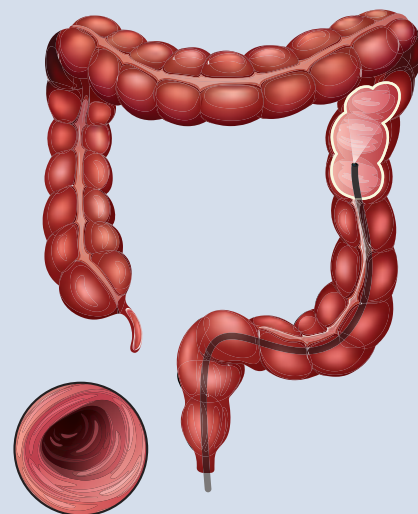
2. **FALSE.** While the disease most commonly appears after age 50, a recent analysis found that the rate of colon and rectal cancers has been steadily increasing in people under age 50. If you are at high risk based on family history or other factors, you may need to start screening earlier. Talk with your doctor.

3. **FALSE.** Many people with early-stage colorectal cancer don't have symptoms. If you do have the following symptoms, check with your doctor. The cause could be one of a number of things besides cancer, but you will want to find out what it is so it can be treated:

- A change in bowel habits that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by doing so
- Rectal bleeding, dark stools or blood in the stool
- Cramping or belly pain
- Weakness and extreme tiredness that doesn't get better with rest
- Unintended weight loss

4. **FALSE.** Tests can be divided into two groups: stool tests, which check the stool (feces) for signs of cancer, and visual (structural) exams, which look at the structure inside of the colon and rectum. Besides colonoscopy, visual exams include CT colonography (virtual colonoscopy) and flexible sigmoidoscopy.

5. **TRUE.** American Cancer Society statistics show that the five-year survival rate for people with localized colon or rectal cancer is about 90 percent. In addition, treatments and therapies continue to improve over time.



COLONOSCOPY: THE GOLD STANDARD FOR SCREENING

Colorectal cancer begins in the colon or rectum, which are both part of the large intestine. "We use a small, flexible tube with a light and a small video camera on the end to look inside the colon and rectum," says gastroenterologist Julie Cabaleiro, MD, Medical Staff President at Newark Beth Israel Medical Center. "Polyps—small clumps of cells on the lining of the colon—which may later turn into cancer, can be detected and even removed during the procedure."

Schedule your colon screening at Newark Beth Israel Medical Center by calling **973.926.7732** or **973.926.8346**.



RWJBarnabas Health and the Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center at Newark Beth Israel 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. For more information, call 844.CANCERNJ or visit

www.rwjbh.org/beatcancer.

BABY LOVE

So happy together: Gladis,
Gilmer and baby Natalia



A YOUNG WOMAN HAS A SUCCESSFUL PREGNANCY AFTER A HEART TRANSPLANT.

Gladis Cuadros, 36, speaks in a soft, musical voice that paints even the most serious subjects with a sunny gloss—which doesn't mean she shrinks from addressing tough topics. When she met Gilmer Zavaleta, the man she married in 2017, she told him up front that “if you want a family, I'm not the right person for you.”

Gladis was born with a condition called cardiomyopathy, a congenital heart disease that makes it hard for the heart to pump blood. The disease took her father's life in his early 30s and might have taken hers as well, if not for the intervention of the Advanced Heart Failure Treatment and Transplant Program at Newark Beth Israel Medical Center (NBI).

At just 15, while still living in her native Colombia, Gladis began suffering dizziness and chest pain. Not long afterward, her mother moved with her to the U.S. seeking the best medical care. When Gladis was 18, she says, her doctors told her that her heart would likely never be strong enough to support a pregnancy. For the first time, they also raised the possibility that she might need a heart transplant.

By the age of 25, Gladis had given up her hopes of motherhood. “I thought, ‘I'm never going to be a mom,’ so I put that idea away,” she says.

That was also the year she aged out of the pediatric cardiac program she'd been in and began to receive her cardiac care at NBI. Her treatment went well for some time. But within five years, the

medication that was keeping her alive was losing its effectiveness.

THE WAIT BEGINS

In May 2015, Gladis, now age 30, was put on the heart transplant waiting list. That July, too ill to remain at home while she waited for a donor heart, she was admitted to NBI's Cardiac Critical Care Unit, where she remained for three months.

To keep busy, she crafted jewelry, hats and purses. “I wasn't afraid,” she says. “I believe in God, and I had faith that whatever happened to me would be for the best.”

In October, a donor heart became available, and she underwent a successful heart transplant. “The people on the transplant team were the best,” she says, “from the people who cleaned the room to the nurses and the doctors.” She handed out her crafts to the team as gifts.

With her new heart came new hope. In April 2019, she consulted with NBI's transplant team about the possibility of having a baby. “I thought it was completely OK for her to try, especially since she'd be carefully monitored by the OB/GYN team and by us,” says Natalia Hochbaum, MD, a cardiology and advanced heart failure and transplant specialist at NBI. Gladis began to see Martin Gimovsky, MD, a maternal-fetal medicine specialist at NBI, who'd recently helped another heart transplant patient through a successful pregnancy.

There were risks to be managed. “We were concerned about preeclampsia and very high blood pressure, which is more common in heart transplant patients,” says Dr. Gimovsky. “We were also concerned about heart failure. Pregnancy puts a lot of stress on the heart and the entire cardiovascular system.”

It was also critical that they monitor

the level of the immunosuppressant medication Gladis was taking to keep her body from rejecting the donor heart, since low levels could indicate imminent rejection.

Fortunately, her immunosuppressant levels remained steady and she never developed preeclampsia.

A NEW LIFE

The risk no one could have foreseen, however, was that her delivery date, in May 2020, would coincide with the height of the COVID-19 pandemic in New Jersey. Because she was immunosuppressed, she faced a greater risk of contracting the virus and developing serious complications.

“She got every kind of precaution we could take to ensure the least amount of risk,” says Dr. Gimovsky. “I even pushed during labor while wearing a mask,” Gladis notes.

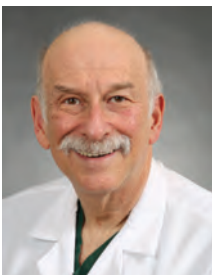
The delivery went well and her daughter, Natalia, was born completely healthy. After delivery, Gladis spent four days in a newly renovated postpartum suite at NBI with Natalia and her husband.

Gladis still wasn't totally out of the woods. “Women with significant cardiovascular disease are at great risk after the delivery,” Dr. Gimovsky notes, “but Gladis was monitored very closely in the hospital to make sure she didn't develop symptoms that might indicate heart failure.” She never did.

“Gladis was very committed to having a healthy baby, and she did her best to stay healthy. Now they're both doing great,” says Dr. Hochbaum.

The new mom knows it was the care she got at NBI that helped ensure that outcome. “With the transplant,” she says, “they opened up a new life for me. Now I feel normal, and that makes me feel that I can do anything.”

As for baby Natalia? Says Gladis, “She smiles all the time.”



MARTIN GIMOVSKY, MD



NATALIA HOCHBAUM, MD

Your heart doesn't beat just for you. Get it checked. To find a cardiac specialist at Newark Beth Israel Medical Center (NBI), call **888.724.7123** or visit www.rwjbh.org/heart. To learn more about maternal-fetal medicine at NBI, call **973.926.7342**.





THE DAY HER HEART STOPPED

**WHEN A HUGE BLOOD CLOT BLOCKED A YOUNG GIRL'S BLOOD FLOW,
A DEEP BENCH OF MEDICAL EXPERTS HELPED HER SURVIVE.**

It generally doesn't set off any red flags when an active 12-year-old girl complains that her leg hurts. But in Jissel Rosario's case, the pain signaled a life-threatening condition.

Last April, when Jissel first complained about the stabbing pain in her left thigh, the COVID-19 epidemic was raging through the northern New Jersey area. Jissel and her mother were afraid to go to the hospital because of the virus, but the girl's leg was so swollen and painful that her mother brought her to a local urgent care center.

There, the leg pain was misdiagnosed as cellulitis—a bacterial infection—and Jissel was prescribed an antibiotic. But

the pain continued to get worse.

A few days later, Jissel's leg had swelled to three times its normal size and her foot had turned purple. Her mother brought her to a nearby emergency department, where doctors detected a large blood clot that was compromising the circulation to her leg.

At that point, Jissel was sent to Newark Beth Israel Medical Center (NBI) and Children's Hospital of New Jersey.

EMERGENCY ACTION

"When she came to us, the main vein in her left leg was completely clotted off," says interventional cardiologist Marc Cohen, MD, Chairman of the Department of Medicine at NBI. "She was almost at risk of losing the leg."

Because the clot was so extensive, vascular surgeon Cindy Sturt, MD, took Jissel for a procedure called catheter-based thrombectomy, in which an incision into the blood vessel is made and sophisticated equipment sucks the clot out.

"Unfortunately, there's always a risk

of dislodging a blood clot," explains Dr. Cohen. "In Jissel's case, a big part of the clot got away and went to her lungs, blocking an artery."

Jissel's heart stopped, and the team sprang into action. "She was resuscitated for almost an hour," recalls Derrick McQueen, MD, Director of the Pediatric Intensive Care Unit at Children's Hospital. "The unsung heroes of this story are the catheterization lab staff and the anesthesiologists. They really did outstanding CPR."

Once Jissel's heart was restarted, cardiologist Gautam Visveswaran, MD, put her on an ECMO (extracorporeal membrane oxygenation) machine, which replaces the body's heart and lungs to circulate their blood and keep the patient alive. Jissel was also placed on a mechanical ventilator to take over her breathing.

Meanwhile, doctors treated the blood clots that were now in both her leg and her lungs. "Dr. Visveswaran and I took Jissel to the catheterization lab and passed catheters that dripped TPA



MARC COHEN, MD



DERRICK MCQUEEN, MD



Jissel stayed at NBI for three weeks. On the day she left, a crowd of well-wishers lined the hallways as she was wheeled out, waving balloons and cheering for her.

[tissue plasminogen activator] into her lungs to dissolve the major blood clot that had snuck in there,” explains Dr. Cohen. “And Dr. Sturt went back to remove as much of the clot remaining in the leg as possible and was able to improve the circulation in the leg.”

AWAKE AGAIN

There were grave concerns about the potential effect of the ordeal on Jissel’s brain. But after she was taken off the machines, she slowly woke up. Soon, she was talking and laughing in her hospital bed.

“She still needed management for the injury that had occurred,” explains Dr. McQueen. Wound care specialists, under the direction of Harold Brem, MD, Director of Wound Healing and Regenerative Medicine, were on the case. Because the blood flow to Jissel’s leg and foot had been compromised, she started regular hyperbaric oxygen therapy to help the leg heal.

The pediatric rheumatology and hematology departments also got involved. “Because of the clotting issue, they decided to do plasmapheresis, in which blood is withdrawn and the plasma separated out, treated and returned to the patient,” explains Dr. McQueen.

Jissel was in the hospital for three

weeks. By the time she left, she had “an incredible recovery of 95 percent of the function of her left foot,” says Dr. Cohen. Jissel will be on anti-clotting medication for the foreseeable future and will continue to be closely monitored.

What was the cause of the blood clot in the leg, an extremely rare occurrence in a child? NBI doctors believe it was a result of COVID-19, which appears

to trigger the formation of blood clots. Though Jissel tested negative for active infection while she was in the hospital, a test showed that she carried antibodies to the virus and must have been previously exposed.

Says Dr. Cohen, “It was the working together of many different teams, all working in synchrony, that saved the life and saved the leg of this 12-year-old girl.”



ALL HANDS ON DECK

Young Jissel Rosario was able to survive and thrive due to the extensive range of medical experts at Newark Beth Israel Medical Center and Children’s Hospital of New Jersey. “It was a team approach that allowed Jissel to have a safe recovery,” says Derrick McQueen, MD, Director of the Pediatric Intensive Care Unit at Children’s Hospital of New Jersey. Services included:

- Anesthesiology
- Cardiology, Adult and Pediatric
- Catheterization
- Pediatric Intensive Care
- Pediatric Rheumatology and Hematology
- Pulmonary Critical Care
- Physical Therapy
- Respiratory Therapy
- Vascular Surgery
- Wound Care Program

Your heart doesn’t beat just for you. Get it checked. To find cardiac specialists at Newark Beth Israel Medical Center and Children’s Hospital of New Jersey, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Ethiel Fontalvo, 56, had a heart and lung transplant at Newark Beth Israel Medical Center.

**NEW
HEART,
NEW
LUNGS,
NEW
LIFE**

A RARE AND COMPLEX DUAL TRANSPLANT ALLOWS A MAN TO LIVE A NORMAL LIFE.

“I grew up sick and never knew what it was like to be normal,” says Ethiel Fontalvo.

Ethiel was born with a heart defect that led to Eisenmenger syndrome, a condition that causes blood to circulate abnormally in the heart and lungs and ultimately damages the lungs’ blood vessels.

At the time, his family was living in a small town in Barranquilla, Colombia, where medical resources were limited. “When I was born, my parents were told there was no hope for me,” Ethiel says. “The doctors recommended that they not feed me so I’d die.”

Ethiel’s parents did not abandon him, but he lived a sheltered life, able to go to school but unable to play with other children. “I just had to sit there and watch other kids run around,” he says.

When Ethiel was 9 years old, his family moved to the U.S. They consulted doctors about an operation that would repair Ethiel’s heart, but when told the success rate was low they decided not to risk it.

Ethiel graduated school and started working. His major form of recreation was going on scary rides at amusement parks. Rebelling against his limitations, he began to do risky things, such as smoking and drinking. “That brought a lot of complications,” he admits. “My heart started getting worse, became enlarged.”

By the time Ethiel was in his 40s, he was having trouble breathing and was feeling fatigued even with 24-hour supplemental oxygen. He had to stop work and go on disability.

In and out of the hospital for months at a time, he was running out of options.

A RARE PROCEDURE

By the time Ethiel checked into Newark Beth Israel Medical Center (NBI) in April 2019, a heart-lung transplant was his only chance for survival. Neither a heart transplant nor a lung transplant alone would be enough to keep him alive.

“Ethiel was very sick,” says Jesus Gomez-Abraham, MD, Surgical Director of Lung and Heart and Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group. “In addition to the congenital heart condition and pulmonary artery hypertension, he had many other medical conditions.”



JESUS GOMEZ-ABRAHAM, MD

Yet when Dr. Gomez-Abraham met Ethiel for the first time, what impressed him most was his patient’s optimism. “He was amazing, a ball of hope,” says Dr. Gomez-Abraham. “He was happy, even smiling.”

Heart-lung transplants are rare, with only about 100 performed in the U.S. each year. Donors are hard to find, and the two-organ transplant

requires many factors to come together in a short window of time. NBI is the only medical center in New Jersey qualified to perform the procedure.

Ethiel was put on the transplant waiting list with the notation that both heart and lungs needed to come from the same donor and had to come as one unit attached to the bottom part of the trachea. The organs also had to be the right size to fit Ethiel’s chest cavity. Moreover, they had to be available fairly close by because donor organs have to be placed in the recipient’s body within just a few hours.

On August 3, 2019, Ethiel celebrated his 55th birthday while still a patient at NBI. Then on August 9, the medical center received the news that a donor heart and lungs were available.

IMMEDIATE ACTION

With little time to spare, multiple teams got to work. “A heart transplant team, a lung transplant team and the surgeon check the organs’ dimensions,” explains Dr. Gomez-Abraham. “We also evaluate and test organ function.”

Simultaneously, a surgical team prepared Ethiel, so that when the donor organs arrived he was prepped, anesthetized and ready to receive them.

Dr. Gomez-Abraham performed the surgery. Ethiel’s chest was opened and he was put on a cardiopulmonary bypass machine, which pumped his blood and kept him alive while his own heart and lungs were carefully removed. Then the new organs were placed into his chest cavity, and the four main vascular connections were sewn together.

Once the new organs were in place, drugs were administered to stimulate the new heart and bring blood to the lungs. That moment, says Dr. Gomez-Abraham, “is one of the wonders, part of the joy and happiness that we as transplant surgeons can observe—when we see organs regain functionality and give life to our patients again.”

Afterward, Ethiel stayed in the hospital for about a month doing pulmonary rehabilitation and physical therapy.

Now, more than a year later, Ethiel describes the surgery as a miracle. “I can walk—I do three miles now—and I can climb up the stairs. Before, I was out of breath after 12 steps.”

He follows a healthy diet, takes medications to prevent organ rejection, goes for regular follow-up visits with his doctors and has been extremely careful to avoid getting infected with COVID-19.

But once the pandemic is over, Ethiel says, he’s looking forward to starting the normal life he always wanted and, he says, “trying amazing things like skydiving.”

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit **www.rwjbh.org/transplant**.

201 Lyons Ave., Newark, NJ 07112

Getting Healthy Together!

When in-person meetings can't happen, we can still help. Newark Beth Israel Medical Center is ready to meet you virtually for a telehealth appointment, consultation or support. Below are some of our virtual support groups and educational programs. To learn about more of our programs, visit www.rwjbh.org/events.

March Is Colon Cancer Awareness Month

Colon cancer is preventable and beatable if detected in its early stage. Schedule your screening at the recommended age of 45. Call 973.926.7732 or 973.926.8346 to learn more.

Comprehensive Sickle Cell Programs (Virtual)

Healthy cooking, painting parties, transition programs, wellness check-ins and more. Designed to promote sickle cell awareness, education and participation from patients and the community. To find out more, call 973.926.8243.

Senior Wellness Connect (Virtual)

Mondays, 10 to 11 a.m.
Focused on health and longevity for adults 55 and over. To register and receive call-in information, call 973.926.3312.

Seasonal Eats (Virtual)

Mondays, 1 p.m.
Simple recipes using local, farm-fresh food. To register and receive call-in information, call 973.726.7371.

Beth Babies Breastfeeding Class

Tuesdays, 1 to 2 p.m.
Receive skilled guidance from lactation counselors. To register and receive call-in information, email janine.marley@rwjbh.org.

Healthy Kids in Hannah's Kitchen (Virtual)

Tuesdays, 4:30 to 5:30 p.m.
Healthy cooking class for ages 8–12 (adult supervision required). To register and receive call-in information, call 973.726.7371.

Breast Cancer Support Group (Virtual)

Third Wednesday of the month, 10 to 11 a.m.
Offered by the Frederick B. Cohen, MD, Cancer Center. To register and receive call-in information, call 973.926.7976.

Prenatal Yoga with Ignite One (Virtual)

Wednesdays, 11:30 a.m. to 12:30 p.m.
Gentle yoga for expecting moms.

To register and receive call-in information, call 973.726.7371.

Mom Central

Wednesdays, 1 to 1:30 p.m.
Mom support with group discussions on nutrition and health topics. To register and receive call-in information, call 973.726.7371.

Learning to Live with Cancer (Virtual)

Third Thursday of the month, 1:30 to 2:30 p.m.
A general cancer support group, offered by the Frederick B. Cohen, MD, Cancer Center. To register and receive call-in information, call 973.926.7565.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

Breastfeeding Support

Every Monday from 12 to 1 p.m.
International Board-Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Register at www.rwjbh.org/breastfeedingsupport.

Perinatal Mood and Anxiety Disorders

Every Wednesday from 11 a.m. to 12 p.m.
One of the most common complications of childbirth is anxiety or feelings of anger or sadness. You are not alone. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.



FARMERS MARKET

Thursdays, 11 a.m. to 4 p.m.

The Beth Greenhouse Corner of Osborne Terrace and Lehigh Avenue, Newark
Now accepting SNAP, WIC and Senior Farmers Market Vouchers.

Social distancing practiced, masks required.
For more information or for online ordering, call 973.926.7371.