

A Publication of  
SAINT BARNABAS MEDICAL CENTER

WINTER 2020

# healthy *together*

**BREAST MILK  
FOR EVERY BABY**

**NEW WAYS  
TO STOP  
SNORING**

**A SAFER HEART  
VALVE SURGERY**

**CRITICAL CARE  
WHEN EVERY MOMENT COUNTS**



## SAVING LIVES IS OUR LIFE'S WORK

At RWJBarnabas Health, we take the trust people place in us to heart. It's the bedrock of our commitment to your care, from preventive services to life-saving emergency treatment. For urgent situations, we have two world-class trauma centers, one in Jersey City and one in New Brunswick, as well as the only burn center in the state, located in Livingston. In addition, we have expanded our emergency response capabilities and have acquired an advanced emergency helicopter, call sign Life Flight, equipped and staffed to provide critical care while transporting badly injured patients.

The Burn Center at Saint Barnabas Medical Center provides world-class care to those with burn injuries. As New Jersey's only certified burn treatment facility and one of the largest in North America, The Burn Center team is experienced at providing care to patients of all ages. In addition to The Burn Center's goal to improve the care and treatment of individuals who have suffered burns, there is a commitment to lowering the incidence of burn injury throughout the region. The Saint Barnabas Burn Foundation offers a variety of individualized educational programs aimed at burn prevention and safety for firefighters, community groups, businesses, healthcare professionals and children.

To help people stay healthy and safe, we reach out with education and prevention programs for people of all ages. We've also invested in creating the new secure and convenient RWJBarnabas Health Connect app, available at your app store. Health Connect lets you access your records, store your insurance information, search for doctors and make real-time appointments that are automatically added to your phone calendar.

Health Connect, along with the RWJBarnabas Health TeleMed app, which offers online access for a physician visit, are integral parts of efforts to create a truly tech-forward healthcare organization. These efforts led to all RWJBarnabas Health hospitals earning the "Most Wired" designation from the College of Healthcare Information Management Executives this year.

Whether you face an emergency or have an everyday health question, we're committed to providing convenient access to the highest-quality care—whenever and wherever you need it.

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



### STRAIGHT A's FOR SAFETY

With the Fall 2019 Hospital Safety Grade, Saint Barnabas Medical Center has been awarded an A grade from The Leapfrog Group for the 16th consecutive time. Saint Barnabas Medical Center is one of 36 hospitals and the only hospital in a seven-state area, including New York, New Jersey, Connecticut, Pennsylvania, Delaware, Rhode Island and Maryland, to have achieved straight A's since the survey began in 2012.

"Patient safety is the priority at Saint Barnabas Medical Center. Achieving straight A's for the 16th time in a row is indicative of our unwavering focus on safety and quality for our patients and their families. We are extremely proud of our entire healthcare team and their commitment and dedication to being a High Reliability Organization with outstanding outcomes," says Stephen P. Zieniewicz, FACHE, President and CEO.

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

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At the grand opening of the Human Milk Depot in August, from left to right: Stephen Zieniewicz, President and CEO, Saint Barnabas Medical Center; Timothy Yeh, MD, Chair, Department of Pediatrics at SBMC; Gidget Romero and baby Gino; Cynthia Cohen of Mothers' Milk Bank Northeast; Kim Rosales, MSN, RN, Clinical Director of Family Centered Care at SBMC; Nico Romero; Kamtorn Vangvanichyakorn, MD, FAAP, Director of the NICU at SBMC.

# A BANK FOR BREAST MILK

**A HUMAN MILK DEPOT ALLOWS ALL NEW MOTHERS TO OFFER SAFE,  
NUTRIENT-RICH BREAST MILK TO THEIR BABIES.**

For Gidget Romero, RN, of Belleville, the road to motherhood was not without bumps and detours. A pregnancy in 2013 ended in miscarriage and was followed by trouble conceiving and treatment for infertility.

In 2018, just as she and her husband, Nico, were feeling like they might never have a child, they were elated to learn that they were once again expecting. Then, during a routine ultrasound at 24 weeks, doctors discovered a tumor on Gidget's placenta. It was equal in size to the baby, and so close to the umbilical cord that it could potentially restrict the vital oxygen and nutrients supplied by the cord. Additionally, Gidget had developed gestational diabetes.

Given these concerns, Gidget and Nico wanted to become more familiar with the Neonatal Intensive Care Unit (NICU) at Saint Barnabas Medical Center (SBMC), where she works.

During the tour, Gidget overheard a nurse talking about how breast milk could prevent necrotizing enterocolitis (NEC), a potentially devastating disease that affects the intestines of premature babies. Speaking with parents of preemies that day, she thought, "The one thing I want for these parents is for them to enjoy their baby at home, just like we are hoping to do."

## PAYING IT FORWARD

Gidget carried her baby safely to term, but the message about the value of breast milk stayed with her. It was at the forefront of her mind several months ago, when SBMC became the first hospital in New Jersey to open a human milk depot in partnership with nonprofit agency Mothers' Milk Bank Northeast (MMBN). Now, nursing moms who are producing more milk than they need can give other babies a chance to receive breast milk by donating their surplus to MMBN.

Front and center at the opening reception was the Romero family—Gidget, Nico and baby Gino. In fact, Gidget was SBMC's first Milk Depot donor, contributing 150 ounces.

"All babies benefit from human milk with rare exceptions, but for medically fragile or premature infants, breast milk is even more critical. In times when a mother is unable to provide enough of her own milk, the next best option is pasteurized banked donor breast milk," says Kamtorn Vangvanichyakorn, MD, FAAP, Director of the NICU at SBMC. Because breast milk contains the optimum nutrients for a baby and is gentle on the baby's system, the American Academy of Pediatrics recommends exclusive breastfeeding, if possible, for the first six months.

The medical center is expanding a program that has already seen success. "We've been offering donor breast milk in the NICU for many years, and it really helped to improve the outcomes for the preemies," says Kim Rosales, MSN, RN, CNML, Clinical Director of Family Centered Care. Ten years ago, SBMC began providing only breast milk to all babies born before 33 weeks' gestation. With that, the NICU saw a dramatic decline in cases of NEC, down from nearly 10 percent of babies to less than 2 percent.

Now, thanks to the MMBN partnership, SBMC is able to provide banked breast milk for even more babies. "We've expanded our donor milk program to the newborn nursery so all moms have that option and can benefit from breast milk," Rosales says.

## SAFETY FIRST

Concerns about the safety of donated breast milk were a driving force behind SBMC's decision to open the Milk Depot. Lactation consultant Sara Rieber, MSN, RN, APN-C, IBCLC, reports that the hospital's Lactation Department undertook a research project about the selling of breast milk online. "What we learned is that, in New Jersey specifically, there is an endemic crisis of women selling their breast milk online, on Facebook and on Craigslist, and most of it does not meet safety guidelines and standards," she says.

Lactation consultant Suzanne O'Neill, BSN, RN, IBCLC, explains that MMBN has strict procedures to ensure that the donated milk is safe. For starters, all donors are screened through a process that includes a phone call and bloodwork. After a donor is screened, she can drop off her breast milk at SBMC and the hospital will ship it, frozen, to MMBN in Massachusetts. Once it gets there, O'Neill explains, MMBN pasteurizes the milk to destroy any harmful bacteria. The milk is then tested for safety, refrozen and sent to hospitals throughout the country.

With the help of Gidget and many women like her, the Milk Depot at Saint Barnabas eliminates safety concerns, as well as the emotional concerns of new moms who are worried about not being able to provide breast milk for their babies.

"When we heard about necrotizing enterocolitis, my husband and I felt like we needed to do something. We have this blessing and just want to pay it forward somehow," Gidget says. "I happened to have overproduction of milk, and when I heard about milk banking, I was on board. I couldn't be more excited to donate."

Mothers who wish to donate milk can review guidelines on the milk bank website, [www.milkbankne.org/donate](http://www.milkbankne.org/donate), then contact a Donor Intake Coordinator for screening at **617.527.6263, ext.3** or [donate@milkbankne.org](mailto:donate@milkbankne.org) to get started.





# OPIOIDS:

## HOW TO REDUCE USE

**A NEW POST-SURGERY PRACTICE MEANS MANY MOTHERS DON'T NEED OPIOIDS AFTER C-SECTIONS.**

When Karen Hanlon, 38, of Caldwell, gave birth to her first son, Henry, now almost 3 years old, opioids were a common form of pain relief at hospitals across the country.

Karen had a cesarean section (C-section), which requires an incision in the muscle of the belly and days of recovery. She says her pain while recovering, on a scale from one to 10, was always at level six or higher.

Once at home, she recalls, she remained sluggish, winded and groggy due to side effects of opioids she was taking to control the pain. It took her almost two weeks to be able to climb the stairs to her bedroom comfortably.

This past summer, she had a very different birth experience. She and her husband, Andrew, welcomed their second child, Charlie, and he was also born via C-section.

But this time, Karen had the benefit of a new way of controlling pain that didn't involve opioids. Known as "enhanced recovery after surgery," or ERAS, it is part of a broad effort by Saint Barnabas Medical Center (SBMC) to reduce opioid use in the hospital. The postoperative practice was first used in other areas of abdominal surgery and was introduced for C-section patients in January of 2019.

"ERAS has been wonderful for our other patients who had abdominal surgery, so we



Karen Hanlon with Henry and baby Charlie.

knew it would give tremendous benefits to our maternal patients, too," says Paul Yodice, MD, Chairman of Medicine at SBMC. "It lets them avoid the side effects and risks of opioids. Plus, they are out of the hospital and home more quickly, celebrating the new baby with family and friends."

"Given my experience with the first C-section, I never thought it could work without opioids," Karen says. "But I was

greatly surprised and definitely happy when it did." With this second birth, Karen's pain never went near a six on the pain chart, and it even stayed below level four, she says, still amazed. She was up and out of the hospital bed the first day after delivery and found she could visit with friends and family with more ease.

"I was able to focus more on Charlie, and less on the pain," she says.



## HOW ERAS WORKS

The ERAS effort is part of the comprehensive Clinical Excellence and Effectiveness (CEE) program put in place by SBMC in 2017. “Our mission is to reduce unnecessary variation to improve effectiveness of care with a multi-disciplinary approach between medical, nursing and ancillary services,” says Luciana Mullman, MPH, CSSGB, Administrative Director of the program. “The ERAS C-section program fits into this because we have standardized delivery of care into one evidence-based approach, which the team now follows.”

Efforts like ERAS are taking hold across the country as an important step in stemming the opioid epidemic, which the federal government declared a public health crisis in 2017. Last year, more than 10 million people misused opioids, according to U.S. government statistics, and on average, 130 people die each day from overdosing on opioids. Many people who are addicted to opioids first take them using a prescription they receive after surgery or an injury.

Hundreds of other mothers at SBMC have now had ERAS experiences similar to Karen’s. In the first six months of the program that staff call “amazing,” pain control was so effective that 70 percent fewer women needed or asked for opioids after delivering their babies via C-section. Even among the women who did need opioids during their stay, there was a 90 percent reduction in the number of doses needed overall.

Many specialists worked together to develop SBMC’s process for providing an alternative for pain control. “We’ve used

At the launch of SBMC’s Clinical Excellence and Effectiveness program, from left to right: Caitlin Tauro, Coordinator, CEE; Luciana Mullman, Administrative Director, CEE; Nnamdi Gwacham, MD, OB-GYN Resident; Richard Pitera, Jr., MD, Medical Director of Perioperative Medicine; Paul Yodice, MD, Chairman, Department of Medicine and Medical Director, CEE; Stephen Crane, MD, OB-GYN; Sheila A. Collier, MSN, RNC-MNN, Director, Maternal Child Services; and Stephen P. Zieniewicz, FACHE, President and CEO.

tried-and-true steps for our patients after C-section, and added some innovative components,” says Richard Miller, MD, specialist in maternal-fetal medicine (care of the mother and unborn child) and Chair of the Department of Obstetrics and Gynecology at SBMC.

“We identified a procedure, known as TAP [transversus abdominis plane] block, where we can inject local anesthetics into the abdominal wall during surgery as a first step in controlling pain in that area,” says Richard Pitera, Jr., MD, Associate Chair of Anesthesiology. “This by itself can decrease pain up to 70 percent.”

After surgery, recovery room staff remove the catheter (used to help drain urine), instead of leaving it in for a day or two, as before. In addition to reducing the risk of infection, this makes the patient more comfortable and mobile.

The patient is out of bed within six hours post-surgery, and walks three times around the nursing unit daily.

Familiar medicines like Motrin and Tylenol are used to keep patients comfortable all day, versus use of strong opioids taken at longer intervals. These medicines also do not cause the grogginess that opioids do, and they are not addictive.

“The real secret to successful pain control is bringing in all

the people involved with patient care—nurses, resident physicians, OR technicians and everyone along the way,” says Dr. Pitera. “Having a multidisciplinary team is what makes the difference.”

“Altogether, these steps allow our new mothers to get back to normal more quickly, and our patients’ satisfaction with their overall hospital experience has soared since January,” Dr. Miller says.

## LONG-TERM GOALS

The benefits of fewer opioid prescriptions continue after the patient leaves the hospital. Studies show that only half of opioids prescribed after C-section are ever needed at home, meaning dozens of pills remain in home medicine cabinets.

“With our program, fewer prescriptions means fewer opioids go home, in the reach of the patient, families and friends,” Dr. Yodice says. “Other lives may never be touched by opioids. And maybe we’ll have fewer patients with addiction coming to us in the Emergency Department and intensive care.

“It can happen, with efforts like this,” he says. “Hopefully, we are witnessing the beginning of the end of the opioid crisis.”

To find an obstetrician at Saint Barnabas Medical Center, call **888.724.7123**.



# ON THE MOVE TO SUPPORT SAINT BARNABAS

FRIENDS OF SAINT BARNABAS MEDICAL CENTER WALK, GOLF AND ROCK OUT TO HELP FUND WORLD-CLASS CARE.



## FOR THE SMALLEST PATIENTS

Friends and families walked in support of Saint Barnabas Medical Center's smallest patients, those in the Neonatal Intensive Care Unit, at the 19th Annual Miracle Walk last October. The event draws more than 2,000 participants each year.

At left, this year's top fundraising teams gather to celebrate a successful Miracle Walk.



## FOR CANCER CARE

Comfort Project 360 hosted its 6th Annual A Reason to Rock at Crestmont Country Club in West Orange. A Reason to Rock provides funds to complement the outstanding care provided by The Cancer Center at Saint Barnabas Medical Center by creating supportive and healing environments in which patients and their loved ones are treated. With more than 375 people in attendance, the event raised more than \$300,000 in support of The Cancer Center at Saint Barnabas Medical Center.

The event honored Jodi Bloom, a two-time cancer survivor who has been committed to Comfort Project 360 since its launch, as Comfort Project 360's 2019 Mindy Roth Inspirational Journey Award recipient. The Junior Rock Stars, a group of 75 young people in our community, were also recognized with the Volunteer of the Year Award for going above and beyond in their efforts to support Comfort Project 360.

From left, Wendy Marcus, event co-chair; Hyla Weiss, Comfort Project 360 founder; Jodi Bloom, honoree; Suzanne Unger, Comfort Project 360 founder; and Cathy Levison and Michelle Berger, event co-chairs.



From left, Fashion Show Committee Members Amy Resnikoff, Amy Ruffini, Elise Liss, Wendy Cohen, Rosemary Scoppetuolo, Lisa Marie Falbo, Josine Spina Murano, Sharolyn Kennedy, Edie Leibman and Kerry Gilder.

## FOR BREAST HEALTH SERVICES

Guests were runway-ready as they gathered for the 6th Annual Fashion for the Pink Crusade at the Park Savoy Estate in Florham Park in October. Presented by Bloomingdale's, The Mall at Short Hills, the event raised funds in support of breast health services at Saint Barnabas Medical Center and the Barnabas Health Ambulatory Care Center.



## FOR COMFORT 360

In October, hundreds of teens and their families came out to support A Reason to Walk, benefiting Comfort Project 360 and The Cancer Centers at Saint Barnabas Medical Center.

Pictured above, four of A Reason to Walk's teen volunteers.



## FOR WHEREVER THE NEED IS

More than 200 golfers took part in the 45th Annual Saint Barnabas Medical Center Golf Open at Canoe Brook Country Club in September. Proceeds benefit programs and services at SBMC.

From left, H. Stephen Fletcher, MD; Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer, Saint Barnabas Medical Center; Patrick Hilden; and Michael Dwyer.





# HOW TO SAVE A LIFE

## IS IT A HEART ATTACK OR CARDIAC ARREST—AND WHAT SHOULD A BYSTANDER DO?

“Heart attack” and “cardiac arrest” may sound like similar conditions, but they’re not the same—and one is potentially much more life-threatening. “With a heart attack, an artery is clogged, and the majority of patients have 100 percent closure of an artery,” explains Jay H. Stone, MD, Director of the Cardiac Catheterization and Interventional Lab at Community Medical Center in Toms River and a member of the RWJBarnabas Health medical group. “In a cardiac arrest, the heart stops completely and no blood at all is circulating.” Death can be instantaneous.

The two things that determine survival, Dr. Stone explains, are the underlying pathology and the flow of blood to the brain. “If someone passes out in front of you, take action immediately,” he urges. “The patient can’t afford to lose the time that it may take for professional medical help to arrive.” Quick action can double or even triple a cardiac arrest victim’s chance for survival.



JAY H. STONE, MD

### HEART ATTACK

#### WHAT IT IS

A circulation problem. Blood flow stops because of a blockage in an artery. The part of the heart muscle that is deprived of oxygen-rich blood begins to die.

#### SYMPTOMS

These may begin hours, days or weeks in advance.

- Chest pain or feeling of pressure in the chest, possibly spreading to arms, neck, jaw, back or stomach.
- Feeling sick, sweaty or short of breath.
- The person having a heart attack will usually remain conscious.

#### WHAT TO DO

If you are having these symptoms, don’t hesitate to contact your doctor or call 911. If someone you are with appears to be having a heart attack, call 911 immediately. Sit the person down and keep them calm while you wait for help.

### CARDIAC ARREST (CA)

#### WHAT IT IS

Usually, an electrical problem that causes the heart to stop pumping. CA can be triggered by a heart attack but can have other causes, such as an undiagnosed heart abnormality or cocaine or amphetamine use.

#### SYMPTOMS

- Possibly racing heart or dizziness, but CA may occur without warning.
- A person suffering CA will become unconscious and will not breathe normally, or breathe at all.

#### WHAT TO DO

- Immediately call 911, or have someone else make the call while you perform the steps below.
- If an AED (automated external defibrillator) is available, begin use, following the prompts.
- Do CPR (cardiopulmonary resuscitation). If you don’t know conventional CPR, do hands-only CPR (see below).

### GET IT CHECKED

Your heart doesn’t beat just for you. Get it checked. To make an appointment with one of New Jersey’s top cardiac specialists, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).



### HANDS-ONLY CPR

Hands-only CPR can be done successfully even by someone who’s not a professional. The idea is to push hard and fast in the center of the victim’s chest to the beat of a familiar song that has 100 to 120 beats per minute. Think of the song “Stayin’ Alive” by the Bee Gees to help keep compressions in a regular rhythm. If disco doesn’t do it for you, push along to one of these:

- “Crazy in Love” by Beyoncé
- “Hips Don’t Lie” by Shakira
- “I Walk the Line” by Johnny Cash



# TRAUMA WITHOUT DRAMA

TOP RWJBARNABAS HEALTH TRAUMA AND BURN CENTERS STAND AT THE READY TO DO WHAT'S NEEDED FOR THE MOST SEVERELY INJURED PATIENTS.

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!”

And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

“In a true trauma situation, we have quiet, controlled conditions,” says critical

care surgeon Rajan Gupta, MD, Director of the Level I Trauma Center and Pediatric Trauma Center at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “The more we mitigate chaos, the safer the environment, and the better the patient will do.”

Another common misconception, says Dr. Gupta, is that trauma treatment ends after the critical first 30 to 60 minutes of care. “In fact, our system spans the entire gamut of care—emergency services, acute care centers, rehab facilities, radiology, blood banks, clinical labs, data registry and more,” explains Dr. Gupta. “A trauma

center’s job is to bring all these aspects together to help prioritize decisions and get the best possible long-term outcome for the patient.”

Together, experts at the Trauma Center at RWJUH, the Level II Trauma Center at Jersey City Medical Center (JCMC) and The Burn Center at Saint Barnabas Medical Center (SBMC) in Livingston—each an RWJBarnabas Health facility—provide a critical safety net for thousands of New Jersey residents.

## TRAUMA OR ED?

Hospital EDs take care of emergencies, of course, like heart attacks and breathing problems. EDs also deal with a broad range of noncritical conditions, such as the flu or broken bones.

A trauma center, however, has a larger scope than an ED. First responders or ED



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD



From left, flight paramedic Michael Brown, FP-C; flight nurse Robert Maiullo, CFRN; and lead pilot Joe Gilbert with the RWJBarnabas Health Airbus 135 helicopter.



physicians make the decision as to whether a patient needs the services of a trauma center.

“A trauma center is designed to immediately treat critically injured patients who have life- or limb-threatening injuries,” explains acute care surgeon Bruno Molino, MD, Trauma Director at JCMC and a member of RWJBarnabas Health medical group. “When seconds count to make the difference between life and death, a whole team is waiting around a stretcher even before the patient arrives.

“To be certified as a trauma center, a facility must have extensive resources available to care for severely injured patients at all times,” says Dr. Molino. “Neurosurgery, maxillofacial surgery, orthopedic surgery, cardiac surgery—all these specialties and more have to be there at our disposal.”

The most common types of injuries seen in trauma centers come from three

situations: falls by elderly people, blunt-force assault or penetrating wounds (such as gunshots), and motor-vehicle crashes, says Dr. Gupta. “Our cars are getting much safer, so traumatic injuries from crashes are decreasing,” he explains. “Meanwhile, for the elderly, even a minor fall can result in devastating injuries. As the population ages, this has become an ever-growing issue for health systems.”

Trauma centers also routinely drill to be prepared for mass casualties in a disaster situation. This training includes close coordination with other trauma centers in case backup is needed. There are 10 state-certified trauma centers in New Jersey.

### HELP FOR SEVERE BURNS

Trauma centers across the state coordinate closely with The Burn Center at SBMC, New Jersey’s only state-certified burn-treatment facility. In addition to burns from home accidents, industrial incidents and motor-vehicle crashes, one of the most common injuries the center sees—up to 30 percent of cases—is scalding in children under age 2 who have been splashed accidentally by a hot liquid.

Specialists including burn technicians, nurses and respiratory therapists, as well as the most advanced technology, are available at the center at all times. “If someone comes in with a surface burn, for example, we’re able to immediately treat them with hydrotherapy—water piped through special spigots that removes dead skin and bacteria to minimize the chance of infection,” explains Michael Marano, MD, Medical Director of The Burn Center.

The center has 12 intensive care beds for the most critically injured patients and an 18-bed recovery unit. It also runs The Outpatient Center for Wound and Burn Healing, which works with more than 4,500 patients each year.

### AN OUNCE OF PREVENTION

In the hope of minimizing the need for their services, the trauma and burn centers put considerable resources into community education, covering the age spectrum from infants and car seats to geriatric fall prevention, as well as pedestrian safety,



## THE NEED FOR SPEED

“In trauma care, timing is everything,” says Jim Smith, Vice President, Mobile Health Services and Patient Transport at RWJBarnabas Health (RWJBH). “The gold standard is to have no more than 60 minutes from the time a patient has a traumatic emergency to the time he or she is in the OR.”

Depending on location and time of day, a trip that takes 45 minutes by road could be done by helicopter in 20 minutes. That’s why RWJBH has partnered with Med-Trans aviation to provide a state-of-the-art Airbus 135 helicopter and two dispatch centers for live satellite tracking. Known as LifeFlight, the service includes on-scene and in-air emergency treatment and transportation to the closest appropriate state-certified trauma center. The crew includes RWJBH Emergency Medical Services flight nurses and paramedics who have had extensive training in emergency, air medical and trauma protocols.

In addition to providing time-critical transportation from emergency events, the LifeFlight system transports patients as needed among RWJBH’s 11 hospitals (and other health systems as appropriate). “The service assists with continuity of care within the same network,” Smith says. “And although it can seem dramatic and scary for patients to hear they are being transported by helicopter, sometimes the issue is not so much medical acuity as it is timing and traffic.”

In either case, he says, “It’s important for New Jersey residents to know that, barring any weather issues, air medical services in the state are robust and coordinate closely with ground providers. Very few states have the availability of resources and capabilities that we do.”

bicycle safety, sports safety, yard-work safety and distracted driving education. “I tell my Injury Prevention Coordinator that it’s her job to put me out of business,” says Dr. Gupta.

Inevitably, accidents will happen. When they do, New Jersey residents are in the fortunate position of having a nearby trauma center ready and able to serve.

To learn more about safety education and training at RWJBarnabas Health hospitals, visit [www.rwjbh.org/cpr](http://www.rwjbh.org/cpr).



# MAKING MATERNITY SAFER

## A FOCUS ON WOMEN'S HEALTH BEFORE, DURING AND AFTER PREGNANCY AIMS TO SAVE LIVES.

"I don't feel well," said Tara Hansen, 29, of Wanamassa, shortly after giving birth to her son in 2011. But her healthcare providers considered her a healthy postpartum patient, and sent her home. Six days later, she died from an infection that occurred during the birth.

Pregnancy-related deaths are relatively rare—about 700 occur each year in the U.S.—but are on the rise. So is the rate of delivery-related "severe maternal morbidity," which is defined as significant short- or long-term effects to a woman's health.

"In New Jersey, healthcare systems, community-based organizations and government agencies are tackling this issue head-on," says Suzanne Sernal, Vice President of Women's Services

for RWJBarnabas Health (RWJBH). "We're collectively looking at the entire continuum of healthcare to see what women want and need to be healthy before, during and after pregnancy."

### EMPOWERING WOMEN

Providing education is a priority. "The majority of maternal adverse events don't happen on the day a woman gives birth," Sernal says. "They occur in the days and weeks that follow the birth, when mom is back at home and the warning signs of a serious complication may not be immediately recognized."

To increase awareness, Tara's husband, Ryan, partnered with Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital, an RWJBH facility, to create the Tara Hansen Foundation's "Stop. Look. Listen!" program. This initiative empowers women to voice any concerns they have and reminds providers to pay close attention, rather than assuming a symptom is a typical complaint of pregnancy or the postpartum period. The program has been embraced by facilities throughout RWJBH.

### ALERT IN THE ED

RWJBH Emergency Departments (EDs) have created a system to ensure that any woman coming to an ED who has given birth within the previous 42 days is identified, and a note made in her electronic health record. "Care management for certain conditions can be quite different for a woman who has recently given birth compared to a woman in the general population," Sernal says. "This alert system quickly identifies postpartum women and when minutes matter it can save lives."

Other aspects of RWJBH's comprehensive approach to maternal health include:

**Promoting equality in healthcare** to improve pregnancy outcomes. "Our hospitals are exploring the specific needs and challenges of women in their unique communities," Sernal says.

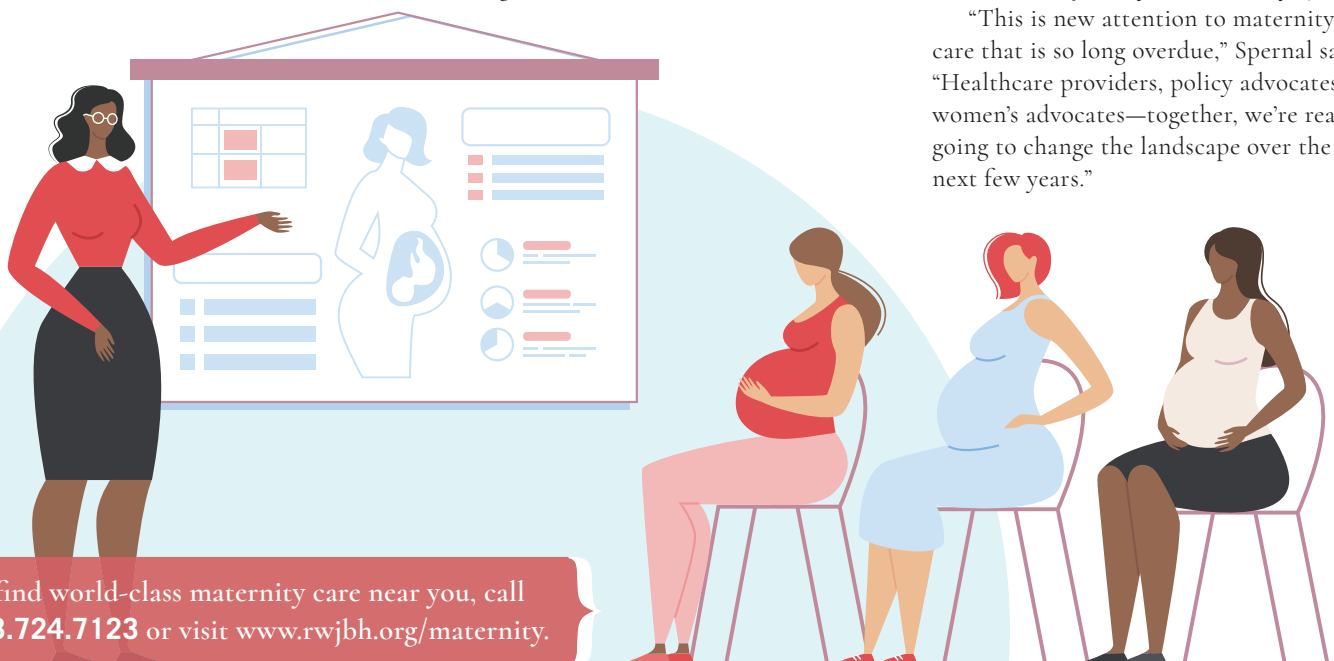
**Providing reproductive planning** so women, particularly those with medical conditions, can plan safer pregnancies.

**Co-designing initiatives with community groups** that address issues such as housing, domestic violence, obesity, diabetes and substance abuse, all of which can negatively affect pregnancy outcomes.

**Focusing on maternal mental health.** Monmouth Medical Center, an RWJBH facility, has the state's only perinatal mood and anxiety disorder program.

**Participating in Maternal Health Awareness Day**, this year on January 23.

"This is new attention to maternity care that is so long overdue," Sernal says. "Healthcare providers, policy advocates, women's advocates—together, we're really going to change the landscape over the next few years."



To find world-class maternity care near you, call **888.724.7123** or visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).





# LEARNING TO CRAWL AGAIN

**A BABY REBOUNDS FROM A TRAUMATIC BRAIN INJURY WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL.**

**O**n the afternoon of January 8, 2019, Olivia Lopes got a frightening phone call: Her mother, nephew and 7-month-old son had been in an accident. While the three were walking home from her nephew's school, a vehicle had jumped the curb and struck them from behind.

Olivia's mother and nephew suffered multiple fractures. Infant LJ, who had been in his car seat in a wagon being pulled by his grandmother, suffered the most extensive injuries as the car seat became dislodged and soared 70 feet away. "When we finally got in to see LJ, he was on life support," Olivia recalls. "He had multiple skull fractures, orbital fractures, severe brain trauma and a broken leg, and was having difficulty moving his right arm."

LJ spent 21 days in a Pediatric Intensive Care Unit before being transferred to the Brain Injury Program at Children's Specialized Hospital



An RWJBarnabas Health facility

(CSH) in New Brunswick. There, a team of specialists developed a customized rehabilitation program to address his medical, physical, cognitive and psychosocial needs.

Within a week, however, his family and team realized something wasn't right with LJ. He was transferred to the Emergency Department at Robert Wood Johnson University Hospital in New Brunswick, where a CAT scan led to a diagnosis of hydrocephalus. With this condition, excess cerebrospinal fluid builds up in the ventricles (cavities) of the brain and increases pressure within the head, causing head enlargement, headaches, impaired vision, cognitive difficulties and loss of coordination. A shunt was surgically inserted into a ventricle to drain the excess fluid.

From left to right, LJ Lopes in the playroom at Children's Specialized Hospital; snuggling with his cousin Auggie; getting a boost from visiting Rutgers University football players.

## SKILLS REGAINED

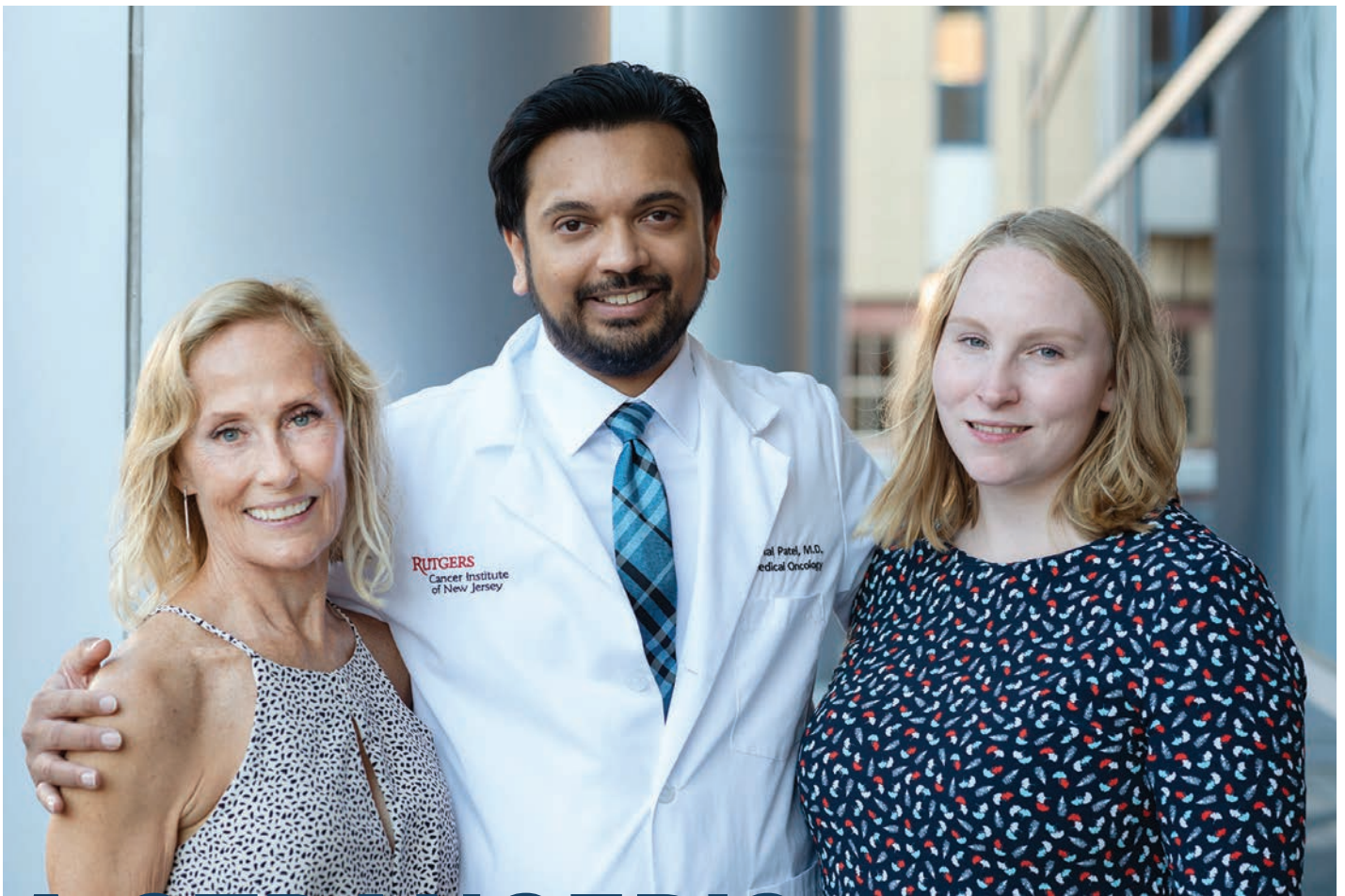
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using his right arm more."

LJ spent another two months at Children's Specialized working with physical, occupational, speech-language and recreational therapists. "The progress he made at Children's Specialized was amazing," says Olivia. "After the accident, he lost all of his muscle memory. The team worked with him day in and day out, helping him to learn how to roll, crawl, stand and walk." LJ went home on April 8. He is now attending outpatient therapy sessions three days a week at the CSH location in Hamilton, working hard to build strength in his right arm and learn how to suck and swallow properly.

"We still keep in touch with the remarkable therapists and care team at Children's Specialized, updating them on LJ's progress," Olivia says. "We're forever grateful for the care that Children's Specialized provided to our son."

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit **[www.childrens-specialized.org](http://www.childrens-specialized.org)**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to developmental and behavioral issues like autism and mental health.



# A STRANGER'S GIFT

**A BLOOD STEM CELL DONATION—  
AND A POWERFUL MEDICAL  
PARTNERSHIP—SAVE THE LIFE OF  
A TOMS RIVER WOMAN.**

**I**t's a gorgeous day on the boardwalk in Bradley Beach and to look at the two smiling women, you would never guess that they had met in person for the very first time just three days before. They exhibit a strong physical and emotional connection—a bond worth life itself.

"I feel as if I'm with my daughter or my niece," Lael McGrath, 68, admits. She owes her life to Wiebke Rudolph, a 21-year-old recent college graduate from Kassel, Germany. Wiebke donated her stem cells anonymously to Lael after the retired second-grade teacher from Toms River was diagnosed with life-threatening acute myeloid leukemia in 2016. Both had looked forward to this meeting for more than two years.

"To have a donor and patient together like this is truly remarkable," says Vimal Patel, MD, a hematologist/oncologist in the Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital (RWJUH) New Brunswick. "This is the reason I went into my field: to see moments like this."

## **AN UNEXPECTED DIAGNOSIS**

In August 2016, Lael was not well. She had been a runner for more than 40 years, but that summer she couldn't run more than a block without having to stop to walk. She had fevers, night sweats and a rash on her back. "A friend was diagnosed with Lyme disease and her symptoms sounded like mine, so I

made an appointment with an infectious disease specialist, and his phlebotomist took blood samples," she recalls.

Within 24 hours, the doctor called back to explain that he had sent the blood test results to a hematologist who wanted her in his office that day. "I think you have leukemia," the hematologist told her. "And I think you need to go to Rutgers Cancer Institute of New Jersey in New Brunswick. Today."

Lael's immune system was so suppressed that she was in a life-threatening situation. Within three days she would be admitted to RWJUH, where she would spend the next seven weeks undergoing chemotherapy. Dr. Patel has been by her side since then, along with a vast team of specialists from both





Opposite page, top, Lael and Wiebke with Vimal Patel, MD; this page, with members of the Blood and Marrow Transplant Program at Rutgers Cancer Institute and Robert Wood Johnson University Hospital.



**NOT ALL DONORS AND PATIENTS MEET. BUT THERE WAS NEVER ANY DOUBT FOR EITHER OF THESE TWO WOMEN. IN FACT, THE PAIR STARTED EMAILING, TEXTING AND THEN TALKING TO EACH OTHER ON FACETIME RIGHT AFTER BEING GIVEN EACH OTHER'S CONTACT INFORMATION.**

RWJUH and Rutgers Cancer Institute.

In the hospital, Lael's treatment involved the use of combination chemotherapy designed to get her into remission. "However, the specific mutations that we identified in her leukemia were high-risk in nature, so we knew that chemotherapy alone would not keep her in remission," says Dr. Patel. "We needed immune therapy in the form of an allogeneic stem cell transplant."

### SEARCHING FOR A DONOR

In a bone marrow transplant, cells can be used from your own body, known as an *autologous* transplant. When cells are taken from a donor, the transplant is called *allogeneic*. "In this procedure, the patient's diseased marrow is replaced with a donor's blood stem cells," says Dr. Patel. "It allows for normal blood formation and provides a new immune system to help eliminate the leukemia. It also has the potential for a cure."

At RWJUH, bone marrow transplant coordinator Mary Kate McGrath, MSN, RN, APN, BMTCN, OCN (no relation to Lael), ran the results of Lael's DNA testing through the National Marrow Donor Program (NMDP) registry. "Within two months of Lael's diagnosis, we identified three potential matches on the registry—but Wiebke turned out to be the perfect match," she explains.

Four thousand miles away in Germany, Wiebke was notified that she matched a patient in dire need. "Not that many people in Germany do this and certainly no one in my family or among my friends," she says. "But when I first heard about this, I said yes, I'm going to do it. I was determined."

Wiebke underwent peripheral blood stem cell donation, a procedure called *apheresis*, in which blood is removed through a needle in one arm and passed through a machine that collects only blood-forming cells. (The remaining blood is returned to the donor through a needle in the other arm.) The procedure took six hours. All the logistics of harvesting Wiebke's stem cells and then transporting them to the U.S. were handled by NMDP. Meanwhile, Lael's repeat blood transfusions were made possible by the RWJUH Blood Services team.

Lael spent weeks in the hospital during the fall and winter of 2016, waiting for the transplant and being closely monitored by her healthcare team.

Finally, in December 2016, she was notified that her transplant was imminent.

"On December 16th, it happened," she recalls. "A team walked in carrying a small cooler and within an hour, the transfusion was over. All I actually knew was that the donor

was female and 19 years old."

Lael did so well post-transplant that she was able to go home on New Year's Day 2017. Over in Germany, Wiebke was told that the transplant had gone well.

Protocol and confidentiality policies don't permit donors and patients to have direct contact with each other until at least one year has passed. In this case, the wait lasted more than two years, until test results showed that Lael's blood cells were 100 percent "donor."

Not all donors and patients meet. But there was never any doubt for either of these two women. In fact, the pair started emailing, texting and then talking to each other on FaceTime right after being given each other's contact information.

Recently, at a celebration hosted by RWJUH, both women held bouquets of flowers and stood happily alongside one another. "If it weren't for Wiebke, I don't know what would have happened," Lael says.

With the breeze blowing off the Atlantic Ocean, these two women look knowingly at one another, smile and agree, "It was a miracle."

\*

**RWJBarnabas Health and Robert Wood Johnson University Hospital, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).**



sunlight tends to boost serotonin. A lack of light causes the brain to release less serotonin, which can lead to depression.

“We’re not sure what makes some people vulnerable to SAD while others aren’t greatly affected by less exposure to sunlight,” says Dr. Kaplan. “The theory is that people with SAD may have some form of imbalance in the regulation of these two hormones. Genetic factors may play a role in this.”

### WHAT TO DO

“If you think you may have SAD, consult with a professional to determine whether your condition relates to that or to something else,” advises Dr. Kaplan. “Depression can be due to many different things, so it’s better not to self-

diagnose and possibly waste time on the wrong treatments.”

Having a healthy diet and regular exercise have been shown to improve symptoms of depression. Other possible treatments for SAD include:

**Light therapy.** The patient sits or works near a device called a light therapy box, which gives off a bright light that mimics natural outdoor light. “For some people, this treatment is very effective, but it’s best to consult your physician about the type of device to use,” says Dr. Kaplan.

**Cognitive behavioral therapy.** This kind of psychotherapy, or “talk therapy,” focuses on changing inaccurate or negative thinking in order to create new behaviors.

**Antidepressant medication.** “Generally speaking, antidepressants don’t start working for four to six weeks,” says Dr. Kaplan. “If your depression is seasonal, you may choose to take them for several months and then go off them when winter is over, or continue to take them for the rest of the year to prevent the reappearance of depression. It’s the combined job of the doctor and patient to decide the best course.”

# YOU CAN BEAT THE WINTER BLUES

**SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.**

In winter, the short hours of daylight can lead to dark moods. It’s a common syndrome—thought to affect up to 10 million people in the U.S.—known as Seasonal Affective Disorder, or SAD.

“SAD is a kind of depression that happens at a specific time of year, usually in the winter,” explains

psychiatrist Gabriel Kaplan, MD, Chief Medical Officer of the RWJBarnabas Health Behavioral Health Network.

Symptoms of SAD are similar to those of clinical depression, such

as feelings of hopelessness, anxiety and problems with appetite. “A couple of symptoms seem to be more common with SAD, however,” says Dr. Kaplan. “People with SAD often crave sweets more, and are more tired and sleep more.”

As with regular depression, there is help for those who suffer from SAD.

### WHY WINTER?

While the exact cause of SAD is unknown, two hormones are implicated: melatonin, the hormone that regulates sleep, and serotonin, a key hormone for mood stabilization. “Melatonin tends to be produced when there’s no sunlight,” explains Dr. Kaplan. “More melatonin means people feel sleepier.” Conversely,



**GABRIEL KAPLAN, MD**

To learn about options for getting help for depression, call the RWJBarnabas Health Behavioral Health Network Access line at **800.300.0628**.





# COLORECTAL CANCER: CATCH IT EARLY

TAKE THIS QUICK QUIZ TO FIND OUT WHY AND WHEN YOU SHOULD GET SCREENED FOR COLORECTAL CANCER.

Most cancers can be diagnosed and treated at an early stage, but colorectal cancer—the third most common cancer in the U.S.—can actually be prevented. Colorectal cancer is a cancer that starts in the colon (a long muscular tube that produces waste) or the rectum (a chamber that begins at the end of the colon and ends at the anus, the opening through which stool leaves the body). Screening can detect abnormal cells that have grown into polyps (small lumps of cells), which generally take 10 to 15 years to develop into cancer.

People should get a colonoscopy or other screening test recommended by their physician at age 50, or earlier if the patient is in a high-risk group or has possible symptoms.

To see how well you understand your risk, take this quick quiz based on information provided by the American Cancer Society.

1. Lifestyle factors can influence the development of colorectal cancer.

T  F

2. Colon 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

AND THE ANSWER IS ...

**1. TRUE.** You can lower your risk with regular physical activity, by not smoking, by maintaining a healthy weight and by eating a nutritious diet with lots of fruits and vegetables and minimal sugar and processed foods. However, factors outside a person's control, such as having a family history of colon cancer or a personal history of chronic colitis symptoms, can put that person at higher risk. Also at higher risk: HIV-infected males, Jews of Eastern European descent and African-American males.

**2. FALSE.** While the disease most commonly appears after age 50, a recent American Cancer Society 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 for colorectal cancer 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. However, 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, such as diarrhea, constipation, or narrowing of the stool, 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 (often, though, the stool will look normal)
- 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 that 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.




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



## GET CHECKED

Saint Barnabas Medical Center provides advanced screening, diagnostic and treatment services for a full range of gastrointestinal conditions, including colorectal cancer. To learn more or to make an appointment, call **888.724.7123**.



# THE WAR ON SNORES

NEW TREATMENTS ARE AVAILABLE  
FOR A COMMON—AND POTENTIALLY  
RISKY—CONDITION.

The fully accredited Center for Sleep Disorders at Saint Barnabas Medical Center can help diagnose and treat both adults and children. For more information, call **973.322.9800** or visit [www.rwjbh.org/sbmesleep](http://www.rwjbh.org/sbmesleep).

Snoring is common and often viewed as benign. However, snoring is one of the symptoms of obstructive sleep apnea, and could potentially lead to serious health problems. “Sleep apnea is a ‘life-depreciating’ condition,” says neurologist Mangala Nadkarni, MD, Director of the Center for Sleep Disorders at Saint Barnabas Medical Center (SBMC). It’s important to take snoring seriously—and take action if needed.



## SNORING VS. SLEEP APNEA

Snoring occurs when soft throat and tongue tissues relax, narrowing the airway and making tissues vibrate with breathing. “When wind goes through a narrow tunnel, it makes more noise,” explains Dr. Nadkarni. “The same is true in your airway.”

With obstructive sleep apnea, soft tissues collapse into the airway and completely block the flow of oxygen to the whole body, including vital organs such as the heart and brain. In an attempt to restore the oxygen level, the nervous system then disrupts sleep momentarily to make the sleeper draw air, often with a snort or gasp. The sleep-choke-gasp pattern repeats throughout the night, compromising deep, restful slumber.

“Snoring is not always a serious concern,” Dr. Nadkarni says. “But if it’s accompanied by other symptoms, we recommend having a sleep study done.”

## SYMPTOMS OF SLEEP APNEA

Beyond snoring, major signs of sleep apnea include:

- **Interrupted sleep.**
- **Waking up tired and feeling tired during the day, even though you’ve had seven or more hours of sleep at night.**
- **Frequently getting up to use the bathroom at night.** This may be due to kidneys producing more urine when the body is oxygen-deprived.
- **Waking up with dull headaches** that may or may not require medication.
- **High blood sugar upon awakening,** which may be caused by stress hormones released during sleep apnea episodes.

“If sleep apnea is undiagnosed and left untreated, it can lead to serious health conditions including difficult-to-control blood pressure; difficult-to-control diabetes; irregular heart rate, such as

atrial fibrillation; heart failure, stroke, and as per recent research, memory decline,” Dr. Nadkarni says.

“In addition, drowsy driving has become a public health issue because it can lead



MANGALA NADKARNI, MD

to massive damage to property and loss of life,” she says. “Commercial drivers, such as truck and train drivers, are now regularly tested for sleep apnea.”

## MAKING THE DIAGNOSIS

The Center for Sleep Disorders at SBMC can provide tools to help snorers diagnose obstructive sleep apnea. “In most cases, we get all the information we need from a sleep study that you can do at home,” Dr. Nadkarni says. Tests entail wearing one of two types of devices to bed at night.

One device is worn on the wrist and connects by wires to monitors in the heart area and neck that measure breathing and heartbeat. Alternatively, a different device can be worn in a headband with wire connections to the heart area and a nasal cannula, or air tube, going to the nose.

“If unusual behavior, such as sleepwalking or acting out of dreams, occurs during the night, we prefer that you come to the center’s lab for an overnight sleep study,” Dr. Nadkarni says. A neurological problem such as restless legs or a lung condition such as chronic obstructive pulmonary disease (COPD) that may be related to (or worsen) sleep apnea can also be better evaluated with the center’s in-house, state-of-the-art technologies.

## TREATMENT OPTIONS

Mild cases of snoring or sleep apnea can sometimes be resolved with relatively simple measures:

**A positional pillow:** “Many people experience sleep apnea when they lie on their backs but not their sides,” Dr. Nadkarni says. A special pillow can prevent you from rolling onto your back from a side-sleeping position.

**Provent therapy:** Disposable valve-like devices worn over the nostrils can help you inhale normally but exhale slowly. This creates pressure that keeps airways open without use of a mask or powered device.

**A dental device:** A mouthguard-like dental device pulls the lower jaw forward during sleep so the airway stays open, preventing both snoring and sleep apnea.

**Weight loss** often substantially reduces snoring and sleep apnea as well.

When none of these remedies is an



## COULD YOU HAVE SLEEP APNEA?

1. Do you have chronic loud snoring?  Y  N
2. Do you sometimes gasp for breath while sleeping?  Y  N
3. Do you have excessive daytime sleepiness?  Y  N
4. Do you have difficulty concentrating during the day?  Y  N
5. Have you experienced problems with your memory?  Y  N
6. Do you have any of the following conditions: obesity, high blood sugar, heartbeat irregularities?  Y  N

If you have any of these symptoms, talk to your healthcare provider about an assessment for sleep apnea or other sleep disorder.

option for correction of sleep apnea, other treatments include:

**Continuous positive airway pressure (CPAP):** CPAP entails using a machine that provides constant air pressure, generally through a mask that covers your face or nose, to keep your airway open during sleep.

One variation on CPAP is an **auto-adjusting PAP** device that detects a person’s breathing pattern and modulates the amount of pressure as he or she inhales and exhales. Another variation, called **bilevel positive airway pressure (BiPAP)**, provides a set amount of higher pressure for inhalation and lower pressure for exhalation. “People who have difficulty with CPAP often find these alternatives more tolerable,” Dr. Nadkarni says.

Treating snoring and sleep apnea can have tangible health benefits beyond a happier bed partner. Correcting the sleep disorder can prevent conditions like atrial fibrillation and hypertension, or lead to reduced medication use.

“We are meant to sleep,” Dr. Nadkarni says, “and we are meant to breathe normally while doing it. Along with diet and exercise, sleep is a pillar of a happy and healthy life.”

# WITH A NEW HEART VALVE, THE BEAT GOES ON



## AN INNOVATIVE HEART VALVE REPLACEMENT SURGERY LETS A LOCAL MAN GET BACK TO HIS BAND.

**M**artin Haindl, 79, a retired physics professor, is an amateur trombonist—but shortness of breath due to a narrowing of his heart valve silenced the Manchester Township resident's horn for several years.

"It just took so much wind for Martin to blow his trombone that he stopped playing," says Priscilla, his wife of 48 years.

Martin's cardiologist sent him to the heart team at Saint Barnabas Medical Center (SBMC). The team there was offering an innovative treatment for his condition, known as transcatheter aortic valve replacement (TAVR).

"Today, he's practicing with the band every week, and even performs in public!" Priscilla says.

### A NARROWING VALVE

Martin had aortic stenosis, a common but serious valve disease that often develops during aging. With this condition, the

aortic valve narrows, restricting the flow of blood from the heart into the main artery (aorta) and from there to the rest of the body. As a result, the heart has to work harder to pump blood. Symptoms include chest pain, fatigue, dizziness and shortness of breath.

For years, the primary treatment for severe aortic stenosis was valve replacement through open-heart surgery, a major operation in which the chest is cut open. In 2012, the Food and Drug Administration (FDA) approved TAVR as an alternative. In this minimally invasive





major health risks, had only open-heart surgery as a surgical option.

It was Martin's good fortune that when he needed a new valve, specialists at SBMC were participating in a large-scale study that compared outcomes for the TAVR procedure with outcomes for open-heart surgery in patients at lower risk. He received his new valve in July and went home the next day, where he resumed an active lifestyle.

Due in part to results like Martin's at SBMC, the FDA has expanded its approval of TAVR for use in low-risk surgical patients.

"The new study confirmed what our experience here at Saint Barnabas suggested, that TAVR and open-heart surgery have similar outcomes for valve replacement," says Sabino Torre, MD, Director of the Cardiac Catheterization Lab at SBMC and a member of RWJBarnabas Health medical group. "The TAVR patients had less bleeding and fewer arrhythmias and strokes, and a much faster recovery. Due to research done here and elsewhere on TAVR for low-risk patients, our specialists alone will be able to offer TAVR for several thousand patients in the coming years, twice as many as today," says Dr. Torre.

### ADVANCED TOOLS

So far, the TAVR teams at RWJBarnabas Health—which include specialists at SBMC, Newark Beth Israel Medical Center and Robert Wood Johnson University Hospital in New Brunswick—have repaired the valves of more than a thousand patients, with some of the best outcomes in the U.S. This includes patients getting back to normal activities in one to two days, versus one to two weeks after open-heart surgery, Dr. Torre says.

The recovery benefits come from the way the new heart valve is placed. Using tiny tools and specialized techniques, a TAVR specialist folds an artificial replacement valve so that it is very small, secures it to the tip of the catheter (a thin tube) and then threads it up to the heart.

surgery, a replacement valve is inserted into the body via a catheter in the leg and guided to the heart.



SABINO TORRE, MD

But the FDA had approved TAVR only for people who were deemed at risk for not surviving major surgery. That meant that patients like Martin, who needed a new valve but didn't have other



Martin and his wife, Priscilla, are back to enjoying walks near their Manchester Township home.

Physicians use state-of-the-art imaging technology to see exactly where to place the new valve and then expand it.

Despite its benefits, TAVR is not for every patient, and heart surgery is sometimes the best option, Dr. Torre says. Physicians make recommendations on a case-by-case basis.

"Looking ahead, we are also evaluating whether TAVR can be used before patients ever have any symptoms, and possibly for patients with heart failure," Dr. Torre says. "It's exciting to see how much the technology and research is improving the range of heart valves we can repair."

For Martin, the fatigue and shortness of breath he'd had for years disappeared in short order. He no longer avoids stairs, and he no longer wakes up breathless. Instead, he sleeps through the night.

"I'm much more energetic," he says. "I do a three-mile hike several times a week, work in my garden and take care of things around the house. I no longer hesitate to do things, like I used to."

Just months after the procedure at SBMC, he rejoined the band. "My wind is pretty good," he says modestly. And the band is glad to have him back for their regular gigs.

Your heart doesn't beat just for you. Get it checked. To find a Saint Barnabas Medical Center cardiac specialist, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).





# ONE DESTINATION FOR PEDIATRIC SERVICES

**PHYSICAL, OCCUPATIONAL, SPEECH AND HEARING THERAPY FOR  
CHILDREN CAN NOW BE FOUND UNDER THE SAME ROOF.**

Saint Barnabas Medical Center's (SBMC) outpatient pediatric physical and occupational therapy, along with the Speech, Language and Learning Center, have moved to join SBMC's Pediatric Specialty Center at 375 Mount Pleasant Avenue in West Orange.

"We are excited to be together under one roof," said Mindy Greenspan, supervisor of Pediatric Occupational and Physical Therapy. "Some of our more complex patients require multiple services, and coordinating care can be challenging."

"Now, we are able to provide seamless, family-centered care because we're in one location," says Randi Schwartz-Zalayet, Supervisor of the SBMC Speech, Language and Learning Center. "We've had a very positive response from our patients."

While the main audiology department will continue to be located at The

Hearing Center at Barnabas Health Ambulatory Care Center in Livingston, the satellite office in the Pediatric Specialty Center provides a valuable adjunct to speech therapy.

"With pediatric speech therapy, normal hearing needs to be ruled in or out as a contributor to a speech deficit," says Judy Levitan, Supervisor of SBMC's Hearing Center. "Having our satellite office there provides a streamlined way to make that determination."

Adult speech therapy services are also provided by the Speech, Language and Learning Center at the new location.

## ROOM TO ROAM

This move nearly doubles the speech and pediatric rehabilitation space to almost 6,000 square feet, including a large gym for children who have problems regulating

their sensory systems. "Our sensory gym will be state-of-the-art, including rock walls, zip lines and various swings," Greenspan says. It will provide a multi-disciplinary treatment space for physical, occupational and speech therapy.

The new facility will allow for delivery of a wide variety of specialty services, including The Schroth Method. The Schroth Method, a nonsurgical approach to treating scoliosis, is offered by only a few centers because it requires a lengthy training and certification process. The new space will accommodate more availability for this highly effective specialized service.

Other areas addressed by speech and pediatric rehabilitation specialists include autism, speech, language and motor delays, attention disorders, cognitive deficits, post-concussion syndrome, feeding issues and more.

Pediatric rehabilitation and speech and language services are now offered at Saint Barnabas Medical Center's Pediatric Specialty Center at 375 Mount Pleasant Avenue in West Orange. To learn more or to make an appointment, call **888.724.7123**.





# WHAT'S HAPPENING AT SAINT BARNABAS

CELEBRATING NEWS, AWARDS AND MORE AT THE MEDICAL CENTER.



A ribbon-cutting was held to officially open the new East Wing entrance and valet services. Staff are pictured along with Barry H. Ostrowsky, President and CEO, RWJBarnabas Health; Stephen P. Zieniewicz, FACHE, President and CEO, Saint Barnabas Medical Center; and Livingston Mayor Alfred M. Anthony.

## NEW EAST WING ENTRANCE OPENS

The renovated East Wing entrance and valet services at Saint Barnabas Medical Center are open. The renovation project, which includes the new entrance and a dedicated valet parking lot, was designed to improve the safety and flow of traffic to best accommodate the increased volume of patients utilizing services located in the East Wing. Among the services located in the East Wing are The Cancer Center at Saint Barnabas, Cardiac Rehabilitation, Center for Burn and Wound Healing and the Renal and Pancreas Transplant Program.

With the opening, patients can once again access the East Wing entrance and valet services by taking Emergency Drive from Old Short Hills Road, making a left at the stop sign and following signs to East Entrance. Patients are welcome to use valet services, or self-park in the East Parking Lot. Wheelchairs, along with assistance, will be available at the new entrance.



## TOP TEACHING HOSPITAL

Saint Barnabas Medical Center has been named a Top Teaching Hospital nationally by The Leapfrog Group. The Leapfrog Top Hospital award is widely acknowledged as one of the most competitive honors American hospitals can receive. To qualify for the Top Hospitals distinction, hospitals must rank top among peers in the 2019 Leapfrog Hospital Survey, which assesses hospital performance on the highest known standards for quality and patient safety, and achieve top performance in its category. This year 2,100 hospitals were eligible for this award with 56 hospitals receiving the recognition. Top Hospitals have better systems in place to prevent medication errors; higher quality on maternity care; practices for safer surgery; and lower infection rates, among other distinctions.



## NEW TREATMENT FOR GEP-NET TUMORS

The Cancer Center at Saint Barnabas Medical Center is offering a new treatment, Lutathera, for cancer patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs). This radioactive targeted therapy is given as an intravenous (IV) infusion once every eight weeks for a total of four

treatments. GEP-NETs can be present in the pancreas and in different parts of the gastrointestinal tract such as the stomach, intestines, colon and rectum. According to the FDA, approximately one out of 27,000 people is diagnosed with GEP-NETs per year.

"GEP-NETs are rare cancers and, until now, have had limited treatment options after initial therapy stops working," says Raquel Wagman, MD, Radiation Oncologist at SBMC. "These types of targeted radiopharmaceuticals are the way of the future. They allow targeting of specific cells, and are able to distinguish cancer cells from nearby normal cells."

For more information, call the Department of Radiation Oncology at Saint Barnabas Medical Center at 973.322.5630.

# **Saint Barnabas Medical Center: Best of the best in the U.S. 16 times in a row**

One of only 36 hospitals in the nation to achieve straight A's for safety.



Saint Barnabas Medical Center remains the only hospital in the surrounding six states to earn 16 straight A's from the Leapfrog Group. Becoming one of only 36 hospitals in the country to accomplish this achievement underscores Saint Barnabas Medical Center's commitment as a High Reliability Organization.

Through the concerted effort of Saint Barnabas Medical Center's physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest possible hospital experience.

**Saint Barnabas  
Medical Center**

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Let's be healthy together.

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