

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

Summer 2021

healthy

together

**COMING BACK
STRONG AFTER
COVID-19**

**HOW TO BEAT
HIGH BLOOD
PRESSURE**

**HELP FOR
WOUNDS THAT
WON'T HEAL**



**TRANSPLANTS THAT
TRANSFORM LIVES**

Stronger Every Day

COVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to find new ways to cope.

These days, however, we're experiencing another, more welcome, feeling: optimism.

Thanks to the effectiveness of the COVID-19 vaccines and the massive effort we and others have made to administer them, we're seeing real progress in containing the pandemic.

At RWJBH, we always strive to be proactive, positive and energetic in our response to issues and events. We acknowledge that disparities in healthcare for Black and brown communities exist, and we're making every possible effort to address this issue throughout our entire organization. We've developed a far-reaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

Robert Wood Johnson University Hospital Rahway recognizes the need to address health disparities, and we commit to help eliminate them.

In the end, it's the resilience and strength of our healthcare providers, staff and patients that continues to inspire us. If you've been avoiding medical appointments or treatments because of the pandemic, please don't put off getting care any longer. We're here to help you stay healthy for all the good days to come.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT & CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

KIRK C. TICE
PRESIDENT & CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL RAHWAY



RWJUH RAHWAY OPENS NEW UNIT

The newly renovated Surgical Center of Excellence 3E Unit has a host of patient-focused amenities, including a family lounge and nourishment station for visitors, flat-screen TVs in each room, large bathrooms and in-room work stations for the clinical staff.

The unit has eight private and eight semi-private patient rooms. Four of the rooms have body lifts to help with ambulation for surgical patients, and eight of them have dialysis capability. All rooms have new, energy-efficient windows and tiled in-room sinks.

For nurses and clinicians, the renovated unit offers telemetry (a way to monitor a patient's vital signs remotely), multiple computers, a serenity room and a multipurpose room for conferences, joint education and therapy.

The unit is dedicated to Dr. John Kline and his wife, Christine, philanthropic champions of the hospital.

Robert Wood Johnson University Hospital Rahway | **RWJBarnabas HEALTH**
Let's be healthy together.

865 Stone Street, Rahway, NJ 07065
732.499.6118 | www.rwjbh.org/rahway

CONNECT WITH US ON

- @RWJRahway
- @RWJRahway
- RWJBarnabas Health
- Robert Wood Johnson University Hospital Rahway

Robert Wood Johnson University Hospital Rahway complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/rahway. RWJUH Rahway cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.499.6136. RWJUH Rahway konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 732.499.6136.

healthy *together* contents

SUMMER 2021



20



17



4



6



18



23

2. WELCOME LETTER.
A community update from our CEOs.

4. HELP FOR A WOUND THAT WOULDN'T HEAL.
How a bad sunburn almost led to the loss of a foot.

6. THE SCOOP ON SALT AND HIGH BLOOD PRESSURE. Too much sodium can harm your health, but tasty alternatives abound.

8. BEYOND SALT: THE OTHER HYPERTENSION RISKS. Many other factors can increase blood pressure levels.



10

9. 'FOCUS ON THE GOOD.'
A determined young athlete battles back from partial paralysis.

10. ENDING RACISM TOGETHER.
RWJBarnabas Health is on a journey to create true equity in healthcare.

12. I HAVE HEART DISEASE. SHOULD I GET THE COVID-19 VACCINE? Yes, you should. Here's why.

14. THE LIFE-CHANGING IMPACT OF A KIDNEY TRANSPLANT. Post-transplant, people with kidney failure find their world transformed.

16. MISSION POSSIBLE.
Rutgers Cancer Institute of New Jersey launches a new center to harness the power of immunotherapy.

17. A LEGACY OF GIVING.
Longtime leaders in caring for RWJUH Rahway.

18. COMING BACK STRONG.
The Post-COVID Recovery Program helps people who struggle with ongoing symptoms.

20. LUNG CANCER: AWARENESS SAVES LIVES. Protect yourself by knowing these important facts.

22. IS IT A HEART ATTACK OR PANIC ATTACK? Let medical experts make the call.

23. COMMUNITY CALENDAR. A roundup of education and support programs.

All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.

HELP FOR A WOUND THAT WOULDN'T HEAL

A BAD SUNBURN ALMOST LED
TO THE LOSS OF A FOOT.



In the summer of 2020, a Union County man took a day trip to the Jersey shore. Cautious about sun exposure, he stuck a beach umbrella in the sand. The only parts of his body not covered were his feet.

The man had uncontrolled diabetes, which in turn had led to neuropathy—a form of nerve damage that can cause a patient to be unable to feel pain. He didn't notice until he got home that both of his feet, but especially the right one, were badly sunburned.

Eventually, blisters formed on the burned areas. Because of his neuropathy, the man wasn't in pain, but he could see that the blisters had popped and formed scabs. He went to an urgent care center and was given an antibiotic burn cream, but the wound did not improve.

Recognizing that the problem was serious, he made an appointment at the Center for Wound Healing and Hyperbaric Medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway. There, he met with Chudi Mgbako, DPM, Chair of the Foot and Ankle Surgery Division at RWJUH Rahway.

"When I first evaluated this patient, he had a third-degree burn on the top of his right foot, which went all the way down to his bone," Dr. Mgbako recalls. "I then took a bone biopsy that was positive for osteomyelitis, which is a bone infection."

ADVANCED TREATMENTS

Diabetic neuropathy affects about half of people with diabetes. Over time, high levels of blood sugar (glucose) cause damage to the nerves, most often in the legs and feet. Although diabetic



CHUDI MGBAKO, DPM



WOUND WARNINGS FOR PEOPLE WITH DIABETES

People with a chronic illness such as diabetes or diabetic neuropathy need to pay regular attention to their feet and skin. The time spent on this care can be rewarded with better health outcomes and less time spent dealing with more severe issues.

If you get a cut on the foot, or anywhere on the body, be sure to clean it well, use antibiotic cream and cover it with a bandage. Examine the cut twice a day. If redness or irritation develops, see a doctor to be sure the cut doesn't have any dirt in it or that the tissues under the skin haven't been infected.

neuropathy can sometimes be painful, it can also lead to numbness.

The patient had to see Dr. Mgbako weekly for wound care treatment, which included draining pus and the use of wound VAC (vacuum-assisted closure) therapy to decrease the air pressure on the wound and support healing. He was also given antibiotics intravenously. In spite of this care, he twice developed an abscess in his foot.

Because the aggressive infection was not progressively healing with standard wound care treatment, Dr. Mgbako and his wound care team decided that hyperbaric oxygen therapy should be the next step.

With hyperbaric oxygen therapy, the patient breathes pure oxygen while inside a pressurized chamber. This mechanism of oxygen delivery helps blood carry more oxygen to organs and connective tissues to promote wound healing. At the same time, the oxygen increases the ability of white blood cells to fight infection.

Each session takes two hours; a TV is provided to help pass the time.

About 30 sessions were needed over the course of six weeks. By the end of February 2021, the foot had healed.

The whole experience changed the patient's attitude toward his health. He now eats a diabetes-friendly diet, not only avoiding sugar but eating lots of fruits, vegetables and healthy grains. Because exercise helps control blood glucose levels, he takes the stairs rather than the elevator when he's at work and has become more physically active in other ways as well. Just as important, he pays attention to the condition of his feet and doesn't go barefoot or expose his feet to the sun without adequate protection.

Dr. Mgbako advises patients who have diabetes to check their feet daily for wounds. "Patients shouldn't simply trust their sense of touch, which is often compromised from neuropathy," Dr. Mgbako says. "If they see any suspicious wounds on their feet, they should contact their doctor right away. This simple step could literally prevent worsening infections and amputations."

To learn more about the Center for Wound Healing and Hyperbaric Medicine, call **732.453.2915** or visit **www.rwjbh.org/rahwaywoundcare**. For help managing diabetes with an RWJUH Rahway outpatient dietitian, call **732.499.6210**.





THE SCOOP ON SALT AND HIGH BLOOD PRESSURE

**TOO MUCH SODIUM CAN
HARM YOUR HEALTH,
BUT TASTY ALTERNATIVES
ABOUND.**

Chefs use salt liberally to make food tastier, and there's hardly a table around that doesn't have a salt shaker on it. We sprinkle salt on everything from eggs to french fries and also get plenty of it "hidden" in processed foods.

Salt (also known by its chemical name, sodium chloride) helps to regulate fluid levels in the body, so the body does need a small amount in order to function

properly. Most Americans consume excessive amounts, however, which can damage blood vessels and lead to high blood pressure, stroke and more.

In fact, more than nine in 10 Americans consume far more salt than the 2,300 milligrams (mg) a day recommended by the 2020-2025 Dietary Guidelines for Americans. "It's estimated that most people are taking in about 3,400 mg a day, and some as high as

5,000 mg,” says Delphine Tang, DO, an interventional cardiologist at Robert Wood Johnson University Hospital (RWJUH) Rahway and a member of RWJBarnabas Health Medical Group. “For people who already have high blood pressure, we’d like to keep it even lower—below 1,500 mg a day.”

Even young and healthy people need to be aware of maintaining their salt intake at a healthy level, says Dr. Tang. “We don’t always know what health problems someone is predisposed to, and excessive salt intake early in life can affect future health,” she explains. “Your primary care provider should monitor your blood pressure as early as 18 years old. If there is an abnormal reading or a high risk of hypertension, your PCP should urge regular checkups that include a blood pressure reading.”

ROADS TO REDUCING

When someone eats a very salty meal, their blood pressure might show a rise right afterward. “However, it’s not individual events but the consistency and daily intake of too much salt that ends up causing health problems,” says Dr. Tang.

The good news is that reducing sodium intake can lower blood pressure within weeks. But you can’t avoid salt unless you know where it’s found, and almost three-quarters of the sodium people consume is found in packaged, prepared and restaurant foods.

“Everything tastes good for a reason,” says Dr. Tang. “Things like pizza, soups and even crackers usually taste really good because of salt. It’s in all our daily foods.” (See “Where Salt Hides,” at right). To cut back on your salt intake:



DELPHINE TANG, DO

- **Minimize packaged and processed foods.** If you must seek the convenience of a processed food, carefully read food labels—which may refer to “salt” on the front of the



HOW TOO MUCH SALT AFFECTS THE CARDIOVASCULAR SYSTEM

- As sodium accumulates, the body holds on to water.
- Increased fluid leads to a greater blood volume, which leads to more work for the heart and more pressure on blood vessels.
- Over time, blood vessels become stiff or damaged, potentially leading to high blood pressure, heart attack, stroke or blood failure.

package and “sodium” on the nutrition chart—to choose foods lower in sodium and learn what a single serving size is.

- **Cook most meals at home.** When you cook from scratch—using fresh fruits, vegetables, meat or fish—the salt content of the food depends not on what a manufacturer decides, but on how much salt you add to it while you’re cooking or when you’re eating.

- **Get enough potassium.** This mineral, found in many fruits, vegetables, fat-free and low-fat dairy products and fish, helps counteract the effects of sodium. The more potassium you eat, the more sodium you excrete in your urine.

Most women should get 2,600 mg of potassium a day and men 3,400 mg a day. A medium-sized banana, for example, has 420 mg of potassium, and a cup of mashed sweet potatoes has 475 mg. Note: Some people, including those with kidney disease and those on certain medications, need to restrict their potassium intake. Always check with your doctor before changing your diet or taking any supplements.

WHERE SALT HIDES (AND WHAT TO TRY INSTEAD)

“Salt is in many more foods than people think,” says Lindsay Whelan, MS, RD, Clinical Dietitian at RWJUH Rahway. “The recommended daily amount, 2,300 milligrams, is equal to only about one teaspoon.

“Look for low-sodium food options,” she advises. “Instead of reaching for the salt shaker to add flavor to dishes, opt for other garnishes to elevate your meals, such as lemon and lime juice, fresh herbs like cilantro, basil, thyme and rosemary, and salt-free seasoning blends. Also include aromatic vegetables, such as onions, garlic, leeks and peppers, into recipes to spice up your dishes.”

Check labels where possible, and be cautious about the amounts of salt in the following items:

- Canned, frozen or packaged food items (such as soups, frozen dinners, flavored rice and pasta, canned vegetables, baked beans).
- Pickled foods.
- Deli meat/cold cuts.
- Shellfish/smoked fish.
- Sandwiches.
- Sausage, bacon, hot dogs, ham, dried meats (jerky).
- Pizza.
- Cheeses.
- Condiments, sauces, dressings.
- Breads/tortillas/bagels/biscuits.
- Cereals.
- Soda.
- Chips/pretzels/flavored nuts/popcorn.
- Ice cream.
- Pudding.
- Vegetable juices.
- Casseroles made with canned soup, jarred sauces and other packaged ingredients.

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJUH Rahway, call **888.724.7123** or visit **www.rwjbh.org/heart**.





BEYOND SALT: THE OTHER HYPERTENSION RISKS



MANY OTHER FACTORS BESIDES SALT CAN INCREASE BLOOD PRESSURE LEVELS.

Too much salt can lead to hypertension (high blood pressure), but other factors—some avoidable, some not—can also contribute to the condition. Delphine Tang, DO, an interventional cardiologist at Robert Wood Johnson University Hospital (RWJUH) Rahway and a member of RWJBarnabas Health Medical Group, explains:

RISK FACTORS WE CAN'T CHANGE

- **AGE** “Our blood vessels tend to harden as we get older and the vessels become less compliant,” explains Dr. Tang.
- **GENDER** “Women are more likely to develop high blood pressure after menopause, perhaps because of changing hormone levels,” says Dr. Tang.
- **RACE** African Americans are at greater risk of developing high blood pressure.
- **FAMILY HISTORY** High blood pressure often runs in families.

RISK FACTORS WE CAN CHANGE

- **EXCESS WEIGHT** Carrying too much weight puts an extra strain on your heart and circulatory system. Losing even as few as 10 pounds can help reduce the pressure.
- **NICOTINE** “Smoking can damage blood vessels and create changes that increase blood pressure,” explains Dr. Tang. In



DELPHINE TANG, DO

addition, nicotine from smoking or vaping has the effect of raising blood pressure. (For a free quit-smoking program, visit www.rwjbh.org/nicotine-recovery.)

- **ALCOHOL** “Two servings per day for men and one for women is usually okay. But more, or binge drinking, can cause increased blood pressure,” says Dr. Tang.
- **DIET** Diets high in sugary foods and saturated fats can cause an increase in

WHAT DO THE NUMBERS MEAN?

Blood pressure numbers at or below 120/80 are considered in the normal range. If either the top or bottom number is above the normal range, a person’s blood pressure is considered elevated.

120

SYSTOLIC BLOOD PRESSURE, the top number, indicates how much pressure your blood is exerting against your artery walls when the heart beats.

80

DIASTOLIC BLOOD PRESSURE, the second number, indicates how much pressure your blood is exerting against your artery walls while the heart is resting between beats.

Source: American Heart Association

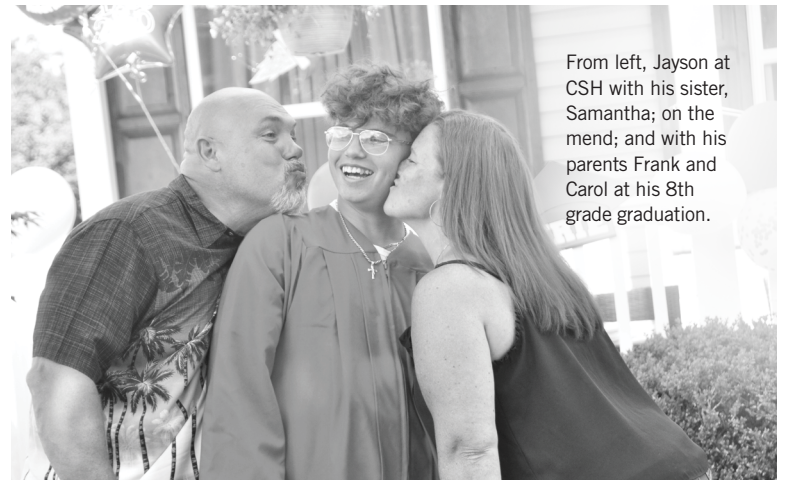
blood pressure. Other fats—such as the omega-3 fatty acids found in fish, nuts and seeds—can help to lower it.

- **PHYSICAL ACTIVITY** Regular physical activity makes the heart stronger, so it can pump more blood with less effort. To protect your heart, get at least 150 minutes of physical activity each week (about 30 minutes a day, five days a week). That activity can include active household chores, gardening, climbing stairs, walking, biking or dancing.
- **STRESS** High levels of stress can lead to a temporary rise in blood pressure. Prolonged stress can be more harmful.
- **HERBAL REMEDIES** “Some herbal supplements that we don’t think about can cause high blood pressure, including ginseng and St. John’s wort,” says Dr. Tang.
- **MEDICATIONS** “Patients who already have high blood pressure are usually advised not to take cough medicines, decongestants or nonsteroidal anti-inflammatory drugs, known as NSAIDs, such as ibuprofen,” says Dr. Tang. Birth control pills, some prescription drugs and illegal drugs such as cocaine and amphetamines may also contribute to hypertension.
- **OTHER MEDICAL CONDITIONS** “Certain medical conditions can be secondary causes of high blood pressure,” says Dr. Tang. These include sleep apnea, kidney disease, diabetes, adrenal gland tumors and thyroid problems.

It’s important to get high blood pressure under control, because if left untreated it can damage the heart, brain, kidneys and eyes. If you’ve been diagnosed with high blood pressure, talk to your doctor about which of these factors might be contributing to it and what you can do to make changes that will help lower the pressure. At-home blood pressure monitors may be useful, and prescription medication can also help.

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJUH Rahway, call **888.724.7123** or visit www.rwjbh.org/heart.





From left, Jayson at CSH with his sister, Samantha; on the mend; and with his parents Frank and Carol at his 8th grade graduation.

'FOCUS ON THE GOOD'

A DETERMINED YOUNG ATHLETE BATTLES BACK FROM PARTIAL PARALYSIS.

In May 2019, Carol Backle of Toms River noticed drooping on the left side of her son Jayson's face. After evaluation by a doctor, the athletic, high-energy 13-year-old was diagnosed with Bell's palsy, a weakness in facial muscles that's usually temporary.

One day, however, Jayson experienced sudden weakness in his left leg and hand. At the local emergency department, tests revealed the reason: a tumor in his brain that was causing hemiparesis, a partial paralysis on the left side of his body. In July, Jayson had surgery to remove the tumor.

The family's insurance carrier, unsure of how significant the teen's recovery would be, strongly recommended that he be admitted to a long-term care facility. "I was not OK with that," Carol says. She immediately began to research other options and soon decided that an inpatient rehabilitation program at Children's Specialized Hospital (CSH) in New



Brunswick offered the type of care Jayson would need.

UP FOR THE TASK

"Hemiparesis can be very frustrating, especially for someone of Jayson's age and high activity level," says Zack Gubitosi, DPT, CSCS, a pediatric physical therapist at CSH. "I could tell this was a scary experience for him and his family, and I wanted them to be as comfortable as possible from day one."

Gubitosi incorporated elements of the sports and games Jayson loves into their sessions. "He would have me balance on one leg while we played Uno. We would play catch," says Jayson. "It was awesome!"

"Jayson was always so motivated to get better," Gubitosi says. "There were understandably some difficult days, and those were the days I would challenge him to fight harder. He was always up

for the task."

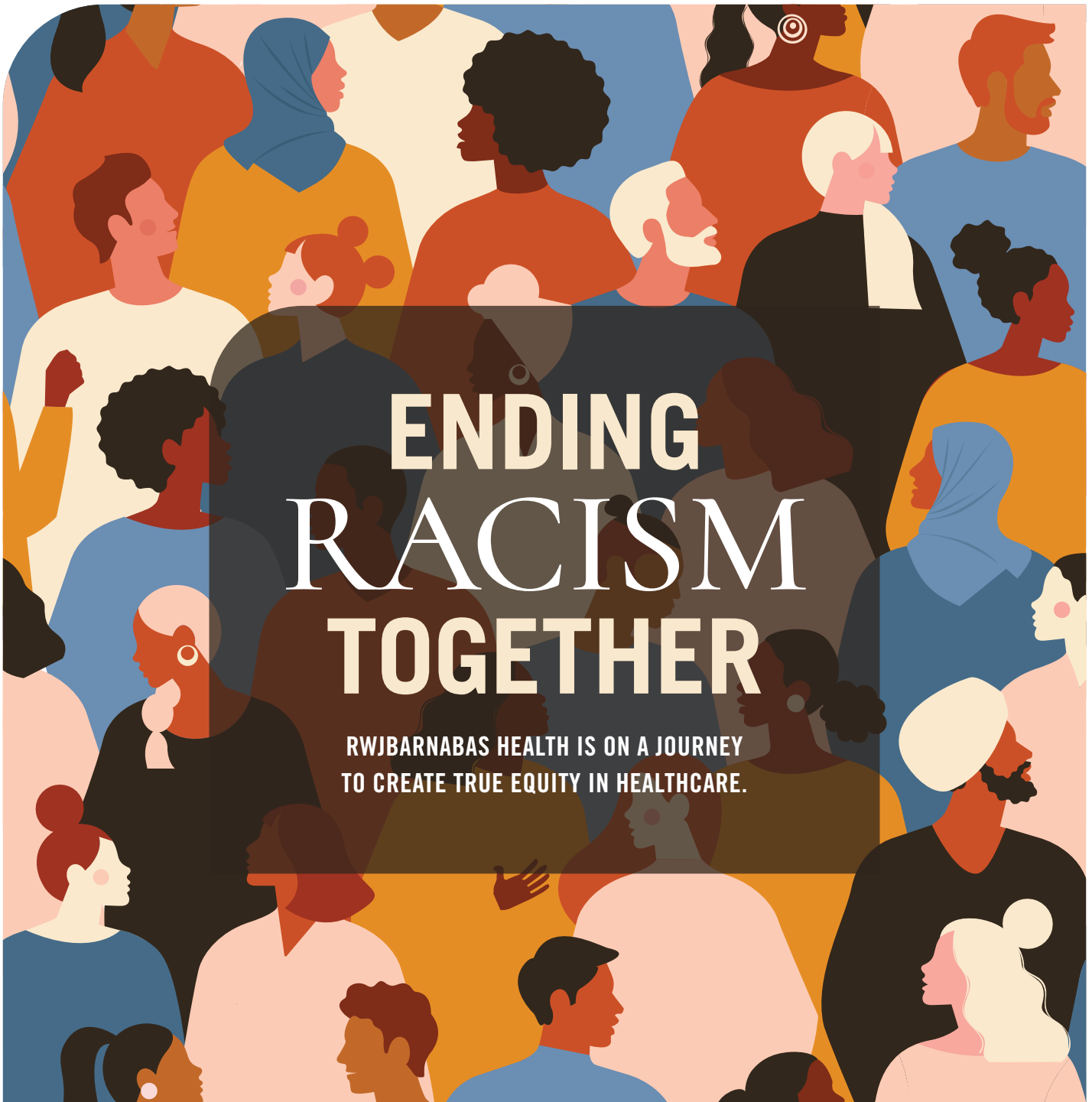
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. He's also involved in the Youth Advisory Council at CSH, which meets once a month to discuss ways to create the best possible experience for patients.

"We're just so grateful for the care that Jayson was given," Carol says. "We know this whole experience could have been so much worse if we had not chosen to go where we did."

With the wisdom of experience, Jayson offers advice for anyone who is on their own recovery path. "Don't dwell on any of your bad thoughts," he says. "Think about all the good that is happening, even the slightest progression in recovery. Focus on that!"

For more information about Children's Specialized Hospital, call **888.244.5373** or visit www.rwjbh.org/childrensspecialized.

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 a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River and Warren.



ENDING RACISM TOGETHER

RWJBARNABAS HEALTH IS ON A JOURNEY
TO CREATE TRUE EQUITY IN HEALTHCARE.

RWJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism and promoting an anti-racist culture throughout the organization and the communities it serves.

Here, Barry Ostrowsky, President and Chief Executive Officer of RWJBH, and DeAnna Minus-Vincent, Chief Social Integration and Health Equity Strategist, explain what the system's Ending Racism Together initiative entails.

Racism has been described as a public health crisis. What does that mean?

[BARRY OSTROWSKY] We start with the proposition that there is structural racism in our society. The data show that whether you're talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren't doing well are people of color, particularly Black people. When it comes

to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

[DEANNA MINUS-VINCENT]

Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That's important, because race itself has

been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

What are some examples of how racism plays out in healthcare?

[DEANNA MINUS-VINCENT]

Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we're more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren't given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, "Do you have any clean veins?" I work in healthcare and so I was able to navigate the system and march upstairs and talk to the CEO. But I shouldn't have to do that, and neither should anyone else.

What is the role of a healthcare system in combating racism?

[BARRY OSTROWSKY] We realize that when we construct healthcare delivery mechanisms, we have to consider the ability of everybody to access them. It's not equitable to simply say, "Anyone can walk into our clinic between the hours of 9 a.m. and 4 p.m." Many people, particularly Black people in urban communities, can't take time off for a healthcare visit during those hours.



BARRY OSTROWSKY



DEANNA MINUS-VINCENT

From an operational standpoint, we're reviewing key policies and procedures such as the refusal of care policy. We've conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We hold monthly educational sessions for employees, called "Equitable Encounters: Real Talk About Race," where issues of racism are discussed. Training is forthcoming for all employees.

We're also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don't want outreach workers coming to the house. Maybe you'd prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative?

[BARRY OSTROWSKY] When patients come to our facilities, they'll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we'll make the point that we're an anti-racist organization and if they have any experience that's inconsistent with that, please tell us.

The journey to end racism requires everybody's effort and commitment. We know that we can't send out a memo saying, "We're anti-racist, and by the end of the year there'll be no racism." We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

WHAT IS A MICROAGGRESSION?

As part of Ending Racism Together, RWJBarnabas Health conducts regular trainings and other educational events for its employees. A recent session focused on the topic of microaggressions.

What is a microaggression?

Microaggressions are the everyday verbal and nonverbal slights and indignities that members of marginalized groups experience in their day-to-day interactions. Often, individuals who engage in microaggressions are unaware that they have said something offensive or demeaning. The accumulated experience of receiving microaggressions can lead to depression, anxiety and effects on physical health.

What are some examples?

Mispronouncing a person's name even after he or she has corrected you. Asking an Asian American where she's "really" from. Clutching your purse or wallet when a Black or Latino man approaches. Assuming a person of color is a service worker.

How can a person avoid committing a microaggression?

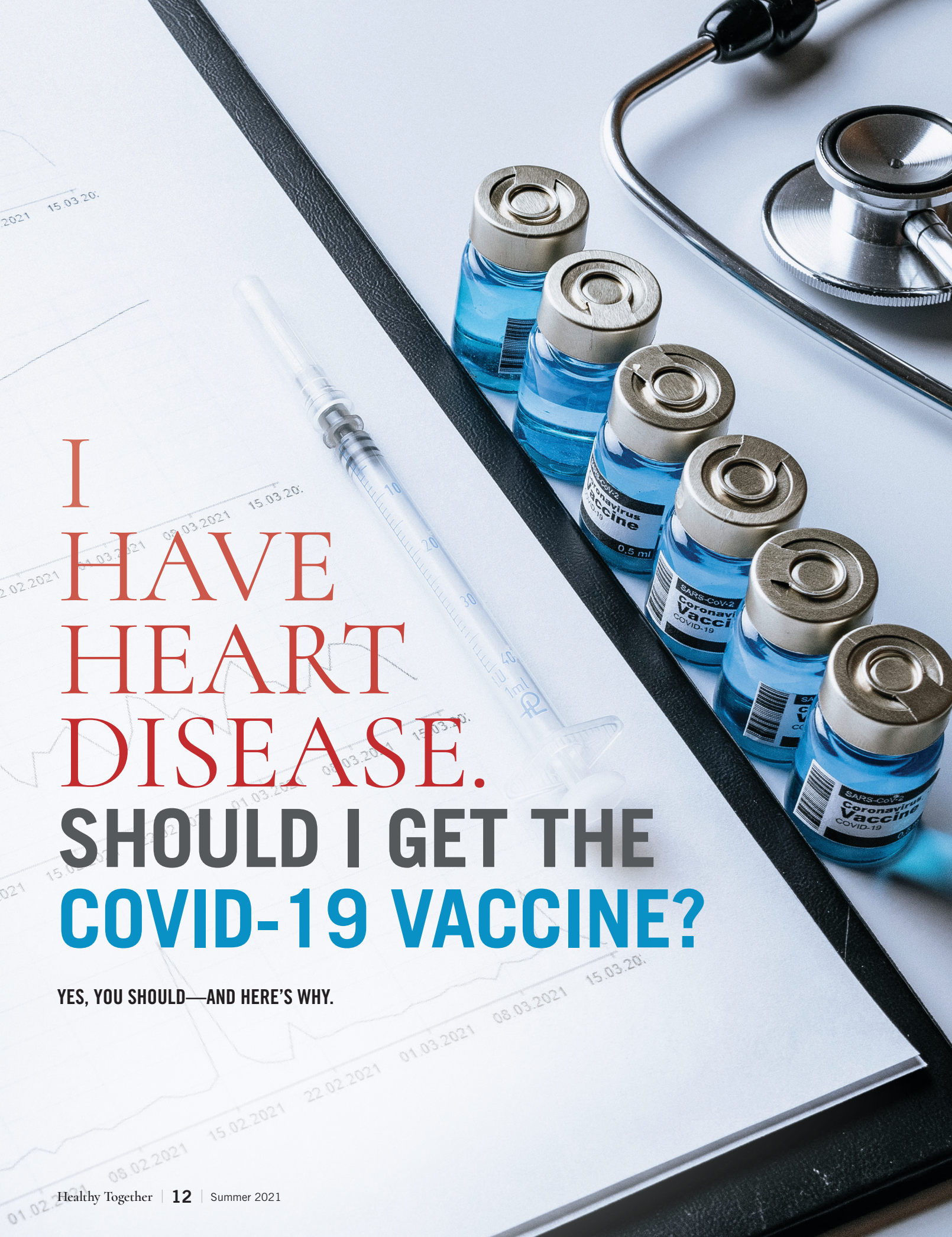
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

REFUSAL OF CARE POLICY

RWJBarnabas Health will not accommodate requests for or refusal by a patient for the services of RWJBH workforce members based on a personal characteristic, such as race or ethnicity, except in the limited situation where the patient (or other individual on the patient's behalf) requests that an accommodation based on gender only is necessary to protect a patient's religious or cultural beliefs.

To learn more about RWJBarnabas Health's commitment to racial equity, visit www.rwjbh.org/endingracism.





I
HAVE
HEART
DISEASE.
SHOULD I GET THE
COVID-19 VACCINE?

YES, YOU SHOULD—AND HERE'S WHY.

Not only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines—it's especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

Why is it so important for cardiovascular patients to get the vaccine?

“People with cardiovascular disease are more vulnerable to the effects of COVID-19,” Dr. Sengupta explains. “That’s because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects.”

What kind of side effects can be expected?

“Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot,” Dr. Sengupta says. “If you’re on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare.”

After a person is fully vaccinated, can he or she resume normal activities?

“Clinical trials have shown 90 to 95



PARTHO SENGUPTA, MD

percent protection, but there’s a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course,” Dr. Sengupta says.



RWJBARNABAS HEALTH: YOUR HEART-HEALTH DESTINATION

Whether you’re in need of care for high blood pressure, require heart surgery or are interested in ways to help keep your heart healthy, RWJBarnabas Health’s heart, vascular and thoracic care programs are here for you.

We offer:

- One of the top 15 largest heart transplant programs in the nation, with locations in Newark and New Brunswick.
- One of New Jersey’s highest-performing transcatheter aortic valve replacement (TAVR) programs.
- Two of the only care destinations in the state offering FFR-CT (fractional flow reserve computed tomography), located in Lakewood and in Newark.
- Leading cardiac specialists and surgeons who are at the forefront of innovation in critical care and the treatment of coronary artery and valvular diseases, heart rhythm disturbances and vascular and thoracic disorders.
- A network of cardiac rehabilitation programs and hundreds of preventive and wellness programs designed to strengthen and protect hearts.
- Access to many of the latest and most advanced clinical trials.
- More than 100 cardiologists across 30 practices with offices conveniently located throughout our communities.

“The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines.”

What else should cardiovascular patients do to protect themselves?

“Get outdoors and exercise—walk, bike, experience nature,” says Dr. Sengupta. “The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

“I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30

minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience.”

If you’ve been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. “People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic,” he says. “This is your chance to resume your relationship with your doctor and get back on track.

“In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices,” he says. “The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue.”

For more information or to connect with one of NJ’s top cardiovascular specialists, call **888.724.7123** or visit **www.rwjbh.org/heart**.



THE LIFE-CHANGING IMPACT OF A **KIDNEY TRANSPLANT**

POST-TRANSPLANT, PEOPLE WITH KIDNEY FAILURE FIND THEIR WORLD TRANSFORMED.

RWJBarnabas Health offers the region's most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

BACK IN ACTION AFTER A DOUBLE TRANSPLANT



Dillon Devlin, 29, had Type 1 diabetes, but that didn't stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and

met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

"Kidney failure alone is an older person's disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes," explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. "That's because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body."

THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting



RONALD PELLETIER, MD

transmissions onto pallets, to needing three-times-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for

transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

"All of a sudden I was waking up from surgery and my mom was saying, 'You did it!'" he recalls. "I was standing up within six hours and out of the hospital in six days." A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he's back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. "It's so strange to wrap my head around not having to take insulin," he says. "Modern medicine is a complete marvel."

"What I really love about kidney and pancreas transplantation is that you get to transform someone's life," Dr. Pelletier says. "Not only do they not need dialysis afterward, they're no longer diabetic! That's fantastic."

Dillon's advice to others awaiting transplant: "Don't let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match."



LOVING LIFE WITH A NEW KIDNEY

Timothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. “PKD is hereditary,” he explains. “My father had it, my grandmother had it and my brother has it.”

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

“Even though you’re on dialysis, it’s not like having a kidney,” Timothy says. “There’s still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high.”

MEDICAL ADVANCES

“We’re so fortunate that in kidney failure, there’s the option of dialysis,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). “It keeps people alive. However, dialysis doesn’t replace the full function of the kidney. For most patients, the better option is a kidney transplant.”

Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant chain at SBMC: She donated to someone for whom her kidney was compatible, and Timothy was given a kidney from another donor.

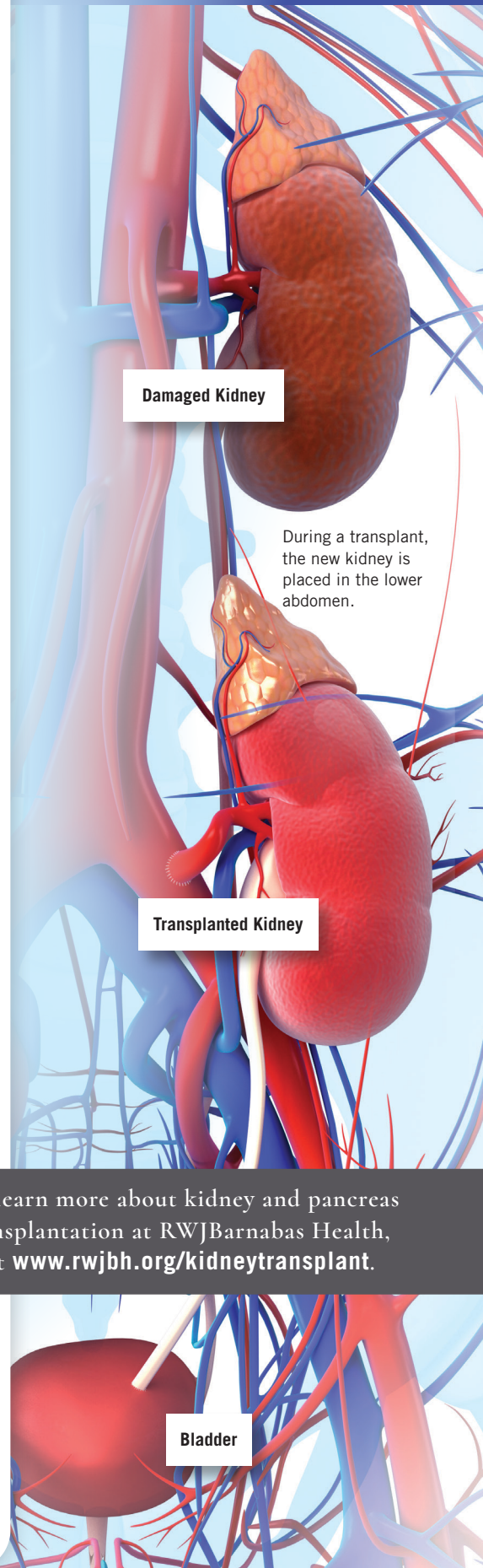
“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more

choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation.”

“It’s a wonderful thing,” says Timothy. “I have so much more energy now, and I have so much more time to myself since I don’t have to plan my days around getting to a machine at a certain time. I’ve been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I’ve been very blessed.”



FRANCIS WENG, MD



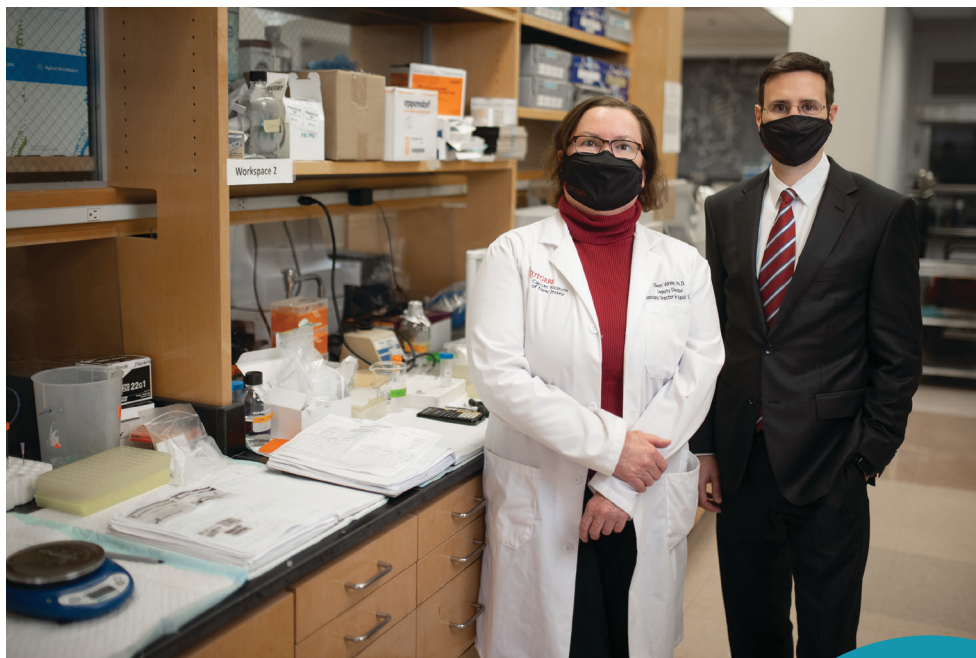
Damaged Kidney

During a transplant, the new kidney is placed in the lower abdomen.

Transplanted Kidney

Bladder

To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.



Eileen White, PhD (left), and Christian Hinrichs, MD, Co-directors of the Cancer Immunology and Metabolism Center of Excellence, a groundbreaking collaboration with a mission to develop new immunotherapies

MISSION POSSIBLE

**RUTGERS CANCER INSTITUTE OF NEW JERSEY
LAUNCHES A NEW CENTER OF EXCELLENCE TO
HARNESS THE POWER OF IMMUNOTHERAPY.**

For decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront.

“What’s remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells,” explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer

Institute.

“Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons,” Dr. Hinrichs says. “First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects.”

However, some cancers respond well to immunotherapies, but others don’t respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The \$50 million effort, fueled by an anonymous gift of \$25 million, is poised to lead the immunotherapy revolution and transform cancer treatment.

“We are putting into place key expertise and facilities for ‘first in human’ clinical trials in immunotherapy and cell therapy,” Dr. Hinrichs explains.

*
RWJBarnabas Health and the Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

The program is also serving a large and diverse patient population in New Jersey, Dr. Hinrichs notes. “That’s so important in cancer research,” he says.

NEW CONNECTIONS

The Center of Excellence takes a novel approach by uniting its strengths in cancer immunology and metabolism under one umbrella. “Few, if any, institutions have this capability,” says Dr. White, Co-director of the center.

Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance—and how it contributes to cancer. “By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop new immunotherapies and make existing immunotherapies more effective,” she says.

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs. “We are focused on the discovery and development of new T cell [immune system cell] therapies, particularly gene-engineering approaches that allow T cells to specifically and powerfully target tumors,” he says.

These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. “A GMP facility is absolutely critical for what we do,” says Dr. Hinrichs. “It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else.” Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

To learn more about the Cancer Immunology and Metabolism Center of Excellence, visit <https://cinj.org/immunology-metabolism>.



A LEGACY OF GIVING

JOHN AND CHRISTINE KLINE ARE LONGTIME LEADERS IN CARING FOR RWJUH RAHWAY.

The recent ribbon-cutting for the opening of the new Surgical Center of Excellence 3E Unit in honor of John and Christine Kline was the culmination of a legacy of giving. The Klines, in part with their lead gift, raised \$100,000 for the unit's renovation, which will greatly enhance patient care at Robert Wood Johnson University Hospital (RWJUH) Rahway.

"John and Chris Kline have been an incredible force at RWJUH Rahway for four decades. They have given their time, treasure and talent year after year, and they are incredibly kind and supportive of the entire community of employees, patients and friends of the hospital," says Heather Hays, Vice President of Development.

John Kline, MD, retired in November 2018 after a long career in orthopedic surgery and 35 years as Chair of the RWJUH Rahway Division of Orthopedics. Dr. Kline was on the RWJ Rahway Foundation's board from 1991 to 2014, and he, along with his wife, Christine, has been a longtime leader of the culture of philanthropy at RWJUH Rahway. Christine Kline has been a Foundation member since 1999, serving as both Chairman and Vice-Chairman and chairing the Rose Ball Committee, the hospital's annual fundraiser.

In 2004, Dr. and Mrs. Kline were named to the Guardians of the Rose, a select group honored for their leadership and philanthropy at RWJUH Rahway. "We've always been naturally inclined to help the hospital," Mrs. Kline says. "Dr. Kline had privileges at a number of hospitals, but RWJUH Rahway has always felt like home."

"John and Christine have given so much to this hospital over the years, and we are so grateful," says Kirk Tice, President and CEO of RWJUH Rahway. "Their hard work and generosity have enhanced care for our families, neighbors and friends."

Above, Christine Kline and Dr. John Kline, with RWJUH Rahway President and CEO Kirk Tice, cut the ribbon for the newly renovated Surgical Center of Excellence 3E Unit. Behind them are (left to right) 3E Nurse Manager Rose Marie Caleen; Vice President, Patient Services and Chief Nursing Officer Ann Marie Shears; Vice President, Development Heather Hays; Chief Medical Officer Carol Ash, DO; and Vice President, Clinical Transformation and Integration Deborah Gandy.



We greatly appreciate your support. Proceeds will be used locally to support Healthcare Heroes and patients through the **Emergency Response Fund** at RWJUH Rahway.

To register scan the QR Code or go to:

www.rwjbh.org/rahwaygolf



For more information, please call the RWJUH Rahway at 732-499-6135 or email Foundation.Rahway@rwjbh.org

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

To make a donation to RWJUH Rahway, call **732.499.6135** or visit www.rwjrahwaygiving.org.





**COMING
BACK
STRONG**

THE POST-COVID RECOVERY PROGRAM HELPS PEOPLE WHO HAVE ONGOING SYMPTOMS.

After having COVID-19, most people recover completely within a few weeks.

Others, unfortunately, have lingering symptoms. They may feel weak or short of breath, have poor balance and even experience “brain fog”—lack of mental clarity or an inability to focus.

The reasons for these symptoms are not yet fully understood. In some cases, COVID-19 may have caused damage to body systems such as the heart and lungs. In others, being ill with COVID-19, coupled with the reduction in activity during the pandemic, has led to deconditioning.

To help patients who have recovered from the acute phase of COVID-19 but are still experiencing troubling symptoms, Robert Wood Johnson University Hospital (RWJUH) Rahway started the Post-COVID Recovery Program. The program draws on the latest research about COVID-19 as well as the expertise of a highly trained physiatrist (physical medicine and rehabilitation physician), physical, occupational and speech therapists, and more.

“As we learn more about COVID-19 and its long-term effects, it’s clear that early intervention, addressing all symptoms through a unique and interdisciplinary approach, will lead to a much better outcome,” says physiatrist Paul Abend, DO, FAAPMR, Medical Director of Rehabilitation Services at RWJUH Rahway.

A RANGE OF SERVICES

Post-COVID Recovery Program services require a prescription and an initial assessment to develop a comprehensive plan of care. The program offers a wide range of options, including:

- **Physical therapy**, located in the hospital or at one of our fitness centers in Scotch Plains and Carteret, including treatment for weakness, walking, balance and endurance. Therapy may encompass breathing exercises, aerobic training, and strength and resistance training.
- **Occupational therapy** to help with activities of daily



PAUL ABEND, DO

living, activity pacing and function.

- **Speech therapy** to address cognitive training, speech and swallowing difficulties.

- **Pulmonary rehabilitation** if needed for decreased lung function. (The hospital also has a support group, offered virtually and in person, for lung disease.)

- **A sleep study** for sleep disorders that have occurred or been exacerbated during the pandemic.

All patients will be monitored during their sessions. Our medical director is available for additional medical needs and will consult with cardiac and other specialists as needed.

“More than a year after the pandemic began, some patients are finding that COVID-19 has lasting effects,” says Jennifer K. Soares, PT, DPT, CHT, Physical Therapy Manager. “Our rehabilitation services, offered in an environment that encourages healing and recovery, can help patients feel like themselves again.”



YOUR NEXT STEPS

The Post-COVID Recovery Program is available at:

RWJUH Rahway

865 Stone Street, Rahway

RWJ Fitness & Wellness Center

60 Cooke Avenue, Carteret

RWJ Fitness & Wellness Center

2120 Lamberts Mill Road, Scotch Plains

To participate in the program, a prescription is required. If you need a prescription, our rehabilitation specialist can help. To learn more, call **732.499.6012**.



LUNG CANCER: AWARENESS SAVES LIVES

PROTECT YOURSELF BY LEARNING THE FACTS
ABOUT THIS ALL-TOO-COMMON DISEASE.

RWJBarnabas Health and RWJUH Rahway, 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.

Lung cancer is the second most common cancer in both men and women (not counting skin cancer) and is the leading cause of cancer deaths.

Despite those scary statistics, there are reasons for hope. Due to a decline in smoking and advances in early treatment and detection, the incidence of lung cancer death is decreasing.



PAWAN GUNDAVARAM, MD

“Early detection is key for curing all cancers, but

especially lung cancer,” says Pawan Gundavaram, MD, a hematologist/oncologist with Robert Wood Johnson University Hospital (RWJUH) Rahway.

In spite of lung cancer being widespread, many people aren’t familiar with its causes, symptoms and treatments.

What Are the Kinds of Lung Cancer?

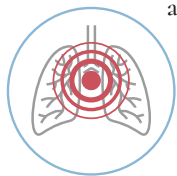
There are two primary types of lung cancer, non-small cell and small cell. (The names refer to the appearance of the cancer cells under a microscope.)



Non-small cell lung cancer (NSCLC), a condition in which malignant cells form in the lung tissues, represents 80 to 85 percent of lung cancers. Several subtypes make up this category, each of which begins with a different type of lung cell. They include squamous cell carcinoma, adenocarcinoma and large cell carcinoma. Each type grows and spreads differently, though they have similar treatments and outcomes.

With small cell lung cancer (SCLC), cancer cells also form in the tissues of the lung. It’s less common and mostly afflicts smokers. SCLC typically occurs

in the central airways and is often more aggressive than NSCLC.



What Are the Risk Factors?

Current and past smokers account for nearly 80 percent of cases. Risk is also impacted by the number of years and the number of packs a person has smoked.

Other risk factors include:

- Age (the average age of diagnosis is 70 years).
- Family history of lung cancer.
- Exposure to secondhand smoke.
- Previous radiation therapy to the lungs.
- Exposure to radon gas, asbestos or other carcinogens.

A small portion of lung cancers occur in people with no known risk factors for the disease.



What Are the Symptoms?

Many patients have few symptoms until lung cancer

is advanced. Go to your doctor when you first notice possible signs or symptoms; if it is cancer, your best outcome will happen if it is diagnosed at an early stage. The most common symptoms include:

- A cough that won't go away or becomes worse.
- Coughing up blood.
- Shortness of breath.
- Appetite or weight loss.
- Chest pain that is worse with deep breathing.
- Hoarseness.
- Wheezing.
- Fatigue or weakness.

- Persistent bronchial infections.



How Is It Diagnosed?

Most lung cancer is diagnosed after it begins causing problems, such as the symptoms listed above. To check for lung cancer, a primary care provider may request an imaging test, such as a CT (computed tomography) scan or an MRI (magnetic resonance imaging) scan. A physician may also test cells taken from lung secretions, such as mucus, or

do a biopsy with a needle to get a sample of a suspicious area.

This past March, for the first time in nearly a decade, the U.S. Preventive Services Task Force updated its lung cancer screening guidelines. The new guidance advises annual low-dose CT scans every year for people who meet the following criteria:

- Aged 50 to 80 years.
- Have 20 pack-year smoking history. (One pack year equals smoking one pack a day for one year or two packs a day for half a year, and so on.)
- Currently smoke or have quit within the past 15 years.

“This means that if you’ve smoked a pack a day for 20 years you are now eligible for a low-dose CT scan, which most insurances will pay for,” Dr. Gundavaram says. “Low-dose CT scans are the most effective way of detecting cancer. At Stage 1, you can cure 90 percent of lung cancer cases.”



What Are the Treatments?

For early-stage SCLC, surgery followed by chemotherapy and possibly radiation treatments are commonly used. For patients with SCLC that has spread far throughout the body, chemotherapy with or without immunotherapy—medicines that stimulate a person’s own immune system to recognize and destroy cancer cells—can shrink the cancer and treat symptoms.

For NSCLC, a number of different treatments are used, often in combination, based on the cancer stage.

“Surgery is commonly utilized in the treatment of early stage non-small cell cancer,” Dr. Gundavaram explains. “Chemotherapy and radiation may be added when there is risk of cancer spreading.”

Increasingly, innovative “targeted treatments,” which specifically attack cancer cells—unlike chemotherapy, which doesn’t distinguish between normal cells and cancer cells—can be used to treat some cases of non-small cell lung cancer.



NEW TREATMENTS, NEW HOPE

“We have an increasing number of treatment options for lung cancer,” says thoracic surgeon John Langenfeld, MD, Co-Director of the Thoracic Oncology Program at Rutgers Cancer Institute of New Jersey. “For cancers found at an early stage, such as those identified through low-dose CT scans, surgery is a major mode of treatment.”

Through the RWJBarnabas Health partnership with Rutgers Cancer Institute, lung cancer patients at RWJUH Rahway have access to advanced treatments, including sophisticated chemotherapy and radiation techniques for each stage of the disease; immunotherapy treatments, in which a person’s own immune system is used to recognize and destroy cancer cells; and targeted drug therapies, which act on very specific molecular targets. Rutgers Cancer Institute, the state’s only NCI-Designated Comprehensive Cancer Center, also offers a range of clinical trials for lung cancer.



YOU CAN QUIT SMOKING. WE CAN HELP.

Free programs to help people quit smoking and vaping are available through the RWJBarnabas Health Institute for Prevention and Recovery. Call **833.795.QUIT (7848)** or visit www.rwjbh.org/nicotinerecovery.

To schedule an appointment with a cancer specialist at RWJUH Rahway, call **844.CANCERNJ**.





IS IT A HEART ATTACK OR PANIC ATTACK?

IT'S ESSENTIAL TO LET MEDICAL EXPERTS MAKE THE CALL.

Chest pain, shortness of breath, chills: Are these symptoms of a heart attack or a panic attack?

The two can appear so similar



LAUREN TRATTNER, DO

that sometimes even health professionals can't be sure which one a patient is experiencing until they do the proper medical tests, such as an EKG (electrocardiogram),

blood test or chest X-ray, according to Lauren Trattner, DO, Assistant Director of the Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH) Rahway.

"Patients have come to the ED absolutely sure they're having a heart attack, only to discover that they're actually suffering from a panic attack—and the reverse is true, too," Dr. Trattner says. "The important thing is that they came into the ED rather than ignoring those symptoms or trying to treat them at home."

SIMILAR SIGNS

A list of the symptoms that are common to the two conditions helps explain the confusion. People suffering from either a heart attack or a panic attack may experience the following:

- Chest pain.
- Pounding heart.
- Shortness of breath.
- Dizziness/lightheadedness.
- Sweating/chills.
- A tingling sensation.
- A fear of dying or feeling of impending doom.

A heart attack is caused by a blockage in a coronary artery that cuts off blood flow to the heart. The cause of panic attacks is unclear, though they may relate to major emotional stress or be part of a larger anxiety disorder. Heart attacks tend to be preceded by warning signs and symptoms, such as recurring chest pain, while panic attacks come on suddenly.

Both men and women can suffer from heart attacks and panic attacks that are difficult to distinguish, but the two conditions are easier to confuse in women. "That's because men's heart attack symptoms tend to be more classic—chest pain under the breast bone, pain radiating to the left arm," explains Dr. Trattner. Women may also experience these symptoms, but some may not have chest pain at all.

The most important takeaway, says Dr. Trattner, is that no one should ignore chest pain or any other symptoms of a possible heart attack, regardless of what they think might be happening. "If men or women are having any of these symptoms, we want them to be seen," says Dr. Trattner. "If someone is concerned, if they don't feel right, if they're experiencing symptoms they've never had before, they should come to the ED and let us do the evaluation. If it's a heart attack, we have all the tools to treat you. And if you're having a panic attack, we can refer you to a behavioral health specialist. We're open 24/7, and we're here to help."

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJUH Rahway, call **888.724.7123** or visit **www.rwjbh.org/heart**.





RWJUH Rahway Is Here for You

When in-person meetings can't happen, we can still help. RWJUH Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual as well as in-person support groups and educational programs. If you have a healthcare need or would like an email invitation to these professionally run meetings, call Community Education at 732.499.6193.

ADULT BEREAVEMENT SUPPORT GROUP: First Wednesday of each month at 1:30 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call **732.499.6193**.

ALL RECOVERY MEETINGS are for everyone who supports recovery. Find a full calendar of All Recovery meetings that you can join online or by phone at www.rwjbh.org/allrecovery.

BREAST CANCER SUPPORT GROUP: Virtual meeting on the first Tuesday of each month from 7 to 8:30 p.m. and on the first Wednesday of each month from 5:30 to 7 p.m.

CAREGIVER SUPPORT: Virtual meeting on the first Wednesday of each month from 7 to 8:30 p.m.

DIABETES SUPPORT: In-person support group from 6 to 7 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway. In addition, Lauren Bernstein, MS, RD, Certified Diabetes Educator at RWJUH Rahway, is providing individual education for people with diabetes, both in person and virtually. To learn more, call **732.499.6109**.

FIBROMYALGIA SUPPORT: Virtual meeting on the first Thursday of each month from 5:30 to 7 p.m. or 7 to 8:30 p.m.

LUNG DISEASE SUPPORT GROUP: For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets both in person and virtually on the first Friday of every month from 3:30 to 4:30 p.m. in the hospital's Nicholas Quadrel Center for Cardio-Pulmonary Rehabilitation on the second floor, 865 Stone Street, Rahway. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call **732.499.6193**.

PARKINSON'S SUPPORT GROUP: Virtual meeting on the second Wednesday of every month at 1 p.m. The group is open to all people with Parkinson's and their care partners. Call Community Education at **732.499.6193** and provide an email or phone number for an invitation to this meeting. If you don't have a computer, tablet or smartphone, you can join by phone.

SPOUSAL BEREAVEMENT GROUP: Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To register, call **732.499.6193**.

WEIGHT LOSS SURGERY SUPPORT: Get started on a path to better health with weight loss surgery. Virtual seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.



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.



VIRTUAL HEALTHY COOKING DEMOS

Diane Weeks, RDN, MS, CDE. All classes take place from 7 to 8 p.m. To register, call **732.499.6193** and leave your name, email address and phone number.

- **Tuesday, July 20** Plant-Based Meals: Good for You and the Planet
- **Tuesday, August 31** Cool and Easy Summer Dishes
- **Tuesday, September 14** Mexican-Inspired and Plant-Based

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

- **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This peer-led group for family members and caregivers of persons with mental illness can help. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.
- **ZOOM SPEAKER PRESENTATIONS:** Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. Free resource guide for Union County available. To register, go to www.naminj.org/support/affiliates/union for upcoming events.

Lose more than just weight. Lose your hypertension.

At RWJBarnabas Health, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice. Attend one of our information sessions to learn more.

**Robert Wood Johnson
University Hospital
Rahway** | **RWJBarnabas
HEALTH**
Let's be healthy together.

rwjbh.org/weightloss

* Results are not guaranteed and may vary by individual

