

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

healthy

together



**EATING WELL
WITH DIABETES**

**WEIGHT LOSS:
A HUSBAND AND WIFE
TRANSFORM THEIR LIVES**

**BACK IN ACTION
WITH A NEW KNEE**

**PROTECT
YOUR HEART
FROM STRESS**

Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a new and unpredictable virus and making it safe for patients to receive all types of care under these extraordinary conditions have become our top priorities.

We're proud of how RWJBarnabas Health has risen to these challenges, as stories in this issue show. From new mothers who need help with breastfeeding to seniors looking for advice on how and whether to have social interactions, we're here for you with support and guidance.

We offer telehealth services for children and adults through RWJBarnabas Health TeleMed®, which makes virtual visits available for many issues in both primary and specialty care. If an in-person doctor visit is required, know that all physicians in our RWJBarnabas Health Medical Group have implemented additional safety standards for their offices, including social distancing, mask wearing, intensified disinfection protocols and COVID-19 screening of patients and staff.

Of course, in the event you or a loved one need to go to the hospital, you can rest assured that each facility in the RWJBarnabas Health system has taken every precaution for the safety of patients, visitors and team members.

At RWJUH Rahway, we know that connection is important during this time, so we've kept our support groups going using a variety of platforms, including telephone and outdoor meetings. We've done a great deal to make sure the hospital and its facilities are safe, including taking temperatures at the door, making sure masks are worn throughout the hospital and installing Plexiglass at all face-level desks and counters. We have staggered outpatient appointments and enhanced our manual cleaning with robots that use UV-C light to kill disease-causing pathogens. We have increased the number of hand-sanitizing stations throughout the hospital and increased the number of negative pressure rooms.

At RWJBarnabas Health, caring for the community is our mission and our passion. Please take good care of yourselves by wearing a mask when needed, washing your hands frequently and practicing social distancing.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT & CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




KIRK C. TICE
PRESIDENT & CHIEF EXECUTIVE OFFICER
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.

HEALTH NEWS

ROBOTS USE UV-C LIGHT TO KILL DISEASE-CAUSING GERMS



RWJUH Rahway is employing robots to kill disease-causing pathogens.

The Thor UV-C robots are deployed in the Operating Rooms and in patient rooms, particularly in isolation rooms after patients have been discharged. The devices complement deep manual cleaning. "This technology enhances the surface cleaning that we are doing to help keep our patients and staff safe from pathogens that cause disease," says Kirk Tice, President and CEO, RWJUH Rahway.

UV-C light is highly effective in reducing the transmission of airborne bacterial and viral infections. The robots can be adjusted to disinfect large areas and hallways as well as small spaces, such as bathrooms and ambulances. Disinfection ranges from floor to ceiling and includes instruments left in the room. Thor robots have room-mapping technology so the operator can clearly see the robot's disinfection reach.

The robots are sensitive to motion and automatically shut off to prevent exposure by someone entering the room. It can take the robot 15 to 20 minutes to clean a patient room and as little as four minutes to disinfect a bathroom. The hospital is also using UV-C technology to disinfect N95 masks.

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

healthy *together* contents

FALL 2020



22



6



4



18



20



12

2. WELCOME LETTER.

A community update from our CEOs.

4. HOW TO EAT WELL IF YOU HAVE DIABETES.

Get past common myths and enjoy your food, too.

6. 'DON'T WAIT TO GET HELP.' Pressure wounds are a danger for people with limited mobility.

8. YOU CAN MAKE A DIFFERENCE. A gift in your will to RWJUH Rahway is simpler, and has more impact, than you think.

9. GOING OUT: WHAT'S SAFE FOR SENIORS? When it comes to COVID-19 and social contact, it pays to weigh the risks and benefits.

10. NEW MOTHERS, NEW CHALLENGES. Virtual support is helping new and expecting moms get safely through the pandemic.

12. RADIATION ONCOLOGY: IT TAKES A TEAM. Patients throughout the RWJBarnabas Health system have access to the most advanced cancer treatments.

14. EVERYDAY JOYS. Expert care provides a young patient with the best possible quality of life.

15. HOW STRESS HARMS THE HEART. Heart muscle disease is increasing, and experts think emotional distress is a major cause.

16. GETTING THE MOST OUT OF TELEHEALTH. Virtual visits can provide big benefits.

17. DO YOU NEED A MAMMOGRAM? Breast cancer screening saves lives and is safer than ever.

18. HEART TESTS FOR EVERY BODY. When and why you may need these common cardiac checks.

20. HUSBAND-AND-WIFE WEIGHT LOSS. A devoted couple gets back to a healthy lifestyle with the help of bariatric surgery.

22. BACK IN ACTION. Knee replacement surgery and physical therapy were winning moves for a former kickboxer.

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

HOW TO EAT WELL IF YOU HAVE DIABETES

GET PAST COMMON MYTHS AND ENJOY YOUR FOOD, TOO.

“Diabetes is a pain-in-the-neck disease—but unlike other diseases, you can choose control,” says Lauren Bernstein, MS, RD, a Certified Diabetes Educator at Robert Wood Johnson University Hospital (RWJUH) Rahway. “People need education, and they need to put work into it. But diabetes does not have to make you sick.”

Nearly 1 in 10 people in the U.S. has diabetes, according to the Centers for Disease Control and Prevention, and that number keeps rising. Still, many people are unclear about what diabetes is and what it means for them.

“When people learn they have it, the most common reaction is shock,” Bernstein says. “They think, ‘How did this happen?’ There can be a number of reasons. But whatever the cause, the next step is to help your body control sugar by watching what you eat,

WHAT WILL WORK FOR YOU?

Finding the best diet and exercise plan to manage diabetes is a journey, explains Lauren Bernstein, MS, RD, CDE. “It’s not a black-and-white situation; it’s very individual,” she explains. “You have to be very careful where you get your information. What works for your neighbor or coworker won’t necessarily work for you.

“You can get solid, basic general guidelines at reputable websites like the American Diabetes Association and EatRight.org. To find out what really works for you, though, you need to sit down with a diabetes educator for personalized recommendations.” Most major insurances, including Medicare, cover diabetes education; check with your provider.

being vigilant about testing blood sugar levels, becoming more physically active—and educating yourself about the disease.”

Here, Bernstein identifies some of the most common misconceptions people have about diabetes.

MYTH #1: I NEED TO EAT DIFFERENTLY THAN THE REST OF MY FAMILY.

“The recommended diet for people with diabetes is a healthy diet for everybody in the family,” Bernstein says. “Everyone should watch how much sugar they consume and eat more lean protein and vegetables.”

MYTH #2: YOU HAVE TO BE OVERWEIGHT TO GET DIABETES.

“Being overweight is one risk factor for diabetes among many, including family history, ethnicity, certain kinds of medication and chronic stress,” says Bernstein. “People can get diabetes without being overweight.”

MYTH #3: I CAN EAT WHAT I WANT BECAUSE I’M ON MEDICATION.

“Medication is there to help, but you have to do your part by eating a diet that includes lean proteins, vegetables, a controlled amount of fresh fruit and complex carbohydrates like brown rice and whole wheat bread,” Bernstein says. “You’re still at risk for significant blood sugar fluctuations if you load up on pasta and sugary desserts.”

MYTH #4: I CAN’T EAT ANY CARBOHYDRATES.

“Carbohydrates break down into sugar and therefore raise your blood sugar level.

However, we need carbohydrates for energy,” Bernstein explains. “The amount of carbohydrates you can safely eat is determined by how much insulin your body is producing and how much insulin resistance you have. The way you learn what works for you is by testing your blood sugar after each meal.

“In general, avoid sweetened beverages and excessive sugar and starch. But you can work dessert into your plan on occasion, such as a small piece of birthday cake. Overly restrictive diets are a bad idea because people who are on them tend to binge.”

MYTH #5: IF A FOOD IS LABELED “NO SUGAR ADDED,” IT’S OK TO EAT.

“Even foods that don’t have added sugar, like pretzels or certain cereals, contain carbohydrates. Anything that says ‘no added sugar’ on the label still contains natural sugars that should be accounted for in a diabetic diet,” Bernstein says. “These and ‘sugar-free’ foods also may contain artificial sweeteners, which have been shown to have other harmful effects on the body and should not be used often.”

MYTH #6: FRUIT IS GOOD FOR ME AND I CAN EAT ALL I WANT.

“Fruits have natural sugars, and those sugars still count when it comes to your blood sugar levels. Fruit can and should be included in a healthy diabetic diet, but you will still have to watch portions,” Bernstein explains.

“The same is true for ‘good’ carbs like brown rice and whole wheat bread,” she says. “They are definitely healthier choices, but they still break down into sugar.”

If you have diabetes or prediabetes and need help with blood sugar control, call the RWJUH Rahway Diabetes Center at **732.499.6109** or visit **www.rwjbh.org/rahway**.

RECIPES FOR FOOD LOVERS

“People who have Type 2 diabetes and love food should be sure their recipes have plenty of flavor,” says Diane Weeks, RDN, MS, CDE, who for over a decade has led healthy cooking classes at the RWJ Rahway Fitness & Wellness Center in Scotch Plains. “Using herbs, spices, vinegars, limes and lemons will help make flavors pop.”

“Recipes should also please the eye and the palate with a variety of textures, such as the softness of a cooked bean and the crunch of a raw vegetable,” she says. “And recipes should feature carbohydrates such as beans and whole grains—quinoa, farro, barley—that produce a gradual rise in blood glucose levels, rather than carbs like white rice and regular pasta that cause a quick post-meal rise.”

Carbohydrates in recipes should not be the main part of a recipe, Weeks says, and portion control is important for managing after-eating blood sugar levels. She suggests these recipes to help fill the bill:



FISH LETTUCE TACOS

Serves 2

INGREDIENTS:

- $\frac{3}{4}$ pound tilapia
- $\frac{1}{8}$ + $\frac{1}{4}$ teaspoon kosher salt
- 1 tablespoon canola oil
- 1 avocado, finely chopped
- 4 sprigs cilantro, minced
- 1 cup cherry tomatoes, chopped
- $\frac{1}{2}$ jalapeño, seeded and minced
- 2 tablespoons lime juice
- 2 cups shredded red cabbage
- Butter or other leaf lettuce leaves

DIRECTIONS:

- Season the tilapia with $\frac{1}{8}$ teaspoon of salt.
- Heat the oil in a large, non-stick pan over medium heat. Sauté the fish until lightly browned, about 2 minutes per side, then remove the fish from the pan.
- In a bowl, combine avocado, cilantro, tomatoes and jalapeño with the lime juice and up to $\frac{1}{4}$ teaspoon of salt.
- Put some red cabbage on a lettuce leaf and top with a piece or two of fish and a dollop of the avocado mixture.
- For a bit of crunch, break up a few tortilla chips and sprinkle them over the tacos.



CRUNCHY BLACK LENTIL SALAD

Serves 4

INGREDIENTS:

- 1 teaspoon lemon zest
- 2 tablespoons fresh lemon juice
- 1 teaspoon Dijon mustard
- 2 tablespoons minced shallot
- 2 tablespoons extra virgin olive oil
- $\frac{1}{2}$ teaspoon kosher salt
- 2 cups cooked black lentils
- 1 cup sliced celery hearts
- $\frac{1}{4}$ cup chopped walnuts
- $\frac{1}{4}$ cup shaved Manchego or Parmesan cheese
- Freshly ground black pepper

DIRECTIONS:

- In a large bowl, whisk together the lemon zest, lemon juice, mustard, shallot, oil and salt.
- Toss with the lentils, celery, walnuts and cheese. Season to taste with the pepper.



SNAP PEAS WITH COCONUT LIME DRESSING

Serves 4

INGREDIENTS:

- $\frac{3}{4}$ pound snap peas, trimmed
- $\frac{1}{4}$ cup light coconut milk
- 2 teaspoons reduced-sodium soy sauce
- 2 teaspoons lime juice
- 1 jalapeño, minced (optional)
- $\frac{1}{4}$ cup unsalted, roasted peanuts, chopped
- 1 shallot, thinly sliced

DIRECTIONS:

- Lightly steam the snap peas until tender-crisp, about 2 minutes, then rinse under cold water. Drain well and transfer to a serving platter.
- In a small bowl, whisk together the coconut milk, soy sauce, lime juice and jalapeño (if using).
- Drizzle the dressing over the snap peas and top with the peanuts and shallots.

'DON'T WAIT TO GET HELP'

WOUNDS THAT COME FROM PRESSURE ARE A DANGER FOR PATIENTS WITH LIMITED MOBILITY.



Melissa Searles recovered from pressure wounds with the help of RWJUH Rahway and her husband, Gregory.

Melissa Searles, 50, admits it was embarrassment that stopped her from seeking medical help.

Because she has had limited mobility since being diagnosed with multiple sclerosis 20 years ago, she spends much of her time lying down or sitting in a chair. She didn't realize at first that this had led to a pressure wound on her tailbone—and she couldn't have imagined it would take nearly two years to heal.

"My husband first noticed it and told me something didn't look right back there," she says. "We put Vaseline on it, but it kept getting worse. But because I was embarrassed—and scared—I wouldn't go to the doctor. The wound festered, got bigger and really hurt. Finally, after almost four months, I had to get help."

In February 2018, Melissa went to the Emergency Department at Robert Wood Johnson University Hospital (RWJUH) Rahway, where she found out she'd need surgery to clean the wound and let healing begin. "It was so deep the doctor said he could just about see my tailbone," she remembers.

THE ROAD TO HEALING

After three days, she was sent to a rehabilitation center, where she began treatment with a wound VAC (vacuum assisted closure), a device that uses air pressure to reduce swelling and moisture in the wound. At the end of 100 days of Medicare coverage, Melissa was discharged and went home.

"Things were going all right for a while," says Melissa. "I was on heavy



ANTHONY TONZOLA, MD

antibiotics. I was on the wound VAC. Visiting nurses and a doctor came to my home to check on me."

Throughout this ordeal, Melissa's husband, Gregory, took an active role. "He

was phenomenal, fantastic," says Melissa. "Every time the nurse came, he would watch to see how things were done, in case there was a problem when they weren't there."

Then, in the spring of 2019, Melissa suddenly felt as if she were sitting on marbles. She'd developed a second wound—this one a deep abscess—in addition to the still-healing pressure injury.

Melissa credits surgeon Anthony Tonzola, MD, Medical Director of the Center for Wound Healing and Hyperbaric Therapy at RWJUH Rahway, with finally resolving her issues.

"The infection went long and deep," says Dr. Tonzola. "We did surgery to open the area, irrigate everything, clean it up and pack it." The wound had to be kept open so it could heal from the inside outward.

Back at home, medications had to be inserted deep into the wound with long cotton swabs to keep it clean and bacteria-free. And, of course, Melissa had to be moved frequently to relieve the pressure on her backside. "It hurt," she admits.

Slowly the wounds began to resolve. "Her husband was terrific," says Dr. Tonzola. "He called with questions, made sure everything was done properly and was really dedicated to her."

Melissa's last visit to Dr. Tonzola was this past November. "It took almost two years to finally heal both wounds, and I wasn't sure they would ever get better," Melissa says. "But thanks to Dr. Tonzola—and to Gregory—they did."

Melissa has a message for others who find themselves in a similar situation. "Don't ever wait so long to get help the way I did," she says. "I was so embarrassed that I kept apologizing to the nurses. But they said, 'We've seen everything, and we're here to help you.'

"When you have wonderful people to take care of you, it makes the process so much easier. And everyone in the Rahway hospital was fantastic."

WHAT TO KNOW ABOUT PRESSURE WOUNDS

What they are: "Pressure injury" is the current terminology for what people used to call "bed sores." "These wounds tend to occur over bony prominences, where the skin and all the layers beneath it break down," explains Jennifer Davis, RN, Inpatient Wound Care Coordinator at RWJUH Rahway.

How they start: Pressure wounds can occur on the lower back and tailbone as well as on the heels when people are bedridden, due to continual rubbing on sheets. For people who sit in a wheelchair much of the time, leaning on armrests can create pressure wounds on the elbows.

What to look for: The injury may start as a redness that is "non-blanchable"—meaning it doesn't turn white when you press on it, Davis explains. Or it may be purplish, having the appearance of a bruise. Sometimes, there is an open wound or blood blister.

What to do: "The number one way to prevent and resolve pressure injuries is to take the pressure off," explains Davis. Medical professionals use special pressure distribution mattresses, positioning wedges and pillows. "Wound care specialists also have an arsenal of other therapies available, including ointments and creams, special beds, advanced healing dressings, negative pressure wound therapy and hyperbaric oxygen therapy," Davis says. "But in order for those therapies to be effective, we always stress to our patients that they have to keep the pressure off the wound."

Pressure injuries usually develop gradually and can heal on their own in the early stages if the source of pressure is removed. "But if redness or purplish areas don't subside, or if there's an opening in the skin," says Davis, "then it's time to see your primary care doctor or go to a local wound care center."

To learn more about outpatient wound care at the Center for Wound Healing and Hyperbaric Therapy at RWJUH Rahway, call **732.453.2915** or visit www.rwjbh.org/rahwaywoundcare.



YOU CAN MAKE A DIFFERENCE

LEAVING A GIFT IN YOUR WILL TO RWJUH RAHWAY IS SIMPLE AND WILL HAVE AN IMPACT.

Are you interested in helping to keep your community healthy through a planned gift to Robert Wood Johnson University Hospital (RWJUH) Rahway? If so, you will want to keep these points in mind:

Estate planning is not just for the wealthy or the elderly. “Everyone should do it in

order to ensure that their intentions for family, other loved ones and favorite charities will be fulfilled,” says Heather Hays, Vice President, Development, for RWJUH Rahway.

Gifts of all sizes can make a difference. “Every legacy gift can have a meaningful impact and contribute to making things

better for the whole community,” says Greg Ellmer, Vice President, Gift Planning, for RWJBarnabas Health.

You have a say in where your money goes. Some people choose to give to an area of personal interest, such as cardiology, cancer care or nursing scholarships. “Many programs rely on philanthropy to improve and maintain an extraordinary level of care,” Hays says.

You retain control. A gift will not affect your current cash flow and will allow you to maintain control of your assets. In addition, you have choices: You can leave a specific dollar amount, a percentage of your estate or the remainder of your estate after your loved ones are provided for. Finally, if circumstances change, you can change your mind about the planned gift.

“We understand that making a bequest is not something that gets decided quickly or casually,” Hays says. “Call us and we’ll be happy to have a conversation about what would work best for you.”

To learn more about making a charitable bequest to RWJUH Rahway, call **732.499.6113** or visit www.rwjrahwaygiving.org.

Think Forward

Imagine a healthier future. So much can be accomplished with your support. As we begin a new decade, let’s think forward and advance the health of New Jersey together.



Give Lifesaving Care **\$100**

Imagine the most advanced technologies and procedures.



Fight Cancer **\$75**

Imagine ensuring cancer patients get the best in early detection and treatment close to home.



Have Heart **\$50**

Imagine comprehensive cardiac care, from procedures to rehabilitation.



Help Patients **\$25**

Imagine patient assistance programs – available for our most vulnerable on their journey to wellness.

Robert Wood Johnson | RWJBarnabas
University Hospital | HEALTH
Rahway

For more information on the ways our donors are changing lives, please visit rwjrahwaygiving.org or call **732.499.6135**.



GOING OUT: WHAT'S SAFE FOR SENIORS?

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

A senior citizen who lives alone had become depressed. Her family said she seemed confused when they spoke to her on the phone. Should she allow visitors into her home to help her, or was the risk of contagion too great?

An elderly couple was being urged to attend the wedding of a dear family member, and they very much wanted to be there. Should they go?

These and similar questions are being debated daily by older adults, who are among the groups most at risk for severe illness from COVID-19.



JESSICA ISRAEL, MD

“When stay-at-home recommendations began, many assumed that there would be a clear end date and kept a stiff upper lip as they socially isolated,” says Jessica Israel, MD, Senior Vice

President of Geriatrics and Palliative Care for RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.

However, as questions about transmission and treatment persist, it’s become clear that life will not be going back to “normal” anytime soon—and prolonged isolation has health risks as well.

“Today, older adults need to evaluate the risk of having an interaction vs. the risk of not having it,” says Dr. Israel. “And we all need to be open to the fact that there’s no one-size-fits-all answer for everybody.”

THREE QUESTIONS

To weigh out the pluses and minuses of a social interaction, Dr. Israel advises, ask yourself three questions:

“What are the risks of what I’m thinking about doing?” Will people be masked, will there be the ability to wash or sanitize hands, and will commonly touched surfaces be sanitized? Will the event be indoors or outdoors?

“How am I feeling emotionally?” Are you emotionally OK, or is staying inside affecting your ability to live your life successfully? For example, do you have a hard time getting motivated to get out of bed to begin your day? Have you lost interest in talking to people on the phone or in doing things you could enjoy, such as sitting outside?

“How am I feeling physically?” Is your health good, or do you have trouble with normal activities, such as walking from room to room? Have you been putting off care for a health condition?

Based on these considerations, Dr. Israel advised the family of the depressed older woman that she should have visitors. “It was becoming an unsafe situation, and when it comes to depression, you can’t solve everything with medication,” she says. “The family had been trying to protect her by staying away, but she needed to see them in person, with all appropriate safety measures taken, of course.”

As for the elderly couple who were invited to the wedding, Dr. Israel asked them whether all guests would be masked and practice social distancing. The answer was no. “I had to tell them that I thought it would be too unsafe for them. They actually felt relieved,” she says.

“People come to me all the time and say, ‘Can I go to the hairdresser? Can I go to a restaurant that has outdoor seating?’” says Dr. Israel. “I tell them there may not be a great answer. No activity is without any risk at all, so you have to consider what you can do to mitigate that risk.”

The one activity that’s definitely off-limits for now is hugging grandchildren, says Dr. Israel. “We’re still learning, but it looks like young people spread the virus very easily, even if they show no symptoms at all,” she says. “I hate to say it, but hugging grandkids should be on hold for a while longer.”

To learn more about healthcare for seniors at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.



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

NEW MOTHERS, NEW CHALLENGES

VIRTUAL SUPPORT IS HELPING NEW AND EXPECTING
MOMS GET THROUGH THE PANDEMIC SAFELY.

The experience of being pregnant and having a baby is different during the era of COVID-19.

In-person baby showers aren't happening. Pregnant women aren't seeing friends and coworkers on a daily basis, so they can't have the kind of "Is this normal?" discussions that tend to come up between expecting and experienced mothers.

After the baby is born, many women have to go without help from other family members because of travel restrictions or fears of bringing COVID-19 into a home with a newborn.

"Many families are trying to navigate the emotional, physical and social challenges often experienced after the birth of a baby without the traditional support of friends and family," says Suzanne Sernal, Vice President for Women's Services at RWJBarnabas Health (RWJBH). "We've been hearing that pregnant women feel anxious because they're isolated and not able to experience pregnancy and new motherhood as they'd imagined they would."

For many women, help has come in the form of virtual support groups, facilitated by experts at RWJBH hospitals. Specific topics vary from hospital to hospital, but two groups are open to all: virtual support for women who are experiencing perinatal mood and anxiety disorders (PMADs) and virtual support for breastfeeding.

"One of the most important things women learn in these groups is that the things they're feeling are normal and they can talk about them," Sernal says. "We've created comfortable, safe virtual spaces for expecting and new mothers."

MANAGING ANXIETY

Women may come to a PMAD group feeling that they're alone, but in fact, PMAD—which used to be called postpartum depression—affects 1 in 5 pregnant and new moms. Though a very real illness, it is temporary and treatable, and peer support has been shown to be a powerful help.

In the group, new and expecting

mothers may express their sadness or anger, or feelings of being overwhelmed, without feeling judged.

"The conversations these women are having are so meaningful," Sernal says. "Some of them feel so isolated and sad at the beginning of a session, and by the end they're actually smiling and have been given a handful of resources they can immediately tap into as soon as the session is over."

Conversations can continue in a private Facebook community, and telehealth visits with a behavioral health specialist can be arranged. "We've been able to open the doors for more women to get support for mood and anxiety disorders because the virtual groups have eliminated geographic barriers," Sernal says.

BREASTFEEDING BASICS

Breastfeeding is good for both mother and baby, but it comes with many challenges—from latching-on to milk supply, tongue-tie, pain, pumping, diet, weaning and more. In virtual breastfeeding support groups, women connect with other new mothers as well as International Board-Certified Lactation Consultants to get the answers they need.

Lactation consultants allow moms to take the lead by raising issues that are of concern to them and provide their professional advice and insight as needed.

"When I got home from the hospital, I missed the support of the great lactation consultants and nurses there," says Lauren Tran, 34, of South Orange, who had a baby boy in mid-June. "I wondered if it would feel silly to do a breastfeeding group virtually instead of in person. But that feeling went away quickly, and we are building camaraderie and getting to know each other just as we would if we were in person."

"Knowing I'm not alone in challenges I'm dealing with is so helpful," says Shlomit Sanders, 33, of Elizabeth, who gave birth in April. "There are breastfeeding behaviors in babies that first-time moms have no idea about—for example, a feeding position that



PROTECTING MOMS AND BABIES FROM COVID-19

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

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

works great one time and not at all the next. It's so comforting to normalize these behaviors."

"At RWJBarnabas Health, we've made ourselves available to all of the pregnant and parenting women in our communities, and we welcome their questions," Sernal says. "We want them to have a great experience, even as they take all the measures needed to stay safe and healthy during the pandemic."

To learn more about virtual breastfeeding support, visit www.rwjbh.org/breastfeedingsupport. To learn about the PMAD group, visit www.rwjbh.org/PMADsupport. To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/maternity.





RADIATION ONCOLOGY: IT TAKES A TEAM

PATIENTS IN THE RWJBARNABAS HEALTH SYSTEM HAVE ACCESS
TO THE MOST ADVANCED TREATMENTS FOR CANCER.



RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

Radiation oncology, which uses precisely targeted doses of high-energy radiation to eliminate cancer cells, is an effective treatment for a wide range of cancers.

Within the field, though, are numerous treatment options, and that leads to crucial questions. Would a patient's cancer respond best to external beam radiation therapy, in which high-energy rays are directed from the outside into a specific part of the body? Or internal radiation, which involves putting a source of radiation inside the patient's body? And within those two categories, which specific treatment is most likely to be more effective for a particular patient?

Cancer patients in New Jersey can be assured that they have the best minds in the field on their cases, thanks to the unique partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"All of the radiation oncology doctors at the 11 hospitals in the RWJBarnabas Health system and Rutgers Cancer Institute consult with each other. We don't hesitate to pick up the phone," says Bruce Haffty, MD, FACP, FASTRO, FASCO, Chair of Radiation Oncology for Rutgers Cancer Institute and for Rutgers Robert Wood Johnson Medical School and New Jersey Medical School.

"Moreover, we all know what technologies are available throughout the system. So if a patient at one of our cancer centers needs a treatment that's available at Rutgers Cancer Institute or any RWJBarnabas Health facility,



BRUCE HAFFTY, MD

we ensure that treatment can be offered based on the individual patient needs. If a clinical trial at any of those places could benefit a patient, his or her oncologist will know about

it and the patient will have access to it," explains Dr. Haffty, who is also the Associate Vice Chancellor for Cancer Programs.

"In this way, we can provide a seamless continuity of advanced care that's of great benefit to our patients," he says.

CONSISTENT CONNECTION

Physicians at RWJBH and Rutgers Cancer Institute represent a vast array of cancer specialties. "A physician can call a specialist at another RWJBarnabas Health hospital to consult on any case," Dr. Haffty says. "For example, I get calls all the time about cases in my specialties, breast cancers and head and neck cancers. The same kind of discussions go on among experts in gastrointestinal, brain, blood cancers—all kinds of subspecialties within radiation oncology."

Such consultations aren't left to chance. Cancer specialists at RWJBH and Rutgers Cancer Institute meet regularly to discuss their cases. "We've implemented peer-review planning sessions, where every new patient case at each facility is peer-reviewed by multiple physicians," says Dr. Haffty. "Physicians share their ideas about what treatments might best benefit the patient—perhaps Gamma Knife, CyberKnife, proton therapy or other sophisticated radiation therapy techniques. Very few health systems have all of these options available."

Physicians and patients also have the benefit of the most up-to-date national research and the latest clinical trials. As one of just 51 U.S. institutions designated a Comprehensive Cancer Center by the National Cancer Institute, Rutgers Cancer Institute is a leader in conducting cancer research and translating scientific discoveries into novel treatments.

"The partnership between Rutgers Cancer Institute and RWJBarnabas Health is unique in that it offers the latest technology available in combination with all of our subspecialty expertise," says Dr. Haffty, "and anybody who walks in the door anywhere in the system has the benefit of all of it."



ADVANCED TREATMENTS

Radiation oncologists at Rutgers Cancer Institute of New Jersey and throughout the RWJBarnabas Health system are experts in the most advanced radiation treatments available, including but not limited to:

BRACHYTHERAPY: In this type of radiation therapy, the radioactive source is delivered through seeds, ribbons, catheters or wires placed within or just next to a tumor.

CYBERKNIFE: This robotic radiosurgery system is noninvasive and delivers intense, highly focused doses of radiation directed by a sophisticated computer guidance system.

GAMMA KNIFE RADIOSURGERY: This treatment uses multiple beams of radiation focused with extreme accuracy on the tumor or area to be treated. With Gamma Knife, no incision is required to treat tumors and other abnormalities of the brain.

INTENSITY MODULATED RADIATION THERAPY (IMRT) AND IMAGE GUIDED RADIATION THERAPY (IGRT): These therapies utilize advanced imaging and computerized radiation delivery techniques that provide high-resolution, three-dimensional imaging to pinpoint tumor sites while protecting healthy tissue.

PROTON BEAM THERAPY: This type of therapy uses protons (subatomic particles with a positive electric charge) to precisely target locations within tumors while protecting surrounding tissues and organs.

Your cancer care is too important to wait. Our cancer centers and our hospitals have taken every precaution as we continue to provide the most advanced cancer care. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ (844.226.2376)**.





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

muscle tone or motor skills caused by damage to or abnormal development of the brain. CP symptoms often include exaggerated reflexes, floppy or rigid limbs and involuntary motions.

Aiden lived with this diagnosis for six years. Then he was taken to see Adam Aronsky, MD, a developmental and behavioral pediatrician at CSH in Mountainside. Dr. Aronsky felt that Aiden's clinical picture did not align with those of CP patients and suggested that he undergo genetic testing. That led to the discovery that Aiden actually had a GRIN2B mutation, a genetic disorder with symptoms very similar to those of CP.

"Because the symptoms of CP and GRIN2B-related syndrome are so similar, our treatment plan has not changed," Nicole says. "However, the new diagnosis has provided a lot of answers to my questions."

Aiden now sees three physicians at the CSH Mountainside location who work together to help with his treatment plan. Dr. Aronsky treats Aiden's bone and muscle function. JenFu Cheng, MD, a physical medicine and rehabilitation physician (physiatrist), provides Botox injections that assist with the parts of Aiden's body that have high muscle tone (spasticity). Neurologist Andrea Richards, MD, assesses any episodes he may have. For example, when there was concern that a laughing condition was a sign of a seizure, she was able to determine that it was just part of Aiden's personality.

"This experience has taught me that it's OK to ask questions, even if you think they don't make sense or seem silly," Nicole says.

"I encourage other families going through similar experiences to go with their gut, ask questions, research everything you can and share your experiences with others. You never know who will benefit from your story."

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

EVERYDAY JOYS

EXPERT CARE PROVIDES A YOUNG PATIENT WITH THE BEST POSSIBLE QUALITY OF LIFE.



Children's Specialized Hospital®

An RWJBarnabas Health facility

At 8 years old, Aiden Shanklin is wheelchair-dependent, has a sensory processing disorder and functions at the level of a 1-and-a-half-year-old.

He also loves to laugh, listen to the acoustic guitar, ride horseback and swim or run his hands under water. Aiden is doing these things and living his best possible life, thanks to the loving care of his family and the expertise of doctors at Children's Specialized Hospital (CSH).

"Children's Specialized Hospital has provided us with such excellent care. I couldn't ask for a better team for Aiden," says his mother, Nicole. "They have given

us the opportunity to provide him the best quality of life that we can."

QUESTIONS ANSWERED

When Aiden was 9 months old, Nicole became concerned because he had trouble holding his head up and had no trunk control. "When I would go to lift him, it felt as if I were picking up a rag doll," she says.

A pediatrician diagnosed Aiden with cerebral palsy (CP), a disorder of movement,

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

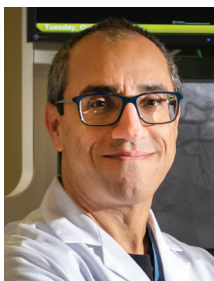


HOW STRESS HARMS THE HEART

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

If someone says their heart is broken, you instantly know what that means: The person is feeling deep grief, usually from the loss of a love relationship or the passing of a loved one.

The pain is emotional, but it can feel—and be—physical as well.



FADI CHAABAN, MD

In fact, cardiac specialists know extreme emotional stress can actually “break” a heart’s functioning by reducing the ability of heart muscles to pump, thereby depriving the brain and organs of oxygen-rich blood. This is called stress cardiomyopathy, also known as “broken heart syndrome,” and cases have been on the rise.

“Recent data show an increase of four times the number of stress cardiomyopathy cases compared to before the COVID-19

pandemic,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

HOW IT HAPPENS

“The mechanism for triggering stress cardiomyopathy is not completely understood, but it’s possible that there is a link between the brain and the heart where you have a high activation of neurons in the brain stem,” says Dr. Chaaban. “These in turn secrete a tremendous amount of stress hormones and neuropeptides, which could be captured by the receptors of the heart, leading to a temporary dysfunction of an area in the heart.” However, the COVID-19 virus attacks the heart in many ways that are still not completely understood, he notes.

Stress cardiomyopathy has the same symptoms as a heart attack: chest pain, shortness of breath, sweating, dizziness, nausea and vomiting, weakness and pounding of the heart. In addition to being triggered by intense emotion, it can be caused by significant physical stress, such as a severe asthma attack or a broken bone.

“Many times, a patient comes in with what presents as a heart attack, and we discover it was actually stress cardiomyopathy only after further testing, such as an echocardiogram or angiogram,” says Dr. Chaaban.

Women, especially those over 50, seem to be more at risk of emotion-caused stress cardiomyopathy. When men have the condition, it is more often caused by physical stress.

MANAGING STRESS

“We don’t know why some people get stress cardiomyopathy and others don’t, but what we can tell patients is that they are highly likely to fully recover,” says Dr. Chaaban. “We generally need to provide supportive treatment for several weeks, with medications to help improve blood pressure, remove fluid from the lungs and prevent blood clots.” For very sick patients, a ventilator or an intra-aortic balloon pump may be needed.

Managing stress is the most important thing anyone can do to protect the heart, he says. “The best way to de-stress yourself is to live a healthy life—stay active, eat well and maintain a healthy weight as well as a positive attitude,” he says. “Life is stress, but you can learn not to take things personally and become more resilient to whatever life throws at you.”

The most urgent message Dr. Chaaban has is for people to pay attention to their symptoms. “If you’re stressed out and suddenly feeling chest pain, don’t ignore it,” he says. “Get checked as quickly as possible. Call 911 or go to the Emergency Department. That’s a controlled environment where we can help you and support you until the stress has passed and your heart has healed.”

Your heart doesn’t beat just for you. Get it checked. To find a cardiac specialist at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/heart.





GETTING THE MOST OUT OF TELEHEALTH

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

Not long ago, virtual doctor visits—appointments conducted via video or phone—were relatively rare. Now they're commonplace, and they're here to stay. "The pandemic gave telehealth a jump-start, but I believe it will become a permanent part of the healthcare delivery system," says Andy Anderson, MD, President and Chief Executive Officer of the combined medical group of RWJBarnabas Health and Rutgers Health. "We are seeing ever-increasing use of our RWJBarnabas Health TeleMed services."



ANDY ANDERSON, MD

Telehealth can be used for primary and routine medical care, as well as for some aspects of specialty care. "There's still enormous value in

face-to-face appointments and physical examinations, and that will never go away," says Dr. Anderson. "But telehealth has many uses, both for convenience and for making and maintaining the doctor-patient connection." Here, he explains why.

Can a wellness visit be done through telehealth?

A good deal of preventive screening can be done this way. A doctor can ask, "Have you had your mammogram? Have you scheduled your colonoscopy? What kind of diet are you consuming? Are you sleeping well?" Patients can self-report their weight and, if they have a blood pressure cuff at home—as many patients do—their blood pressure numbers. A doctor can screen for cognitive issues, give referrals, advise on a plan for self-care and recommend future tests and appointments.

Telehealth is not, clearly, a full substitute for an in-person visit and

examination. But it is a valuable way for people to get many of their healthcare needs met.

Besides wellness visits, what other kinds of primary care can be conducted virtually?

If you have an acute issue—for example, a cut or sprain, or a possible urinary tract infection—telehealth is a way to sort out the next steps, such as a doctor office visit, trip to urgent care or a prescription.

Also, aspects of care for chronic conditions like diabetes, heart failure and high blood pressure can be managed via telehealth. A doctor can ask about blood sugar levels, about symptoms and about medication side effects. The physician can see certain symptoms over video, such as swelling in legs.

Chronic disease management should be done in a combination of in-person and telehealth visits. But many patients have been very happy to have routine check-ins take place in a video visit, sparing them time they'd have to spend traveling to the doctor's office.

When an in-person visit isn't practical, why not just have a telephone call?

We encourage a video visit whenever possible, and fortunately, the technology for having one has become very simple to use. There's a huge visual component to communication—body language, expression. It's important to see the patient and have them see you when you're counseling or coaching them, or asking about side effects.

Are there any special issues for children?

For kids, much of their preventive care has to do with getting vaccines on schedule, so they'll need in-person visits more than most adults.

Can telehealth be used for COVID-19 screening?

Absolutely. In fact, it's a very important screening tool because, ideally, you don't want a person to show up to a medical office and potentially expose other people. An initial screening can be done effectively over the phone or via a video call by asking about the patient's health history and symptoms. Then prescriptions, tests or other next steps can be arranged as needed. The same is true, by the way, for people who have a bad cold or the flu.

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



DO YOU NEED A MAMMOGRAM?

BREAST CANCER SCREENING SAVES LIVES—AND GETTING A MAMMOGRAM IS SAFER THAN EVER.

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.

DON'T DELAY. SCHEDULE TODAY.

Early detection can be lifesaving. If you've put your mammogram on hold due to the pandemic, wait no more. Safety protocols for breast screening are firmly in place, including:



Screening for COVID-19 symptoms upon entry



Strict social distancing measures



Enhancing already rigorous cleaning and disinfecting practices



Mandating a mask or face covering for all patients and staff.

HOW TO REDUCE YOUR RISK



Perform breast self-exams.



Maintain a healthy weight.



Stay active and exercise.



Eat fruits and veggies.



Limit alcohol consumption.

NEED-TO-KNOW NUMBERS



40%

Since 1990, mammography has helped reduce breast cancer deaths by 40% in the U.S.

98.9%

5-year survival rate for stage I breast cancer

3.5 million

breast cancer survivors in the U.S.

1 in 8

U.S. women will have breast cancer in her lifetime



50 YEARS OLD

the age at which women of average risk should begin annual mammograms



1 in 6

breast cancers occur in women aged 40–49

75%

of breast cancer patients have **no family history** of breast cancer

To make an appointment for a mammogram at RWJUH Rahway, call **888.724.7123** or visit www.rwjbh.org/mammo.

HEART TESTS FOR EVERY BODY

CARDIAC CHECKUPS CAN BE YOUR KEY TO PROTECTING YOUR HEALTH. HERE'S A GUIDE TO SOME OF THE MOST COMMON TESTS.

You may know that heart disease kills one in four Americans and is the nation's leading cause of death. Fortunately, many heart conditions can be prevented or treated—especially if you catch them or their warning signs early with appropriate tests.

“Start by getting regular checkups with your primary care physician, who can listen to your heart, order screening tests and assess your risks,” says cardiologist Danny Wang, MD, of



DANNY WANG, MD

Robert Wood Johnson University Hospital (RWJUH) Rahway. If screening tests find reasons for concern, you may be referred to a cardiologist for further testing to investigate underlying conditions and determine next steps.



BLOOD PRESSURE

WHAT IT IS: A measurement of the force that blood exerts on arteries as your heart pumps.

HOW IT'S DONE: A healthcare professional places a cuff around your upper arm, inflates it to compress an artery, then slowly releases it while monitoring your pulse.

WHY IT'S IMPORTANT: High blood pressure triggers no symptoms but greatly increases your risk of heart disease.

WHEN YOU MAY NEED MORE TESTS: Healthy adults should get blood pressure checked at least once a year, but your doctor may check more often if your reading is higher than 120/80 or you have risk factors.



BLOOD GLUCOSE

WHAT IT IS: A gauge of blood sugar levels that reflect the presence or risk of diabetes.

HOW IT'S DONE: A variety of blood tests assess glucose levels; some require fasting.

WHY IT'S IMPORTANT: Untreated diabetes substantially increases your risk of heart disease, but elevated blood glucose that's caught early can be reversed.

WHEN YOU MAY NEED MORE TESTS: Your doctor may test blood glucose more frequently if you're overweight or if you have additional cardiac risk factors like high blood pressure or cholesterol.



LIPID PROFILE

WHAT IT IS: A blood test that checks circulating levels of fatty substances such as cholesterol (total, LDL and HDL) and triglycerides.

HOW IT'S DONE: A healthcare professional uses a small needle to draw blood into a vial that's sent to a lab for analysis. Fasting may be required before the test.

WHY IT'S IMPORTANT: High levels of LDL cholesterol and triglycerides boost your risk of heart disease, while HDL is protective.

WHEN YOU MAY NEED MORE TESTS: Healthy adults should get a lipid profile every four to six years, but your doctor may order screenings more often if your numbers are worrisome or you have risk factors like a family history of heart disease.



ELECTROCARDIOGRAM (EKG or ECG)

WHAT IT IS: A measurement of electrical activity in the heart as it beats.

HOW IT'S DONE: Electrodes affixed to your chest, arms and legs convey your heart's electrical signals through wires to a computer.

WHY IT'S IMPORTANT: Abnormal electrical activity can indicate conditions such as irregular heartbeat, clogged arteries, heart damage, heart failure or a heart attack.

WHEN YOU MAY NEED MORE TESTS: Cardiac electrical activity can vary throughout the day, but an EKG only offers a minutes-long snapshot. A portable Holter monitor can record electrical readings over 24 to 48 hours for a more complete picture.

Your heart doesn't beat just for you. Get it checked. To find an RWJUH Rahway cardiac specialist, call **888.724.7123** or visit www.rwjbh.org/heart.



ECHOCARDIOGRAM

WHAT IT IS: An ultrasound scan that generates measurements as well as still and moving images of the heart's interior, including its chambers, blood vessels, valves and blood flow.

HOW IT'S DONE: An instrument called a transducer creates images as it's moved over the skin of your chest and torso.

WHY IT'S IMPORTANT: Obtaining information about your heart's size, shape, movement, strength and function can reveal problems including faulty valves, structural abnormalities, heart attack damage, inflammation and heart failure.

WHEN YOU MAY NEED MORE

TESTS: If a standard echocardiogram doesn't provide enough detail, you may need an invasive transesophageal echocardiogram (TEE), in which you're sedated and a transducer is inserted down your throat to a position closer to the heart.



EXERCISE STRESS TEST

WHAT IT IS: A way for your doctor to know how your heart responds to exertion.

HOW IT'S DONE: You walk on a treadmill or pedal a stationary bike while your heart rate, blood pressure and electrical rhythms are tracked.

WHY IT'S IMPORTANT: The stress test allows a doctor to see if enough blood flows to your heart as you get more active, whether your heart rhythms are normal and more.

WHEN YOU MAY NEED MORE

TESTS: More tests may be needed if the test results are unclear; if you have other risk factors for heart disease that raise concern; or to confirm results that indicate coronary artery disease.



CHEST X-RAY

WHAT IT IS: A black-and-white, 2D image that shows your bones, lungs and heart.

HOW IT'S DONE: You stand between a machine that generates X-rays and a plate that captures the image.

WHY IT'S IMPORTANT: Chest X-rays can reveal heart-related lung conditions such as fluid resulting from congestive heart failure, problems with blood vessels near the heart and abnormalities in the heart's size and shape.

WHEN YOU MAY NEED MORE

TESTS: If needed, your doctor may order further imaging tests that reveal details not visible on an X-ray, such as internal heart structures.



NUCLEAR STRESS TEST

WHAT IT IS: Similar to the exercise stress test, but with images.

HOW IT'S DONE: A small amount of radioactive dye is injected, and then two sets of images are taken with a special camera, one while the patient is at rest and another after exertion.

WHY IT'S IMPORTANT: May be recommended if an exercise stress test doesn't pinpoint the cause of symptoms.

WHEN YOU MAY NEED MORE

TESTS: If results indicate blockages or damage, a coronary angiogram, also known as cardiac catheterization, may be done.
Note: Patients who can't do exercise for the test may get a **pharmacological nuclear stress test**, in which a medication is injected to mimic the effects of exercise.



CT SCAN

WHAT IT IS: An imaging method called computed tomography (CT) in which X-rays taken from multiple angles produce detailed, 3D images of the heart and its arteries.

HOW IT'S DONE: You lie on a table that slides into a large, tunnel-like machine in which X-ray beams rotate around you.

WHY IT'S IMPORTANT:

CT scans can reveal coronary artery plaque buildups that threaten the heart, along with valve problems, inflammation and pumping deficiencies.

WHEN YOU MAY NEED MORE

TESTS: If your doctor is concerned about your exposure to X-ray radiation or needs greater accuracy for specific conditions, you may receive a magnetic resonance imaging (MRI) test to take detailed images using magnets and radio waves.



CARDIAC CATHETERIZATION

WHAT IT IS: A diagnostic procedure in which a cardiologist inserts a thin tube called a catheter into a blood vessel (typically in the groin) and threads it to your heart to obtain images or samples.

HOW IT'S DONE: The procedure typically takes place in a hospital catheterization (cath) lab under light sedation. You may be injected with a dye that makes blood vessels more visible.

WHY IT'S IMPORTANT: Cath images can show if blood vessels supplying the heart are narrowed or blocked, and a procedure to open them may be done during the same catheterization.

WHEN YOU MAY NEED MORE

TESTS: If you need a procedure, such as open-heart surgery, more tests may be required to prepare for your operation.



HUSBAND-AND-WIFE WEIGHT LOSS

**A DEVOTED COUPLE WENT FROM FIT TO OVERWEIGHT TO BACK TO A HEALTHY LIFESTYLE—
WITH THE HELP OF WEIGHT LOSS SURGERY.**

Charles and Diane Evans were high school athletes in northern New Jersey who first bonded over a shared love of sports.

Forty years—and 35 years of marriage—later, they have recommitted themselves to health and fitness. Both underwent bariatric surgery last year at the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway.

They're happy they did. "It's changed how we feel about ourselves, how we look at ourselves, how others look at us—all for the better," says Charles.

BUILDING A LIFE

"Charles wrestled in high school and I was on the track team," says Diane. "We didn't date then, but a couple of years afterwards

we would run into each other occasionally when we both went back to the high school to help out with the teams." The couple transferred to the same college to be together.

They married in 1986 and had their first child the day before their first anniversary. It wasn't long before they were busy with demanding careers and three young children. "Life catches up with you," says Diane, who was commuting into Manhattan for her job with the Army Corps of Engineers. (Charles is a supervisor of field operations for the New Jersey Department of Community Affairs.) "We were sports parents, taking carloads of our kids and their friends to their various activities and games but not being very active ourselves. There wasn't really time to cook and eat at home, so we started getting a lot of fast food."

They gained a lot of weight, and they tried various weight

loss programs, fad diets and over-the-counter remedies. “Our weight started yo-yoing up and down,” she continues. “We’d lose the weight and put it back on.” Eventually, Charles reached 320 pounds, while Diane reached 268 pounds.

With the extra weight came health problems. “I developed high blood pressure and an enlarged heart from the additional weight,” says Charles. “I also had knee problems, which became worse because the weight put pressure on the joints.” Diane also developed high blood pressure and Type 2 diabetes as well. “And I had congenital arthritis, so extra weight was killing my joints, too,” she says.

The couple’s primary care provider suggested they consider bariatric surgery, which causes weight loss by restricting the amount of food the stomach can hold. “He said it would help us change our life,” says Charles. “Based on his advice, we set up an appointment.”

NEW CHOICES

Having bariatric surgery doesn’t mean you can forego healthy eating and regular exercise. A balanced diet and exercise are required to maintain weight loss post-surgery. Surgery, however, is a tool to help those healthy habits be even more effective.

“Like many patients, by the time Mr. and Mrs. Evans came to us, they were ready to make a positive change in their lives,” says Bariatric Program Coordinator Dianne Errichetti, RN. “They were tired of not feeling good, feeling fatigued, taking medications. It’s empowering for them to take the initiative for their long-term health.”

Charles and Diane had a full workup, meeting with a gastroenterologist and having an endoscopy, blood work and psychiatric consult. They also had three visits with a nutritionist, where they talked about healthy eating and how to make good choices.

“We started eating better even before the surgery,” Charles says. “No more fast food, no more eating late in the evening. Diane wasn’t working in the city anymore, so that made things a lot easier. We also started walking on our own, as much as Diane’s arthritis would allow. The biggest thing was that we made a commitment to do this together.”

The couple was given information about the various kinds of bariatric surgery available. Both chose to have a gastric sleeve procedure, in which 70 percent of the stomach is removed. “People who undergo this type of surgery get adequate weight loss and help with existing health conditions, but they have normal digestion,” Errichetti explains.

Weight loss occurs not just because the stomach is smaller, but because of hormonal changes caused by the surgery. “In morbid obesity, there is a complex underplay of many hormones that are produced by the gut [intestines] and affect the brain and signal fullness after a meal,” explains Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program. “Metabolic surgery corrects an underlying hormonal discrepancy, which reduces appetite and cravings and promotes a feeling of satiety after eating.”



ANISH NIHALANI, MD



Diane and Charles Evans say they now have a lot more energy and love being active with their grandkids since their April 2019 bariatric surgeries. Above, a photo taken in February of this year; opposite page, the couple in May.

The Evanses had their surgery, performed by Dr. Nihalani, just over a week apart in April 2019.

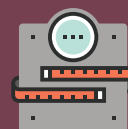
ENERGY RETURNS

“Two months later, my weight was down to about 290, and I currently weigh 240,” says Charles. “I have a lot more energy and I can run around with my grandkids, which was one of the reasons I wanted to have the surgery.”

For Diane, the weight loss has been slower, but still impressive. “I’m down to 198, which isn’t yet where I want to be,” she says. “Dr. Nihalani says I should lose about 20 more pounds, so that’s what I’m working on now. I know the last little bit is always hard.”

The couple agrees that the surgery has changed their lives for the better. “It’s helped us not only lose weight, but change our lifestyle,” Charles says. “Everything used to be centered around food. We used to live to eat, but now we eat to live.”

To learn more about weight loss surgery at RWJUH Rahway, call **732.499.6300** or visit www.rwjbh.org/weightloss.





After a knee replacement at RWJUH Rahway, Edgar Fernando Munoz is ready to get back to teaching mixed martial arts and riding his Harley.

dog, and I couldn't wait to get back to those things."

At RWJUH Rahway, joint replacement patients attend a pre-surgery education class to learn about the surgery, as well as to prepare for recovery and therapy goals. In June, Edgar had his knee replacement, and the next day he began both occupational and physical therapy while he was still in the hospital.

THERAPY GOALS

In occupational therapy (OT), the focus is on activities of daily living and self-care, explains Betty Llamas, Occupational Therapist for RWJUH Rahway. "Knee replacement patients have to relearn how to do everyday things—like getting in and out of bed and managing in the kitchen—safely in order to protect their new joint."

Most joint replacement patients have two OT sessions per day while they are in the hospital, she explains, but Edgar progressed to independence in one session. "We were thrilled that he made such rapid progress," Llamas says.

Edgar also began physical therapy (PT) the day after his surgery and continued as an outpatient for three sessions a week. "Each person in our outpatient PT program receives individualized attention and stays with the same physical therapist during the two to three months of the program," explains Mario Aliguayon, Physical Therapist for RWJUH Rahway. "In general, during the first two weeks, a patient can expect to perform light exercises to protect the incision, and to do specific exercises at home. After about six weeks, we progress to resistance and strengthening exercises.

"Edgar never quits, even though stretching is painful," Aliguayon continues. "His motivation and positive attitude will help him achieve his goals."

"I am so grateful to the RWJUH Rahway team for their expertise, compassion and encouragement," says Edgar. "It feels great to live life again."

KNEE REPLACEMENT SURGERY AND PHYSICAL THERAPY WERE WINNING MOVES FOR A FORMER KICKBOXER.

Edgar Fernando Munoz, 56, knows all about meeting challenges.

"I began kickboxing at age 20 and then started training and competing in Muay Thai, a type of kickboxing that involves fighting," explains Edgar, who no longer practices the sport but has taught mixed martial arts at a local police academy. "I competed in several world championships and won many awards, but my knee has paid a price for the glory."

Over time, the constant blocking and direct blows to Edgar's left knee resulted in severe osteoarthritis, a debilitating

condition in which the smooth cushion between bones (cartilage) breaks down. After suffering knee pain and increasing disability for 10 years, the 56-year-old grandfather of six underwent a total knee replacement at Robert Wood Johnson University Hospital (RWJUH) Rahway.

The surgery had been scheduled for March, but the COVID-19 crisis suspended elective surgeries for a time. In June, much to Edgar's relief, joint replacement surgery resumed. "The hospital called to reschedule and I immediately said yes," says Edgar. "I could no longer swim, bike or walk my

To learn more about joint replacement surgery at RWJUH Rahway, call **888.724.7123** or visit www.rwjbh.org/ortho. To learn about outpatient physical and occupational therapy at RWJUH Rahway, call **732.499.6012**.



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 7 to 8 p.m., first Tuesday of every month in 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.

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.

WEIGHT LOSS SURGERY SUPPORT:

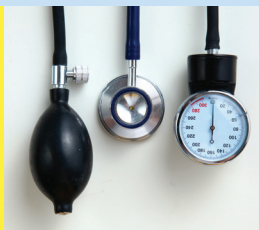
Get started on a path to better health with weight loss surgery. Virtual seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.

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.

Let's Focus on Your Health



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

As a high reliability organization, we've taken every precaution and continue to provide healthcare services. We adhere to all public health guidance and regulatory policies. This means stringent cleaning and disinfection throughout our facilities, including equipment and surfaces, frequently and between patients. And we're actively screening team members, patients and visitors for symptoms and temperature upon entering a facility.

For your safety, all outpatient testing and therapy now requires an appointment. Call us at one of the numbers below and for some services we will work to get you an appointment on the same or the next day.

- Diagnostic radiology, stress and other cardiac testing **844.795.4968**
- Bariatrics/weight loss surgery **732.499.6300**
- Cardiac rehabilitation **732.499.6056**
- Diabetes **732.499.6109**
- Pulmonary rehabilitation **732.499.6208**
- Physical therapy, occupational therapy, speech therapy at RWJUH Rahway **732.499.6012**
- Physical therapy at the RWJ Rahway Fitness & Wellness Center, Scotch Plains **908.389.5400**
- Physical therapy at the RWJ Rahway Fitness & Wellness Center, Carteret **732.969.8030**

Learn more at www.rwjbh.org/WelcomeBack.

First Health Urgent Care in Clark & Edison

Urgent and Primary Care

Some things shouldn't or can't wait for an appointment.

First Health, an RWJBarnabas Health medical group provider affiliated with Robert Wood Johnson University Hospital Rahway, combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers **quick and high-quality care** for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.



As an RWJBarnabas Health medical group provider, First Health is now Horizon Blue Cross Blue Shield OMNIASM Health Plan Tier 1-designated and accepts most major insurances.

We treat your non-emergency medical needs including:

- ▶ Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- ▶ Chronic conditions and breathing disorders
- ▶ Skin, hair and nail conditions
- ▶ Immunizations, vaccinations and physicals
- ▶ Preventive care testing and evaluations

TWO Convenient Urgent Care Centers in the area affiliated with RWJUH Rahway.

First Health - Clark
152 Central Avenue
Clark, NJ 07066

Open
Monday - Thursday: 7 am - 7 pm
Friday: 7 am - 5 pm
Saturday: 7 am - 3 pm
Sunday: Closed
Please call for holiday hours.

732-382-9700

First Health - Edison
10 Parsonage Rd #102
Edison, NJ 08830

Open
Monday - Thursday: 8 am - 7 pm
Friday: 8 am - 5 pm
Saturday: 7 am - 3 pm
Sunday: 9 am - 3 pm
Please call for holiday hours.

732-662-4680

Walk-Ins Welcome