

A Publication of
SAINT BARNABAS MEDICAL CENTER

Winter 2021

healthy

together

**JOINT
REPLACEMENT
GETTING IT RIGHT**

**COVID-19
RECOVERY
HELP IS HERE**

**10 MINUTES TO
SAFER SKIING**

**FINDING THE
BEST CANCER CARE**



Stronger Together

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

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

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

At Saint Barnabas Medical Center, we have worked diligently to keep the community informed and connected with virtual educational events and programs that address community questions and concerns, and provide the latest information around the pandemic. Our social media channels are filled with important information to keep you and your family healthy. Now more than ever, please consider following us for our latest news and programs on Facebook or Instagram (see addresses below).

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

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

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



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



HEALTH NEWS

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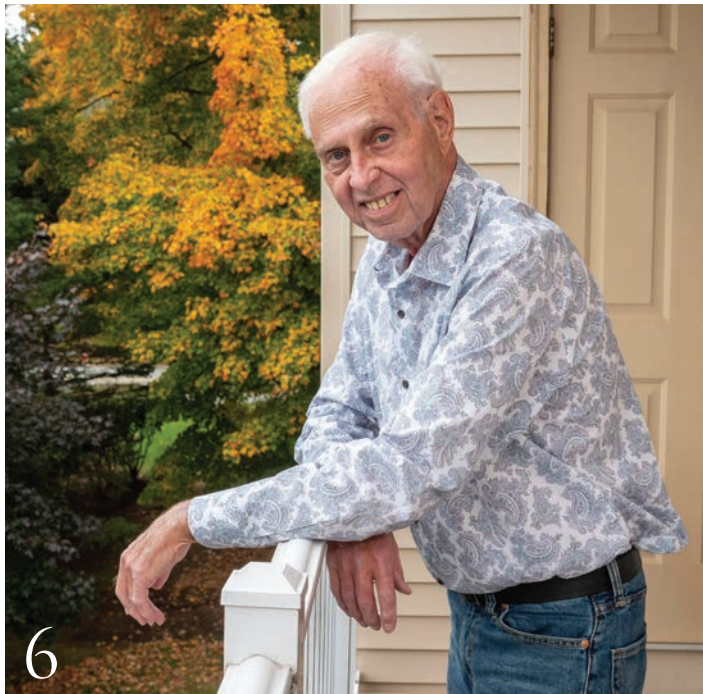
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healthy *together* contents

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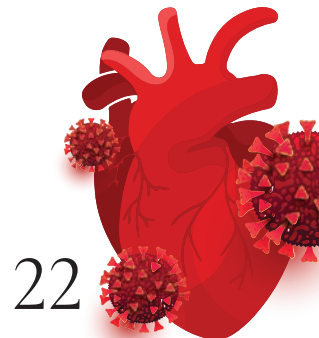
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We've taken every precaution to keep you safe. So if you've put off care due to COVID-19, please don't delay it any longer.



BREATHE EASIER THIS WINTER

DON'T LET COLD AIR KEEP YOU FROM BEING ACTIVE.

Cold, dry winter air can lead to breathing problems. Why is that, and what can people do about it? Elena Burke, MD, a pulmonologist and intensivist at Saint Barnabas Medical Center Pulmonary Consultants in Millburn and a member of RWJBarnabas Health Medical Group, explains.

How can we minimize the effect of cold air on breathing?

With certain conditions, like asthma and COPD [chronic obstructive pulmonary disease], cold air can cause airways to constrict, making it harder for air to move in and out. This can cause these chronic



ELENA BURKE, MD

conditions to be aggravated or become more symptomatic, making it even more important to continue your normal medications and tell your doctor if you're

experiencing worsened symptoms.

Viruses also tend to be worse in the winter months, so everyone needs to be taking precautions such as washing hands frequently, wearing a mask and avoiding unprotected close contact with people outside of your household—especially indoors, as viruses can be spread through droplets or through the air.

I also strongly encourage everyone to protect themselves by getting the flu vaccine. Even though we're well into flu season, it's not too late. Talk with your doctor about whether you need the pneumonia vaccine as well.

Is it OK to exercise outdoors?

Working out or running in cold weather can trigger breathing problems for some people. If you wrap a gaiter around your neck and over your mouth, you'll breathe in warmer air and you may find it easier to exercise.

Whether you do it indoors or out, it's very important to continue to exercise throughout the winter. The more you move, the stronger you'll be. Exercise also

HELP FOR ASTHMA

Saint Barnabas Medical Center offers an Asthma Self-Management Education Program, the only adult and pediatric program in the nation to receive certification through the American Association for Respiratory Care. For more information, call our Certified Asthma Educator at **973.322.5093**.

lifts the mood and is a way of taking care of our mental health.

When should a person worry about a winter cough?

The cause of a cough often depends on how long it's been present. For example, after a viral infection, a cough can linger for up to three weeks, and supportive care—like drinking tea with honey—may be all that's needed. Warning signs would include continued fever, getting better and then sick again, coughing up blood or struggling to breathe.

For a more chronic cough, I would look into treating the most common causes such as asthma, heartburn or allergies. We can also use pulmonary function tests, X-rays or CT scans and blood tests to look for other causes.

What other conditions are you treating at Pulmonary Consultants?

I am a general pulmonologist and am happy to see all types of conditions or symptoms.

That said, I have a special interest in interventional pulmonology, including advanced procedures such as bronchoscopies, which can diagnose lung cancer at a very early, treatable phase. I'm also very interested in interstitial lung disease, a group of diseases that's caused by either inflammation or scarring of the lung tissue.

Pulmonology often requires a team-based approach, where the pulmonologist works closely with the patient's primary care doctor and perhaps a rheumatologist, a thoracic surgeon or any one of a number of specialists. At Saint Barnabas Medical Center, all these specialists coordinate closely on a patient's care.

Saint Barnabas Medical Center Pulmonary Consultants is located at 235 Millburn Avenue, Suite 101, in Millburn. To make an appointment, call **973.376.8034** or visit www.rwjbh.org/sbmcpulmonary.



IS IT A COLD, FLU OR COVID-19?

HERE'S HELP FOR KNOWING WHAT YOUR CHILD'S SYMPTOMS MAY MEAN.

	COLD	FLU	COVID-19
HOW IT SPREADS	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it
KEY SYMPTOMS	Mainly upper respiratory: nasal congestion, sore throat, headache, possibly mild cough	Fever, chills, muscle aches, exhaustion, runny nose, sore throat, headache, possible nausea, vomiting, diarrhea	A wide range, including fever, cough, shortness of breath; sometimes, lack of taste or smell, which may come on suddenly. Some people experience only a few of these symptoms, or none at all.
HOW IT'S DIAGNOSED	No test; diagnosis based on symptoms	Swab test performed by healthcare provider	Usually swab or saliva test performed by healthcare provider
TREATMENT	Bed rest, fluids, acetaminophen or ibuprofen for headache. Consult physician for cough and congestion medications.	Bed rest, fluids, acetaminophen or ibuprofen for fever. Consult physician for cough, congestion and nausea medications. In severe or high-risk cases, antiviral medications may be prescribed.	COVID-19 treatments are still in the development stage.
RECOVERY TIME	A few days to two weeks	A few days to two weeks, if no complications, such as pneumonia, develop	For mild cases, about two weeks; for more severe cases, six weeks or more, and hospitalization may be required
PREVENTIVE MEASURES	Wash hands frequently; don't touch face; avoid close contact with infected persons.	Wash hands frequently; don't touch face; avoid close contact with infected persons. Annual flu vaccine is recommended for most people aged 6 months and older.	Wash hands frequently; don't touch face; age 2 and older, wear mask; maintain 6 feet of distance from other people outside your home; avoid close contact with infected persons.

These days, parents see upper-respiratory symptoms in their children and worry that they may indicate COVID-19. "If you're concerned, reach out to your child's physician," says Robert Deutsch, MD, Clinical Director of the Pediatric Emergency Department (ED) at Saint Barnabas Medical Center. "However, don't hesitate to come to our Pediatric ED if you feel the symptoms warrant it. We have taken every precaution necessary to keep patients, visitors and staff safe."

A young child is more likely to have a cold or the flu than the coronavirus, Dr. Deutsch says. "However, we do see incidences of COVID-19 in all ages. It's important to seek medical attention when it's needed."

Take safety measures as well, he advises: Wash hands, wear a mask, practice social distancing and get a flu shot. "The flu season lasts through April, so it's not too late to get the shot," he says.



ROBERT DEUTSCH, MD

To find a pediatrician at Saint Barnabas Medical Center, call 888.724.7123 or visit www.rwjbh.org/saintbarnabas.





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

Bob Rudnick is doing well after the detection and removal of a large cyst on his pancreas. “I’ve been lucky,” he says.

PROACTIVE STEPS AGAINST PANCREATIC CANCER



CATCHING AND EVALUATING GROWTHS ON THE PANCREAS CAN SAVE LIVES.

At his routine physical exam in the fall of 2019, Bob Rudnick’s weigh-in showed that he had lost 13 pounds. The weight loss was unexplained, and his primary care physician was concerned. “He suggested I see a gastroenterologist,” says the Fairfield resident. “I’m lucky he did.”

An endoscopy and CT scan revealed

that Bob, 82, had a cyst on his pancreas. That generated another referral, to a surgeon with expertise in pancreatic cysts and the risks they pose: Russell Langan, MD, Chief of Surgical Oncology and Hepatopancreatobiliary Surgery at Saint Barnabas Medical Center and surgical oncologist at Rutgers Cancer Institute of New Jersey.

“It was an exceedingly large cyst—10 centimeters,” Dr. Langan says. “We often operate when cysts are a quarter of that size.”

Yet the concern was less the cyst itself than its potential to become pancreatic cancer. “As a cyst grows, the risk of cancer increases,” Dr. Langan says, “and it’s an aggressive malignancy.”

Bob was indeed fortunate his cyst was caught. Although pancreatic cysts sometimes cause weight loss and other symptoms, they often escape notice. “I was feeling like my normal self,” he says.

HIDDEN DANGER

“Most pancreatic cysts are found incidentally when you get scanned for something else,” Dr. Langan says. “But we believe 15 percent of Americans have a pancreatic cyst.”

Some people with a pancreatic cyst have a precancerous subtype. Treatment in these cases, when administered in time, can prevent cancer from developing. Some cysts don’t require immediate surgery but should be monitored regularly for particular changes that may suggest an increased risk of malignancy.

“Once you have pancreatic cancer, even a small, early-stage cancer can threaten your life,” Dr. Langan says. “We’ve made great strides in treating pancreatic cancer, but you could receive surgery, radiation and chemotherapy and this cancer still has the potential to come back. Therefore, high-risk pancreatic cysts should be removed prior to their developing into a pancreatic cancer.”

Still, many high-risk patients aren’t identified in a timely manner. “Not all practitioners are knowledgeable about cyst risks and guidelines for follow-up and interventions,” Dr. Langan says. “A lot of patients fall between the cracks. At Saint Barnabas Medical Center and



RUSSELL LANGAN, MD

RWJBarnabas Health, we have taken a strong approach with preventative medicine to catch things early.”

In Bob’s case, Dr. Langan recommended a

surgery known as a Whipple procedure, a complex operation in which a portion of the pancreas is removed along with other parts of the gastrointestinal tract, including a piece of the small intestine, bile duct and gallbladder. The pancreas, bile duct and stomach are then reconstructed.

A DECISION TO MAKE

“Dr. Langan didn’t want to push me, but he tells it the way it is,” Bob says. “He told me, ‘You can live with the cyst, but the implication of what’s going on in there is not good.’”

Dr. Langan advised Bob to think about it for a week, during which time Bob got a second opinion from a former colleague of Dr. Langan’s in New York. That surgeon’s verdict was the same.

Bob was mindful of famous people who have developed or died from pancreatic cancer. Recent examples include Supreme Court Justice Ruth Bader Ginsburg, Congressman John Lewis and “Jeopardy” host Alex Trebek.

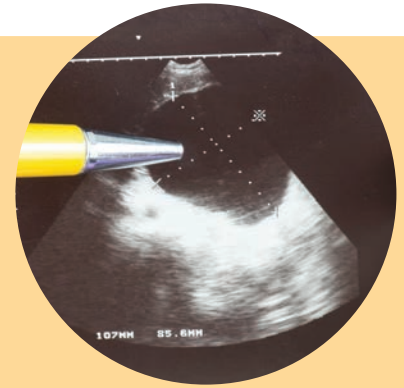
“Rather than live in fear, I thought, ‘I’ll have the operation,’” Bob says. “I elected to have Dr. Langan perform the surgery because I liked him and thought he was a good surgeon, and I could stay local rather than traipse into New York.”

“It’s important to have surgery at a high-volume center with high-volume surgeons,” Dr. Langan says. “At Saint Barnabas Medical Center, we check both those boxes.

“It’s not just about the surgeon but having a team of highly trained and experienced nurses and other specialists built around care pathways that help ensure a safe operation and postoperative recovery. That has a positive impact on rates of complications and on survival.”

Bob’s delicate operation took place in November 2019. “Thank God the cyst turned out to be benign,” he says. He says he felt no pain after surgery other than soreness from the incision.

“Even my scar is hardly noticeable,” Bob says. “I’ve been lucky on all counts.”



PANCREATIC CYSTS: SCREENING AND SURVEILLANCE

The Pancreatic Cyst Surveillance Program at Saint Barnabas Medical Center is a new, novel program helping people who are at risk. “The cancer risk from a pancreatic cyst can be as high as 60 percent and as low as 2 percent. The risk needs to be stratified and assessed by specialists, and we have a team that does that,” says Russell Langan, MD, Chief of Surgical Oncology and Hepatopancreatobiliary Surgery.

“Here at Saint Barnabas Medical Center, we have partnered with EON to build and roll out the country’s first pancreatic cyst surveillance platform. Our new cloud-based system automatically flags patients when scans discover pancreatic cysts so at-risk people can be contacted for potential follow-up.” Patients who elect to enroll in the program are set up to see a pancreatic expert and scheduled for the necessary screening, procedures or surgery.

“In many cases, surveillance will prevent people from needing an operation,” Dr. Langan says. “We do not take pancreatic surgery lightly and only utilize it when absolutely necessary. However, if needed, we are here for you.”

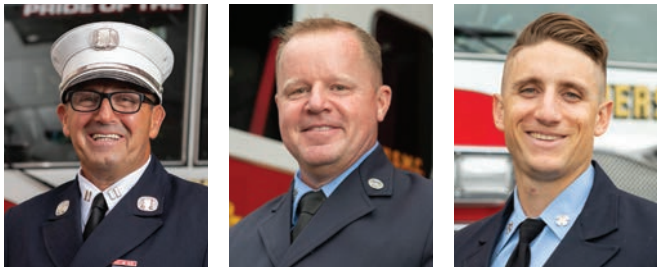
To learn more about the Pancreatic Cyst Surveillance Program at Saint Barnabas Medical Center, call **973.322.6652** or visit www.rwjbh.org/sbmc.



A SALUTE TO LIFESAVERS

SAINT BARNABAS MEDICAL CENTER RECOGNIZES AN ELITE GROUP OF COMMUNITY HEROES.

Each year, The Burn Center at Saint Barnabas Medical Center honors firefighters, first responders and civilians for their exceptional bravery in service to the community. The 2020 Valor Awards event was a virtual gathering that raised funds for The Burn Center, the only state-certified burn treatment facility in New Jersey. To see the full list of Valor Award recipients, visit www.rwjbh.org/valorawards.



CAPTAIN DANIEL MITCHELL, FIREFIGHTER JOHN KRUSE, FIREFIGHTER JORDAN LANG JERSEY CITY FIRE DEPARTMENT

Battling flames and smoke, Captain Daniel Mitchell and Firefighters John Kruse and Jordan Lang searched the second floor of a residential home. Finding a woman incapacitated and in respiratory distress, Kruse shared his self-contained breathing apparatus with her as the three firefighters coordinated a successful exit through the extremely dangerous space.



FIREFIGHTER RENE RIVERA PASSAIC FIRE DEPARTMENT

When Firefighter Rene Rivera put his ladder up to the second floor of a burning home, he found that the trapped resident wasn't able to fit through the window. Using his helmet and gloved hands, Rivera removed the window frame, then reached in to guide the man to the ladder. But, desperate to breathe, the victim went head first out of the window, forcing Rivera to use all his strength to keep them both from plummeting to the ground. Though both were injured, both firefighter and resident survived thanks to Rivera's actions.



BATTALION CHIEF BRIAN LOPAZANSKI PERTH AMBOY FIRE DEPARTMENT

Battalion Chief Brian Lopazanski was off duty when he spotted fire in a two-story house. After calling 911, he forced entry and located people trapped on the second floor. Lopazanski escorted them outside and returned to continue his search, still without any personal protective equipment. He found an elderly woman unable to escape the fire on her own and guided her out. With no thought to his own safety, Lopazanski cleared the building so firefighters could begin battling the blaze immediately on arrival.



FIREFIGHTER KENEYADA THOMPSON JERSEY CITY FIRE DEPARTMENT

While off duty, Firefighter Keneyada Thompson came across a building under heavy smoke. After calling fire dispatch, he ran into the building to conduct a search despite not having any personal protection or fire-suppression equipment. With the help of Kareem Howze, a civilian, Thompson successfully evacuated six people, then returned to continue searching. The three-alarm fire displaced 18 people and caused extensive damage to surrounding buildings.



FIREFIGHTER DENNIS GALVIN JERSEY CITY FIRE DEPARTMENT

After forcing entry to a second-floor apartment in a building engulfed by flames, firefighters were confronted by extreme hoarding conditions, which made it more difficult to locate the handicapped woman living there. When they found her, she was burned, disoriented and unable to move on her own. Firefighter Dennis Galvin immediately picked up the woman and carried her to safety.



PAUL C. YODICE, MD

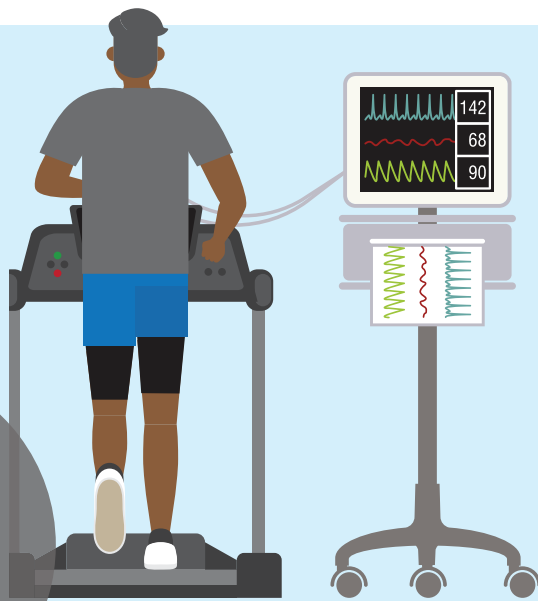
This year's Making a Difference Community Service Award was presented to Paul C. Yodice, MD, Chairman, Department of Medicine, SBMC, and the COVID Critical Care Team in recognition of their extraordinary effort and care during the COVID-19 pandemic.

To donate to The Burn Center at Saint Barnabas Medical Center, the only state-certified burn treatment facility in New Jersey, call **973.322.4330** or visit www.sbmcgiving.org.



FAST FACTS ABOUT

CARDIAC STRESS TESTS



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

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

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

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



SHARAN MAHAL, MD

WHAT HAPPENS DURING AN EXERCISE STRESS TEST?

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



STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

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



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

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



THERE ARE DIFFERENT KINDS OF STRESS TESTS.

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

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



CANCER SURGERY: PART OF A PLAN

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

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

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



H. RICHARD ALEXANDER JR., MD

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

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

COMPLEMENTARY TREATMENTS

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

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

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

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



CANCER CAN'T WAIT

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

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

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

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

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

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

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

NEXT STEPS

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

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

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

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

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

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

Cancer Institute or RWJBH facilities, including:

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

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

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





WHAT A HOSPITALIST CAN DO FOR YOU

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

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

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

Maninder "Dolly" Abraham, MD, has been a



MANINDER ABRAHAM, MD

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

What is a hospitalist?

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

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

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

How does the hospitalist manage a patient's care?

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

FAST FACTS ABOUT HOSPITALISTS



1996

IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



60,000

IT'S GROWING FAST

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



30%/20%

THEY SAVE TIME AND MONEY

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



March 4

NATIONAL HOSPITALIST DAY

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

Sources: Staffcare.com, Society of Hospital Medicine

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

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



FRANK GHINASSI, PhD



JESSICA ISRAEL, MD

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

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

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

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

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

How does social isolation affect seniors?

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

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

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

What are signs of depression?

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

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

How can loved ones help?

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

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



HOW TO THRIVE WHILE SOCIAL DISTANCING

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



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



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



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



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



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



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

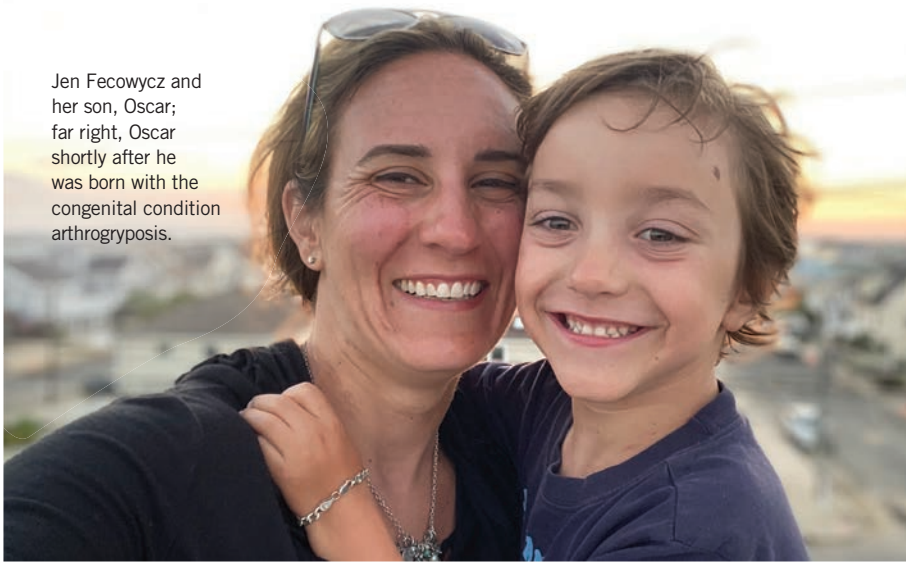


- **KEEP AND BUILD YOUR SOCIAL NETWORK.** A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it's via your phone or laptop, or the "old-fashioned" pen-and-paper way.

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



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



ONE STEP AT A TIME



Children's Specialized Hospital®

An RWJBarnabas Health facility

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

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

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

TRUSTING THE PROCESS

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

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

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

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

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

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

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

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

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

DO THIS BEFORE YOU HIT THE SLOPES

A SIMPLE PRE-SKI WARM-UP WILL REDUCE YOUR RISK OF INJURY.

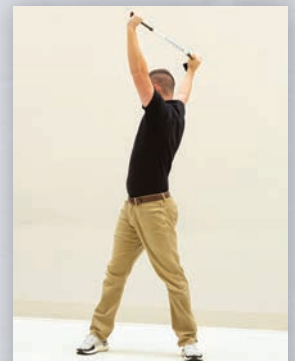
Warming up is important before any kind of exercise, but especially so for cold-weather sports, says Scott Fryczynski, PT, DPT, at the Outpatient Rehabilitation Center at Barnabas Health Ambulatory Care Center. “In cold weather, you want to be sure to get your blood flowing to warm up your muscles, which has been shown to reduce the risk of injury,” he says. He advises the exercises shown here for a pre-ski warm-up to prepare the major muscle groups in the hips, legs and trunk that are used while skiing. “These exercises should take no more than about 10 minutes,” he says, “and should be done immediately before you ski, when you’re already outside and wearing your ski clothes.”

Caution: Check with your physician to be sure you’re fit for these and any other exercises. If you’re having pain while exercising, make an appointment for an evaluation by a physical therapist.



Squats With Poles Into Heel Raise

- Hold your ski poles in front of you and stand with feet shoulder-width apart. Then, bend your knees and stick your butt out to perform a squat.
- While at the bottom of your squat, push down on your ski poles and extend your body to stand up straight and then up onto your toes into a heel raise.
- Repeat for two to three sets of 10.



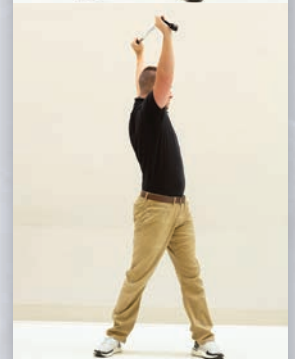
Hip Pendulums Side to Side

- Hold your ski poles in front of you. Swing one leg on a diagonal just in front of the opposite pole, keeping your knee straight.
- Swing your leg back toward where it came from, bringing it further backward and out to the side.
- Repeat for two to three sets of 10.



Trunk Side Bends

- Hold one pole overhead, feet shoulder-width apart. Keep your arms straight and bend as far as you can from side to side.
- Repeat for two to three sets of 10.



Trunk Rotations

- Hold one pole overhead, feet shoulder-width apart. Keep your arms straight and twist as far as you can from left to right.
- Repeat for two to three sets of 10.

For information about physical therapy and rehabilitation services at Saint Barnabas Medical Center, call **973.322.7500** or visit www.rwjbh.org/sbmcrehab.





JOINT REPLACEMENT: GETTING IT RIGHT

A PATIENT'S CHOICES INCREASE THE ODDS FOR A SUCCESSFUL JOINT SURGERY.

While no operation has a 100 percent success rate, it's worth asking some key questions in advance of orthopedic surgery to help ensure a good outcome. Between 3 and 4 percent of hip and knee surgeries are revisions—surgeries performed to compensate for problems with the original operation—according to the American Academy of Orthopaedic Surgeons.

A major part of planning is deciding where you'll have your procedure done. "Whether you are contemplating having a surgery for the first time, or whether things haven't worked out correctly from the original surgery, you want a medical center that has the ability and personnel to fix whatever issues you have," says Frank Liporace, MD, the new Chair of the Department of Orthopedics at Saint Barnabas Medical Center.

Here, Dr. Liporace offers his advice for people considering joint surgery.

What misunderstandings do people have about orthopedic surgery?

Some people think the surgery is debilitating, that the patient is in great pain afterward and prohibited from living his or her regular life for a long time. None of that is true.

Now, enhanced pain management protocols enable us to keep people's discomfort under control without the use of narcotics. Advancement in surgical techniques means the pool of people we can treat has greatly expanded, and the materials used to make joints have much more longevity than they did even a decade ago.

Depending on what you do for a living, you could be back to work within a week. I've even had some very Type A people go back to the office in two days.

What can cause an orthopedic surgery to go wrong?

A host of factors can contribute to problems with a surgery—infection, technical issues or something related to the patient's condition, such as osteoporosis or malnutrition.

However, the biggest factor in preventing complications is the orthopedist's attention to detail. Big problems can be avoided if signs are caught early on. These can include unfounded pain, redness, discoloration or a feeling of instability in the extremity during rehabilitation.

What should a patient look for in an orthopedic surgeon?

Do some research to check out the surgeon's training and years of experience, and to see whether the surgeon has been published in evidence-based national literature and has taught medical students and residents. You want somebody who's board-certified and well-respected in the field.

Word of mouth is also a highly reliable referral source. If the surgeon has a long waiting list for elective surgery, that's a sign that he or she must have had a lot of happy patients.

Because communication is so important, you should feel that you have timely access to evaluation and care from your orthopedic surgeon.

How about the institution where the surgery will take place?

Medical centers are ranked by many organizations for safety and quality. For example, Saint Barnabas Medical Center is one of only 29 U.S. hospitals to have received an "A" grade for safety in every assessment done by The Leapfrog Group, among many other awards and accreditations.

At Saint Barnabas Medical Center, we have some of the shortest lengths of stay for joint surgery patients in the tri-state area. We also have some of the lowest readmission rates and the highest rates of patients who go straight home after surgery, rather than having to go to a skilled nursing facility or inpatient rehab first.

Orthopedic patients should look for comprehensive care in a facility. They may need many musculoskeletal services, including rehabilitation, physical therapy, neurology, advanced imaging studies and infectious disease expertise. Here, we can offer all those services under one roof, at the Barnabas Health Ambulatory Care Center (ACC) at 200 South Orange Avenue in Livingston.

What's a typical journey of care for a joint replacement patient?

Let's say you come in to see us because your knee hurts. You'll get an exam and radiographic studies, and receive



FRANK LIPORACE, MD

MEET THE NEW ORTHOPEDIC CHAIR

"At Saint Barnabas Medical Center, we offer world-class care close to home," says new Chair of the Department of Orthopedics Frank Liporace, MD. "We're combining our comprehensive orthopedic services, along with our sports medicine and concussion

center, into one comprehensive musculoskeletal institute at the Livingston campus." A member of RWJBarnabas Health Medical Group, Dr. Liporace has designed orthopedic implants that are used around the world. He has made scientific presentations nationally and internationally and has more than 70 publications in peer-reviewed journals and 10 chapters in orthopedic textbooks.

a diagnosis. Then you'll be given options for care that are tailored to the specifics of your case.

The first step is to go through the nonoperative gamut of care—medication, injections, physical therapies and so on. It's important to know that many orthopedic issues can be treated nonsurgically. Because every surgery has the potential for complication, patients should not have an invasive procedure unless it is truly necessary.

Many patients come to a stopping point in their journey with nonoperative therapies because those treatments are enough to take care of their pain. For other people, the treatments work for a while, but the condition progresses and surgical options are considered.

If surgery is indicated, what's next?

If your options involve joint replacement, you could be cared for at the ACC or the main hospital. We can offer the latest treatments and techniques, such as robotic arm-assisted joint replacement for advanced accuracy.

In addition, we can convert a patient's CT scan into a 3D model of their knee and from there design an implant that precisely matches the size and shape of the patient's joint.

We are proud that we have a total joint program navigator to coordinate care for each patient. In addition, we invite all total joint patients to join education classes along with a friend or family member, so they'll know what to expect and have the best possible outcomes.

To learn more about orthopedic services at Saint Barnabas Medical Center, call **888.724.7123** or visit www.rwjbh.org/ortho.



RECOVERING FROM COVID-19

**AN INNOVATIVE NEW PROGRAM
TREATS LINGERING SYMPTOMS.**

For many COVID-19 patients, “getting better” is a long journey. “This is a new disease and our understanding of it is still developing,” says Stephen Zieniewicz, President and CEO of Saint Barnabas Medical Center (SBMC). “We are seeing patients who are experiencing ongoing health and behavioral impacts. Family members have been deeply affected as well.”

To meet these needs, SBMC has created the Post-COVID-19 Comprehensive Assessment, Recovery and Evaluation (CARE) program. CARE is designed for patients who are still having symptoms four or more weeks after a positive COVID-19 test, says Vanessa Trespalacios, MD, RWJBarnabas Medical Group provider and CARE Program Director.

ALL SPECIALTIES AT HAND

“Weakness and fatigue are common lingering symptoms of COVID-19, but we are hearing from patients with many different symptoms—pulmonary, cardiac, neurological. We’re also hearing about cognitive changes, such as ‘brain fog’ and lapses in memory,” says Dr. Trespalacios. “In many cases, patients’ primary care providers have become a little bit frustrated because patients have continuing symptoms that they can’t find a successful treatment for.”

Physicians involved with the CARE program have worked intensively with COVID-19 patients and have become, in effect, specialists in the field. “We’ve been spending these months consulting with other doctors from all over, reading reports and case studies, and gaining experience in treatments,” says Dr. Trespalacios. “You learn things as you go along—for example, one medication that works better than another for cough, or when the best time to begin steroids is.”

In addition, CARE patients have the advantage of being connected with SBMC’s and RWJBarnabas Health’s vast range of specialists. “Because we are such a complete system, we have excellent providers in multiple specialties,” Dr. Trespalacios explains. “We have their commitment that they will be able to accommodate our patients in a timely manner.”

Many of those specialists, as well as other services, are in the Barnabas Health Ambulatory Care Center at 200 South Orange Avenue in Livingston—the same place where the CARE program is located. “We have a full physical therapy and occupational therapy department right in the building, as well as a pharmacy and full radiology department,” Dr. Trespalacios says. “Patients will be able to get most of their testing in the same place, with visits to subspecialists in other locations as required.”

HOW IT WORKS

Knowing that complex medical care can be intimidating or confusing, the CARE program has a nurse navigator in place to guide patients. “As soon as a new patient calls, the nurse navigator will reach out to assess whether they are eligible for the program,” says Dr. Trespalacios.

To qualify, a patient must have a documented positive COVID-19 test. The nurse navigator will also take a thorough health history.

If the patient meets the requirements, he or she will receive a call from a clinical pharmacist to go through every medication taken, what seemed to help and what didn’t. “All of this happens before a patient even steps foot in the office,” says Dr. Trespalacios.

At an initial visit, a patient will receive a thorough physical, including checking strength and reflexes for any neurological deficits. “Further tests will be done depending on the nature of the complaint,” she says. “Even if you’ve had X-rays or cardiac tests in the past, it’s never a bad thing to have a second set of fresh eyes take a look.”



At the forefront of post-COVID-19 care: Stephen Zieniewicz, President and CEO of SBMC, with Vanessa Trespalacios, MD, Program Director, and nurse navigator Christina Davis, RN, CCRN, at the CARE offices.

EMOTIONAL AFTERSHOCKS

For post-COVID-19 patients, mental health issues can loom large. “I knew that Behavioral Health was the number one service I needed to make sure I had a commitment from,” says Dr. Trespalacios.

Many survivors suffer with a form of post-traumatic stress disorder, she explains.

“Imagine if, in the middle of a pandemic, you had to be intubated and be in the ICU for three weeks, without being able to see loved ones,” she says. “As good of a job as healthcare workers do, they are in full personal protective equipment, masked up, and all you can see are eyes. Patients often ended up with anxiety disorders stemming from this traumatic experience.”

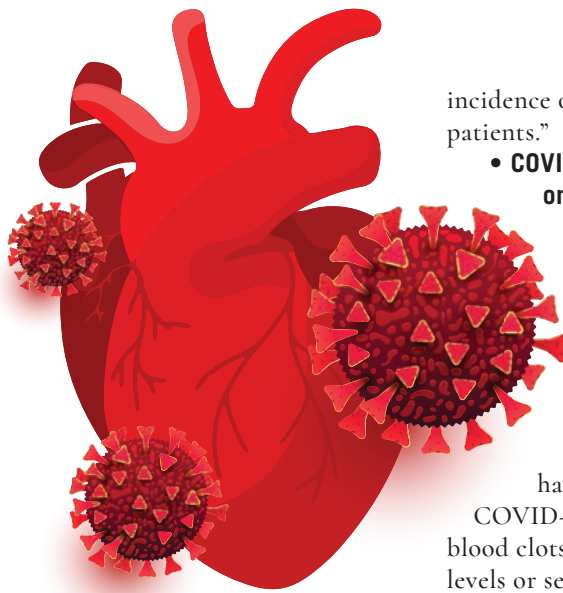
Other survivors struggle with grief. “One man who was sick had a wife who had to go to the ICU and a son who also had to go to the ICU, who later died,” she says.

“He is now suffering significantly from depression because of this loss. There are many patients like this. You can’t imagine what they, and their families, have gone through.”

“We knew this was a necessary resource and program to have for patients and their families,” Zieniewicz says. “This service is available to anyone in our community who has had COVID-19. Our doors are open to all.”

To learn more about the Post-COVID-19 CARE program at the Barnabas Health Ambulatory Care Center, call **888.COVID94**, visit **www.rwjbh.org/covidcare** or email **postcovidcare@rwjbh.org**.

TAKING CARE OF YOUR HEART DURING A PANDEMIC



WHAT TOP CARDIAC DOCTORS HAVE LEARNED IN A TIME OF COVID-19

“What we understand about COVID-19 is continuously evolving,” says Gary Rogal, MD, Chief of Cardiology at Saint Barnabas Medical Center (SBMC) and Medical Director of Cardiac Services at RWJBarnabas Health (RWJBH).

That’s why cardiac experts throughout the RWJBH system have ongoing discussions about the effects of COVID-19. In a recent webinar, Dr. Rogal moderated a discussion on the topic with his colleagues David Dobesh, MD, Director of Cardiac Electrophysiology at Jersey City Medical Center; Sarah Fan, MD, noninvasive cardiologist at SBMC; and Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery, RWJBH Northern Region. (All four doctors are members of RWJBarnabas Health

Medical Group.) Here are some of the things doctors have learned about COVID-19:

- **Cardiac patients are at higher risk of complications from COVID-19.** “Patients who have coronary disease or congestive heart failure are at much higher risk for all the possibilities of COVID-19, such as respiratory and neurologic complications,” says Dr. Fan.
- **The better controlled a cardiac condition is, the better the patient will fare with COVID-19.** Unfortunately, many people did not control their conditions well during the early part of the pandemic. “As a result, many ended up needing urgent procedures,” says Dr. Fan. “Taking care of your heart condition is more important than ever, for your overall health and in case you contract COVID-19.”
- **COVID-19 can lead to blood clotting, even in patients who had no underlying risk factors.** “We see COVID-19 patients with clots in the legs, in the lungs or even the heart chamber, which is very rare,” says Dr. Fan.

“We are also seeing a higher

incidence of strokes in COVID-19 patients.”

- **COVID-19 can lead to arrhythmia or atrial fibrillation (AFib).**

“AFib or arrhythmia by themselves do not appear to be risk factors.

However, many patients who were hospitalized with COVID-19 developed them,” says Dr. Dobesh. “That may have been related to other

COVID-19 complications, such as blood clots, high fever, low oxygen levels or severe pneumonia.”

- **Cardiac patients who are taking ACE inhibitors (medications to control high blood pressure) should continue taking them.** “Early on, there was some discussion that ACE inhibitors would potentially increase the protein in the body that binds to COVID-19,” explains Dr. Fan.

“Since then, we have found there is no difference in the mortality rate for people who are taking ACE inhibitors. Don’t stop any medication unless you speak to your doctor first.”

- **COVID-19 will not affect the functioning of an implantable device, like a pacemaker or defibrillator.** “The device will continue to work,” says Dr. Dobesh. “Keep monitoring it remotely. However, if you feel that your heart rate is elevated or you are alarmed about it in any way, do not hesitate to reach out to your physician.”

• **Cardiac patients should not fear being admitted to the hospital for surgery.** “Given the current restrictions, protocols, regulations and procedures we’ve put in place in our hospitals, I can say that patients who come to us are as safe as they would have been in pre-pandemic days,” says Dr. Salemi. “The units we utilize are separate and have not been exposed to COVID-19. Admissions or readmissions are a low-risk scenario.”

To see the full webinar, go to www.rwjbh.org/sbmcwebinars.



SARAH FAN, MD



GARY ROGAL, MD



ARASH SALEMI, MD

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



HEARTY GLUTEN-FREE SOUPS

THESE DELICIOUS DISHES HAVE NO GLUTEN AND LOTS OF HEALTH BENEFITS.

Soup, that comforting staple of winter, can present challenges for people who are following a gluten-free diet. “Many prepared soups include barley or couscous, or use flour as a thickener,” explains Michelle Pasia, MPH, RDN, Clinical Coordinator at the Kogan Celiac Center at the Barnabas Health Ambulatory Care Center. “Others use bouillon as a base, which can contain gluten as well.”

People on a gluten-free diet should check to be sure that soups they eat are made only with individual herbs and spices, Pasia advises. Spice blends or mixes may contain stabilizers, such as wheat flour or wheat protein.

Often, the best course for people who have celiac disease or gluten sensitivity is a homemade soup that’s packed with nutrition and fiber, like the recipes Pasia has provided here.



BLACK BEAN AND SWEET POTATO SOUP

Serves 6. “Gluten-free diets may be lacking in fiber, but the sweet potatoes and beans in this soup can fill that gap,” Pasia says.

INGREDIENTS:

- 1 teaspoon olive oil
- 1 cup chopped onion
- 1 bell pepper, chopped
- 2 cloves garlic, minced
- 4 cups sweet potato, peeled and chopped
- 2 tablespoons chili powder
- 1 tablespoon cumin
- 1 teaspoon smoked paprika
- 4 cups reduced-sodium chicken broth
- 2 15.5-ounce cans black beans, rinsed and drained
- 1 14.5-ounce can petite-cut tomatoes, no added salt

DIRECTIONS:

- In a stockpot, heat oil over medium-high heat. Add onion, pepper and garlic and cook for 5 minutes.
- Add sweet potato, chili powder, cumin and paprika; cook another 2 minutes.
- Add broth, beans and tomatoes and bring to a boil.
- Reduce heat, cover and simmer for 30 minutes.



VEGETABLE BEAN SOUP WITH TURMERIC

Serves 6. “This vegetable soup uses turmeric, which is great for supporting the immune system,” Pasia says. “You can also add shredded chicken to boost the protein in the recipe.”

INGREDIENTS:

- 2 15.5-ounce cans white beans, rinsed and drained
- 1 teaspoon olive oil
- ½ cup chopped onion
- 1 cup chopped carrots
- 3 stalks celery, chopped
- 3 garlic cloves, minced
- 1 15.5-ounce can red kidney beans
- 4 cups reduced-sodium chicken broth or vegetable stock
- 1 14.5-ounce can no-salt-added diced tomatoes
- 1 bay leaf
- 1 tablespoon dried basil
- 2 cups diced zucchini
- 3 cups chopped kale
- 2 teaspoons turmeric powder

DIRECTIONS:

- Mash 1 can of white beans with a blender or a fork and set aside.
- Add oil to a large stock pot and sauté onion, carrots, celery and garlic until fragrant, about 10 minutes.
- Add both cans of white beans, kidney beans, broth, diced tomatoes, bay leaf and dried basil and cook for 40 minutes.
- Add zucchini and kale and cook another 10 minutes. Stir in turmeric.
- Remove bay leaf before serving.

Note: This recipe can also be made in a slow cooker. Put all ingredients except zucchini and kale in slow cooker and cook on low for 6 hours. Add zucchini and kale and cook on high for another 10 minutes.

The Kogan Celiac Center at the Barnabas Health Ambulatory Care Center at 200 South Orange Avenue in Livingston provides education and support. For more information, call **973.322.7272** or visit **www.rwjbh.org/acc**.

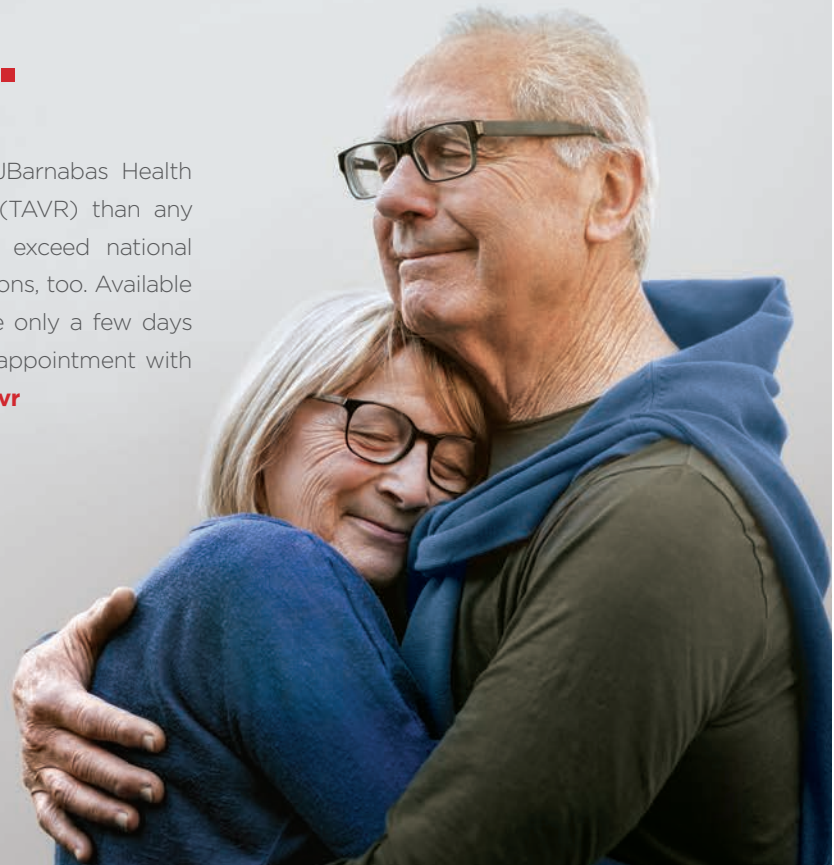
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