

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

SUMMER 2020

healthy *together*

**A FASTER
RECOVERY
FROM BREAST
CANCER**

**LIFE-CHANGING
TREATMENT FOR
HEARING LOSS**

**OVERCOMING A
SPORTS INJURY**

**CANCER CARE:
THE HUMAN TOUCH**

New Ways to Care

At RWJBarnabas Health, in addition to treating medical conditions, we actively engage on a variety of levels to promote the health and well-being of our communities.

That outreach takes many shapes, including healthy living classes, educational programs for seniors, partnerships with local arts organizations, providing healthy food and much more.

Social distancing and other pandemic-related restrictions haven't stopped these efforts, only changed their form. We're providing virtual support for all kinds of needs, including breastfeeding, perinatal mood and anxiety disorders, arthritis, addiction recovery and more. People who want to learn about wellness techniques, such as guided relaxation or chair yoga, can find what they need through our online programs. For a full list, visit www.rwjbh.org/events.

Meanwhile, we are creatively retooling signature events such as runs, walks and galas to include virtual participation. Our annual Running with the Devils 5K will be going virtual as well (learn more at rwjbh.org/runningwiththedevils). Our partners are also creating new events, such as the Somerset Patriots, who hosted sold-out drive-in movies at TD Bank Ballpark with proceeds going to the RWJBarnabas Health Emergency Response Fund to help local healthcare workers. To make a donation to the fund, visit www.rwjbh.org/give.

At Robert Wood Johnson University Hospital, we understand that our community engagement must continue despite the challenges presented by the COVID-19 pandemic. As a result, our Level I Trauma Center's Injury Prevention Program partnered with Safe Kids Middlesex County to leverage technology and offer webinars on a wide range of safety topics that affect our community. Recognizing that many individuals were severely impacted financially due to COVID-19 and struggling with finding access to healthy food, our Community Health Promotions Program partnered with the non-profit Common Market to distribute fresh food and vegetables to 180 New Brunswick families over a five-week period.

How we meet the needs of our diverse communities will continue to evolve, but our commitment to providing a broad range of culturally competent care for our communities hasn't changed—and never will.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL



HEALTH NEWS

A COMMITMENT TO COMMUNITY HEALTH

The Community Health Promotions Department at Robert Wood Johnson University Hospital (RWJUH) received the 2020 HRET Community Outreach Award in the Social Determinants of Health category for the central role it has played with the New Brunswick Healthy Homes Project. RWJUH and its partner, Saint Peter's University Hospital (SPUH), were honored at the New Jersey Hospital Association's annual meeting in Princeton. As part of RWJBarnabas Health's Social Impact and Community Investment Practice, RWJUH has partnered with the New Brunswick Healthy Housing Collaborative. The hospital is working alongside SPUH, New Brunswick Tomorrow, Healthier Middlesex and the Middlesex County Office of Health Services to help reduce risks and hazards in the home to improve health outcomes. This project is made possible in part by a grant from the Robert Wood Johnson Foundation BUILD Health Challenge.

COMING SOON: A NEW CARDIAC OPERATING ROOM

RWJUH is deeply grateful to the Auxiliary of Robert Wood Johnson University Hospital, which recently made a \$500,000 donation to help fund the construction of a hybrid cardiac operating room. The donation represents the first half of the Auxiliary's \$1 million pledge to support this project. The new operating room will be equipped with robotic capabilities and advanced medical imaging equipment. It will feature state-of-the-art technology, such as intraoperative MRI, minimally invasive robotic surgery and live video display that enables clinicians to perform minimally invasive and more complex surgical procedures.

GOING ABOVE AND BEYOND






Ford Flippin, MD, a second year acute care surgery fellow at RWJUH and Rutgers Robert Wood Johnson Medical School, stepped up to foster a trauma patient's dog for eight months. While Joe Weiser was recovering from serious injuries stemming from a car accident on the New Jersey Turnpike, he worried he wouldn't have someone to care for Boomer, a pitbull mastiff mix. Dr. Flippin drove to Joe's home in Long Island, NY, to pick up the dog and cared for him until Joe's discharge.

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

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Amy Kantor is back to playing her beloved bass thanks to a cochlear implant.

THE POWER OF SOUND

TWO NEW DEVICES ARE TRANSFORMING THE LIVES OF PEOPLE WHO STRUGGLE WITH SINGLE-SIDED DEAFNESS.

Many Americans have moderate-to-severe hearing loss in one ear that makes it difficult, if not impossible, for them to go about their day-to-day activities. For years, the only treatments available were hearing aids and bone-conduction devices, but they aren't ideal for people with single-sided deafness, says P. Ashley Wackym, MD, a hearing and balance surgeon at Robert Wood Johnson University Hospital (RWJUH), Professor and Inaugural Chair of Rutgers Robert Wood Johnson Medical School's Department of Otolaryngology-Head and Neck Surgery, and Chancellor Scholar at Rutgers Biomedical and Health Sciences. Hearing aid systems called contralateral routing of signal (CROS) simply reroute sound from the bad ear to the good ear, so it's difficult for a patient to determine where sound is coming from. Older, surgically implanted bone conduction devices, such as the Baha, involve attaching an external hearing aid to a metal implant that passes through

the skin to carry sound through the skull to the opposite ear. With these systems, skin irritation and even infections are not uncommon.

Now, two new, revolutionary options for single-sided deafness offered at RWJUH promise to improve the lives of people with hearing loss.

BACK TO THE BASS

Amy Kantor, 55, of Metuchen, struggled with single-sided deafness for three years. "I was at Home Depot when I suddenly began experiencing a loud roar in my left ear that

felt like a jet engine in my head," she recalls. She was eventually diagnosed with sudden sensorineural hearing loss, or unexplained hearing loss that occurs in one ear.

The hearing loss was particularly devastating because one of her hobbies is playing the bass. "I forced myself to play, but everything sounded weird and muffled," she recalls. She also had trouble walking because it was difficult to maintain her balance. What's more, she found herself avoiding restaurants and bars. "I spent so much time trying to hear what people were saying it left me exhausted," she recalls.



For the first time in her life, Avery Faulhaber can hear in both ears with the help of a new type of hearing aid.

Amy tried several treatments, including a hearing aid that rerouted all sounds to her good ear, making it difficult to hear anything at all. In August 2019, she saw Dr. Wackym, who thought she was a good candidate for a cochlear implant—a small, surgically implanted prosthetic hearing device that delivers electrical signals associated with sound directly to the hearing nerve—that had just been approved by the U.S. Food and Drug Administration (FDA) for single-sided hearing loss. Cochlear implants have been around since the 1970s, but until recently, they were only FDA-approved for patients with hearing loss in both ears.



P. ASHLEY WACKYM, MD

Amy agreed to try the system, which is called the MED-EL Synchrony. In September 2019, she had an outpatient procedure in which Dr. Wackym surgically placed the delicate electrode inside the cochlea—the spiral-shaped part of the inner ear—of her deaf ear to stimulate the auditory nerve. In October, she returned to Dr. Wackym’s office to activate the implant, which converts sound to electric pulses that the brain interprets as sound.

Within a month, Amy noticed profound differences in her life. “After years of not being able to hear anything in that ear, suddenly I could hear,” she recalls. “It was surreal.” Today, she’s resumed all the activities she loves—including playing her beloved bass. “I’m so happy to have my life back,” she says.

A CONFIDENCE BOOST

Eleven-year-old Avery Faulhaber was born deaf in her left ear. Although she wore a

hearing aid as an infant and toddler, by preschool hearing tests revealed that it wasn’t effective, says her mother, Stephanie Kane-Faulhaber. As a result, Avery’s hearing loss went untreated. “She learned to turn to noise with her good ear to compensate, and we always made sure she got accommodations, such as preferential seating, in the classroom,” says Stephanie.

But as Avery approached middle school, her parents became concerned. “She would be moving from a small school to a much larger one, and we wanted to make sure she had every advantage,” says Stephanie. Avery’s ENT had heard about a new type of hearing aid called Bonebridge, but he didn’t have the training required to insert it. So he referred Avery to Dr. Wackym.

The FDA approved Bonebridge for single-sided deafness in 2018. It works like the bone-conducted hearing aid but, like the cochlear implant, it’s inserted underneath the skin, preventing possible complications. An audio processor worn behind the ear transmits sound to the implant, which vibrates to produce hearing. RWJUH was the first hospital in New Jersey to use Bonebridge to treat single-sided deafness.


Avery had the surgery in July 2019. One month later, she met with the audiologist to activate the device, which was cleverly hidden under a strawberry cover. “Avery is the kind of girl whose whole face changes when she’s excited about something,” says Stephanie. “She tilted her head and smirked, and I asked, ‘Can you hear in that ear?’ And she said, ‘Yes, I can!’”

“I’d never, ever heard out of that ear before,” recalls Avery. “It was exciting but also weird to hear sound in both ears.” Avery and her mom say it’s given Avery confidence and allowed her to be more outgoing. “For years, whenever anyone spoke to her, she’d have to focus all her energy on hearing,” recalls Stephanie. “Now, she’s able to come out of her shell and relax.”

Dr. Wackym isn’t surprised. “These new devices are game-changers for people with single-sided hearing loss,” he says. “They make it a lot easier for people to receive the care they need—and reclaim their lives.”

For more information about hearing loss, call the Department of Otolaryngology—Head and Neck Surgery at Rutgers Health at **732.235.5530**.





A multidisciplinary medical team at Robert Wood Johnson University Hospital provided expert care for Dorothea Berkhout.

A TEAM

EFFORT

THANKS TO THE EXPERTISE AND DEDICATION OF SEVERAL SPECIALISTS, A PATIENT RECOVERED FROM A DANGEROUS INFECTION.

Flu season was in full force, so when Dorothea Berkhout began experiencing chills and a high fever in January 2018, she initially assumed she was just one of the latest victims. Two weeks later, the Associate Dean at the Edward J. Bloustein School of Planning & Public Policy at Rutgers University began to feel worse, not better. She saw her primary care physician, who ordered a chest X-ray and routine blood tests to look for signs of infection. When the X-ray revealed fluid in her chest and the bloodwork showed liver abnormalities, her physician sent her to the Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH).

Thea arrived on a Friday evening. The ED team sprang into action and diagnosed her with multiple liver abscesses, masses

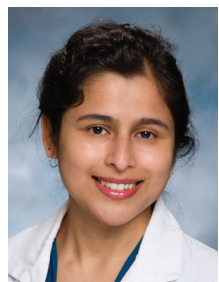
filled with pus that can be life-threatening. The abscesses had grown so large they were pushing against one of her lungs, causing fluid to develop there as well. The next day, a team of RWJUH and Rutgers Robert Wood Johnson Medical School specialists discussed Thea's condition, including infectious disease expert Tanaya Bhowmick, MD; liver cancer specialist Miral Sadaria Grandhi, MD; and interventional radiologist John L. Noshier, MD. "The most common cause of a liver abscess is a bacterial infection—typically one caused by a group of bacteria known as *Streptococcus*," says Dr. Bhowmick.

Worried that the abscesses would burst, causing the bacteria to spread throughout Thea's body, interventional radiologist Leonard Bodner, MD, inserted a drain—a thin catheter—into her liver to remove the pus. In addition, interventional radiologist Michael Censullo, MD, removed fluid from her lungs, which was caused by pressure from her liver. But it wasn't until Monday that the team discovered the source of the infection—a bacterium known as *Streptococcus intermedius*, which is typically found in the mouth or gastrointestinal tract.

The RWJUH team prescribed antibiotics, and multiple catheters removed fluid from Thea's body. Yet her recovery was grueling. "I lost 10 pounds in the two weeks I was in the hospital because I had no appetite," she recalls. "I had to be put on a feeding tube for a week." Even after she was discharged, Thea had to return to the hospital weekly over the next five weeks so her physicians could ensure that the pus was still draining from the abscesses.

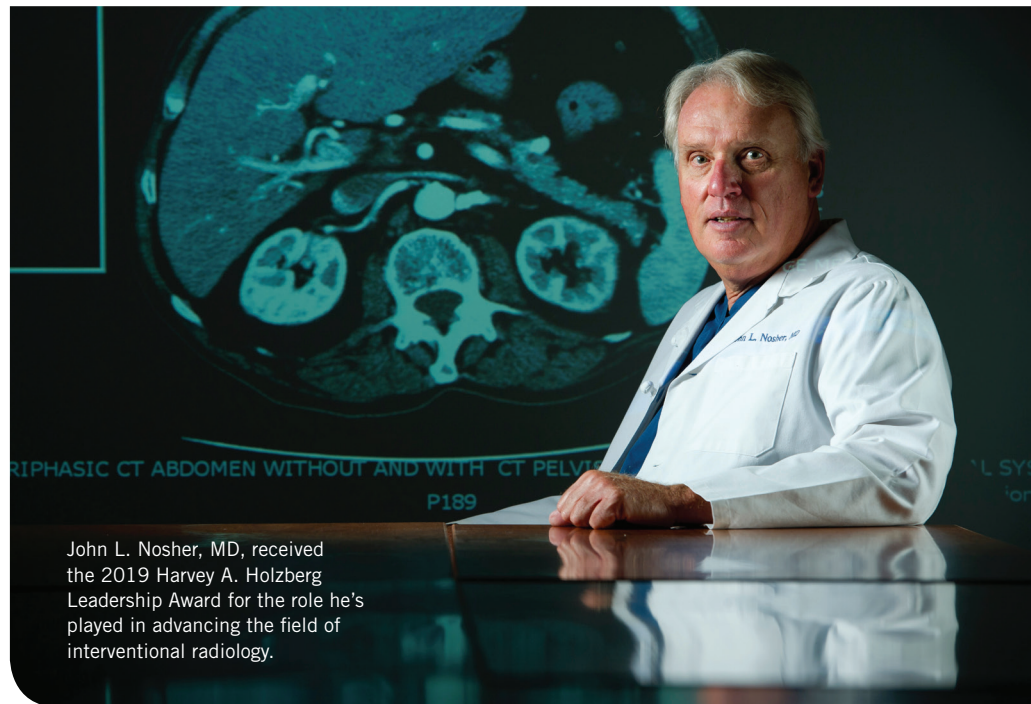
A MAJOR MEDICAL DECISION

In March, Thea landed in the hospital again. Although the abscesses had partially cleared, they had consolidated into one large area. The abscess had become reinfected with a difficult-to-treat bacterium (methicillin-resistant *Staphylococcus aureus*, also known as MRSA), and she'd stopped responding to the antibiotics. Once again, the abscess was pushing against one of her lungs, causing fluid to build up. Her medical team had to make a major decision: try a different antibiotic or perform surgery to remove the diseased part of her liver. "We had to weigh the magnitude of the infection against the risk of complications from major liver surgery," says Dr. Noshier.



TANAYA BHOWMICK, MD

Ultimately, the team decided to switch Thea to vancomycin, one of the few antibiotics effective against MRSA. "Vancomycin can only be administered intravenously when it comes to liver infections, and I was adamant that I wasn't going home with a port," says Thea. She remained in the hospital for five days. After she was discharged, Dr. Bhowmick put Thea on another powerful antibiotic—Linezolid—and Thea returned to work.



John L. Noshier, MD, received the 2019 Harvey A. Holzberg Leadership Award for the role he's played in advancing the field of interventional radiology.

"I left the hospital and went straight to an important budget meeting with the Rutgers chancellor," she recalls.

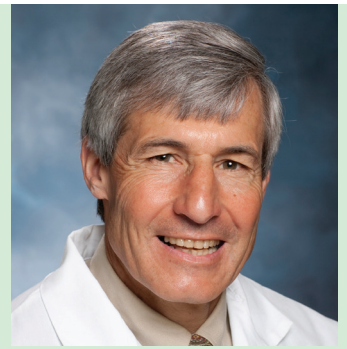
A GRATEFUL PATIENT

In May 2018, Thea was pronounced infection-free. "I'm so grateful that I didn't have surgery, which would have been riskier," she says. Although she'd never been treated as an inpatient at RWJUH, she raves about the care she received. "Everyone on staff, especially the nurses, was great, and I will never forget that the head of dining services came to see me to find out what he could make that would get me to eat," she recalls. (She didn't have an appetite, but he made extra meals for her husband.)

Thea is also grateful for her physicians. "Dr. Noshier always made an effort to explain what was going on so that I felt involved in every step of the process," says Thea, whose father was a general practitioner in Paterson. (Thea has always held physicians in high regard.) "My husband used to joke that every morning there was a 'flock of doctors' in my hospital room, but we both felt relieved that so many different disciplines—the infectious disease team, the radiology team and the surgical team—were involved in my care. I was especially impressed that they brought in Dr. Grandhi, a liver cancer specialist who was there to consult about a possible biopsy and surgery. I felt like we were all in it together."

It's a mentality, says Dr. Noshier, that's unique to RWJUH. "Every decision we make is informed by feedback from our entire team," he says. "Even if we're not physically present in the hospital, someone from each specialty is on call 24/7 to provide insight," he says. "Thea's case was complicated, and I don't think she would have recovered—and had such a successful outcome—without it."

To learn more about Robert Wood Johnson University Hospital, visit www.rwjbh.org/newbrunswick.



ERNEST G. LEVA, MD

KEEPING KIDS HEALTHY

THANKS TO INNOVATIVE PROTOCOLS, THE PEDIATRIC EMERGENCY DEPARTMENT AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS PROVIDING SAFE AND EFFECTIVE EMERGENCY CARE.

Since the pandemic began, many parents have been understandably afraid to bring their child to an Emergency Department (ED). Fortunately, the Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH) provides safe, family-centered care, with a child-life specialist on staff and a sensory room dedicated to caring for autistic patients. Here, Ernest G. Leva, MD, Director of the Division of Pediatric Emergency Medicine and Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School, explains the steps the hospital has taken to keep young patients safe—and why it's important not to delay care.

Is it safe to bring your child to the ED?

When the pandemic began, patients were examined in tents outside of the Emergency Department at RWJUH. Children with COVID-19 symptoms were separated from those without. Those who had symptoms were evaluated by a nurse, who took their vital signs, and a robot equipped with a microscope and electronic stethoscope. The robot examined children's mouths and lungs and listened to their

hearts, then transmitted the information to healthcare providers inside the hospital. "This approach reduced the amount of time patients spent in the ED by half," says Dr. Leva. In addition, no patient needed to return for additional care.

Now that there are fewer COVID-19 cases, RWJUH has replicated this triage system inside the hospital. Children are evaluated in a room inside the hospital before they are admitted to the ED. "We have a screening process," says Dr. Leva. "If a child has COVID-19 symptoms, he or she is taken to an area for patients with the virus. If he or she doesn't, then he or she can be evaluated in the main pediatric ED."

What are the risks of waiting too long to bring your child to the ED?

He or she could become very ill or even die. For instance, a child with a skin infection like cellulitis or a lung infection like pneumonia could end up in the Intensive

Care Unit (ICU). A child with type 1 diabetes could develop a complication called ketoacidosis, in which blood sugar levels become dangerously high.

What symptoms require a visit to the ED?

If your child is having trouble breathing or is experiencing significant pain, swelling or deformity after an injury, consider bringing him or her to the ED. "We always suggest that you touch base with your child's pediatrician first," says Dr. Leva.

What is unique about your approach to pediatric emergency care?

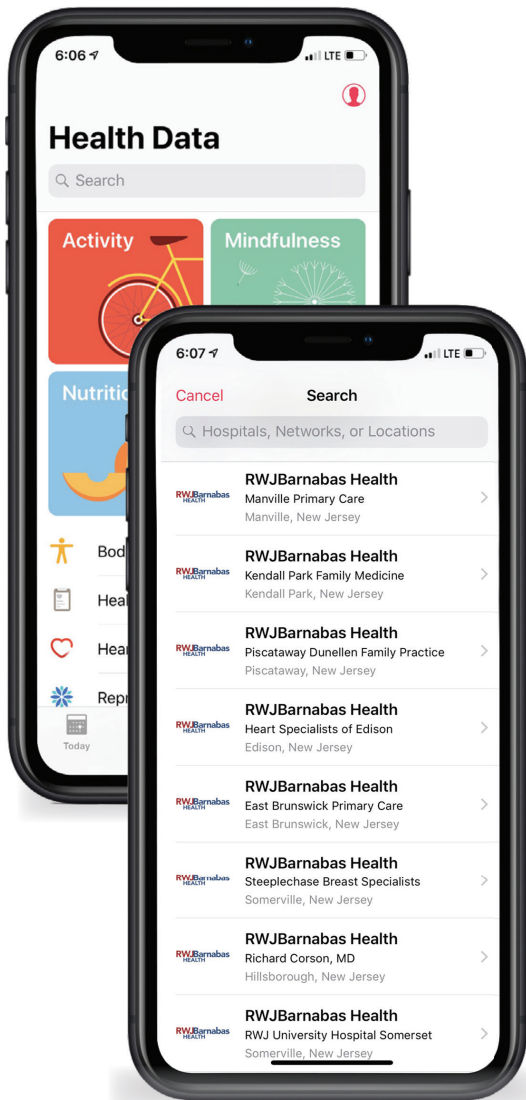
RWJUH is the only hospital in the area to perform prehospital triage using a robot. "I wanted to set up a system so that patients wouldn't need to be admitted to the hospital unnecessarily," says Dr. Leva. "We used one robot for adults and another one for kids."



To learn more, visit
www.rwjbh.org/bmschemergency.

YOUR HEALTH, AT YOUR FINGERTIPS

Now you can manage your healthcare right from the Apple Health app on your iPhone. You can easily keep track of allergies, conditions, immunizations, vitals and more, and consolidate your health records in a timeline—all in one place. Here's how:



1

If you don't have one yet, create a username and password for the RWJBarnabas Health Patient Portal (www.rwjbh.org/patientportalenroll).



2

Download the Apple Health app from the Apple Store. (You'll need an iPhone running iOS 11.3 or later.)



3

Be sure your iPhone is password-protected, ideally with two-factor authentication.



4

Go to the Health Records section of the Health app, search for RWJBarnabas Health, and log in.



5

After you log in once, your health records will start to appear in the Health app, and will update automatically.

Download the Apple Health app at the Apple Store and access your RWJBarnabas Health medical records at www.rwjbh.org/patientportalenroll.





 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.

patient’s home,”
 Silva says.

Communicate constantly. This is essential in two ways. First, the nurse navigator is the central clearinghouse for information provided

from the many specialists on a cancer patient’s care team—medical oncologists, radiation oncologists, surgical oncologists, social workers, nutritionists and more. The navigator can ensure that no aspects of treatment fall through the cracks and that the patient receives the highest quality of care.

Second, the navigator can follow up to be sure a patient understands what’s happening.

“Doctors do a great job of explaining, but often you can see the patient’s mind drift off as the person starts to worry about things like, ‘Who’s going to pick my kids up from school?’” Silva explains. “A navigator can talk to the patient later about what he or she understood and relay the necessary information over again in smaller bits so it’s easier to process.”

Set priorities. “Sometimes what feels urgent to a patient is not clinically urgent, but our nurse navigators have the ability to know what is truly time-sensitive,” Silva explains. “For example, recently a young man needed to see a specialist as soon as possible. Based on the navigator’s intervention, he was able to get in to see the doctor in one day.”

Save time. Often, a patient needs several medical procedures—for example, an echocardiogram and a port insertion before chemotherapy treatment can begin. A nurse navigator can arrange for multiple appointments to be scheduled at the same facility on the same day. “A navigator is key to making sure all the pieces fit together and to minimizing the time a patient needs to spend at a facility,” Silva says.

“An oncology nurse navigator is a critical part of a patient’s cancer care team,” she continues. “He or she is the kind of person who can anticipate what’s needed and make it happen—and who has a relentless desire to help patients.”

CANCER CARE: THE HUMAN TOUCH

HOW ONCOLOGY NURSE NAVIGATORS HELP PATIENTS

Patients who seek care through the RWJBarnabas Health (RWJBH) Oncology Access Center have a big advantage: They get connected to an oncology nurse navigator who acts as their problem-solver and supporter before, during and after treatment. The oncology nurse navigator becomes an important member of the patient’s healthcare team and serves as his or her advocate while compassionately supporting their physical, emotional and spiritual needs from diagnosis through survivorship.

“When you choose RWJBarnabas Health for your cancer care, you’re not only getting quality care, but someone to walk beside you on your treatment journey,” explains Jeanne Silva, RN, Director, Nurse Navigation, Oncology Services at RWJBH. “Moreover, we coordinate all of our resources, so that if a patient has a problem—be it financial,

social or medical—the navigator can help the patient get the benefit of resources from throughout the health system.”

When a patient makes an appointment with an RWJBH cancer provider, the oncology nurse navigator will follow up with the patient the next day. “The navigator asks if there are any questions about the upcoming appointment and goes through some of the specifics of what will happen,” Silva says.

That’s just the beginning. Oncology nurse navigators, who are located at each RWJBH facility, also do the following:

Identify possible barriers to treatment. Does the patient have financial or insurance concerns? Does the patient have family or friends who can provide support? Is there a transportation issue? The nurse navigator can identify and help with these problems right away. “In one case, we

were able to get a patient to see a specialist located 70 miles away from the



To contact the Oncology Access Center,
 call 844.CANCERNJ (844.226.2376).



Sam Jarmer made remarkable progress at Children's Specialized Hospital and continues doing well with outpatient therapy.

'THE SKY'S THE LIMIT'



Children's Specialized Hospital®

An RWJBarnabas Health facility

AFTER A TRAUMATIC NECK INJURY, INTENSE PHYSICAL THERAPY HELPS A TEENAGER MOVE AGAIN.

July 24, 2019: a grayish, unremarkable day on the beach at Ocean Grove. Lifeguard Sam Jarmer, 16, dives into the water to cool down, but hits a hidden sandbar.

Soon after, Sam's mom, Jessica, sitting on the beach several blocks away, sees a call from Sam's boss come in on her phone. "I immediately knew not only that he was injured; I could feel that it was bad," she remembers.

When he hit the sandbar, Sam suffered a burst fracture in the C6 vertebra near the base of the neck and lost the ability to move his arms and legs. A fellow lifeguard jumped in to lift his head above the water, and a trauma team was dispatched from a nearby hospital. Sam was strapped to a backboard, and six of his fellow lifeguards carried him to a waiting ambulance.

"He kept saying, 'I'm so sorry, Mom,' because we were supposed to go on vacation the next day," Jessica remembers.

Sam was in surgery for six hours while the burst vertebra was replaced with a titanium cage. He spent the next five days

recovering at the hospital. At that point, he could occasionally raise his arms a bit, but nothing more.

It was time for intensive inpatient rehabilitation and therapy at Children's Specialized Hospital (CSH) in New Brunswick. "I remember feeling that this would be the place that would make it all better," Jessica says.

MAKING PROGRESS

The first piece of good news came from Michele Fantasia, MD, Director of the Spinal Cord Injury Program at CSH. Her evaluation determined that Sam's injury was "incomplete," meaning that Sam still had some motor and sensory function below the level of injury. "As I say with all incomplete injuries, 'The sky's the limit,'" Dr. Fantasia told Jessica.

Four months of recreational, physical and occupational therapies followed. "The occupational therapists made modifications

for everything," Jessica remembers. "They kept constructing things in some kind of magical workshop they had." There was a special fork to help Sam relearn how to feed himself, a device to help him brush his teeth and more.

"Everyone at Children's really helped me when I was at one of the lowest points in my life with my injury," says Sam. "They just showed compassion in all of the support and love that they gave me." On November 19, Sam was discharged from CSH.

Today, Sam continues with a rigorous program of outpatient physical therapy. During the COVID-19 lockdown, he did his exercises via telemedicine for a few weeks. His older brother, home from college, was there to help.

Sam continues to work on his core muscles, arms and fingers. He now has muscle control in all parts of his legs and continues to work on walking independently. "I'm staying positive," he says. "I know it will take time and I'll be back to where I was, but for now I've just got to keep pushing forward."

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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries to developmental and behavioral issues like autism and mental health.



[ANYTOWN] A musical with a mission: “Anytown,” an original educational musical, tells the story of Hope, a high-achieving high school student who becomes addicted to opioids after a soccer injury. The show has toured middle and high schools in New Jersey and was developed through a partnership with George Street Playhouse in New Brunswick, RWJBH and the Horizon Foundation of New Jersey.



[BEAT BUS] They've got the beat: Students in Long Branch, Asbury Park and Neptune have experienced a state-of-the-art mobile recording studio to create their own music thanks to the Beat Bus, a collaboration between Lakehouse Music Academy and the Asbury Park Music Foundation that is supported in part by RWJBH. In addition to providing a means of creative expression and new ways to collaborate, the Beat Bus helps prepare students for success in the digital age.



[ASBURY PARK MUSIC + FILM FESTIVAL]

Making (sound) waves: The Asbury Park Music + Film Festival, of which RWJBH is a Founding Partner, celebrates the role of music in film, as well as the shore town's long history as an incubator of great music. It benefits underserved children in Asbury Park and surrounding areas by providing music education, instruments and social connection opportunities.

Note: All photos on these pages were taken before the COVID-19 pandemic and social distancing guidelines.



SUPPORTING ARTS FOR THE HEALTH OF IT

PARTNERSHIPS WITH LOCAL ARTS GROUPS HELP PROMOTE THE WELL-BEING OF COMMUNITIES.

Research has shown that the arts stimulate creativity, ease stress, promote joy, improve memory and enhance education. That's why RWJBarnabas Health (RWJBH), with its strong commitment to creating and sustaining healthy communities, partners with local arts organizations.

"We understand the clear and beneficial impact that taking part in the arts has on health and well-being," says Michael Knecht, Senior Vice President of Strategic Marketing and Communications for RWJBH. "These partnerships are an important way for us to help people in our communities and also support local grassroots organizations."

RWJBH supports a broad range of arts events. Music, dance and film are high on the list: RWJBH has sponsored the Asbury Park Music + Film Festival; the Bridge Arts Festival

in Bayonne; the Montclair Jazz Festival; the Central Jersey Jazz Festival; Maplewoodstock Music & Art Festival; the "Sounds of the City" free outdoor concerts presented by the New Jersey Performing Arts Center in Newark; and the SOMA Film Festival in South Orange and Maplewood.

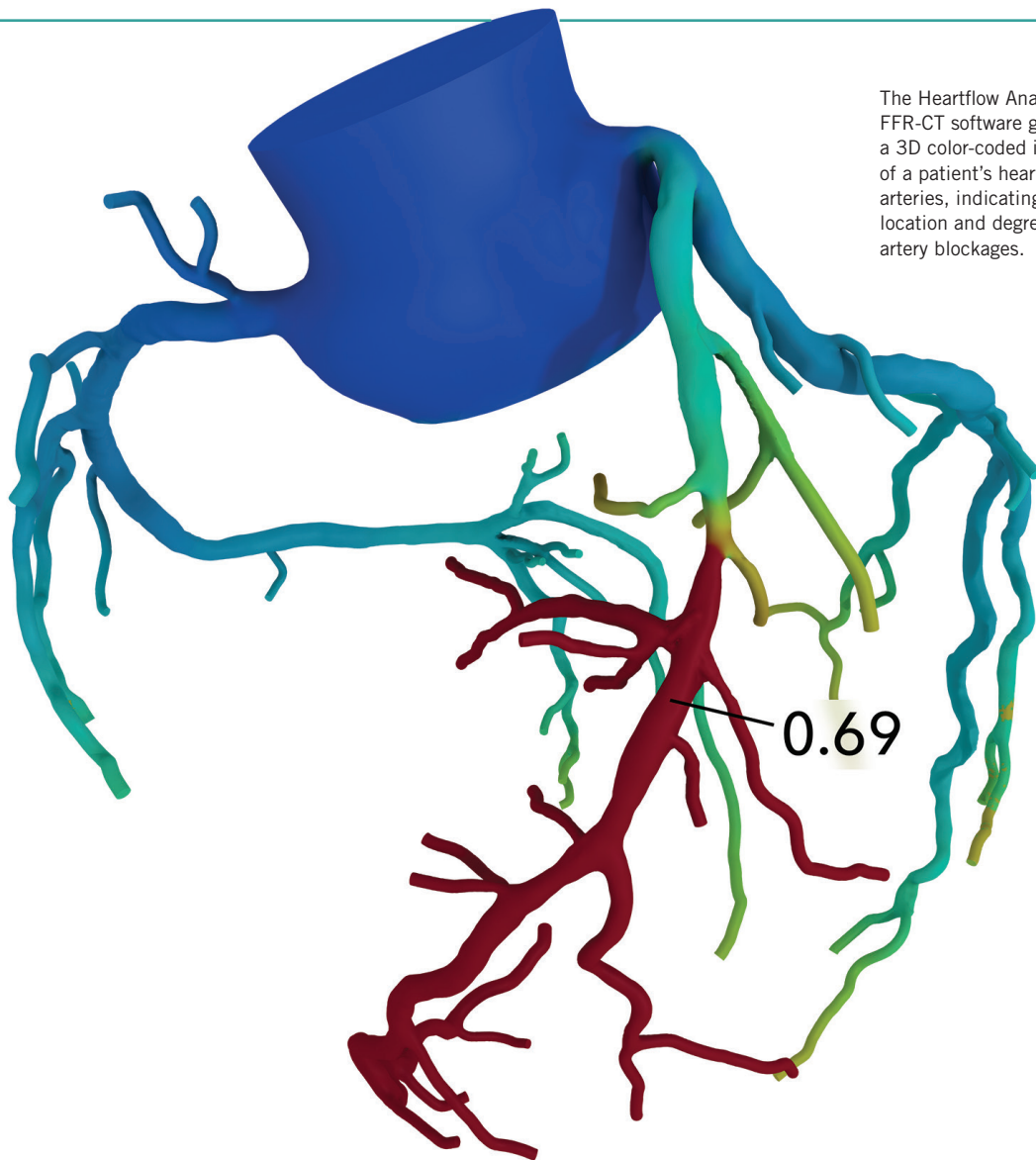
Drama has a place as well. RWJBH is a sponsor of the New Jersey Repertory Company, a professional nonprofit theater in Long Branch with a mission to develop and present new plays. And in a proactive move to help stem the opioid epidemic among young people, RWJBH has partnered with the George Street Playhouse in New

Brunswick and the Horizon Foundation of New Jersey to create "Anytown," a one-hour musical that demonstrates how addiction can happen to anyone. The show has toured to schools throughout the state, followed by Q&A discussions with students.

"These partnerships are all part of the RWJBarnabas Health commitment to reaching out beyond the walls of our medical centers to help people get and stay healthy in all kinds of ways," says Knecht. "And they're wonderful examples of how meaningful collaboration with local organizations can make an impact throughout the state."

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.





The Heartflow Analysis FFR-CT software generates a 3D color-coded image of a patient's heart and arteries, indicating the location and degree of artery blockages.

A HIGH-TECH LOOK AT THE HEART

**DOCTORS CAN NOW USE ARTIFICIAL INTELLIGENCE FOR A NONINVASIVE,
HIGHLY ACCURATE TEST FOR CORONARY ARTERY DISEASE.**

“After the test, they told me I was a walking time bomb,” says Ray Duarte, 50.

As the Regional Director of Information Technology at Monmouth Medical Center Southern Campus and at Monmouth Medical Center, Ray had volunteered to be among the first for an advanced noninvasive technology known as Fractional Flow Reserve Computed Tomography (FFR-CT). This test evaluates how well blood flows through a patient’s heart arteries and determines whether—and where—blockages exist.

“I had upper back pain on and off, for which I was seeing a chiropractor with no relief,” says Ray. “I did have high cholesterol, which I was addressing with improved diet and exercise, and a family history of heart disease.

“However, due to my active lifestyle and symptoms that were not typical for heart disease, my primary care doctor told me he would never have recommended so much as a stress test for me,” Ray recalls.

But the FFR-CT test showed that Ray’s right coronary artery was 99 percent blocked. Without the test and subsequent treatment, such a blockage could have led to a heart attack at any time.

FINDING THE BLOCKAGES

The powerful, artificial intelligence-based FFR-CT test is used to diagnose coronary artery disease (CAD)—blockages in the blood vessels supplying the heart. CAD is a leading cause of death in the U.S., accounting for 600,000 to 700,000 deaths

per year. It can cause shortness of breath, chest pain (typical and atypical) and heart attack, and can lead to death.

When a patient has chest pain or suspicious symptoms, the usual

noninvasive ways of detecting inadequate blood flow include an **electrocardiogram (ECG)**, which uses electrical signals; a **stress test**, in which blood flow is tested while a patient exercises, via ECG or an **echocardiogram (ECHO)**, which uses ultrasound waves; or a **nuclear stress test**, which uses radioactive dye and an imaging machine. In addition, a **computed tomography (CT) scan** can show calcium deposits that could narrow arteries.

Prior to FFR-CT technology, however, the only way physicians could see for certain whether coronary arteries were blocked was to do an invasive procedure, known as **cardiac catheterization and angiogram**. In this procedure, a special dye is injected through a long, thin, flexible tube (catheter) that is threaded through an artery in the leg up to the arteries of the heart.

If a blockage is found, the cardiologist can decide whether to correct it during the angiogram—for example, by inserting a small tube (stent) to keep the artery open—or to send the patient for bypass surgery.

ARTIFICIAL INTELLIGENCE

While a crucial and sometimes lifesaving technology, an angiogram often shows no significant blockages, according to Rajesh Mohan, MD, MBA, FACC, FSCAI, an interventional cardiologist and Chief Medical Officer at Monmouth Medical Center Southern Campus (MMCSC).

That’s where noninvasive FFR-CT comes in. Using “machine learning,” an application of artificial intelligence, the software compares images from existing CT scans of a patient’s heart to an ever-growing database of tens of thousands of other CT images. This large database helps physicians analyze the likelihood that any specific blockage could cause harm and also provides direction about treatment.

“The FFR-CT technology creates a three-dimensional image of blood vessels and color-codes them based on

the severity of the blockage,” says Dr. Mohan. “It then also shows how each blockage impacts blood flow to the heart.” Armed with this knowledge, a physician can decide whether lifestyle changes, medication, a stent or surgery is the best course of action.

“With this information, we can give our patients a more definite diagnosis and have confidence in the best treatment plan without putting them through unnecessary invasive procedures,” says Dr. Mohan. “Its accuracy is unlike that of any other noninvasive tests available to us.”

IS FFR-CT FOR YOU?

Since CAD is a common type of heart disease, many patients can benefit from this advanced technology.

However, FFR-CT is not available everywhere. Specialists at MMCSC are among the first in the state to use it, and MMCSC is the earliest hospital in the state to utilize it in the Emergency Department and throughout the hospital, as well as for outpatients.

“The test needs to be done appropriately, according to criteria set by the American College of Cardiology,” says Dr. Mohan. “Patients need to have symptoms—for example, chest pain or shortness of breath on exertion, which a lot of people actually disregard.

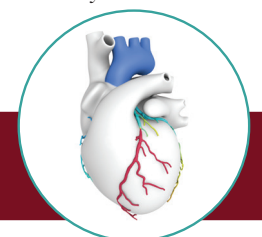
“If these exist in association with some of the coronary risk factors like smoking, hypertension, diabetes, high cholesterol and family history, then I think that patient is an ideal candidate for this study.”

As for Ray Duarte, a stent procedure opened his blocked artery, his back pain has resolved and medication is controlling his cholesterol. He is back to an active lifestyle.

Says Dr. Mohan, “We at Monmouth Medical Center Southern Campus are excited and privileged to introduce such a cutting-edge, revolutionary technology.”



RAJESH MOHAN, MD



Your heart doesn’t beat just for you. Get it checked. To learn more about FFR-CT or to find a cardiac specialist, call 888.724.7123 or visit www.rwjbh.org/heart.



MIND, BODY AND HEALTH

WHY CARING FOR THE WHOLE PERSON IS THE FUTURE OF HEALTHCARE

At his yearly physical, a patient is found to be 35 pounds over ideal body weight. He has hypertension, and his lab results indicate prediabetes. His doctor urges him to change his diet, be more active and lose the extra weight to reduce his risk for stroke, heart disease and diabetes.



FRANK A. GHINASSI, PhD

The patient acknowledges that he should. But at his next yearly physical, he's still 35 pounds overweight.

In that all-too-common scenario lies the possibility for a new approach to healthcare,

one that simultaneously provides help for behavioral as well as physical issues. “The goal is to help people make better choices—about things like what they eat, how they exercise and about alcohol and nicotine—and thereby avoid many chronic health disorders,” says Frank A. Ghinassi, PhD, ABBP, Senior Vice President, Behavioral Health and Addiction at RWJBarnabas Health (RWJBH), and President and CEO of Rutgers University Behavioral Health Care.

“Through integrated care delivery, we want to treat both body and mind, preferably in the same location and during the same healthcare visit,” he says.

In the case of the overweight patient, for example, the primary care provider will look to determine the cause of the

patient's inability to lose weight. “Is the issue genetic? Does the patient have a low metabolism?” asks Dr. Ghinassi. “Or is there a mood disorder that's affecting energy level and motivation?”

Once barriers to a healthier lifestyle are identified, doctors and behavioral health specialists can work together to develop solutions tailored to the patient's specific needs.

AN INTEGRATED APPROACH

“Often, people with behavioral and addiction disorders are treated ‘from the neck up’ and are referred to dedicated behavioral health offices,” says Dr. Ghinassi.

But that approach can create roadblocks. “Maybe the patient can't get an appointment for three weeks, or he doesn't like the idea of walking into a building that says ‘counseling services’ or ‘psychiatry’ on the sign,” he explains.

To provide coordinated care, RWJBH and Rutgers University Behavioral Health Care are bringing services closer together. “At many of our primary care and pediatric delivery sites, primary care physicians work with psychologists or social workers who are located in the same office suite or in the same building,” says Dr. Ghinassi. “A patient can be offered a chance to meet the physician's behavioral health colleague even before leaving the initial appointment, find out what might be possible and perhaps find it easier to commit to following up with a subsequent call or visit.” The next evolution of care at RWJBH and Rutgers University Behavioral Health Care will be to have a clinical social worker or psychologist located right in the same office space as the primary care provider.

Integrated healthcare is the future, Dr. Ghinassi believes. “People tend to come to a healthcare system when they're in crisis—they need coronary artery surgery, for example, or their depression makes them unable to function in daily life. Of course, we'll always be there for those people,” he says.

“However, we're evolving to an equal focus on early screening and intervention. Together, RWJBarnabas Health and Rutgers University Behavioral Health Care are on a mission to improve the health and life satisfaction of patients and families throughout New Jersey.”

For help accessing mental health services, call the RWJBarnabas Health Access Center at **800.300.0628**.





At left: Andrew Thomas, APN, Director of Care Transitions and Care Coordination at RWJUH, with a patient. Above, from left: Vanessa Nazario, Director, Diversity and Inclusion; Laurie Eckert, pharmacist; Andrew Thomas; Melissa Hernandez, APN; and Maria Thompson, social worker. **Note:** These photos were taken before mask and social distancing recommendations were in place.

A PRESCRIPTION FOR SURVIVAL

AN INNOVATIVE PROGRAM HELPS ENSURE THAT PATIENTS HAVE ACCESS TO LIFESAVING MEDICATIONS.

For some patients—even those with health insurance—lifesaving medications are simply not affordable. Fortunately, there's help at Robert Wood Johnson University Hospital (RWJUH). The Quarters4Meds program, which was launched in 2014, helps to fund medications through a partnership with Walgreens. "We provide empty medicine bottles and ask people to donate their quarters," says Andrew Thomas, APN, Director of Care Transitions and Care Coordination at RWJUH. Walgreens supplies the empty medication bottles and offers a discount (65 percent) on the cost of medication. It takes 40 quarters (\$10) to fill a bottle. In some cases, this can fund up to six months' worth of medication.

"Patients who can't afford their medications are often the sickest ones," says Thomas. "If we can help them, we can keep them healthy and out of the hospital." Serious conditions like diabetes, high blood pressure and heart disease require medication. In some cases, medication can help keep a patient alive after surgery. One recent RWJUH patient who had open-heart surgery needed a medication that cost nearly \$500 per month. A nurse told her about the program, and she qualified for it. With tears in her eyes, she expressed gratitude for her physicians, nurses and the Quarters4Meds program. "If it weren't for the help I received, I might not be alive," she says. "Thanks to the medication and procedures, I've been able to return to work, and I feel good."

A COMMUNITY EFFORT

The program pays for six to 10 prescriptions per month, says Thomas. "We provide the medication until the patient can find a replacement program," he says. "Some qualify for Medicaid, but it can take 30 to 45 days for the program to kick in." On average, patients receive about three months of a medication for free through the program.

To qualify for the program, a patient must be admitted and discharged from RWJUH and demonstrate financial need. The patient's prescription is converted to a voucher, which is submitted to Walgreens. "Our patients are very appreciative," says Laurie Eckert, RPh, the pharmacist who reviews the prescriptions for Quarters4Meds.

Raising funds for the program, which costs about \$10,000 per year, is a community effort. Area schools, organizations and hospital staff members contribute funds on a regular basis. The empty medication bottles are filled by high school students, medical students and Rotary Club members. "The program is great for high school students in particular because it teaches them about philanthropy and how a small contribution can go a long way," says Thomas.

For more information about Quarters4Meds, call **732.484.2079**.

Tiashia Caldwell with her surgical team. From left: plastic surgeon Richard L. Agag, MD; surgical oncologist Lindsay Potdevin, MD; and plastic surgeon Jeremy Sinkin, MD.
Note: This photo was taken before mask and social distancing recommendations were in place.



PEACE OF MIND

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

THANKS TO COMPLEX MICROSURGERY, A BREAST CANCER PATIENT IS ON THE ROAD TO RECOVERY.

Tiashia Caldwell's first mammogram resulted in devastating news: She had Stage I invasive cancer in her right breast. Tiashia, who works as a clinical service representative at the Stacy Goldstein Breast Cancer Center at Rutgers Cancer Institute of New Jersey, was all too familiar with the disease. "I watch patients endure their journey from their diagnosis all the way through their treatment," she recalls. "This helped prepare me for the most difficult time in my life."

Fortunately, Tiashia was well-acquainted with top-notch surgeons at Rutgers Cancer Institute. She chose Lindsay Potdevin, MD, surgical oncologist at Rutgers Cancer Institute and Robert Wood Johnson University Hospital (RWJUH). Her options were to remove the right breast; have a lumpectomy (in which only the tumor is removed); or remove both breasts (a double mastectomy). "A lumpectomy would require radiation," says Dr. Potdevin. "After treatment, Tiashia would continue to have mammograms, which can lead to anxiety." Tiashia chose the double mastectomy. "Dr. Potdevin's recommendation to have reconstruction after the cancer surgery would give me a sense of normalcy as a woman in her early 40s," she says.

Tiashia also had to decide what kind of reconstruction she would have after her cancer surgery. She met with Jeremy Sinkin, MD, a plastic surgeon at RWJUH and Assistant Professor of Surgery in the Division of Plastic and Reconstructive Surgery at Rutgers Robert Wood Johnson Medical School. He told Tiashia that he could reconstruct her breasts using implants or abdominal tissue. Tiashia chose abdominal tissue. "I heard that implants can shift inside the breast and become infected," she says. "Plus, I wanted a more natural appearance." Another benefit of using abdominal tissue: It lasts a lifetime, whereas implants may need to be replaced if they break down.

Dr. Sinkin explained that after the double mastectomy, "tissue expanders,"

or temporary implants, would be placed in her chest until it was known whether Tiashia would need chemotherapy, radiation or both. Another decision Tiashia had to make: whether to reduce the size of her breasts, which was 40DDD. "I decided to reduce the size," she recalls. "Dr. Sinkin views each patient as an individual. He wanted to do what would work best for me based on my lifestyle and preferences."

RWJUH is known for its team approach to treatment. "Our plastic surgeons, surgical oncologists and fellows, nurses, residents, physician assistants and office staff work together to deliver the best care," says Richard L. Agag, MD, Chief of the Division of Plastic Surgery at Rutgers Robert Wood Johnson Medical School. "We also conduct research to refine our approach to surgery." Every week, RWJUH oncology surgeons, radiation oncologists, medical oncologists and plastic surgeons meet to discuss patients' treatment plans and provide updates on medical research in their respective fields.

A CUTTING-EDGE PROCEDURE

Tiashia had the double mastectomy with Dr. Potdevin with immediate placement of tissue expanders with Dr. Sinkin in April 2019. The tissue expanders were placed in front of her chest muscles, and biologic mesh was used to support the shape of the breasts. "This leads to less pain and a faster recovery time compared to the older method of placing the expanders behind the chest muscles," says Dr. Sinkin. "It also enables the plastic surgeon to control the shape and size of the new breasts." The purpose of the tissue expander is to preserve the breast skin and overall shape of the breast, and create a pocket for the abdominal tissue reconstruction.

Luckily, Tiashia's pathology report showed that all of the cancer had been removed during surgery, so she didn't need chemotherapy or radiation. Last

September, she had the abdominal flap reconstruction surgery. As she did with her other procedures, she prayed before surgery. "I said, 'God, thank you for giving gifts and talents to these surgeons to restore my body and health,'" she recalls. "I was 100 percent confident I was in great hands."

The 10-hour procedure was performed by Drs. Sinkin and Agag. The surgeons removed the temporary implants, then removed skin, fat and blood vessels from the lower abdomen and reconnected the tissue to blood vessels in the chest. This procedure, called the DIEP flap, is considered complex microsurgery. "We combine the newest technology in reconstruction with the DIEP procedure," says Dr. Agag.

To ensure the safety and reliability of the procedure, Drs. Sinkin and Agag have developed standardized protocols in the operating room and promote early, enhanced recovery.

ABOVE AND BEYOND

After the surgery, Tiashia was surprised to discover that she was not in any pain. She spent three days in the hospital, then returned home. She had physical therapy to help strengthen muscles in her legs and arms. A visiting nurse assisted with wound care. In March 2020, she had another surgery. It involved nipple reconstruction and liposuction (fatty tissue from her side was used to help mold the breast tissue). "I'm excited because I'm near the end of my journey," says Tiashia, who will have areola tattooing in the future. "My medical team went above and beyond to ensure I had the best care."

Several months after her reconstruction surgery, Tiashia bumped into her surgical team at the hospital. "I said, 'I feel like I woke up in plastic surgery heaven,'" she recalls, laughing. On a more serious note, she says: "These physicians were heaven sent. I feel blessed to be in their care."

For more information about the Plastic and Reconstructive Surgery program at Robert Wood Johnson University Hospital, please visit www.rwjbh.org/RWJUHPlasticSurgery.



BRINGING SMILES TO PATIENTS

A FOUNDATION'S GENEROUS DONATIONS HELP CHILDREN AND THEIR FAMILIES COPE WITH CANCER.

The pediatric hematology-oncology treatment room at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital needed a face-lift. "It wasn't as kid-friendly as it could be," recalls Tammy Catherwood, who runs the Amanda Styles Cirelli Foundation, which aims to bring a smile to children with cancer. So when the hospital's Child Life team mentioned that their No. 1 priority was to redesign the treatment room, Tammy didn't hesitate to offer \$55,000 in funding for it.

Today, the room is colorful and features lights on the ceiling. The color of the lights can be changed, and they can be dimmed for a more soothing environment. There are no cabinets or open shelves; the medical equipment is tucked away and covered. "It's beautiful," says Tammy. "It's gender-neutral and timeless. It will make a big difference for kids."

MAKING A DIFFERENCE

The Foundation was launched 12 years ago in memory of Tammy's sister, Amanda, a teacher who died from a rare cancer at age 29. "She loved children, so the Foundation was created to make a difference in the lives of children," says Tammy. It seemed only natural to partner with BMSCH. Several years ago, the Foundation funded the Beads of Courage program, in which cancer patients receive a colored bead for each experience they endure. For instance, a yellow bead signifies an overnight hospital stay. "It's a form of art therapy,"

says Tammy. "It helps spark a conversation among patients and caregivers because they know what the beads mean."

Patients string the beads—which tell the "story" of their treatment—in the order in which they acquire them. "I've seen the beads wrap around a hospital room," says Tammy. "The children receive them for their birthday and hair loss, for instance." The Beads of Courage program is now offered in three hospitals in New Jersey.

The Foundation also funds the "Smile Fund," which pays for parties for cancer patients at BMSCH. The funds are available for food and paper goods, and they can be used for any type of celebration, whether it's a birthday or Super Bowl party.

In 2018, the Foundation funded the Caring Cards Cart in the hospital's resource room. The group supplies all-occasion greeting cards for patients and others. This includes birthday cards, thank-you notes, holiday cards and sympathy cards for both parents and kids. Stamps are also available. "The Cart is especially helpful for families who have limited time to shop because they're focused on their child's well-being," says Tammy.

DISTRACTING ANXIOUS PATIENTS

Also funded by the Foundation are Smile Bags, yellow drawstring sacks that contain Play-Doh, crayons, Silly Putty, bubbles, travel games, markers and paper. "These are all great distractions for kids who are ill," says Tammy. "Even teenagers love Play-Doh." The items can be shared with



Clockwise, from top: The new hematology-oncology treatment room at The Bristol-Myers-Squibb Children's Hospital; Smile Bags, which are filled with fun distractions for kids with cancer; and items used to fill the bags. **Note: The photo on the far right was taken before mask and social distancing recommendations were in place.**

siblings, friends and other patients.

The Foundation has received such positive feedback that many hospitals request additional bags when the first batch runs out. "We often receive comments like, 'This put a smile on my child's face,'" says Tammy.

These efforts can make a big difference in the lives of kids—which is exactly what Amanda Styles Cirelli would have wanted. "Knowing that she's probably smiling down on us keeps us going," says Tammy. "We bring smiles to children in honor of her."




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



To support programs at The Bristol Myers-Squibb Children's Hospital, visit www.rwjuhgiving.org or call 732.937.8750.





Jacob Saccal is back to playing lacrosse and other sports after treatment for a sports hernia.

BACK IN THE GAME

AFTER 19 DOCTOR'S APPOINTMENTS AND ONE SURGERY, A COLLEGE ATHLETE IS FINALLY PAIN-FREE.

In March 2018, Jacob Saccal, a freshman at Embry-Riddle Aeronautical University in Daytona Beach, Fla., was playing the position of attack in a college lacrosse game. As the Division II athlete planted his left foot and turned to the right—a move that resembles a high-speed shuffle—he felt pain in his pelvic area, upper thigh and lower abdomen. At first, the pain was



Lora Melman, MD, FACS, FASMBS, diagnoses and treats many patients with sports hernias.



SIGNS OF A SPORTS HERNIA

People who play soccer, lacrosse and hockey—or any sport that requires sprinting, running or cutting movements—are vulnerable to a sports hernia. If you experience any of the following symptoms, see a sports hernia specialist.

- groin pain with activity
- an inability to participate in a sport due to pain
- trouble going up and down stairs

dull, and Jacob was able to finish the lacrosse season. Over the summer, “it came and went,” he recalls. “When I went for a jog, the pain would act up. I didn’t see a doctor because I thought I had just pulled a muscle and the pain would eventually go away.”

By the time Jacob returned to college for his sophomore year, the pain had become sharp and stabbing. Despite this, he continued to play lacrosse. “I tried to play through the pain,” he recalls. By October 2018, the discomfort was so debilitating that Jacob could barely walk. “Friends carried me to class,” he says. “Every day was a struggle. I thought, ‘enough is enough.’” Jacob was studying to be a pilot, and he didn’t want to ruin his flight career before it even began.

AN ELUSIVE DIAGNOSIS

Jacob made appointments with physicians in Florida, but they disagreed on the diagnosis. In total, he saw 18 doctors that fall. “I had CT scans, MRIs and ultrasounds, and I was told different things,” he says. He also tried physical therapy (PT), but it only seemed to exacerbate his symptoms. Finally, when he returned home to Alexandria, N.J., in December, he was determined to find a physician who could help him. “I remember thinking, ‘I need to get this fixed,’” he says. Jacob and his parents did some research online and found Lora Melman, MD, FACS, FASMBS, Director of The Hernia

Center of New Jersey at Robert Wood Johnson University Hospital and Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School.

When Jacob saw Dr. Melman, she reviewed an MRI, which revealed inflammation around his pelvic bone, and performed a physical exam. “Right away, she told me it was a sports hernia,” he recalls. “The diagnosis is not well understood among physicians,” says Dr. Melman. “A hernia is a hole that allows tissue to bulge through. It could be in the belly button, groin or diaphragm. With a sports hernia, also known as athletic pubalgia, there is no hole or bulge. There are muscular imbalances above and below the pelvic bone, which can only be diagnosed through a special physical exam. If a patient has a groin hernia with pain and a physician operates on the hernia without addressing the muscle imbalance, the patient will still have pain.”

Typically, Dr. Melman recommends that patients have specialized PT first to strengthen their core muscles and lengthen the inner thigh muscles. Since Jacob had already tried PT, Dr. Melman recommended surgery. “It’s more than 90 percent effective,” she says. Jacob decided to take the semester off and enroll in online classes so he could focus on healing.

“It was a sigh of relief knowing that the end was in sight,” says Jacob.

RELIEF AT LAST

In January 2019, Jacob had the surgery. “I performed a minimally invasive repair that involved reinforcing the lower abdominal wall and releasing the adductor tendon in the groin area,” says Dr. Melman. “This strengthens the muscles on top of the pelvic bone and loosens the muscles underneath, which provides better balance across the pelvic bone.”

The surgery went well. “I took ibuprofen for a few days, but I had almost no pain afterward,” he says. A few weeks after the procedure, Jacob started six weeks of PT. Three times a week, he performed exercises to strengthen and balance his core, leg and adductor muscles. When Jacob finished PT, he received the green light to play lacrosse again. “It was such a relief,” he says.

Today, Jacob is playing for the Polish Heritage lacrosse team in an international league. “I’m so thankful for Dr. Melman,” he says. “She gave me my life back. I’m pain-free, and I’m flying planes, playing lacrosse and trying soccer and other sports. I feel like I can live my life to the fullest.”

For more information about sports hernias, please call **732.640.5316**.



Your heart doesn't beat just for you.

Get it checked. It beats for your husband or wife, your children and grandchildren. It beats for your brothers and sisters, your friends and lovers. It beats for everyone who cares deeply about you. So please, get your heart checked. For them. For you. For more information and to make an appointment with one of New Jersey's top cardiac specialists, [visit **rwjbh.org/heart**](https://www.rwjbh.org/heart)

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