

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

SUMMER 2020

healthy *together*

**LIFE-CHANGING
HIP REPLACEMENT**

**THE BENEFITS
OF A MIDWIFE-ASSISTED BIRTH**

GET STRONGER FASTER

**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.

Robert Wood Johnson University Hospital Somerset's Community Health and Diversity & Inclusion departments have been working to educate the Latino and African American communities about how to prevent the spread of COVID-19 through outreach events at schools, churches and food pantries. Over the past few months, they have distributed thousands of masks, hand sanitizer and soap as well as educational materials. In addition, the hospital will be holding online health education programs this fall, including a Breast Cancer Awareness Month Webinar with environmental activist Erin Brockovich on October 21. Please see the back cover for a list of upcoming events.

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



ANTHONY CAVA
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL SOMERSET



HEALTH NEWS



The ribbon-cutting ceremony at the opening of the new Warren medical group location. **Note: This photo was taken before mask and social distancing recommendations were in place.**

BETTER ACCESS TO CARE

Central New Jersey families now have even better access to quality medical care at more convenient RWJBarnabas Health locations:

- Bariatric surgeon David Ward, MD, a member of the RWJBarnabas Health medical group, recently moved his office to 762 Route 202/206 North in Bridgewater.
- Three RWJBarnabas Health medical group practices are now conveniently located in Warren. Roseland OB/GYN (Thomas DeAngelis, MD; Amanda Francis, DO; George Tweddel, MD; and Certified Nurse Midwife Annie Rizkalla) and Warren Internal Medicine (Douglas Ashinsky, MD) recently moved to 8 Mountain Boulevard. The practices join Comprehensive Family Medicine (Eric Brezina, MD; Danielle Cavallo, MD; and May DiCola, MD) at that location. Alpesh Patel, MD, of Cardio MD also has a satellite office there.
- Barone & Catania Cardiovascular Group (Paul Barone, MD; Raymond Catania, MD; and Oxana Ovakimyan, MD) of Watchung recently joined the RWJBarnabas Health medical group.

For a physician referral, call 888.724.7123.

WE'RE ON LINKEDIN AND INSTAGRAM!

To find out what's happening at RWJUH Somerset, follow us on LinkedIn and Instagram: @RWJSomerset.

Robert Wood Johnson University Hospital Somerset | **RWJBarnabas Health**

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RWJUH Somerset complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at rwjbh.org/somerset. RWJUH Somerset cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 908.685.2200. RWJUH Somerset konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 908.685.2200.

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NEW HIPS, NEW LIFE

Ron Wyatt is pain-free after bilateral hip replacement surgery.

JOINT REPLACEMENT SURGERY ALLOWED A BUSY PHOTOGRAPHER TO RETURN TO WORK QUICKLY.

Ron Wyatt is always on the go—and rarely without a camera in hand. In his 35 years as a professional photographer, Ron has captured shots of NFL and NBA superstars, the Summer Olympics, the Moscow Ballet and the staff of Robert Wood Johnson University Hospital (RWJUH) Somerset (his work appears regularly in this magazine). No matter the client, Ron is driven by a singular purpose—“getting the image,” he says.

About a decade ago, persistent pain in Ron’s hips began interfering with his ability to keep up with his busy work schedule. One day last fall, he was on assignment at RWJUH Somerset when a staff member noticed he was having trouble walking. Ron told her about his pain and that he was considering hip replacement surgery. “She told me about ‘Dr. K,’” says Ron, 65, of Avenel. “I made an appointment the very next day.”

BENEFITS OF BILATERAL HIP REPLACEMENT

At the appointment, Stephen Kayiaros, MD, an orthopedic surgeon at RWJUH Somerset, examined Ron and diagnosed severe osteoarthritis (OA) in both hips. OA occurs when cartilage, which cushions the hip joint, wears away and allows the bones to rub together, causing pain and stiffness. OA is the most common reason people need hip replacement surgery.



STEPHEN KAYIAROS, MD

Dr. Kayiaros determined that both of Ron’s hips needed to be replaced. Normally, patients with two damaged hips have one replaced, recover, then have the other replaced later.

But when a patient is suffering great pain and disability, Dr. Kayiaros sometimes suggests replacing both at once, a procedure called bilateral hip replacement.

Ron didn’t hesitate when Dr. Kayiaros recommended the bilateral procedure. “It was getting harder and harder to deal with the pain,” he says. In addition, having one procedure instead of two meant Ron would spend less time in the hospital and would miss less work. What’s more, Dr. Kayiaros performs hip replacements using a technique that speeds healing. Instead of operating from the back and cutting through muscles around the hip, which is known as a posterior hip replacement, Dr. Kayiaros uses a newer technique that involves accessing the hip from the front. This procedure, known as anterior hip replacement, requires special training and is more technically challenging, but studies show that it causes far less trauma to the hip muscles. That means patients experience less pain, are discharged from the hospital faster and can stop using a walker or cane sooner than patients treated with the other approach. “Most patients are close to a full recovery by six weeks,” says Dr. Kayiaros.

A QUICK RECOVERY

Ron’s surgery at RWJUH Somerset went smoothly. Afterward, he spent a few days at the hospital recovering in a private room. “The experience was great,” he says. “The room was very nice, and the staff was accommodating.” Ron was particularly touched by one gesture: He’s a huge fan of the tuna sandwiches in the hospital’s cafeteria, and one staff member made sure he got one at a small going-away party thrown for him and several other patients on discharge day.

At home, Ron spent a few weeks working with a physical therapist, whom

he credits with helping him get up and around quickly. He was back to work a month after his surgery, which allowed him to take on an assignment he had long sought: photographing the 2020 Honda Battle of the Bands Invitational Showcase, which features marching bands from around the nation. “I’m not in pain, and I’m walking without any problems,” says Ron, who is effusive in his praise of Dr. Kayiaros. “My care was first class.”



GOOD NEWS ABOUT RECOVERY

Up to one in four patients who receive an artificial hip eventually need the other one replaced, too. Many surgeons are reluctant to replace both hips at once, believing that the recovery can be challenging. However, research shows this may not be the case. Stephen Kayiaros, MD, an orthopedic surgeon at Robert Wood Johnson University Hospital Somerset, and several colleagues conducted one of the first studies comparing patients who undergo bilateral hip replacement with those who have a single hip replaced. Their study, which was published in *The Journal of Arthroplasty*, found no difference in the number of days patients in the two groups were hospitalized or their speed of recovery after discharge. The best candidate for a bilateral hip replacement is a healthy person younger than 80.

For more information about orthopedic services, visit www.rwjbh.org/ortho. For a physician referral, call 888.724.7123.





A SPECIAL DELIVERY

HOW A GESTATIONAL CARRIER BENEFITED FROM A MIDWIFE-ASSISTED BIRTH.

When Kellie Branca, a Middlesex resident and a district manager for a New Jersey-based pet retail business, agreed to become a gestational carrier for a friend, she turned to her town's Facebook moms group for a physician referral. "I asked the women if anyone had an OB they really loved, and someone recommended a practice with obstetricians and a midwife," says Kellie, 39, who has a 7-year-old son and a 5-year-old daughter. "I didn't even know what a midwife was."

When Kellie called to make an appointment, she was told she would be seeing Annie Rizkalla, CNM (Certified Nurse Midwife), who delivers about 50 babies each year at Robert Wood Johnson University Hospital (RWJUH) Somerset. Annie works in a practice with three obstetricians, one of whom is her husband. "I connected with Annie right away," says Kellie. "She is friendly and warm, and she was very supportive and excited about our surrogacy journey. I was her first gestational carrier, so it was a new experience for all of us."

Kellie's first two pregnancies and deliveries were uncomplicated and she was healthy, so she was a good candidate for a midwife-assisted birth. While any healthy woman can consider a midwife, some pregnant women should seek care from a physician, says Rizkalla. "If a woman has certain medical conditions or is considered high risk due to severe hypertension or uncontrolled diabetes, for instance, she should see an obstetrician," she says. "In some cases, she can consider a midwife in collaboration with a physician."

GUIDING WOMEN THROUGH LABOR

Certified nurse midwives attend about 9 percent of births in the U.S., according to the American College of Nurse-Midwives. To become certified, they must graduate from an accredited midwifery education program, obtain clinical experience caring for women and newborns and pass the national board exam. While some midwives deliver babies



in patients' homes and birthing centers, most work at hospitals. Rizkalla likes the fact that she can collaborate with the healthcare team at RWJUH Somerset. "Most deliveries are uncomplicated, but if there's a medical issue or a complication, then an obstetrician is available," she says. "If a newborn needs special care, a neonatologist can be called."

In general, midwives prefer to let labor begin naturally rather than inducing it. For women who don't want pain medication, midwives offer techniques like relaxation, breathing and hydrotherapy. "I work with patients to help them get through each contraction," says Rizkalla. Of course, if a woman does want pain medicine, that's available.

Rizkalla says midwifery can benefit pregnant women. "I think women are happiest with their birth outcome when they feel like they have some control of their bodies and choices," she says. "I wouldn't push pain medicine on a woman who doesn't want it, and I wouldn't withhold it from someone who does. We want to guide women through labor so each woman feels respected and satisfied with her birth experience."

"A FANTASTIC CHEERLEADER"

Throughout her pregnancy, Kellie saw a few of the obstetricians in the practice

Left: Kellie Branca with the baby's parents, Todd and Marisa. Above: Annie Rizkalla, CNM, provided care during Kellie's pregnancy and was there for the delivery on January 31. **Note: The group photos were taken before mask and social distancing recommendations were in place.**

for some of her prenatal visits. But Rizkalla mostly cared for her during the pregnancy and was there for the delivery on January 31. Kellie opted for an epidural, and Rizkalla provided emotional support, guidance and care throughout the hourlong birth. "She was a fantastic cheerleader," recalls Kellie. "She made me feel empowered."

The parents were in the delivery room to witness the birth of their daughter. They also attended many of Kellie's prenatal visits. This allowed everyone to express their desires and concerns for this unique birth experience. "The parents liked Annie right from the start, too," says Kellie.

Shortly after the delivery, the baby and her parents spent time alone together in another room while Rizkalla cared for Kellie. "The nursing staff did a wonderful job of giving the parents space to bond with their new daughter," says Rizkalla. Today, Kellie is grateful that she opted for a midwife. "It felt like I had my best friend by my side," she says.

For more information about maternity services, visit www.rwjbh.org/maternity.
For a midwife or physician referral, call 888.724.7123.





MARY MCHUGH, DO

NO MORE LEAKING

A UROLOGIST EXPLAINS THE MOST EFFECTIVE TREATMENT OPTIONS FOR INCONTINENCE.

If you leak urine or find yourself running to the restroom frequently, you're not alone. Nearly half of women experience stress urinary incontinence, in which urine leaks after you cough, sneeze or laugh. About 17 percent of women struggle with overactive bladder, in which you feel a sudden, strong need to urinate. About 9 percent of women suffer from urge urinary incontinence, in which a person experiences a sudden need to urinate and loses urine. Fortunately, there's no need to live with these problems, which can have a significant impact on your quality of life, according to Mary McHugh, DO, a board-certified urologist at Robert Wood Johnson University Hospital (RWJUH) Somerset and RWJBarnabas Health medical group. Here, she explains the most effective treatments.

What causes urinary incontinence?

Stress urinary incontinence develops when pelvic floor muscles, which control the ability to hold urine, are weak. The condition, which is more common in women, can be caused by pregnancy and childbirth, chronic coughing, smoking and being overweight. Overactive bladder, which occurs when nerve signals between the bladder and brain don't function properly, may be caused by neurologic disorders, hormone changes, urinary tract infection

or medication side effects. Urge urinary incontinence is linked to bladder irritants, such as caffeine and acidic or spicy foods. Other possible causes include uncontrolled diabetes and multiple sclerosis.

Why might some women not seek treatment for these conditions?

Some women may think these conditions are permanent and nothing can be done to help them, which is not the case. Others may not know what kind of doctor can help them or may feel too embarrassed to seek treatment.

What might women with these conditions be surprised to learn about their treatment options?

Not all types of urinary conditions require surgery. In patients with urge urinary

incontinence, we can evaluate lifestyle habits using a bladder diary, which tracks fluid intake, urinary frequency and leakage. Medications and therapies can ease overactive bladder symptoms. If medications are not helpful for this condition, Botox can be injected to relax the bladder muscle or nerve stimulation devices can be used to deliver electrical pulses to calm bladder nerves. For stress urinary incontinence, physical therapy can strengthen pelvic floor muscles.

When is surgery the best option?

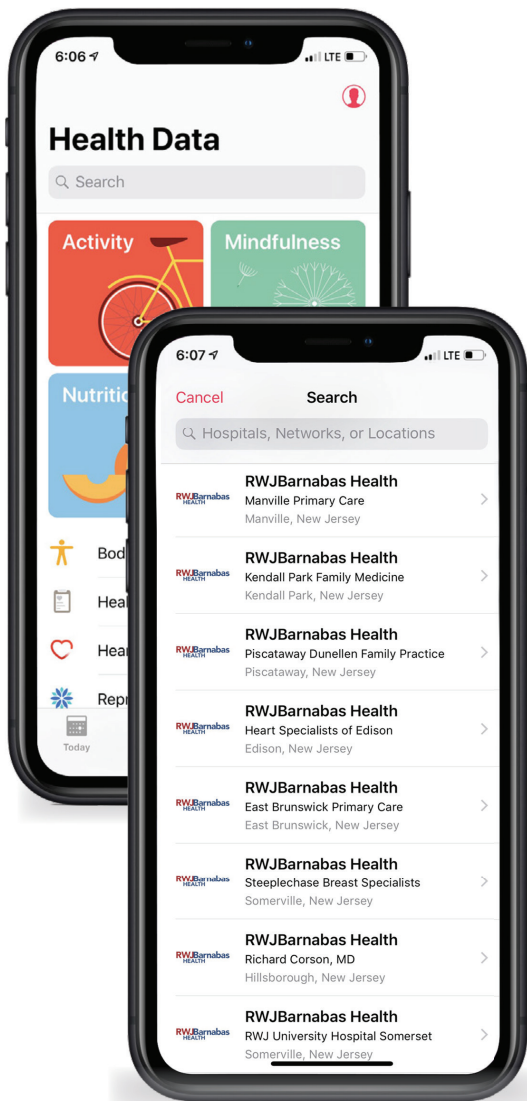
When conservative measures fail to control stress urinary incontinence in women, we can perform surgery to place a sling. The healing of the tissues around the sling helps with stress incontinence. Talk with your doctor about the benefits and risks of surgery.



To find a physician, visit www.rwjbh.org/somerset or call **888.724.7123**.

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.

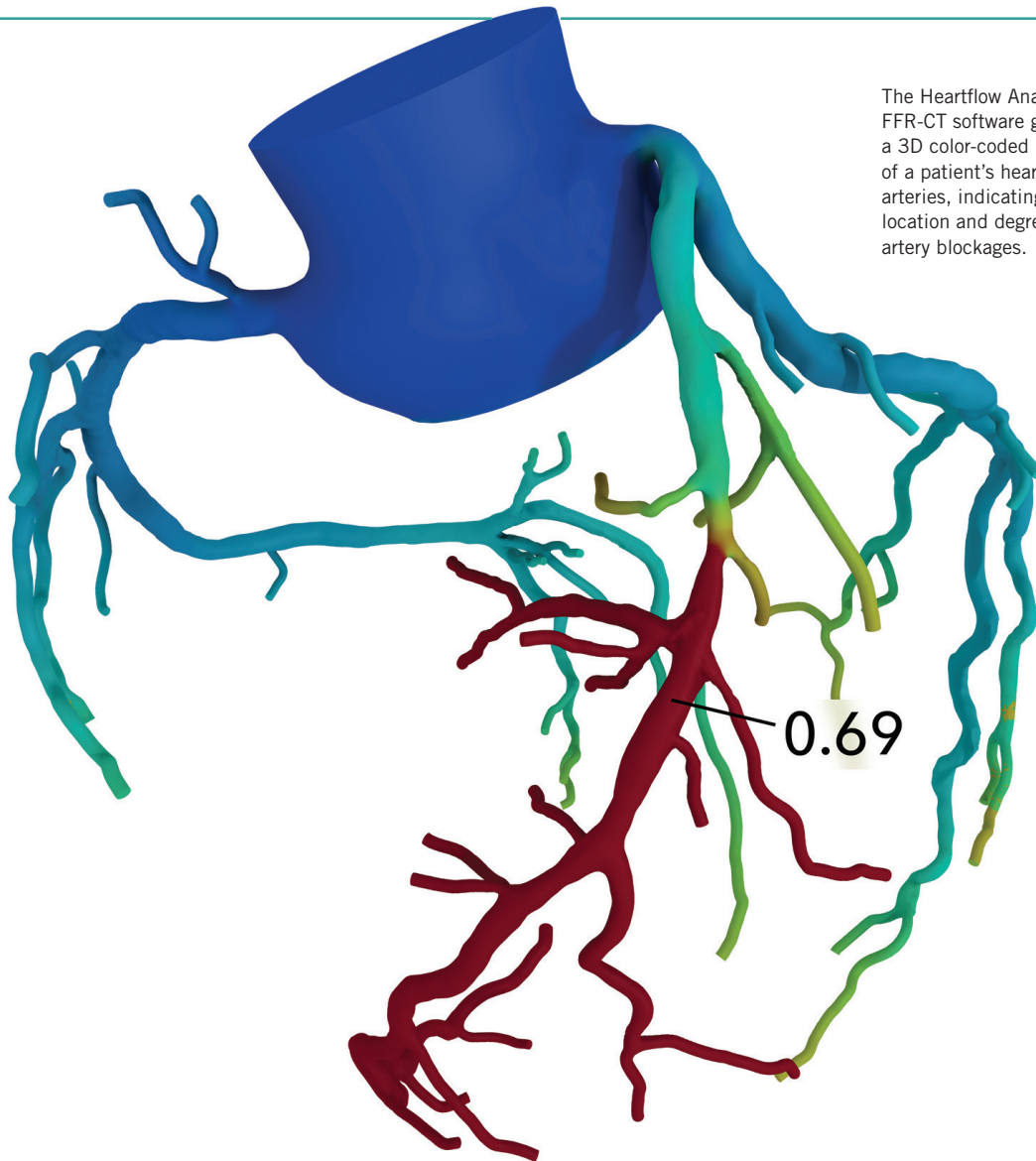
Drama has a place as well. RWJBH is a sponsor of the New Jersey Repertory Company, a professional nonprofit theater in Long Branch with a mission to develop and present new plays. And in a proactive move to help stem the opioid epidemic among young people, RWJBH has partnered with the George Street Playhouse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





The ribbon-cutting ceremony for Robert Wood Johnson University Hospital Somerset's 1-East Geriatric Inpatient Unit. From left: Tom Biga, President, Hospital Division, RWJBarnabas Health; Jack Morris, Chairman, Robert Wood Johnson University Hospital Board of Trustees; Glenn Miller, Executive Vice President and Chief Development Officer, RWJBarnabas Health; Amy Mansue, Executive Vice President and Chief Experience Officer, RWJBarnabas Health; Suzanne Kalafer; Paul Hubert, Chair, Somerset Health Care Foundation Board of Trustees; Steve Kalafer, Chairman of the Somerset Patriots, owner of the Flemington Car & Truck Country Family of Brands and former Chair of Somerset Health Care Foundation; Barry Ostrowsky, President and CEO, RWJBarnabas Health; Jo-Ann Mendles, Chair, Robert Wood Johnson University Hospital Somerset Advisory Board; Josh Kalafer, Co-Chairman of the Somerset Patriots and co-owner of Flemington Car & Truck Country; and Tony Cava, President and CEO, RWJUH Somerset. **Note: This photo was taken before mask and social distancing recommendations were in place.**

CREATING A

HEALTHY COMMUNITY

OLDER ADULTS ARE RECEIVING HIGH-QUALITY CARE IN A NEWLY RENOVATED INPATIENT SETTING THANKS TO A GENEROUS DONATION.

Robert Wood Johnson University Hospital (RWJUH) Somerset is dedicated to providing high-quality care for all patients, including older adults. Its 33-bed Geriatric Inpatient Unit on 1-East has been designated as a NICHE (Nurses Improving Care for Healthsystem Elders) facility, which demonstrates the hospital's commitment to providing patient-centered care for the elderly. In January, renovations to the unit, including a new nurses' station, floors and room fixtures, were completed, thanks to a \$1 million donation from Suzanne and Steve Kalafer. Steve is the founding chairman of the Flemington Car & Truck Country Family of Brands, the Somerset Patriots and former chair of the Somerset Health Care Foundation.

The Kalaferes have a long history of supporting RWJUH Somerset. Steve first became acquainted with the institution when he was treated for non-Hodgkin's lymphoma there about 30 years ago. "I noticed that this sophisticated hospital was also warm and caring," says Steve. "Everyone, including the nurses, janitors and technicians, had a genuine connection with patients. I admired and valued that." During his treatment at RWJUH Somerset, Steve made "lifelong friends with the doctors, nurses and staff members," he says. After his treatment was finished, Steve went into remission.

ENHANCING PATIENT CARE

In 2004, Steve joined the Board of Trustees of the Somerset Medical Center Foundation, as it was then known, and became chairman in 2010. He spearheaded many successful fundraising

campaigns, including raising more than \$20 million for the hospital's \$100 million expansion project, which included a new Emergency Department, two inpatient pavilions, seven new operating suites and a new parking garage.

Steve and the Flemington Car & Truck Country Family of Brands have generously sponsored free parking at the hospital's Rehill Avenue parking deck since 2009. "Having to pay for parking could limit seniors' visits to the hospital," says Steve. "I said, 'We need to take away the toll for visitors.'"

Steve and the Nardoni family co-founded the Paul R. Nardoni Foundation, which offers support to cancer patients and their families. The Foundation provided funding for RWJUH Somerset's Paul R. Nardoni Oncology Pavilion, a 35-bed unit for cancer patients also known as "Paul's Place." It offers care in a beautiful setting with hardwood-look floors, cherry wood furnishings, refrigerators, private baths, DVD players, flat-screen TVs and sleeper sofas for family members.

Another contribution involves the Women's Club of Canal Walk, an adult community in Somerset, Franklin Township, which raises funds for RWJUH Somerset. "These women are fully engaged in raising money for the hospital," says Steve. "I told them to work hard, and I will match the funds that they raise." To date, they have raised a total of \$100,000.

RWJUH Somerset appreciates Suzanne and Steve Kalafer's unwavering commitment to improving the health of the community. Says Anthony Cava, President and Chief Executive Officer: "We're grateful for their extraordinary generosity and longtime support."

For more information on how to support Robert Wood Johnson University Hospital Somerset, contact the Somerset Health Care Foundation at **908.685.2885**.





KNOWLEDGE IS POWER

WHY GENETIC TESTING CHANGED ONE
CANCER PATIENT'S TREATMENT PLAN
AND GAVE HER PEACE OF MIND.

Yoga helped Lorelie Estrellas cope with a breast cancer diagnosis, genetic testing and two surgeries.



RWJBarnabas Health and Robert Wood Johnson University Hospital Somerset, 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.

When Lorelie Estrellas, 63, was diagnosed with an early breast cancer in July 2019 after a routine mammogram and biopsy, she was distraught but not surprised. “I have a strong family history of the disease—four first cousins and an aunt had breast cancer,” says the retired nurse, who lives in Piscataway. There were other unsettling cancers in her family tree: Two of her first cousins were diagnosed with ovarian cancer, and another had uterine cancer.

Patient navigator Kim Cromwell-Piniella, RN, referred Lorelie for genetic counseling at the Hereditary Oncology Prevention and Education (HOPE) Program, which is offered at the Steeplechase Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Somerset in partnership with Rutgers Cancer Institute of New Jersey. “When a patient has a personal and/or family history of breast and ovarian cancers, genetic testing may be recommended to see if she’s a carrier of a hereditary cancer gene mutation,” says Sarah Nashed, MS, LGC, a genetic counselor in the HOPE Program. The most common cause of hereditary breast and ovarian cancer is due to the BRCA1 and BRCA2 genes. BRCA stands for “BRest CAncer” gene. All people carry both BRCA1 and BRCA2 genes; their role is to help prevent breast cancer. When either gene is mutated, however, it doesn’t function properly and increases the risk of developing breast and other cancers.

Testing revealed that Lorelie was a carrier of the BRCA2 mutation. Nearly 70 percent of women with this mutation will develop breast cancer by age 80, according to the National Cancer Institute (NCI). Those who are diagnosed with cancer and are successfully treated have a greater chance of developing a second cancer. With these statistics in mind, Lorelie, who had the earliest form of breast cancer (ductal carcinoma in situ, or cancer that’s confined to the milk ducts), chose to pursue aggressive treatment. Standard treatment involves removing the cancerous tissue (a lumpectomy) and radiation. But her

breast surgeon, Deborah Lue, MD, Medical Director of Breast Cancer Services, recommended a double mastectomy. Lorelie agreed and had the surgery on August 13, 2019. “My husband and three children told me to get a second opinion, but having been a nurse at RWJUH Somerset for 18 years, I was confident in the care I was receiving,” says Lorelie.

A SECOND SURGERY

After the double mastectomy, Lorelie had to make another decision. As a carrier of the BRCA2 mutation, she had an increased risk of developing ovarian cancer. (About 17 percent of women with the BRCA2 mutation develop ovarian cancer by age 80, according to the NCI.) After a quick trip to Europe in December with her children, she had a salpingo-oophorectomy, in which her ovaries and fallopian tubes were removed. Her surgeon was Mihae Song, MD, a gynecologic oncologist at RWJUH Somerset and Rutgers Cancer Institute.

Lorelie insisted that her three sisters and 26-year-old daughter be tested for the BRCA2 mutation that she carries. While her daughter was thankfully negative, two of her sisters tested positive. One had a salpingo-oophorectomy and at press time the other planned to have surgery in 2021.

COPING WITH STRESS

Lorelie credits yoga classes at the Steeplechase Cancer Center with helping her to cope with the cancer diagnosis and surgeries. “They helped to reduce my fatigue and stress during that time, and helped me sleep,” recalls Lorelie, who attended a yoga class at the Steeplechase Cancer Center twice a week until the COVID-19 pandemic. She also says she benefited from the wellness boutique. “It was a Godsend,” she says. “The staff spent hours helping me pick the right prosthetic bra.” (Lorelie decided not to undergo reconstructive surgery.)

Now that she’s cancer-free, Lorelie has made it her mission to advocate for the importance of regular mammograms and, if necessary, genetic testing. “While about one in 400 individuals carries a BRCA1 or



KEEPING HAIR DURING CHEMO

Chemotherapy drugs can cause a bevy of side effects—nausea and exhaustion, to name a few—but one of the most anguishing is losing your locks. The drugs fight cancer by attacking rapidly dividing cells, including hair follicles. Fortunately, hair loss can be reduced or prevented through Paxman Scalp Cooling treatment, which is available at the Steeplechase Cancer Center at Robert Wood Johnson University Hospital Somerset. Patients wear a cap, which circulates a cooling fluid before and during chemotherapy. This reduces blood flow in the scalp, helping to prevent chemotherapy drugs from entering blood vessels near the hair follicles.

A cooling cap costs \$2,200, but the fee has been waived for Steeplechase Cancer Center patients thanks to a generous gift from Medical Director Kathleen Toomey, MD. “Losing hair can be very emotional for cancer patients,” says Dr. Toomey. “This treatment gives them a sense of control over their disease. It helps them feel better about themselves and gives them a more positive outlook throughout their recovery.” For more information, call 908.252.4053.

BRCA2 mutation, it’s important to know if you do,” says Nashed. “Not only are they linked to an increased risk of breast and ovarian cancers, but they are also linked to an increased risk of prostate cancer in men and pancreatic cancer and melanoma in both men and women. If you have any concerns, it’s important to make an appointment with a genetic counselor. It could save your life.”

For more information about the HOPE Program, call 908.243.8692.



A NEW WAY TO BUILD MUSCLE

Physical therapist Nicole Cleffi, PT, DPT, uses Blood Flow Restriction therapy to help strengthen patients' muscles faster. **Note:** This photo was taken before mask and social distancing recommendations were in place.

AN INNOVATIVE THERAPY HELPS PATIENTS GAIN STRENGTH AND STABILITY.

Name any professional sports team—baseball, basketball, football or hockey—and it's likely that players who have suffered injuries have benefited from a special strength-training technique. Called Blood Flow Restriction (BFR) therapy, it involves using a tourniquet to partially block blood flow to a person's arm or leg during weight training. "Research shows that it's not only safe, but it also helps to strengthen muscles faster," says Nicole Cleffi, PT, DPT, a physical therapist at RWJ Sports Physical Therapy at Princeton, a facility affiliated with Robert Wood Johnson University Hospital (RWJUH) Somerset.

Blocking blood flow to a limb causes the muscles to work in a low-oxygen state. Substances such as lactic acid and other metabolites build up, spurring the body to release growth hormones. This leads to the growth of more muscle fibers and, ultimately, greater strength. At the same time, "BFR therapy triggers the body to form more capillaries, or blood vessels," says Dr. Cleffi. "This increases the supply of oxygen so muscles can work more efficiently."

A NOVEL TREATMENT

RWJ Sports Physical Therapy has offered BFR since September 2019. It's especially

beneficial for people who can't tolerate heavy weight lifting, such as those who are recovering from surgery, have suffered an injury or are deconditioned, says Dr. Cleffi. She typically uses the technique to treat sports-related injuries (anterior cruciate ligament, or ACL, rotator cuff and elbow) after patients have had surgery. Recently, Dr. Cleffi began using BFR therapy to treat patients with multiple sclerosis (MS) and osteoarthritis.

In October 2019, a patient who had weakness in her right leg due to MS sought care from Dr. Cleffi. She was tripping frequently because she couldn't lift her foot

properly while walking. The patient was an ideal candidate for BFR therapy. “She will continue to lose muscle mass over the years due to MS, and it’s frequently hard to combat that,” says Dr. Cleffi. “This seemed like a perfect opportunity to see if we could help her build muscle.”

Dr. Cleffi designed an 18-week course of twice-weekly treatments. First, she placed a device that resembles a blood pressure cuff around the patient’s leg and inflated it, blocking roughly 60 percent of blood flow initially. Over the course of 18 weeks, Dr. Cleffi gradually increased the pressure so that 70 percent of blood flow was blocked. Next, she led the patient through a series of hip, knee and ankle exercises—including squats and leg lifts with ankle weights attached—lasting approximately 25 to 30 minutes in total. The cuff is deflated for one minute between each exercise to



Blood Flow Restriction therapy involves using a tourniquet to partially block blood flow to a person’s arm or leg during weight training.

restore blood flow to the area.

The patient was grateful for the opportunity to try BFR therapy. “The treatment resembles how your arm feels when you’re having your blood pressure taken and the cuff is at maximum pressure,” she says. “It’s astonishing how difficult the workout is.”

PHYSICAL THERAPY IN YOUR BACKYARD

No matter where you live, there’s an RWJUH Somerset Physical Therapy facility near you:

- **BEDMINSTER (TWO LOCATIONS)**
Excellent Physical Therapy

95 Somerville Road
908.234.9668

- **The Sports Rehab and Balance Center**

2460 Lamington Road
908.234.2488

- **BRIDGEWATER**

1 Patriots Park (TD Bank Ballpark)
908.203.5972

- **FLEMINGTON**

295 State Highway 202/31
908.806.2000

- **HILLSBOROUGH**

1 Jill Court, Building 16, Suite 20
908.359.8800

- **PRINCETON**

743 Alexander Road, Suite 2
609.419.0455

- **SOMERVILLE**

110 Rehill Ave.
908.685.2944



A NEW LOCATION FOR REHAB

Patients who need physical or occupational therapy can now be treated in a newly renovated area on the third floor of Robert Wood Johnson University Hospital (RWJUH) Somerset. The bright, open Rehabilitation Services space features separate areas for occupational and physical therapy, as well as two private treatment rooms. It also has a walking track and a treadmill with a harness system for patients who are recovering from a stroke or other neurological disorders. A spacious waiting area provides ample seating and greater privacy for registration. “We’re pleased to welcome our physical therapy and occupational therapy patients back to this state-of-the-art center,” says Tony Cava, President and Chief Executive Officer of RWJUH Somerset. “This new location enhances patients’ comfort and privacy and allows them to get the support they need to meet their rehabilitation goals and return to the activities they enjoy.”

Physical therapy services include treatment for orthopedic and neurological conditions and vestibular and pelvic floor disorders. Occupational therapy services include upper extremity and hand therapy, custom splinting, the Lee Silverman Voice Technique (LSVT) for Parkinson’s disease, neurological care, lymphedema treatment and cancer rehabilitation. To schedule an appointment, call **908.685.2944**.

IMPRESSIVE RESULTS

Six weeks into the treatment, Dr. Cleffi assessed the patient’s progress. “There was a big improvement in the strength of her right leg and some improvement in the left leg as well,” she says. Her endurance increased, and she sleeps better. “We weren’t expecting that,” says Dr. Cleffi.

The patient was discharged from therapy in February. “She’s done fantastically well,” says Dr. Cleffi. “She’s made tremendous gains in strength, her balance has improved, and she hasn’t tripped.” The patient is feeling so strong that she’s able to return to one of her favorite activities—jogging. “I’ve noticed a significant difference when I walk and break into a jog,” she says. “I’m not worried about falling anymore.”

For more information about rehabilitation services, visit www.rwjbh.org/rehab.



Ankle replacement surgery has enabled Tim Mayo to return to the activities he enjoys most.

BACK IN THE SWING OF THINGS

THANKS TO A SUCCESSFUL ANKLE SURGERY, ONE PATIENT IS PAIN-FREE AND HAS ALREADY HIT THE LINKS.

For more information about orthopedic services, visit www.rwjbh.org/ortho. For a physician referral, call **888.724.7123**.

Tim Mayo loves sports—golf, softball, bowling, basketball—you name it, he’s played it. But intensifying pain and wobbliness in his left ankle left the North Brunswick resident struggling to climb stairs and walk the length of his lawn last year. “I was even afraid to go fishing,” says Tim, 70. “My ankle was so unstable I could have fallen in the water. I gave up everything.”

Tim has an autoimmune disorder, which damaged his left hip and shoulder joints. It also destroyed the cartilage in his left ankle, causing pain, inflammation and swelling. His rheumatologist, Alan Lichtbroun, MD, Clinical Associate Professor of Medicine at Rutgers Robert Wood Johnson Medical School, told Tim that he had severe ankle arthritis.

Tim made an appointment with Justin Fleming, DPM, FACFAS, a foot and ankle surgeon at Robert Wood Johnson University Hospital (RWJUH) Somerset. Dr. Fleming recommended surgery to replace Tim’s badly damaged ankle with an artificial joint implant.

A PRECISE PROCEDURE

Unlike hip and knee arthritis, which is usually caused by wear and tear in the joints, ankle arthritis is typically caused by cartilage loss following trauma to the joint, such as a dislocation or fracture. Until recently, the conventional surgical treatment for severe ankle arthritis was ankle fusion, in which the leg and foot bones that form the joint are fused with screws, plates or other hardware. This procedure relieves pain, but it limits the joint’s range of motion. Ankle replacement surgery, on the other hand, allows patients to remain active. The procedure is ideal for those who can no longer manage pain and gait instability with medications, braces and other nonsurgical treatments.



JUSTIN FLEMING, DPM

(For more information, see “Is Ankle Replacement for You?”)

Tim had never heard of ankle replacement surgery. While some 600,000 Americans have total knee replacements each

year and another 300,000 receive artificial hips, only about 4,000 Americans undergo ankle replacement surgery annually.

However, the number of patients who receive artificial ankles is increasing, thanks to improved implants and refined surgical techniques. “Placement of the implant is really important,” says Dr. Fleming. “An artificial joint that’s misaligned by just a few degrees may wear out too soon.”

To ensure the most precise alignment, Dr. Fleming takes a computed tomography (CT) scan of a patient’s ankle, which is sent to a team of engineers who create an alignment guide based on the person’s unique anatomy. During surgery, Dr. Fleming places the guide on the patient’s bones to determine where to remove joint tissue and place the new joint. With this cutting-edge technology, “we get a more predictable, uniform outcome than we could before,” says Dr. Fleming.

Like any artificial joint, an ankle implant may need to be adjusted or even replaced eventually, but 80 to 90 percent of today’s devices last for 15 years.

A SUCCESSFUL OUTCOME

Dr. Fleming performed Tim’s ankle replacement in July 2019. Prior to the procedure, an anesthesiologist placed Tim under general anesthesia and applied a local anesthetic to numb the nerves behind his left knee, which helps to limit postoperative pain. The surgery required a five-inch incision on the front of Tim’s ankle. It took about two hours to remove bone and implant the new joint. After an overnight stay in the hospital’s Orthopedic Pavilion, a 35-bed unit with private rooms, Tim went home. “The accommodations were fantastic,” says Tim. “And the care was wonderful—the nurses were very attentive.”

Tim is also grateful for Dr. Fleming’s care. “The surgery has been life-changing,” he says. Tim wore a protective boot and took it easy for two months while the incision healed, but today he walks and climbs the stairs without any pain. In fact, Tim has been cleared to resume all moderate-intensity activities. “I’m on my feet all day,” says Tim. “I can cut the lawn, and I’ve been able to play nine holes of golf.”



IS ANKLE REPLACEMENT FOR YOU?

The ideal candidate for total ankle replacement surgery is:

- 50 or older (the artificial joint lasts for about 15 years)
- someone who has a body mass index (BMI) less than 40
- a nonsmoker (tobacco use decreases blood flow to the foot and ankle, which damages bone tissue)
- someone who engages in low- or moderate-intensity activities (playing high-intensity sports like basketball could damage the implant)



PROTECT YOUR ANKLES

The following tips can help you maintain healthy ankles:

- Stretch your ankles frequently—especially before exercising. This will help keep the muscles flexible. Tight muscles are more prone to injury.
- If you sprain your ankle, see your physician. Left untreated, a sprain can weaken ligaments and lead to recurrent injuries.
- Check the soles of your shoes for heavy wear on the outside. This is an indication that you “tip” your ankles outward, which could injure a ligament. Consider seeing a podiatrist or other foot and ankle specialist for an evaluation.

Community Calendar

Robert Wood Johnson University Hospital Somerset's Community Health Department is offering a variety of free online community health education programs this fall.

Mindful Eating: Are You Conscious of Your Consumption?

In this webinar, discover strategies to improve your relationship with food and activity. Learn about RWJUH Somerset's new 10-week Mindfulness-Based Eating Awareness Program.

Amy Walsh, CDE, certified diabetes educator and manager of the Diabetes Education Center
Wednesday, September 16
12 to 12:30 p.m.

To register, visit <https://tinyurl.com/ycdh9vb3>.

The Prostate Paradigm

This webinar will focus on urological conditions, such as incontinence, benign prostatic hyperplasia and prostate cancer. You'll learn about risk factors, signs, causes, diagnostic testing and different

types of surgery, including the da Vinci Robotic Surgical System.
Dhiren Dave, MD, urologist and robotic surgeon

Tuesday, September 22
12 to 12:30 p.m.

To register, visit <https://tinyurl.com/ycpn5e5c>.

Facing Ovarian Cancer: A Woman's Guide to Health

In this webinar, you'll develop a better understanding of ovarian cancer. You'll learn about risk factors, symptoms, causes, diagnosis and treatments. Fertility preservation will also be discussed.

Mihae Song, MD, gynecologic oncologist
Wednesday, September 30
12 to 12:30 p.m.

To register, visit <https://tinyurl.com/y7kneqsk>.

Make Time for Mammography

According to Susan G. Komen, breast cancer deaths among African American women were 42 percent higher than those among other women between 2010 and 2014. This special webinar for African American women will cover the reasons for the increased mortality, strategies to reduce the risks and the importance of getting an annual mammogram.

Attiyyah Muhammad-Callaway, RN, Procedure Nurse

Tuesday, October 6, 12 to 1 p.m.

To register, visit <https://tinyurl.com/ycx8kot3>.

The Osteo Trifecta: Penia, Porosis and Arthritis

Understand the differences between osteopenia, osteoporosis and osteoarthritis. You'll learn about risk factors and causes, the stages of osteoporosis and the types of osteoarthritis. You'll also discover the role of diet; diagnostic tools; and the latest treatments.

Stephen Kayiaros, MD, orthopedic surgeon

Marcella O'Herlihy, RN, BSN, total joint coordinator

Tuesday, October 13
6:30 to 7:30 p.m.

To register, visit <https://tinyurl.com/y8vzd3my>.

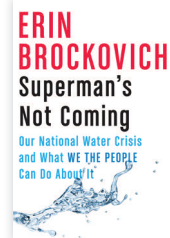
Airing Out Respiratory Risks

Discover strategies for improving respiratory health; the correlation between air quality and lung health; and the benefits of deep breathing.



Breast Cancer Clusters: Blown Out of the Water featuring Erin Brockovich

Discover your risks for breast cancer; causes, including environmental contaminants; signs; diagnostic tools (ie. mammogram, ultrasound



and MRI); and the latest treatment options, including RWJUH Somerset's High Risk Breast Cancer Program. Erin Brockovich, the renowned crusader whose case against Pacific Gas and Electric was dramatized in the Oscar-winning film, will share her story, inspire change that looks at our present situation with water and reveal the imminent threats to our most precious and essential element.

Erin Brockovich, environmental activist, consumer advocate and author Deborah Lue, MD, breast cancer surgeon

Wednesday, October 21
7 to 8:30 p.m.

To register, visit <https://tinyurl.com/y9ttehty>.

You'll also learn about lung conditions—risk factors, causes, diagnostic tools and the latest treatments.

Carol Yuan, MD, pulmonologist
Wednesday, October 28
12 to 12:30 p.m.

To register, visit <https://tinyurl.com/y9fglpuc>.

For more information on support groups, bariatric programs and community health screenings, visit www.rwjbh.org/rwjsomerset.



Bouncing Back from Rejection: Build the Resilience You Need to Get Back Up When Life Knocks You Down

In this webinar, learn to cope better with rejection and bounce back after difficult experiences by developing confidence and compassionate self-awareness through five domains: Sensations, Thoughts, Emotions, Actions and Mentalizing (STEAM). You'll learn how to relate to yourself and others in more positive ways, even when difficult situations arise.

Leslie Becker-Phelps, PhD, psychologist and author of "Bouncing Back from Rejection"

Wednesday, September 23
12 to 12:30 p.m.

To register, visit <https://tinyurl.com/y7t5rqs6>.

