

A Publication of
JERSEY CITY MEDICAL CENTER

WINTER 2020

healthy *together*

PREVENTING
COLORECTAL
CANCER

HOW FAST
ACTION SAVED
A BABY

ALWAYS TIRED?
WHEN TO GET
CHECKED

CRITICAL CARE
WHEN EVERY MOMENT COUNTS

SAVING LIVES IS OUR LIFE'S WORK

At RWJBarnabas Health, we take the trust people place in us to heart. It's the bedrock of our commitment to your care, from preventive services to life-saving emergency treatment.

For urgent situations, we have two world-class trauma centers, one in Jersey City and one in New Brunswick, as well as the only burn center in the state, located in Livingston. In addition, we have expanded our emergency response capabilities and have acquired an advanced emergency helicopter, call sign Life Flight, equipped and staffed to provide critical care while transporting badly injured patients.

As a state-recognized trauma center, Jersey City Medical Center provides a higher level of care with coordinated, specialized treatment to patients who need immediate care. Fully staffed with board-certified trauma surgeons, specially trained nurses, technicians and healthcare professionals, we make lifesaving care available 24 hours a day, seven days a week, 365 days a year.

To help people stay healthy and safe, we reach out with education and prevention programs for people of all ages. We've also invested in creating the new secure and convenient RWJBarnabas Health Connect app, available at your app store. Health Connect lets you access your records, store your insurance information, search for doctors and make real-time appointments that are automatically added to your phone calendar.

Health Connect, along with the RWJBarnabas Health TeleMed app, which offers online access for a physician visit, are integral parts of efforts to create a truly tech-forward healthcare organization. These efforts led to all RWJBarnabas Health hospitals earning the "Most Wired" designation from the College of Healthcare Information Management Executives this year.

Whether you face an emergency or have an everyday health question, we're committed to providing convenient access to the highest-quality care—whenever and wherever you need it.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



MICHAEL PRILUTSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
JERSEY CITY MEDICAL CENTER



HEALTH NEWS



THE BEST CARE FOR MOTHERS AND BABIES

The Neonatal Intensive Care Unit (NICU) at Jersey City Medical Center—the only Level 3 NICU in Hudson County—reached a critical milestone last fall when it surpassed six years of maintaining zero cases of central line-associated bloodstream infection (CLABSI). CLABSI is a significant contributor to morbidity and mortality for infants who are susceptible to infections.

In addition, the medical center recently opened the much-anticipated Lord Abbett Maternity Wing, a state-of-the-art facility that adds 20 private mother-baby rooms.

"Welcoming a new baby is one of the most important experiences of your life and choosing the best medical team is just as meaningful," says Michael Prilutsky, President and Chief Executive Officer. "Always patient-centered and quality-driven, our skilled and supportive care team manages all types of delivery, from natural to the most challenging and high-risk. We are proud to have the expertise and technology necessary for comprehensive maternity care before, during and after the birth of your child, matched by a healing and comforting environment for the entire family." To learn more or to schedule a tour, visit www.rwjbh.org/maternity.

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FEELING GOOD? GO TO THE DOCTOR

A "WELL VISIT" CAN HELP YOU STAY
HEALTHY FOR THE LONG TERM.

If you are an adult living in the Greenville area, the staff at the new primary care center at Jersey City Medical Center at Greenville would like to see you.

“We know our patients are happy to be within walking distance of care when they are not feeling well,” says internal medicine specialist Bertha Mayorquin, MD, who staffs the center during its regular weekday hours and is a member of the RWJBarnabas Health medical group. “They can walk in and we will fit them in. But we would like to see more people scheduling and coming in for well visits.”

Well visits can save patients time and money while sparing them from pain, future disability and even premature death due to conditions that are treatable if caught early.

“If we can treat something early, we can prevent hospitalization,” says Dr. Mayorquin. “If we catch impaired glucose early, for example, we prevent diabetes. If we catch a tumor early, before it is late-stage, we improve quality of life for the patient. If we catch high blood pressure early, we can prevent stroke and disability.”

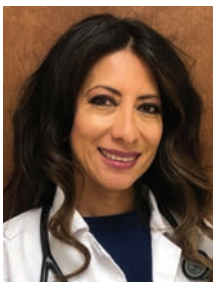
Cost concerns should not prevent people from scheduling a well visit, Dr. Mayorquin says. Well visits are covered by private insurance under the Affordable Care Act and by Medicare, and the Greenville center also accepts charity care and Medicaid. “Our on-site pharmacy has a \$4 program for generic medications for common disorders,” says Dr. Mayorquin.

Adults should have one well visit each year. However, one recent study showed that only 20 percent of Medicare beneficiaries take advantage of the well visit benefit.

GETTING TO KNOW YOU

Well visits begin with a patient screening, followed by a full physical and concluding consultation. Dr. Mayorquin says a registered patient can complete the visit in only 45 minutes.

“During the patient screening, we check the patient’s vitals, review the meds



BERTHA MAYORQUIN, MD



WHAT HAPPENS AT A WELL VISIT?

ANNUAL WELL EXAM CHECKLIST

At your first well visit, your healthcare provider will get to know your background and needs, building a record that can be referred to for future visits.

HEALTH RISK ASSESSMENT: Patient provides background information including demographic data, lifestyle, daily activities and self-assessment of overall health.

MEDICAL AND FAMILY HISTORY: Patient provides individual and family medical background, including parents, siblings and children.

MEASUREMENTS: Healthcare provider notes height, weight, blood pressure and other relevant benchmarks depending on medical and family history.

COGNITIVE EVALUATION: Doctor evaluates patient for impairment by direct observation or in some cases, reports or concerns by friends, family members and caregivers.

REVIEW OF PATIENT’S POTENTIAL RISK FACTORS FOR DEPRESSION: Standard screening test by healthcare provider.

REVIEW OF LEVEL OF FUNCTIONAL ABILITY AND SAFETY LEVEL: Direct observation and screening questions to assess factors such as risk of falling, home safety and hearing issues.

SETTING A SCREENING SCHEDULE: A checklist of goals for as long as five to 10 years and recommendations for follow-up tests based on age, current health status and screening history.

CONSULTATION: Furnishing the patient with information, including risk factors that may require intervention, referrals needed or recommended services and, at the discretion of the patient, discussion of advance care planning services.

Source: Centers for Medicare and Medicaid Services

they are taking, chart allergies and ask about prior medical conditions, family history and social history, and whether they have any toxic habits like tobacco, alcohol or substance use,” says Dr. Mayorquin. “We review all systems to see if there are any issues we need to target.” She also consults with the patient to address weight, diet, exercise and other goals, and discuss follow-up needs and options.

Services offered at the center include same-day visits for needs like vaccines or on-site testing of urine and blood. Patients can also schedule an appointment with a visiting specialist, such as a rheumatologist who specializes in pain disorders like arthritis, or a visiting

gynecologist who comes to do Pap smears and pelvic exams.

The state-of-the-art facility was fully renovated four years ago with patient comfort and convenience in mind.

“We have a great staff, front-desk personnel, medical assistants, registered nurses and a doctor on site Monday through Friday,” Dr. Mayorquin says. “Telephone consultations are also available after hours.”

Center hours are 9 a.m. to 5 p.m. weekdays except Thursday, when hours are 11 a.m. to 7 p.m. “so we can see patients coming out of work,” says Dr. Mayorquin.

“I love being here,” she says. “The patients are so happy to have care near where they live and work.”

To find a Jersey City Medical Center primary healthcare provider, call **888.724.7123** or visit www.rwjbh.org/medicalgroup.



SAVING THE BABY

THANKS TO FAST ACTION IN THE LABOR AND DELIVERY UNIT, A BABY SURVIVES A RARE CONDITION.

After delivering a healthy baby girl at Jersey City Medical Center (JCMC) in 2011, Vanessa Imme knew she wanted to go back there to have her next child. Vanessa, now 34, was impressed by the attentive care she received from hospital medical personnel, including her OB-GYN, Ahmed Yousry, MD, a member of the RWJBarnabas Health medical group. She also enjoyed the hospital's perks for expectant

moms. "I couldn't believe I had my own private room with a view of the Statue of Liberty," she recalls.

However, while her daughter Adrianna's birth was "normal and very easy," her son Mateo's delivery in May 2019 was a harrowing one. "We almost lost him," she says.

It took an emergency C-section and a weeklong stay at JCMC's Neonatal Intensive Care Unit (NICU) to give little Mateo a healthy start in life.

A LUCKY VISIT

Vanessa, the director of leasing and sales for a Jersey City real estate development and management company, and her husband,

Matt, had already faced challenges on their road to becoming a family of four. "After I had my daughter, I suffered from three miscarriages before conceiving Mateo," she recalls. "When I became pregnant with him, I was nervous the whole way."

The pregnancy seemed to be going along smoothly until about 38 weeks in, when Vanessa began spotting. She went to her doctor and was told it was normal and not to worry.

However, when she continued to spot days later, she felt something was not right, even though she didn't have any other symptoms. Dr. Yousry was out of the office that day, and Vanessa was advised



Above, at left, Adrianna, Mateo and Dr. Yousry; at right, the Imme family at home: Vanessa, Matt, baby Mateo and Adrianna.

to go to JCMC so she could be monitored immediately.

In the Labor and Delivery Unit, Vanessa had an internal exam. “Everything looked fine, so they were going to release me,” she recalls. “But they had placed heart rate monitors on my stomach per hospital protocol, and all of a sudden, my baby’s heart rate dropped.”

By a stroke of good fortune, Dr. Yousry happened to be on the Labor and Delivery Unit floor that day and was able to evaluate Vanessa right away.

“I could tell the baby was in distress because his heartbeat would drop and come back, showing me that he was fighting,” says Dr. Yousry. “I did not want to wait any longer. We immediately took Vanessa to the operating room to take the baby through a cesarean section. From the time she came to Labor and Delivery to the time the baby was out, the delivery took less than 20 minutes.”

Because Mateo was born at just 4 pounds, 3 ounces, he was taken to JCMC’s NICU, a Level III Regional Perinatal Center, where he stayed for one week. “We sent him there just for observation because of his small size, but he was very strong,” says Dr. Yousry.

FINDING THE CAUSE

While examining the placenta after Mateo’s birth, Dr. Yousry was able to determine that the cause of the baby’s distress was placental abruption, which occurs when the placenta partially or completely detaches from the uterus before childbirth. Because the baby depends on the placenta to receive oxygen and nutrients from the mother’s blood, delivered via the umbilical cord, placental abruption can be dangerous and even fatal to the unborn child.

“It can happen to any pregnant woman at any time during pregnancy, but especially toward the end,” says Dr. Yousry. “Vanessa’s case was acute, meaning that it happened suddenly, without warning.”

“The spotting she experienced was not unusual for a 38-week pregnancy, though placental abruption cannot be ruled out. If she had not happened to come into the hospital that day, there’s a very good chance the baby wouldn’t have survived.”

The cause of Vanessa’s condition is unclear, but scarring from previous miscarriages may have prevented the placenta from fully attaching to the uterus. While placental abruption is rare, occurring in only about 1 percent of pregnancies, other risk factors include diabetes, hypertension, smoking and carrying multiples.

Vanessa was released from the hospital a few days before Mateo. “Being released without my son was one of the hardest moments in my life, but what got me through it was knowing he was in the best care,” she says. “The NICU nurses exceeded my expectations and provided me with so much support, even encouraging me to breastfeed when I was most vulnerable and contemplated giving up. I couldn’t have done it without them.”

Today, Mateo is smiling, sleeping well and gaining weight. “He’s such a good baby,” she says.

Looking back, Vanessa says she can’t imagine giving birth at any other hospital, especially given the challenges of Mateo’s birth.

“The location was so convenient to my

BEAUTIFUL BEGINNINGS

The Lord Abnett Maternity Wing at Jersey City Medical Center, made possible by a \$1 million donation by investment firm Lord Abnett & Co., is now open. The 17,500-square-foot state-of-the-art facility has 20 private rooms designed to promote bonding and provide the best outcomes for newborns, mothers and families. “Our shared vision was to create an environment where every woman who decides to deliver at our hospital will have a private room where she can heal after giving birth, bond with her newborn and immediate family, and spend time together with her extended family,” says Lance Bruck, MD, Vice President & Chairman, Department of Obstetrics, Gynecology & Women’s Health, Jersey City Medical Center.

home in Jersey City—a six-minute Uber ride, to be exact. Every second on the day of his birth was crucial. I can’t imagine what could have happened had I had to sit in Manhattan traffic,” she says. “My husband would deliver my breast milk to the NICU in the middle of the night and be back home within 15 minutes.” But most of all, she is grateful for the quick action of Dr. Yousry and the team at JCMC. “They saved my son’s life,” she says.

To learn more about maternity services at Jersey City Medical Center, visit www.rwjbh.org/maternity.



DONATING TO MAKE A DIFFERENCE

HOW A JCMC FOUNDATION TRUSTEE HAS HELPED THE MEDICAL CENTER THRIVE

Jared Wolovnick has a passion for golf and a passion for giving. Jersey City Medical Center (JCMC) has benefited greatly from both.

"I started playing golf with my dad when I was 11," he says. "I must have played thousands of rounds since then." Philanthropy, too, was a family affair; his grandfather, Benjamin Wolovnick, had sponsored the building of a hospital in Queens, New York.

So when Jared and his wife, Julie, moved to Jersey City in 2004, it was only natural that he became involved with the Cristie Kerr Birdies for Breast Cancer golf tournament at Liberty National Golf Club. "I wound up being a sponsor of that tournament and other events. During that time, I got to know a lot of people at the hospital, including the then-CEO, Joseph Scott. The doctors are fantastic, the nurses are wonderful," he says.

In 2009, Jared was asked to become a member of the Board of Trustees of the JCMC Foundation. "Being a corporate attorney at the time, I said, 'Give me the rundown on exactly what's involved,'" says

Jared, who is now retired from his role as Vice President and Associate General Counsel at Verisk Analytics.

"I realized that, more than anything, being on the board is about making people aware of what the hospital is doing, how it's growing and how it's serving the community," he says. "When you believe in the concept, it's easy to do."

RAISING FUNDS

"I'd say, 'I live in Jersey City, I see all the people walking by,'" he recounts. "I'd ask merchants where a person would go if they tripped on their front step. To a hospital down the road, treated by doctors who provide the best possible care, that's where! I'd tell them, 'You need to support your local hospital.' And I believe that's true, not only for local merchants but for all the high-powered companies that have moved to Jersey City."

Jared estimates that he and Julie, a retired orthodontist, have given close to half a million dollars to JCMC. "Most of the donations have been general, but we did support a new Pet Therapy program.



From left, Chris Mackin, Jared Wolovnick, Leela Narang and James Federici at the JCMC Golf Classic; above, with his award and JCMC Board of Trustees Chair Robert Margulies.

We have a maternity suite named for us," he says. The suite is part of JCMC's new state-of-the-art maternity wing featuring 20 private rooms.

In recognition of his dedication, Jared was Event Honoree at the JCMC Golf Classic and Celebration last July. The Wolovnick's now live in Florida, where he recently joined the board of the Arnold Palmer Medical Center Foundation. They've kept their apartment in Jersey City and remain closely connected to JCMC. Their son, Joshua Remland, is JCMC's Volunteer Coordinator, and the Wolovnick's still avail themselves of the care at the medical center.

"I personally have only had one episode where I needed medical assistance, and naturally it involved golf," Jared says.

"I was playing in a tournament in 2013 and after hitting a shot my left wrist basically exploded," he explains. "I went to the JCMC Orthopedics Institute and Dr. John Capo told me that I had injured both the ligament and tendon in my wrist. He suggested a year or more of rest as one alternative. But then he went out of his way to identify that I was using golf clubs that accentuated the vibrations caused during a golf shot. He explained that I needed to change my clubs and showed me how to double-wrap my wrist. I have been able to continue playing without incident for the last six years.

"It's like I always tell people—you can't beat the care you get at Jersey City Medical Center!"

To learn more about giving opportunities at Jersey City Medical Center, visit www.rwjbh.org/giving.



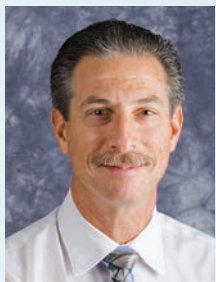


HOW TO SAVE A LIFE

IS IT A HEART ATTACK OR CARDIAC ARREST—AND WHAT SHOULD A BYSTANDER DO?

“Heart attack” and “cardiac arrest” may sound like similar conditions, but they’re not the same—and one is potentially much more life-threatening. “With a heart attack, an artery is clogged, and the majority of patients have 100 percent closure of an artery,” explains Jay H. Stone, MD, Director of the Cardiac Catheterization and Interventional Lab at Community Medical Center in Toms River and a member of the RWJBarnabas Health medical group. “In a cardiac arrest, the heart stops completely and no blood at all is circulating.” Death can be instantaneous.

The two things that determine survival, Dr. Stone explains, are the underlying pathology and the flow of blood to the brain. “If someone passes out in front of you, take action immediately,” he urges. “The patient can’t afford to lose the time that it may take for professional medical help to arrive.” Quick action can double or even triple a cardiac arrest victim’s chance for survival.



JAY H. STONE, MD

HEART ATTACK

WHAT IT IS

A circulation problem. Blood flow stops because of a blockage in an artery. The part of the heart muscle that is deprived of oxygen-rich blood begins to die.

SYMPTOMS

These may begin hours, days or weeks in advance.

- Chest pain or feeling of pressure in the chest, possibly spreading to arms, neck, jaw, back or stomach.
- Feeling sick, sweaty or short of breath.
- The person having a heart attack will usually remain conscious.

WHAT TO DO

If you are having these symptoms, don’t hesitate to contact your doctor or call 911. If someone you are with appears to be having a heart attack, call 911 immediately. Sit the person down and keep them calm while you wait for help.

CARDIAC ARREST (CA)

WHAT IT IS

Usually, an electrical problem that causes the heart to stop pumping. CA can be triggered by a heart attack but can have other causes, such as an undiagnosed heart abnormality or cocaine or amphetamine use.

SYMPTOMS

- Possibly racing heart or dizziness, but CA may occur without warning.
- A person suffering CA will become unconscious and will not breathe normally, or breathe at all.

WHAT TO DO

- Immediately call 911, or have someone else make the call while you perform the steps below.
- If an AED (automated external defibrillator) is available, begin use, following the prompts.
- Do CPR (cardiopulmonary resuscitation). If you don’t know conventional CPR, do hands-only CPR (see below).

GET IT CHECKED

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



HANDS-ONLY CPR

Hands-only CPR can be done successfully even by someone who’s not a professional. The idea is to push hard and fast in the center of the victim’s chest to the beat of a familiar song that has 100 to 120 beats per minute. Think of the song “Stayin’ Alive” by the Bee Gees to help keep compressions in a regular rhythm. If disco doesn’t do it for you, push along to one of these:

- “Crazy in Love” by Beyoncé
- “Hips Don’t Lie” by Shakira
- “I Walk the Line” by Johnny Cash



TRAUMA WITHOUT DRAMA

TOP RWJBARNABAS HEALTH TRAUMA AND BURN CENTERS STAND AT THE READY TO DO WHAT'S NEEDED FOR THE MOST SEVERELY INJURED PATIENTS.

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!”

And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

“In a true trauma situation, we have quiet, controlled conditions,” says critical

care surgeon Rajan Gupta, MD, Director of the Level I Trauma Center and Pediatric Trauma Center at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “The more we mitigate chaos, the safer the environment, and the better the patient will do.”

Another common misconception, says Dr. Gupta, is that trauma treatment ends after the critical first 30 to 60 minutes of care. “In fact, our system spans the entire gamut of care—emergency services, acute care centers, rehab facilities, radiology, blood banks, clinical labs, data registry and more,” explains Dr. Gupta. “A trauma

center’s job is to bring all these aspects together to help prioritize decisions and get the best possible long-term outcome for the patient.”

Together, experts at the Trauma Center at RWJUH, the Level II Trauma Center at Jersey City Medical Center (JCMC) and The Burn Center at Saint Barnabas Medical Center (SBMC) in Livingston—each an RWJBarnabas Health facility—provide a critical safety net for thousands of New Jersey residents.

TRAUMA OR ED?

Hospital EDs take care of emergencies, of course, like heart attacks and breathing problems. EDs also deal with a broad range of noncritical conditions, such as the flu or broken bones.

A trauma center, however, has a larger scope than an ED. First responders or ED



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

From left, flight paramedic Michael Brown, FP-C; flight nurse Robert Maiullo, CFRN; and lead pilot Joe Gilbert with the RWJBarnabas Health Airbus 135 helicopter.



physicians make the decision as to whether a patient needs the services of a trauma center.

“A trauma center is designed to immediately treat critically injured patients who have life- or limb-threatening injuries,” explains acute care surgeon Bruno Molino, MD, Trauma Director at JCMC and a member of RWJBarnabas Health medical group. “When seconds count to make the difference between life and death, a whole team is waiting around a stretcher even before the patient arrives.

“To be certified as a trauma center, a facility must have extensive resources available to care for severely injured patients at all times,” says Dr. Molino. “Neurosurgery, maxillofacial surgery, orthopedic surgery, cardiac surgery—all these specialties and more have to be there at our disposal.”

The most common types of injuries seen in trauma centers come from three

situations: falls by elderly people, blunt-force assault or penetrating wounds (such as gunshots), and motor-vehicle crashes, says Dr. Gupta. “Our cars are getting much safer, so traumatic injuries from crashes are decreasing,” he explains. “Meanwhile, for the elderly, even a minor fall can result in devastating injuries. As the population ages, this has become an ever-growing issue for health systems.”

Trauma centers also routinely drill to be prepared for mass casualties in a disaster situation. This training includes close coordination with other trauma centers in case backup is needed. There are 10 state-certified trauma centers in New Jersey.

HELP FOR SEVERE BURNS

Trauma centers across the state coordinate closely with The Burn Center at SBMC, New Jersey’s only state-certified burn-treatment facility. In addition to burns from home accidents, industrial incidents and motor-vehicle crashes, one of the most common injuries the center sees—up to 30 percent of cases—is scalding in children under age 2 who have been splashed accidentally by a hot liquid.

Specialists including burn technicians, nurses and respiratory therapists, as well as the most advanced technology, are available at the center at all times. “If someone comes in with a surface burn, for example, we’re able to immediately treat them with hydrotherapy—water piped through special spigots that removes dead skin and bacteria to minimize the chance of infection,” explains Michael Marano, MD, Medical Director of The Burn Center.

The center has 12 intensive care beds for the most critically injured patients and an 18-bed recovery unit. It also runs The Outpatient Center for Wound and Burn Healing, which works with more than 4,500 patients each year.

AN OUNCE OF PREVENTION

In the hope of minimizing the need for their services, the trauma and burn centers put considerable resources into community education, covering the age spectrum from infants and car seats to geriatric fall prevention, as well as pedestrian safety,



THE NEED FOR SPEED

“In trauma care, timing is everything,” says Jim Smith, Vice President, Mobile Health Services and Patient Transport at RWJBarnabas Health (RWJBH). “The gold standard is to have no more than 60 minutes from the time a patient has a traumatic emergency to the time he or she is in the OR.”

Depending on location and time of day, a trip that takes 45 minutes by road could be done by helicopter in 20 minutes. That’s why RWJBH has partnered with Med-Trans aviation to provide a state-of-the-art Airbus 135 helicopter and two dispatch centers for live satellite tracking. Known as LifeFlight, the service includes on-scene and in-air emergency treatment and transportation to the closest appropriate state-certified trauma center. The crew includes RWJBH Emergency Medical Services flight nurses and paramedics who have had extensive training in emergency, air medical and trauma protocols.

In addition to providing time-critical transportation from emergency events, the LifeFlight system transports patients as needed among RWJBH’s 11 hospitals (and other health systems as appropriate). “The service assists with continuity of care within the same network,” Smith says. “And although it can seem dramatic and scary for patients to hear they are being transported by helicopter, sometimes the issue is not so much medical acuity as it is timing and traffic.”

In either case, he says, “It’s important for New Jersey residents to know that, barring any weather issues, air medical services in the state are robust and coordinate closely with ground providers. Very few states have the availability of resources and capabilities that we do.”

bicycle safety, sports safety, yard-work safety and distracted driving education. “I tell my Injury Prevention Coordinator that it’s her job to put me out of business,” says Dr. Gupta.

Inevitably, accidents will happen. When they do, New Jersey residents are in the fortunate position of having a nearby trauma center ready and able to serve.

To learn more about safety education and training at RWJBarnabas Health hospitals, visit www.rwjbh.org/cpr.



MAKING MATERNITY SAFER

A FOCUS ON WOMEN'S HEALTH BEFORE, DURING AND AFTER PREGNANCY AIMS TO SAVE LIVES.

“I don’t feel well,” said Tara Hansen, 29, of Wanamassa, shortly after giving birth to her son in 2011. But her healthcare providers considered her a healthy postpartum patient, and sent her home. Six days later, she died from an infection that occurred during the birth.

Pregnancy-related deaths are relatively rare—about 700 occur each year in the U.S.—but are on the rise. So is the rate of delivery-related “severe maternal morbidity,” which is defined as significant short- or long-term effects to a woman’s health.

“In New Jersey, healthcare systems, community-based organizations and government agencies are tackling this issue head-on,” says Suzanne Sernal, Vice President of Women’s Services

for RWJBarnabas Health (RWJBH). “We’re collectively looking at the entire continuum of healthcare to see what women want and need to be healthy before, during and after pregnancy.”

EMPOWERING WOMEN

Providing education is a priority. “The majority of maternal adverse events don’t happen on the day a woman gives birth,” Sernal says. “They occur in the days and weeks that follow the birth, when mom is back at home and the warning signs of a serious complication may not be immediately recognized.”

To increase awareness, Tara’s husband, Ryan, partnered with Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital, an RWJBH facility, to create the Tara Hansen Foundation’s “Stop. Look. Listen!” program. This initiative empowers women to voice any concerns they have and reminds providers to pay close attention, rather than assuming a symptom is a typical complaint of pregnancy or the postpartum period. The program has been embraced by facilities throughout RWJBH.

ALERT IN THE ED

RWJBH Emergency Departments (EDs) have created a system to ensure that any woman coming to an ED who has given birth within the previous 42 days is identified, and a note made in her electronic health record. “Care management for certain conditions can be quite different for a woman who has recently given birth compared to a woman in the general population,” Sernal says. “This alert system quickly identifies postpartum women and when minutes matter it can save lives.”

Other aspects of RWJBH’s comprehensive approach to maternal health include:

Promoting equality in healthcare to improve pregnancy outcomes. “Our hospitals are exploring the specific needs and challenges of women in their unique communities,” Sernal says.

Providing reproductive planning so women, particularly those with medical conditions, can plan safer pregnancies.

Co-designing initiatives with community groups that address issues such as housing, domestic violence, obesity, diabetes and substance abuse, all of which can negatively affect pregnancy outcomes.

Focusing on maternal mental health. Monmouth Medical Center, an RWJBH facility, has the state’s only perinatal mood and anxiety disorder program.

Participating in Maternal Health Awareness Day, this year on January 23.

“This is new attention to maternity care that is so long overdue,” Sernal says. “Healthcare providers, policy advocates, women’s advocates—together, we’re really going to change the landscape over the next few years.”



To find world-class maternity care near you, call **888.724.7123** or visit www.rwjbh.org/maternity.



LEARNING TO CRAWL AGAIN

A BABY REBOUNDS FROM A TRAUMATIC BRAIN INJURY WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL.

On the afternoon of January 8, 2019, Olivia Lopes got a frightening phone call: Her mother, nephew and 7-month-old son had been in an accident. While the three were walking home from her nephew's school, a vehicle had jumped the curb and struck them from behind.

Olivia's mother and nephew suffered multiple fractures. Infant LJ, who had been in his car seat in a wagon being pulled by his grandmother, suffered the most extensive injuries as the car seat became dislodged and soared 70 feet away. "When we finally got in to see LJ, he was on life support," Olivia recalls. "He had multiple skull fractures, orbital fractures, severe brain trauma and a broken leg, and was having difficulty moving his right arm."

LJ spent 21 days in a Pediatric Intensive Care Unit before being transferred to the Brain Injury Program at Children's Specialized Hospital



An RWJBarnabas Health facility

(CSH) in New Brunswick. There, a team of specialists developed a customized rehabilitation program to address his medical, physical, cognitive and psychosocial needs.

Within a week, however, his family and team realized something wasn't right with LJ. He was transferred to the Emergency Department at Robert Wood Johnson University Hospital in New Brunswick, where a CAT scan led to a diagnosis of hydrocephalus. With this condition, excess cerebrospinal fluid builds up in the ventricles (cavities) of the brain and increases pressure within the head, causing head enlargement, headaches, impaired vision, cognitive difficulties and loss of coordination. A shunt was surgically inserted into a ventricle to drain the excess fluid.

From left to right, LJ Lopes in the playroom at Children's Specialized Hospital; snuggling with his cousin Auggie; getting a boost from visiting Rutgers University football players.

SKILLS REGAINED

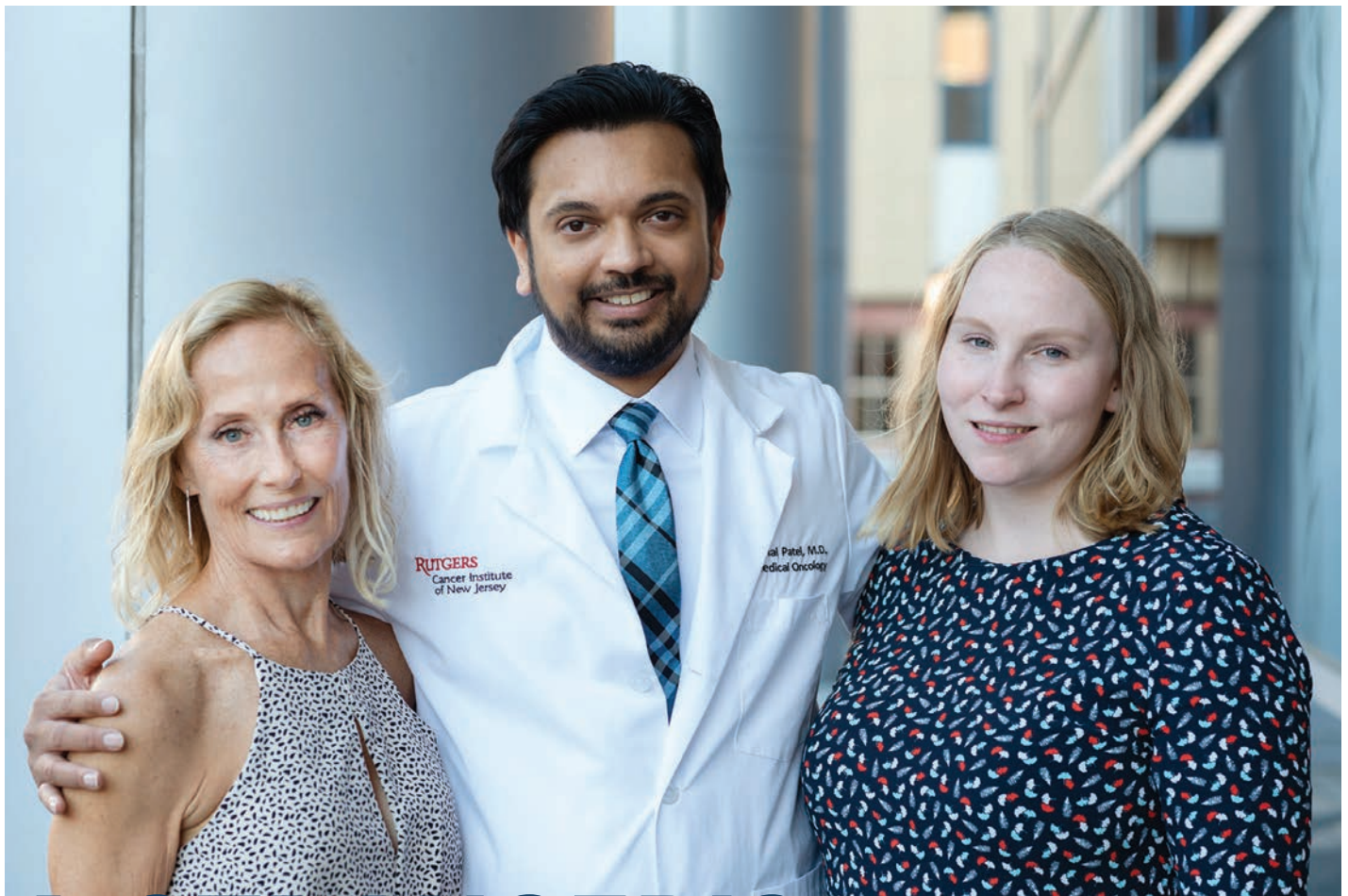
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using his right arm more."

LJ spent another two months at Children's Specialized working with physical, occupational, speech-language and recreational therapists. "The progress he made at Children's Specialized was amazing," says Olivia. "After the accident, he lost all of his muscle memory. The team worked with him day in and day out, helping him to learn how to roll, crawl, stand and walk." LJ went home on April 8. He is now attending outpatient therapy sessions three days a week at the CSH location in Hamilton, working hard to build strength in his right arm and learn how to suck and swallow properly.

"We still keep in touch with the remarkable therapists and care team at Children's Specialized, updating them on LJ's progress," Olivia says. "We're forever grateful for the care that Children's Specialized provided to our son."

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.



A STRANGER'S GIFT

**A BLOOD STEM CELL DONATION—
AND A POWERFUL MEDICAL
PARTNERSHIP—SAVE THE LIFE OF
A TOMS RIVER WOMAN.**

It's a gorgeous day on the boardwalk in Bradley Beach and to look at the two smiling women, you would never guess that they had met in person for the very first time just three days before. They exhibit a strong physical and emotional connection—a bond worth life itself.

"I feel as if I'm with my daughter or my niece," Lael McGrath, 68, admits. She owes her life to Wiebke Rudolph, a 21-year-old recent college graduate from Kassel, Germany. Wiebke donated her stem cells anonymously to Lael after the retired second-grade teacher from Toms River was diagnosed with life-threatening acute myeloid leukemia in 2016. Both had looked forward to this meeting for more than two years.

"To have a donor and patient together like this is truly remarkable," says Vimal Patel, MD, a hematologist/oncologist in the Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital (RWJUH) New Brunswick. "This is the reason I went into my field: to see moments like this."

AN UNEXPECTED DIAGNOSIS

In August 2016, Lael was not well. She had been a runner for more than 40 years, but that summer she couldn't run more than a block without having to stop to walk. She had fevers, night sweats and a rash on her back. "A friend was diagnosed with Lyme disease and her symptoms sounded like mine, so I

made an appointment with an infectious disease specialist, and his phlebotomist took blood samples," she recalls.

Within 24 hours, the doctor called back to explain that he had sent the blood test results to a hematologist who wanted her in his office that day. "I think you have leukemia," the hematologist told her. "And I think you need to go to Rutgers Cancer Institute of New Jersey in New Brunswick. Today."

Lael's immune system was so suppressed that she was in a life-threatening situation. Within three days she would be admitted to RWJUH, where she would spend the next seven weeks undergoing chemotherapy. Dr. Patel has been by her side since then, along with a vast team of specialists from both



Opposite page, top, Lael and Wiebke with Vimal Patel, MD; this page, with members of the Blood and Marrow Transplant Program at Rutgers Cancer Institute and Robert Wood Johnson University Hospital.

RWJUH and Rutgers Cancer Institute.

In the hospital, Lael's treatment involved the use of combination chemotherapy designed to get her into remission. "However, the specific mutations that we identified in her leukemia were high-risk in nature, so we knew that chemotherapy alone would not keep her in remission," says Dr. Patel. "We needed immune therapy in the form of an allogeneic stem cell transplant."

SEARCHING FOR A DONOR

In a bone marrow transplant, cells can be used from your own body, known as an *autologous* transplant. When cells are taken from a donor, the transplant is called *allogeneic*. "In this procedure, the patient's diseased marrow is replaced with a donor's blood stem cells," says Dr. Patel. "It allows for normal blood formation and provides a new immune system to help eliminate the leukemia. It also has the potential for a cure."

At RWJUH, bone marrow transplant coordinator Mary Kate McGrath, MSN, RN, APN, BMTCN, OCN (no relation to Lael), ran the results of Lael's DNA testing through the National Marrow Donor Program (NMDP) registry.

"Within two months of Lael's diagnosis, we identified three potential matches on the registry—but Wiebke turned out to be the perfect match," she explains.

Four thousand miles away in Germany, Wiebke was notified that she matched a patient in dire need. "Not that many people in Germany do this and certainly no one in my family or among my friends," she says. "But when I first heard about this, I said yes, I'm going to do it. I was determined."

Wiebke underwent peripheral blood stem cell donation, a procedure called *apheresis*, in which blood is removed through a needle in one arm and passed through a machine that collects only blood-forming cells. (The remaining blood is returned to the donor through a needle in the other arm.) The procedure took six hours. All the logistics of harvesting Wiebke's stem cells and then transporting them to the U.S. were handled by NMDP. Meanwhile, Lael's repeat blood transfusions were made possible by the RWJUH Blood Services team.

Lael spent weeks in the hospital during the fall and winter of 2016, waiting for the transplant and being closely monitored by her healthcare team.

Finally, in December 2016, she was notified that her transplant was imminent.

"On December 16th, it happened," she recalls. "A team walked in carrying a small cooler and within an hour, the transfusion was over. All I actually knew was that the donor



NOT ALL DONORS AND PATIENTS MEET. BUT THERE WAS NEVER ANY DOUBT FOR EITHER OF THESE TWO WOMEN. IN FACT, THE PAIR STARTED EMAILING, TEXTING AND THEN TALKING TO EACH OTHER ON FACETIME RIGHT AFTER BEING GIVEN EACH OTHER'S CONTACT INFORMATION.

was female and 19 years old."

Lael did so well post-transplant that she was able to go home on New Year's Day 2017. Over in Germany, Wiebke was told that the transplant had gone well.

Protocol and confidentiality policies don't permit donors and patients to have direct contact with each other until at least one year has passed. In this case, the wait lasted more than two years, until test results showed that Lael's blood cells were 100 percent "donor."

Not all donors and patients meet. But there was never any doubt for either of these two women. In fact, the pair started emailing, texting and then talking to each other on FaceTime right after being given each other's contact information.

Recently, at a celebration hosted by RWJUH, both women held bouquets of flowers and stood happily alongside one another. "If it weren't for Wiebke, I don't know what would have happened," Lael says.

With the breeze blowing off the Atlantic Ocean, these two women look knowingly at one another, smile and agree, "It was a miracle."

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.



sunlight tends to boost serotonin. A lack of light causes the brain to release less serotonin, which can lead to depression.

“We’re not sure what makes some people vulnerable to SAD while others aren’t greatly affected by less exposure to sunlight,” says Dr. Kaplan. “The theory is that people with SAD may have some form of imbalance in the regulation of these two hormones. Genetic factors may play a role in this.”

WHAT TO DO

“If you think you may have SAD, consult with a professional to determine whether your condition relates to that or to something else,” advises Dr. Kaplan. “Depression can be due to many different things, so it’s better not to self-

diagnose and possibly waste time on the wrong treatments.”

Having a healthy diet and regular exercise have been shown to improve symptoms of depression. Other possible treatments for SAD include:

Light therapy. The patient sits or works near a device called a light therapy box, which gives off a bright light that mimics natural outdoor light. “For some people, this treatment is very effective, but it’s best to consult your physician about the type of device to use,” says Dr. Kaplan.

Cognitive behavioral therapy. This kind of psychotherapy, or “talk therapy,” focuses on changing inaccurate or negative thinking in order to create new behaviors.

Antidepressant medication. “Generally speaking, antidepressants don’t start working for four to six weeks,” says Dr. Kaplan. “If your depression is seasonal, you may choose to take them for several months and then go off them when winter is over, or continue to take them for the rest of the year to prevent the reappearance of depression. It’s the combined job of the doctor and patient to decide the best course.”

YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

In winter, the short hours of daylight can lead to dark moods. It’s a common syndrome—thought to affect up to 10 million people in the U.S.—known as Seasonal Affective Disorder, or SAD.

“SAD is a kind of depression that happens at a specific time of year, usually in the winter,” explains

psychiatrist Gabriel Kaplan, MD, Chief Medical Officer of the RWJBarnabas Health Behavioral Health Network.

Symptoms of SAD are similar to those of clinical depression, such

as feelings of hopelessness, anxiety and problems with appetite. “A couple of symptoms seem to be more common with SAD, however,” says Dr. Kaplan. “People with SAD often crave sweets more, and are more tired and sleep more.”

As with regular depression, there is help for those who suffer from SAD.

WHY WINTER?

While the exact cause of SAD is unknown, two hormones are implicated: melatonin, the hormone that regulates sleep, and serotonin, a key hormone for mood stabilization. “Melatonin tends to be produced when there’s no sunlight,” explains Dr. Kaplan. “More melatonin means people feel sleepier.” Conversely,



GABRIEL KAPLAN, MD

To learn about options for getting help for depression, call the RWJBarnabas Health Behavioral Health Network Access line at **800.300.0628**.





At left, the expanded RWJBarnabas Health at Bayonne building

BIGGER AND BETTER IN BAYONNE

AN EXPANSION OF SERVICES INCREASES THE OPTIONS FOR HIGH-QUALITY HEALTHCARE.

In 2017, RWJBarnabas Health at Bayonne opened at the corner of Broadway and East 24th Street with a state-of-the-art Imaging Center and Jersey City Medical Center's (JCMC) Satellite Emergency Department (SED). In 2020, JCMC is enlarging its presence in the same building with a broad range of new medical services.

"We are expanding to meet demand," says Michael Prilutsky, President and Chief Executive Officer of JCMC. "We've heard outstanding feedback from the Bayonne community about their experience at our SED, and the volume of visits there continues to grow significantly.

"Now, people who need further services after visiting our SED will be able to find 90 percent of those services in the same building at 519 Broadway. In fact, anyone in the community will be able to access high-quality medical services without ever having to leave the Bayonne zip code."

COMFORT AND QUALITY

The second and third floors of the building are being built out in two phases. Phase I will have 25,000 square feet of

medical services space. "Phase II will have another 15,000 square feet, including more exam and procedure rooms to accommodate the volume of patients we expect," Prilutsky says. "It will be a top-notch installation, the kind of space RWJBarnabas Health is known to bring to the marketplace. There will be modern design, high-end finishes, wide, bright hallways and electronic digital displays to govern the flow of traffic."

Comfort and convenience have been included in the plans. "The parking deck is connected by a covered bridge to the second level of the building," Prilutsky says. "Having a pharmacy and medical supply shop on-site will make it easier for people to have one-stop healthcare. There will be a coffee shop so people can relax a little bit if they need to."

The true distinction of the facility, however, lies in the level of healthcare provided, Prilutsky says. "What we do is driven by the quality and professionalism of our staff," he says. "We are recruiting physicians for the expansion through the RWJBarnabas Health medical group, giving us a combination of providers with truly impeccable credentials and training.

NEW MEDICAL SERVICES IN BAYONNE

The expansion of RWJBarnabas Health at Bayonne will include the following services:

- Cardiology
- Cardiovascular Imaging
- General Surgery
- Minor Procedures
- Neurology
- OB-GYN and Maternal Fetal Medicine
- Orthopedics
- Pharmacy and Medical Supply Shop
- Primary Care, including Nutrition and Mental Health Services
- Physical, Occupational and Speech Therapy
- Pulmonary Function Testing
- Vascular Surgery

"Our primary physicians will be practicing in concert with on-site social workers, mental health specialists, nutritionists and patient navigators. It's a comprehensive approach to primary care that doesn't exist anywhere else in Bayonne—or in most places, for that matter."

Patients at RWJBarnabas Health at Bayonne will also have the benefit of expertise that comes from being part of a large healthcare system. The RWJBarnabas Health partnership with Rutgers Cancer Institute of New Jersey means that JCMC physicians collaborate with the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

And, of course, they have the advantage of having JCMC nearby. "Our goal for patients who leave our SED is to offer the convenience of having almost any service they need right in the same building," Prilutsky says. "And if they do need to be admitted to the main hospital, all the resources of Jersey City Medical Center are available not far down the road."

RWJBarnabas Health at Bayonne is located at 519 Broadway at the corner of 24th Street. To learn more or to find a doctor at RWJBarnabas Health at Bayonne, call **888.724.7123** or visit www.rwjbh.org/bayonne.



Above, the state-of-the-art JCMC Radiation Oncology practice provides care for patients in partnership with Rutgers Cancer Institute of New Jersey.

 RWJBarnabas Health and Jersey City Medical Center, 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 latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

ADVANCED RADIATION THERAPIES, CLOSE TO HOME

A NEW FACILITY AND A PARTNERSHIP WITH RUTGERS CANCER INSTITUTE OF NEW JERSEY BRING THE HIGHEST LEVEL OF CANCER CARE TO HUDSON COUNTY.

World-class cancer care is now closer to home for Hudson County residents with the addition of Jersey City Medical Center (JCMC) Radiation Oncology.

The practice is led by JCMC specialists in partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center. That NCI designation reflects a high level of commitment to cancer research, prevention, education and care. Rutgers Cancer Institute is one of only 51 cancer

centers in the country to have earned this highly coveted designation.

“Our partnership with Jersey City Medical Center means people locally will have access to a broader range of specialists and subspecialists in cancer care and research,” says Bruce Haffty, MD, Associate Vice Chancellor for Cancer Programs with Rutgers Biomedical and Health Sciences and Chair of Radiation Oncology at Rutgers Cancer Institute, Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School.

“Because of our comprehensive team, we’re able to offer additional expertise, plus access to clinical trials that are often only available at NCI-Designated Cancer Centers,” Dr. Haffty says. “The new partnership also means patients here no longer have to travel far from home to get this high level of care.”

CONVENIENCE COUNTS

When it comes to radiation oncology, getting treatment closer to home can be significant,

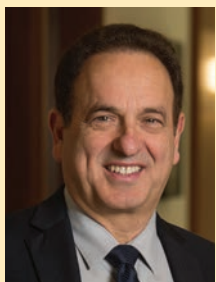
says radiation oncologist Alan Shaiman, MD, who is leading the new practice.

Radiation is one of the most common ways to kill cancer cells or shrink tumors. It’s often used to treat people who have cancer of the breast, prostate, lung and other types. “Patients usually need radiation therapy five days a week, for up to nine weeks,” Dr. Shaiman says. “So local care is a great benefit.” In addition, all patients receiving care at JCMC Radiation Oncology are part of a weekly review that includes Rutgers Cancer Institute specialists.

“Our facility is beautiful, and there is ample free parking in our own lot,” Dr. Shaiman says. “Also, if a patient needs help getting to and from their appointment, our staff can assist.”

The Rutgers Cancer Institute partnership with JCMC is just a first step toward a multi-year plan to bring a new cancer center to the Hudson County area, Dr. Haffty says.

“Jersey City is a growing and vibrant area,” he says. “It’s nice to be part of improving cancer care for people in this region.”



BRUCE HAFFTY, MD



ALAN SHAIMAN, MD

The Jersey City Medical Center Radiation Oncology practice is located at 631 Grand Street. To schedule an appointment, call **844.CANCERNJ (844.226.2376)**.



COLORECTAL CANCER: ARE YOU AT RISK?

TAKE THIS QUICK QUIZ TO FIND OUT WHY, WHEN AND WHERE YOU SHOULD BE SCREENED FOR THIS COMMON CANCER.

Colorectal is the third most commonly diagnosed cancer in the U.S. (excluding skin cancers), and can be prevented if signs are caught early. People should get a colonoscopy or other screening test recommended by their physician at age 50, earlier if the patient is in a high-risk group or has possible symptoms. How well do you understand your risk? Check it out with this quiz based on information provided by the American Cancer Society.

1. Colorectal cancer can often be prevented.

T F

2. Colon cancer is a problem only for older people.

T F

3. If I have no symptoms, I don't need to get screened.

T F

4. Colonoscopy is the only test used to screen for colorectal cancer in people who have no symptoms of it.

T F

5. Early detection leads to a high survival rate.

T F

AND THE ANSWER IS ...

1. TRUE. Regular colorectal cancer screening can find abnormal colon growths called polyps so they can be removed before they develop into cancer. You can also lower your risk with regular physical activity, by maintaining a healthy weight and by eating a nutritious diet with minimal sugar and processed foods.

2. FALSE. While the disease most commonly appears after age 50, a recent analysis found that the rate of colon and rectal cancers has been steadily increasing in people under age 50. If you are at high risk based on family history or other factors, you may need to start screening earlier. Talk with your doctor.

3. FALSE. Many people with early-stage colorectal cancer don't have symptoms. If you do have the following symptoms, check with your doctor. The cause could be one of a number of things besides cancer, but you will want to find out what it is so it can be treated:

- A change in bowel habits that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by doing so
- Rectal bleeding, dark stools or blood in the stool
- Cramping or belly pain
- Weakness and extreme tiredness that doesn't get better with rest
- Unintended weight loss.

4. FALSE. Tests can be divided into two groups: stool (feces) tests, which check the stool for signs of cancer, and visual (structural) exams that look at the structure inside of the colon and rectum. Besides colonoscopy, visual exams include CT colonography (virtual colonoscopy) and flexible sigmoidoscopy.

5. TRUE. American Cancer Society statistics show that the five-year survival rate for people with localized colon or rectal cancer is about 90 percent. In addition, treatments and therapies continue to improve over time.



SCREENING MADE EASIER


With the Easy Access Colonoscopy at Jersey City Medical Center's Ambulatory Surgery Center (ASC), you can now bypass a colonoscopy consult with a gastroenterologist. The clinical staff at the ASC will screen your eligibility for the procedure by phone and connect you with one of Jersey City Medical Center's top physicians. The doctor's office will work with you to schedule your appointment and send your pre-procedure prescription to the pharmacy of your choice. The process can be completed from the comfort of your home up until the day of your appointment.

The ASC boasts the most advanced endoscopy suite in Hudson County, with state-of-the-art endoscopes along with high-definition monitors to better detect any precancerous tissue. It employs the latest techniques to minimize post-procedure discomfort and bloating.

The ASC is located at 377 Jersey Avenue, Suite 510, Jersey City, just minutes from the Jersey City Medical Center main hospital campus. To learn more, call **201.878.3200** or visit www.rwjbh.org/jcmcambulatorysurgery.



RWJBarnabas Health and Jersey City Medical Center, 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.

Neil Granger is an older man with short, graying hair, wearing a dark blue jacket over a green polo shirt and blue jeans. He is sitting on a green park bench, looking towards the camera with a slight smile. The background is a grassy area with some fallen leaves, suggesting an outdoor park setting.

Neil Granger enjoys the park near his Jersey City home.

'LUCKED OUT'

A MINIMALLY INVASIVE SURGERY WAS THE ANSWER FOR A JERSEY CITY MAN WITH SEVERE AORTIC STENOSIS.

Neil Granger, 74, of Jersey City, had known for more than 10 years that he had a heart problem. It was discovered in 2007 when an echocardiogram showed that the gate-like valve in Neil's aorta—the large blood vessel that carries blood from the heart to the rest of the body—had narrowed.

The condition, known as aortic stenosis, hinders the body's blood supply. Yet Neil's condition was mild and symptom-free, so no treatment beyond regular checks of the valve was performed.

Over the years, echocardiogram results and a continued lack of symptoms indicated that keeping tabs on the valve was appropriate, even as the stenosis advanced from mild to moderate. "That all changed in 2018, though, when my condition went from moderate to severe,"

Neil says. Severe aortic stenosis increases risks of complications such as heart failure, blood clots, stroke and abnormal heart rhythm. "I realized that death could be part of that mix," Neil recalls. "I thought, 'I'm old but I'm not that old.'"

Neil's cardiologist, Mary Abed, MD, Chief of Cardiology at Jersey City Medical Center (JCMC) and a member of RWJBarnabas Health medical group, agreed it was time for action. "Historically, the recommendation was open-heart surgery to go in and replace the valve," Dr. Abed says. Neil resolved to undergo the operation but had to postpone due to a family situation.

A NEW OPTION

It was a fortuitous twist of fate: During the delay, the Food and Drug Administration

(FDA) approved the use of transcatheter aortic valve replacement (TAVR) for patients like Neil. TAVR enables a patient to avoid open-heart surgery—in which an incision is made in the chest to access the heart—in favor of a much less invasive procedure. With TAVR, a replacement valve is installed via a catheter that is inserted in the groin and threaded to the heart through blood vessels.

Previously, TAVR had been approved only for people who were at high risk of serious complications from open-heart surgery and might not be able to survive the operation. "I was considered low-risk for open-heart surgery because I had no other problems heart-wise and still had no symptoms. I had been told I was not qualified for TAVR," Neil says. "Then lo and behold, I got a call that it was

available to me, and I set it up ASAP.”

“Recent clinical research has shown that patients at low surgical risk who had TAVR did equally as well as those who received open-heart surgery, and in some cases did better,” Dr. Abed explains. The minimally invasive surgery offers reduced risk of excessive blood loss and also avoids the risks of being on a respirator, thereby allowing the patient to go home faster. “The hospital stay has gone from a week to sometimes just a day,” Dr. Abed says. “That’s really quite remarkable.” TAVR patients get back to work soon. Dr. Abed cites the example of Rolling Stones front man Mick Jagger, who underwent TAVR surgery in April 2019 and was back on stage performing by June.

Less than three weeks after the FDA approval, Neil had his TAVR procedure done at Newark Beth Israel Medical Center, another facility within the RWJBarnabas Health system. “The next day, I walked out of the hospital,” he says.

Having his surgeon and cardiologist within the same system allows Neil to have seamless continuity of care. “He follows up with his surgeon and then comes back to me, his regular cardiologist,” Dr. Abed says. Follow-up is convenient for Neil, who lives within walking distance of JCMC. But if he needs further consultations at Newark Beth Israel, shuttle services are available to provide transportation between facilities.

Neil is counting his blessings for squeaking under the wire with TAVR’s approval for low-risk patients. “I lucked out,” he says.



GET IT CHECKED

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



HEALTHY EATING: A HEARTWARMING BLACK LENTIL SOUP

“When thinking about foods packed with heart-healthy antioxidants, most people think about berries, citrus fruits, beets and leafy greens,” says Amanda Mullane, RD, MS, Clinical Nutrition Manager at Jersey City Medical Center. “However, black lentils also have lots of antioxidants and are the most nutritious of the lentil family, with protein, fiber, calcium, iron and potassium. This hearty black lentil soup recipe is great for winter months. It also freezes well, so double the recipe and stock up!”

INGREDIENTS:

- 1¼ cup black lentils
- 2–3 tablespoons olive oil
- 1½ cups chopped carrots
- 1½ cups chopped celery
- 1 large chopped onion
- ½ teaspoon ground cumin
- ¼ teaspoon dried thyme
- Pinch of cayenne pepper
- 5–6 cups of low-sodium chicken broth
- 1 bay leaf
- Salt and pepper to taste

DIRECTIONS:

- Rinse black lentils under cold water and set aside.
- Pour olive oil into a large soup pot. Add in carrots, celery and onion. Stir occasionally, until onions soften and are translucent.
- Add in cumin, thyme and cayenne pepper and stir.
- Add in lentils and stir well.
- Add chicken broth and bring to a boil.
- Add bay leaf and reduce heat to a simmer and cover with slight opening in lid. Allow to simmer for 45 minutes. Check lentil tenderness from time to time and add more chicken broth if needed.
- Add additional salt, pepper or cayenne pepper to taste.
- Serve alone or serve with a side of brown rice—short-grain brown rice works especially well.



WHEN TO SEE A SLEEP SPECIALIST

EVERYBODY FEELS TIRED SOMETIMES. HERE'S HOW TO KNOW WHEN YOUR SLEEPINESS ISN'T NORMAL.

In a perfect world, you would sleep at least seven hours a night and feel vibrant and awake during the day.

But only a third of people get the recommended amount of shut-eye, according to the U.S. Centers for Disease Control and Prevention. Some people spend enough hours in bed but have trouble going to sleep. Others don't sleep soundly during the night because of a breathing problem such as sleep apnea.

Daytime sleepiness can interfere with your work, mood, energy and overall health. Too little sleep can increase the risk of serious health problems such as high blood pressure, diabetes, stroke and heart conditions.

In short, sleep is important. If you think you might not be getting enough, when should you see a sleep specialist?

SIGNS FOR CONCERN

Although it's normal to feel a dip in your energy before or after meals during the day, excessive sleepiness isn't normal. "If sleepiness interferes with work or any other daytime activity, and if you're an adult who gets less than seven hours of sleep a night despite having the ability to go to bed on time, it's a good idea to get a sleep evaluation," says pulmonologist Jyoti Matta, MD, Medical Director of the Center for Sleep Disorders at Jersey City Medical Center (JCMC).

In addition to excessive daytime sleepiness, signs of a potential sleep disorder include:

- Dozing off involuntarily
- Having trouble with your memory or concentration
- Having trouble falling asleep or staying asleep
- Snoring loudly
- Kicking your legs during sleep
- Suffering from depression.

Certain health conditions may also put you at higher risk of having a sleep disorder, Dr.



JYOTI MATTA, MD

Matta says. "If you've been diagnosed with high blood pressure, diabetes, a heart problem, or a lung disease such as chronic obstructive pulmonary disease (COPD), you should be evaluated for a sleep disorder, because those conditions are usually associated with a high incidence of sleep apnea," she explains. Research has also shown that people who smoke don't sleep as well as nonsmokers.

IDENTIFYING THE ISSUE

At the Center for Sleep Disorders at JCMC, Dr. Matta and her team can diagnose and manage sleep conditions in anyone age 5 or older, including sleep apnea, insomnia, narcolepsy, sleepwalking and restless leg syndrome.

In addition to evaluating underlying medical conditions, the center employs sophisticated diagnostic equipment to monitor brain, heart, respiratory and muscle activity during a patient's sleep. Tests include:

- **Polysomnography (PSG)**, in which a patient's sleeping heart rate, brain waves, breathing and movements are monitored via sensors on the scalp, chest and other areas of the body. This test usually takes place overnight at the center, though patients who meet certain criteria may be able to do the study at home.

- **PSG with Continuous Positive Airway Pressure (CPAP)** is a variation of this test. CPAP involves a mask over the nose and mouth that increases the air pressure in the throat to regulate breathing. In what's known as a *split night study*, a patient might be given a CPAP machine during the second half of the night.

- **Multiple sleep latency test:** Frequently done in conjunction with a PSG, this test monitors the ability to fully awaken from daytime naps for people who have excessive daytime sleepiness.

- **Measurement of wakefulness test:** This test measures a person's ability to stay awake during conditions of limited sensory stimulation—for example, driving a truck or operating heavy machinery.

- **Positive Airway Pressure (PAP) nap:** This daytime nap study is designed for



COULD YOU HAVE A SLEEP DISORDER?

If you answer "yes" to any of these questions, you may need to see a sleep specialist to check for a sleep disorder such as sleep apnea, restless leg syndrome, insomnia or narcolepsy.

1. Do you feel tired during the day to the point that fatigue affects your memory, ability to work or focus?
 Yes No
2. Do you fall asleep during meetings or while reading or watching TV, talking with others or driving?
 Yes No
3. Do you snore loudly or gasp for breath during sleep, or does a partner tell you it sounds as if your breathing stops during sleep?
 Yes No
4. Do you have aches, pains or a creeping feeling in your legs as you try to fall asleep that get better if you move?
 Yes No
5. Have you been diagnosed with high blood pressure, diabetes, obesity, a lung condition such as COPD, or had a heart attack or have other heart problems?
 Yes No
6. Do you smoke?
 Yes No

patients who have anxiety about starting PAP therapy or are having difficulty tolerating it.

If a sleep disorder is identified, the center offers several treatments and can refer patients to other specialized doctors for additional treatment if needed—for example, a psychiatrist if the patient might benefit from cognitive behavioral therapy for insomnia.

To schedule an appointment at the Center for Sleep Disorders at Jersey City Medical Center, call **201.915.2020** or visit www.rwjbh.org/jcmcsleep.



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