

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

Spring 2022

healthy *together*

**CUSTOM CARE FOR
OLDER ADULTS**

**THE HEART ATTACK
THAT DIDN'T HAPPEN**

**SECRETS OF
BETTER
BALANCE**

**CANCER:
TOMORROW'S
TREATMENTS
TODAY**



MESSAGES FROM LEADERSHIP



“During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of our RWJBarnabas Health workforce.”

BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“Empowered by the challenges of the past two years, our healthcare heroes are dedicated to providing excellent care and making a true impact, no matter how challenging the times we face. I offer my profound gratitude for their unwavering commitment to our patients, our communities and each other, and for the enduring energy, optimism and compassion they bring to their roles.”

ERIC CARNEY

PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS AND MONMOUTH MEDICAL CENTER

Monmouth Medical Center Southern Campus



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HEALTH NEWS



HEALTHCARE IN 250 LANGUAGES

Monmouth Medical Center Southern Campus (MMCSC), with the entire RWJBarnabas Health system, has rolled out an interpretation system that uses video telecommunication to access real-time signed or spoken language interpretation. The system, called MARTTI, which stands for My Accessible Real-Time Trusted Interpreter, can access 250 languages.

The system's tablet devices are mounted on wheeled carts that can be made available at any point of care. Using MARTTI, limited English-proficient (LEP) patients and families can feel confident they will understand key information about a condition, a treatment or ongoing medical needs.

SUPPORTING THROUGH SHOPPING

Staffed fully by volunteers, the Hidden Treasures Thrift Shop is located in Tri City Plaza Shopping Center on Route 9 in Toms River, and is open six days per week and one Sunday per month.

That makes it easy to both discover needed goods at affordable prices and support Monmouth Medical Center Southern Campus (MMCSC). All funds raised from the thrift shop provide valuable financial support to MMCSC.

For more information, call 732.364.6312.

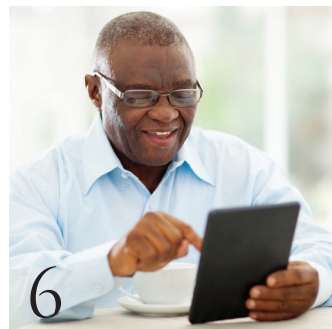


AN ONGOING MARK OF QUALITY CARE

MMCSC is proud to be recertified by the Joint Commission for Disease-Specific Care Certification in both Heart Failure and Chest Pain Programs.

healthy *together* contents

SPRING 2022



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CUSTOM CARE FOR OLDER ADULTS

FOR ONE MAN, CARE AT THE JAMES AND SHARON MAIDA GERIATRICS INSTITUTE BECAME A FAMILY AFFAIR.

George Shave, 82, of Tinton Falls, didn't expect to become an ambassador for a medical practice. But he tells everyone he can about the care he receives at the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus (MMCSC). Now Shave's wife,



ABHIJIT CHATTERJEE, MD

Kathleen, and other members of his family also receive care at the Geriatrics Institute.

Shave, who owned a successful insurance brokerage firm

before retiring in the 1990s, became aware of the Geriatrics Institute's program several years ago when he had a gastrointestinal health crisis and was taken to MMCSC's Emergency Department. He was so impressed with his care that he and his wife later returned with boxes of candy to thank the hospital's healthcare providers.

That's when Shave heard about MMCSC's geriatric program. "I thought, 'If they treat me as well over on that side of the fence, I'm going to be a really happy person,'" he says.

A FOCUS ON LIVING WELL

Like many older adults, Shave faces multiple chronic health challenges,

including high blood pressure, high cholesterol and elevated blood platelets, and is on a number of medications. Due to heart disease, he's had angioplasty to clear blocked arteries and stents to keep them open, so he requires close monitoring. "When you reach a certain age, some of these issues just start showing up," he says.

Shave appreciates how providers at the Geriatrics Institute respond quickly to any concerns he might have. When he calls the office on a given morning, "They say, 'Can you be here at 9:30?'" he says. "Within 10 minutes of arriving, I'm seeing the doctor. And when I come in, they're happy to see me. You start feeling a little better because you know



you're in good hands."

"One of the best things about our practice—what patients rave about—is that we respond right away," says Abhijit Chatterjee, MD, a geriatrician at the Geriatrics Institute and a member of RWJBarnabas Health Medical Group. This allows the clinic to address health problems early and take corrective action before things take a turn for the worse, he says.

Shave developed close friendships with the clinic's providers and office

staff. "Some patients enjoy their visits not only because their medical issues are addressed but also because they meet with friendly people and have a good outing," Dr. Chatterjee says.

The Geriatrics Institute takes a multidisciplinary approach to care. Physicians, nurse practitioners, social workers, nutritionists, physical therapists, audiologists and other care providers collaborate closely to address patients' often complex needs. Through the free senior membership Better Health program, available to men and women 55 and older who want to improve their health, older adults can also participate in activities such as tai chi, dance and cooking classes that keep patients active and engaged, to the extent pandemic restrictions allow.

"We have a comprehensive geriatric program that doesn't just focus on disease," says Dr. Chatterjee. "We also prioritize the general concept of living well, helping older adults be functionally independent, safe and able to maximize their abilities."

In some cases, that means helping patients find ways to adapt to age-related changes. "For certain situations, care can mostly be about reassurance," Dr. Chatterjee says. "Sometimes the best advice is just to take it easy."

SPREADING THE WORD

Her husband's experience soon led Kathleen, 78, to start seeing Dr. Chatterjee for a different set of health problems, including arthritis, neuropathy and general aches and pains. At Shave's urging, his brother, sister-in-law, sister and mother also have sought Dr. Chatterjee's care. "We think Mom may be healthier than we are," Shave quips. "She only takes one medication."

"George is a very loyal patient," says Dr. Chatterjee. "He not only has recommended us to family members but also a few friends and neighbors. He goes around spreading the good word."

"I tell people, 'Listen, they are

BEFORE YOUR FIRST VISIT

Geriatricians take special care to understand your health history on a first visit. Here's how to be prepared.



FILL OUT FORMS. See whether your geriatrician has a questionnaire that can be mailed or found online in advance. Be thorough and honest, and bring past medical records. Providers can't fix problems they don't know about.



MAKE A LIST OF HEALTH ISSUES you want to address, from most concerning to least. Take a pad and pen to take notes or ask doctors if you can make a recording of appointments to help you remember what was said.



BRING ALL MEDICATIONS IN THEIR BOTTLES. This helps providers best determine what you need or no longer need and whether medications should be tapered.

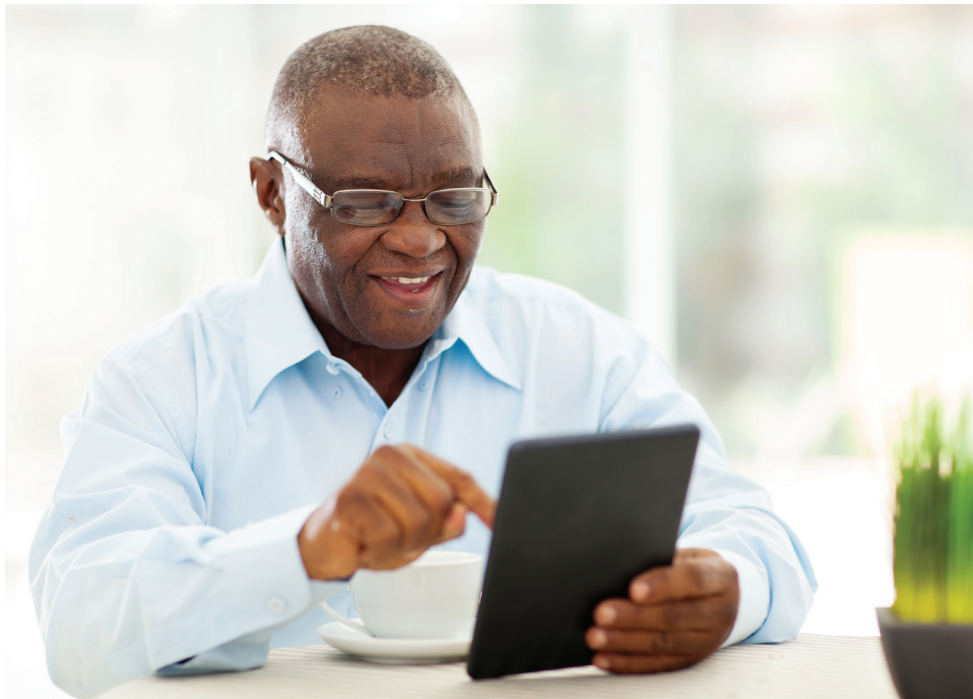


PACK A SNACK. First appointments can be lengthy, as your new doctor performs an evaluation. A geriatrics team can't necessarily fix everything at once, but addressing many smaller issues can lead to big improvements.

wonderful over there," Shave says. "You sign up and they're going to give you the royal treatment.' In the insurance industry, companies can have ratings like B, A or A-plus. I'd give MMCSC an A-plus-plus. You can't do any better than that."

To learn more about the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus, call **732.886.4700** or visit **www.rwjbh.org/monmouthgeriatrics**.





EXTRA HELP FOR TOUGH DISEASES

HAVE A SERIOUS DIAGNOSIS? PALLIATIVE CARE CAN HELP ANSWER BIG QUESTIONS, IMPROVE QUALITY OF LIFE AND MORE.

Receiving a potentially life-threatening diagnosis can trigger fear, stress, depression and deep questions of meaning, not to mention many uncertainties about treatments, their benefits and their drawbacks. But no one has to face these trials alone.

“A member of our palliative care team can sit with a patient and family, listen to their concerns and priorities, help them have difficult conversations about their plan of care, guide them through all the what-ifs and support them physically, emotionally and spiritually,” says Claire Verruni, RN, CHPN, a nurse educator with the Community Health and Social Impact and Community Investment team at Monmouth Medical Center Southern Campus (MMCSC).

Palliative care services are available and appropriate early in the course of a serious illness such as cancer, heart failure, kidney disease, chronic obstructive pulmonary disease (COPD) or neurologic disorders such as Parkinson’s or amyotrophic lateral sclerosis (ALS).

“People hear ‘palliative’ and think it equals ‘hospice,’ but they’re not the same thing,” says Melanie Vernacchia, MSN, APN, OCN, Nurse Practitioner, Geriatrics and Palliative Care, and Clinical Director of the James and Sharon Maida Geriatrics Institute. While hospice care is reserved for patients near the end of life, “palliative services provide an additional level of care that’s instituted at the time

of diagnosis—at the beginning of a chronic disease,” Vernacchia says. “We aim to educate patients and guide them through treatment so they have a better quality of life.”

Patients often receive palliative care while undergoing life-extending treatment and may even become cured. “It’s an underutilized specialty of medicine even though many patients are entitled to it, and it’s generally covered by insurance,” Verruni says.

WHOLE-PERSON PERSPECTIVE

Palliative care largely entails one-on-one conversations—either in person or through telehealth platforms—grounded in a patient’s beliefs and preferences about care. “For example, some people don’t have advance directives and haven’t thought about what happens if their heart stops or whether they would want to go on a ventilator,” Vernacchia says. “They’re not sure who to discuss these issues with, and we are here for that.”

In some cases, such conversations can cut back on unwanted or expensive tests, medications or hospital admissions that aren’t in line with a patient’s goals.

Other matters addressed during palliative care may include deciding whether or not to undergo specific treatments; managing pain and other symptoms; tweaking therapeutic plans; assisting caregivers; finding resources; and providing a big-picture perspective. “People often have multiple doctors who each just look at their own specialty, which can be confusing for patients,” Verruni says. “Palliative care looks at everything and gives families the whole picture.”

Broad perspective applies to other aspects of care as well. “We’re holistic,” Vernacchia says. “We focus on the whole patient from top to bottom and then some, and we make sure to ask them how they are actually feeling.”

To learn more about palliative care at Monmouth Medical Center Southern Campus, visit www.rwjbh.org/treatment-care/palliative-care. For further information or to make an appointment, email Melanie.Vernacchia@RWJBH.org or Kris.Ruscil@RWJBH.org.





Staff at Monmouth Medical Center Southern Campus raised the flag for NJ Sharing Network in honor of all donor heroes and helped boost area organ donor enrollment in a nationally recognized effort.

of organs available for transplant. A campaign promoting these efforts nationwide has added more than 443,000 donor enrollments to state registries nationwide, according to the HRSA.

LIFE-CHANGING POSSIBILITIES

One organ and tissue donor can save eight lives and enhance the lives of over 75 others.

Organs that can be donated are the heart, kidneys (the body has two), pancreas, lungs (two), liver, and intestines.

Tissue donation is life-changing. Donated corneas help restore sight. Skin grafts heal burn victims and are used for breast reconstruction post-mastectomy. Healthy heart valves are lifesaving to those with diseased valves. Bone grafts, ligaments and tendons are used to repair injured or diseased bones and joints.

The gift of donation can also come from living donors. Kidneys and livers may be donated from living people to waiting recipients in need.

“RWJBH offers the most experienced kidney and pancreas transplantation programs in the region,” Marino says. “At MMCSC, we’re ready to help anyone who wants to learn more about organ and tissue donation and help transform lives.”

GIVING THE GIFT OF LIFE



RAISING AWARENESS ABOUT ORGAN DONATIONS HELPS BOOST DONOR ENROLLMENT.

Over 100,000 people in the United States are waiting for a lifesaving transplant, and nearly 4,000 live in New Jersey, according to NJ Sharing Network, a federally designated nonprofit organ procurement organization. Tens of thousands more people need life-enhancing tissue or corneal transplants each year.

“Our team works closely with NJ Sharing Network to steward the gift of life through advocacy as well as recovery of donated organs and tissue,” says Katherine Marino, BSN, RN, Director of Critical Care at Monmouth Medical Center Southern Campus (MMCSC).

“At RWJBarnabas Health [RWJBH], we care for courageous donors and their families who help save lives.”

MMCSC recently received Platinum Level recognition from the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) for increasing enrollment in the National Donate Life registry and spreading the lifesaving message of organ and tissue donation. Ultimately, this boosts the number

To register as an organ and tissue donor, visit www.njsharingnetwork.org/register.

NJ Sharing Network
saving lives through organ and tissue donation



Denice Gaffney, Vice President, Monmouth Medical Center Southern Campus Foundation (second from right), accepts a \$19,268 donation from the Pine Belt Subaru “Share the Love” campaign at Pine Belt Subaru in Lakewood with (from left) Rob Sickel, Dealer Principal, Chair of the MMCS Foundation Board of Directors and member of the Monmouth Medical Center/MMCSC Operational Board of Directors; Mike Rossi, Service Manager; and Ryan Concord, General Manager.

KEEPING KIDS SAFE

COMMUNITY PARTNERSHIPS HELP MMCSC PROTECT CHILDREN AND PROMOTE HEALTH.

Child safety is an ongoing priority at Monmouth Medical Center Southern Campus (MMCSC), and community partnerships have helped protect kids in a variety of ways.

One example is promoting child passenger safety through effective use of equipment such as child safety seats in vehicles. Safe Kids Ocean/Monmouth County, led by MMCSC, helps prevent and reduce childhood injury both through education and by providing safety equipment to families in need. The hospital’s teams of nurses and health educators also collaborate in these efforts with the Ocean County Health Department and Women, Infants and Children (WIC).

“We have provided education on car seat safety both at child passenger safety stations throughout Ocean County and online, including with our Spanish-speaking population,” says Kelly DeLeon, MS, Manager of Community Health and Social Impact and Community Investment at MMCSC, who is a child passenger safety expert.

“This combined effort truly makes a positive impact in our local communities,” says Denice Gaffney, Vice President, MMCSC Foundation.

Another community partnership has formed with Kensho Karate, a karate school housed at the MMCSC campus that provides a free instruction program for at-risk youth. “The MMCSC Foundation provided a financial sponsorship earlier this year that will be used to grow the program,” DeLeon says. “MMCSC is committed to social impact and community investment, and these skilled instructors give back to the community by providing at-risk youth with positive activities.”

SHARING THE LOVE

Both the child passenger safety and karate school programs recently benefited from support through the Pine Belt Subaru “Share the Love” campaign, which donated \$19,268 to the MMCSC Foundation.

Funds were used to support families identified by partnering programs such as WIC as lacking resources to purchase

DOES YOUR CHILD HAVE THE RIGHT CAR SEAT?

Child safety organization Safe Kids Worldwide offers these pointers for keeping children safe in vehicles.

- **Buy the right seat.** A baby should ride in a rear-facing car seat as long as possible until age 2 or older. When your child has outgrown that seat, you’re ready for a forward-facing car seat.
- **Install properly.** Safe Kids coalitions often have car seat checkup events and inspection stations that can help ensure you’ve properly used seat belts or anchors to secure your child’s car seat.
- **Get the right fit.** Check labels for the correct weight and height range for a seat’s harness and regularly make sure your child hasn’t outgrown it.
- **Change when needed.** When your child exceeds guidelines for a seat, move on to another seat that fits properly.

Not sure what car seat is appropriate for your child? Visit www.safekids.org/events for resources that will help you determine which seat is best.

child safety equipment. “We were happy to provide seats to qualifying families through these organizations,” DeLeon says.

Subaru funds helped Kensho Karate purchase new uniforms and equipment. Through the karate program, MMCSC has also conducted injury prevention programs on topics such as bicycle and helmet safety as well as general sports safety.

“It has been a pleasure working with Pine Belt Subaru for many years,” Gaffney says. “Their dedication to the community aligns with MMCSC’s social impact mission.”

To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.



3 FAST FACTS ABOUT CANCER CLINICAL TRIALS

HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

Cancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

FACT #1 You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available



HOWARD HOCHSTER, MD

elsewhere.

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

FACT #2 Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- Participated in a trial for a first-line colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.

"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were developed through clinical trials. Now people are living with colon cancer, on average, four times as long as they used to."

FACT #3 Clinical trials are not a last resort.

"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.

* 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. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.cinj.org/clinical_trials.





LISTENING TO YOUR HEART

WHAT CAN A DIGITAL CARDIAC DEVICE
TELL YOU ABOUT YOUR HEART'S RHYTHM?

“**C**all your doctor,” said the message on the 87-year-old woman’s Apple Watch.

A regular walker and exerciser, the woman wasn’t feeling right, so she’d



PARTHO SENGUPTA, MD



GARY ROGAL, MD

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

“Her diagnosis was clearly aided by her having an Apple Watch,” says the woman’s cardiologist, Gary Rogal, MD, Medical Director for RWJBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. “I believe wearable digital devices

that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists.”

Who should wear one of these devices? The short answer: people whose doctors recommend it.

“Wearable cardiac devices are very handy tools, but you have to be selective about how you use them,” says Dr. Rogal.

THE HEART’S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These

condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason to have one, wearing the device could do nothing more than make a patient anxious."

NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains.

"The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

KardiaMobile, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

The MCOT Patch System, which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

A loop recorder, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

ARTIFICIAL INTELLIGENCE

The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health."

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."



"FOR THE FUTURE OF CARDIOLOGY, OUR OVERALL CONCEPT IS THAT CARE STARTS IN THE PATIENT'S HOME AND ENDS AT HOME, WITH THE HOSPITAL AND THE CLINIC ONLY POINTS ALONG THE WAY."

Partho Sengupta, MD

occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Two decades after 9/11, double lung transplant recipient Tony Moyet visits the NY Waterway ferry.



THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

On Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

“That morning, though, when I dropped off a set of passengers, I saw the gaping hole in the North Tower, with flames coming out of it,” Moyet recalls. “I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate.”

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. “We were the first boat to start evacuating,” Moyet recalls. “We were facing a stampede.”

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn't stop. “My doctor told me it was COPD [chronic obstructive pulmonary disease],” he says. Long-term lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.



THIRUVENGADAM ANANDARAGAM, MD



JESUS GOMEZ-ABRAHAM, MD

FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed end-stage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school,'" says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazing—very unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

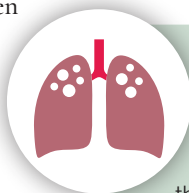
Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-year-old daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.



SPECIAL CARE FOR SERIOUS LUNG PROBLEMS

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit **www.rwjbh.org/lungtransplant**.



COPING WITH EATING DISORDERS: TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

OVERCOMING EATING DISORDERS

CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC, ESPECIALLY AMONG TEENS.

Being quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders—binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

“The kids we’re seeing are much more medically compromised and much more entrenched in the behaviors than we’ve seen in the past,” says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

“The pandemic has made the eating disorders worse, because so much of teens’ lives feels out of their control,”

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. “An eating disorder is really not about food; it’s a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

“Moreover,” Corey continues, “when teens aren’t in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents.”

GETTING HELP

If a parent is worried about a child’s eating habits, a trip to the primary care provider is a good first step, Corey says. “If the pediatrician feels things aren’t looking good, that can open the door for parents to set up an evaluation with our program.”

Thanks to its hospital affiliation, the RWJUH Somerset program is

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program’s levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy per day.
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. “Our programs are in-person, not virtual, because that human interaction is so important in connecting with patients,” Corey says. “So many people tell us, ‘I just don’t want to talk to a computer screen.’”

To learn more about RWJUH Somerset’s nationally recognized Eating Disorders Program, call **800.300.0628** or visit www.rwjbh.org/eatingdisorders.



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0 campaign.

A BOLD VISION FOR CHILDREN



Children's Specialized Hospital®

An RWJBarnabas Health facility

AN AMBITIOUS CAPITAL CAMPAIGN AIMS TO ENSURE THAT ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

When the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of patients at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit www.childrens-specialized.org/transforminglives or write to foundation@childrens-specialized.org.

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

TOBACCO RECOVERY AT YOUR FINGERTIPS



A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

You're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

"In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises," explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

"Research has shown that cessation counseling and support can double a person's chances of success when quitting nicotine," she says. "This new service allows us to tailor messages to patients for whatever they're going through at the moment."

NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting nicotine.

For times when participants need immediate support, they can text one of

a number of keywords such as "craving," "mood," "relax" or "meet." Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

"Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit," Hanna says. "Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person's chances of success are much greater. No one should feel like they have to make this journey alone."



**YOU CAN QUIT.
WE CAN HELP.**

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call **833.795.QUIT (7848)**, email quitcenter@rwjbh.org or visit www.rwjbh.org/nicotinerecovery.

Members of MMCSC's Better Health program built on connections they've formed to organize a neighborhood sock drive that supported outreach by one of the hospital's community partners.



A BONDING EXPERIENCE

EVEN DURING A PANDEMIC, THE BETTER HEALTH PROGRAM BRINGS PEOPLE TOGETHER.

Testimony to the personal bonds formed in the Better Health program at Monmouth Medical Center Southern Campus (MMCSC) could be found recently in boxes of new socks—many boxes. “We had the entire back of an SUV filled with socks,” says Kelly DeLeon, MS, Manager of Community Health and Social Impact and Community Investment at MMCSC.

Members of Better Health—a free wellness membership program for people age 55 and over that was established in 2015—had built on friendships formed in the group and self-organized a neighborhood drive. Many participants were also members of the hospital auxiliary. Sock donations were dropped off at an outdoor collection site and delivered to Greater Bethel Church of God in Christ, which works with people in the community, especially many who are homeless or living in public housing.

Gathering socks may not specifically be part of the Better Health mission—but

socializing is, especially when it supports an MMCSC community partner such as Greater Bethel. “We like to bring people together,” DeLeon says. “Those interactions are shown to have health benefits.”

PANDEMIC PIVOT

MMCSC's pioneering Better Health program is built on four pillars. Socializing is one. The others are evidence-based health education, nutrition and physical activity. Before the COVID-19 pandemic, live events were held on the MMCSC campus or in community venues such as senior centers, neighborhood facilities or faith-based sites.

“With COVID, we went online with virtual programs,” DeLeon says. Healthcare experts provided seminars on topics such as heart health and COVID-related updates on vaccines and variants. Cooking class participants attended from their own kitchens using dinner-kit ingredients that a local long-

term care facility provided ahead of time. Exercise class turnout actually went up. “People loved the convenience of doing classes right in the comfort of home with the camera on so instructors could monitor how they’re doing,” DeLeon says. Weekly emails keep members apprised of happenings.

DeLeon looks forward to the day when live/virtual hybrid programs can be offered to better accommodate members who don't have access to digital devices or don't like to use them. But virtual programming options are likely here to stay. “We take pride that we've continued doing what we can virtually like we did in person,” DeLeon says.

Whatever the format, camaraderie develops. “If an online presenter is a few minutes late, participants greet each other by name and chat about what they're reading or streaming,” DeLeon says. The program has held virtual holiday parties, trivia games and scavenger hunts, she says—“anything to get together.”

For more information about the Better Health program at Monmouth Medical Center Southern Campus or to become a member, visit www.rwjbh.org/betterhealth.





Cardiac rehabilitation nurses Hazelle Meneses (left) and Diane Carpino (right) urged Eli Cweiber (center) to get a vital test.

'THEY SAVED MY LIFE'

HOW TWO NURSES ADVOCATED FOR THEIR PATIENT AND HELPED PREVENT A HEART ATTACK.

Eli Cweiber had reason to be concerned. In 2017, the Lakewood resident had a heart attack at age 37. He survived with the help of a stent to keep blood flowing to his heart, followed by cardiac rehabilitation.

Two years later, he had more stents put in at a New Jersey hospital and went for more cardiac rehab at Monmouth Medical Center Southern Campus (MMCSC), near his home. After an interruption during the pandemic, he

returned to MMCSC in summer and fall 2020 to complete his rehab. "Around that time, I started feeling pain again," Cweiber says.

Cardiac rehabilitation nurses Diane Carpino, RN, and Hazelle Meneses, RN, were baffled. "He'd have pain, then he wouldn't have it," Carpino says. "His vital signs and monitor results would look okay."

But they knew Cweiber's worrisome history. "Heart disease runs in my

family," Cweiber says. "My father had a heart attack at 55. My brother passed away of a heart attack just before all this. He was 40." That's why Carpino and Meneses pressed him to get a test that eventually staved off a potentially disastrous cardiac event.

A FLEETING MYSTERY

At first, Cweiber's cardiologist suggested the pain was psychological. "I understand where the doctor was coming from,"

Cweiber says: “Here’s a 40-year-old guy who is not that overweight at 230 pounds, doesn’t smoke anymore, drinks only occasionally and just had stents put in a year before, when he was clear. Why would he be feeling pain again?”

The cardiologist conducted a stress test, which boosts the heart rate with physical activity such as walking on a treadmill. Results looked fine. “He was still convinced I was feeling phantom pain,” Cweiber says. “But Diane and Hazelle pushed me to have them find out more.”

Carpino and Meneses communicated with Cweiber’s cardiologist and primary care physician about Cweiber’s pain and what they knew about his condition and medication use. “It’s common to see these things attributed to muscular causes or anxiety,” Carpino says. “But if a patient says they have pain, they have pain—you have to believe them and let the doctors know.”

In one cardiac rehab session, they gave Cweiber another treadmill test. “I felt a sharp pain,” Cweiber says. “They made me stop right away and sit down. They sat with me and took my blood pressure, and, weirdly, it was not that bad.”

“He didn’t have shortness of breath, dizziness or any other cardiovascular symptoms, and no EKG abnormalities,” Carpino says. “And in 45 seconds, the pain was gone.”

Now feeling fine, Cweiber opted not to go to the emergency room. The nurses emphasized that he should call 911 if pain returned and advised him to press his cardiologist again for an angiogram that would reveal blockages in his blood vessels.

MOMENT OF TRUTH

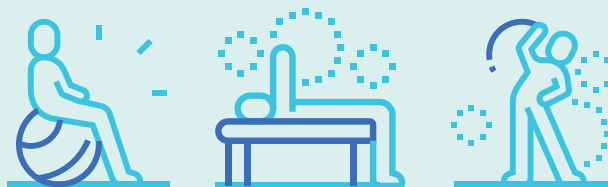
Cweiber finally got an angiogram in October 2020. “I had an artery that was 95 percent blocked!” he says. “They couldn’t let me walk out of the cardiac catheterization lab like that, and I got another stent during the same procedure. If I had waited another two weeks, I probably would have had

another heart attack. Without Diane’s and Hazelle’s encouragement, I don’t know if I would be here today. Basically, they saved my life.”

Cweiber couldn’t express his gratitude enough. In addition to thanking Carpino and Meneses personally, he wrote a letter to hospital management. “I put on paper what I felt from my heart,” he says—“that they’re very special, caring people, not just with me but with everybody who walks through those doors.” He also nominated Carpino and Meneses for a

hospital nursing honor called the DAISY award, which they won for consistently demonstrating excellence through their clinical experience and compassionate care.

“We get a lot of thank-yous, but I was shocked that someone would take the extra step of making sure our supervisor and the rest of the hospital knew how happy he was with our care,” Meneses says. “We’re just glad his blockage was caught before it turned into something they couldn’t fix.”



THE HEALING POWER OF CARDIAC REHAB

Receiving a stent or bypass isn’t the end of treatment if you’ve suffered a heart attack. “You need to treat atherosclerosis—the underlying disease—to prevent a second heart attack,” says Avinash Gupta, MD, Chief of Cardiology and Director of Cardiac Rehabilitation at Monmouth Medical Center Southern Campus (MMCS). “That’s why we send patients for cardiac rehab.”

Cardiac rehabilitation helps heart patients manage controllable risk factors such as diabetes, smoking and high levels of blood pressure, cholesterol and blood sugar through diet, exercise and medication. “Our nurses are key,” Dr. Gupta says. “They don’t just make patients exercise. They educate, monitor, ask questions and let doctors know of anything abnormal. They are the doctors’ eyes and ears.”

Cardiac rehab begins immediately after a heart procedure and typically continues in four phases:

PHASE 1: ACUTE. In the hospital after surgery, nurses and physical therapists assess your condition, introduce safe exercises to improve mobility and build strength, and begin educating you about continued rehab.

PHASE 2: SUBACUTE. After discharge, you regularly return to an outpatient cardiac rehab facility and work with therapists to build a regular exercise routine, receive pointers about diet and medication, and undergo tests.

PHASE 3: INTENSIVE OUTPATIENT. You continue with rehab activities but are now better educated, more independent and able to handle tasks such as self-tracking your condition and following a tailored program.

PHASE 4: MAINTENANCE. You continue applying what you learned and practiced in outpatient cardiac rehab for the rest of your life. “Patients who go through cardiac rehab do much better than those who don’t,” Dr. Gupta says. “Rehab not only reduces the risk of future heart problems, but also improves overall health and quality of life.”



AVINASH GUPTA, MD

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Monmouth Medical Center Southern Campus, call **888.724.7123** or visit **www.rwjbh.org/heart**.





5 MYTHS ABOUT BAD BALANCE

READ THIS TO REORIENT YOUR IDEAS ABOUT DIZZINESS, VERTIGO AND OTHER SHAKY SENSATIONS.

Feeling dizzy, lightheaded or otherwise unsteady is as common as it is dangerous. About 69 million Americans have balance problems including vertigo—the sensation of spinning or moving even though your body remains still. Balance difficulties contribute to many of the falls reported by a quarter of the over-65 population every year—and falls can break bones, cause head trauma or result in injuries that often lead to other health issues.

Vertigo and other out-of-balance feelings can arise from a variety of causes, including low blood pressure, medication side effects, ear infections, headaches or other disturbances of the vestibular, or balance, system. So it's important to understand what keeps us steady and what can go wrong. But much about

balance may come as a surprise due to common misconceptions like these.

Myth 1 **Dizziness is mostly a vision problem.**
THE BALANCED FACTS: What experts sometimes call the balance organ is actually located in the inner ears. “It consists of a bony structure containing three fluid-filled canals that help assess where we are in space,” says Sue Ellen Boyer, AuD, an audiologist at Monmouth Medical Center Southern Campus (MMCSC). Cranial nerves connect this essential component of the vestibular system to the brain, which sends information from the ears through the central nervous system to the rest of the body. “The ear, brain and eyes all

work together to keep us upright and balanced,” Dr. Boyer says.

Myth 2 **Primary care doctors are the main providers.**
THE BALANCED FACTS: Treatment depends on what's making you feel off-kilter, but primary care physicians often refer patients with balance problems to an audiologist who has expertise in assessing vestibular disorders. In many cases, treatment is then handled by physical therapists. “Physical therapy and audiology work as a team,” Dr. Boyer says.
“People with vestibular and balance problems often don't think of physical therapy as a treatment option,” says



A patient tests balance using equipment called Computerized Dynamic Posturography with (from left) Anthony Baldachino, PT, DPT; Laurie Ferraro, PT; and Sue Ellen Boyer, AuD.



SIMPLE STEPS TO FOIL FALLS

- Check vision and hearing annually.
- Ask for a fall risk assessment from your doctor or a balance professional.
- Review your medications with your doctor to identify any that might increase the risk of falls.
- At home, improve lighting, remove tripping hazards and install sturdy handrails.
- Exercise regularly to work on balance, strength and flexibility.

Anthony Baldachino, PT, DPT, a doctor of physical therapy at MMCSC's Balance and Vestibular Program. "But we are specially trained in vestibular therapy." Vestibular deficits can make everyday activities like walking, climbing stairs, showering and brushing teeth difficult. "Dizziness can be debilitating," Dr. Baldachino says. "Vestibular therapy can help rehabilitate people so they regain control over their movements, activities and lives."

Myth 3 Balance problems are tough to diagnose.

THE BALANCED FACTS: A variety of tests can quickly help audiologists and physical therapists understand what's causing balance issues. In one noninvasive approach, a variety of methods are used to observe eye movements as the head tilts in assorted positions or patients view an object from different directions. How eyes move can reveal which ear is having a vestibular problem, and even what part of the vestibular organ is involved.

Equipment for diagnosing vestibular problems at MMCSC's program includes state-of-the-art infrared goggles for testing and a standing platform that moves while patients view a scene on a wraparound screen. "We can typically get to the bottom of what is causing

dizziness and make an appropriate referral for treatment, whether through physical therapy or another specialty such as neurology or otolaryngology," Dr. Boyer says.

Myth 4 Vertigo is difficult to treat.

THE BALANCED FACTS: Many cases of dizziness are caused by a condition called benign paroxysmal positional vertigo (BPPV), in which tiny crystals that help maintain orientation in the inner ear become displaced. "It's a very common condition that's easily treated with simple, noninvasive maneuvers," Dr. Boyer says.

"We put a person in different positions that help dislodged crystals get back to home base and alleviate dizziness, often in a single session," says physical therapist Laurie Ferraro, PT. People with severe symptoms or difficulties with both ears may require multiple sessions or additional forms of rehabilitation therapy.

Myth 5 Flat surfaces are best for therapy.

THE BALANCED FACTS: If you have a weak vestibular system, controlled exercises done with the help of a trained vestibular therapist may actually place you on

uneven or unstable surfaces. "The goal is to challenge people and retrain the brain to achieve better balance," Ferraro says. "We might start a patient on a firm surface but progress to standing on a foam pad or a board that wobbles." Once you feel safer and steadier on unstable surfaces, staying balanced on level ground will seem less difficult.

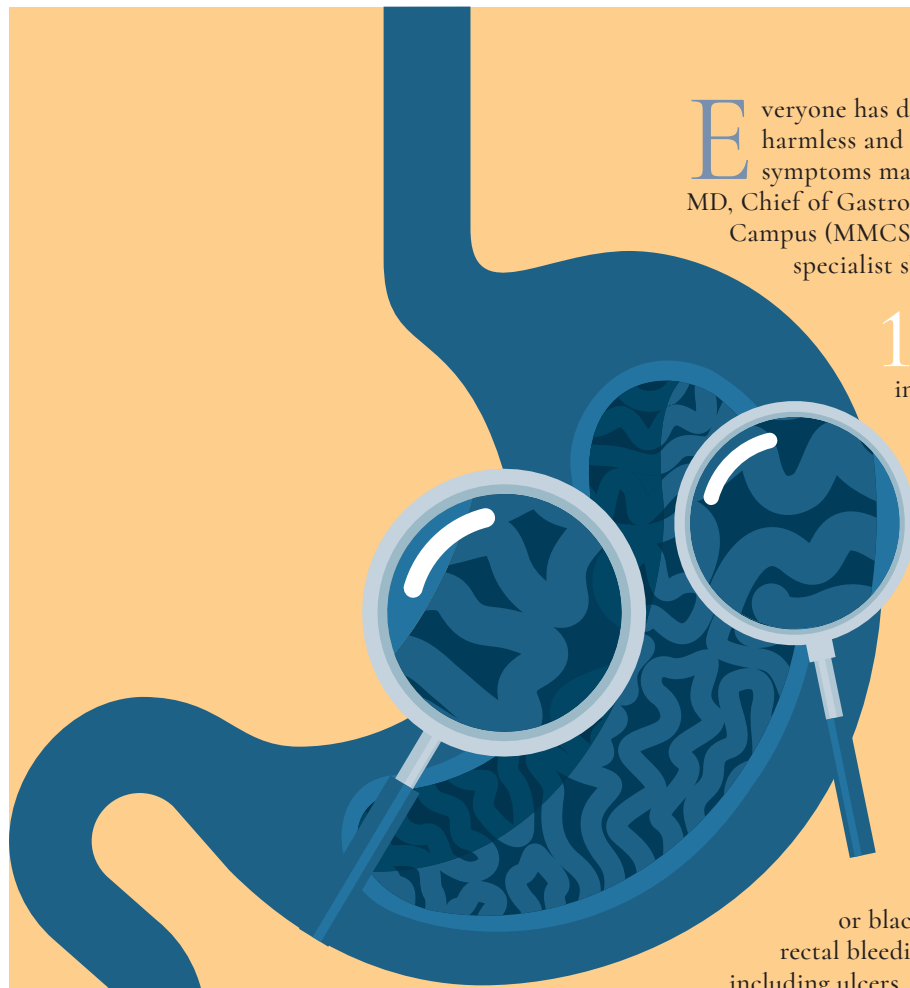
Therapists may also work on posture, head position and gaze to help people deal with problems such as staying balanced while walking. "Each person is different, so patients need individualized programs," Ferraro says.

While vertigo sometimes resolves on its own, you should seek help if dizziness recurs, you feel nauseated or you have a fall. If dizziness is accompanied by symptoms such as double vision, limb weakness or difficulty speaking, get an immediate evaluation at the Emergency Department.

"If you need vestibular therapy, we usually are able to fully resolve issues," Baldachino says. "Most patients make a full recovery."

To learn more about balance and vestibular rehabilitation at Monmouth Medical Center Southern Campus, visit www.rwjbh.org/treatment-care/vestibular-balance.





GUT CHECK

7 WARNING SIGNS YOU SHOULD SEE A GASTROENTEROLOGIST

To make an appointment with a gastroenterologist at Monmouth Medical Center Southern Campus, call **888.724.7123**.

Everyone has digestive tract issues now and then. Often, they're harmless and go away on their own. But some signs and symptoms may indicate a serious problem. Joel M. Musicant, MD, Chief of Gastroenterology at Monmouth Medical Center Southern Campus (MMCSC), shares potential omens that a gastrointestinal specialist should evaluate.

1 TROUBLE SWALLOWING. Not easily getting food down or feeling a persistent lump or swelling in your throat could indicate a lesion or a damaged or weakened esophagus. Also known as dysphagia, difficulty swallowing can prevent normal eating and increase your risk of choking.

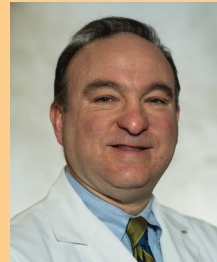
2 FREQUENT HEARTBURN. Stomach acid that backs up into the throat may be caused by irritants like spicy foods or alcohol. But if heartburn persists, doesn't respond to over-the-counter medications, keeps you up at night or is accompanied by nausea, vomiting or difficulty eating, you could have gastroesophageal reflux (GERD) or a variety of other conditions.

3 BLOOD IN STOOLS. Blood on tissue is often caused by a mild irritation of the rectum from straining or hemorrhoids. But red, reddish brown or black blood in fecal matter may be a sign of abnormal rectal bleeding, which could be due to a range of conditions including ulcers, inflammatory bowel disease, polyps or cancer.

4 CHRONIC CONSTIPATION. Occasionally straining or not being able to have a bowel movement or passing hard stools isn't necessarily cause for alarm. But if you frequently go several days between bowel movements, you should be evaluated for conditions such as irritable bowel syndrome with constipation, an intestinal blockage or colorectal cancer.

5 DIARRHEA. Most diarrhea resolves in a day or two. If it doesn't or watery, loose bowel movements are combined with additional problems like fever, dehydration or blood in stools, it's possible you have a more serious condition such as ulcerative colitis, irritable bowel syndrome with diarrhea, Crohn's or celiac disease or an infection.

6 SEVERE BELLY PAIN. It might be gas or indigestion. But if pain is unusually severe or long-lasting, it could be due to a wide range of conditions including appendicitis, food poisoning, inflammatory bowel disease, kidney stones or a urinary tract infection.



JOEL M. MUSICANT, MD

7 UNEXPLAINED WEIGHT LOSS. You know why you're losing weight if you're exercising more or eating a healthier diet. But shedding pounds for no apparent reason may indicate that the body isn't effectively absorbing calories or nutrients due to conditions like pancreatitis, celiac disease, Crohn's disease, ulcerative colitis, peptic ulcer or cancer.

WELCOMING A TOP SURGEON

A NATIONALLY RECOGNIZED LEADER IN MINIMALLY INVASIVE THORACIC PROCEDURES JOINS MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS.

A groundbreaking minimally invasive thoracic surgeon who has built a New York City hospital program with the top 10 outcomes in lung cancer for 12 consecutive years is bringing that unparalleled expertise to the RWJBarnabas Health Southern Region hospitals.

Richard S. Lazzaro, MD, joins Community Medical Center (CMC), Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMSC) from Northwell Health, where he served as system director of robotic thoracic surgery and as chief of thoracic surgery and director of robotic thoracic surgery at Lenox Hill Hospital.

Bringing more than 30 years of specialized expertise to the hospitals' thoracic surgery programs, Dr. Lazzaro has pioneered many groundbreaking firsts in minimally invasive surgery and is recognized nationally as a leader in this field. He made medical history in 2018 when he performed the world's first robotic repair of a collapsed trachea, and his accomplishments also include performing one of the first pulmonary lobectomies for intralobar pulmonary sequestration, a congenital lung condition.

Minimally invasive surgery is associated with less pain, a shorter hospital stay and quicker recovery, with reduced risk of infection and less scarring. Dr. Lazzaro uses minimally invasive techniques such as robotic surgery and video-assisted thoracoscopic surgery



RICHARD S. LAZZARO, MD

(VATS) for more than 95 percent of his patients to treat a wide variety of thoracic conditions.

"The field of medicine is very conservative, and the fundamental science and

judgment of medicine are very important, but things do change—in particular, technology changes," he says. "In my career, I've stayed true to medicine's conservative principles—our approach never deviates from the best practice for the thoracic disease or condition."

A RENOWNED EXPERT

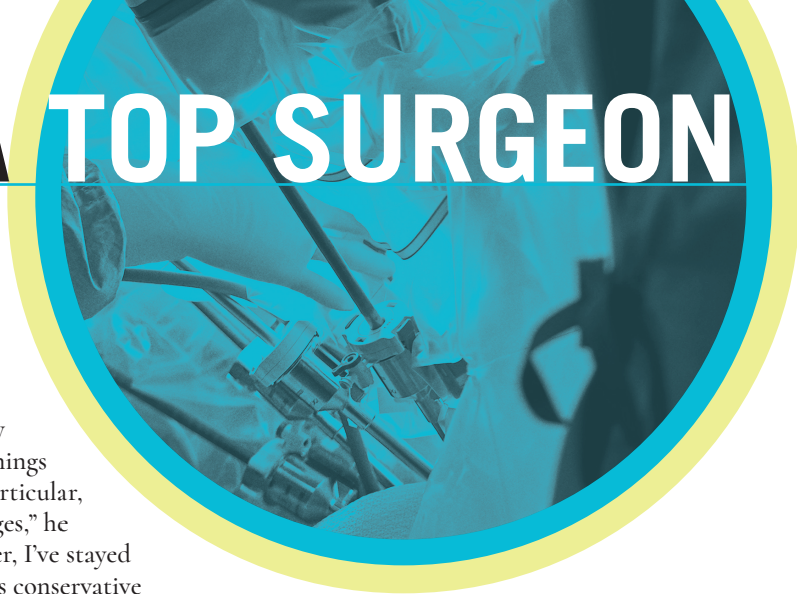
Board-certified in general and thoracic surgery, Dr. Lazzaro completed his surgical and thoracic surgery fellowship training at North Shore University Hospital and State University of New York Health Science Center at Brooklyn, and fellowship-trained in minimally invasive thoracic surgery at the University of Pittsburgh Medical Center.

"When I began training as a surgeon, most surgery was done as open, invasive cases, but midway through my training we saw the introduction of minimally invasive surgery, and it was a paradigm shift," he says.

In New York, Dr. Lazzaro led an award-winning thoracic surgery program, and he and his team earned recognition from the Surgical Review Corporation as America's first Robotic Surgery Network of Excellence. He has presented at international conferences regarding his outcomes and techniques, which have been adopted at major medical centers throughout the country, and surgeons travel from throughout the country to train with him in robotic surgery.

LOCAL CONNECTION

Asked why he chose to join the RWJBarnabas Health Southern Region



team, Dr. Lazzaro notes that he has lived in Monmouth County since 2005, and that he is excited to bring the same level of care he established in New York programs to his home community.

"Together with my RWJBarnabas Health colleagues in surgery, pulmonology, internal medicine, radiology, pathology, oncology and gastroenterology, we will deliver the highest level of thoracic care to patients at CMC, MMC and MMSC," he says. "The team we're building will have a singular focus—that is, on the best outcomes for our patients."

Eric Carney, President and CEO of MMC and MMSC, notes that the addition of Dr. Lazzaro to the hospital's thoracic surgery program gives patients access to additional therapies and treatment options as well as a national leader in minimally invasive surgery.

"Our Robotic Surgery Program features an experienced team of surgeons utilizing the most advanced robotic systems available," Carney says. "Dr. Lazzaro shares our vision of a unified, robust and broad-based thoracic surgery program bringing state-of-the-art treatment to our patients. He is a leader in the field of minimally invasive thoracic surgery, and we are excited that his exceptional surgical expertise will help ensure that our patients have access to the most advanced treatment options."

To learn more or to schedule an appointment with Dr. Lazzaro, call **732.818.3811**.



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