

# 1 healthy together



**REMARKABLE  
RECOVERIES**

**SENSORY-  
FRIENDLY  
EMERGENCY  
CARE**

**BACK PAIN  
RELIEF**

**A GAME CHANGER  
FOR RUTGERS SPORTS**

**SEE THE  
DOCTOR  
ONLINE!**  
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# CREATING WINDOWS OF OPPORTUNITY

At RWJBarnabas Health, our mission—our passion—is to improve the health of residents in the communities we serve. But we're equally committed to ensuring that New Jerseyans have opportunities to learn, develop and pursue their goals.

You'll see that commitment come to life in many ways: in free support groups and classes, in health services delivered to senior citizens at home, in housing and employment assistance provided to local residents, and more.

In this issue, we spotlight two ways in which RWJBarnabas Health is making a difference. Children's Specialized Hospital, an RWJBarnabas Health facility, has joined forces with Opportunity Project, an organization that helps adults living with the effects of traumatic brain injury. Together, the two organizations create a continuum of care and learning opportunities for patients with brain injuries, from childhood through adulthood. And in the state-of-the-art RWJBarnabas Health Athletic Performance Center, we're partnering with Rutgers University to provide spaces designed to optimize health-sciences learning and to give athletes the resources they need to reach their full potential.

At Robert Wood Johnson University Hospital, we have a long and proud history of partnering with community-based organizations to raise the health status of the diverse communities we serve. For example, we are working closely with the Healthier Middlesex Consortium to develop a comprehensive Community Health Improvement Plan that will address a broad range of health challenges impacting our communities. We're also a member of the New Brunswick Domestic Violence Awareness Coalition, which helps us provide groundbreaking education programs and essential resources and services to domestic violence survivors. These are just two examples of our many strong partnerships that benefit the community.

We're honored by the trust people place in us to care for their health. In return, we're continually working to increase opportunities for all New Jersey residents to live their best lives.

Yours in good health,

**BARRY H. OSTROWSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH



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



## HEALTH NEWS

### A TOP HOSPITAL IN THE STATE AND REGION

Robert Wood Johnson University Hospital (RWJUH) has been ranked as one of the state's and region's best hospitals by *U.S. News & World Report*. RWJUH was ranked fourth in New Jersey and tied for 14th among all hospitals in the New Jersey-New York region. In addition, RWJUH was designated as "high performing" in five specialties, including cancer, gastroenterology, geriatrics, nephrology and orthopedics. RWJUH was one of two New Jersey hospitals deemed high-performing in cancer care. Based on its score, it has the highest rated cancer program in New Jersey.



### RECOGNITION FOR ORGAN SUPPORT

The Bristol-Myers Squibb Children's Hospital (BMSCH) at RWJUH received the Silver Level ELSO (Extracorporeal Life

Support Organization) Award, which recognizes Extracorporeal Life Support programs. The Neonatal and Pediatric ECMO Department at BMSCH provides extracorporeal membrane oxygenation (ECMO) to support failing organ systems in infants, children and adults. ELSO is an international, nonprofit consortium of healthcare centers and individuals dedicated to the development, evaluation and improvement of ECMO and other innovative therapies for failing organ systems.



### SPEAKING OUT ABOUT HEALTH DISPARITIES

RWJUH LGBTQ Health Navigator Jackie Baras, RN, served as keynote speaker at the 2019 National Association of Hispanic Nurses conference in Reno,

Nev. She spoke about healthcare disparities and ways to advance LGBT health. This fall, Jackie is scheduled to speak at the Eastern Regional Conference of the Philippines Nurses Association of America in Charleston, S.C., and at the Health Care Association of New Jersey conference in Atlantic City.

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

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Ethan Bermejo is living the life of a healthy 4-year-old thanks to the expert care of Joseph Barone, MD, and his medical team.



# A LIFE TRANSFORMED

## A YOUNG CHILD WITH A RARE CONDITION IS FINALLY ABLE TO RUN, SWIM AND PLAY THANKS TO A COMPLICATED SURGERY.

When Isabel Bermejo was three months pregnant, an ultrasound revealed that her fetus's belly was enlarged. Her physicians in Ecuador, where Isabel and her husband, Hernan, lived at the time, suspected their child had Prune Belly Syndrome. In this rare condition, which affects about 1 in 40,000 births in the U.S., the child has poorly developed abdominal muscles, undescended testicles (in boys) and urinary tract malformations. The abdomen appears wrinkled, like the skin of a prune. Isabel and Hernan were told that their son was likely to die before he was born. Despite this devastating news, the couple held out hope for their unborn child. Six months later, Ethan was born.

### SEARCHING FOR THE BEST CARE

Ethan was a happy baby aside from his medical problems, says Hernan. When he was 2 months old, he began to develop urinary tract infections (UTIs). At 6 months, he was diagnosed with pneumonia, a lung infection, and was treated with antibiotics. (Children with lax abdominal muscles are prone to lung infections because they have trouble coughing up secretions.)

Since Ethan had frequent UTIs, he had surgery in Ecuador at age 2 to correct his urinary tract and repair one of his kidneys. Later, when a team of American physicians from Doctors Without Borders came to Ecuador to assist with surgeries, Ethan had another procedure to move his undescended testicles from his abdomen into his scrotum.

In 2018, Ethan turned 3, and the family moved to the U.S. so the little boy would have access to better medical care. Despite taking antibiotics daily to prevent UTIs, he developed another infection and landed in the Pediatric Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH). Isabel and Hernan,

who live in East Windsor, learned Ethan's infections had become resistant to the antibiotics he was taking.

The ED physicians referred the Bermejos to Joseph Barone, MD, Chief of Pediatric Urology at The Bristol-Myers Squibb Children's Hospital (BMSCH) at RWJUH and Rutgers Robert Wood Johnson Medical School. After doing some research online, Isabel and Hernan discovered that BMSCH is one of the best hospitals in the U.S. for pediatric urinary problems. (See "New Recognition for Pediatric Urology.")

During the appointment, Dr. Barone told the Bermejos that Ethan needed his abdominal wall repaired, which would lower his risk for both UTIs and lung infections. The surgery, which involved tightening the abdominal muscles and removing the extra skin in the middle of Ethan's belly, would also be cosmetic. Without muscles in the front of the abdomen, the skin and intestines bulge. "Sometimes the belly is so big the child tips over," says Dr. Barone. Ethan wore very large pants that fit poorly, and he had difficulty sitting down, crawling and walking due to the weight of his stomach. "He would become tired when he walked and ran out of energy easily," recalls Hernan.

### A SUCCESSFUL PROCEDURE

The Bermejos agreed to the surgery, which was done at BMSCH. Dr. Barone performed the procedure with Yi-Horng Lee, MD, Surgeon-in-Chief at BMSCH at RWJUH and Chief of Pediatric Surgery at Rutgers Robert Wood Johnson Medical School, in November 2018. The operation was a success.

Although Prune Belly Syndrome is rare, Dr. Barone estimates he has treated about 50 children with the condition. "If a child is born with kidneys that are extremely dilated [swollen due to urine buildup], he or she tends to die shortly



### NEW RECOGNITION FOR PEDIATRIC UROLOGY

The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital was recently selected as one of America's Best Children's Hospitals by *U.S. News & World Report*. The Pediatric Urology program was ranked #38 nationally. The score is based on the hospital's ability to prevent surgical complications, infections and readmissions, as well as its speed in treating testicular torsion (in which a testicle twists, cutting off its blood supply and causing permanent damage in a matter of hours). The score is also based on the opinions of pediatric urologists who recommend the hospital for serious cases.

after birth from kidney failure," he says. "But those with decent renal function seem to do quite well," says Dr. Barone. "Ethan's kidney function is surprisingly good for a child with Prune Belly."

Ethan's journey hasn't been easy, but Hernan and Isabel are grateful for the positive outcome. Ethan stopped taking antibiotics a month after his surgery and hasn't had another UTI. Today, he's a typical 4-year-old. "He runs around like a normal kid," says Hernan. "He can play, ride a bike and go to the pool. It's really wonderful. We found the right doctors and the right hospital. Ethan is finally living a normal life, thanks to his care at BMSCH."

To learn more about pediatric urology at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit [www.rwjbh.org/bmschurology](http://www.rwjbh.org/bmschurology).







# KEEPING KIDS CALM

**THE NEW PEDIATRIC EMERGENCY DEPARTMENT FEATURES A SPECIAL SPACE FOR CHILDREN WITH SENSORY ISSUES.**

Dina Elkins has never had to bring her 17-year-old son, Hunter, to the Emergency Department (ED), but she has always worried about it. A trip to the hospital is stressful for any child, but it can be especially nerve-racking for kids like Hunter, who has autism, a developmental disorder that affects communication and behavior. “People with autism often have sensory issues, so the loud noises of an ED may be overwhelming for them,” she explains. “They may not be able to tolerate things most of us don’t think twice about, like wearing an identification bracelet.”

As Chair of the Robert Wood Johnson University Hospital (RWJUH) Foundation



The “sensory room” in the new RWJUH Pediatric Emergency Department is designed to ease fear and anxiety in children and teens. Above: Dina Elkins, who helped to create the sensory room, with her 17-year-old son, Hunter.

Board, Dina wanted to help parents and children with autism. “I’d heard about the negative experiences children with autism have had at hospitals,” she says. “I wanted parents and kids to feel like they had some control over the experience.”

So Dina helped to create a “sensory room,” where special needs children can wait and get evaluated and treated, in the new RWJUH Pediatric ED. The room, which was unveiled in December 2018, is the first of its kind in New Jersey.

### EASING FEAR AND ANXIETY

Dina enlisted autism consultant Katie Curran to design the room, which features soft colors like gray, purple and light green, as well as padded walls to prevent injury in case an agitated child bumps into them. Red, yellow, green and blue pillows in the shape of emojis with different emotions—happy, sad, angry and scared—are sprinkled throughout the room to help kids who lack verbal skills express their feelings. To ease anxiety, the room features a tall, floor-to-ceiling water tube that changes colors. “It’s an effective way to capture the attention of children and help them calm down,” says Barbara Romito, Director of the Child Life Program at The Bristol-Myers Squibb Children’s Hospital at RWJUH.

Instead of harsh fluorescent lights, the sensory room has twinkling lights that can be dimmed to bring the brightness to

a child’s comfort level. If a child prefers a dark room, the doors can be covered with curtains. “Families can customize the experience for their child,” says Dina. “Each child can decide if he or she wants the lights on or off, the doors open or closed. These small changes can make a difference for someone with sensory issues.”

Medical equipment is tucked away discreetly in closets and corners to avoid frightening patients. “We worked closely with the ED physicians and nurses to make sure they could treat children in this space,” says Dina.

So far, both patients and parents have given the sensory room rave reviews. “The first child to use it was a developmentally typical 4-year-old experiencing her first asthma attack,” says Dina. “The staff couldn’t get her calmed down enough to treat her, so they put her in the sensory room, and it helped enormously.”

### HELPING ALL PATIENTS

RWJUH will provide training for ED employees on how to interact with patients with special needs. The Child Life Program has enlisted autism specialists from Rutgers University to assess the ED staff’s knowledge, comfort and experience with children and teenagers with developmental disabilities. The specialists will then provide training so the hospital staff can deliver the most appropriate care and treatment. “I’m happy that the hospital has been so welcoming of the sensory room,” says Dina. “We’ve found that it works well for many children with autism and other disabilities—as well as typical children.”

Later this fall, RWJUH will open a sensory room for the adult ED. “It’s similar to the pediatric space,” says Dina. “Autism doesn’t change based on age.”

Ultimately, the sensory rooms represent RWJUH’s commitment to treating all patients. Says Dina: “RWJUH is showing autistic children and adults that instead of forcing them to conform to a traditional ED space, they’re willing to go the extra mile to meet their needs.”

For more information about the sensory room in the RWJUH Pediatric ED, visit [www.rwjbh.org/bmschemergency](http://www.rwjbh.org/bmschemergency).







Former patient and Outreach Worker Susan Capolongo shares her experience with patients who are scheduled for heart surgery at Robert Wood Johnson University Hospital.

# CHEERING ON CARDIAC PATIENTS

## VOLUNTEERS IN THE CARING HEARTS PROGRAM PROVIDE REASSURANCE TO PEOPLE WHO ARE HAVING SURGERY.

Not long ago, a mother of two was about to have heart surgery at Robert Wood Johnson University Hospital (RWJUH). “She was scared to death,” recalls former patient Susan Capolongo of Montgomery Township. “I said, ‘You’re very fortunate to be here and have such a wonderfully supportive family. You’ll get through this. Today is Sunday. By Thursday, you’re going to be sitting up in a chair saying, ‘Wow, it’s over.’”

Susan is one of 10 volunteers who provide support to patients scheduled for heart surgery. She’s also an Outreach Worker in RWJUH’s Community Health

Education Department for The Harry Stark Caring Hearts Cardiac Visitation Program. The program was started by Harry Stark, a patient who wanted to help lessen people’s fears of heart surgery. “The surgical and clinical teams care for the physical needs of patients, and our program helps to lessen the emotional stress of surgery,” says Kathleen Johnson, who facilitates the Caring Hearts program. “Patients relate best to peers who also have experienced cardiac surgery.” The Caring Hearts program is supported by Leonard Y. Lee, MD, FACS, FACC, FCCP, James W. Mackenzie MD Professor and Chair, Department of

Surgery, Rutgers Robert Wood Johnson Medical School, and his surgical team.

Volunteers are trained by senior members of the program. They visit patients monthly—typically twice in one week—with a pre- and a post-surgery visit. “The visits appear to reduce the stress and anxiety surrounding the surgery,” says Johnson.

### AN INSPIRING JOURNEY

Twice a month, Susan sees cardiac patients who request a visit from a peer and shares her own story. In 2017, the 53-year-old runner, cyclist and mother of three needed a new aortic valve, which enables blood to leave the heart. She had such a good experience at RWJUH—and at Saint Barnabas Medical Center, another RWJBarnabas Health hospital, where she had been treated for Hodgkin lymphoma years earlier—that she wanted to become a volunteer. “My life was saved twice at these hospitals,” she says.

Susan finds talking with other patients rewarding. In addition to in-person visits, she counsels some patients over the phone. She recently spoke with a woman for almost an hour. “She had questions and concerns I was able to answer,” recalls Susan.

The mother of two who had been worried about her heart surgery did well. When Susan returned for a post-op visit, the patient was sitting up and smiling. “You’re my hero,” she told Susan. “I’m just a cheerleader,” Susan said. “You’re the hero.”



### LOOKING FOR VOLUNTEERS

Have you had heart surgery? If so, the Caring Hearts program needs you! We’re looking for volunteers who are available to visit cardiac patients at least twice a month. Please call Community Health Education to learn more: **732.846.0131** or [Kathleen.johnson@rwjuh.edu](mailto:Kathleen.johnson@rwjuh.edu).

Your heart doesn’t beat just for you. Get it checked. To reach a Robert Wood Johnson University Hospital cardiac specialist, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).



# 10 TIMES TO USE TELEMED

A VIRTUAL DOCTOR VISIT CAN BE THE FASTEST WAY TO FEEL BETTER.

With the RWJBarnabas Health TeleMed service, patients can reach a U.S. board-certified doctor at any time of day or night, including weekends and holidays. The *how* is simple: Download an app for iOS or Android and connect via smartphone, tablet or computer.

But *why* might you choose to use TeleMed rather than make an appointment with your doctor? At right are some circumstances that might make a virtual visit a good choice.

TeleMed is appropriate for common complaints such as colds, flu, fever, minor rashes, earache, sinusitis, migraine, abdominal pain, allergies, pink eye and joint pain.



## CALL 911 IF...

TeleMed is not for emergencies. Call 911 or go to the nearest emergency department if you are experiencing any of the following emergency medical problems:

- Chest pain or pressure
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Difficulty breathing or shortness of breath
- Sudden dizziness, weakness, change in vision, slurred speech, numbness or other neurological changes
- Severe or persistent vomiting or diarrhea
- Severe abdominal pain
- Changes in mental status, such as confusion
- Assault, physical or sexual abuse
- Broken bone



You get sick while on vacation.



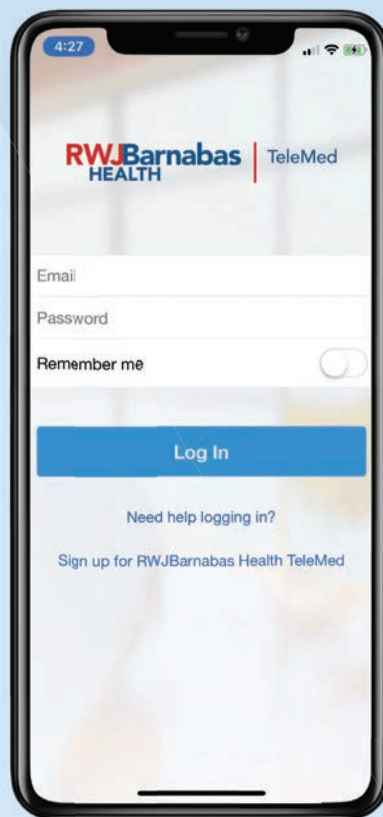
Your doctor's office is closed.



You need care for a sick child, but can't leave your other children home alone.



You can't get a same-day appointment with your doctor.



You feel too sick to leave the house.



You're out of town and realize you forgot a prescription.



You live in a rural area, making doctor visits and follow-up visits inconvenient.



You don't have time to wait in a waiting room.



It's difficult to take time off from work to go to the doctor.



You don't want to expose others to a contagious disease (or be exposed to theirs).

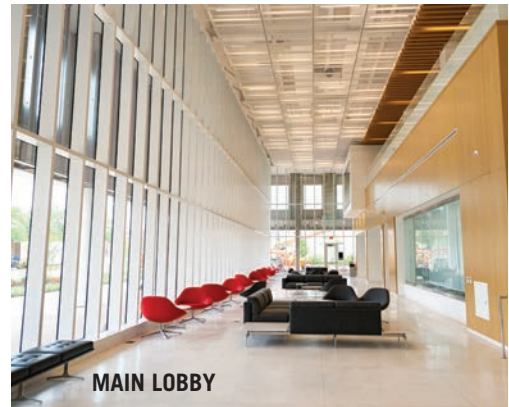
To learn more or to sign up for the RWJBarnabas Health TeleMed service, visit [www.rwjbh.org/telemmed](http://www.rwjbh.org/telemmed).



GYMNASTICS



HYDROTHERAPY



MAIN LOBBY



WEIGHT ROOM



BASKETBALL



WRESTLING





**HAPPY BIRTHDAY,  
COLLEGE FOOTBALL!**  
150 YEARS OF ATHLETIC PROWESS  
AND PASSIONATE FANDOM BEGAN  
AT RUTGERS UNIVERSITY.



As a major milestone in Rutgers sports history is marked with the opening of the RWJBarnabas Health Athletic Performance Center, a national college sports milestone is also being celebrated: the 150th anniversary of the first game of intercollegiate football, which took place on Nov. 6, 1869, between Rutgers and Princeton. (Rutgers triumphed, 6-4.) The season-long festivities include themed home games and the unveiling of a new “Victory” statue. RWJBarnabas Health, the official healthcare provider of Rutgers Athletics, is a presenting sponsor. To learn more, visit [www.rutgersgameday.com](http://www.rutgersgameday.com).



**THE RWJBARNABAS HEALTH ATHLETIC PERFORMANCE CENTER AT RUTGERS UNIVERSITY KICKS OFF A NEW ERA FOR RUTGERS SPORTS.**

For Rutgers student-athletes, the future is here. The state-of-the-art RWJBarnabas Health Athletic Performance Center at Rutgers University, which opened in September, is home to new facilities for men’s and women’s basketball, wrestling and gymnastics, as well as a sports performance/sports medicine suite, nutrition lounge, seating area for professional scouts and more.

The 307,000-square-foot, four-story facility brings Rutgers athletic offerings to a new level. “It’s a game changer for our student-athletes in clinical care,” says Pat Hobbs, Director of Intercollegiate

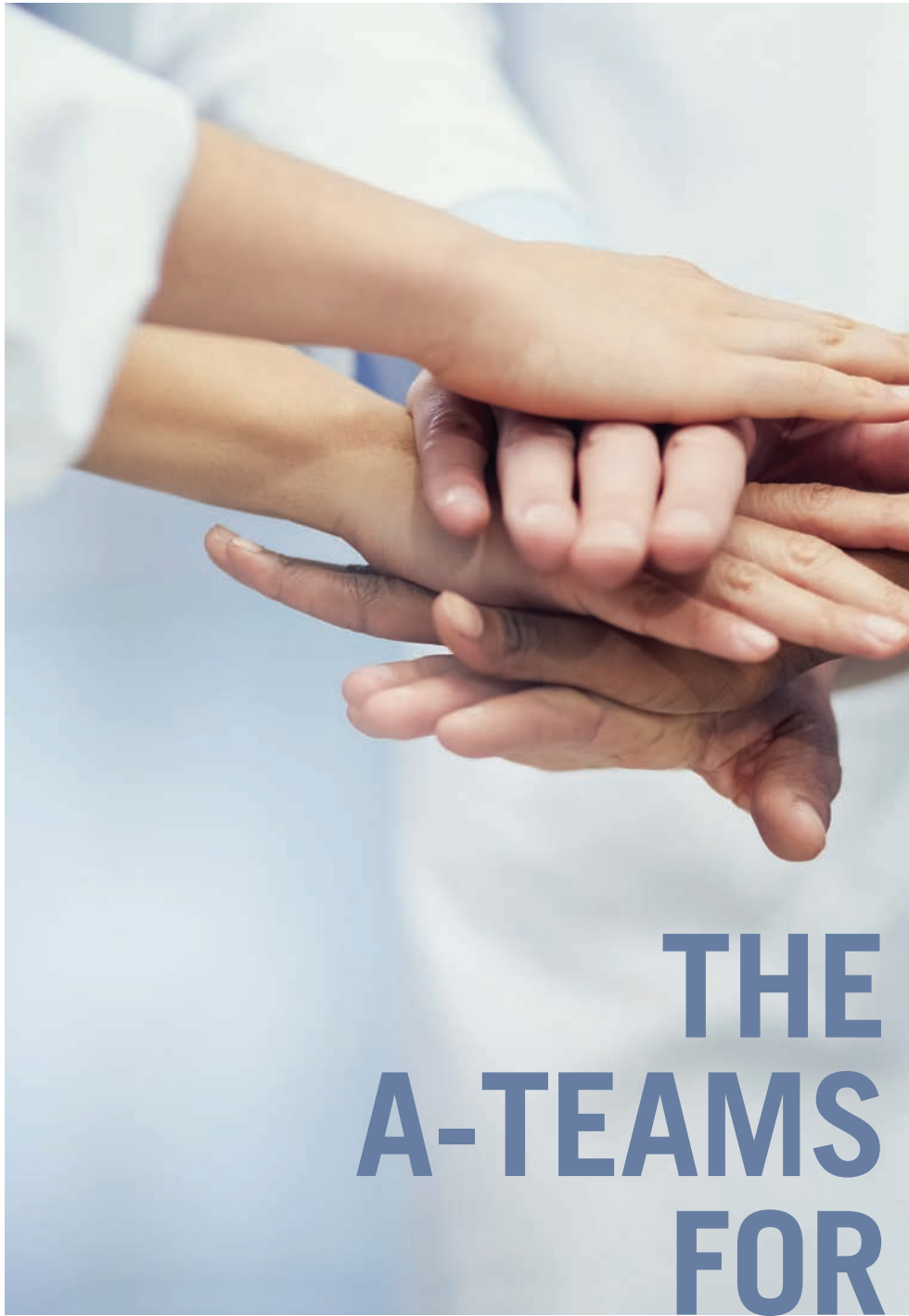
Athletics at Rutgers University. “They are going to receive the very best in sports medicine.” The facility was made possible by an investment from RWJBarnabas Health, the official healthcare provider of Rutgers Athletics.

“For far too long, we haven’t produced, as a state, those facilities and resources necessary to have world-class athletes—and frankly, in New Jersey, we have world-class athletes,” says Barry Ostrowsky, President and CEO of RWJBarnabas Health. “At Rutgers, we have world-class students. For us, this is a wonderful opportunity to invest in a great University.”



X-RAY ROOM

To learn more about RWJBarnabas Health partnerships, visit [www.rwjbh.org/corporatepartners](http://www.rwjbh.org/corporatepartners).



# THE A-TEAMS FOR

# ADVANCED HEART FAILURE

## TWO RWJBARNABAS HEALTH HEART TRANSPLANT PROGRAMS COLLABORATE TO OFFER WORLD- CLASS CARE, CLOSE TO HOME FOR NEW JERSEY RESIDENTS.

In 1989, cardiologist Mark Jay Zucker, MD, relocated from Chicago to join nationally renowned cardiovascular surgeon Victor Parsonnet, MD, at Newark Beth Israel Medical Center (NBI). Both physicians saw an opportunity to build a world-class heart failure treatment and transplant program at NBI.

Toward that end, Dr. Zucker and other members of the NBI team met with cardiologists around the state, gave talks and lectures, and sent out educational mailings to introduce the medical community to the new program.

Over the course of 30 years, the goal of creating a nationally renowned heart failure and transplant center has been met, perhaps beyond the team's wildest dreams—and certainly beyond those of many patients. By 2017, the Advanced Heart Failure Treatment and Transplant Program at NBI had performed more than 1,000 transplants, one of only a dozen programs in the U.S. to reach that milestone. Today the program performs about 50 to 55 transplants each year; has roughly 70 staff members, seven physicians, three surgeons and a full complement of nurses and nurse practitioners; and follows more than 4,000 patients at five different offices.

### COVERING THE STATE

The NBI program and the Advanced Heart Failure and Heart Transplant Program at Robert Wood Johnson University Hospital in New Brunswick (RWJUH) are the only two heart transplant programs in New Jersey,

“We are one of the major referral centers for heart conditions in the state, particularly in central New Jersey,” says Aziz Ghaly, MD, Surgical Director, Advanced Heart Failure and Heart Transplant Program at RWJUH. “We offer the most advanced options for treatment of heart failure available. That means we



can do complete workups for patients under one roof.”

As collegial members of the same health system, the two programs provide seamless treatment to any patient in need of complex cardiac care, not only from the hospitals of the RWJBarnabas Health system but from any hospital inside New Jersey or beyond. For New Jersey residents, that means advanced cardiac care is always available close to home.

The connection between the two teams further enhances patient care. “Leadership of both programs meet regularly to discuss how to coordinate care, improve safety, streamline services and sometimes just to learn from one another as well,” says Dr. Ghaly.

### MULTIDISCIPLINARY APPROACH

At NBI, Dr. Zucker, Director of the Cardiothoracic Transplantation Program, and Margarita Camacho, MD, Surgical Director of Heart Transplantation, are two of the most senior physicians in the field, with a combined experience of caring for more than 1,500 transplant patients. Both physicians are at the forefront of advanced heart failure treatments, and both have been at NBI for the majority of their careers. “That translates to consistency,” says Dr. Zucker. “We have danced together for a long time.” The RWJUH transplant program has been in place for more than 20 years, with year after year of excellent outcomes, says Dr. Ghaly.

Both programs rely on multidisciplinary teams to provide



AZIZ GHALY, MD



MARK JAY ZUCKER, MD

the highest quality of care. “Advanced cardiac care requires a tightly integrated, well-functioning team of talented and knowledgeable clinicians, paramedical professionals, social workers, pharmacists and dietitians,” says Dr. Zucker.

“Heart transplantation is not maintenance-free after surgery,” explains Dr. Ghaly. “Our heart failure cardiologists and nurse coordinators monitor patients very closely afterward, becoming like part of the patient’s family. The role is crucial to the patient’s survival post-transplant, and they are the heart and soul of our program.”

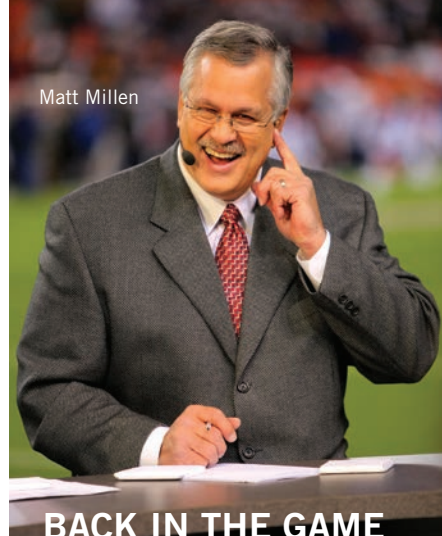
### FUTURE-FACING

Both programs are national leaders in treatment for advanced heart failure, including the use of ventricular assist devices (VADs). These surgically implanted mechanical pumps can keep patients alive as they wait for a heart transplant or when other medical conditions have rendered them ineligible for transplantation.

The NBI and RWJUH programs also participate in multiple research trials that offer patients access to new investigational medications and devices prior to commercial availability. Most recently, the teams have been studying medications to treat advanced congestive heart failure, amyloid and lamin A/C cardiomyopathy.

The transplant center at NBI is currently undergoing a \$4.3 million renovation. “The transplant suite will soon integrate the mechanical support, heart and lung transplant programs all under one roof,” says Dr. Zucker. “The ability to interact on a moment-to-moment basis provides an ability to exchange ideas and ensure that all team members are up to date with new and emerging technologies.”

This type of interaction is crucial when it comes to caring for such critically ill patients, says Dr. Zucker. “After all, the management of heart failure is a 24/7 operation that only works when you have a team of truly committed individuals.”



### BACK IN THE GAME

During Matt Millen’s storied career as a football player, observers often said he showed “a lot of heart.” That description resonated with many when they learned he was waiting for a life-saving heart transplant at Newark Beth Israel Medical Center (NBI).

An All-American linebacker at Penn State, Millen had a 12-year NFL career, including four Super Bowl wins. He served as president and CEO of the Detroit Lions, followed by a successful career as a football commentator.

As the years went on, he began to feel weaker and increasingly short of breath. It became hard to navigate the few stairs to his basement wood shop.

Ultimately, Millen was diagnosed with the rare disease amyloidosis. Abnormal proteins called amyloids had been deposited in his heart muscle, rendering it stiff and unable to function properly.

In the fall of 2018, Millen spent three months at NBI, under the care of Mark Jay Zucker, MD, Director of the Cardiothoracic Transplantation Program, and his team. On December 24, 2018, Millen underwent heart transplant surgery performed by Margarita Camacho, MD, Surgical Director of Heart Transplantation, and Mark Russo, MD.

The surgery was a success. With a new heart and a new lease on life, Millen is back in the broadcasting booth for the 2019 football season.

Your heart doesn’t beat just for you. Get it checked. To reach an RWJBarnabas Health cardiac specialist near you, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).





# CANCER: WHERE TO CALL FOR HELP

**NOW THERE'S A SINGLE PHONE NUMBER FOR CLEAR  
AND COMPASSIONATE ANSWERS ABOUT CANCER TREATMENT.**

**W**hen a person is diagnosed with cancer, he or she has a lot to learn—and many decisions to make. What's the best course of treatment? Where is the best place for treatment? Who is the best doctor to treat my cancer? How can I get a second opinion?

That's why RWJBarnabas Health (RWJBH), in partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, has created an Oncology Access Center. This concierge-like service for cancer patients has an easy-to-remember number: 844-CANCERNJ. At that number, specialized oncology access representatives and oncology access nurse navigators stand ready to direct patients to the expert care they need. The Oncology Access Center creates one point of contact for all oncologists and hospitals in the RWJBH system and at Rutgers Cancer Institute.

"We are well aware that people who are newly diagnosed or seeking a second opinion are dealing with an extremely stressful personal situation," says Steven K. Libutti, MD, Senior Vice President of Oncology Services, RWJBH and Director of Rutgers Cancer Institute of New Jersey. "We want to make the process of finding care as stress-free and efficient as possible."



**STEVEN K. LIBUTTI, MD**

In the past, Dr. Libutti explains, patients and caregivers needed to do extensive research on their own to figure out what location and what physician would be most appropriate for their care. "Now they can more easily access NCI-designated cancer care across the state," he says.

## NAVIGATING THE JOURNEY

"We're especially excited to have nurse navigators located right at the contact center if a person has a clinical question," says Bryan Soltes, System Vice President, Network Development, Oncology Services for RWJBH. "That aspect of our system makes it uniquely helpful to patients."

When a caller is referred to a specific hospital, he or she is immediately linked to the nurse navigator platform at the hospital, Soltes says. "Nurse navigators guide patients through their entire journey of diagnosis, treatment and recovery, not only making appointments but connecting the patient with oncology support services," he explains.

"Our system is making a very big commitment to nurse navigation in general," Soltes says. "Our goal is to be the largest nurse navigation system for oncology in the country."

Experts at RWJBH recognize that oncology healthcare calls are different from other kinds of calls. "They are often from people dealing with potentially serious situations," Soltes says. "With our Oncology Access Center and nurse navigator programs, we're able to put our arms around the patient, so to speak, and say, 'We'll help you take it from here.'"





Opposite page and this page, clockwise: For the first time, a roller coaster was wrapped in support of cancer awareness for the Coasters for Cancer campaign. Survivors and their families joined a special survivors celebration at Six Flags Great Adventure, which partnered with RWJBarnabas Health and Rutgers Cancer Institute of New Jersey to bring greater awareness to the disease and efforts to fight it.



## RAISE YOUR HANDS FOR SURVIVORS

Life can be a roller coaster, especially when a person is coping with cancer. That made it especially fitting for three iconic New Jersey brands—RWJBarnabas Health (RWJBH), Rutgers Cancer Institute of New Jersey and Six Flags Great Adventure—to create the Coasters for Cancer campaign.

Brightly colored handprints were collected from cancer survivors and supporters. Those handprints were wrapped into a design to adorn the Runaway Mine Train roller coaster at Six Flags Great Adventure in Jackson Township. When park visitors take the ride, they're reminded of how many people cancer touches in the state of New Jersey.

The campaign was unveiled during a National Cancer Survivors Day Celebration at Six Flags Great Adventure on June 9. "More people need to know about the disease and about the research that's being done right in our own backyard," says John DeSimone, a patient at Rutgers Cancer Institute.

"What I hope people get out of this display is that cancer doesn't discriminate," says cancer survivor Johnny Volpe, 17, who was diagnosed when he was just 7. "Cancer goes for anyone and everyone, and it's great that people are aware."

"The Coasters for Cancer campaign is an incredible opportunity to shine the spotlight on cancer survivorship, education and prevention," says Justin Edelman, Senior Vice President, Corporate Partnerships, RWJBH. "If this campaign helps just one person, it's all worth it."



**\*  
RWJBarnabas Health, in partnership 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, including clinical trials. Visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).**

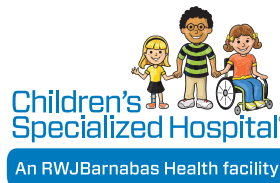
The Oncology Access Center is open from 8 a.m. to 5 p.m., Monday through Friday. Call **844.CANCERNJ (844.226.2376)**.



Staff and members at Opportunity Project engage in a variety of work-related and social activities through the Clubhouse Program.

# BEYOND BRAIN INJURY

**A NEW PARTNERSHIP BRINGS ADDITIONAL RESOURCES TO THOSE LIVING WITH TRAUMATIC BRAIN INJURY.**



About every 13 seconds in the U.S., someone suffers traumatic brain injury (TBI)—a blow or penetrating injury to the head that's severe enough to disrupt normal brain function.

Children with TBI are often treated at Children's Specialized Hospital (CSH), the leading provider of inpatient and outpatient care for children and young adults facing special healthcare challenges. Until recently, however, CSH had no way to help these patients as they grappled with the lingering effects of TBI in adulthood.

To remedy that situation, CSH has begun a new partnership with the nonprofit Opportunity Project, founded by parents whose sons were dealing with TBI. The

program offers a wide range of services to help adults with TBI reach their full potential.

The organization's mission and services make it a natural fit for CSH. "Opportunity Project has a long, rich history of serving the critical needs of adults with brain injury," says Warren E. Moore, FACHE, President and CEO, CSH, and Senior Vice President, Pediatric Services, RWJBarnabas Health. "We are thrilled to partner and learn from one another, ensuring a bright future for the communities we serve."

## MOVING FORWARD

Mild TBI, the most common kind, affects the brain only temporarily. However, symptoms of moderate to severe TBI may

be long-term, even lifelong. These symptoms can include difficulty thinking clearly, headaches, moodiness, sensitivity to light, physical impairment and sleep problems. Up to 90,000 people experience the onset of long-term disability from TBI each year.

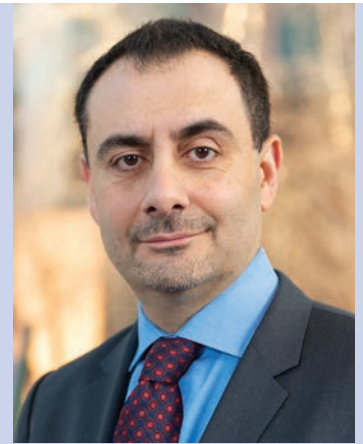
The only program of its kind in New Jersey, Opportunity Project has served more than 600 individuals affected by TBI, along with their families, since its inception in 1993. The organization is housed in a 14,000-square-foot facility in Millburn that's accessible to the center of town and to public transportation, and is open five days a week.

Here, members can meet to receive occupational therapy, to confer with social workers who can help them access community resources, or to practice skills in reading, writing, planning and more. Opportunity Project also trains members who wish to become part of its Speakers Bureau, enabling them to use their firsthand knowledge of living with a brain injury to deliver inspiring and educational presentations.

For more information about Opportunity Project, visit [www.opportunityproject.org](http://www.opportunityproject.org). For more information about Children's Specialized Hospital, call **888.244.5373** or visit [www.childrens-specialized.org](http://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.





**MICHEL KAHALEH, MD**

# CUTTING-EDGE DIGESTIVE CARE

**PHYSICIANS AT THE ESOPHAGEAL CENTER OFFER INNOVATIVE, MINIMALLY INVASIVE TREATMENTS.**

In 2018, Robert Wood Johnson University Hospital (RWJUH) created The Esophageal Center to diagnose and treat patients with a variety of complex esophageal disorders. The physicians use novel, minimally invasive therapies. When necessary, they partner with specialists at Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-designated Comprehensive Cancer Center, to ensure the best outcomes. The Center is co-led by Michel Kahaleh, MD, Medical Director, Clinical Director of Gastroenterology and Chief of Endoscopy at RWJUH and Medical Director of the Advanced Endoscopy Research Program at Rutgers Robert Wood Johnson Medical School, and Susannah S. Wise, MD, FACS, Surgical Director. They explain how patients benefit from the Center.

## What conditions are commonly treated at The Esophageal Center?

We often treat achalasia, a disorder in which a person has trouble swallowing food and liquid as a result of poorly functioning nerves in the esophagus. This can be done via an endoscope—a long, thin, flexible tube—in a procedure called Per Oral Endoscopic Myotomy (POEM). It can also be performed laparoscopically (using small incisions) through a procedure called Heller myotomy.

We also see patients with refractory reflux, in which a person taking acid-

reducing medications doesn’t experience complete relief from symptoms. Other conditions we treat include dysphagia (difficulty swallowing), esophageal spasm, Barrett’s esophagus, esophageal cancer, gastroesophageal reflux disease (GERD), Zenker’s diverticulum, hiatal hernia and esophageal perforation. Our team determines the best option for each patient (endoscopy or minimally invasive surgery) after a thorough evaluation.

## What is unique about the Center?

Patients are cared for by a multidisciplinary team—gastroenterologists, thoracic surgeons, radiologists, radiation oncologists, surgical oncologists, medical oncologists and nutritionists. This is convenient because patients receive all the care they need in one location. Patients also benefit from the Center’s support groups.

## What kinds of procedures are performed?

For years, physicians have used endoscopy—in which they look inside the body using a tiny camera attached to an endoscope—to diagnose patients with conditions such as GERD, in which stomach acid enters the esophagus chronically and irritates it. Now, endoscopy is being used at the Center to perform a

variety of procedures, causing less pain and bleeding and leading to a faster recovery. For instance, physicians can treat patients for conditions like Barrett’s esophagus, a precancerous condition in which there are abnormal changes in cells lining the esophagus due to GERD.

Patients with refractory reflux may benefit from transoral incisionless fundoplication, in which the top of the stomach is wrapped around the esophagus to create a valve that prevents acid from rising into the organ. Many patients who have this procedure are able to stop taking their acid-reducing medications.

Another minimally invasive procedure performed at the Center is POEM. This is effective for patients with swallowing disorders, including achalasia, which are often due to tightening of the muscles of the esophagus. The procedure involves opening the muscles endoscopically to ease digestion.

## What role does Rutgers Cancer Institute of New Jersey play in caring for Center patients?

If a patient is diagnosed with a precancerous lesion or cancer of the esophagus, he or she is referred to Rutgers Cancer Institute of New Jersey. Through our partnership, patients have access to the most advanced treatment options, including clinical trials, immunotherapy, precision medicine, complex surgical techniques and innovative radiation therapy procedures.

✱

**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 latest treatment options. For more information, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).**

To learn more about esophageal care at RWJUH, visit [www.rwjbh.org/rwjhadvancedendoscopy](http://www.rwjbh.org/rwjhadvancedendoscopy).



Robert Murray is grateful to his physicians, Gaurav Gupta, MD (left), and Sudipta Roychowdhury, MD, for the minimally invasive therapy he received.

# A REVOLUTIONARY TREATMENT

**A PATIENT RECOVERED FROM A POTENTIALLY LIFE-THREATENING BRAIN ANEURYSM THANKS TO A NEW DEVICE.**

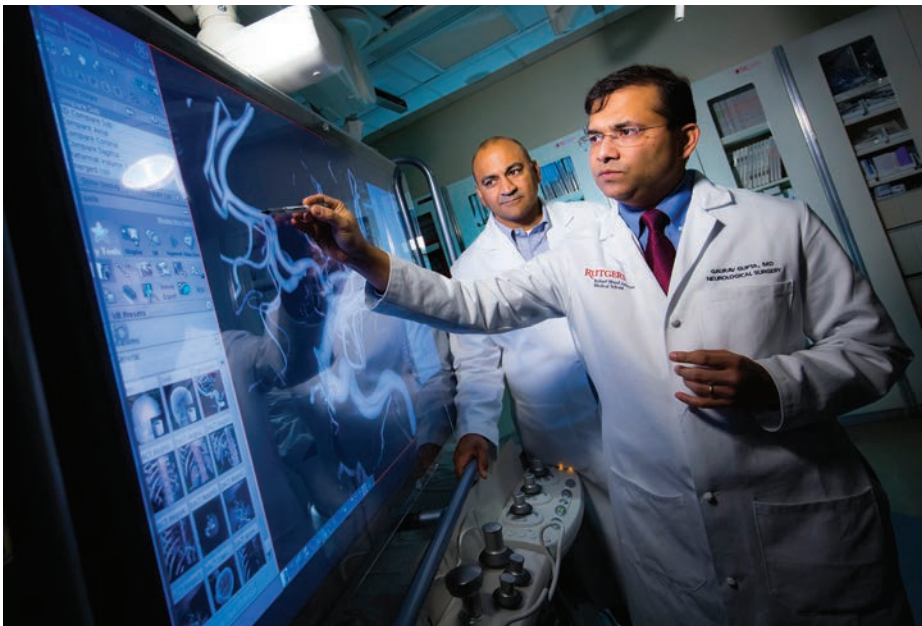
In 2016, Robert Murray was diagnosed with Parkinson's disease. After starting a new medication for his tremors in 2018, he began having frequent fainting spells. His physician ordered an MRI of the brain, which didn't explain the cause of the fainting spells. Instead, it revealed something unexpected: "I had an aneurysm in my brain that hadn't burst yet," says Robert, 62, who lives in Lincroft. "I was glad it was found because I had no symptoms."

An aneurysm is a potentially fatal condition that occurs when a bulge develops

in the wall of an artery, a blood vessel that carries blood from the heart to other parts of the body, including the brain. This bulge can eventually rupture, causing bleeding in the brain, known as a hemorrhagic stroke. Around 30,000 Americans suffer a ruptured brain aneurysm every year, and 40 percent of those are fatal, according to the Brain Aneurysm Foundation.

Robert's neurologist had recommended that he see a neurosurgeon who specializes in treating Parkinson's disease at Robert Wood Johnson University Hospital





From left: Sudipta Roychowdhury, MD, and Gaurav Gupta, MD, were among the first neurointerventional surgeons in the country to use the Woven EndoBridge (WEB) Aneurysm Embolization System to treat brain aneurysms.

(RWJUH). The neurosurgeon arranged for Robert to see Gaurav Gupta, MD, FAANS, Director of Cerebrovascular and Endovascular Neurosurgery at RWJUH and Associate Professor of Neurosurgery at Rutgers Robert Wood Johnson Medical School (Rutgers RWJMS). Dr. Gupta performed an angiogram of Robert's brain, in which a dye is injected into blood vessels and is then examined using X-ray imaging. This confirmed that Robert had a brain aneurysm.

Dr. Gupta and his colleague, Sudipta Roychowdhury, MD, Director of Interventional Neuroradiology at RWJUH and Clinical Associate Professor of Radiology at Rutgers RWJMS, told Robert he needed brain surgery. He had two options: surgical clipping, in which surgeons create a hole in the skull, then place a metal clip across the base of the bulging artery to prevent it from spilling blood into the brain; or a new, minimally invasive procedure. "I jumped at the chance to have a minimally invasive procedure," says Robert. "I was excited to be one of the first patients in the country to have it."

### A MINIMALLY INVASIVE APPROACH

A new, minimally invasive treatment with a device called the Woven EndoBridge (WEB) Aneurysm Embolization System was approved by the U.S. Food & Drug Administration in December 2018. The WEB device is a mesh implant in the

shape of a ball. Unlike aneurysm clipping, which is performed on the outside of an aneurysm, the WEB device is placed on the inside, filling the bulge in the arterial wall. The device is placed inside a catheter—a long, thin tube—in blood vessels in the groin or a blood vessel in the wrist and travels through blood vessels in the body to the site of the brain aneurysm. Within a few weeks of placing the device, scar tissue forms along the mesh, preventing blood from entering the aneurysm. The device is similar to a stent, which is used for patients with heart disease.

Dr. Gupta and Dr. Roychowdhury were among the first neurointerventional surgeons in the country to use the device. "RWJUH was selected as one of the first sites in the U.S. to pilot this device because of our experience and excellent outcomes with minimally invasive neurosurgical procedures," says Dr. Roychowdhury. Such complicated brain surgeries can only be performed at large, academic medical institutions and comprehensive stroke centers like RWJUH. The key to a successful outcome is a dedicated, multidisciplinary team of world-renowned experts in the treatment of brain aneurysms.

## SUPPORT FOR BRAIN ANEURYSM PATIENTS

If you've had a brain aneurysm, you might benefit from a brain aneurysm support group at Robert Wood Johnson University Hospital. The group, which meets every other month, enables patients and family members to discuss topics such as healthy living, faith and spiritual healing, and nutrition and exercise. Physicians are often available to answer patients' questions. The next meeting will be held on November 6 from 6 to 7:30 p.m. at the RWJ Fitness and Wellness Center. For more information or to register, contact Sandia Royal at [BASG@rwjbh.org](mailto:BASG@rwjbh.org).

Robert had the WEB procedure on April 10. He was awake immediately after the procedure, and his condition remained stable. He stayed in the hospital for two nights and went home on the third day with only a tiny bandage covering the insertion site.

### A QUICK RECOVERY

"Robert did well," says Dr. Gupta. "The blood flow into the aneurysm slows right away, but it takes a few weeks to close completely." An advantage of this treatment is that patients don't need to take two blood-thinning medications to prevent a blood clot or stroke. Also, they're able to return to their usual activities more quickly than those who have open brain surgery (surgical clipping). Robert didn't experience any side effects. When he returned for follow-up imaging (Magnetic Resonance angiography, which evaluates blood vessels) in May, the test showed that the aneurysm had closed.

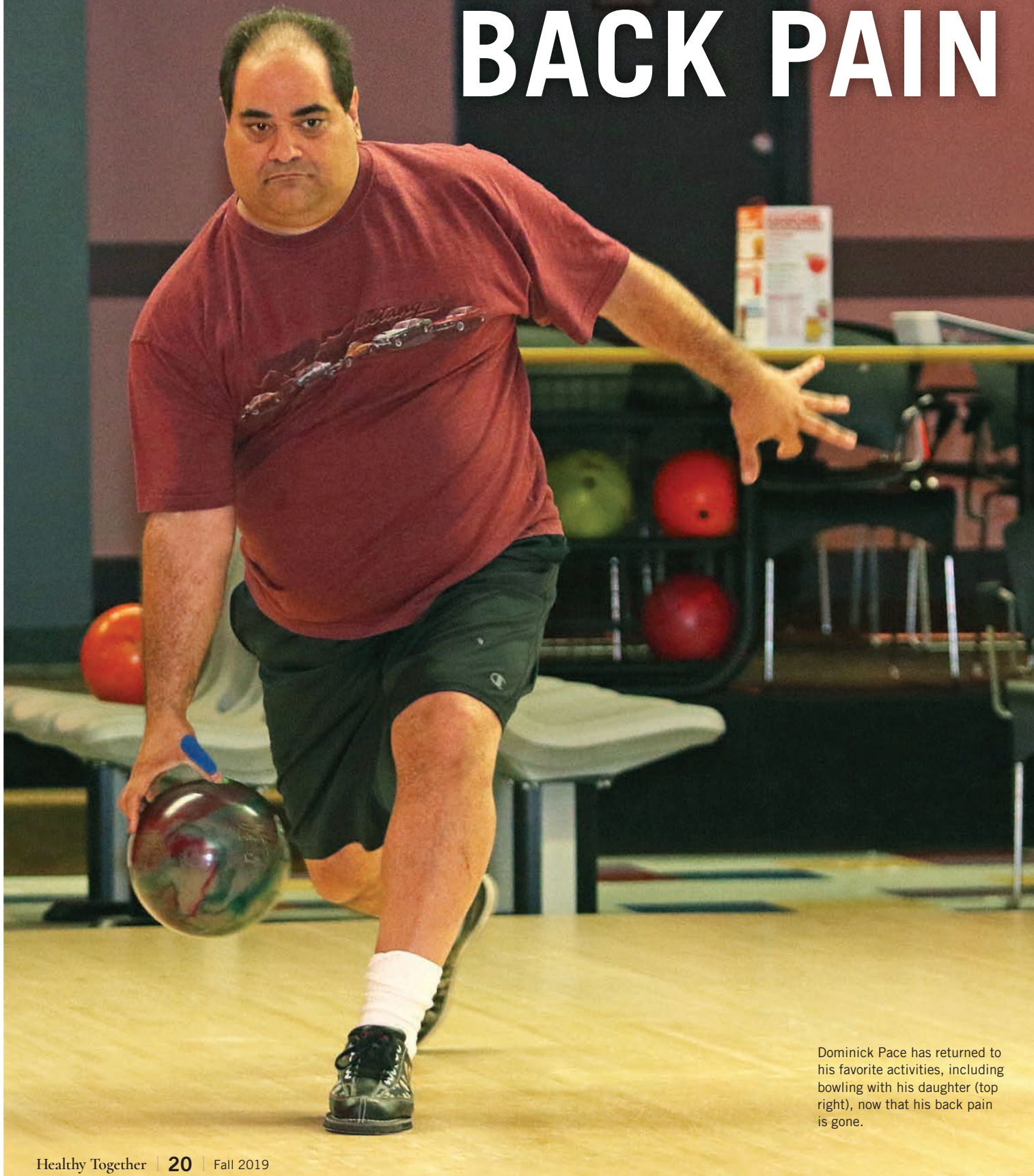
Thanks to the minimally invasive procedure, Robert can now focus on his treatment for Parkinson's disease. "I'm so grateful to Dr. Gupta, Dr. Roychowdhury and their team at Robert Wood Johnson University Hospital," he says. "I feel very lucky to have found them."

To learn more about aneurysm treatment at RWJUH, visit [www.rwjbh.org/rwjhbrainaneurysm](http://www.rwjbh.org/rwjhbrainaneurysm).





# BATTLING BACK PAIN



Dominick Pace has returned to his favorite activities, including bowling with his daughter (top right), now that his back pain is gone.



## AN INNOVATIVE SPINE SURGERY IMPROVED A FATHER'S QUALITY OF LIFE.

**D**ominick Pace, a supervisor at a steel company, was no stranger to back pain; he'd suffered from it for more than a decade. After lifting a heavy piece of steel equipment at work, one of his spinal discs—which act as shock absorbers for spinal bones—ruptured. Also known as a herniated or “slipped” disc, this injury occurs when a tear in the tough, outer edge of the disc causes the gel-like material in the center to “leak” and irritate nearby spinal nerves. This can cause low back pain as well as burning, tingling or numbness that radiates from the buttocks to the leg and, sometimes, the foot.

In 2014, Dominick had a partial discectomy, in which the part of the disc that's pressing on the spinal nerves is removed. It relieved the discomfort temporarily, but a year later the pain returned with a vengeance. “It was excruciating,” recalls Dominick, 47, who lives in Leonardo. “Pain constantly shot down my left leg, and when it didn't hurt, it was numb. I had no strength whatsoever, and something as simple as putting on a sock could leave me in agony.”

Dominick, who spent many days lying in bed, suffered emotionally as well. “I shut out everyone and everything around me,” he recalls. “As a father, one of the hardest things for me was to know that my kids, who are 17 and 11, saw me in pain. I couldn't bike, fish, swim or even sit at a baseball game with my family. Any activity that involved standing or sitting for more than a few minutes was very painful.”

### THE RIGHT TREATMENT

Dominick tried physical therapy and shots of cortisone, a steroid that helps relieve pain and inflammation. While these treatments helped initially, they became less effective over time. Dominick needed relief, and he needed it quickly. “I'm on my feet all day at work,” he says. “I was in so much pain, there were days I couldn't even walk.”

Dominick saw a few local orthopedic surgeons who recommended a spinal fusion, a procedure in which the damaged disc is removed and the surrounding spinal bones are fused to relieve pain and provide stability, but he was hesitant. “After doing some research, I learned that a spinal fusion can put stress on nearby discs, which could damage them,” he says. “A fusion would also restrict spinal motion and make it difficult for me to bend and twist at work.”

Dominick wondered if he would be better off with an artificial disc replacement, in which his damaged spinal disc would be replaced with a synthetic one. Dominick met with



Gino Chiappetta, MD, an orthopedic surgeon at Robert Wood Johnson University Hospital (RWJUH) and University Orthopedic Associates, in October 2018. He learned that disc replacement surgery is an option for only around 5 percent of all back pain patients. “To achieve good results, a patient has to have an otherwise healthy spine with no other arthritic changes,” says Dr. Chiappetta. “X-rays and an MRI revealed that Dominick's spine was in good shape. His pain stemmed from one rogue disc, so I felt confident that replacing it would lead to a favorable outcome.”

On December 7, 2018, Dominick had the three-hour procedure. Dr. Chiappetta performed it with Saum Rahimi, MD, Chief of the Division of Vascular Surgery at Rutgers Robert Wood Johnson Medical School and RWJUH. “It's a collaborative effort because there are so many major blood vessels that lie in front of the spine,” says Dr. Chiappetta. “Dr. Rahimi helped to ensure the best possible outcome.”

### NO MORE PAIN

Immediately after the procedure, Dominick noticed a difference. “The nurses asked me to sit up, and I was surprised that I could do it with very little pain,” he recalls. “Then, about three hours later, while I was still hooked up to the IVs, the nurses came into my room to take me for a walk. I thought, ‘There's no way I can even take a step.’ I stood up and realized that for the first time in years, I had feeling in my left leg. I ended up doing an entire lap across the floor with minimal pain.”

Dominick's rapid recovery continued once he returned home. Every day, per Dr. Chiappetta's orders, he walked. At first, it was only for five minutes. Within a few weeks, he was walking for a full hour. “Most of us take walking for granted, but to be able to stand up and go after years of pain was fantastic,” he says.

About three months after the surgery, Dominick returned to work. He soon realized that all of the accommodations he'd had to make before the operation—like storing his toolbox at eye level so he wouldn't have to reach up or bend down to get it—were unnecessary. “The first couple of times I tried to lift something, I braced myself for shooting pain, but it didn't happen,” he says. “That's when I knew I was really on the mend.”

Today, Dominick has resumed activities that he had avoided for years, like bowling with his daughter (the two are active participants in their local bowling league). He can also mow the lawn and do chores around the house without any discomfort. Says Dominick: “I owe everything to Dr. Chiappetta. I finally feel like myself again.”

For more information about spine procedures at Robert Wood Johnson University Hospital, visit [www.rwjbh.org/rwjhspine](http://www.rwjbh.org/rwjhspine).





# A REMARKABLE RECOVERY

EXPERT MEDICAL CARE SAVED THE LIFE OF A CRITICALLY ILL TEEN.





In May 2015, Joey Cenci, an active 14-year-old from Highland Park, was running a low-grade fever of 100.6 and complained about mild pain in his right leg. His pediatrician reassured his worried mother, Jackie, that it was just a virus and growing pains. Two nights later, however, she woke to Joey banging on the wall of his bedroom. “He couldn’t move his leg, and he was having a lot of trouble breathing,” recalls Doug, Joey’s father. They raced him to the Pediatric Emergency Department at The Bristol-Myers Squibb Children’s Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH), where Joey was diagnosed with double pneumonia (a lung infection) and sepsis, an infection that may overwhelm the immune system and result in tissue damage and organ failure.

Tests showed that the pneumonia was caused by methicillin-resistant *Staphylococcus aureus*, also known as MRSA—a type of bacteria that’s resistant to certain antibiotics and potentially lethal. MRSA typically causes skin infections, but it can also cause pneumonia. Left untreated, it can lead to sepsis. “We had no idea how he got it or where it was,” says Jackie. “The hospital’s infectious disease team combed his body looking for a cut, but they couldn’t find anything.” To determine the cause of Joey’s leg pain, the pediatric orthopedic team explored his hip joint to check for a possible infection, but the findings were inconclusive.

### FIGHTING FOR HIS LIFE

Despite intravenous antibiotics, Joey’s condition worsened. Emergency surgery was needed to remove blood and fluid from Joey’s chest, and he was placed on a ventilator to help him breathe better. One week later, his physicians put him in a medically induced coma. “His hemoglobin and oxygen dropped, and his face, including his lips, was turning blue,” recalls Jackie. Additional testing showed that Joey had a blood clot in his leg.

Joey was given a blood-thinning medication to dissolve the clot in his leg, and this quickly made a bad situation worse. His hemoglobin dropped, and he could barely breathe. An emergent CT scan revealed that Joey was choking on his own blood. Yi-Horng Lee, MD, Surgeon-in-Chief at BMSCH at RWJUH and Chief of Pediatric Surgery at Rutgers Robert Wood Johnson Medical School, cleared an



Joey Cenci, far right, with his parents and siblings. He has made a full recovery from double pneumonia and sepsis and is now a college student who teaches children soccer.

operating room in the hospital’s brand-new operating suite, known as the Center for Advanced Pediatric Surgery. Within minutes, the nurses and physicians were racing him down the hallway on a gurney. Three hours later, Dr. Lee reemerged to let Jackie know he had cleared the blood and fluid from Joey’s lungs and removed two-thirds of his right lung, which was badly infected with MRSA. The operation controlled the bleeding, which was caused by the blood-thinning medication. “Dr. Lee saved my boy’s life,” says Jackie.

While Joey survived, his recovery was not easy. It required the collaboration of a team of subspecialists from pediatric surgery, pediatric orthopedics, pediatric critical care, pediatric infectious disease, pediatric hematology and pediatric pulmonary medicine—just to name a few.

### REBUILDING STRENGTH

Joey’s medical crisis took a toll on his body. When he entered the hospital, he’d been a robust soccer player and camp counselor. After his ordeal, he had lost close to 30 pounds and was struggling to relearn simple motor tasks like walking and chewing. “He required major rehabilitation because he’d been in a coma for more than a month and hadn’t used any of his muscles,” says Jackie.

Joey was discharged from BMSCH at the end of September and was sent to PSE&G Children’s Specialized Hospital (CSH), located on the BMSCH/RWJUH campus. He spent a month at CSH, where he received occupational therapy, physical

therapy and mental health services, such as art therapy. At first, Joey could only tolerate 15 minutes of physical therapy a day. Gradually, the sessions increased until he could handle an hour several times a day.

Joey also received occupational therapy to relearn how to eat, dress and perform other activities of daily living. He was taught breathing exercises to help restore his lung function. He was homeschooled for his sophomore year of high school and returned for his junior year. By his senior year, he was back on the soccer team.

Today, Joey is a sophomore at Middlesex County College. He is a lifeguard in the summer, and he teaches children soccer. He has fond memories of Dr. Lee, whom he remembers joking with a few months after his surgery. “He told me that if anyone asked about my scar, I should tell them I was in a crazy samurai sword fight,” he says. “This guy saved my life, and as far as I’m concerned, he’s a master of the universe and the best man in the whole world.”

Dr. Lee, in turn, credits Joey with being his most gratifying case. The two lost touch for several years until Joey was visiting a friend in the Pediatric Intensive Care Unit at BMSCH. “The last time I saw him he was still weak, so I did a double take when this strong, confident young man greeted me with a gigantic bear hug,” says Dr. Lee. “When I saw how great he looked, and how he was paying it forward by cheering on another very sick young patient, it made me realize that this is exactly why I do what I do.”

For more information about The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital, visit [www.bmsch.org](http://www.bmsch.org).

# One of the Nation's Best Children's Hospitals, again!

## Delivering nationally recognized pediatric care together

Recognized by *U.S. News & World Report* for the 6th time, **The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital** is the focal point of New Brunswick's growing children's health campus, which includes:

- Rutgers Cancer Institute of New Jersey
- Rutgers Robert Wood Johnson Medical School's Child Health Institute of New Jersey
- PSE&G Children's Specialized Hospital
- Ronald McDonald House
- Embrace Kids Foundation

[rwjbh.org/bmschildrenshospital](http://rwjbh.org/bmschildrenshospital)

