

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

healthy *together*

**HOW TO HAVE
MORE ENERGY
THIS YEAR**

**GROWN-UPS
NEED
VACCINES,
TOO**

**NEW HELP FOR
INCONTINENCE**



**CRITICAL CARE
WHEN EVERY MOMENT COUNTS**

SAVING LIVES IS OUR LIFE'S WORK

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

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

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

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

But sometimes you just have to see a clinician. We try to make that easier by offering urgent and primary care in convenient locations in Clark and Edison. Residents can attend educational programs on a variety of important topics or get nutritional advice at our fitness center in Scotch Plains. That center, along with the fitness center in Carteret, also offers physical and aquatic therapy.

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

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



KIRK C. TICE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY



RWJUH RAHWAY GETS AN A FOR SAFETY

Robert Wood Johnson University Hospital (RWJUH) Rahway has received the top grade of A in the latest Leapfrog Hospital Safety Report Card. This is the hospital's seventh A. Of New Jersey's 69 graded hospitals, 31 received the top grade, 24 earned a B, 12 earned a C and two received a just-passing D, according to Leapfrog, a nonprofit founded by large employers and other healthcare purchasers in 2000 to improve safety and patient care.

RWJUH Rahway was one of eight RWJBarnabas Health facilities receiving the top score. "Receiving an A grade from The Leapfrog Group is a reflection of our deep commitment to safety and the delivery of excellent care," says Kirk C. Tice, President and Chief Executive Officer of RWJUH Rahway. "We are continually evaluating our processes and refining our initiatives to ensure that we are providing the highest quality and safest care to the patients we serve."

Robert Wood Johnson University Hospital Rahway

RWJBarnabas HEALTH
Let's be healthy together.

865 Stone Street, Rahway, NJ 07065
732.499.6118 | www.rwjbh.org/rahway

CONNECT WITH US ON

- @RWJRahway
- @RWJRahway
- RWJBarnabas Health
- Robert Wood Johnson University Hospital Rahway

Robert Wood Johnson University Hospital Rahway complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/rahway. RWJUH Rahway cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.499.6136. RWJUH Rahway konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 732.499.6136.

healthy *together* contents

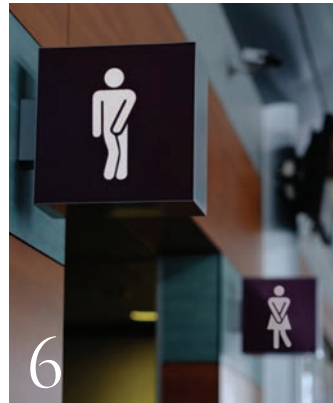
WINTER 2020



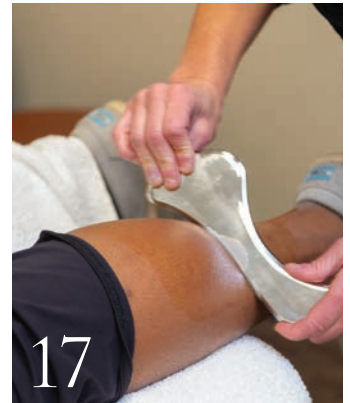
18



4



6



17



20



22



10

- 2. WELCOME LETTER.**
A community update from our CEOs.
- 4. 9 WAYS TO HAVE MORE ENERGY THIS YEAR.** Enhance your physical, mental and heart health with a few simple changes.
- 6. THE 'EMBARRASSING' PROBLEM YOU NEED TO TALK ABOUT.** There's help for a leaky bladder or uncontrolled urination.
- 8. GIVING TO DO GOOD.** Friends and neighbors help RWJUH Rahway support patients in need.

- 9. HOW TO SAVE A LIFE.** Is it a heart attack or cardiac arrest—and what can a bystander do?
- 10. TRAUMA WITHOUT DRAMA.** Top RWJBarnabas Health trauma and burn centers stand ready to save severely injured patients.
- 12. MAKING MATERNITY SAFER.** A strong focus on women's health before, during and after pregnancy aims to save lives.

- 13. LEARNING TO CRAWL AGAIN.** A baby rebounds from a traumatic brain injury.
- 14. A STRANGER'S GIFT.** A blood stem cell donation—and a powerful medical partnership—save the life of a Toms River woman.
- 16. YOU CAN BEAT THE WINTER BLUES.** Seasonal depression is a struggle, but help is available.
- 17. BACK ON THE TRACK.** Expert physical therapy enables a woman to resume the running she loves.
- 18. COLORECTAL CANCER: CATCH IT EARLY.** Routine screening can stop this cancer before it starts.
- 20. GROWN-UPS NEED VACCINES, TOO.** Ask your doctor which shots you must have to protect yourself.
- 22. COMMUNITY CALENDAR.** A roundup of health, education, screening and support programs.



WAYS TO HAVE MORE ENERGY THIS YEAR

ENHANCE YOUR PHYSICAL, MENTAL AND HEART HEALTH WITH A FEW SIMPLE CHANGES.

Prediction: 2020 will be your year, the one in which you get out of any rut you may be in and create new, healthier habits. Your two key tools: movement and food. Exercise improves cardiovascular health and is a known energy booster. Food is fuel, and the right kinds—foods that are rich in nutrients, vitamins and minerals—give the body the energy it requires

to repair, heal and stay strong. Nutrition and exercise experts at Robert Wood Johnson University Hospital (RWJUH) Rahway and RWJ Rahway Fitness & Wellness Center offer the following tips to kick-start your journey.

1 START SMALL. “The people who see the best results are those who take small steps,” says Alyssa Sutherland, Personal Training Manager at the RWJ Rahway Fitness & Wellness Center in Scotch Plains. Sutherland recommends using the acronym SMART: Goals should be Specific, Measurable, Actionable, Realistic and Timely. “It’s not enough to say, ‘I want to lose weight’ or ‘I want to be healthier,’” she says. “Think more along the lines of, ‘I want to lose 20 pounds by next January by doing X, Y and Z.’”

2 FIND EXERCISE YOU ENJOY. Walking is the easiest exercise to incorporate, says Sutherland, but if you’re more inclined to swim, dance, golf or play tennis, get out there and do it.

3 CREATE A SUPPORT SYSTEM. Having an exercise buddy makes it easier to keep going, as does using a personal trainer. Trainers are available for one-on-one and small group training at RWJ Rahway Fitness & Wellness Centers in Scotch Plains and Carteret, says Sutherland. The centers also offer small group training for people with diabetes, arthritis, cardiac issues and Parkinson’s, as well as for bariatrics patients.

4 TRY “HABIT STACKING,” a process by which you build a new habit by adding it to an existing habit or action, Sutherland suggests. Add exercise to your calendar, as you would any other appointment. Serve yourself vegetables first when you fill your plate. Clip your car keys to a packed gym bag so you’ll have it with you for after-work workouts.

5 READ THE LABEL. “When purchasing packaged foods, look for those that are higher in fiber and lower in sugar and fat,” advises Christina Frescki, RD, Clinical Dietitian at RWJUH Rahway. High-fiber foods make you feel more satisfied so you eat less.

6 CHOOSE THE “GOOD” SUGAR. Sugar from an orange is beneficial; sugar from an orange candy or soda, not

so much. “Sugar is the body’s first fuel,” Frescki explains. “Our bodies are made to burn fuel. Naturally occurring sugar, such as those found in fruits, is how our bodies expect to receive sugar. Eat them!” Processed sugar, on the other hand, tends to hang around in the body and turn to fat.

7 GO NUTS. Nuts are a great go-to source of protein and healthy fats, which are vital for cellular turnover, hormone synthesis and bowel health. Frescki says that other good sources are sunflower seeds, pumpkin seeds and flaxseeds, which can be added to yogurt and oatmeal to pump up their value.

8 EMBRACE YOUR ROOTS. Root vegetables such as yams, beets, carrots, turnips, rutabagas and parsnips are easy to find this time of year. “They’re perfect for soups, stews and frittatas,” Frescki says. “These kinds of recipes are great places to hide a lot of vegetables or to try a vegetable for the first time.”

9 EAT THE RAINBOW. “Every color of fruit or vegetable has a different nutrient profile,” says Frescki. “The more you mix it up, the more your body says thank you!”



RWJUH RAHWAY CAN HELP

RWJ Rahway Fitness & Wellness Centers offer a host of programs on fitness and wellness at two locations. Both facilities also provide physical therapy. To arrange a tour of the Carteret facility at 60 Cooke Avenue, www.rwjfitnesscarteret.com, call **732.541.2333**. For the Scotch Plains Center, www.rwjrahwayfitness.com, at 2120 Lamberts Mill Road, call **908.232.6100**.

Your heart doesn’t beat just for you. Get it checked. To find an RWJUH Rahway cardiac specialist, visit www.rwjbh.org/heart.

EATING FOR ENERGY

The recipes below check all the boxes for improving heart health and energy. “This black bean and quinoa recipe is quick to make, has healthy carbs and protein to sustain energy levels and is full of satisfying flavor,” says Diane Weeks, RD, who gives healthy cooking demonstrations at RWJ Rahway Fitness & Wellness Center in Scotch Plains (see Community Calendar on page 22). “The chai drink satisfies sweet cravings while providing immune-boosting compounds.”

BLACK BEANS AND QUINOA WITH ROASTED PEPPERS

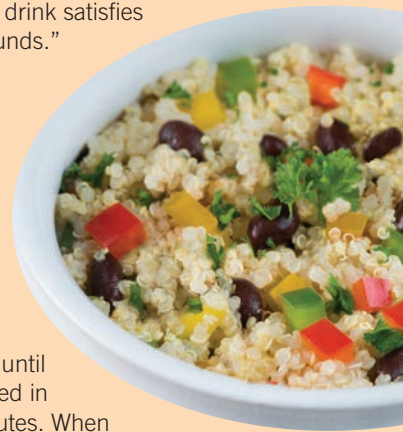
INGREDIENTS:

- 2 red or yellow bell peppers
- 1 poblano or green bell pepper
- 3 tablespoons extra-virgin olive oil
- 1 tablespoon lemon juice
- ½ teaspoon kosher salt
- ¼ teaspoon dried oregano
- 1 cup cooked quinoa
- 1 15-ounce can no-salt-added black beans, drained and rinsed

DIRECTIONS:

- Cut peppers in half lengthwise. Place them skin side up on a lined baking sheet. Broil until blistered and charred in places, 10–12 minutes. When cool enough to handle, peel off the skin and dice the peppers.
- In a large bowl, whisk together the oil, lemon juice, salt and oregano. Mix in the peppers and all the remaining ingredients.

Recipe from www.NutritionAction.com



CHAI HOT CHOCOLATE

INGREDIENTS:

- 4 cardamom pods, cracked
- 1 (4-inch) piece cinnamon stick
- 4 whole cloves
- ¼ tsp. anise seed
- 2–4 slices (approx. ¼ inch) fresh ginger, peeled*
- 2 cups water
- 2 black tea bags
- 2 tablespoons unsweetened natural cocoa powder
- ¼ teaspoon vanilla extract
- 2 cups unsweetened almond or soy milk
- 3 tablespoons agave syrup or honey, or to taste

*Note: Ginger root varies in thickness. If you have a fat piece, 2 slices may be enough.

DIRECTIONS:

- Place cardamom, cinnamon, cloves, anise seed and ginger in medium saucepan, add 2 cups water and place over medium-high heat. When water simmers, cover and simmer over medium-low heat for 3 minutes. Remove from heat. Add tea bags, cover and steep for 4 minutes. Remove tea bags, cover and steep brewed tea with spices for 20 minutes. Strain to remove spices, and return spiced tea to saucepan.
- In small bowl, whisk cocoa with ¼ cup of hot tea until dissolved, then add to tea. Mix in vanilla, and almond or soy milk. Heat chai over medium-high heat until steaming.
- Sweeten to taste, then pour into mugs, or divide chai among 4 mugs and sweeten it to taste individually.

Reprinted with permission from the American Institute for Cancer Research, www.aicr.org



THE ‘EMBARRASSING’ PROBLEM YOU NEED TO TALK ABOUT

A LEAKY BLADDER OR UNCONTROLLED URINATION ARE UNCOMFORTABLE AND UPSETTING—BUT HELP IS AVAILABLE.

Few medical issues still carry the social stigma of urinary incontinence (UI), the uncontrolled leakage of urine.

UI is a common condition—up to a third of adults are estimated to suffer from it. However, the exact prevalence isn’t known, because so many are reluctant to admit the problem. This silence creates its own issues that may seriously impact patients.

“UI can dramatically affect the patient’s quality of life,” says Mark I. Miller, MD, a urologist with Robert Wood Johnson University Hospital (RWJUH) Rahway. “Patients are afraid to go out and socialize,

fearing they’re going to wet themselves.”

“I usually ask new patients about incontinence even if they haven’t come to see me for that problem,” says Aryeh Keehn, MD, a fellow urologist at RWJUH Rahway. “When I introduce the topic, it allows them to open up and share their symptoms.”

And share patients should, experts say, because a considerable amount of help is available.

TYPES OF UI

Stress incontinence—which is related to physical, not emotional, stress—occurs when a patient loses urine during lifting,

sneezing, coughing or laughing. During these activities, the belly squeezes the bladder and causes leakage.

In men, this condition commonly occurs after surgical removal of the prostate gland, which weakens muscles around the urethra (the short tube that carries urine out of the body).

In women, it is often caused by pregnancy and one or more vaginal deliveries, which stretch the muscles of the pelvic floor.

Urge incontinence involves the sudden, intense need to urinate, followed by involuntary urine loss. (An **overactive bladder** is urgency, usually experienced

frequently, with or without urge incontinence.) Urge incontinence may be caused by an infection or by a condition such as stroke, Parkinson's, multiple sclerosis or spinal cord injuries.

When an individual suffers from both stress and urge symptoms, he or she is diagnosed with **mixed incontinence**.

Another form of the condition, **overflow incontinence**, happens when small amounts of urine leak from a bladder that can't be emptied sufficiently. Diabetes and spinal injuries can cause this, as can an enlarged prostate blocking the urethra.

Functional incontinence occurs in many older people. A person may have normal bladder control, but be unable to get to the toilet fast enough because of arthritis or other conditions that make them unable to move quickly.

TOOLS FOR TREATMENT

At a basic level, options for managing UI include restricting fluids, especially before exercise and sleep, and using products like absorbent pads and adult diapers. Other techniques include:

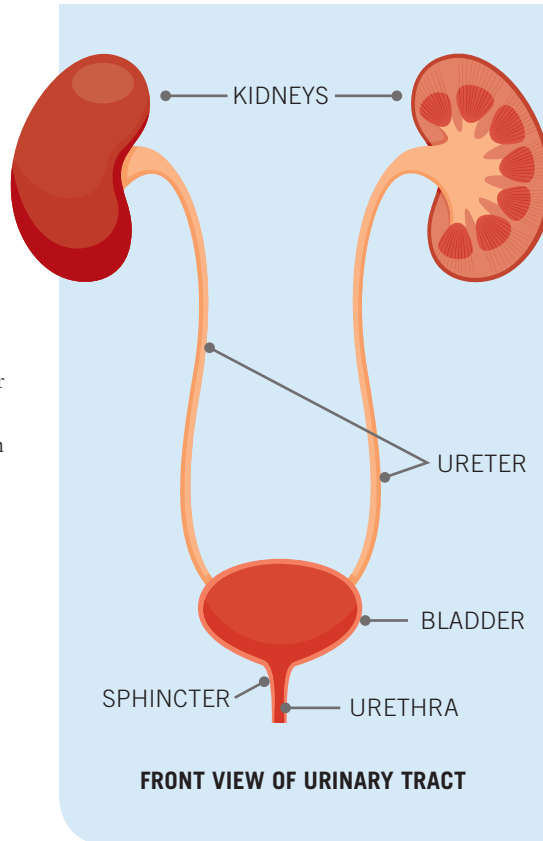
- **Kegel exercises**, which focus on strengthening pelvic floor muscles to address both stress and urge incontinence. A physical therapist who has taken the appropriate courses can help both men and women learn to do these. "The principle here is similar to other muscle-strengthening exercises," says Linda Bernot, a physical therapist at RWJ Rahway Fitness & Wellness Center in Carteret. "You isolate a contraction and perform an increasing number of repetitions over time. We educate patients about how to contract muscles properly and set them up with a



ARYEH KEEHN, MD



MARK I. MILLER, MD



HOW THE BLADDER WORKS

About every 10 to 15 seconds, small amounts of urine travel from the kidneys to the bladder by way of two thin, eight-to-10-inch tubes called **ureters**. The bladder swells into a round shape when it is full. Circular muscles called **sphincters** operate like rubber bands to keep urine from leaking into the **urethra**, the tube that allows urine to pass outside the body.

Nerves in the bladder signal that it's full and needs to be emptied. When you go to the bathroom, the brain signals the bladder muscles to tighten, squeezing urine out, and the sphincter muscles to relax, allowing urine to exit the bladder.

SOURCE: KIDNEY AND UROLOGY FOUNDATION OF AMERICA

home program of daily exercises." She also provides biofeedback, in which sensors help increase a patient's awareness of the activity in the pelvic musculature.

- **Medicine:** To treat urge incontinence, a variety of oral medications can relax the bladder and allow it to store more urine.

- **Botox injections**, which paralyze the bladder muscle, are a favorite method of Dr. Miller's. "I have a number of urge incontinence patients, mostly women, who had tried multiple medications that failed or produced side effects," he says. "But after a simple Botox injection performed in the office, they finally found relief."

- **Tibial nerve stimulation**, an in-office procedure that involves providing temporary electrical impulses to the nerves responsible for bladder and pelvic floor function. The electrode is placed near the tibial nerve at the ankle.

- **InterStim**, a kind of pacemaker for the bladder that calms down erroneous messages from the bladder to the brain. "The procedure involves the implantation

of a quarter-size device under the skin," says Dr. Keehn. "In my practice, this has been effective for urge incontinence and lasts around 10 years."

- **The urethral sling**, a surgical procedure for both men and women, involves a mesh placed under the urethra to give it support and compress it in order to prevent leakage.

- An **artificial urinary sphincter**, a surgical option for men only, involves a cuff placed around the urethra; when a button is pressed, the cuff inflates and squeezes the urethra so no urine can pass.

No matter what type of UI a patient suffers from, he or she should not be too embarrassed to ask for help, Bernot insists.

"One of my patients was an elderly woman who was planning to travel across the country to a wedding and room with her granddaughter. She was afraid she'd be getting up during the night and disturb her, so she tried Kegel exercises. After her treatment, she was able to eliminate her nighttime bathroom trips. Age is no barrier to getting help with incontinence."

To find a urologist at RWJUH Rahway, call **888.724.7123**. Physical therapists at the RWJ Rahway Fitness & Wellness Center at Carteret can help with urinary incontinence. Call **732.969.8030**.



GIVING TO DO GOOD

FRIENDS AND NEIGHBORS CONTRIBUTE TO HELP RWJUH RAHWAY REACH OUT TO PATIENTS IN NEED.



HELP FOR MEDICINE AND MEDICAL SUPPLIES

The Allergan Foundation has donated \$10,000 to support the Robert Wood Johnson

University Hospital (RWJUH) Rahway Helping Hands Fund, which was established to help uninsured and underinsured patients afford prescription drugs, walkers, wheelchairs, transportation and therapy. The Allergan Foundation, the charitable foundation of Allergan plc, a global pharmaceutical, device and biologics manufacturer, also made contributions to a number of other RWJBarnabas Health facilities.

Above, left to right: Alex Kelly, President, Allergan Foundation; Saleena Marria, RWJBarnabas Health Development Officer; Heather Hays, Vice President, Development, RWJUH Rahway; Gwyn Grenrock, Executive Director, Allergan Foundation; Serena Collado, Director, Community Health, RWJUH Somerset; Celeste Oranchak, Vice President, Development, Clara Maass Medical Center; Elizabeth Bennett, Clara Maass Medical Center; Kristopher Fulks, RWJUH New Brunswick; and Matt Grazioli, Embrace Kids Foundation.



SUPPORT FOR BREAST CANCER PATIENTS

The Joanne Wilkerson/Point2Prove Walkers enjoyed a planning meeting at Topgolf Edison to prepare for their fundraising efforts for Breast Cancer Awareness Month. To date, the Joanne Wilkerson/Point2Prove Walkers have raised more than \$5,000 for breast cancer patients treated at RWJUH Rahway. The funds are used for patients in need during the most difficult time of their treatments. To help, text "Wilkerson" to 41444 or donate at www.rwjbh.org/rahwaypoint2prove.

Above, Point2Prove Walkers with Heather Hays, Vice President, Development, RWJUH Rahway (center, back row), Joanne Wilkerson (second from right), and Laura Ciraco (far right), RWJ Rahway Special Events.

With a single sentence, you can impact the future of health care.

By adding as little as one sentence to your will, you can impact the future of Robert Wood Johnson University Hospital Rahway. Designating the hospital as a partial beneficiary of your estate will help ensure that the next generation has access to extraordinary care, right in their local community.

For simple bequest language or further information, please contact Heather Hays at **732-499-6223** or Heather.Hays@rwjbh.org. Information is also available online by visiting rwjrahwaygiving.org

**Robert Wood Johnson
University Hospital
Rahway**

**RWJBarnabas
HEALTH**
Let's be healthy together.





HOW TO SAVE A LIFE

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

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

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



JAY H. STONE, MD

HEART ATTACK

WHAT IT IS

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

SYMPTOMS

These may begin hours, days or weeks in advance.

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

WHAT TO DO

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

CARDIAC ARREST (CA)

WHAT IT IS

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

SYMPTOMS

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

WHAT TO DO

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

GET IT CHECKED

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



HANDS-ONLY CPR

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

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



TRAUMA WITHOUT DRAMA

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

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!” And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

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

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

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

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

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

TRAUMA OR ED?

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

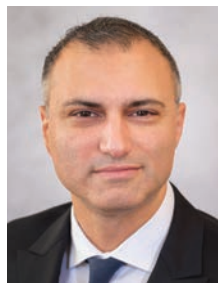
A trauma center, however, has a larger scope than an ED. First responders or ED



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

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



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

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

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

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

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

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

HELP FOR SEVERE BURNS

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

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

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

AN OUNCE OF PREVENTION

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



THE NEED FOR SPEED

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

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

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

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

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

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

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



MAKING MATERNITY SAFER

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

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

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

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

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

EMPOWERING WOMEN

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

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

ALERT IN THE ED

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

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

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

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

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

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

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

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



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



LEARNING TO CRAWL AGAIN

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

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

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

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



An RWJBarnabas Health facility

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

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

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

SKILLS REGAINED

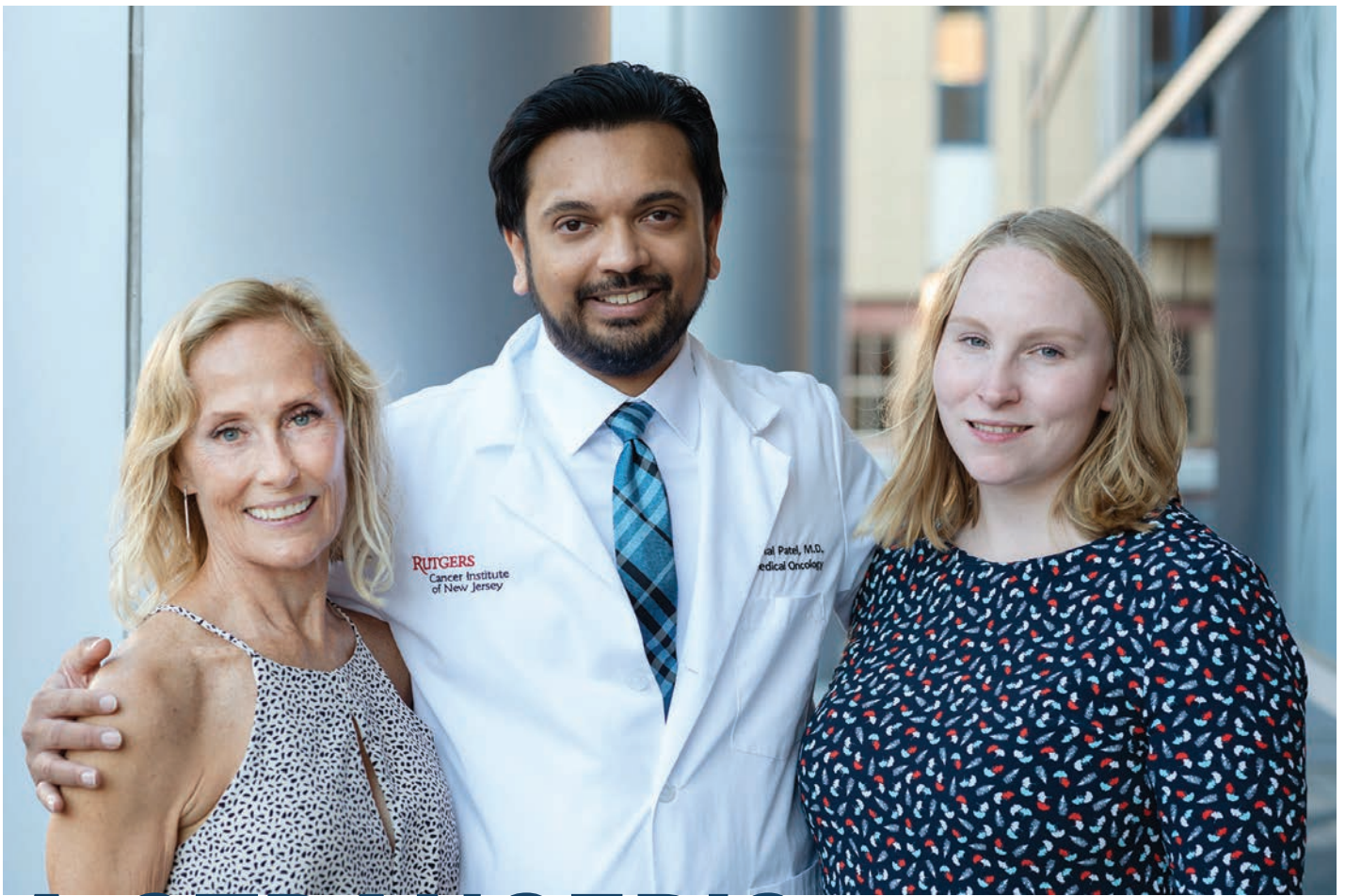
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using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

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

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

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to developmental and behavioral issues like autism and mental health.



A STRANGER'S GIFT

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

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

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

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

AN UNEXPECTED DIAGNOSIS

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

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

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

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



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

RWJUH and Rutgers Cancer Institute.

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

SEARCHING FOR A DONOR

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

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

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

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

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

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

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

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



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

was female and 19 years old."

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

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

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

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

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

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



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

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

WHAT TO DO

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

diagnose and possibly waste time on the wrong treatments.”

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

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

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

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

YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

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

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

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

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

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

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

WHY WINTER?

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



GABRIEL KAPLAN, MD

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



Kim Polimeni, MSPT, DPT, uses Instrument-Assisted Soft Tissue Mobilization; below, Lainie Messina at the recent RWJBarnabas Health Running With the Devils 5K.



ADVICE FOR RUNNERS

“If you want to avoid injuries from running, a well-rounded approach is crucial,” advises Kim Polimeni, MSPT, DPT of RWJ Physical Therapy at the RWJ Rahway Fitness & Wellness Center in Scotch Plains and a POSE Method Running Technique Specialist. “Any repetitive activity can cause injuries, so it’s best to incorporate strength training, stretching and balance activities into your routine. When you do run, warm up beforehand with a light walk or run, and stretch after activities.”

BACK ON THE TRACK

EXPERT PHYSICAL THERAPY ENABLES A WOMAN TO CONTINUE THE RUNNING SHE LOVES.

Lainie Messina, 51, a Regional Coaching Director for the Northern Region of RWJBarnabas Health, provides leadership coaching and development to nursing teams to “bring out the best in them.” A little more than six years ago, however, she realized she needed changes in her own life. She was significantly overweight, with high blood pressure and high cholesterol.

Lainie embraced good nutrition and regular exercise, and her efforts paid off. She lost close to 80 pounds and became fit through weightlifting and running. So happy was she with her new lifestyle that she became a certified personal trainer and health coach.

Then she began to experience pain on her runs. “I’d grown to love running, but running didn’t necessarily love me,” Lainie says. “I started to suffer from chronic calf injuries in my left leg.” A series of injections at her doctor’s office provided pain relief and accelerated healing. They helped enough that she was able to return to her normal activities.

Fast-forward to this past April, when she entered a 10K race in Newark. “I felt terrible pain, this time in my right leg,” Lainie recalls. “I proceeded to walk, and then at about a quarter of the way through, I couldn’t even walk anymore. One of the nurses who’d come to cheer me on ended up having to help cart me off the course.”

NEXT STEPS

Lainie consulted a sports medicine doctor, who did an ultrasound and found tears in fibers of the leg muscles. She got more injections, and this time also got a prescription for physical therapy.

Enter Kimberly Polimeni, MSPT, DPT, of RWJ Physical Therapy at the RWJ Rahway Fitness & Wellness Center in Scotch Plains. “Having the benefit of the diagnostic ultrasound really helped our team understand how to help Lainie,” says Polimeni. Lainie adds that the team’s efforts to find the right treatment went above and beyond what she expected. “They really listened to what I told them in terms of where the pain was,” Lainie says. “They respected my knowledge of my own body.”

Polimeni started with Instrument-Assisted Soft Tissue Mobilization, in which a physical therapist uses specially designed stainless steel tools to lengthen the soft

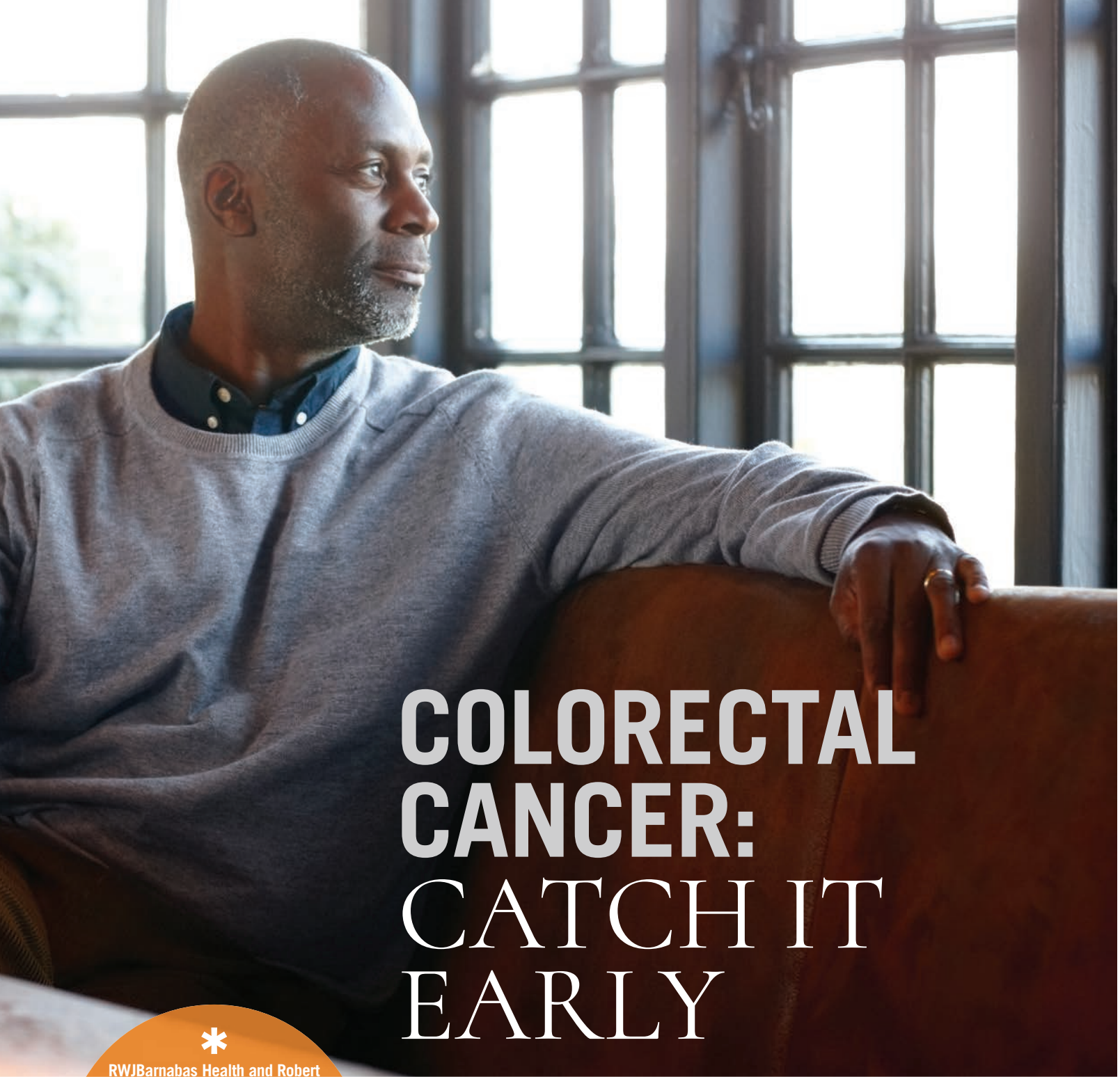
tissue, bring blood flow to the region and help restore normal muscle mechanics. Lainie then progressed to stretching, strengthening and balance work.

About two months in, the therapists started having Lainie jog on a treadmill, where they made a crucial discovery. “We noticed instability in her ankles,” Polimeni remembers. “The other problem was that she was training out on roads that are very uneven. Those two factors made her problems worse.” Ankle stabilization exercises were the key.

“My way of being an athlete had been, as soon as I stopped feeling pain, I went back to doing what I had been doing,” Lainie says. “Now, Kim has given me the foundation of knowing what I need to do to protect myself.”

RWJUH RAHWAY CAN HELP

The RWJ Rahway Fitness & Wellness Centers in Carteret and Scotch Plains offer physical and aquatic therapy for a variety of injuries and conditions including oncology and Parkinson’s disease therapy. To learn more, call the Carteret center at **732.969.8030** or the Scotch Plains center at **908.389.5400**.



COLORECTAL CANCER: CATCH IT EARLY



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

ROUTINE SCREENING CAN STOP THIS CANCER BEFORE IT STARTS.

Most cancers can be diagnosed and treated at an early stage, but colorectal cancer—the third most common cancer in the U.S.—can actually be prevented.

“Early screening and timely intervention can prevent cancer in both average-risk populations and high-risk individuals,” says Pavan Sachan, MD, a

gastroenterologist with Robert Wood Johnson University Hospital (RWJUH) Rahway.

That’s because screening can detect abnormal cells that have grown into polyps (small lumps of cells that grow on the lining of the colon). It generally takes 10 to 15 years for polyps to develop into cancer, but screening can determine

whether they should be removed.

Screening can also lead to better cancer outcomes, because it can find the disease when it's small and more easily treated. With more than 145,000 new cases diagnosed each year and more than 50,000 deaths attributed to colorectal cancer annually, the importance of screening can't be stressed enough, experts say. "The incidence of colorectal cancer has been declining at the rate of 2 percent every year due to screening," says Dr. Sachan.

Dr. Sachan recommends that patients have an early risk assessment for colorectal cancer by their primary care physician at around age 20. That will help determine whether a patient has high or average risk. After that, he advises a reassessment every five years.

Starting about age 40, Dr. Sachan says, everyone should have a yearly digital rectal exam (an examination performed manually by a healthcare provider). Screening tests should begin at age 50 and continue through age 75, he says.

HOW SCREENING IS DONE

There are a number of ways to screen for colorectal cancer. "For a healthy average-risk patient, any of the tests can be recommended, but the gold standard test is colonoscopy," says Dr. Sachan. In a colonoscopy, a flexible, lighted tube is inserted into the rectum and entire colon while the patient is sedated. Polyps can be removed during this procedure.

Other tests may be recommended for people for whom colonoscopy is not an option for physical or medical reasons. These screenings may include:

Virtual colonoscopy: An examination of the colon via computed tomography (CT or CAT) scan.

Sigmoidoscopy: A flexible, lighted tube is inserted into the rectum to look for polyps, cancer and abnormalities.

Fecal occult blood test: A patient's

stool samples are tested once a year for traces of blood.

Stool DNA test: Stool samples are tested for DNA biomarkers associated with colorectal cancer.

WHO'S AT RISK?

Some risk factors for colorectal cancer are within a person's control. These factors include smoking; heavy alcohol use; a diet high in red meat or processed meat; being overweight; and being physically inactive.

Other factors that put a person at higher risk include:

- Family history of colon cancer or genetic colon cancer syndromes

- A personal history of chronic colitis syndromes, such as ulcerative colitis or Crohn's disease

- Having had radiation to the abdomen due to childhood cancers

- Having Type 2 diabetes.

"African-American males are at higher risk and should have early screening," says Dr. Sachan. Jews of Eastern European descent and HIV-infected males also have higher risk.

POSSIBLE SYMPTOMS

Screenings are important because many people in the early stages of colon cancer don't have symptoms. However, patients should be aware of signs that could be possible symptoms. Cancer can be diagnosed only by a physician, of course, but you'll want to speak with your doctor about any of the following:

- Rectal bleeding
- Unintended weight loss
- Chronic abdominal pain
- Change in bowel movement pattern

HOW MUCH DO YOU KNOW ABOUT COLORECTAL CANCER?

This simple true/false quiz takes aim at common misconceptions about the disease. Test your knowledge (and learn what's behind the correct answers in the article on these pages).

1. Colorectal cancer can often be prevented. T F
2. Colorectal cancer isn't a big problem in the U.S. T F
3. I only need to get tested for colorectal cancer if something seems wrong. T F
4. Lifestyle choices, like alcohol use, exercise and smoking, have an impact on colorectal cancer risk. T F
5. Colonoscopy is the only test used to screen for colorectal cancer in people who have no symptoms of it. T F

Answers: 1.) T 2.) F 3.) F 4.) T 5.) F

or quality of stool

- Iron deficiency anemia
- Weakness and fatigue.

Many of these symptoms are common and occur for reasons not related to cancer. For example, rectal bleeding, often the most worrisome symptom for patients, may be due to hemorrhoids. Unintended weight loss also can be caused by other conditions, including thyroid disorders and uncontrolled diabetes, and so shouldn't be assumed to be caused by cancer.

In general, public awareness and availability of colorectal cancer screening should be increased, Dr. Sachan says. "I'd like to see more employers offer screening for common cancers," he says, "with incentives and paid leaves to encourage participation."

RWJUH Rahway provides a full range of screenings for colorectal and other cancers. To learn more or make an appointment, call **888.724.7123**.



GROWN-UPS NEED VACCINES, TOO



ASK YOUR DOCTOR WHICH SHOTS YOU MUST HAVE TO PROTECT YOURSELF.

When you think about vaccinations, you probably think about the shots children begin to get in the first months of life.

But adults also need to get vaccines. Protection from vaccines a person received as a child can wear off over time. In addition, thanks to medical advances, many new vaccines are now available.

Nonetheless, every year, many adults don't get their shots, and as a result become seriously ill with preventable diseases, according to the U.S. Centers for Disease Control and Prevention (CDC).

"There's now a list of 12 types of adult vaccines that are recommended," says Thomas Kowalenko, DO, a family practitioner and Chair of the Department of Family Medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway. "But the type of vaccine needed, and the timing, can vary from person to person. The topic really deserves a discussion with your doctor."

AN INDIVIDUALIZED APPROACH

"The flu vaccine is recommended every year for everyone age 6 months and older, with a few exceptions, and you can get that at a pharmacy or community

health clinic," says Dr. Kowalenko. "But you should definitely check in with your doctor, because he or she is the one who is going to put the whole schedule of vaccinations together for you."



THOMAS KOWALENKO, DO



Recommendations can be tailored to the patient. For example, the CDC recommends the **pneumococcal** (pneumonia) vaccination to those age 65 and older. But the way a person gets the vaccine can vary. Guidelines for the current vaccine require a sequence of Pevnar (PCV13) first, followed by Pneumovax (PPSV) at least one year later.

For at-risk patients, however, the one-year waiting period may be shortened to eight weeks. “Furthermore, certain at-risk patients, such as smokers and diabetics, may be recommended to have the pneumococcal vaccine at a much younger age than 65,” Dr. Kowalenko says. “The same holds true for someone who has had their spleen removed, and is therefore more susceptible to certain bacterial infections.”

“CHILDHOOD” DISEASES

The CDC recommends vaccinations for **shingles** (herpes zoster) for healthy adults ages 50 and over. The risk of getting shingles, a painful rash with blisters that can linger for months, increases as a person ages.

Because shingles and **chicken pox** are caused by the same virus, many adults wonder if they may be immune to shingles because they had chicken pox in childhood. Not so, says Dr. Kowalenko.

“The first time you are exposed to the virus, you typically get the chicken pox,” he explains. “After you recover, the virus stays in your body, dormant in the nerve cells, and can reactivate and recur as shingles.

“So if you have had chicken pox, you should get a shingles vaccination because you already have the virus in your nervous system. But even if you never had chicken pox, you should still get the vaccination because chicken pox is a more serious infection for an adult than for a child.”

Furthermore, even if you have had shingles, you should still get the latest version of the vaccine to increase your immunity and reduce the risk of a second episode.

As for **measles**, the disease had been virtually eliminated by vaccines in the U.S. by the year 2000, but has recently recurred, especially in communities where groups of people are not vaccinated.

“Adults who had the measles as children, but who are concerned about it

RECOMMENDED ADULT IMMUNIZATIONS

Immunization recommendations for adults age 19 and older can vary based on age, medical conditions and other special situations. Talk to your primary care physician about what shots you need and when. To get an idea of where you stand, check out the interactive online assessment tool from the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/adults.

TYPE OF VACCINE	WHAT IT'S FOR
Hepatitis A and Hepatitis B (HepA and HepB)	Hepatitis is an inflammation of the liver; different types can be caught from food and drink, or from infected bodily fluids.
Human Papillomavirus (HPV)	HPV is a viral infection spread through skin-to-skin contact that can lead to cancer.
Influenza (flu)	The flu is a contagious respiratory illness that can be severe. It's most often caused by viruses spread through droplets when an infected person sneezes or coughs.
Measles, Mumps, Rubella (MMR)	Each of these diseases causes fever and can lead to serious complications. Adults should be up to date on their MMR vaccinations, according to the CDC.
Meningococcal	These bacteria can cause infections of the lining of the brain and spinal cord, as well as the bloodstream.
Pneumococcal	There are several types of pneumococcal disease, including pneumonia, meningitis, ear infection and blood infection.
Tetanus, Diphtheria and Pertussis (Tdap)	Protects against bacteria that can cause tetanus, a nerve ailment, often introduced by a cut or wound; diphtheria, an infection in nose and throat membranes; and pertussis, also known as whooping cough.
Varicella	Prevents almost all cases of chicken pox.
Zoster	Prevents shingles, a viral infection that causes a blistering rash, in people ages 50 and older.

Source: Centers for Disease Control and Prevention

now, should get a blood test that can tell definitively whether they have immunity,” says Dr. Kowalenko. “This is the only way to know for sure whether you need an additional dose of the vaccine.”

What about **booster shots** for vaccines previously received? “Different vaccines have different periods of time that they are effective,” Dr. Kowalenko explains. “Many

vaccines give lifelong immunity, and others, like the tetanus shot, require repeat doses to restimulate the immune system and cause the level of immunity to rise again.

“You or your doctor must check with the manufacturer of each specific vaccine and with sources such as the CDC. Recommendations can change over time.”

To find a primary care physician at RWJUH Rahway, call **888.724.7123** or visit www.rwjbh.org/rahway.





Community Calendar

The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732.499.6193. Unless otherwise noted, programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

The Goal is Control: Diabetes Management Program

Tuesdays, Jan. 7, 14, 21, 28, Feb. 4, 11; 12 to 1:30 p.m.

Gateway Family YMCA—Rahway Branch, 1564 Irving Street, Rahway

This free six-week program will show you how to control your blood sugar. Registration is required; call Leeanne Muller at 732.388.0057. This program, offered by Robert Wood Johnson University Hospital Rahway, together with The Gateway Family YMCA—Rahway Branch, is made possible through a grant from Merck.

Satisfying Soups

Tues., Jan. 7, 7 p.m.

Cooking demo. Recipes, samples included.
Diane Weeks, RD, CDE

Experience Himalayan Singing Bowls

Mon., Jan. 13, 6:30 p.m.

Nadine Roberts, Certified Healing Arts Practitioner.
\$20 fee for 90-minute class.

Weight Loss Surgery is Life-Changing

Thurs., Jan. 23, 6:30 p.m.

Anish Nihalani, MD, FACS, FASMBS

Meals for the New Vegetarian

Tues., Jan. 28, 7 p.m.

Cooking demo. Recipes, samples included.
Diane Weeks, RD, CDE

Community Blood Drive

Mon., Feb. 3, 10:30 a.m. to 3 p.m.

Robert Wood Johnson University Hospital Rahway Conference Room 1

Healthy Comfort Foods

Tues., Feb. 4, 7 p.m.

Cooking demo. Recipes, samples included.
Diane Weeks, RD, CDE

Experience Himalayan Singing Bowls

Mon., Feb. 10, 6:30 p.m.

Nadine Roberts, Certified Healing Arts Practitioner.
\$20 fee for 90-minute class.

Gluten-Free Grains

Tues., Feb. 18, 7 p.m.

Cooking demo. Recipes, samples included.
Diane Weeks, RD, CDE

NAMI (National Alliance on Mental Illness) Union County

Tues., Feb. 25, 7:30 p.m.

Circle of Friends
Joyce Benz, LCSW, Mental Health Association of NJ

Narcan Training

Weds., Feb. 26, 6:30 p.m.

Learn how to save a life. Free kits included. Registration required. To register, call Prevention Links at 732.381.4100, ext. 139.

Weight Loss Surgery is Life-Changing

Thurs., Feb. 27, 6:30 p.m.

Anish Nihalani, MD, FACS, FASMBS

NAMI (National Alliance on Mental Illness) Union County

Tues., March 24, 7:30 p.m.

Affordable Housing in Union County for Independent Living
Joyce Benz, LCSW, Mental Health Association of NJ

Weight Loss Surgery is Life-Changing

Thurs., March 26, 6:30 p.m.

Anish Nihalani, MD, FACS, FASMBS

NAMI (National Alliance on Mental Illness) Union County

Tues., April 28, 7:30 p.m.

Presentation by Plan NJ, a nonprofit helping families plan for care for loved ones with mental illness.

NAMI (National Alliance on Mental Illness) Union County

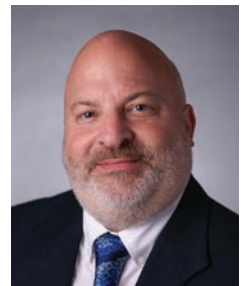
Tues., May 26, 7:30 p.m.

Meet the Psychiatrist



ASK THE CARDIOLOGIST

Tues., Feb. 18, 6 p.m.
Paul Schackman, MD, Cardiology
Everything you need to know about keeping your heart strong



IBS: WHAT IS IT?

Weds., March 18, 6 p.m.
Gregory Lesser, MD, MSPH, Gastroenterology
Irritable bowel syndrome is a common disorder, but help is available.



WEIGHT LOSS SURGERY IS LIFE-CHANGING

Featuring Anish Nihalani, MD, FACS, FASMBS, Bariatric Surgery
Weight loss surgery is not a cosmetic procedure. Often, it's considered medically necessary. Learn more about the surgery and how it can change your life. Registration required; call 732.499.6193.

**RWJ Rahway Fitness & Wellness Center,
2120 Lamberts Mill Road, Scotch Plains**

Unless otherwise noted, presentations take place on the fourth Thursday of the month at 6:30 p.m.

- January 23
- February 27
- March 26

For this location, please note there is a support group meeting at 5:30. This professionally led group is free and is open to those who have had a procedure as well as those considering it.

Thurs., Feb. 13, 6:30 p.m.

Seminar only at RWJ Rahway Fitness & Wellness Center, 60 Cooke Avenue, Carteret

Support Groups

Unless otherwise noted, support groups are held at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Call 732.499.6193 to register.

Adult Bereavement

First Wednesday of each month, 1:30 p.m.

Bariatric Support

Fourth Thursday of each month, 5:30 p.m.

Breast Cancer Support—two groups

First Tuesday of each month, 7 p.m.

First Wednesday of each month, 5:30 p.m.

Caregiver Support

First Wednesday of each month, 7 p.m. (closed to new members)

Fibromyalgia Support—two groups

First Thursday of each month, 5:30 p.m. and 7 p.m.

Overeaters Anonymous

Fridays, 7 p.m., Conference Room A. 12-Step fellowship. No dues or fees. To register, call 908.358.5154 or email genak2@verizon.net. For more information about Overeaters Anonymous, visit our Central Jersey Intergroup website at www.oa-centraljersey.org.

Quit Nicotine Support and Counseling

Support hours are Mondays from 10 a.m. to 3 p.m. and Fridays from 10 a.m. to 4 p.m. Help to quit smoking or vaping is here. FREE program includes gum, patch and other tools. Call 833.795.QUIT to get started.

Spousal Bereavement Support

Group meets from 10:30 a.m. to noon. For information on the next eight-week session, call 732.247.7490.



THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY

All Recovery Support Group for Alcohol and Drugs

Every Thursday, 6 p.m., Conference Room 1

Diabetes Support

First Tuesday of each month, 7 to 8:30 p.m.

Parkinson's Support

Second Wednesday of each month, 1 p.m.

Self-Help Enhancement, Stress Program

Every Tuesday, 5:30 to 7 p.m. For information, call 908.276.2469.

First Health Urgent Care in Clark & Edison

Urgent and Primary Care

Some things shouldn't or can't wait for an appointment.

First Health, an RWJBarnabas Health medical group provider affiliated with Robert Wood Johnson University Hospital Rahway, combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers **quick and high-quality care** for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.



As an RWJBarnabas Health medical group provider, First Health is now Horizon Blue Cross Blue Shield OMNIASM Health Plan Tier 1-designated and accepts most major insurances.

We treat your non-emergency medical needs including:

- ▶ Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- ▶ Chronic conditions and breathing disorders
- ▶ Skin, hair and nail conditions
- ▶ Immunizations, vaccinations and physicals
- ▶ Preventive care testing and evaluations

TWO Convenient Urgent Care Centers in the area affiliated with RWJUH Rahway.

First Health - Clark
152 Central Avenue
Clark, NJ 07066

Open
Monday - Thursday: 7 am - 7 pm
Friday: 7 am - 5 pm
Saturday: 7 am - 3 pm
Sunday: Closed
Please call for holiday hours.
732-382-9700

First Health - Edison
10 Parsonage Rd #102
Edison, NJ 08830

Open
Monday - Thursday: 8 am - 7 pm
Friday: 8 am - 5 pm
Saturday: 7 am - 3 pm
Sunday: 9 am - 3 pm
Please call for holiday hours.
732-662-4680