Hi. Welcome to this issue of HealthU
A message from Robert C. Garrett, FACHE, CEO of Hackensack Meridian Health.

Better U
Quick tips to help you live your healthiest life

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Plus: Does addiction run in families?
- Grocery shop on a budget
- Recipe for hearty chicken harvest dinner
- What’s trending?

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Health topics that matter the most to you

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Family medicine doctor at HMH Primary Care – Tinton Falls.

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Better U
quick tips to help you live your healthiest life

Be Proactive With Your Health

These days, you’d be hard pressed to find someone who hasn’t been personally affected by cancer—whether they’ve fought it themselves or a friend, family member or colleague has. One in three Americans will be diagnosed with cancer during their lifetime, according to the American Cancer Society.

Fortunately, early detection can save lives. Diagnosing cancer in earlier stages, before it’s spread, means treatment is more likely to be successful. Fortunately, early detection can save lives. Diagnosing cancer in earlier stages, before it’s spread, means treatment is more likely to be successful.

In my own family, my father had a cancer scare. But thanks to early detection, he is living a long and healthy life! If you’ve fallen behind with your scheduled screening, there’s no time like today to catch up. Schedule a screening near you at HMHHforU.org/Screening.

In this issue, we’ve provided a quick guide to the different types of lumps you might find and what you should know about them (see “What’s that Lump?”). Of course, if you see or feel something that concerns you, don’t take chances—talk to your doctor. Another weapon in our collective fight against cancer: Research is leading to improved cancer prevention, screening and treatment. Breakthroughs continue to alter the future of cancer care. At Hackensack University Medical Center, we’ve launched an innovative surveillance program that screens individuals at high risk for developing pancreatic cancer—the first of its kind in New Jersey. Pancreatic cancer accounts for nearly 90 percent of all cancer-related deaths in the U.S., so advancements like this have the potential to save lives. Read more on page 10.

Every October, we celebrate Breast Cancer Awareness Month. Make a pledge this year to educate yourself and others about screening—not just breast cancer screening but screening for all types of cancer.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health

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Inside This Section

■ Does addiction run in families?  
■ Grocery shop on a budget  
■ Recipe for hearty chicken harvest dinner

Kickstart Your Workout ... Safely

Doing physical activity on a consistent basis is good for your health, your mood, your sleep habits and weight control. But resuming workouts too intensely after a break may lead to injury if you aren’t careful. Patrick S. Buckley, M.D., an orthopedic surgeon and sports medicine specialist at Jersey Shore University Medical Center, offers tips to minimize your risk of injury while resuming regular workouts.

Start slowly. Walk, run, bike or swim for shorter distances at a slower speed than you did in the past, and gradually build to your previous abilities. Increase your distance and/or speed by no more than 10 percent every week.

Adapt healthy lifestyle habits. Stay well-hydrated before, during and after workouts. Eat nutritionally sound and get enough sleep, so your muscles can heal while you’re resting.

Stop if you feel pain. If you’re exercising for the first time in a while, it’s normal to feel some soreness. But if you feel sharp twinges of pain, don’t work through it. Stop, rest and seek medical advice as needed.

Go light. Forget about lifting the same amount of weight you lifted in the past. Do more reps with lighter weights, then gradually build to lifting heavier weights as you get stronger.

Dress appropriately. Wear supportive walking or running shoes when you’re hitting the pavement. For bike rides, wear a helmet for safety.

Rotate your workouts. Alternating the type of exercise you do should help you vary the muscles you use, reducing your risk of injury.

Take days off. Don’t do strenuous training more than two or three days a week, so your muscles have time to recover.

Stretch before and after your workouts. A short warmup and cooldown with gentle stretches may minimize your risk of injury.

Do more reps with lighter weights, then gradually build to lifting heavier weights as you get stronger.

Go Online

For more exercise tips, visit HMHHforU.org

Exercise

Patrick S. Buckley, M.D.
Orthopedic surgeon and sports medicine specialist 800-822-8905
Wall and Morganville

Hi. welcome to this issue of HealthU
It is a genetic disease,” Rachel says. In fact, the American Addiction Better
Centers states that first-degree relatives of someone with a history of
addiction are 4–8 times more likely to develop problems with addiction
because canning and freezing preserves many nutrients. Check the
ingredients list to avoid items with added sugars or salt.

Hope for Families with a History of Addiction
Children in the family can be offered a safe space, therapy, educational
resources and early intervention programs to understand the disease and
prevent a life of active addiction. “It’s important for families to avoid hiding the addiction or dismissing the
disease. “Addiction teaches the family three rules: Don’t talk, don’t trust
and don’t feel because we must protect the family secret,” Rachel says.
“By doing this, families don’t learn how to properly cope.”

In households of parents suffering from addiction, there is likely turmoil,
chaos—children will think that’s normal,” Rachel says. This can create
anxiety, stress, depression and possibly trauma associated with that upbringing.

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chaos—children will think that’s normal,” Rachel says. This can create
anxiety, stress, depression and possibly trauma associated with that upbringing.
When should I have “the talk” with my kids?

Heather Appelbaum, M.D., weighs in:

You should initiate a conversation about puberty with your kids before the process begins. Girls typically start puberty between ages 8 and 13; for boys, between 9 and 14. Let younger kids know in age-appropriate terms about what’s to come, then keep talking about it as they mature. That doesn’t mean you need to sit your kids down “for multiple editions of “the talk.” It means looking for opportunities to start small conversations sparked by, for example, children’s questions and observations.

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<td>Use the correct terminology for all body parts, including genitalia.</td>
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<td>Teach your kids about boundaries and consent—what is and is not appropriate when it comes to touching or being touched by other people.</td>
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<td>Introduce an age-appropriate book to explore the early signs of puberty, including growth spurts, body odor, acne and cracking voices.</td>
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<td>Normalize conversations about changes during puberty related to sexuality, such as when girls get their periods and begin to menstruate, and when boys first experience erection and nighttime ejaculation.</td>
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<td>Teens need honest conversations about birth control, safe sex and healthy relationships.</td>
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5% of women experience menopause before age 45

There are a variety of reasons why some women go through menopause early:

- Certain procedures to a woman’s reproductive organs may put her at early menopause, including oophorectomy (ovary removal) and hysterectomy (uterus removal).
- Some cancer treatments may increase a woman’s risk of menopause, including certain chemotherapy drugs and radiation to the pelvic region.
- A variety of conditions may be linked to early menopause, such as thyroid disease, rheumatoid arthritis, Crohn’s disease and ulcerative colitis.
- Other factors may increase a woman’s risk of early menopause, such as smoking and having a family history of early menopause.

More than 2,700 men are diagnosed with breast cancer each year in the U.S.

How can I reduce asthma triggers at home?

Marie Gonzalez, MSN, RN, AMB-BC, weighs in:

While some asthma triggers are out of our control, here are some ways to decrease asthma exacerbations—and the need to visit the emergency room:

- Eliminate carpeting. Consider mini-blinds instead of curtains and drapes.
- Encase pillows and mattresses in fabric or vinyl protective covers, sold at regular retail stores.
- Ban smoking at home, and shower after exposure to secondhand smoke, as it stays on your clothes and in your hair.
- Limit exposure to pets, and wash hands and face after touching an animal.
- Skip cleaning products with harsh scents; consider scent-free options instead.
-教养

Steven Morgan, M.D., weighs in:

On average, women in the U.S. go through menopause around age 51 or 52. But about 6 percent of women experience menopause before age 45, and 1 percent experience it before age 40.

There are a variety of reasons why some women go through menopause early:

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- Other factors may increase a woman’s risk of early menopause, such as smoking and having a family history of early menopause.

Can men get breast cancer?

Harriet Borofsky, M.D., weighs in:

Although it is much less likely for a man to develop breast cancer than a woman, it does happen. More than 2,700 men are diagnosed with breast cancer each year in the U.S. Awareness of any changes and a proactive approach to risk assessment are important, because, as with any disease, the key is to increased options and successful treatment is early diagnosis.

The most common signs and symptoms of breast cancer in men include:

- Lumps
- Changes in breast skin, such as dimpling or puckering
- Changes in breast skin, such as swelling, redness or the development of scales
- Nipple retraction (inward turning nipples)
- Discharge from the nipple
- Nipple changes, such as swelling, redness or the development of scales
- Nipple discharge
- Changes in breast skin, such as swelling, redness or the development of scales
- Changes in breast skin, such as swelling, redness or the development of scales
Genetic screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.

The incidence of pancreatic cancer has risen significantly since 2000, especially in women younger than age 55. According to the American Cancer Society, an estimated 62,280 Americans will receive a pancreatic cancer diagnosis this year alone, and nearly 50,000 people will die of the disease.

Pancreatic cancer usually doesn’t cause symptoms until the disease is advanced, delaying diagnosis and resulting in a poor prognosis for the majority of patients whose tumors have grown large or spread to other organs. While it accounts for only 3 percent of all cancers in the U.S., it causes 7 percent of cancer deaths, making it one of the most lethal malignancies.

Rosario Ligresti, M.D., chief of Gastroenterology at Hackensack University Medical Center, explains: “Pancreatic cancer is predicted to become the second-leading cause of cancer death in the world by 2030, overtaking colon cancer. We absolutely need a better way to screen for it.”

Early Warning
In response, Hackensack has launched an innovative surveillance program that screens individuals who are at high risk for developing familial or hereditary pancreatic cancer. Inherited genetic syndromes account for about 10 percent of cases.

This new initiative is the first of its kind in New Jersey. Patients who are eligible will receive both an imaging test and a recently approved biomarker test that measures the immune system’s response to diseases in the blood.

Biomarker testing is a way to look for genes, proteins and other substances that can provide information about cancer. Each person’s cancer has a unique pattern of biomarkers. Some biomarkers affect how certain cancer treatments work.

“Biomarker testing isn’t for everyone, but for someone with a strong family history of pancreatic cancer, it can be a lifesaver,” says Dr. Ligresti. “Even though this kind of testing is new, it’s already been proven to find asymptomatic, early cancers in members of high-risk families.”

Know the Signs
Pancreatic cancer is often called the silent killer, and with good reason: Most patients don’t experience symptoms until the cancer is big enough to impact the surrounding organs, says Gregory Tiesi, M.D., FACS, FSSO, medical director of Hepatobiliary Surgery at Jersey Shore University Medical Center. “Even then, the symptoms are often vague, which is why this testing is so important.”

If you experience these symptoms, talk to your doctor:
- Yellowing of the skin and eyes (called jaundice)
- Belly or back pain
- Weight loss and poor appetite
- Unexplained nausea and vomiting

Early pancreatic cancer can also lead to conditions such as gallbladder or liver enlargement, blood clots or the new onset of diabetes. If other tests and symptoms lead to these diagnoses, and you are at elevated risk for pancreatic cancer, your doctor may want to consider pancreatic cancer as a possible cause.

“If pancreatic cancer is diagnosed while it is still localized, treatment is much more likely to be successful than if it has spread,” says Dr. Tiesi. “Localized pancreatic cancer has a five-year survival rate of 42 percent, versus only 3 percent for cancer that has spread beyond the lymph nodes to other organs.”

Find Out if You Qualify
If you have a family history of pancreatic cancer, speak with your doctor to see if you meet the criteria to be considered for the screening.

Risk Factors for Pancreatic Cancer
The average lifetime risk of non-hereditary pancreatic cancer is about 1 in 64, according to the American Cancer Society. It rises—sometimes significantly—for people with certain risk factors, including:
- Smoking
- Drinking
- Obesity (BMI 30 or more)
- Type 2 diabetes
- Chronic pancreatitis
- Regular exposure to dry cleaning and metalworking chemicals
- Older age
- Male gender
- African American race
When Your Mammogram Is Abnormal

Getting called back for follow-up after a screening mammogram can be frightening, but knowing what to expect can ease the anxiety.

It’s not unusual to get called back for follow-up after a screening mammogram. It’s even more likely after a first mammogram, since there are no previous films to compare your images to. Follow-ups are also needed more frequently in pre-menopausal women, who tend to have denser breasts. Of course, it can be frightening to hear that you have an abnormal screening mammogram. Knowing what to expect can help ease your anxiety.

Why a Mammogram May Be Abnormal

“Nine times out of 10, there is no cancer found in a follow-up, but we can’t just assume there is nothing there if there is an abnormal mammogram,” says Roshani Patel, M.D., medical director for breast surgery at Jersey Shore University Medical Center. “It’s important to get further testing.”

Some reasons for an abnormal mammogram that are not breast cancer include:
- Suspicious areas due to the way the breast tissue is compressed during the mammogram
- Pictures that aren’t clear or miss an area of the breast
- Cysts or fibroadenomas, which are almost always benign
- Benign calcifications (although some calcifications are cancerous)

Symptoms to Look for

“The most common places for metastasis are in the bones, liver, lungs and brain,” says Catherine Campo, D.O., medical director of breast surgery at Bayshore Medical Center and breast surgeon at Riverview Medical Center. “But it’s very unpredictable. Every case is different.”

Dr. Campo stresses the importance of talking to your primary doctor or breast doctor right away about any new symptoms that may indicate metastasis somewhere in the body, such as:
- Bones: Hip or back pain, broken bones, high blood calcium levels, numb or weak limbs
- Lungs: Shortness of breath, fatigue
- Liver: Belly pain or swelling, appetite loss, yellow skin or eyes
- Brain: Confusion, headaches, dizziness, sleepiness, seizures, vision changes

How to Prevent Metastasis

To reduce the risk of metastatic breast cancer after treatment for breast cancer, follow your doctors’ advice on lifestyle changes (such as getting exercise, controlling your weight and limiting alcohol), long-term treatment (such as immunotherapy or hormone therapy), and follow-up visits and screenings.

“We have an aggressive follow-up for all people who had breast cancer to ensure we catch any recurrence early on,” Dr. Campos says. “We recommend mammograms every 6–12 months after a lumpectomy, and patients see one of their oncology doctors every three months for the first five years.”

Regular mammograms are important, even if you have no history of cancer. “The earlier breast cancer is caught and treated, the lower the risk of recurrence,” says Harriet Borofsky, M.D., medical director of breast imaging at Bayshore and Riverview.

“We follow recommendations from the National Comprehensive Cancer Network and American College of Radiology, which state that annual mammograms start at age 40 for women at average risk, and earlier for women with elevated risk, for example, due to family history or genetic mutation.”

What Happens After an Abnormal Mammogram?

If you have an abnormal screening mammogram, the next step is a diagnostic mammogram. A diagnostic mammogram is similar to a screening mammogram, but more images will be taken and greater compression may be applied.

An ultrasound—which is a non-invasive test in which a wand that emits sound waves is moved over the breast—is often done in the same visit as, or instead of, the diagnostic mammogram. Occasionally, a breast MRI may be recommended.

You will not have to wait long for the results of the follow-up tests. In many cases, the radiologist will give you the results before you leave the imaging center.

“Some lesions are markers for future breast cancer, and there are others that are not cancerous but look similar to cancerous ones,” says Dr. Patel. “That’s another reason it’s important to evaluate any suspicious findings. You’ll want information that can help you and your doctor make decisions.”

Stay a Survivor

It’s vital to be aware of the early signs of metastatic breast cancer, especially for breast cancer survivors.

Today, breast cancer is often discovered early thanks to mammography. This development has reduced the incidence of metastatic breast cancer, which is when cancer spreads to other parts of the body beyond the lymph nodes.

Only 6 percent of women and 9 percent of men with metastatic breast cancer are found to have it at the time of their initial breast cancer diagnosis. The majority of metastatic breast cancers begin within the first five years after a person has completed treatment for breast cancer, although it can return at any time.

While metastatic breast cancer is considered incurable, early treatment can shrink tumors or slow their growth, improve symptoms and help people live longer.

For breast cancer survivors—especially those with triple-negative or HER-2 positive cases—it is vital to be aware of the early signs that cancer has returned in other areas of the body.

Belly pain or swelling, appetite loss, yellow skin or eyes
Confusion, headaches, dizziness, sleepiness, seizures, vision changes

Regular mammograms are important, even if you have no history of cancer. “The earlier breast cancer is caught and treated, the lower the risk of recurrence,” says Dr. Patel. “As my mother would say, ‘One stitch in time saves nine.’”

Stay on Top of Your Breast Health

Most of the time, you will get reassuring news that there’s nothing of concern and you can return to your usual mammogram schedule. Sometimes, you may be asked to return for a repeat mammogram in six months to make sure nothing changes.

If a biopsy is needed, you will be referred to a breast surgeon. Your appointment will be fast-tracked for another visit, so you can get peace of mind faster.

“Most of the time everything is fine, but if it’s not, I would rather catch cancer early than later, so the follow-up is still very important,” says Dr. Patel. “As my mother would say, ‘One stitch in time saves nine.’”

Schedule a mammogram near you today.

Catherine Campo, D.O.
Breast surgeon
800-822-8905
Tinton Falls and Holmdel

Harriet Borofsky, M.D.
Breast imaging specialist
800-822-8905
Red Bank and Holmdel

CANCER CARE

Spotlight on U health topics that matter the most to you

HealthU Fall 2022

HackensackMeridianHealth.org
What’s That Lump?

Here’s a quick guide to the different types of lumps and what you should know about them.

No one wants to discover a lump on their body. Even though most lumps are harmless, they’re not especially attractive—and sometimes they signal that something serious is at work, such as cancer.

That’s one reason to see your doctor if you’ve recently discovered a lump.

“The presence of a lump doesn’t mean you’re sick. In fact, most often, lumps are completely harmless,” says Yolanda Tammaro, M.D., breast surgeon at Southern Ocean Medical Center. “Still, it’s often the right move to check with a dermatologist or primary care doctor to make sure there’s nothing to worry about.” Here’s a quick guide to different types of lumps and what you should know about them.

Cysts: Most forms of cysts are soft, pliable and noncancerous. Epidermoid cysts are the most common form, often appearing on the face, neck and torso, and sometimes the genitals. They range from quite small to multiple inches in width. Men are twice as likely as women to develop them. Epidermoid cysts don’t become cancerous but some other rarer types may.

Soft-tissue Sarcoma: The cancerous tumor called soft-tissue sarcoma can look similar to a cyst or lipoma and appear in similar places. “It can be difficult to distinguish between a sarcoma and cyst or lipoma, so if a lesion is growing, it needs to be fully evaluated by a professional,” says Dr. Tammaro.

Lipomas: Another form of lump called a lipoma looks and acts similarly. While they appear in many of the same spots as epidermoid cysts, they also appear on arms and legs. About 1 in 100 people develops a lipoma, according to nonprofit cancer research group Cancer Research UK. Lipomas are not cancerous and are usually harmless.

Breast Lumps: Because of the threat of breast cancer, one of the scariest places to discover a lump is on the breast. Even then, however, lumps are often noncancerous. Fibroadenomas, for example, are firm to the touch and can grow to several inches wide—but yet they aren’t cancerous. Benign cysts can also form in the breast, where they often are easy to feel and can be as large as a few inches wide. Likewise, changes to fibrous tissue can appear as a lump on the breast. Women who detect a breast lump should see a doctor even if they suspect the lump is benign. An examination and ultrasound can reveal whether a lump may be cancerous.

“If you feel something, you don’t want to take any chances,” says Dr. Tammaro. “See your doctor right away if you discover a lump on your body. That way, doctors can act quickly if intervention is needed.”

Be on the lookout for common symptoms of heart disease.

Sometimes, signs of an unhealthy heart may be overlooked or may not be obvious. But paying close attention is critical; Heart disease is the leading cause of death for both men and women in the U.S., according to the Centers for Disease Control and Prevention.

Not everyone will have the same presentation or experience all of the typical symptoms of an unhealthy heart,” says Joseph Negusei, M.D., a cardiologist at Bayshore Medical Center. “Men and women may exhibit different symptoms of heart disease—especially coronary artery disease. For example, men are more likely to feel chest pain when compared to women.

Know Your Risk

Knowing your risk of heart disease can go a long way toward prevention. Screenings such as AngioScreen® and CT Calcium Scoring scans are two options offered at various locations throughout Hackensack Meridian Health. These non-invasive screenings will help identify your risk for heart disease and stroke, so you can take charge of a heart-healthy life.

If you experience any of these six signs of an unhealthy heart, talk to your doctor about taking a closer look:

1. Chest pain. Poor blood flow to the heart can cause pain or discomfort in the chest, a condition called angina. You may feel mild discomfort, tightness, squeezing or burning sensations, as well as sudden, severe pain. You may also feel pain in the neck, jaw, throat, abdomen or back. But chest pain can also be caused by factors not related to the heart, such as indigestion.

2. Fatigue. Unusual or extreme tiredness can be a sign that something is amiss with the heart. In women, severe fatigue is a common symptom before experiencing a heart attack.

3. Heart palpitations. You may feel your heart beating quickly or unevenly. An irregular heartbeat can be a sign of an arrhythmia or other heart conditions. There are many other reasons why you might feel a fast or uneven heartbeat, such as lifestyle factors or medications.

4. Pain, numbness, weakness or coldness in the arms or legs. These sensations may occur when blood vessels in your limbs narrow, caused by vascular disease.

5. Shortness of breath. Shortness of breath can be a symptom of several different heart conditions. It may be caused by poor blood flow from coronary artery disease, or from fluid build up into the lungs.

6. Swelling in your legs, ankles or feet. You may also feel unusual swelling in your hands or abdomen. Poor blood flow can also cause blood to back up into the veins and surrounding tissues.

“If you’re unsure if your symptoms are serious, it’s best to err on the side of caution and have it evaluated,” says Dr. Negusei. “That’s especially true if you have certain risk factors, such as diabetes, high blood pressure, high cholesterol or obesity.”

Go Online

Have you noticed a lump? Schedule a screening today: HMIForU.org/Screen.
Can heart failure be reversed?

Heart failure is one of the top killers in the U.S. While the disease can be severe and life-limiting, it doesn’t always get worse and can even be reversed, says Jesus Almendral, M.D., heart failure and transplant cardiologist at Jersey Shore University Medical Center.

Heart failure is characterized by the organ’s inability to pump blood efficiently through the body. Although it can worsen over time, an ever-expanding choice of medications and surgical treatments has transformed the diagnosis from a death sentence to a chronic condition that won’t necessarily progress.

“It used to be that once you had a diagnosis of heart failure, you were going to die in four to five years. Now, we can significantly halt its progression and may even reverse it in some cases,” Dr. Almendral says. “We have patients in our program who, many years later, are living a wonderful life.”

Mainstay Treatments

The chances of stalling or reversing heart failure are far better for those who seek early treatment. While all therapies seek to relieve major symptoms such as shortness of breath, fatigue and swelling in the legs and abdomen, they also aim to slow disease progression and keep patients out of the hospital.

Treatment options depend on how severe your case is. Most patients benefit from four types of prescribed drugs considered mainstays in heart failure care:

- Beta blockers, which block excess adrenaline production that can damage heart cells
- ARNI, ACE inhibitors or ARBs, which help relax blood vessels to lower blood pressure
- Aldosterone inhibitors, which block a hormone that promotes heart failure symptoms by triggering salt and fluid retention
- SGLT-2 inhibitors, which prevent sodium retention and reduce heart inflammation and scarring

“Four medications block hormonal reflexes that can do a lot of damage,” Dr. Almendral says, adding that lifestyle measures such as eating a low-sodium diet are also important. “Once we block them, the heart starts getting stronger.”

Extreme Heart Failure Options

Even for the 1 in 10 patients coping with extreme heart failure, the condition can still be treated for most people. That may require:

- A heart valve repair procedure
- An implantable heart pump
- A heart transplant

Regardless of their condition, almost all heart failure patients require ongoing medication and regular follow-ups with a cardiologist.

“The mark of good therapy is both treating your symptoms with medications and treating your heart so it gets better,” Dr. Almendral says. “If you’re treating the underlying problem, it gives you a chance of a full recovery.”

Go Online

Are you at risk for heart failure? Find out if you’re a candidate for heart screening. HMHforU.org/HeartScreen.
Your Weighing Your Options

Are you considering bariatric surgery? Here’s what you should know about the procedure.

If you’re considering surgical weight loss, know that surgery won’t mark the end of your weight-loss journey. In many ways, it will be the beginning. That’s because bariatric procedures require not only short-term recovery, but also long-term lifestyle changes that can permanently alter your relationship with food, fitness and your body.

“It takes constant work, eating healthy and increasing physical activity to achieve success,” says Dena Arumugam, M.D., bariatric surgeon at Jersey Shore University Medical Center. “The surgery makes these changes sustainable.” Here are seven things you should know about recovery from weight-loss surgery.

1. **Surgery is not a magic bullet.** That goes for surgery as well as what comes after. “I don’t know of a single person who comes through the door entirely comfortable,” says Jonathan Reich, M.D., bariatric surgeon at Southern Ocean Medical Center. “Surgery is a big step. Fortunately, we’re able to put a list of fears to rest. We are sensitive to patients’ issues and concerns, and we walk them through the entire process, so they know what to expect.”

2. **Recovery from gastric sleeve surgery is quick.** “We’re usually able to discharge people from the hospital within 24 hours. After that, they continue the recovery process at home for the next two to four weeks,” Dr. Arumugam says. Most people can resume moderate physical activity within a few days and can return to work in as little as a week.

3. **Pain is minimal.** “The stomach itself does not have any sensation, but the incisions do cause some muscular pain for the first five days or so after surgery,” Dr. Arumugam says. “Your muscles will feel sore and tight.”

4. **After surgery, you must make a gradual return to solid foods.** Expect to be on a liquid diet for approximately two weeks, after which you can slowly graduate to pureed foods, soft foods and, finally, solid foods.

5. **You’ll have a decreased capacity for food that affects portion sizes.** Some patients also report changes in their preferred tastes and flavors. The change in appetite is as much chemical as it is physical. “Weight-loss surgery reduces appetite hormones,” says Dr. Reich. When you remove a portion of the stomach, you also reduce its capacity to release ghrelin (the hunger hormone), which makes you feel less hungry.

6. **Your digestion won’t change after surgery.** Neither your bowel movements nor your food absorption will change, although you should take a daily multivitamin to ensure you’re getting the nutrition you need. Expect an annual check of your vitamin levels to make sure you’re remaining nourished despite your diminished appetite.

7. **Weight loss is rapid and significant.** Within the first month, you can expect to lose 20 to 30 pounds. After that, you can expect to lose approximately 10 pounds per month until you reach 100 pounds of weight loss, which typically happens within eight months.

Successful bariatric surgery and lifestyle changes have allowed Julie Gonzalez to run again after a seven-year hiatus.

Julie Gonzalez fell into a rut of unhealthy, stress-fueled eating after buying a house in 2018. But her beloved aunt’s unexpected death three years later—triggering depression that piled onto existing diabetes, high blood pressure and high cholesterol—prompted a reckoning for the resident of Middletown, New Jersey.

“You get this shocking phone call, and it puts life in perspective,” recalls Julie, now 44. “It made me take a good hard look in the mirror, which I’d avoided over the prior few years, I knew I had to do something.”

The realization led Julie to Jersey Shore University Medical Center, where she turned her life around by combining weight-loss surgery with an unwavering commitment to healthier habits. The accounting manager has since dropped more than 100 pounds from her 5-foot-1-inch frame.

“It wasn’t the quick fix that a lot of people think it is,” says Julie. “It meant admitting I needed help because I’d failed so many times before to lose the weight. But I decided to make a complete lifestyle change.”

**Hand-in-hand Treatment**

Bariatric surgery is considered a treatment option for people with obesity whose body mass index (BMI) is 40 or higher. This BMI requirement drops to 35 or higher when patients also have at least one medical condition associated with obesity, such as high blood pressure or diabetes.

“Bariatric surgery can be used as a tool for weight loss for people for whom other attempts—whether diets, exercise plans or medications—didn’t work,” says bariatric surgeon Dena Arumugam, M.D. “It’s helpful if someone has the right mindset and understands surgery in most successful when used hand-in-hand with healthy eating, exercise and activity.”

After undergoing preoperative testing and consultations with dietitians and psychologists, Julie’s surgery was performed by Dr. Arumugam in October 2019. The gastric sleeve procedure (which removes the outer section of the stomach) was done using a minimally invasive laparoscopic technique, which inserts small surgical tools into the belly through several dime-size incisions. Bariatric procedures can also be performed robotically, modifying the laparoscopic technique with surgeon-guided robotic arms that manipulate surgical tools.

**Stunning Success**

For several weeks after surgery, Julie’s diet consisted of protein shakes and thick liquids, with soft foods added as her stomach healed. “It’s almost like I had to learn how to eat all over again,” she says. “I began to listen to my body in a way I really hadn’t before.”

On top of her stunning weight loss, Julie’s blood pressure, blood sugar and cholesterol levels are now in the normal range, meaning she no longer needs medications.

“Julie has been a complete success after her surgery,” Dr. Arumugam says. “She really used it as a tool, and changed her lifestyle and thoughts around food and exercise.”

On Memorial Day 2022, Julie participated in a 5-mile race, fulfilling one of her goals.

On Memorial Day 2022, Julie Gonzalez participated in a 5-mile run, fulfilling one of her goals.
Dementia and Alzheimer’s: What’s the Difference?

Our doctor clears up common misperceptions around dementia and Alzheimer’s disease.

Many people who are caring for an aging relative struggle to understand the key signs and differences between Alzheimer’s disease and other forms of dementia, which can prevent patients from getting proper treatment.

Magdy Nasra, M.D., internal medicine specialist at Bayshore Medical Center and Riverview Medical Center, breaks it down.

<table>
<thead>
<tr>
<th>Dementia</th>
<th>Alzheimer’s disease</th>
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<tr>
<td>Umbrella term for several conditions that affect memory</td>
<td>Condition that falls under the dementia umbrella</td>
</tr>
<tr>
<td>Multiple types of dementia</td>
<td>One specific type of dementia</td>
</tr>
<tr>
<td>Group of symptoms, not a disease</td>
<td>Disease causing dementia to occur</td>
</tr>
</tbody>
</table>

Some causes are reversible or temporary

Nonreversible

What Is Dementia?

Dementia refers to a group of symptoms that impact memory, communication and daily activity performance.

“Symptoms of dementia can begin with episodes of forgetfulness or getting lost in familiar settings. Confusion and forgetfulness can grow as dementia progresses,” Dr. Nasra says. “Asking questions repeatedly, poor decision-making, withdrawal from social activities and changes in behavior can also be symptoms of dementia.”

There is no single test to diagnose dementia. “Through a collection of tests and analyses, including a medical history evaluation, a physical examination and neurological testing, we can determine if a patient has dementia. However, because the symptoms and brain changes among various types of dementia can overlap, determining the exact type of dementia is more challenging,” Dr. Nasra says.

Types of dementia can include Lewy body dementia, vascular dementia, Parkinson’s disease dementia, Huntington’s disease and Alzheimer’s disease.

What Is Alzheimer’s disease?

Alzheimer’s is the most common cause of dementia, accounting for about 60–80 percent of dementia cases. It is believed to occur when there are high levels of proteins in the brain preventing nerve cells from connecting. This leads to brain tissue loss and brain cell death, slowly causing impairment in memory and cognitive function.

With Alzheimer’s, patients may experience apathy, depression, disorientation and behavioral changes, and have a hard time speaking, swallowing, walking and recalling recent events or conversations.

“While there is not one test to identify if a patient has Alzheimer’s,” says Dr. Nasra, “a team of experts work together to identify signals of it. Brain imaging and scans, neurological exams, cognitive testing and physical evaluations are all part of the testing process.”

Although there is no cure for Alzheimer’s, finding the right treatment plan can relieve some symptoms and improve a patient’s quality of life. “As each patient is different, their care plan will be unique,” Dr. Nasra says.

Go Online

Learn more about our integrated team and comprehensive, coordinated care for dementia and memory disorders at HMHitforU.org/MemoryLess

Spotlight on U

A Life on Hold

Botox® for her migraine attacks gave Jeannette Rotondi a second chance at family and career.

Jeanette Rotondi’s life ground to a halt when she was just 29 years old. She was newly married, had recently completed graduate school and was working toward her clinical social worker license when chronic migraine struck.

“When this started, I was in my prime of life. And life stopped each time. The full-blown attacks could last days,” Jeanette says. “People think a migraine attack is just head pain, but the other symptoms can be debilitating. The dizziness, blurred vision and drooping, difficulty finding words, abdominal pain, nausea and vomiting are just as bad as the pain.”

The Pathway to Treatment

After more than a year of struggling to get an accurate diagnosis and find an effective treatment, Jeanette found Monte Pellmar, M.D., a neurologist and headache specialist who is the director of the Headache Center at Jersey Shore University Medical Center.

Dr. Pellmar quickly determined that Jeanette met the criteria for a diagnosis of chronic migraine. Fifteen headache days per month for at least three months lasting four hours untreated. After a year of trying other treatments without success, Jeanette was approved for Botox® for migraine relief. Botox®, alongside a migraine medication and toolkit (including cold compresses, ice caps and items that help with nausea and sensitivity to light and sound), has helped Jeannette get her life back.

“I still get migraine attacks, but they are so much less severe, and the abortive medication works well now, knocking them out in about an hour,” Jeanette says.

Life, Resumed

It’s been more than a decade since Jeanette started seeing Dr. Pellmar, and she has flourished. She now has a 7-year-old son and her clinical social worker license, and she recently opened a private therapy practice with her husband. She advocates and provides support for people with chronic pain through Miles for Migraine, RetreatMigraine, Headache on the Hill and the Arthritis Foundation.

“When Jeanette first came to me, she wasn’t functioning because she was feeling so poorly,” Dr. Pellmar says. “Since we started treating her with Botox®, she has been transformed.”

Adds Jeanette: “Dr. Pellmar doesn’t give up. We’ve had a long journey. I tell him all the time that he saved my life.”

Learn more about migraine and headache treatment at HMHitforU.org/Migraine
As uncomfortable as they are, kidney stones are a common condition. One in every 11 individuals in the U.S. will experience kidney stones at some point during their life.

The good news is, you may not need surgery or a procedure to treat a kidney stone. “Kidney stones—hard pieces of material formed as a result of mineral build-up in your kidneys—sometimes can go away on their own, and most do,” says Emad Rizkala, M.D., chair of Urology at Bayshore Medical Center.

“Very small kidney stones can pass through the urinary tract without any trouble.”

**When to Seek Treatment for a Kidney Stone**

Larger kidney stones—from the size of a pencil eraser to more than 1 inch wide—can get stuck in the urinary tract. They can block the flow of urine, cause a lot of pain and even lead to infection and eventually sepsis. These may need to be removed by a urologist.

If a kidney stone can’t pass on its own, you may need a procedure to break up or remove it. Procedures include shockwave therapy, inserting a scope into the urinary tract and breaking the stone with a laser or, when very large, through the back directly into the kidney (percutaneously). “We provide the full range of urologic stone procedures, from extracorporeal shockwave lithotripsy to complex percutaneous nephrolithotomy,” Dr. Rizkala says.

Seek medical help immediately if you experience any of these symptoms in association with severe back pain:

- Pain or difficulty urinating
- Blood or discolored in your urine
- Fever and chills
- Nausea and vomiting

The right treatment method depends on the size and location of the kidney stone. Blood or urine tests, X-rays or CT scans can help your doctor determine your body’s mineral level, and where and how big the kidney stone is.

### Kidney Stone Prevention

Like with many conditions, prevention is best. “The number one cause of kidney stones is dehydration,” says Dr. Rizkala. “To prevent most kidney stones, drinking plenty of fluids is enough to flush away minerals that build up and form stones.”

Most adults should drink six to eight 8-ounce glasses of water per day—more in the summer months, in warmer climates or with higher levels of activity when there’s a greater risk of dehydration. You’re more likely to experience kidney stones if you don’t urinate enough each day or if you have high levels of minerals in your body.

“Especially if you’ve experienced kidney stones before, it’s important to maintain these healthy habits to prevent future occurrences,” says Dr. Rizkala.

### Expanding Kidney Care for Kids

There is a growing epidemic of kidney stones in children, especially teens. “Calcium kidney stones, which are common in adults, appear to be most common in children,” says Dr. Rizkala. “This seems to go hand in hand with two things: a sharp uptick in hypertension and obesity.”

Partly in response to this trend, Hackensack Meridian Children’s Health has launched a second pediatric nephrology and urology clinic to care for children diagnosed with kidney conditions including kidney stones. The new Pediatric Nephrology and Urology Clinic at Joseph M. Sanzari Children’s Hospital joins the existing clinic at K. Hovnanian Children’s Hospital. "We provide the full range of urologic stone procedures, from extracorporeal shockwave lithotripsy to complex percutaneous nephrolithotomy," Dr. Rizkala says.

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**Emad Rizkala, M.D.**

Urologist

800-822-8905

Old Bridge, Holmdel and Freehold

**Learn more at HMĦforU.org/PedsKidney**
Struggling to Get Pregnant a Second Time?

If so, you’re not alone—and there is support available.

After having your first child, some may think that getting pregnant a second time and growing your family will be easy. For many couples, though, this isn’t always true. Erin Conway, M.D., OB/GYN, at Riverview Medical Center, explains that secondary infertility is the inability to carry a baby to term—despite trying for one year to achieve pregnancy after previously giving birth. The Centers for Disease Control and Prevention estimates that 11 percent of couples in the U.S. experience secondary infertility.

Possible Causes of Secondary Infertility

Multiple factors can account for secondary infertility for both men and women. “Many people tend to associate infertility with just women, but this is a misconception,” says Dr. Conway. “Male factors play a role in infertility up to 50 percent of the time.”

When to See a Specialist

Dr. Conway encourages couples to seek the advice of a specialist after trying to conceive for at least one year: However, if a couple has been trying for a few months and they have a known or suspected medical problem, or don’t want to wait an entire year before undergoing an evaluation, she encourages starting the process sooner rather than later.

“Although it may be a very stressful period, couples can be reassured that there are both medical and surgical treatments that are available for men and women to help improve their chances of a second pregnancy,” Dr. Conway says.

Factors for women:

- Age (anyone over the age of 35)
- Irregular menstrual cycles
- Endometriosis
- Pelvic inflammatory disease
- Unhealthy body weight
- Tubal issues
- Uterine abnormalities
- Previous miscarriages

Factors for men:

- Abnormal sperm production or function due to undescended testicles
- Genetic defects such as Klinefelter syndrome or Y chromosome microdeletion
- Sperm delivery problems such as a blockage in the ejaculatory duct, vas deferens or epididymis
- Testis cancer
- Varicose, or dilated veins in the scrotum

Factors for both males and females:

- Having recently undergone cancer treatment, such as radiation or chemotherapy
- Lifestyle exposure to cigarette smoking, excessive alcohol and marijuana
- Having taken selective antibiotics, anti-hypertensive medications and anabolic steroids
- Exposure to certain environmental factors such as pesticides and chemicals
- Diabetes
- Infections such as chlamydia, gonorrhea or mumps
- Genetic diseases such as cystic fibrosis
- Any inadvertent injury to the reproductive organs

Relief in Focus

Surgery gives Maria Chludzinski confidence and relief after suffering for years from pelvic organ prolapse and an overactive bladder.

Maria Chludzinski, 55, works as a paraprofessional at the E. Raymond Appleby School, an elementary school in Spotswood, New Jersey. In 2016, she started experiencing sudden and frequent urges to go to the bathroom, and she was waking several times every night to urinate. She also felt pressure in her pelvic region. Her obstetrician/gynecologist diagnosed her with pelvic organ prolapse (POP), a condition in which one or more pelvic organs slip down into the vagina, and suggested she see a specialist.

Maria found Nina Bhatia, M.D., a urogynecologist at Bayshore Medical Center.

An Additional Diagnosis

When Dr. Bhatia saw Maria in 2017, she was also diagnosed with an overactive bladder, which has four symptoms:

- Urgency
- Frequency
- Nocturia (waking at night to urinate)
- Urges incontinence (having accidents on the way to the bathroom)

Before prescribing medication for Maria’s overactive bladder, Dr. Bhatia wanted her to try pelvic therapy. “I did exercises like kegels, contracting and holding my pelvic floor muscles and then releasing them, and used electronic devices that stimulate the vaginal muscles, so they learn to tense and release to support the bladder,” Maria says.

Dr. Bhatia also noted Maria’s prolapsed bladder and uterus, which was causing pelvic discomfort. “Some women describe the feeling like they’re sitting on a ball,” she says. “POP can happen to women at any age, but it tends to happen later in life, often after childbearing.” POP can be caused by a combination of factors:

- Genetics or family history
- Pregnancy
- Previous C-sections or vaginal deliveries
- Age (as you age, ligaments start to weaken)
-Heavy lifting
- Weight gain or weight loss

Repairing the Prolapse

Despite treatment, Maria wasn’t improving and her prolapse worsened. She started medication for her overactive bladder, and in 2021, Dr. Bhatia recommended surgery.

“Maria had robotic surgery during which I made a 3-inch incision in her abdomen,” Dr. Bhatia says. “I removed the uterus and used mesh to lift the vaginal wall. That lifted both the bladder and rectum, and supported the vagina. I also repaired the vagina to help with the support and added a sling for stress incontinence.”

Surgery made all the difference for Maria. “I feel so much more comfortable and more secure now,” she says. “I’m telling my very personal story because I want women with these conditions to feel empowered. They need to find the right person to help. For me, that was Dr. Bhatia.”

If you’re having difficulty getting pregnant for the second time, find a maternal fetal medicine specialist near you: HMHforU.org/Fertility

Go Online

Visit HMHforU.org/Urogynecology to learn more about urogynecologic issues, their symptoms and treatment options. You can also book an appointment with a urogynecologist near you at HMHforU.org/Urogynecology.

Nina Bhatia, M.D.
Urogynecologist

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Shrewsbury and Old Bridge
As you're a parent of young kids, bellyaches and gasiness are a regular part of life. “Gastrointestinal issues are incredibly common in kids,” says Brittany Parlow, M.D., a pediatric gastroenterologist at K. Hovnanian Children’s Hospital at Jersey Shore University Medical Center. “The good thing is, the majority of issues can often be managed with changes in diet or lifestyle.”

**What Are Some of the Most Common GI Issues?**

- **Constipation:** When children experience constipation, it’s usually because they aren’t getting enough fluid or fiber in their diet, says Dr. Parlow. Particularly with younger children, they may have had a painful bowel movement and are afraid to have another one, so they “hold it.” That makes their stools harder and more painful to move. It is not unusual for children to get constipated when they start school, because they may feel uncomfortable about using the bathroom in school, so they hold their stool in.

  “It becomes a cycle, so we have to work with parents and kids to break that cycle. We help make the stool a lot softer and help them get over the anxiety about going to the bathroom,” Dr. Parlow says. Treatment may include changes to diet, increasing water intake, temporary use of medication and techniques to manage anxiety.

- **Abdominal pain:** A lot of things can cause bellyaches in kids. “Most belly pain in kids is easily treated,” Dr. Parlow says. More serious causes usually have red flags such as losing weight, vomiting, blood in stool or abdominal pain that keeps a child from sleeping or waking them. Frequent causes of belly pain are gas and acid reflux, which are often related to diet. In such cases, blood and stool testing may be done to get a fuller picture of what’s going on, and there may be a period of eliminating certain items from the diet to check for food intolerance.

- **Appendicitis:** Indications of the appendix—a small pouch attached to the large intestine on the right side of the body—may start as vague abdominal pain around the belly button, then consolidate into severe cramping pain in the lower right side of the belly, says Victoria Staab, M.D., pediatric surgeon at the Children’s Hospital. Some children may also experience nausea, vomiting, fever and diarrhea. A burst appendix can lead to serious complications, but if attended to early, appendicitis is typically resolved with minimally invasive surgery. Sometimes antibiotics may be used instead, Dr. Staab says.

- **Intussusception:** Another intestinal condition that requires urgent attention is intussusception, when part of the intestine folds on itself, causing inflammation. It is most often seen in children under 2 years old and sometimes happens after a virus causes lymph node swelling in the intestines or if there’s a structural abnormality, such as a polyp. Children with intussusception develop waves of sudden intense pain that may cause them to double over or pull their knees to their chest and cry inconsolably. Dr. Staab says. Children with these symptoms should go to the emergency room. Usually, the folded intestine can be returned to its normal position with an enema that uses fluid or air. In cases where there is more extensive damage to the intestine, or if the enema is unable to reopen the blockage, surgery is required. Dr. Staab says.

### Go Online

If your child suffers from abdominal pain, problems eating or failure to thrive/lose weight, our experts can help. Visit HMIForYou.org/KidsGI.
People with diminished bone density are at greater risk of osteoporosis, a condition that results in weak, brittle bones that are especially prone to fracture. Unfortunately, osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. That’s why bone-density testing is recommended for higher-risk individuals:

- women age 65 and older,
- women ages 50–64 who have risk factors such as a parent who has broken a hip.

“Bone-density tests are generally simple, painless and straightforward. In a case where doctors are able to catch density loss early, they can make an enormous difference in a person’s long-term health,” says Nader Bakhos, M.D., hip and knee orthopedic surgeon at Bayshore Medical Center and Riverview Medical Center. “But providers are only able to make that catch if people take the time to get tested.”

**How Tests Work**

The most common form of a bone-density test works by scanning a person using X-ray technology to measure the presence of calcium and other minerals in the patient’s bones. Often called DEXA scans (Dual-energy X-ray absorptiometry), the tests are typically conducted in radiology offices. Here’s how it works:

- **Patients lie on their backs on an elevated, padded table, while a scanning machine passes over their hips and lower spine and a second X-ray device passes underneath.**
- **Patients must remain still during active scanning and may be asked to hold their breath for several seconds at a time.**

The entire process lasts about 15 minutes, and the radiation risk is about the same as from a typical X-ray.

Osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. Here’s what you should know about bone-density tests and if you should get one.

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**Osteoporosis**

The body constantly absorbs and replaces bone tissue. With osteoporosis, new bone creation doesn’t keep up with old bone removal.

Typically, osteoporosis affects the hips and lower spine and a second X-ray device passes underneath.

**How Tests Are Scored**

The test results are reported using a system called a T-score that compares a patient’s bone density to that of a healthy young adult. Scores are often reported as negative numbers, and lower numbers are better:

- **B:** Patient matched the baseline “healthy young adult” standard.
- **T:** Patient considered healthy
- **2.5 to 1:** Patient considered to have low bone mass
- **Below 2.5:** Patient considered to have osteoporosis

A second score, called a Z-score, shows the patient’s bone density compared to others of the same age, ethnicity and gender.

Regardless of whether someone thinks they may be affected by diminished bone density, if they are part of an at-risk group, the guidance is clear: Speak to your primary care doctor about getting tested.

**Precise Results**

The MAKO surgical system offers doctors and patients increased confidence in an excellent outcome. Here’s how it works:

- **First, the patient receives a CT scan of the affected joint to create a 3D image.**
- **The doctor uses the results of the CT scan to develop a detailed preoperative plan to determine the appropriate size of the new joint implant as well as ensure optimal fit and positioning.**
- **During the surgery, the doctor installs temporary pins into the pelvis to guide the MAKO camera and robotic arm.**
- **The robotic arm then guides the surgeon’s hands as the damaged bone is removed to prepare it for the new hip joint components.**
- **Next, the robotic arm guides the surgeon’s hands while implanting the hip components.**

**Pain-free and Back on the Dance Floor**

Building a solid, trusting relationship with your orthopedic surgeon can help reduce the stress associated with a major surgical experience. Renee is grateful for the clear communication she experienced with Dr. Bakhos. “Dr. Bakhos was very forthcoming,” she says. “At an appointment before surgery, he told me exactly what it was going to be like. He’s so easy to talk with.”

Renee’s right hip was replaced in February 2022 at Riverview. Shortly after she was discharged home, she began physical therapy at Hackensack Meridian Rehabilitation at Manalapan and is now able to walk pain-free. Even though her daily commute to Long Island City, New York, includes a bus trip, train ride and five-block walk, she has already been able to return to work.

“MAKO is an exciting technology,” Dr. Bakhos says. “More joint replacements will be performed using it, and it will likely become the standard of care.”

For Renee, the results of her surgery are amazing and gratifying. Less than two months after her surgery, she attended an officer installation at her community club—not just attend, but also dance the evening away wearing 5-inch heels.

Renee Bingert, an accounts payable manager at an electrical installation company, had been suffering from severe back pain as well as shooting pain every time she tried to stand up. It was keeping the 60-year-old from doing what she loves, including dancing at her community club.

Renee decided to visit her chiropractor in the hopes that a treatment would fix her knee and positioning. Dr. Bakhos first tried a cortisone shot, but the relief did not last long. After a thorough examination, the other option he was able to offer Renee were a conventional hip replacement or the MAKO robotic-assisted hip replacement surgical procedure.

**Ready to learn about your knee and hip health? Take our health risk assessment.**

Renee Bingert is back on the dance floor and sporting her high heels after hip replacement.

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**Healthy Bone**

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**Osteoporosis**

- Hip and knee orthopedic surgeon
- 800-822-8905

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Helping Kids Cope

Here’s how to provide support and context to help your kids process traumatic events.

Talking about traumatic events with children means acknowledging that their world is dangerous and that terrible things can happen—a notion that cuts against the sense of safety and security that many caregivers actively try to foster for their kids.

While it may sometimes make sense to shield younger kids from certain headlines, in other cases, it’s not advisable or feasible. If a child has heard about a tragic event, silence from parents can make the event seem even more frightening.

First, discern what your child already knows. Conversations vary substantially according to a child’s age, as well as the traumatic details to which they’ve been exposed. “With kids who first learned about the tragic event at school or from friends, for example, parents can begin the conversation by asking what the child has heard about the event,” Lauren Kaczka-Weiss, D.O., child and adolescent psychiatrist at Jersey Shore University Medical Center.

Monitor your children’s exposure to media coverage of a tragedy. In some cases, particularly with older kids, it may make sense to limit their access to graphic images. When older kids are looking at news coverage on TV or the internet, that might be the right moment to start a conversation about what happened. Regardless of the child’s age, watch the news with your child and look for signs that the news may have brought up anxieties or fears.

Focus on active listening. “Caregivers can try to tease out their child’s perspective by asking how they feel about what happened,” says Dr. Kaczka-Weiss. Monitor and address whether a child feels personally at risk. Younger children, especially, can be confused about their proximity to danger after learning about a traumatic event. It is important to reassure them that they are safe—and help them feel that by creating a safe space at home.

Share your experiences with older kids. For older kids and teens who are able to think about a tragedy at a conceptual level, it can be helpful to hear from their caregivers about how they are processing the news. “Kids look to their caregivers not only for knowledge about what happened but for guidance about how to think about it and how to get through it,” says Dr. Kaczka-Weiss. “These are difficult conversations, but they are absolutely essential to help kids process traumatic news.”

Know when to seek help. Usually, a child’s feelings of confusion, anxiety or fear after a traumatic event will fade relatively quickly. “But if their reaction starts to interfere with their school and daily life, and they seem ‘stuck’ in this state even after a few weeks, they may need help from a mental health specialist, like a child and adolescent psychiatrist,” says Dr. Kaczka-Weiss.

Lauren Kaczka-Weiss, D.O.
Child and adolescent psychiatrist
800-822-8905
Neptune and Brick

As a dedicated fan of TV’s Judge Judy while growing up, Patrick Correa, D.O., thought he was destined for a law career. But the family medicine physician at HMM Primary Care – Tinton Falls eventually realized the one-and-done nature of court rulings didn’t suit his overarching desire to help people over the longer haul.

“I wanted a career in which I could follow people’s progress to make sure they’re doing well,” says Dr. Correa, who stayed with Hackensack Meridian Health after recently serving as chief resident at Ocean University Medical Center. “Once I found family medicine, it checked all my boxes. It’s a very broad specialty, so I’m learning something new every day. It helps my patients, too, because I can show them new workouts and explain how to start using a treadmill.”

Patrick Correa, D.O.
Family medicine
HMH Primary Care – Tinton Falls

What’s one of your major future goals?
If you could have dinner with a celebrity, past or present, who would it be and why?
How does your gym routine enhance your work-life balance?
Do you stay active even after a few weeks, you may need help from a primary care doctor or a mental health specialist, like a child and adolescent psychiatrist,” says Dr. Kaczka-Weiss.

"I wanted a career in which I could follow people’s progress to make sure they’re doing well,” says Dr. Correa, who stayed with Hackensack Meridian Health after recently serving as chief resident at Ocean University Medical Center. “Once I found family medicine, it checked all my boxes. It’s a very broad specialty, so I’m learning something new every day. It helps my patients, too, because I can show them new workouts and explain how to start using a treadmill.”

Patrick Correa, D.O.
Family medicine
HMH Primary Care – Tinton Falls

I love his shows and love how he strives for perfection. We don’t have to be perfect in everything, but I haven’t traveled much. My mom is from Brazil, so I’ve been there. But I haven’t gone to other countries. I really want to get on a plane more and explore new places.

To make an appointment with Dr. Correa, call 800-822-8905 or visit HMHforU.org/FindADoc
### Special Events

#### November Is Diabetes Awareness Month

#### Heart Health

**Cooking for A Healthy Heart**
Join our chef and registered dietitian for this virtual cooking program and learn things you can do while cooking to make your heart healthier.

- **Jan. 12, 11 a.m.–noon**, virtual event

**Why the Pressure to Have Good Blood Pressure?**
Speaker: Avais Masud, M.D., Nov. 30, 3–4 p.m., virtual event

**Angiogram**
Special rate: $49.85. Registration required.
Call for dates, times and locations.

#### Diabetes

**Diabetes Prevention/Insulin Resistance**
Speaker: Shemavi W. Holland, M.D.

- **Nov. 4, noon–1 p.m.**, virtual event

**COVID and Diabetes**
Are you living with diabetes and have COVID? What does this mean for you? Speaker: Jennifer Cheng, D.O.

- **Nov. 17, noon–1 p.m.**, virtual event

**Diabetes 101: All About the Basics**
Signs, symptoms, complications, medications and more.

- **Nov. 18, noon–1 p.m.**, virtual event

**Diabetes Prediabetes**
Join our certified diabetes educator and learn all you need to know about diabetes and what to do if you have been diagnosed with prediabetes.

- **Dec. 8, 11 a.m.–noon**, virtual event

**Stroke: Are You at Risk?**
Speaker: Pinkain Jethwa, M.D., Nov. 10, 11 a.m.–noon, virtual event

### Pediatrics

**Parent/Guardian Talks**

#### Helping Babies and Kids Sleep Better**
Join Pakkay Ngai, M.D., Nov. 10, 7–8 a.m., virtual event

- **Nov. 12, 9–10 a.m.**, virtual event

**Healthy Weight: Healthy Lifestyle**
Join Michelle Maresca, M.D., and Manianna Nicotriello-Genere, D.O., as they discuss weight management, healthy eating habits and how to support your children.

- **Jan. 15, 11 a.m.–1 p.m.**, virtual event

**Stop Smoking With Hypnosis**
Fee $30, Nov. 9 and Jan. 11,
- **12:30–1:30 p.m.**, virtual event

**Lung Cancer: All That You Need to Know**
Speaker: Thomas Bauer, M.D., Nov. 9, noon–1 p.m., virtual event

**Colon Cancer Awareness**
Speaker: Nathaniel J. Holmes, M.D.

### Neuroscience

**Memory and Alzheimer’s Disease**
Learn the early signs of memory loss, what is normal during the aging process and what you need to know about Alzheimer’s disease.

- **Nov. 12, 11 a.m.–noon**, virtual event

**Stress: Are You at Risk?**
Speaker: Pinkain Jethwa, M.D., Nov. 10, 11 a.m.–noon, virtual event

### General Wellness

**DASH vs. the Mediterranean Diet**
Join our registered dietitian as she discusses DASH and the Mediterranean diets. What are the differences and benefits of each?

- **Nov. 30, 2–3 p.m.**, Stafford Library, 129 N. Main St., Manahawkin

**Weight Loss With Hypnosis**
Fee: $30. Dec. 14, 7–8 p.m., virtual event

**Balance**
Jan. 12, 2–3 p.m., Stafford Library, 129 N. Main St., Manahawkin

**Strength Training**
Jan. 24, 2–3 p.m., Upper Shores Library, 112 Jersey City Ave., Lavallette

**Weight-loss Surgery**
To learn more about weight-loss surgery, attend a free seminar. To find a seminar near you, visit HMHforU.org/WeightLoss.

**Support Group**
Hacksack Meridian Health offers regular support group meetings. Learn more at HMHforU.org/SupportGroups.

### Cancer Care

**Fresh Start Smoking Cessation**
This four-session program is available to help you quit smoking. Attendance is required at all four sessions.

- **Nov. 4, 14, 24 & 27; Dec. 2, 5, 9 & 12, Jan. 6, 9, 13 & 16, 10–11 a.m.**, Riverview Rehabs Center Conference Room.
- **Oct. 25 & 27 and Nov. 1 & 3, 6–7:30 p.m.**, Ocean University Medical Center, East Wing Conference Room.
- **Jan. 12, 2–3 p.m.**, Ocean University Medical Center, Ocean University Medical Center.

**Colon Cancer**
All That You Need to Know: Speaker: Thomas Bauer, M.D., Nov. 8, noon–1 p.m., virtual event

**Colon Cancer Awareness**
Speaker: Nathaniel J. Holmes, M.D.

### Behavioral Health

**Dr. Joe Miller Mental Health to Mermaid Strength Series in Partnership with the Atlantic Club**

- **Nov. 3, noon–1 p.m.**, virtual event

**Winter Blues**
The holidays can be full of joy, but for some, it brings added stress, depression and other challenges. Join our behavioral health specialist, who will provide information and support to attendees to explore improved coping skills during this season.

- **Nov. 30, 7–8 p.m.**, virtual event

### SCHEDULE

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<tr>
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**Here are just a few of the events & classes October 2022 through January 2023.**

We offer a number of programs to help keep our communities healthy. Topics range from general wellness to heart health, stroke, cancer care, women’s health and more. View some featured events below.

For a full listing or to register, visit HMHforU.org/Events or call 500 560-9993.
The Hager family moved to Holmdel, New Jersey, in 1969—around the same time local business leaders, physicians and auxiliaries were working hard to fundraise to build Bayshore Community Hospital (now Bayshore Medical Center) just minutes from the Hagers’ new home.

A few years later, in May 1972, Bayshore opened its doors to patients for the first time. That summer, then-9-year-old Ken Hager was exploring his home’s basement, came upon tools and slipped a brass nut onto his small finger. Unfortunately, it would not slip off. His finger swelled quickly, and Ken’s mother took him to Bayshore after his finger began turning blue.

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The Bayshore team tried using lubricants and cutters to remove the nut—but both to no avail. They had one last-resort to avoid amputation: cutters to remove the nut—both to no avail.

Bayshore was opening its doors. Fifty years later, the same time Bayshore Medical Center was opening its doors. Fifty years later, the same time Bayshore Medical Center was opening its doors. Fifty years later, the same time Bayshore Medical Center was opening its doors. Fifty years later, the same time Bayshore Medical Center was opening its doors.

The Hager family moved to Holmdel at the same time Bayshore Medical Center was opening its doors. Fifty years later, they are giving back to the hospital that cared for them for decades.

Today, Ken still lives in the Bayshore area and took over the family business—JGS Insurance—in partnership with his brother, Vinnie Hager. Following an incredible life-saving experience of a JGS employee a few years ago at Bayshore, Vinnie and his family made a generous gift to help construct the Dr. Robert H. Harris Emergency Care Center, which opened in 2021, the most significant construction project at the hospital since Bayshore was built. Vinnie also joined the Board of Trustees of Bayshore Medical Center Foundation, continuing the Hagers’ involvement in philanthropy in support of the medical center.

“These things come full circle,” Ken says. “I laugh when I tell this story, but I am grateful that my mother was able to take me a few minutes from my home to Bayshore. I am really glad the hospital is going strong 50 years later, so families can get help when they need it most.” Vinnie adds: “I think about the families and doctors who put the plans together, who raised money and made donations to build this hospital. I’m proud we can continue to help Bayshore grow and expand. Vinnie and his wife, retired pediatrician Maria Miceli, D.O., made another gift in 2022 toward continuing education and professional development programs for the nursing team.

“Bayshore was built by philanthropy 50 years ago, and today, it continues to provide lifesaving care for the community thanks to generations of grateful patients who are compelled to give back,” says Marisa Medina, executive director of Bayshore Medical Center Foundation. “We are so thankful for the Hager family. Their most recent gift will allow our nurses to continue advancing their knowledge to meet the ever-evolving demands of health care.”

Ken Hager and Vinnie Hager are grateful for the care their family has received at Bayshore Medical Center over the years, and they hope that their gifts allow other families to get help when they need it most.

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We Are Hiring!

We are looking for individuals who are passionate about health care to join our growing team, where great benefits, robust learning and development programs, and more perks are offered. Both clinical and nonclinical positions are open in our health care facilities throughout New Jersey.

See open positions at HMHforU.org/Jobs.

Make an Appointment Today

Scheduling an appointment has never been simpler or faster. You can now make an appointment on the go, any time of day, through online scheduling.

As the state’s largest, most comprehensive health network, Hackensack Meridian Health is made up of 7,000 physicians, 18 hospitals and more than 500 locations.

Our hospitals near you:

- Bayshore Medical Center
- Riverview Medical Center
- Jersey Shore University Medical Center
- K. Hovnanian Children’s Hospital
- Ocean University Medical Center
- Shore Rehabilitation Institute
- Southern Ocean Medical Center
- Bruce Medical Center
- Belford Medical Center

For a complete listing of our hospitals, services and locations, visit HMHforU.org/Locations.