Tiny Fighter
Innovative treatment helps a 3-year-old with a serious brain tumor.

High Stakes

Gut Check
Pediatric specialists help kids fight chronic gastrointestinal diseases.

Blood Transformed
A cutting-edge treatment for sickle cell disease helps one patient live pain-free.
Your Safety Is Our Priority

Since March, New Jersey has remained at the center of the COVID-19 pandemic. As a result of the courage of our health care heroes, along with the social-distancing efforts of the community, we can now focus on recovery and preparedness for future surges.

Hi. welcome to this issue of HealthU

Your Safety Is Our Priority

Here at Hackensack Meridian Health, our researchers and clinicians have played a significant role in fighting the virus. Learn how they’ve applied groundbreaking innovation to the care of patients being treated for COVID-19 on page 10. One innovation was recently featured on CBS’s “60 Minutes”: the convalescent plasma therapy clinical trial at Hackensack University Medical Center. Our trial is unique because of its rigorous criteria—identifying donors with super-high levels of neutralizing antibodies—and infusing a larger amount of plasma than other studies.

Today, as the state continues to carefully reopen the economy, we are focused on ensuring our patients are safe when receiving the care they need. It has always been and will continue to be our top priority.

If you are hesitant to seek in-person care, please know we have enhanced our processes to protect patients, team members and doctors, including:
- Treating non-COVID-19 patients in separate areas in hospitals
- Creating specially designated entrances for certain procedures and services
- Monitoring temperatures of patients, team members and visitors
- Establishing rigorous cleaning and sanitizing procedures, including ultraviolet-light cleaning
- Testing all patients staying at our hospitals for COVID-19
- Providing masks to patients, visitors and team members
- Providing appropriate personal protective equipment for team members
- Practicing social-distancing throughout our facilities
- Practicing tried-and-true best practices for infection prevention, including rigorous hand hygiene

Patient safety is even at the heart of this issue of HealthU. Typically, we photograph every patient in the magazine. Our photographer achieves an in-person connection with patients to tell their unique story in a beautiful, visual way. Because this issue was planned during the surge of COVID-19, that face-to-face connection would have been too risky. Our team took a creative approach—replacing photo shoots with illustrated portraits of patients. We give you an inside look at how we achieved this on page 3.

We are committed to doing everything we can to ensure you receive the safest care possible. For more information about our commitment to safety, visit HackensackMeridianHealth.org/GetCareNow.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health

Hackensack Meridian Children’s Health
Ranked Among the Top


Learn more at HMHforU.org/BestChildrens.
Behind the Scenes  a look at how we produced this issue of HealthU during the surge of COVID-19

Portrait in Place

1. First, patients sent us photos of themselves that we could reference in creating an illustration.

   Typically, we photograph every patient appearing in HealthU. Because this issue was planned during the surge of COVID-19, that contact would have been too risky. Instead, our team took a creative approach and replaced photo shoots with illustrated portraits of patients. Here is a look at how we did it.

2. To establish the composition, our illustrator created a collage using the provided photos.

3. Next, our illustrator created a rough black-and-white drawing resembling the final product.

4. Finally, our illustrator applied color to achieve the final version you see in the magazine.

Find out what new parents should know about COVID-19 and how to keep their family safe at HMHforU.org/NewParents.

Learn everything you need to know about COVID-19 testing at HMHforU.org/COVID19Testing.

Tune in to our HealthU podcast! For more details, visit HMHforU.org/Podcast.
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The Safe Outdoors
When staying active outdoors this summer, remember these seven tips to stay safe:

1. **Stay hydrated.** Drink plenty of fluids to maintain a normal body temperature.

2. **Stay indoors during peak sun hours,** between 10 a.m. and 4 p.m. If possible, schedule your outdoor activities in the early morning or evening.

3. **Wear light-colored, lightweight and loose-fitting clothing.** Dark, tight-fitting clothing traps heat, keeping your body from cooling properly.

4. **Always use sunscreen.** Sunburn can dehydrate you and keep your body from cooling down. Wear a wide-brimmed hat and sunglasses, and apply sunscreen of SPF 30 or higher 30 minutes before going out. Then reapply according to directions on the package. Products labeled “broad spectrum” or “UVA/UVB” work best.

5. **Understand your individual risk.** Certain medications (beta blockers, diuretics and antihistamines, for example) increase the risk of heat exhaustion. In addition, frequently check on those at highest risk for heat-related death, such as elderly, disabled or homebound people. Check on children and pets frequently, as they can’t always communicate when something is wrong.

6. **Stay informed.** Check local news for extreme-heat warnings. Avoid outdoor activities during these times.

7. **Safely wear a mask.** When wearing a mask outdoors in high temperatures, choose a breathable material, like light-colored cotton, for your face covering. Also have multiple face coverings on hand, in case your first becomes damp from sweat.

**104°**

**Turn It Down**
If you experience any symptom of heat exhaustion, stop what you’re doing and move to a cooler place. If symptoms persist, it’s time to call your doctor. When not treated promptly, heat exhaustion can lead to heatstroke, a life-threatening condition that happens when the core body temperature rises above 104 degrees Fahrenheit.

**GO ONLINE**
Find more tips for working out safely at HMHforU.org/Exercise.
When the Kids Aren’t Alright

For adults, the COVID-19 crisis and social-distancing measures have taken a toll on mental and emotional health. But the crisis also has been difficult to process for kids and teens.

Recognizing that your child is experiencing anxiety, stress or depression isn’t always straightforward. Not every anxious child is a tense ball of nerves, and not every depressed child cries often. How, then, do parents know when their kids are struggling with emotions, and how do they talk to them about it?

Signs of a Mental Health Issue
The first sign that a child may be contending with a mental health issue is a sudden change in behavior that is outside the developmental norm for the child’s age, says Lauren Kaczka-Weiss, D.O., a child and adolescent psychiatrist at Jersey Shore University Medical Center.

“For example, if your teen is suddenly avoiding texting or video chatting with friends, or has dropped a favorite activity without explanation, that could be a sign that something is amiss,” Dr. Kaczka-Weiss says.

In younger children, depression, anxiety and stress may show up as complaints about headaches and stomachaches. However, don’t assume that your child’s headache or stomachache is being caused by a mental health issue, Dr. Kaczka-Weiss says. It could very well be a physical ailment. She recommends checking in with your child’s pediatrician to talk about what you’re seeing and what your next steps should be.

How to Talk to Your Child About Mental Health
“When talking to children about anxiety, stress or depression, it’s best to be honest and straightforward, and to communicate with your child at an age-appropriate level,” Dr. Kaczka-Weiss says.

For children under 6 years: Use drawings of smiley or sad faces to try to tease out what they are feeling.

For children between 6 and 12 years: You can talk about feelings. Dr. Kaczka-Weiss says children at this age can understand the difference between frustration and anger. They can communicate, “I’m just really frustrated, Mom.”

For teens: Assessing what’s going on with your teen may be more of a challenge, but being honest—telling your teen how nervous you’re feeling about broaching the conversation—may help you both ease into a frank conversation.

While it’s always appropriate to seek professional help, Dr. Kaczka-Weiss suggests these coping techniques:

Deep breathing: When your child feels overwhelmed, encourage them to inhale through the nose, like they are deeply smelling a flower, and exhale through the mouth, like they are slowly blowing out birthday candles.

Counteracting negative self-talk: When you hear your child say something negative about themselves, return it with a positive trait that you love about them, and tell them to repeat after you.

Exercise: A quick walk or a game of catch are great ways to get out of the house and spend quality time with the family.

Meditation: Meditation helps kids slow down thoughts, focus on breathing and visualize themselves in a positive light.
How to Sleep Better During the Coronavirus Crisis

As we adjust to our new normal, it’s important to not let new habits form that can be disruptive to sleep, like staying up late or becoming overwhelmed with anxiety. “These days, sleep is more important than ever because it influences our immune system,” says John Villa, D.O., medical director of the sleep lab at Hackensack University Medical Center.

He offers these steps to make sure your family continues to get the proper amount of sleep during this coronavirus crisis:

- **Make a schedule for your new normal.** That might include setting timetables for things like reading and outdoor time, keeping consistent bedtimes and wake times, and cutting off screen time an hour before bedtime.
- **Stay active.** Exercise can help combat anxiety and improve quality of sleep. Use workout videos to stay active indoors or take a walk outside while keeping proper social distance.
- **Be mindful of your snack and alcohol intake.** It can become a vicious cycle: Eating poorly can lead to weight gain, which can lead to obstructive sleep apnea. Poor-quality sleep can then make weight loss even harder because of chronic fatigue.
- **If you’re sick, get plenty of rest.** If you’re sick, sleep as much as you can at night and take a nap during the day if needed.
- **Remember to disconnect.** Limit your consumption of the news and COVID-19-related media, and use your free time to catch up on things like reading a novel or tackling home projects, like painting or reorganizing.

For additional tips for getting better sleep during the coronavirus, visit HMHforU.org/BetterSleep.

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**Wagon Wheel Pasta Supper**

*Serves 6, plus leftovers*

**Ingredients**

- 1 pound wagon wheel pasta
- 3 tablespoons olive oil
- 3 tablespoons garlic, thinly sliced
- ½ teaspoon kosher salt
- 1 teaspoon crushed red pepper
- 1 pound spinach, frozen (defrosted)
- ½ cup Parmesan cheese
- 2 tablespoons pine nuts, toasted

**Steps**

1. Cook the pasta according to the package, until al dente (firm, not limp).
2. While the pasta is cooking, heat the olive oil at medium heat in a large skillet. Add the garlic, salt and crushed red pepper. Cook until the garlic starts to turn golden, about 3 minutes.
3. Add the spinach and combine until heated through.
4. Meanwhile, drain the pasta, reserving 1 cup of the cooking liquid. Put the hot liquid into the pan, add the drained pasta, stir to combine. Top with Parmesan and pine nuts.

**Nutritional Information**

*Per serving*

- 313 calories, 12g protein
- 46g carbohydrate (4g fiber)
- 9g fat (2g sat, 7g mono/poly)
- 413mg sodium

**Seasoned Cook**

Use chopped walnuts if pine nuts aren’t available. Lemon can be zested on top. Don’t have wagon wheel pasta? Substitute your favorite.
I’ve been putting off knee replacement surgery because of COVID-19. Is it safe to reschedule that procedure?
—Talia P.

While no hospital can say it is germ-free, given our tremendous experience with this virus, we have modified the way we approach patient care, and all team members are hypervigilant. It is perhaps one of the safest times to have surgery.

In March, Gov. Phil Murphy ordered hospitals to suspend surgery that could be delayed without undue risk. Once the COVID-19 peak in New Jersey passed, public health experts determined it would be safe to offer elective procedures in hospitals with a sustained 14-day downward trend of cases.

The New Jersey Department of Health issued guidelines to help hospitals safely resume elective surgery. Since May 26, Hackensack Meridian Health hospitals have used these guidelines to safely perform elective surgery for both adults and children. Patients getting elective surgery are required to:
- Wear face coverings
- Practice social distancing
- Get tested for coronavirus

All Hackensack Meridian Health facilities have taken additional measures to ensure patient safety, including:
- Testing all admitted patients and team members for COVID-19
- Keeping COVID-19 patients in different buildings or far away from elective surgery patients
- Regularly cleaning and sanitizing all facilities
- Testing air, water and surfaces to ensure that they’re properly cleaned and sanitized
- Limiting visitors to decrease potential exposure
- Taking the temperatures of everyone in the facility, including patients and team members
- Providing team members with PPE and medical-grade masks

Learn more about the steps we are taking to protect our patients at HMHforU.org/COVID19.

Yair Kissin, M.D.
Board certified in orthopedic surgery and orthopedic sports medicine
800-822-8905
Hackensack
**Crucial Conversations**

My family is white, and I want to talk to my 4-year-old and 7-year-old about race. Where should I start?

—Matt T.

As a parent, you’re an important role model and will influence how your children understand privilege, respect others and make a difference. To be a positive role model, parents and caregivers must identify, confront and correct their own racial biases. To create an environment where diversity is commonplace, consider:

- Building a culturally diverse social network that includes traveling and exposing children to other communities
- Enrolling kids in activities with socially diverse groups
- Exposing children to TV shows, museums, festivals and books of diverse cultures

It is important to be mindful of generalizing and be aware of stereotypes that influence your language because children constantly observe their parents.

Your younger child might begin to notice and vocalize differences in people they observe around them. Children at this age also have a basic understanding of good and bad, so the focus of the conversation can be about kindness. Discuss any differences in a positive manner. For example, if your child asks about someone’s skin color, you can state, “We are all different, which is what makes us all special.”

For your older child, their emotional development gives them a strong understanding of what is fair and unfair. So the conversation can explore privilege and inclusiveness, observing when there are differences and how to react. You can say, “There are times when people are treated badly because of something they can’t control or change. Other times, people are treated better because of something they can’t control or change. Both situations are unfair. People should be treated equally at all times.” You can use books, television and movies to point out stereotypes and racial bias.

**Answer:** D All of the above. Many people had to quickly adjust to life working from home—finding a place at the dining room, the kitchen counter or a corner of the couch. But if you’re not careful, you can put too much pressure on your neck, shoulders and back from sitting incorrectly. To avoid bad posture, keep your upper back against the backrest of your chair. Ensure that your computer screen is leveled at 30 degrees down from your line of sight. Relax your shoulders and try not to hunch them over. Practice neck and shoulder movements throughout the day, holding positions for 15 to 20 seconds. If stretching is causing any pain or discomfort, talk to your doctor.

**Ahh...Ahh... Allergies!**

I’ve got intense allergies during the summer months. How can I know my symptoms aren’t related to COVID-19?

—Lauren B.

It can be overwhelming when you start to feel a bit under the weather, especially in the midst of a global pandemic. For starters, some symptoms of COVID-19 are fever, shortness of breath and chest tightness. Typically, these aren’t related to seasonal allergies, so if you are experiencing them, you should contact your doctor right away.

With allergies, common symptoms include itchy eyes, ears and nose; a stuffy nose; and lots of sneezing. Medication prescribed by your doctor and staying indoors away from pollen can help relieve discomfort.

If you suffer from asthma, allergy season could also be a time when you experience shortness of breath or difficulty breathing. Take extra caution because respiratory issues like this one can put you at higher risk for COVID-19. Continue to follow your normal treatment, and contact your doctor if you’re experiencing any additional symptoms.

**JOIN THE CONVERSATION** Do you have health questions for our doctors? Submit them at HMHforU.org/UAsk.

Hackensack Meridian Health
It’s taken a full-court press to fight COVID-19 and try to contain its spread. Doctors, nurses and other health care workers have worked tirelessly on the front lines. Elected officials have strived to create thoughtful plans for safely reopening. And people of all walks of life have done their part to practice social distancing and good hygiene.

Across the Hackensack Meridian Health network, researchers and clinicians have played a vital role in fighting the virus, as well: applying groundbreaking research and innovation to the care of patients being treated for COVID-19.

One of the many benefits of health network-based research is the unique ability to develop new therapies and approaches to diagnosing and treating diseases that not only work in controlled conditions, but also in real-life patient care. That’s certainly been the case in the time of COVID-19.
Rapid Testing When It’s Needed Most
Early on in the COVID-19 crisis, Hackensack Meridian Health’s Center for Discovery and Innovation (CDI) created a test that dramatically reduced the time it takes to diagnose the virus. Launched in mid-March, this game-changing diagnostic tool reduced the previous testing process from days to just hours.

The test enables hospitals in the network to more rapidly quarantine and treat patients suspected of having COVID-19—or in the case of negative results, spare patients unnecessary time in the hospital and the use of hospital resources. This innovation adds more testing capacity in New Jersey and gives patients and all residents greater access to testing.

“The faster you can identify a person as positive, the faster you can implement more stringent controls and isolation on that individual and limit virus exposure to other people,” says David S. Perlin, Ph.D., chief scientific officer and senior vice president of the CDI.

The CDI test combines elements of the U.S. Centers for Disease Control and Prevention diagnostic with a test developed in Germany and adopted by the World Health Organization. CDI experts began work on the test in January.

More than 3,500 patients have been tested. At its peak, more than 120 people were tested over a continuous 18-hour period, a testament to long hours and growing expertise at the clinical laboratory at Hackensack University Medical Center. Having an in-house diagnostic tool has been a huge benefit to the hospital. “Speed, with accuracy, is the way we keep the number of cases down,” Dr. Perlin says. “Having our own test allows us to respond in real time. It’s a crucial tool for the point of care when we need it most.”

Lifesaving Plasma
The John Theurer Cancer Center and the CDI have also created a convalescent plasma infusion program that uses plasma found in the blood of recovered COVID-19 patients to treat those who are severely ill from the virus. The goal of transfusing the antibody-rich plasma of a recovered patient to an infected patient is for the antibodies to start fighting off the virus, preventing it from causing damage to the body. “The study is young, but early results are promising,” says Michele Donato, M.D., chief of stem cell transplantation and the cellular therapy program at John Theurer Cancer Center.

The first recipient of antibody-rich plasma collected in the study recovered from COVID-19 after being on a ventilator. That patient’s plasma was infused into a pregnant woman who was extremely sick. In a matter of days after the infusion, the woman was discharged. “That first donor and recipient really encouraged us to keep moving forward,” Dr. Donato says.

To date, 128 patients have received study plasma, and 48 patients were treated in the recipient study. To learn more about the program—which was recently featured on CBS’s “60 Minutes”—visit HMHforU.org/Plasma.

A Major Milestone
Hackensack Meridian Health reached a significant milestone in its COVID-19 research: The 1,000th patient was administered one of the latest investigative treatments over the course of the pandemic.

From antiviral drugs to immunotherapies, these patients have been treated in 10 different clinical trials, as well as through compassionate-use and expanded-use access. “Our investigators and clinicians have worked on trials across the network and around-the-clock since the earliest stages of the pandemic,” says Ihor Sawczuk, M.D., FACS, president of Hackensack Meridian Health’s Northern Market and chief research officer of the network. “These trials have been turning the tide against COVID-19.”

The trials include:

- **CYNK-001** The CYNK-001 immunotherapy aims to bolster patients’ immune response and is approved in cancer applications. The U.S. Food and Drug Administration recently authorized the therapy as an investigational new drug for use in adult COVID-19 patients amid the spreading pandemic. Hackensack Meridian Health is the first to test this therapy for COVID-19.

- **Remdesivir** An antiviral drug developed to respond to Ebola and Marburg viruses, the therapy is being investigated for COVID-19 cases at Hackensack University Medical Center, Jersey Shore University Medical Center, JFK Medical Center, Bayshore Medical Center and Ocean Medical Center.

- **Acalabrutinib** Hackensack Meridian Health is the first to test this medicine, approved to treat mantle cell lymphoma, a kind of non-Hodgkin’s lymphoma.

- **Tocilizumab** This immunosuppressive drug used to treat arthritis is being tested at Hackensack.

- **Sarilumab** A monoclonal antibody intended for arthritis treatments is being tested. The study assessing the efficacy and safety of the treatment in COVID-19 patients is open and enrolling at Hackensack, JFK and Jersey Shore.

- **Convalescent Plasma** The convalescent plasma infusion program (a national study and a Hackensack Meridian Health study) trans-fuses the antibody-rich plasma of recovered patients to infected patients.

For additional information about COVID-19 discoveries and innovations—along with resources and videos from our doctors—visit HMHforU.org/COVID19.
Without pain crises from sickle cell disease, 18-year-old Razel Colón can now play basketball, lift weights, go to the movies and more.
A cutting-edge treatment for sickle cell disease has given Razel Colón new blood cells—and a new beginning.

For 18-year-old Razel Colón of Hoboken, New Jersey, not all childhood memories are warm and fuzzy. That’s because Razel didn’t have a normal childhood. Instead of sports, swimming pools, sprinklers and sleepovers—things most kids enjoy and take for granted—he remembers wheelchairs, IVs, heating pads and hospital beds.

And pain. Excruciating, debilitating pain.

“It would start off with an ache in my back or my legs, and then it would work its way down to my feet. Then it would go up to my arms, my neck and my head,” Razel says. “We’d try everything—hot showers, heating pads, pain medicine—but nothing worked. It would hurt so much that I couldn’t move. It felt like someone was crushing me with a dump truck.”

Razel suffered from these episodes, called pain crises, for most of his life. They happened once, twice, sometimes even three times a month, lasting for up to a week each time. Their cause: sickle cell disease, an inherited blood disorder wherein misshapen blood cells impede the vascular distribution of oxygen throughout the body, causing pain, organ damage and even stroke. Every time Razel had a crisis, it was as if his blood was suffocating him from the inside out.

“When you have sickle cell disease, you have a mutation in your beta-globin gene that causes your red blood cells to sickle—to be crescent-shaped instead of round,” explains pediatric hematologist/oncologist Alfred Gillio, M.D., director of the Children’s Cancer Institute at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center. “These moon-shaped red blood cells get stuck in small blood vessels, which disrupts the flow of oxygen to tissue. It’s very painful.”

Historically, the only response to sickle cell disease was managing it with pain medication. Recently, however, new potentially curative treatments have emerged, including a cutting-edge gene therapy that has completely rid Razel of his condition and the paralyzing pain crises that accompany it.
A Challenged Childhood

Razel’s mother, Kyelia, knew something was different about her son. A few hours after delivering him via C-section, she held him for the first time and noticed his yellow pallor. He was jaundiced. Although he received phototherapy on the spot, it wasn’t until several days later that Kyelia and her husband, Felix, learned the cause of their baby boy’s turmeric-colored complexion.

“When we came home from the hospital, I asked my husband to get the mail. When he came back, there was a letter from the state, because when all children are born, the state requires them to get bloodwork [to screen for serious illnesses],” Kyelia recalls. “Before my husband even read the letter, he had this look on his face, and I said, ‘He has sickle cell disease.’ I don’t know how I knew. I just had a feeling.”

Sickle cell disease runs in Kyelia’s family. The inherited trait that causes it, however, is recessive. That means someone can carry the sickle cell trait but not actually have sickle cell disease. Babies only develop the disease if they inherit the trait from both of their parents. Although the trait is widely known to exist in African bloodlines, what’s lesser known is that it’s also present in Hispanic, Mediterranean and even Arab-Indian lineages. So while Kyelia, who is African American, knew she was a sickle cell carrier, her husband, who is Hispanic, had no idea that he was.

“Everyone always says sickle cell is an African American disease, so we were shocked,” Kyelia says.

Shock quickly became sorrow when baby Razel began exhibiting symptoms, the first of which was a high fever. When Kyelia rushed him to the nearest Emergency Department, she was referred to sickle cell specialists at a hospital 30 minutes away. Doctors there treated him with medication, but two and half months later, Razel was back in their nearest Emergency Department with yet another fever. Razel’s original hematologist was unavailable, but he sent a trusted colleague to help: pediatric hematologist/oncologist Stacey Rifkin-Zenenberg, D.O.

“When I first met Dr. Rifkin, I thought she was a superhero,” Kyelia says. “She came in an ambulance with a nurse and assessed Razel, then scooped him up and said to the EMT, ‘Let’s go. We’ve got to move.’ Then she whisked him out of there and took him to the hospital. That was the beginning of our relationship with Dr. Rifkin.”

Razel followed Dr. Rifkin-Zenenberg when she began practicing at Joseph M. Sanzari Children’s Hospital in 2016 as section chief for pediatric pain and palliative care. “I’ve known Razel since he was 3 months old,” Dr. Rifkin-Zenenberg says. “He’s gone through a lot in that time. He’s had a lot of hospital admissions and a lot of pain crises, and that’s impacted him dramatically.”

The impacts weren’t just physical. Because he was admitted to the hospital so frequently, Razel regularly missed school. And because sickle cell flares up when the body is under stress—from physical activity, infections or extreme temperatures—he was forced to abstain from normal childhood activities like sports, snowball fights and waterparks.

“My sickle cell disease got in the way of a lot of things,” says Razel, whose crises worsened when he reached adolescence, despite being on hydroxyurea, a chemotherapy drug that can reduce pain crises in sickle cell disease patients. “I couldn’t get in the sprinklers because the water was too cold for my body. I couldn’t even play outside with my friends because they would be running around and my body would start to ache if I tried to keep up with them. I’d feel pain, and I’d have to go back in the house and tell my mom. Next thing you know, we’d be on our way to the hospital.”

The End of Sickle Cell?

In the midst of so much pain, it would be easy to feel hopeless. But somehow, Razel remained unflinchingly optimistic.

“There were days when I thought, ‘I can’t deal with this,’ but I did because Razel didn’t complain,” Kyelia says. “He was in so much pain, but he would be the one comforting me. Even when he was hurting, he always told me, ‘Ma, don’t worry. I’m going to be healed from this.’ I didn’t understand how he could ever be healed from this—it was his blood—but he kept saying it.”

Adds Razel, “I just believed. There was no cure, but I always prayed they would come up with one.”

Today, there are two curative treatments for sickle cell disease. The first is a bone marrow transplant, which replaces a patient’s unhealthy blood-forming cells with healthy ones provided by a donor. This requires finding a well-matched (HLA-matched) bone marrow donor. Razel’s younger sister was not a match; siblings only have a 25 percent chance of being tissue-matched. A volunteer-matched donor or a half-matched donor can often be identified, although these alternative donor transplants can be associated with more complications.

Razel’s fortunes changed with the advent of a second therapy that’s currently undergoing clinical trials at sites across the country, including at Joseph M. Sanzari Children’s Hospital. Called LentiGlobin, it’s a gene-based therapy wherein doctors harvest the patient’s own stem cells and add to them a
5 Things You Need to Know About Sickle Cell Disease

If sickle cell disease runs in your family, here are five of the most important facts you should know about it.

<table>
<thead>
<tr>
<th>#</th>
<th>Fact</th>
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<tbody>
<tr>
<td>1</td>
<td>You can carry the sickle trait even if you don’t have sickle cell disease. Sickle cell disease is caused by an inherited mutation in the gene that’s responsible for making hemoglobin, the molecule in red blood cells that carries oxygen from the lungs to the rest of the body. Because the mutation is a recessive trait, it can exist in DNA without becoming sickle cell disease. In fact, it only manifests as sickle cell disease in people who inherit the mutation from both parents.</td>
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<td>2</td>
<td>Sickle cell disease can occur in people of any ethnicity. Although sickle cell disease is most prevalent in individuals of African descent, it’s also common in Hispanic, Mediterranean, Pakistani and Indian populations. If the sickle cell trait exists in their gene pool, biracial and Caucasian children can also develop it.</td>
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<tr>
<td>3</td>
<td>Pain crises are sickle cell’s signature symptom. The genetic mutation that causes sickle cell disease changes the shape of red blood cells, which changes how they carry oxygen. The cells tend to stick together, which can cause blockages in very small blood vessels. This can cause acute pain episodes called crises in the organs and extremities.</td>
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<td>4</td>
<td>Sickle cell disease can cause organ damage, stroke and even death. When organs—including the liver, heart, kidneys, gallbladder and eyes—are deprived of oxygen, they can be damaged, and even stroke can occur. Sickle cell disease patients also may suffer from acute chest syndrome, which resembles pneumonia, and splenic sequestration, which occurs when sickled blood cells get stuck in the spleen. All of this puts patients at increased risk of premature death.</td>
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<td>5</td>
<td>There are potential cures for sickle cell disease. While the most common treatment is hydroxyurea—a chemotherapy drug that helps reduce the number and frequency of pain crises in people with sickle cell disease—patients now also have two potentially curative therapies available to them. The first is bone marrow transplant, and the second, currently undergoing clinical trials, is a gene therapy that allows patients to be their own donors. The corrected gene that makes nonsickle hemoglobin. The patient then undergoes chemotherapy to kill off existing stem cells, after which the patient is transfused with their own genetically modified stem cells. Then the patient’s body can produce normal red blood cells that neutralize the effects of sickled red blood cells.</td>
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“Razel is the first patient in New Jersey to undergo this gene therapy trial,” says Dr. Rifkin-Zenenberg, the trial’s principal investigator at Joseph M. Sanzari Children’s Hospital. “And while I think it’s a little too early to say he’s cured, he’s been out of the hospital since December and hasn’t had any pain crises—and no evidence of sickle cell disease.”

If its curative effects hold, gene therapy could prove even more attractive than bone marrow transplants, says Dr. Gillio. Gene therapy also surmounts graft-versus-host disease, a common transplant complication wherein immune cells in the donor’s marrow recognize that they’re in a foreign body and begin attacking the marrow recipient. Dr. Gillio adds, “Graft-versus-host disease can be significant and life-threatening, and when we use the patient’s own cells, we don’t have to worry about it.”

For Razel, what’s most exciting isn’t what’s happening in his cells, it’s what’s happening in his life: Without pain crises, he can go outside in the snow, swim, lift weights, go to the movies and even fly on airplanes—none of which he could do before. “I have a normal life now,” Razel says. “I feel like a brand-new person.”

GO ONLINE

To learn more about the sickle cell clinical trial, contact the study research staff at pedresearch@hackensackmeridian.org or call 551-996-5608.
Vanessa and Brian are typical first-time parents. They adore their 3-year-old daughter, Adeline (Addie for short), and take much pride and pleasure in watching her learn to speak and assert her personality. “Addie is very friendly,” Vanessa says. “She loves being around other kids, spending time at the park and playing princess dress-up.” In most ways, Addie appears to be a normal toddler.

However, Addie’s young life is far from typical. At 5 months old, Addie was diagnosed with Embryonal Tumor with Multilayered Rosettes (ETMR), a serious brain tumor primarily affecting children under 4 years old. ETMR has less than a 10 percent survival rate. An innovative treatment plan and a doctor who refuses to give up are providing hope for Addie, a 3-year-old diagnosed with a serious brain tumor.
Plan of Attack
The first few months of Addie’s life were uneventful, as she developed normally. Then in December 2016, Vanessa and Brian found themselves at the Pediatric Emergency Department at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center with baby Addie. She was unable to stay awake, vomiting and severely dehydrated. After performing several tests, including a CT scan, the physicians discovered a 5-centimeter mass in Addie’s brain.

Emergency surgery was performed, and Addie spent the next 12 days in the Pediatric Intensive Care Unit (PICU). “I had a feeling that something was wrong. When the news came, it was devastating. I didn’t stop crying the entire time she was hospitalized. We really didn’t know what to do,” recalls Vanessa.

Vanessa and Brian first met Derek Hanson, M.D., section chief of pediatric neuro-oncology, in the PICU. “He visited us every day that we were there. He stayed and spoke to us. He made us feel as comfortable as possible,” Vanessa says.

Once the tumor was identified as ETMR, Dr. Hanson knew he had to think outside the box. “Looking back on previously reported cases of ETMR, it was clear that aggressive treatment alone would not lead to success,” he says. “Instead of hitting Addie’s tumor hard, I knew we needed to hit it smart and attack the underlying biologic mechanisms that were key to the tumor.”

Dr. Hanson reviewed published research on ETMR and found a preclinical drug screen that identified the most effective chemotherapy agents used to treat an ETMR cell line. “I then created a modified treatment plan for Addie using surgery, chemotherapy and stem cell transplant,” he says. “If this new treatment regimen were to work, Addie would still be at very high risk for relapse. Therefore, following the completion of her upfront treatment, she began an 18-month maintenance chemotherapy regimen with DFMO, a drug we are currently using in a clinical trial to combat neuroblastomas.”

Hope for a Strong Future
Dr. Hanson’s new protocol proved to be successful. After four rounds of chemotherapy, a stem cell transplant and experimental drugs, Addie received her first clean scan in September 2017. To date, her scans remain cancer-free.

Vanessa and Brian are incredibly grateful to Dr. Hanson and his perseverance. “We could tell that he was personally invested and really cared,” Vanessa says. “When Addie was first diagnosed, we wanted the best treatment. We stayed at Joseph M. Sanzari Children’s Hospital because Dr. Hanson found the best treatment for her. He was very willing to collaborate with Brian and me and make us part of the care team. He gave us options and consulted with others.”

It’s obvious that Addie is a fan, too. Vanessa recalls coming to the hospital for Addie’s speech therapy and Addie insisting on visiting Dr. Hanson. “He came and gave her a hug. It made her day!” Vanessa says.

Recently Addie finished her drug trial, and now her family is taking more steps toward having a typical routine. “It feels scary—it’s not real yet,” Vanessa says. “After 26 months of chemo and all of the treatments, it is scary to think we are done. We are hopeful that this will be over.”

Addie does have some side effects from treatment. Most significantly is a hearing loss that is treated with hearing aids and speech therapy. She is delayed in some of her gross motor skills but recently learned to run.

“After being given the news that your child is most likely going to die, every single milestone—every single day—is that much more important and special. We can’t take anything for granted. It taught us to be happy with the small things and value family and friendships,” Vanessa says.
A few years ago, Ruben Perez, M.D., a primary care doctor in Union City, New Jersey, set out on a quest to lose weight and improve his health. And he succeeded—losing more than 100 pounds through diet and exercise over the course of four years. His favorite form of exercise became long-distance cycling. He would meet up with fellow cyclists on weekends for 80- to 100-mile rides.

But during a downhill run in New York’s Bear Mountain State Park on Jan. 11, 2020, Dr. Perez lost control of his bike, crashed and went down in the middle of the road.

Dazed and in excruciating pain, he was rushed to a local hospital in Nyack, New York, where he underwent X-rays and a CT scan. His diagnosis: a badly fractured scapula, the bone that forms the shoulder blade. He would need to have it surgically repaired.

Once he was discharged from the hospital, Dr. Perez put a call in to orthopedic surgeon Siddhant Mehta, M.D., Ph.D. Dr. Mehta had recently introduced himself to Dr. Perez as part of a series of visits to area primary care providers.

Dr. Mehta responded quickly to Dr. Perez’s call and saw him in the Emergency Department at Palisades Medical Center the same day, where he evaluated the injury and the scans taken in New York. As an orthopedist who specializes in shoulder and elbow injuries, Dr. Mehta knew the surgery would be a challenge.

“Dr. Perez had a complex and rare injury,” Dr. Mehta explains. “The scapula was essentially in four different pieces.” Three of the pieces involved the socket where the large arm bone was supposed to fit, and the fourth piece was along the scapular body, or shoulder blade. “There are many ways to fracture the scapula, but when the socket is damaged and displaced, it usually requires surgery to heal properly.”

On a Roll

Local primary care doctor Ruben Perez, M.D., comes roaring back after shoulder surgery.

Siddhant Mehta, M.D., Ph.D.

Board certified in orthopedic surgery
800-822-8905
North Bergen and Hackensack
“My father’s shoulder was demolished,” says Jacqueline Perez, Dr. Perez’s daughter. “He was scheduled for surgery on January 14, and he was so confident that Dr. Mehta would do a great job.”

The surgery lasted nearly six hours, during which time Dr. Mehta secured the fractured bones with plates and screws. Dr. Perez was discharged from the hospital after two days.

“He had a very quick recovery,” says Dr. Mehta. It was important to immobilize the shoulder in a sling. Despite that, Dr. Perez pushed himself, going into his office to see patients the Monday following his surgery.

Once he got the go-ahead from Dr. Mehta, Dr. Perez began doing range-of-motion exercises at home. He used a small pulley device with a rope that he hooked over a door. He would hold each end of the rope, pull down with his uninjured left arm and slowly raise his right arm. To improve lifting to the side, Dr. Perez stood with his right shoulder blade braced against a wall and, holding a lightweight rod, slowly lifted his hand outward from his hip and up. As he gained mobility, he was then able to transition to light weight-bearing exercises.

Even though Jacqueline thought her dad was a little fanatical for pushing himself so hard, he was anxious to get back on his bike. “He was actually hiding it from me,” she says, “but he was back at it after about three or four weeks.”

“Dr. Mehta was always available and so confident,” Dr. Perez says, adding that he followed Dr. Mehta’s advice every step of the way. “I had to show everyone what good work he had done, so I was very compliant.”

In the end, both doctors are pleased—Dr. Perez, especially. “I am back to 105 percent,” he says. He has even persuaded Dr. Mehta to take up cycling to maintain health and fitness. They are looking forward to some great rides together.

GO ONLINE

Getting Back on Track

If you have sustained an injury, one of your first questions after treatment will be, “When can I get back to regular activity?” That might be more pressing if you regularly work out or play team sports. Siddhant Mehta, M.D., Ph.D., orthopedic surgeon at Palisades Medical Center and Hackensack University Medical Center, says it’s important to pay attention to two things.

1. “Manage your expectations,” he says. Healing takes time, and each case is unique. Even the same injury heals differently in different individuals. Each patient’s treatment plan is unique to account for underlying health concerns and normal level of activity.

2. “Use pain as a barometer once you resume activity,” he says. You might experience some mild discomfort as you work the damaged joint or muscles, but if the pain is severe, stop what you’re doing.

Learn more tips for getting back to normal activities at HMHforU.org/BackOnTrack.

Ruben Perez, M.D., is back on his bike after shoulder surgery. He’s even planning a bike ride with his orthopedic surgeon soon.
Natalie Santos is determined to exercise and monitor her blood sugar and blood pressure so that she can continue to be there for her kids and grandkids.

Breath of Fresh Air

Natalie Santos suddenly couldn’t breathe and was rushed to Mountainside Medical Center. There, a quick-thinking medical team used an Impella® heart pump—and saved her life.
Natalie Santos was driving home from work one January day when she suddenly had trouble breathing and began experiencing hot flashes. She quickly pulled into a parking lot, called 911 and was soon on her way to the nearest hospital, where doctors placed two stents in her heart.

After a few days, Natalie was back home and back to her normal routine. But two months later, in March 2020, history eerily repeated itself: During a typical workday, she took a lunch break to pick up a few items at a nearby store. While she was sitting in her car in the parking lot, familiar symptoms hit her out of the blue.

“I was gasping for air, like a fish out of water,” the 54-year-old says. “I knew right away that another episode with my heart was happening.”

Natalie once again called 911, but this time, she was taken to Mountainside Medical Center. “By the time Natalie arrived, she was in severe distress. She needed emergency intubation and was placed on a breathing machine. Arthur Calise, M.D., medical director of the Emergency Department, recognized that she was in heart failure and pulmonary edema [a condition caused by excess fluid in the lungs],” says Ankitkumar Patel, M.D., M.P.H, F.A.C.C, RPVI, interventional cardiologist and director of the Cardiac Catheterization Laboratory at Mountainside. “Many people don’t realize heart disease can present itself with shortness of breath; many assume it’s a lung problem.”

A Chain of Events
At the time of her second heart episode, Natalie hadn’t seen it coming. Now, looking back, she says the signs were clearly there. In February, her feet started swelling, but she didn’t think much of it.

Then, both her father-in-law and mother-in-law became ill and were admitted to separate hospitals. Natalie, along with other family members, took turns visiting them and staying on top of their care. “It was a crazy time going back and forth to the two hospitals, and I guess I didn’t pay enough attention to my own health,” she says. “It was a chain of events leading up to that day.”

After intubating Natalie, Dr. Calise called in Dr. Patel, who performed an emergency catheterization. “We fortunately saw that all of her stents were open,” Dr. Patel says. “But we saw that her heart muscle was barely squeezing, and she was in severe cardiogenic shock.”

He implanted an Impella® device to draw blood from the heart and pump it into the aorta—temporarily taking over the pumping function of her heart and giving her heart time to heal and grow stronger. The Impella® pump is placed through the femoral artery in the leg, and it’s a minimally invasive procedure.

“With the Impella® in place, Natalie responded phenomenally,” Dr. Patel says. “Her circulation improved, her breathing on the ventilator eased up, her heart rate came down and her blood pressure went up.”

After just two days with the Impella® device, Natalie’s heart had almost completely recovered. She went from having severely weakened heart function to normal heart function. “We were able to explant [take out] the pump while she was still at Mountainside, and she did remarkably well,” Dr. Patel says.

He believes that Natalie experienced stress-induced cardiomyopathy, which is sometimes called “broken heart syndrome.” “When she was driving that day, something triggered and caused her heart muscle to plummets in function,” he says. “Fortunately, whatever the insult was that triggered this, it was transient enough to cause her to get severely ill but not irreversibly damaged.”

Motivation to Recover
When Natalie was released from the hospital three weeks later, she had a big (little) motivator to work on her recovery. Her grandson was born in February, and she wanted to make sure she stayed healthy enough to take care of him.

“My kids always said that once they have kids, they want me to watch the kids,” she says. “My mother watched them when they were little, and all of us wanted to continue that family tradition.”

She says that before her heart episode, she led a more sedentary lifestyle. She stayed seated most of the day at her office job, and after work, she would come home to help take care of her father-in-law. “I kind of neglected myself,” she says. “But now I try to do 10,000 steps a day. I walk with my husband, and we try to walk a little farther every time.”

She’s also watching her salt intake and monitoring her blood sugar as well as her blood pressure at home.

Mountainside recently held a “Heart Recovery Reunion,” and Natalie was a participant in a panel discussion.

“If it wasn’t for Dr. Patel, and him using the Impella® device, I don’t think that I would have made it,” Natalie says. “I am going to try to fight to keep living. I want to be there for my grandkids and my kids as long as I can.”

Learn more about lifesaving cardiac care that’s just a heartbeat away at HMHforU.org/CardiacCare.

Ankitkumar Patel, M.D., M.P.H, F.A.C.C, RPVI
Board certified in interventional cardiology, cardiovascular disease, echocardiography and nuclear cardiology
888-973-4MSH(4674)
Glen Ridge

Mountainside Medical Center is one of 12 sites chosen to participate in the STEMI-DTU clinical trial, which is looking at the use of the Impella® device for acute heart attacks. “The pilot study compared results and confirmed that using Impella® for 30 minutes—resting the heart—prior to catheterization improved outcomes,” says Ankitkumar Patel, M.D., co-principal investigator of the trial.

Hackensack University Medical Center
These days, you can find 35-year-old Saddarra Wertz and her 7-year-old daughter, Madison, riding bikes near their home, dancing to Zumba videos or testing out healthy recipes in the kitchen. “I’m helping Madison learn habits that will benefit her for her whole life,” Saddarra says.

It’s a legacy that’s also shared between Saddarra and her mom, Yolanda Debnam, who kicked off the family’s journey to health in 2003 when she had gastric bypass surgery.

Back then, Saddarra was a teenager struggling with her weight. By 2011, her weight had climbed to 266 pounds, and she was diagnosed with borderline hypertension and pre-diabetes. Despite her best efforts, Saddarra struggled to manage her weight. So she turned to the doctor that her mother first trusted in 2003: bariatric surgeon Amit Trivedi, M.D., chair of surgery at Pascack Valley Medical Center.

“Saddarra saw her mom go through these same health issues,” Dr. Trivedi says. “She was concerned about her blood pressure at such a young age and knew she needed to do something about her weight.”
Temporary Success
In May 2011, Dr. Trivedi performed laparoscopic adjustable gastric banding on Saddarra, and with hard work and determination, Saddarra lost more than 95 pounds within the first year.

But after Madison’s birth in 2013, Saddarra began to struggle with weight again. “I was working nights and taking care of a baby during the day. I turned to food for comfort,” she says. “I fell off track.”

By 2015, Saddarra was once more diagnosed with hypertension and pre-diabetes. “I knew I was at a turning point in my life, so I tried to work even harder to maintain a healthy lifestyle, especially because I wanted to give Madison the best life possible,” she says.

In 2018, she consulted Dr. Trivedi. “Saddarra started having issues with her lap band, including reflux and heartburn,” he says. “We got to the point where we couldn’t adjust her band any longer.”

So in August 2018, Dr. Trivedi removed Saddarra’s lap band. “A percentage of lap-band patients don’t tolerate the bands due to reflux or slippage, and that sometimes requires removal,” he says. “Saddarra fell into that category.”

The removal of the band immediately eliminated Saddarra’s heartburn. But without the band, her weight climbed back to 266 pounds—that fateful number she can’t forget.

A New Approach to Bariatric Surgery
Fortunately, a new, better solution was available this time: sleeve gastrectomy.

“Today, surgery is helping address hunger hormones and the metabolic aspects of obesity,” Dr. Trivedi says. “With the sleeve, we remove part of the stomach and, with it, a good portion of the hunger hormone called ghrelin. So the desire to eat is reduced.”

Saddarra was on board. “Dr. Trivedi firmly told me, ‘You have to do the work or the sleeve won’t work,’” she says. “He is so honest and doesn’t sugar-coat anything, and I appreciate that from him.”

On Dec. 23, 2019, Dr. Trivedi performed the sleeve gastrectomy at Pascack Valley. Two days later, Saddarra was released home to begin the next phase of her weight loss journey.

“Obesity is a chronic disease. Bariatric surgery is not the cure, but rather something that requires a lifelong commitment on the part of the doctor and the patient,” Dr. Trivedi says.

“Surgery is just one component needed for long-term success. Other factors are dietary changes, exercise and long-term follow-up. Our comprehensive program offers support in each of these areas.”

Dr. Trivedi’s patients, Saddarra included, maintain regularly scheduled follow-ups:
- The week after surgery
- Three weeks after surgery
- Six weeks after surgery
- Three months after surgery
- Six months after surgery
- Nine months after surgery
- Annually

Not Slowing Down
The COVID-19 pandemic has changed nearly everything about daily life. But it hasn’t changed Saddarra’s dogged focus on maintaining a healthy lifestyle for her and her daughter.

“It’s harder because I’m sitting at the kitchen table for much of the day now,” she says. “But I take frequent breaks to go for a walk or get a little activity in.”

In addition to eating healthier—she and Madison love chicken, fish, veggies and salads—Saddarra feels full and satisfied after small portions. “It’s amazing,” she says. “I often think, ’Dang, I’m full already?’”

She’s also maintaining her follow-up schedule with Dr. Trivedi, although that looks a little different these days. Currently, follow-up appointments are conducted via video chat. “The caliber of care doesn’t change on these video calls,” Dr. Trivedi says. “Doctors give the same advice and there are similar expectations.”

Dr. Trivedi isn’t the only cheerleader in Saddarra’s corner. There’s also Madison and her mom, Yolanda. “Every now and then, Madison will look at me and say, ‘Mom, I love your new look, and I can wrap my arms around you now!’” Saddarra says. “And my mom continues to motivate me and encourage me.”

To date, Saddarra has lost 60 pounds, and her blood pressure has decreased to the point where she has gone off medications. “My goal is to get down to 170 pounds, like I was after the lap band,” she says. “I know I’m going to accomplish that goal.”

A Family Affair
As a bariatric surgeon for 20-plus years, Amit Trivedi, M.D., has treated many multi-generational patients. “Obesity is prevalent in families and crosses generational barriers, which speaks to the chronic nature of this disease,” he says. “We have been able to benefit families for multiple generations with surgery.”

Dr. Trivedi adds that even family members who do not have surgery often improve their health and lose weight when a family member has surgery. “Entire families often spend more time together being active, and they all develop healthier habits,” he says.

Amit Trivedi, M.D.
Board certified in general surgery
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Paramus

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Super Stomach

Crohn’s disease was ruining 14-year-old Andrew Winter’s life. Then, it saved it.

Andrew Winter of Manchester, New Jersey, has taken more than a few punches in his young life. After all, the 14-year-old has a second-degree black belt in martial arts. The biggest blow, however, came in November 2016. That’s when he began experiencing adult-sized stabbing pains in his kid-sized gut.

“It was like his whole world was turning upside-down on him,” says Andrew’s mom, Debbie Winter. “First, his grandfather passed away. Then, his guinea pig passed away. And then, to top it all off, he started getting really bad stomach pain at school.”

To be sure, this was not your typical stomach pain. “The difference between a regular stomachache and what I had is huge,” says Andrew, who was just 11 years old at the time. “The pain was so bad that I would be screaming from it. I can’t even describe it. It was like a hippo was sitting on my stomach with needles on its rear end. It was the worst pain I’ve ever felt in my life.”

Virus Diagnosis No More

Neither ginger ale nor Pepto-Bismol could possibly settle a stomach as inflamed as Andrew’s was. The first time it happened, his father picked him up from school and took him to an emergency room. Although they kept him overnight and gave him morphine for the pain, doctors there told him it likely was nothing more than a stomach virus. So when the pain subsided, they sent him home.

When the pain returned a few weeks later, Debbie took Andrew to his pediatrician. The...
diagnosis was the same: a stomach virus. Although a viral explanation didn’t make sense—no one else in the house was getting sick, and he typically felt instantly better after vomiting—the cycle repeated itself several times until April 2017, when Debbie took Andrew to an immediate-care clinic near their home. There, at 2 a.m., doctors suggested Andrew go to the hospital. This time, they recommended he go to a different facility: Ocean Medical Center.

When they performed an ultrasound and an X-ray, doctors discovered a blockage in Andrew’s small intestine and transferred him to K. Hovnanian Children’s Hospital at Jersey Shore University Medical Center.

Andrew stayed in the hospital for a week, during which time he received extensive bloodwork, a CAT scan and a colonoscopy. Finally, the persistent hypothesis of a stomach virus was laid to rest. Instead, doctors concluded that Andrew had two bacterial infections—C. diff and salmonella—on top of Crohn’s disease, an inflammatory bowel disease that causes chronic inflammation of the gastrointestinal tract.

Andrew was prescribed steroids and a liquid-only diet, which for an adolescent boy was a whole other kind of pain. “For two months straight, all I could eat were protein shakes,” he says. “Then one day my mom told me the doctor would allow me to eat mashed potatoes and applesauce. I was so happy that I started to cry because I hadn’t had food in so long and was tired of watching other people eat in front of me. It really had an impact on me.”

Food wasn’t the only thing Andrew missed. Because of the frequency of his Crohn’s flare-ups, which happened once or twice a month, he also missed out on school, time with friends and beloved activities, including martial arts, tennis and cross-country running.

A Shocking Surprise
Medication and diet provided only limited relief, so Andrew ultimately ended up in the operating room. In February 2019, pediatric surgeon Victoriya Staab, M.D., performed a bowel resection, during which she removed a segment of his small and large intestines—and with it, a shocking surprise in his appendix.

“Andrew’s appendix had to be removed because it was located in a portion of his intestine that was right next to where his Crohn’s disease was,” explains Dr. Staab, chief of pediatric surgery at K. Hovnanian Children’s Hospital. “After the operation, we sent the removed segment of his intestines to our pathologist and discovered that we’d incidentally removed a carcinoid that was in his appendix. So by taking out that segment of diseased intestines, we also removed a tumor, which was pretty amazing.”

Such tumors typically are asymptomatic, which is why Andrew’s wasn’t identified sooner, and extremely rare, says Jessica Scerbo, M.D., section chief for pediatric hematology/oncology at K. Hovnanian Children’s Hospital.

“Less than 1 percent of people with cancer have a carcinoid in the appendix,” Dr. Scerbo says. “If Andrew hadn’t had his appendix removed, it might have gone completely undetected. In that case, it’s possible the appendix would have ruptured and that the tumor would have seeped into his abdomen, creating a significant risk for metastasis and recurrence of the tumor.”

Although it felt like a curse, Andrew’s Crohn’s disease ended up being a blessing. “The tumor was only an accidental finding,” Debbie says. “We were very lucky.” Although Dr. Scerbo will continue to monitor Andrew for new tumors, his body so far remains cancer-free. Since the surgery, Andrew has put on a healthy amount of weight, something he struggled with before the procedure. “When we went to the doctor almost a year after the surgery, the nurse told us that he had gained 42 pounds since then,” Debbie says. “Before the surgery, he was several inches shorter than me, and now he is several inches taller than me!”

And because the surgery alleviated his Crohn’s symptoms, he is pain-free, too. “I feel great now,” reports Andrew, who says his martial arts training gave him the discipline he needed to defend himself when Crohn’s attacked. “Getting my black belt taught me to never give up. The whole experience has made me grateful for the things I have, especially food.”
An ‘Aha’ Moment
Mary’s pediatrician had an aha moment a few weeks into treating her when he attended a seminar on inflammatory bowel disease by pediatric gastroenterologist Elaine Moustafellos, M.D. He subsequently referred Mary and Dolores to Dr. Moustafellos’ practice at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center, where Mary became the patient of Co-chief of Pediatric Gastroenterology Wendy Jeshion, M.D.

“I met Mary five years ago when she presented with abdominal pain, rectal bleeding, diarrhea and weight loss. On physical
Gastrointestinal Issues in Kids

Whether they’re caused by the flu, food poisoning, food allergies or simply one too many cookies from the cookie jar, occasional digestive issues—stomachaches, nausea, vomiting, constipation, diarrhea—are totally normal in children of all ages. Sometimes, however, a stomachache is more than it seems, cautions Wendy Jeshion, M.D., co-chief of pediatric gastroenterology at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center.

“In my specialty—pediatric gastroenterology—we see a large spectrum of diseases and disorders that affect the digestive system,” says Dr. Jeshion, who names the following gastrointestinal (GI) conditions as the most common she observes in children:

- **Celiac disease:** In people with celiac disease, ingesting gluten—a protein found in wheat, barley and rye—triggers an immune system response that results in damage to the small intestine, causing an array of symptoms including diarrhea, abdominal pain, short stature and weight loss.

- **Inflammatory bowel disease (IBD):** IBD encompasses two major digestive disorders: Crohn’s disease and ulcerative colitis. The former is a chronic inflammatory disease characterized by inflammation and irritation anywhere along the digestive tract. The latter specifically impacts the colon, which often becomes bespeckled with ulcers, or sores. Symptoms of both may include abdominal pain, rectal bleeding, weight loss and diarrhea. Although their cause is unknown, the immune system and genetics are thought to play key roles.

- **Eosinophilic esophagitis (EoE):** EoE is a chronic inflammatory disease of the esophagus (the tube connecting the mouth to the stomach). Although its exact cause is unknown, it’s thought to be an immune system response to food allergies wherein white blood cells accumulate in the esophagus, causing inflammation that makes swallowing difficult. Symptoms include nausea, a sensation that something is lodged in the throat, regurgitation of food and food getting stuck in the esophagus.

If you suspect your child has a chronic GI issue—persistent abdominal pain, diarrhea and bloody stools are among the potential signs—talk to your pediatrician. “Pediatricians are really good gatekeepers who can initiate labs and decide whether the patient should see a gastroenterologist,” Dr. Jeshion says.

Learn more about pediatric GI health, including what signs and symptoms to look for, at HMHforU.org/GutCheck.

examination, she was very ill-appearing and had anemia, as well as elevated markers of inflammation,” recalls Dr. Jeshion, who performed an endoscopy and colonoscopy that revealed severe inflammation throughout Mary’s colon. Ultimately, she diagnosed Mary with Crohn’s disease, a chronic condition that causes damage to the lining of the GI tract.

“We were told she has severe treatment-resistant pancolitis Crohn’s, which is the worst you could possibly imagine,” Dolores says. “We were told not to expect remission and that the best we could hope for was to make her condition more manageable. It was a hard pill to swallow.”

Over the course of four years, Dr. Jeshion prescribed numerous medications—at one point, Mary was taking more than 15 pills a day—most of which failed. Things got so bad that the Make-A-Wish Foundation granted Mary a wish: Mary’s favorite actor, Sean Giambrone, from the ABC sitcom “The Goldbergs,” visited her at home on her 10th birthday.

That was a high. Mostly, though, Mary’s young life had become a series of lows. “It was a very scary experience because I was always in pain and couldn’t break away from the bathroom,” says Mary, who at the height of her illness had to use the bathroom up to 16 times per day, which left her all but tethered to the toilet—so much that she stopped being social and received home education for the better part of three years.

**Making Remission Possible**

Mary’s illness finally turned a corner in spring 2016, a few months after she began taking Remicade, a biologic drug she receives via infusion 13 times a year. “Biologics are medicines that come from living organisms and are made via genetic engineering,” Dr. Jeshion says. “Remicade blocks a protein produced by the immune system, resulting in a decrease in inflammation in the GI tract.”

An endoscopy and colonoscopy in September 2019 revealed what Mary thought was impossible: She was in both endoscopic and histologic remission.

“That means her digestive tract looked entirely normal both to my eyes when I did the scope and in the lab when examining the biopsies, which is exactly what we hope to achieve when we prescribe medication,” Dr. Jeshion says.

Adds Dolores, “To find out something we never thought was attainable is attainable is such a huge relief. There were so many days that I questioned whether she would ever get better, but Dr. Jeshion and her team gave us hope, and I’m so grateful for that.”

So is Mary, who has since returned to school and friends. “I went from being a sick, weak person to being a lot more outgoing,” she says. “I can do a lot more now than I used to be able to do. I feel like my normal self.”

Learn how we are dedicated to treating a full range of gastroenterological problems in children at HMHforU.org/PediatricGI.
High Stakes

Lung cancer patient Barbara Provost was at high risk for COVID-19. When she needed surgery, her doctor created a protocol—now being used across the hospital—to ensure her safety.

Barbara Provost isn’t a stranger to surgery. She’s had both hip and knee replacement surgery, and in October 2018, she had successful breast cancer surgery. On March 12, 2020, when she was diagnosed with stage 1 lung cancer, Barbara thought, “Oh no, here we go again.”

This time, however, the circumstances were different. COVID-19 was beginning to rear its ugly head and social-distancing measures were starting to ramp up across the country. “I was very afraid to go to the hospital with all of this going on,” Barbara recalls. “I was worried for myself, but also for my husband, who has emphysema.”

But time was of the essence—both because of the quick-spreading nature of lung cancer and because of the uncertainties surrounding the pandemic. “We did not want to wait for the COVID-19 crisis to end to schedule Barbara’s surgery,” says Nabil Rizk, M.D., chief of thoracic surgery at Hackensack University Medical Center. “We wanted to get her in and out of the hospital as quickly as safely possible before the inevitable wave arrived.”

Barbara Provost was released from the hospital less than a day after lung cancer surgery. Her doctor knew that home was the safest place for her to recover.
A New Protocol
Barbara’s lung cancer diagnosis came as a surprise. She has advanced rheumatoid arthritis and had torn some tendons in her hand. “I needed clearance to get surgery on my hand,” she says. “Needless to say, I did not pass after my chest X-ray showed a mass in my lung.”

Both her cardiologist, Ruchi Sethi, M.D., and her oncologist, Donna McNamara, M.D., recommended Dr. Rizk. “I have never met a more caring doctor than Dr. Rizk,” Barbara says. “I felt such a strong sense of trust in him from the first meeting.”

Barbara needed a lobectomy, the surgical removal of a section of the lung, to remove the tumor.

While New Jersey wasn’t yet in the surge of the pandemic, Dr. Rizk needed to be as cautious as possible to ensure that Barbara was COVID-19-negative prior to surgery and that she didn’t acquire it while in the hospital. “At that time, data was coming out of Italy about lung cancer patients being more impacted by COVID-19,” he says. “We knew we needed extra safety precautions given what was obviously coming our way.”

Dr. Rizk created a new three-step protocol to prove that Barbara was COVID-19-negative leading up to surgery:

- First, Barbara was tested for COVID-19. Several days later, the test came back negative.
- Immediately after her test, she isolated at home for nearly two weeks, in case her test result was a false negative.
- Lastly, Barbara was given a CAT scan to reveal any abnormalities due to COVID-19.

“These measures meant we were very confident that Barbara didn’t have COVID-19 going into surgery,” Dr. Rizk says.

Barbara was confident, as well, but some of her family members felt differently. “My brother and my mother were concerned and wanted me to delay my surgery until COVID-19 subsided,” she says. Dr. Rizk suggested getting on a conference call with all of Barbara’s family to address their concerns. “He took so much time to answer every question that they had,” Barbara says. “When we hung up, my daughter said, ‘I trust him.’”

In and Out
Barbara’s surgery was scheduled for April 1. But on March 27, she got a call from one of Dr. Rizk’s nurses. “She told me that Dr. Rizk wanted to push up the surgery to the following day,” Barbara says. Dr. Rizk was confident that he had a safe way to perform surgery and wanted to do so before the number of COVID-19 patients further ramped up.

So on March 28, Barbara’s son drove her to Hackensack and dropped her off at the entrance. “The difficult part was walking in alone,” she says. “My son couldn’t come in with me because of the pandemic. I understood that safety was the highest precaution, but not having my loved ones with me was difficult.”

Dr. Rizk successfully performed a robotic right upper lobectomy. “The vast majority of our lobectomies are now robotic,” he says. “Relative to an open operation, the length of hospital stay for a robotic procedure can be shorter.”

At Hackensack, the typical recovery time for a robotic lobectomy includes one to two days in the hospital. “In the era of COVID-19, we want to minimize the interaction with patients in the hospital,” Dr. Rizk says. “For Barbara, we operated on a Friday afternoon and discharged her on Saturday. We knew that home was the safest place for her to recover. The other advantage of going home quickly is she didn’t have to stay away from her family for long.”

Immediately after surgery, Barbara was taken to an isolated room to recover safely. Her nurse asked if she would like to speak with her family. “That confused me at first because they weren’t allowed to be there,” Barbara says. “Instead, she offered me a phone and dialed my family. It was a great kindness, and I was so grateful and relieved to hear my family’s voices. All the nurses and staff were wonderful.”

Shortly after, Dr. Rizk came to check on her. “He told me, ‘Even though I will not be standing beside you because of the pandemic, I will be watching over you. I want you to know that.’ This statement was such a comfort to me,” she says.

A New Normal
Barbara is now a few months into recovery and doing well. All of her lymph nodes are benign, and she’ll need no future therapies except for ongoing imaging.

She is sheltering in place with her husband and looks forward to the day when she can reunite with her extended family—her son, daughter, step-son, step-daughter, six grandchildren, two great-grandchildren and one more great-grandchild on the way. She also looks forward to celebrating her niece’s high school graduation, even virtually.

“I remain positive that I’ll continue to recover. I’ve already recommended Dr. Rizk to a friend recently diagnosed with lung cancer,” she says. “I am eternally grateful for the kindness and care I received from Dr. Rizk and his team.”

Barbara’s legacy is living on at Hackensack, too. “The methods we used to minimize the risk of infection for Barbara—and the lengths we went to prove that she was COVID-19-negative—are now being adopted across the hospital,” Dr. Rizk says. “That gives our patients confidence that we have a process to protect them during this uncertain time.”

GO ONLINE
Learn about our patient-centered approach and cutting-edge technology for treating lung cancer at HMHforU.org/LungCancer.
We’ve Gone Virtual!  We may not always be able to meet in person, but we want to continue to provide important information that will help you live a healthy life. That is why we are offering virtual programs that you can attend from the comfort of your own home. Below are just a few you can check out, and we continue to add new programs regularly. Please visit HackensackMeridianHealth.org/Events or call 800-560-9990 for the latest information and to register for one of these programs. Webinar information will be provided after you register.

Safe at Home by Safe Sitter Webinar  Prepares students in grades four through six to be safe when they are home alone, including how to prevent unsafe situations and what to do when faced with dangers.

**Dates & Times**
Aug. 10, 10–11 a.m.
Sept. 9, 6:30–7:30 p.m.
Oct. 3, 10–11 a.m.

Safe Sitter Webinar  Babysitter training for boys and girls ages 11–14. The class includes handling emergencies, childcare skills and first-aid. Must attend both sessions.

**Dates & Times**
Aug. 24 & 26, 10 a.m.–12:30 p.m.

Back to School Webinar  Parents are encouraged to join Moses Olorunisola, M.D., as he addresses questions and concerns parents may have as children venture back to school.

**Date & Time**
Aug. 26, 11 a.m.–noon

Healthy Choices Series Webinar  Join us for fun-filled evenings for moms/guardians and their sixth-, seventh- and eighth-grade daughters. Learn about making healthy life choices and increasing communication during these important teen years during this three-part webinar series.

**Dates & Times**
Aug. 27, 6:30–7:15 p.m.
Sept. 23, 6:30–7:15 p.m.
Oct. 14, 6:30–7:15 p.m.

Take Vape Away Virtual Program Webinar  Learn the facts about vaping and e-cigarettes, the risks and dangers, as well as available resources.

**Date & Time**
Sept. 1, 11–11:45 a.m.

Stroke: Are You at Risk?  Webinar  Learn the signs, symptoms, risk factors and what you should do if someone is having a stroke.

**Date & Time**
Sept. 10, 11 a.m.–noon

Balancing Act: Fall Prevention Webinar  Join Manisha Parulekar, M.D., as he discusses how to prevent falls and decrease fall risks.

**Date & Time**
Sept. 22, 11–11:45 a.m.

Are You Getting a Good Night’s Sleep?  Webinar  Lack of sleep can affect you in many ways. Adrian Pristas, M.D., will discuss sleep disorders and tips to get a better night’s rest.

**Date & Time**
Oct. 7, 11 a.m.–noon

Sciatica and Spine Injuries Webinar  Learn all you need to know about sciatica and spine injuries, including diagnosis and treatment options.

**Date & Time**
Aug. 24, 4–5 p.m.

Wellness Wednesday Webinars
**Part 1: Summer’s Bounty**  What to eat and what to do? Let’s talk about simple summer recipes and fun outdoor activities.

**Date & Time**
Aug. 19, 2–3 p.m.

Part 2: There’s an App for That!  Take advantage of helpful tools you can app-ly to achieve health and wellness, including activities, nutrition, meditation and more.

**Date & Time**
Aug. 26, 2–3 p.m.

Part 3: Falling for Autumn  Discover new ways to connect with colorful foliage and cooler temperatures.

**Date & Time**
Sept. 2, 2–3 p.m.

For more information, call 888-973-4674 or visit mountainsidehosp.com/events
### Special Events

#### Healthy Can Be Tasty!
Join our registered dietitians and chefs as they share new ways to change up simple recipes with a new twist while keeping them healthy!

**Date & Time**  Tuesdays (Sept.–Oct.), noon–1 p.m.
**Location**  YMCA, 691 Wyckoff Ave., Wyckoff

#### Emotional First-aid
Emotional first-aid can benefit ourselves, our children, our families and our communities. Simple techniques can empower all of us and decrease the effects of stress and trauma. Join us and learn these simple and powerful tools that you can use right away!

**Date & Time**  Sept. 16, noon–1 p.m. or 5–6 p.m.
**Location**  Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood

### Event Title & Description

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<tr>
<th>Event Title &amp; Description</th>
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<tr>
<td><strong>Healthy Can Be Tasty!</strong> Join our registered dietitians and chefs as they share new ways to change up simple recipes with a new twist while keeping them healthy!</td>
<td><strong>Date &amp; Time</strong>  Tuesdays (Sept.–Oct.), noon–1 p.m.  <strong>Location</strong>  YMCA, 691 Wyckoff Ave., Wyckoff</td>
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<tr>
<td>Emotional First-aid Emotional first-aid can benefit ourselves, our children, our families and our communities. Simple techniques can empower all of us and decrease the effects of stress and trauma. Join us and learn these simple and powerful tools that you can use right away!</td>
<td><strong>Date &amp; Time</strong>  Sept. 16, noon–1 p.m. or 5–6 p.m.  <strong>Location</strong>  Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
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<tr>
<td><strong>Smoking Cessation: Everybody Loves a Quitter</strong> Meet with our comprehensive tobacco treatment specialists and learn about your smoking cessation options.</td>
<td>By Appointment</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
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<tr>
<td><strong>Breast Cancer Awareness</strong> Learn about signs, symptoms and treatment options, as well as reconstructive breast surgery. Speakers: Suri Ponamgi, M.D., and Gail Star, M.D.</td>
<td><strong>Date &amp; Time</strong>  Oct. 13, 6:30–7:30 p.m.  <strong>Location</strong>  Palisades Childbirth/Maternity</td>
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<tr>
<td><strong>Newborn Baby Care Classes</strong> Fee: $50</td>
<td><strong>Date &amp; Time</strong>  Aug. 1 and Sept. 12 &amp; 19, 9 a.m.–12:30 p.m.  <strong>Location</strong>  Palisades</td>
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<tr>
<td><strong>Tour of the Birthing Center</strong> Tour the Labor &amp; Delivery, Postpartum &amp; Nursery Units.</td>
<td><strong>Date &amp; Time</strong>  Aug. 10 &amp; 20, Sept. 14 &amp; 21 and Oct. 5, 19 &amp; 26, 7–8 p.m.  <strong>Location</strong>  Mountainside, 888-973-4674 or mountainsidehosp.com/events</td>
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<tr>
<td><strong>Prepared Childbirth Class</strong> Class prepares the expectant mother and her support person for the birthing experience. Fee: $150</td>
<td><strong>Date &amp; Time</strong>  Aug. 15 &amp; 22, 10 a.m.–4 p.m.; Sept. 14, 21 &amp; 28, Oct. 5, 12, 19 &amp; 26 and Nov. 2, 7–10 p.m.  <strong>Location</strong>  HackensackUMC Fitness &amp; Wellness, powered by the Giants</td>
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<tr>
<td><strong>Breastfeeding Class</strong> Basics of breastfeeding. Fee: $50</td>
<td><strong>Date &amp; Time</strong>  Aug. 15, 10:30 a.m.–12:30 p.m.; Sept. 16, 7–9:30 p.m.  <strong>Location</strong>  Palisades</td>
<td></td>
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<tr>
<td><strong>Prepared Childbirth Class</strong> Class prepares the expectant mother and her support person for the birthing experience.</td>
<td><strong>Date &amp; Time</strong>  Sept. 12 &amp; Oct. 3, 9 a.m.–5 p.m.  <strong>Location</strong>  Mountainside, 888-973-4674 or mountainsidehosp.com/events</td>
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<tr>
<td><strong>Breastfeeding Class</strong> The basics of breastfeeding.</td>
<td><strong>Date &amp; Time</strong>  Aug. 30, Sept. 6, 20 &amp; 27 and Oct. 4, 9:30–11:30 a.m.  <strong>Location</strong>  Joseph M. Sanzari Children’s Hospital, Montgoris Dining Room, 30 Prospect Ave.</td>
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<tr>
<td><strong>Infant Care and Safety Class</strong> Expectant parents learn about the care, safety, growth and development of infants.</td>
<td><strong>Date &amp; Time</strong>  Sept. 8 &amp; Oct.13, 7–10 p.m.  <strong>Location</strong>  Mountainside, 888-973-4674 or mountainsidehosp.com/events</td>
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<tr>
<td><strong>Breastfeeding Class</strong></td>
<td><strong>Date &amp; Time</strong>  Aug. 20 &amp; 27, Sept. 10 &amp; 25 and Oct. 9, 15 &amp; 18, 7–10 p.m.  <strong>Location</strong>  Hackensack, David and Alice Jurist Research Lecture Hall, 40 Prospect Ave.</td>
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<tr>
<td><strong>Infant Care and Safety Class</strong></td>
<td><strong>Date &amp; Time</strong>  Sept. 16 &amp; Oct. 21, 7–9:30 p.m.  <strong>Location</strong>  Mountainside, 888-973-4674 or mountainsidehosp.com/events</td>
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* The Debra Simon Center for Integrative Medicine is located at Hackensack UMC Fitness & Wellness, Powered by the Giants. 

HackensackMeridianHealth.org 31
Due to COVID-19, we are taking proactive measures and postponing some of our events. Please visit [HackensackMeridianHealth.org/Events](https://www.hackensackmeridianhealth.org/events) or call 800-560-9990 to confirm programs are still on before showing up.

### Childbirth/Maternity

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<th>Event Title &amp; Description</th>
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<tbody>
<tr>
<td>Sibling Class</td>
<td>Sept. 13 and Oct. 4 &amp; 10, 10–11:30 a.m.</td>
<td>Hackensack, David and Alice Jurist Research Lecture Hall, 40 Prospect Ave.</td>
</tr>
<tr>
<td>Happiest Baby on the Block</td>
<td>Sept. 29, 7:30–9:30 p.m.</td>
<td>Hackensack, David and Alice Jurist Research Lecture Hall, 40 Prospect Ave.</td>
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### Health Screenings

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<tr>
<th>Event Title &amp; Description</th>
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<tbody>
<tr>
<td>Arthritis Education, Blood Pressure, Pulse, Pulse Oximetry</td>
<td>Aug. 18, 10 a.m.–noon</td>
<td>Holy Redeemer Padre Pio Center, 569 65th St., West New York</td>
</tr>
<tr>
<td>Alzheimer’s Education, Blood Pressure, Pulse, Pulse Oximetry</td>
<td>Aug. 19, 10 a.m.–noon</td>
<td>North Bergen Senior Center, 6121 Grand Ave., North Bergen</td>
</tr>
<tr>
<td>Arthritis Education, Blood Pressure, Pulse, Pulse Oximetry</td>
<td>Aug. 20, 10 a.m.–noon</td>
<td>Cliffside Park Senior Center, 550 Gorge Rd., Cliffside Park</td>
</tr>
<tr>
<td>Blood Pressure, Pulse, Pulse Oximetry and HgbA1c, Mammography &amp; Pap Smear Certificates</td>
<td>Aug. 23, 1–5 p.m.</td>
<td>Anhelo Church, 555 Palisades Ave., Cliffside Park</td>
</tr>
<tr>
<td>Arthritis Education, Blood Pressure, Pulse, Pulse Oximetry, Memory Screening</td>
<td>Sept. 1, 10 a.m.–noon</td>
<td>North Bergen Senior Center, 1441 45th St., North Bergen</td>
</tr>
<tr>
<td>Alzheimer’s Education, Blood Pressure, Pulse, Pulse Oximetry, Memory Screening</td>
<td>Sept. 24, 10 a.m.–noon</td>
<td>Cliffside Park Senior Center, 550 Gorge Rd., Cliffside Park</td>
</tr>
<tr>
<td>Blood Pressure, Pulse, Pulse Oximetry, Mammography, Pap Smear and Prostate Certificates</td>
<td>Sept. 13, 10 a.m.–4 p.m.</td>
<td>Holy Redeemer Padre Pio Center, 569 65th St., West New York</td>
</tr>
<tr>
<td>Blood Pressure, Pulse, Pulse Oximetry, Mammography, Pap Smear and Prostate Certificates</td>
<td>Sept. 19, 10 a.m.–12:30 p.m.</td>
<td>Divine Konektion, 611 56th St., West New York</td>
</tr>
<tr>
<td>Blood Pressure, Pulse Oximetry, BMI</td>
<td>Sept. 22, 1–3 p.m.</td>
<td>PERC Shelter, 111 37th St., Union City</td>
</tr>
<tr>
<td>Vision Screening, Blood Pressure, Pulse, Pulse Oximetry, HgbA1c, Mammography, Pap Smear &amp; Prostate Certificates</td>
<td>Oct. 3, 10 a.m.–noon</td>
<td>North Bergen Library Health &amp; Wellness Fair, 8411 Bergenline Ave., North Bergen</td>
</tr>
<tr>
<td>Blood Pressure, Pulse Oximetry</td>
<td>Oct. 6, 10 a.m.–noon</td>
<td>North Bergen Senior Center, 1441 45th St., North Bergen</td>
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### Diabetes

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<tr>
<th>Event Title &amp; Description</th>
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<th>Location</th>
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<tbody>
<tr>
<td>Preventing Diabetes Type 2</td>
<td>Classes begin Sept. 22, 5–6 p.m.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
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### Heart Care

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<tr>
<th>Event Title &amp; Description</th>
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<th>Location</th>
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<tbody>
<tr>
<td>All About Vascular Disease</td>
<td>Sept. 8, 6:30–7:30 p.m.</td>
<td>Palisades</td>
</tr>
<tr>
<td>CPR for Family and Friends</td>
<td>Sept. 14 &amp; 21 and Oct. 5 &amp; 12, 6:30–9:30 p.m.</td>
<td>Hackensack University Medical Center, Hekemian Conf. Ctr., 30 Prospect Ave.</td>
</tr>
<tr>
<td>Heartsaver AED CPR</td>
<td>Sept. 14 &amp; Oct. 5, 6–10 p.m.</td>
<td>Hackensack University Medical Center, Hekemian Conf. Ctr., 30 Prospect Ave.</td>
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Hackensack Meridian Health offers regular support group meetings. Visit [HMHforU.org/SupportGroups](https://www.hmhforu.org/supportgroups) for more details.
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<th>Event Title &amp; Description</th>
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<tbody>
<tr>
<td><strong>BLS Provider Course – Full</strong></td>
<td>Sept. 12 &amp; Oct. 12, 6–10 p.m.</td>
<td>Hackensack University Medical Center, Hekemian Conf. Ctr., 30 Prospect Ave.</td>
</tr>
<tr>
<td>Course is for the health care provider who does not have a current BLS card. Course completion card is issued upon successful completion.</td>
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<tr>
<td><strong>BLS Provider Course – Renewal</strong></td>
<td>Sept. 14 &amp; 21 and Oct. 5 &amp; 12, 6–9 p.m.</td>
<td>Hackensack University Medical Center, Hekemian Conf. Ctr., 30 Prospect Ave.</td>
</tr>
<tr>
<td>Course is for the health care provider who needs to renew BLS training. Course completion card is issued upon successful completion.</td>
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<tr>
<td><strong>Heart Health Lunch &amp; Learn: Cardiovascular Disease and Advanced Imaging</strong></td>
<td>Sept. 15, noon–1 p.m.</td>
<td>Wyckoff Family YMCA, 691 Wyckoff Ave., Wyckoff</td>
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<tr>
<td>Presenter: Lucy Safi, D.O. Registration through Wyckoff YMCA: wyckoffymca.org/registration/register-for-programs</td>
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<tr>
<td><strong>Matter of Balance: Managing Concerns About Falls</strong></td>
<td>Sept. 10, 17 &amp; 24 and Oct. 8, 15, 22 &amp; 29, 9:30–11:30 a.m.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
</tr>
<tr>
<td>Eight-week fall-prevention program designed to reduce the fear of falling and increase the activity levels of older adults.</td>
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<tr>
<td><strong>Intuitive Eating</strong></td>
<td>Aug. 27, noon–1 p.m.; Sept. 14, 5–6 p.m.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
</tr>
<tr>
<td>Join our cooking demonstration as our registered dietician shares recipes to promote food choices that satisfy your health and taste buds while making you feel good.</td>
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<tr>
<td><strong>The Teaching Kitchen Series: The Mediterranean Diet</strong></td>
<td>Sept. 9, 16, 23 &amp; 30, noon–2 p.m.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
</tr>
<tr>
<td>Attend our four-week seminar preparing healthy recipes with a registered dietician and health educator, and learn about the health benefits.</td>
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<tr>
<td><strong>Teaching Kitchen: Promoting Your Health With Immune-boosting Foods</strong></td>
<td>Oct. 5, 5–6 p.m.; Oct. 15, noon–1:30 p.m.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
</tr>
<tr>
<td>Our registered dietician will demonstrate recipes highlighting foods that support your health with good nutrition.</td>
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<tr>
<td><strong>Lunch and Learn: Intuitive Eating</strong></td>
<td>Oct. 20, noon–1 p.m.</td>
<td>Wyckoff Family YMCA, 691 Wyckoff Ave., Wyckoff</td>
</tr>
<tr>
<td>Learn from our registered dietician how to honor your health with nutrition. Make food choices that satisfy your health and taste buds while making you feel good.</td>
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<tr>
<td><strong>Healthy Futures</strong></td>
<td>Call for dates and times.</td>
<td>Debra Simon Center for Integrative Medicine,* 87 Route 17 North, Maywood</td>
</tr>
<tr>
<td>Sixteen-week program focuses on improving health and well-being for overweight children and adolescents using a family-centered/team approach. Call 855-GO FUTURES (463-8887) or email <a href="mailto:HealthyFutures@HackensackMeridian.org">HealthyFutures@HackensackMeridian.org</a> for fees and registration.</td>
<td></td>
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<tr>
<td><strong>Weight-Loss Surgery</strong></td>
<td>Visit HackensackMeridianHealth.org/WeightLoss to find a seminar near you.</td>
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<td>To learn more about weight-loss surgery, attend a free seminar.</td>
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* The Debra Simon Center for Integrative Medicine is located at Hackensack UMC Fitness & Wellness, Powered by the Giants.
Across the country, health care workers remain on the front lines of the COVID-19 pandemic, going above and beyond to keep patients safe and healthy. While the goal is to get them on the road to recovery, the outcome isn’t always positive.

When Ernesto Alicea Sr. arrived at Palisades Medical Center on April 15, he complained of shortness of breath but otherwise spoke clearly and said he felt good. However, testing confirmed that Ernesto was COVID-19-positive.

He was greeted by Patient Advisor Melines Genao-Rivera, who, after chatting with Ernesto, quickly learned that he was from a town not too far from where Melines’ mother grew up in Puerto Rico. As they continued their conversation, Melines was informed by a nurse that Ernesto’s daughter, Elizabeth Marcano, wanted to speak with him.

“I connected her via video chat, and she was able to speak to him,” Melines says. “Since she lived in Orlando, she was happy to see him in good spirits. I told her he was in good hands.” Melines was also able to connect Ernesto with his sons, Daniel and Ernesto Alicea Jr., who were also very worried.

Across the Hackensack Meridian Health network, the Office of Patient Experience offers a variety of services to ensure that patients and their families feel safe, secure and comfortable. During the COVID-19 crisis, with visitation restrictions in place, the team goes into each patient room so patients’ families can speak to them. If a patient doesn’t have a cellphone, the team member will use their personal phone to connect them through video chats.

On April 23, a nurse came looking for Melines, who was on a video chat with another patient’s family member. The nurse told Melines she was needed immediately in the intensive care unit. “When I walked into the room, I could not believe it was Ernesto,” she says. Melines asked the nurse what happened and how Ernesto ended up in the ICU, as he was doing fine the day before. “I immediately called Elizabeth and she connected her two brothers. It was a heart-wrenching phone call. My coworker Ana and I were crying with them.”

Toward the end of the call, Elizabeth asked Melines if she could take a picture holding her father’s hand. Without hesitation, Melines said “yes.” “The minute they said their final goodbyes and hung up the phone, my coworker Ana took the picture,” she says. As soon as she sent the picture to Elizabeth, Ernesto took his last breath.

“There’s a saying that people hold on a little longer for a reason,” Melines says. “Ernesto waited to hear his children and for me to send the picture to his daughter.”

Ernesto’s children were comforted to see and speak to him one last time. “We knew he was listening, and he knew we were there. I’m sure he felt scared and lonely, but for us to have that experience with him was amazing,” Elizabeth says. “Our father was so loved, and we’re so grateful to everyone at Palisades for taking care of our dad.”

While this has undoubtedly been a very challenging time emotionally, mentally and physically for health care workers, Melines is so proud of her team. “No matter what, we will be here doing what we love to do—and that’s to help and comfort our patients and their families,” she says.

**What inspired you to become a patient advisor?**

My older brother was struck by lightning in 1999 on the beach in Puerto Rico, and I always helped my parents with him while we were in and out of different hospitals. As I grew older, I knew I wanted to be part of the medical field. I wanted to give patients and families comfort and understanding during difficult times.

**What do you enjoy most about your job?**

Working with my amazing team and other colleagues. I love helping people in any way I possibly can.
COVID-19 Crisis in Numbers

Throughout the COVID-19 crisis, our brave health care heroes have put their lives on the line to provide compassionate, unwavering care—and our patients and their families have fought tirelessly in hopes of a joyous reunion. While the data doesn’t tell the whole story, it does provide a level of understanding of the immense scope of this virus and the incredible magnitude of the team on the front lines and behind the scenes.

*Data from Hackensack Meridian Health through June 30, 2020

- 56,756 people were tested across the Hackensack Meridian Health network.
- 7,631 patients were treated across the network.
- 23.8% of patients treated were in critical care.
- 5,183 patients recovered from COVID-19.
- More than 650 COVID-19 patients received plasma therapy.
- More than 1,000 patients enrolled in COVID-19 related clinical trials.
- 900 additional team members were brought in to meet demand.

For more information about our response to COVID-19, visit HMHforU.org/COVID19.
**Regular Updates on COVID-19**

The health and safety of our community is the most important thing to Hackensack Meridian Health. We are taking the utmost proactive measures to help protect our patients, team members and volunteers during the COVID-19 outbreak. Visit HackensackMeridianHealth.org/GetCareNow for ongoing updates related to the pandemic, including testing and what to do if you think you’ve been exposed to the virus.

When used correctly, face coverings can help slow the spread of COVID-19. Discover tips for properly wearing one at HMHforU.org/Masks.

COVID-19 tests are now available at various places, from your doctor’s office to major retailers. Find out whether you should get tested and which test to get at HMHforU.org/Testing.

Learn about the extensive measures being taken across the Hackensack Meridian Health network to clean and disinfect our hospitals at HMHforU.org/Cleaning.

**Staying Healthy Is Part of Staying Safe**

While you take extra precautions to stay safe, make sure your heart health is a priority. Even if you don’t have symptoms, a quick and easy CT Calcium Scoring scan can detect calcium-containing plaque in your arteries, which can cause a heart attack. The procedure is noninvasive and painless, and takes only 10 minutes. The results help your doctor understand if you are at risk for a potential life-threatening heart condition. Schedule your scan today for just $99, discounted from regular prices of $250 or more. Visit HackensackMeridianHealth.org/GetHeartCareNow.