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The Rodriguez family

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FOR DIEGO, IT WAS ALL
ABOUT CUSTOMIZING
OUR APPROACH TO

FIND ONE THAT FIT HIS
SPECIFIC MEDICAL NEEDS
AND RESPECTING HIS
WISHES WHILE GIVING
HIM THE BEST RESULTS.
THAT'S WHAT WE DO

AT THE INSTITUTE
FOR PATIENT BLOOD
MANAGEMENT AND

BLOODLESS MEDICINE
AND SURGERY.

—Alfred Steinberger, MD

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Standing Tall

When a complex spinal surgery was needed to help Diego Rodriguez stand, sit, and concentrate at school, he found the help and support he needed at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center.



Alfred Steinberger, MD

Looking at 16-year-old Diego, it's hard to imagine that less than a year ago it was difficult for the Smithtown, New York, resident to live a normal, pain-free life due to a painful condition called kyphosis.

"Kyphosis is a spinal deformity that causes the back to curve severely," says Alfred Steinberger, MD, neurosurgeon and former Chair of the Department of Neurosurgery at Englewood Hospital. "When Diego hit a growth spurt in his early teens, the area in his lower mid back became unstable and started causing him a lot of pain. It had been getting worse for several years when I began seeing him."

SEARCHING FOR SOLUTIONS

Diego's discomfort started when he was in seventh grade. At first, the pain was mild, but as time passed it began to interrupt his normal life. He developed a hunched posture and had to walk with a cane.

When his condition was discovered during a course of physical therapy, the Rodriguez family began searching for a neurosurgeon who could correct it. They had trouble finding a physician and hospital that could perform the complicated procedure while respecting the family's religious beliefs.

As Jehovah's Witnesses, it was important to Diego and his family that the surgery to correct his kyphosis be done without a blood transfusion. Since Diego was a minor, his family was concerned about having their rights to religious freedom ignored or taken away. When a friend told them about The Institute's Bloodless Program, they knew they had found the right solution and traveled from their Long Island home to Englewood for the surgery.

SWEET RELIEF

On July 17, 2014, Dr. Steinberger performed a minimally invasive procedure to relieve pressure on Diego's spine. He removed the damaged discs between Diego's vertebrae, replaced them with biomechanical discs, and then stabilized the area with screws and rods.

"By performing the surgery in a single session and through a few small openings, we were able to keep Diego's blood loss to a minimum," Dr. Steinberger says.

Diego no longer walks with his cane. He grew more than an inch as his spine decompressed, and he no longer suffers from the constant, chronic pain his condition caused him

"I can't explain the joy that I feel now," Diego says. "I can stand up straight, and I have more confidence. I just want to thank everybody for respecting our wishes."

To learn more about The Institute, visit www.BloodlessMed.org. For a referral to a blood management physician, call 1-888-766-2566.

Prossing Borders for Better Care

After traveling from his home in Montreal, Quebec, Canada, to The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, Norbert Rosenfeld knew he had found the best place to have surgery.



Theresa Impeduglia, MD

In 2013, Norbert was diagnosed with two abdominal aortic aneurysms (AAA). The aorta is the large blood vessel that carries blood to the abdomen and legs, and an AAA occurs when the aorta bulges or expands, creating a weakness that can cause the aorta to burst. While many aneurysms can be monitored safely over a period of time, an AAA that bursts when the patient is not in the hospital can cause massive internal bleeding and has a death rate of about 90 percent.

Norbert and his wife, Isaura Elguera, were concerned when they were told that his two aneurysms needed surgery to avoid problems with blood flow to his legs. However, finding a surgeon who would respect his beliefs as one of Jehovah's Witnesses turned out to be difficult.

"The first surgeon I saw wanted to store blood for as many as two months before the surgery," Norbert says. "Neither my wife nor I felt that was in line with our faith. A friend of mine recommended going to The Institute, and we traveled there to meet with the surgeon."

TIMELY, KIND TREATMENT

After an October 2014 consultation with Theresa Impeduglia, MD,

vascular surgeon with Englewood Hospital, Norbert learned he needed two procedures to place stents—mesh metal tubes that support the aneurysms and keep them from growing or moving.

Norbert was pleasantly surprised to find that Dr. Impeduglia was prepared to do the first surgery right away, with the second a week later.

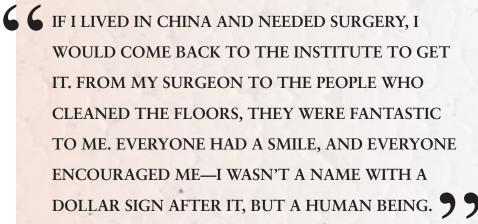
"We thought we would be in the United States for only two weeks for consultations and to decide a surgery date," Norbert says. "We decided to do the surgery at Englewood Hospital, and I'm so happy that we did. I have had many surgeries in both Canada and my native country of France, and this was the first hospital I found that treated me like a human being."

"Mr. Rosenfeld was treated with minimally invasive techniques which expedited his recovery," Dr. Impeduglia says. "Repair with a stent graft and early recovery made it possible for him to drive himself back home to Canada, as his wife, who does not drive, accompanied him."

After the stent placements, the 68-year-old is recovering well and excited to talk about his experience at The Institute.

"I didn't even take one pain killer pill after my surgeries," Norbert says. "I tell my Canadian friends that the trip to The Institute is worth it. I loved it there—they treated me and my wife wonderfully."

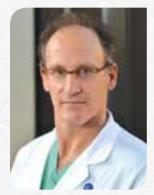
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—Norbert Rosenfeld



When Aaron Herrera's well-being was threatened, a physician at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center helped find the solution.



Lyall Gorenstein, MD

Thoracic surgeon Lyall Gorenstein, MD, has more than 20 years of experience helping patients with medical problems in their chests. He began working with Englewood Hospital and Medical Center in 2014—timing that worked to the advantage of 15-year-old Aaron who suffered from a complex congenital abnormality called pectus excavatum.

"In someone with pectus excavatum, the breastbone is sunken into the chest," Dr. Gorenstein

explains. "This causes the chest to scoop inward, a deformity that is easily visible. In severe cases like Aaron's, it can also interfere with how the internal organs work. Aaron was in a lot of pain."

GROWING PAINS

Aaron was born with his pectus excavatum, but he did not experience any complications from the condition for many years. His family pediatrician told the Herreras their son would eventually need surgery to correct the problem, but advised them that Aaron would probably be 18 before it was necessary. They were surprised when Aaron began complaining of back pain at age 13.

"Once I started experiencing back pain, it kept increasing as months went by," Aaron says. "At its worst, it would take me two to three hours to fall asleep because of how uncomfortable I was. I had difficulty standing for a long time and when I bent down, the pain got worse."

As he grew, Aaron's breastbone began pressing on his spine and pushing against his organs. It was clear that he needed help. His family started searching for a surgeon who could perform the corrective surgery their son needed while respecting their firmly held religious convictions.

"As Jehovah's Witnesses, we do not accept blood transfusions," Aaron says. "We went to see a different physician first, but he wasn't willing to operate without a blood transfusion, so we had to go look for help elsewhere. That's what led us to The Institute."

RESPECT AND RELIEF

After hearing about a friend's good experience with treatment at The Institute, Aaron's family reached out to Englewood Hospital, even though it was more than an hour from their home in Toms River, New Jersey. The Institute referred the Herreras to Dr. Gorenstein because of his experience correcting pectus excavatum.

"It was a big relief to find a doctor who was willing to do the surgery without blood," Aaron says. "He respected our religious beliefs. We didn't have to worry anymore."

On August 1, 2014, Dr. Gorenstein performed an operation called a Nuss procedure to correct Aaron's chest abnormality. It was the first time this minimally invasive procedure had been performed at The Institute.



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ENGLEWOOD HOSPITAL IS NOT OUR HOMETOWN HOSPITAL, BUT I TELL EVERYONE THAT I WOULD HAVE TRAVELED MUCH FURTHER TO GET THERE BECAUSE WE KNEW

MY SON WAS IN GOOD HANDS.

-Nelly Herrera, Aaron's mother

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"Traditionally, surgeons correcting pectus excavatum use an open-chest procedure that involves making an opening on the front of the chest," Dr. Gorenstein says. "For Aaron, the Nuss procedure was the best option to ensure he didn't lose too much blood. This technique allows for reduced scarring, and the results are excellent."

During surgery, Dr. Gorenstein made two small incisions and tunneled two specially designed bars under Aaron's deformed sternum. The bars pushed upwards against the breastbone, pushing it into the correct position without requiring Aaron to undergo a lengthy, open-chest procedure. The surgery went exactly as planned and Aaron was moved to a recovery room.

"It was really great working with Dr. Gorenstein," Aaron says. "He's a funny guy. The whole staff was really involved in my care. They kept checking on me to make sure I was comfortable and was getting better. It was the first time they'd done this kind of procedure at the hospital, and they worked very hard to make sure they got it right."

Five days after surgery, the family went home. Today, Aaron's life is getting back to normal.

"I feel a lot better," Aaron says. "I don't have back pain anymore when I bend or stand, my posture has improved, and now I can fall asleep without hurting. I'm really glad we went to The Institute."

To read more examples of how patients have found the respect they deserve and care they need at The Institute, visit www.BloodlessMed.org. For a referral to a blood management physician, call 1-888-766-2566.

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AARON'S BIRTH DEFECT IS THE MOST COMMON **GENETIC CHEST** ABNORMALITY—IT AFFECTS ONE IN 100,000 CHILDREN. WHILE IT IS IN THESE PATIENTS' **BEST INTEREST** NOT TO USE BLOOD WHILE CORRECTING THE PROBLEM, IT IS IMPORTANT TO WORK WITH AN EXPERIENCED **SURGEON IN A FACILITY** THAT UNDERSTANDS **HOW TO MANAGE** THEIR UNIQUE NEEDS. **WORKING WITH THE** INSTITUTE WAS THE RIGHT FIT FOR AARON. WE WANT OTHER **FAMILIES FACING** THIS ISSUE TO KNOW THAT THEY DO HAVE **OPTIONS AND NOT TO** STOP LOOKING UNTIL THEY FIND THE RIGHT SOLUTION FOR THEM.

—Lyall Gorenstein, MD

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January 1, 2015, marked the one-year anniversary of the implementation of the Affordable Care Act (ACA)—commonly known as "Obamacare." Here's what you need to know to make sure your healthcare wishes are covered.

READ THE FINE PRINT

Any time you select a healthcare plan, you should carefully read the program's summary of benefits and coverage—a document that specifically lists what is and isn't covered under the plan. If you're a person for whom blood transfusions aren't an option, you need to consider far more than just the premium, copays, and deductibles—you need to find a health insurance plan that will meet your needs for coverage for bloodless care.

Look for a health insurance plan that:

- Allows you to go to the healthcare facility of your choice, specifically one that offers a blood management program
- Is accepted by physicians familiar with blood management techniques
- Allows you to cross state lines, if necessary, to access bloodless medical care

The ACA was designed to provide all Americans with health insurance coverage, and so far it seems to be meeting this goal—8 to 11 million additional Americans now have insurance. But the law also brought changes to existing plans and a variety of new options, which can make finding a plan in line with your medical needs and expectations difficult.

MAKING THE RIGHT CHOICE

The type of insurance plan you select, in part, dictates the care you can receive. Many hospitals are unable or unwilling to provide bloodless medical care. People for whom blood products are not an option need to be especially careful when shopping the ACA Health Insurance Marketplace or a state-run program, such as New York State of Health. Weigh your beliefs with the coverage provided, and consider all aspects of health care—from hospitalizations and prescriptions to office visits and outpatient services.

"The healthcare system is changing, so you must be proactive in your healthcare decision-making," says Sherri Ozawa, RN, Clinical Director of The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. "Don't feel overwhelmed or swayed by friends and family members. Take the time to learn about your healthcare wishes and expectations and make educated decisions that allow you to have the coverage necessary for those wishes to be honored."

Medical Director's Corner

Respecting the Beliefs of Young Patients and Families

By Aryeh Shander, MD, FCCM, FCCP, Chief of Anesthesiology, Critical Care Medicine, and Hyperbaric Medicine at Englewood Hospital and Medical Center and Executive Medical Director for The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital



Aryeh Shander, MD

As you've seen in this issue of Choices, children and young adults travel from all over the world to The Institute to receive superior medical care that honors their family's convictions. Because their parents feel strongly that blood transfusions aren't an option, many of these young patients have been denied surgery by physicians at other hospitals because the surgeons are unwilling to perform the procedure without blood. Our Institute renders care for patients

of all ages that meets their needs and expectations. No matter what the patient's medical condition—from neurological and orthopedic diseases to blood disorders and other concerns—our goal is to deliver the appropriate and best possible care for a patient's underlying disease without the use of blood products.

The Institute has many protocols in place to help children and young adults prepare for surgery as they travel to Englewood Hospital. This often includes addressing severe anemia and other blood disorders—many times before patients even arrive at our hospital. Young patients who have been rejected from other institutions not only get the care their disease requires, but also achieve excellent results.

Families deserve to receive appropriate care, regardless of the fact that they won't accept blood products. In the future, we hope other institutions will make the same effort to provide care that respects all patients' wishes.



Best Interes



By Sherri Ozawa, RN, Clinical Director of The Institute

Despite the great lengths most parents and guardians take to ensure a safe, loving, and supportive environment for their children, illness and injury can occur—a particularly challenging situation when parents' choices regarding medical care conflict with medical advice being given.

In most countries, including the U.S., parents are given much freedom in regard to medical care for their children—even being permitted to opt out of recommended treatments or choose alternatives in many non-life-threatening conditions. However, when parents or guardians decline "lifesaving" treatment for their children, laws may allow legal authorities to make decisions in opposition to parents' wishes in order to "protect" a child. This scenario applies in situations where parents decline medically recommended blood transfusions for their children's treatment. A hospital or even a center experienced in bloodless care cannot assure parents of minor children that this scenario would never arise.

Experience in hundreds of scenarios has shown that often well-meaning caregivers and hospitals overreact to situations where other non-blood treatment modalities may be available and effective. They may prematurely and aggressively seek legal intervention when good communication and better information may have averted such scenarios altogether. This can result in court orders for transfusion or even temporary loss of custodial rights, something horribly traumatic for parents.

While blood transfusion is scientifically considered an important or the best treatment for some very specific and rare medical conditions or injuries, a center experienced with bloodless care will use open and honest communication with parents to utilize every option and expert in a timely fashion as they partner with parents to get the best care for their children. Caregivers in a bloodless center will not administer any type of treatment or take any legal action without full knowledge of parents and constant efforts to respect and highly value their rights to make decisions for their children.

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WORDS FROM THE By James Klein, MD, FACS, FCCP, Chief of Cardiothoracic Surgery at Englewood Hospital and Medical Center and

Associate Medical Director at The Institute



James Klein, MD

As Chief of Cardiothoracic Surgery at Englewood Hospital and Medical Center, much of what I write has to do with the clinical aspects of my profession—the intricacies of a procedure or the science underlying the heart's function. Rarely do I get to write about what my work means to me or reflect upon the gratifying parts of my job.

I am humbled and amazed when I think of the success of bloodless cardiothoracic surgery

at The Institute. My cardiothoracic surgery colleagues and I have performed more than 200 bloodless procedures on patients from all over the United States and the world since The Institute's open-heart surgery program's inception in 2000. We have had remarkable success, with the overwhelming majority of patients

experiencing productive recoveries. Our program's reputation has reached the point that both clinicians and former patients say, "The Institute is the place to go and its surgeons are the ones to see for bloodless heart surgery." I don't take that trust or esteem lightly.

What I find most satisfying about performing bloodless surgery is the expressions of gratitude I receive from patients and families, often in the form of notes on the one-year anniversaries of their procedures. Many messages contain sentiments such as, "Thank you for letting Jehovah guide your hand," or "Thank you for agreeing to do something that other hospitals and physicians deemed unsafe or impossible."

Simply put, those notes are an important part of the reasons I do what I do, and they're part of the reason Englewood Hospital made a commitment to those who desire bloodless medicine and surgery. Our program wouldn't be possible without an outstanding liaison committee and hospital administration. They believe in what my colleagues and I are doing, just as we believe in the value of bloodless care.