

# Choices


FALL 2016

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ENGLEWOOD  
HOSPITAL AND MEDICAL CENTER

The Institute for  
Patient Blood Management &  
Bloodless Medicine and Surgery



## *Daniel Villano:* Undergoing a Bloodless Alternative to Open-heart Surgery

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BLOODLESS BRAIN SURGERY

CLOTTING DISORDER + BLOODLESS SURGERY = SUCCESS AT ENGLEWOOD HOSPITAL

# Special Circumstances, EXCEPTIONAL TREATMENT

For Valerie Fletcher, choosing The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center meant she could safely undergo bloodless surgery—even though she has a life-threatening clotting disorder.



Alfred and Valerie Fletcher



Jill S. Morrison, MD

In October 2015, Valerie was diagnosed with a painful, noncancerous cyst the size of a robin's egg on the right side of her upper jaw and learned she would need surgery. A resident of the Bronx, New York, Valerie was nervous about undergoing surgery to remove the cyst that was attached to her jawbone—she has Von Willebrand disease, a genetic disorder caused by a missing clotting factor. Because Valerie's blood does not clot normally, she is at risk for excessive bleeding during surgery.

As one of Jehovah's Witnesses, Valerie does not accept blood transfusions. Though past surgical procedures had become life-threatening and Valerie was anxious about having surgery, she felt confident in her choice to come to Englewood Hospital.

"They explained all the bloodless alternatives," Valerie says. "I felt confident in making my own choices and was left with a clear conscience before God."

## Preparing for Success

"Because Von Willebrand disease makes patients more likely to bleed, we give a medication prior to surgery that helps blood clot effectively," says Jill S. Morrison, MD, hematologist and oncologist with The Bloodless Institute. "It's not a blood product, and it reduces the risk of bleeding. Valerie came to the infusion center to receive the medication 30 minutes prior to surgery and then had the procedure done."

The extra step was well worth it for Valerie, who had no problems during her procedure.

"We surgically removed the cyst, and Valerie had no intraoperative complications," says Mark H. Jaffe, DDS, oral/maxillofacial surgeon and Chief of the Department of Dentistry at Englewood Hospital. "She had no excessive bleeding or oozing afterward—it was a very uneventful postoperative recovery."

For Valerie, an uneventful procedure was just what she wanted.

"I had a jolly, compassionate team who kept me smiling during my procedure," Valerie remembers. "From now on, I know to go to The Bloodless Institute at Englewood Hospital for surgical procedures. I have to be careful with my bleeding disorder, and they have the technology and experience needed to respect my wishes."

*To learn more about The Bloodless Institute, visit [www.bloodlessmed.org](http://www.bloodlessmed.org). Call 1-888-766-2566 for a referral to a blood management physician.*



Mark H. Jaffe, DDS

“WE UNDERSTAND THE NEEDS OF PEOPLE WHO ASK TO BE TREATED IN A BLOODLESS ENVIRONMENT. WE HAVE A **TREMENDOUS RESPECT** FOR THEIR DESIRES, AND THEY'RE NOT TREATED AS IF THEY ARE SECOND-CLASS CITIZENS. BLOODLESS CARE IS INCORPORATED INTO THE WHOLE PROCESS, AND BLOODLESS PATIENTS ARE CARED FOR WITH THE SAME DEDICATION AS ANY OTHER PATIENT. IT'S A FRIENDLY, WARM ENVIRONMENT.”

— Mark H. Jaffe, DDS, oral/maxillofacial surgeon and Chief of the Department of Dentistry at Englewood Hospital



# Peace of Mind *From the Heart*

Atrial fibrillation increased Adam Solomon's risk of stroke, and a brain aneurysm made taking anticoagulant (blood thinner) medication risky. The solution: stopping potential stroke-causing blood clots at their source.

Atrial fibrillation caused virtually no problems for 59-year-old Adam from New Jersey. However, the condition can cause blood clots to form in a part of the heart called the left atrial appendage. These clots can travel to the arteries of the brain, where they may restrict blood flow and cause a stroke. After Adam had lived with atrial fibrillation for about five years, his physicians diagnosed him with a brain aneurysm—a bulge in the artery caused by a weakened area in the artery wall.

"Typically, physicians use blood-thinning medication to reduce the likelihood of clot formation in people with atrial fibrillation," Adam says. "Unfortunately, the aneurysm made it unsafe to use blood thinners because of the possibility it could rupture and lead to a dangerous brain bleed. In the end, however, my physicians had to choose the lesser of two evils, and I began taking a blood thinner."

The blood thinner's potential to contribute to a devastating brain injury wasn't the only reason Adam was uncomfortable taking it. Brain bleeds typically require blood transfusions. In the event of an emergency, a transfusion wouldn't be an option for Adam, one of Jehovah's Witnesses. He needed a Plan B.

## Closing the Door on Blood Clots

In 2015, Grant Simons, MD, FACC, FHRS, Chief of Cardiac Electrophysiology at Englewood Hospital and Medical Center, suggested Adam receive the WATCHMAN™ Left Atrial Appendage Closure Device.

"This is a fabric plug that allows us to seal the appendage," Dr. Simons says. "With WATCHMAN, we no longer have to worry about blood entering the appendage, forming a clot, and then exiting. For Adam, this treatment was much more attractive than living with the risk of taking a blood thinner indefinitely."

WATCHMAN placement poses minimal risk of bleeding to patients.

"The operating physician accesses the heart using a catheter threaded through a vein in the groin rather than an artery, which reduces the possibility of bleeding," says Jeffrey Matican, MD, FACC, Section Chief of Cardiology at Englewood Hospital and Adam's cardiologist. "From the right side of the heart, the physician creates a small hole to access the left atrial appendage and then puts the WATCHMAN in place."

Dr. Simons performed WATCHMAN implantation on Adam last November. Adam returned home the next day with no pain and resumed regular activities immediately. Best of all, he can look forward to a future that's no longer dominated by the twin specters of stroke and the medication to prevent it.

To learn more about bloodless cardiac care at Englewood Hospital, visit [www.bloodlessmed.org](http://www.bloodlessmed.org).

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“THIS TREATMENT MEANS I CAN LIVE WITHOUT THE RISK OF TAKING BLOOD THINNERS.

AS A PATIENT FOR WHOM BLOOD IS NOT AN OPTION, THIS MAKES A **TREMENDOUS DIFFERENCE IN MY LIFE.**”

— Adam Solomon, who underwent placement of the WATCHMAN™ Left Atrial Appendage Closure Device at Englewood Hospital and Medical Center in 2015

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Grant Simons, MD, and Adam Solomon



Dr. Simons shows Adam the WATCHMAN device.

“ADULTS WHO ARE  
USUALLY CONSIDERED  
TOO OLD, TOO  
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KNOW THAT THEY  
HAVE AN OPTION  
FOR AORTIC VALVE  
REPLACEMENT  
AT ENGLEWOOD  
HOSPITAL AND  
MEDICAL CENTER.  
THESE PROCEDURES  
CAN BE DONE  
SAFELY WITHOUT  
THE USE OF BLOOD  
TRANSFUSIONS AND  
CAN GET EVEN THE  
MOST ELDERLY  
PEOPLE BACK ON  
THEIR FEET AND TO A  
GOOD RECOVERY.”  
—Adam Arnofsky, MD, Cardiac  
Surgeon at Englewood Hospital



Daniel and  
Catherine Villano

## *A New Valve =* **A New Lease on Life**

When Daniel Villano began experiencing symptoms associated with severe aortic stenosis in late 2015, there was never any question about where he would turn for care.

Daniel, a 92-year-old New Jersey resident, is an avid gardener. But late last fall, he began experiencing chest pain and shortness of breath. His symptoms were so severe that he could only walk short distances. Gardening and other physical activities soon became distant memories.

No stranger to The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, Daniel suspected the culprit for his symptoms. Daniel has been a patient of Richard Goldweit, MD, FACC, Associate Medical Director of The Bloodless Institute and Chief of Interventional Cardiology and the Cardiac Catheterization Laboratory at Englewood Hospital, for more than a decade. A year ago, Dr. Goldweit diagnosed Daniel with severe aortic stenosis. At that time, treatment wasn't necessary, but Dr. Goldweit had warned Daniel that the valve may eventually need to be replaced.

### **Aortic Stenosis 101**

Aortic stenosis is a disease that causes narrowing of the aortic valve, the valve that allows blood to flow from the heart to the aorta. The heart's main artery, the aorta is responsible for carrying blood from the heart to the rest of the body. In cases of



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—Richard Goldweit, MD, FACC, Associate Medical Director of The Institute for Patient Blood Management and Bloodless Medicine and Surgery and Chief of Interventional Cardiology and the Cardiac Catheterization Laboratory at Englewood Hospital

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Adam Arnofsky, MD, and  
Richard Goldweit, MD

aortic stenosis, the aortic valve no longer opens properly, which prevents blood from flowing normally.

“In many older adults with aortic stenosis, the aortic valve is similar to a rusty gate,” Dr. Goldweit says. “The valve becomes stiff over time and essentially gets stuck.”

The heart can compensate for the narrowed valve by working harder to pump blood, but the added effort takes a toll. Eventually, some people with aortic stenosis develop symptoms of heart failure. As in Daniel’s case, these symptoms can include shortness of

breath, fatigue, and chest pain. Once the disease reaches this point, valve replacement is usually recommended.

Operations to replace the aortic valve have traditionally involved open-heart surgery. Physicians make a large incision—averaging 6 to 8 centimeters in length—to expose the heart and then place patients on a heart-lung bypass machine, a device that takes over the function of the heart by mechanically circulating blood and oxygen throughout the body during surgery. The malfunctioning aortic valve is then removed, and a prosthetic valve is left in its place. Blood loss during these surgeries can be extensive, so many hospitals routinely recommend blood transfusions or use of blood products. The long recovery times and risks associated with these surgeries can also prevent many older adults, like Daniel, from being considered candidates for the invasive operation.

### A Revolutionary Option

In December 2012, Englewood Hospital began offering an

alternative to open-heart surgery. The noninvasive procedure, known as transcatheter aortic valve replacement (TAVR), is currently approved for people who are considered high-risk candidates for open-heart surgery because of their age or the presence of other health problems.

TAVR differs from surgical aortic valve replacement because it requires no chest incision. Instead, physicians prick the skin in the groin and thread a catheter through the femoral artery to the heart. The balloon-expandable prosthetic valve is mounted at the tip of this catheter. As soon as the catheter is in place, physicians inflate the balloon to push aside the patient’s existing valve, and the prosthetic valve takes over function.

“On average, patients spend two to three days in the hospital following their surgery, which is extraordinary for a patient population that averages 85 to 86 years old,” says Adam Arnofsky, MD, cardiac surgeon with The Bloodless Institute. “Most patients also return directly home instead of going to a rehabilitation facility after discharge.”

Daniel began his presurgical evaluation in December 2015, and Dr. Goldweit and Dr. Arnofsky performed the procedure at 6 a.m. on February 18. Daniel was released from the hospital in less than 48 hours.

“I would recommend this surgery to anyone,” Daniel says. “It’s noninvasive, I have no scar, and the healing process was short.”

Daniel, who has had no shortness of breath or chest pain since his operation and is now back to working in his garden, also has nothing but praise for Dr. Goldweit, Dr. Arnofsky, and the rest of the Englewood Hospital team.

“Everyone was well organized and worked well together,” Daniel says. “I really appreciate their expertise and rate my experience a 10 out of 10.”

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Rick and Perrin Seydlitz

# A Fall and a Fortunate Find

When a sudden fall led to the discovery of a tumor in Perrin Seydlitz's brain, she and her husband, Rick, turned to The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center for help.

“THE BLOODLESS  
INSTITUTE AT  
ENGLEWOOD  
HOSPITAL AND  
MEDICAL CENTER  
WAS THE VERY BEST.  
I CAN'T THINK OF  
ANYTHING THAT  
COULD HAVE BEEN  
DONE BETTER.”  
—Perrin Seydlitz,  
neurosurgery patient



Kevin C. Yao, MD

After a weekend of entertaining friends in Tuxedo Park, New York, Perrin felt herself getting dizzy.

“I got up to answer the door and told my friend that I felt like I was going to pass out,” Perrin says. “Before I knew it, I was on the floor.”

During the fall, Perrin hit her head on the leg of an antique butcher block. Concerned about a concussion, Rick took Perrin to their local hospital the next day.

## A Surprising Find

Doctors ordered a computed tomography (CT) scan of Perrin's brain. There was no bleeding or signs of concussion, but doctors were surprised by what the images did reveal: an abnormal mass growing from the base of her skull into her brain.

Because she is one of Jehovah's Witnesses, Perrin elected to go to The Bloodless Institute at Englewood Hospital once she knew she had a tumor. There, doctors quickly diagnosed her with a meningioma—a slow-growing, benign tumor.

“Even though the tumor was large enough to cause severe compression of the base of her brain, the brainstem, Perrin didn't have any symptoms from it,” says Kevin C. Yao, MD, neurosurgeon at The Bloodless Institute. “Perrin passing out had nothing to do with the tumor, but the tumor would have continued to grow if it hadn't been discovered. It was just a matter of time before

Perrin would have had problematic symptoms caused by this tumor.”

## Respectful Intervention

“I really appreciated that Dr. Yao did not rush us out of the office,” Perrin recalls. “He wanted to make sure we understood everything, and he spoke to us in a down-to-earth way so we could understand everything he was telling us. He was very respectful.”

Dr. Yao advised the Seydlitz family that Perrin's best option was surgery. On February 4, 2016, Dr. Yao temporarily created a small opening in Perrin's skull to gain access to the tumor that originated from under her brain.

The team at The Bloodless Institute had made sure Perrin was ready for surgery. Dr. Yao paid special attention, meticulously minimizing and stopping Perrin's blood loss as he worked, knowing that a blood transfusion was not an option.

Following surgery, Perrin recovered in Englewood Hospital for four days, and she returned to work six weeks later. Despite severe brainstem compression and entrapment of major nerves by the tumor, Perrin has had no side effects from the surgery other than mild double vision that does not impair her day-to-day life.

“We had a good experience working with Dr. Yao,” Rick says. “He explained each step of the process, always took the time to answer our questions, and was clear about what to expect. The question of blood was never an issue. We knew that our beliefs would be respected at The Bloodless Institute.”

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# Medical Director's Corner



## Helping the World Better Understand Patient Blood Management

Directors at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center are teaching others around the world about patient blood management.

Sherri Ozawa, RN, Clinical Director for The Bloodless Institute, and Aryeh Shander, MD, Executive Medical Director for The Bloodless Institute, traveled to Milan, Italy, in March for the 2016 ANEMO Conference. This conference was dedicated to exploring the best methods for patient blood management.

During the conference, Ms. Ozawa and Dr. Shander explained The Bloodless Institute's program, providing evidence about the value of bloodless medicine while offering guidance about patient blood management and information about the importance of preoperative care for patients. As a result of preoperative testing, medical conditions that can interfere with surgical success—such as anemia—can be addressed and controlled to prevent the need for a blood transfusion.

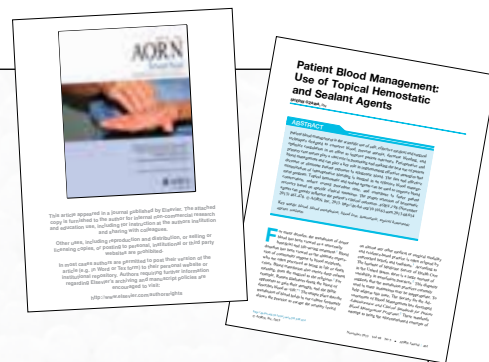
### The Need for Better Care

Across the world, healthcare providers are searching for alternatives to blood transfusions. In some parts of the world, blood isn't readily available for transfusion, or testing donated blood for disease isn't possible. As a result, transfusions are impossible or risky, even if patients are willing to receive blood. By implementing the blood conservation tools already in place at The Bloodless Institute, other hospitals can learn to practice blood management techniques that eliminate or reduce the need for transfusions.

"It was enlightening to see The Bloodless Institute on the world stage as a leader in patient blood management," Ms. Ozawa says.

"Because we attended with speakers from Australia and throughout Europe, we also got a worldwide perspective on advancements in the field and the work still left to be done."

*To learn more about patient blood management, visit [www.bloodlessmed.org](http://www.bloodlessmed.org).*



## Setting the Example

The Association of periOperative Registered Nurses (AORN) conference in 2016 provided an excellent opportunity to promote the benefits of patient blood management.

For members of AORN, patient blood management is critical for future success.

"Blood transfusion is the most common procedure in hospitals today," says Sherri Ozawa, RN, Clinical Director for The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. "Half of blood is going to surgical patients—which is why it's critical that perioperative nurses understand issues of transfusion, blood conservation, and anemia. Although patient blood management has been overlooked in medicine for many years, it's getting attention because of the cost and complications of blood transfusion."

### Working for Patients

At the 2016 AORN Conference in Anaheim, California, Ms. Ozawa reviewed her previously published research about establishing a patient blood management program in a community hospital. Although Englewood is a community hospital, it has become an international leader in bloodless care, and Ms. Ozawa was able to use the national platform of the AORN conference to share powerful information about alternatives to blood transfusions.

"Blood transfusion is still the default for most patients and physicians, and we want to change that," Ms. Ozawa says. "It's an interesting thing to speak to nurses who constantly use blood but have never given a second thought to the consequences or potential complications."

*To learn more about bloodless medicine, visit [www.bloodlessmed.org](http://www.bloodlessmed.org).*



Choices is a publication of the Marketing and Communications Department of Englewood Hospital. This publication in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

# “No Blood” Products



Hand Sanitizer \$1



Key Chain \$4



Gel Wristband \$.50



Battery Charger \$9  
(for iPhone/iPad)



Gym Bag \$8



Medi-Kit \$8



Travel Mug \$8



Mini Speaker \$10  
(for iPhone/iPad)



Cellphone Holder \$3



Dog Tag \$5



Hand Sanitizer \$1

Please send a check or money order made out to: “Bloodless Fund” with a list of the items you would like to receive.

If you prefer to pay by credit card, please call Olga Kelly with your card number and order details at 888-766-2566.

Please mail your check or money order to:

Englewood Hospital  
Bloodless Institute  
350 Engle Street  
Englewood, NJ 07631

Attn: Olga Kelly