


Choices

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ENGLEWOOD
HOSPITAL AND MEDICAL CENTER

The Institute for
Patient Blood Management &
Bloodless Medicine and Surgery



Treating Unexplained Blood Loss for a *Bloodless Medicine and Surgery Patient* Page 2

COMPLEX SURGERY AT
THE BLOODLESS INSTITUTE

BLOODLESSLY FIXING UTERINE FIBROIDS



Miki Kilmartin

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I HAVE NOTHING BUT THE HIGHEST PRAISE FOR DR. BROWER AND THE TEAM AT ENGLEWOOD HOSPITAL. HE MADE TIME TO SEE ME EVERY DAY I WAS IN THE HOSPITAL. I NEVER HAD TO WONDER WHETHER OR NOT THEY WOULD RESPECT MY WISHES ABOUT NOT HAVING A BLOOD TRANSFUSION. I KNEW I WAS IN THE RIGHT PLACE.

—Sondra “Miki” Kilmartin, patient of
The Bloodless Institute

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THE FIX

An unexpected complication during emergency gallbladder surgery left Sondra “Miki” Kilmartin fighting for her life and searching for a medical team who could help her regain her health on her own terms.



Steven Brower, MD

Life on the farm can be tough, but tough didn't begin to describe the pain Miki experienced on her right side on March 16. She'd dealt with abdominal discomfort for

months, but when it peaked, Miki checked herself in to an emergency room near her Fultonville, New York, home. There, doctors discovered that her gallbladder was about to burst and quickly moved to take it out. Soon after, Miki went back home hoping for a swift recovery. But something wasn't right.

A Life-threatening Emergency

“Even though my gallbladder was gone, I kept getting sharp pains on my right side,” Miki says. “Three days after surgery, my eyes turned yellow. That's when I knew something was very wrong.”

After Miki was rushed back to the hospital, tests revealed that her common bile duct wasn't working. The bile Miki's liver was creating had nowhere to go, and it was pooling in her abdomen, slowly poisoning her. Untreated, this could have cost Miki her life.

Miki needed advanced emergency care. She was transferred to a hospital in Albany where doctors put ports in her abdomen to drain the bile. But the ports were just a patch on a much bigger problem, not a permanent solution. She needed surgery to put her bile system back together, and Miki was terrified because she knew she needed major surgery, and getting a blood transfusion wasn't an option for her.

In Good Hands

Miki searched far and wide for a surgeon with the right skills to save her life who would respect her wishes to not have a blood transfusion. She found a team that gave her hope more than 150 miles from home. At The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, Steven Brower, MD, Director of Hepatobiliary and Pancreatic Surgery, was an obvious fit for her case.

“When I met Miki, her bile duct wasn't connected to the liver at all,” Dr. Brower says. “The only way to fix that is to perform a complicated surgery.”

Even in the skilled hands of Dr. Brower, Miki was going to lose some blood during the lengthy procedure he would need to perform to save her life. To prepare her, Dr. Brower and his team built up Miki's blood supply with a pre-procedure iron infusion.

The operation took six hours. Dr. Brower painstakingly attached part of Miki's liver ducts to a loop of intestine to direct the flow of bile from her liver to her intestines. Preparations and Dr. Brower's blood-preserving surgical techniques kept Miki's blood levels safe even though she had a complicated procedure without a transfusion.

“That hospital and its doctors are the finest I've ever worked with,” Miki says. “I was so impressed.”

Two weeks after surgery, Miki went home. And in September, Dr. Brower removed her final bile drainage ports. Her body naturally drains bile, and her liver levels are back to normal.

Miki is back on the farm, raising goats, riding horses, and living her life. She has Dr. Brower and the team at Englewood Hospital to thank for that.

To learn more about The Bloodless Institute, visit www.bloodlessmed.org. Call 1-888-766-2566 for a referral to a bloodless management physician.

Farewell, Fibroids

Hello, life. After more than a year of feeling trapped by uterine fibroid pain, Kisha Dawkins is finally free.



Nimesh Nagarsheth, MD

Kisha, a project consultant from Newark, New Jersey, learned she had uterine fibroids—noncancerous tumors in the wall of the uterus—in 2015. They didn't trouble her at first, but that soon changed.

"In early 2015, I noticed my menstrual cycles becoming heavier and heavier," Kisha says. "Eventually, I was scheduling my life around the excessive bleeding. It affected my ability to work and made it necessary to stay home much of the time.

The pain was so excruciating it made me nauseated. I became very anxious because I thought surgery with blood transfusions was the only treatment that physicians would consider, and this was not an option for me."

By January 2016, Kisha had become severely anemic due to the bleeding she'd been experiencing. Her sister, a former patient of The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, took her there for anemia treatment. Kisha didn't realize it at the time, but the visit was her first step on the road to a fibroid-free future.

Treatment Without Transfusions

Over several days, the medical team raised the iron levels in Kisha's blood. When she returned to the hospital for a follow-up visit with the

hematologist after discharge, Kisha learned about the possibility of bloodless surgery for her fibroids at The Bloodless Institute. In early April, she met with Nimesh Nagarsheth, MD, Director of Robotic Surgery and Director of Gynecologic Oncology at Englewood Hospital.

"Magnetic resonance imaging showed that several fibroids had caused Kisha's uterus to become so large that it resembled the uterus of a woman who was 20 weeks pregnant," Dr. Nagarsheth says. "Having children wasn't a priority for Kisha, so we recommended a hysterectomy and removal of the fallopian tubes to stop her fibroid issues. If patients desire fertility, we consider removing the fibroids and leaving the uterus. For Kisha, removing the uterus was the best option because it carried less risk of complications and bleeding."

After Kisha received four iron infusions to boost her blood levels before surgery, Dr. Nagarsheth performed the operation on April 25.

"I can't emphasize enough how nervous I was," Kisha says. "That made the kindness and sensitivity everyone at the hospital showed me so important."

The surgery went smoothly, and Kisha returned home three days later.

"I was in pain from the fibroids right up to the hour of surgery," she says. "Afterward, with the fibroids gone, I felt an immediate difference. Compared with the pain I was in, how I feel now is a 100 percent improvement."

If pain is controlling your life, don't delay seeking help because you think treatment has to involve the use of blood. Bloodless options are available. For a referral to a physician at The Bloodless Institute who can tell you about them, call 1-888-766-2566.

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RECEIVING CARE AT A HOSPITAL
THAT SUPPORTED MY WISHES FOR
BLOODLESS MEDICINE MEANT
EVERYTHING.

Kisha Dawkins, patient of The Bloodless Institute

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Kisha Dawkins



Jared and Katie Romaine with their sons, Jasper (3) and Henry (1)

A Place Where You Can Feel

SAFE

When Jared Romaine was transferred to The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center from another facility, he was relieved to find a place where he felt protected and respected.

Jared's journey to The Bloodless Institute began in July 2015. Jared, who had no known gastrointestinal health issues, used the restroom and suddenly started bleeding from his rectum. Jared called his primary care physician who referred him to an urgent care center. By the time Jared arrived at urgent care, he was no longer actively bleeding. The 35-year-old was referred to a local gastroenterologist and scheduled an appointment for the following Monday.

To find the cause of Jared's symptoms, his gastroenterologist recommended a colonoscopy and an upper gastrointestinal endoscopy. The tests were scheduled at a hospital in Port Jervis, New York, roughly 40 minutes from his home. During the colonoscopy, Jared's physician saw some bleeding within the colon and performed a small procedure to correct it. Jared was asked to stay in the hospital overnight and was told that if everything went well, he could return home in the morning.

Shortly after his procedure, Jared began bleeding heavily. By the middle of the night, his blood count had dropped to less than half of

normal levels—below 7g/dL, the threshold at which most physicians not with bloodless programs will perform a blood transfusion. One of Jehovah's Witnesses, Jared informed his medical team that he could not accept a blood transfusion. At that point, things became uncomfortable for both Jared and the on-call physician.

"The medical staff was well-intentioned, but it was clear they didn't want me there," Jared says. "It made me anxious because I didn't feel safe. I told them, 'I don't want you to feel uncomfortable, and I don't want to feel uncomfortable.' They called The Bloodless Institute and had me transferred that night."

At The Bloodless Institute, hematologists work closely with other members of the medical team to stabilize each patient's blood count. Some of the protocols in place to manage low blood counts and prevent transfusions include iron infusions, use of a medication called PROCIT—which helps boost red blood cell production—along with folate and vitamin B12 injections. Physicians also limit the amount of

blood that is drawn for diagnostic testing. Mark Sapienza, MD, Chief of Gastroenterology at Englewood Hospital, evaluated Jared and performed further tests. The bleeding had once again stopped, so Jared was given iron to improve his blood count and discharged home.

An 'Unusual' Case

For roughly 12 years prior to the onset of his rectal bleeding, Jared had dealt with intermittent sharp pain in his lower chest and upper stomach that would last for a few minutes to hours. Heart and lung tests showed no cause for concern, so his primary care physician thought Jared had acid reflux that could be controlled with diet. Several days after he was discharged from The Bloodless Institute, Jared began experiencing similar pain that was much sharper and unrelenting. He began bleeding again and was rushed back to Englewood Hospital. The cause of Jared's symptoms was unclear, so Dr. Sapienza performed another colonoscopy and a computed tomography (CT) scan. When physicians finally identified the source of Jared's illness, it came as a surprise.

"When doctors looked at the CT scan, they realized I had a large number of stones in my gallbladder," Jared says. "Some of the stones had pierced through my gallbladder and were putting pressure on my colon, which caused the bleeding."

"The diagnosis was very unusual," Dr. Sapienza adds. "It's not something that I've seen happen before, but it was definitely a good explanation for why he was bleeding."

Joining Forces to Save a Life

Jared needed surgery to remove his gallbladder and repair the portion of his colon that had been damaged by gallstones. Prior to his surgery, representatives from The Bloodless Institute met with Jared to discuss what bloodless techniques he felt comfortable receiving.

"The team met with me and reviewed all of my options," Jared says. "They made sure to ask if I needed more information or if I wanted to make any adjustments to my durable power of attorney. I also had a wristband, as well as a sign over my bed, that reflected my decision not to receive blood."

Eduardo Liriano, MD, general surgeon at Englewood Hospital, performed Jared's surgery. Eleven days after his successful procedure, Jared was able to return home for good.

"It was a scary situation, but throughout my entire experience, Drs. Sapienza and Liriano made me feel like everything was going to be OK," Jared says. "The entire staff at Englewood Hospital was also very respectful. I never felt uncomfortable or pressured because my religious beliefs were driving my medical decisions. The situation in Port Jervis was unexpected. My advice is to go to Englewood Hospital if you need a procedure and are afraid blood may become an issue. You'll feel safe, protected, and respected."

To learn more about the capabilities of The Bloodless Institute at Englewood Hospital, visit www.bloodlessmed.org or call 1-888-766-2566.

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IN MEDICINE, WE TEND TO
SEE MANY OF THE SAME
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IT'S IMPORTANT FOR PEOPLE
TO BE IN THE RIGHT PLACE.
AT ENGLEWOOD HOSPITAL
AND MEDICAL CENTER, WE
HAVE A TEAM OF EXPERIENCED
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PICKING UP ON AND MANAGING
UNUSUAL CONDITIONS.

— Mark Sapienza, MD,
Chief of Gastroenterology at Englewood Hospital

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Mark Sapienza, MD, and Eduardo Liriano, MD

Breast Cancer:

It's a Man's Disease, Too



Miguel A. Sanchez, MD

When you think about breast cancer, you automatically imagine a woman with the disease—but that's not always the case. Men also have breast ducts, so while rare, it's also possible for men to get breast cancer. If you have breast cancer symptoms, including lumps or nipple discharge, don't let embarrassment keep you from getting the help you need.

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BY FAR, THE MOST
IMPORTANT THING TO
KNOW IS THAT BREAST
CANCER DOES OCCUR
IN MEN. ANY TIME
ANYONE—MALE OR
FEMALE—NOTICES THE
PRESENCE OF A PAINLESS
MASS OR NIPPLE
DISCHARGE, HE OR SHE
NEEDS TO IMMEDIATELY
CONSULT A DOCTOR.

— Miguel A. Sanchez, MD, Chief of
Pathology and Medical Director of
The Leslie Simon Breast Care and
Cytodiagnosis Center at Englewood
Hospital and Medical Center

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Though about 99 percent of those with breast cancer are women, the American Cancer Society estimates that approximately 2,600 men are diagnosed with the disease each year.

Miguel A. Sanchez, MD, Chief of Pathology and Medical Director of The Leslie Simon Breast Care and Cytodiagnosis Center at Englewood Hospital and Medical Center, estimates he sees about four new cases of male breast cancer annually.

“Many men don't realize they can get breast cancer, so it's common for them to wait until they have a large lump to see a doctor,” Dr. Sanchez says. “Because of the delay in diagnosis, men frequently are diagnosed at a later stage.”

3 Fast Facts about Breast Cancer in Men

1. Signs and symptoms of breast cancer in men include lumps and changes in the breast. Any time you find a hard, dense lump or notice a change in your breast tissue, you should talk to a physician.

2. There are benign breast conditions that do not increase your cancer risk. Breast size (in men and women) has nothing to do with breast cancer. Increased breast tissue in men is called gynecomastia, and it alone does not increase your risk for breast cancer. However, some of the causes of gynecomastia—such as Klinefelter syndrome or liver disease—may also be linked to breast cancer. While rare, men may also have a benign breast tumor.

3. In men and women, breast cancer can be treated effectively. The removal of a cancerous lump, radiation therapy, and chemotherapy can work to control breast cancer. One of the forms of breast cancer in men, ductal carcinoma in situ, is almost always curable with surgery.

Are You at Risk?

No one knows exactly what causes the development of breast cancer in men. However, some risk factors include:

Age. The older you are, the higher your risk. The median age of diagnosis for men with breast cancer is age 68.

Family history. If you have close blood relatives with breast cancer, you may be at risk. About one in five men with breast cancer had a relative—male or female—with breast cancer.

Genetic mutation. A defect in the BRCA1 and BRCA2 genes results in an increased risk of breast cancer for men.

Radiation exposure. If you have had radiation exposure for treating cancers in the chest, such as lymphoma, you may have a higher chance of breast cancer.

Medical Director's Corner



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

Is Your Weight Making You Unhealthy?

We may be very careful to avoid unhealthy and unclean habits such as overuse of alcohol, smoking, and use of illicit or illegal drugs, as the risks of such activities far outweigh any temporary pleasure gained. One area, however, that is of growing concern to us in the medical community, is the rising rate of obesity, amongst both adults and children.

Interestingly, many scientists are now doing studies to compare the long-term health impact of smoking (which we now know a lot about) with the long-term impact of being overweight/obese (which we do not know quite as much about). The questions are: "Can being overweight or obese really be as bad for your health as smoking?" and "Will just a few extra pounds really have a dramatic impact on your health?" The answers may surprise you.

We may all be well aware that smoking creates an increased risk for certain diseases, but what many people don't realize is that obesity is associated with an increased risk of many diseases—beyond just the ones that we hear a lot about like high blood pressure and heart disease. Did you know that obesity is linked to an increased risk of depression, anxiety, breast, colon, liver, and endometrial cancers, as well as diabetes and gallbladder disease, amongst many other problems?

So, for some background—while smoking rates (at least in the US and Canada) are actually on the decline, obesity rates are rising quickly. Approximately two-thirds of Americans and Canadians are overweight, and almost half of those are considered obese.

If you would like to see where you fall on the spectrum of weight measurement, please visit www.cdc.gov/obesity.



By Sherri Ozawa, RN, Clinical Director of The Bloodless Institute

Maintaining a Healthy Weight Lifestyle

We would all agree that life is a precious gift, and that treating our physical bodies with care and respect is important. However, it is estimated that one-third of American children between 2 and 19 years old are overweight. Of even more concern? Obesity falls very closely behind smoking in annual premature deaths—324,000—as compared to smoking's 443,000.

In terms of money spent, obesity exceeds smoking in yearly medical costs with a staggering \$147 BILLION spent versus \$97 billion for smoking.

So what has happened? And how does this impact your thinking and choices? Simply put, Americans eat far more of the wrong kinds of foods than they did in the past. Readily available and relatively inexpensive processed foods, loaded with sugar, high fructose corn syrup, and lots of salt, make up the majority of the modern American diet. Ninety percent of money that Americans spend on food is used in restaurants and in buying processed food.

In addition, the pervasive use of technology, while a help in many ways, has also meant that both children and adults lead much more sedentary lives than in generations past. Eight out of 10 adults are not doing the recommended amount of weekly exercise (like walking 30 minutes a day five times a week), and more than 80 percent of kids don't get the recommended hour of daily exercise.

To show our appreciation for this gift of life and to act responsibly in maintaining our health, the challenge of achieving and maintaining a healthy weight lifestyle, while very challenging, is critical.

We may get a certain amount of pleasure from indulging in foods that we enjoy, but that may be unhealthy for us. We must exercise self-control in our choices. This speaks well of our regard for our own bodies and those of our loved ones, too.

"No Blood" Products



Hand Sanitizer
Spray \$1



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(for iPhone/iPad)



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(for iPhone/iPad)



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Gel \$1



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Medi-Kit \$8

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Phone orders can be placed on Mondays, Tuesdays, and Thursdays between 8 a.m. and 3:30 p.m., EST.

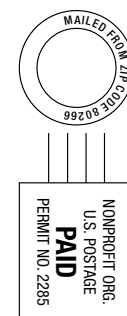
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Englewood Hospital
Bloodless Institute
350 Engle Street
Englewood, NJ 07631
Attn: Olga Kelly

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[News Brief]

Zika and Blood Transfusions

At least two cases of the Zika virus have likely been transmitted via blood transfusion in Brazil, The *New England Journal of Medicine* reported in late August.

The South American country—a hotbed for Zika activity—currently doesn't screen blood donors for the virus, which can cause severe birth defects in babies born to mothers with the infection. According to the report, the donor hadn't shown any symptoms for Zika when he donated blood in mid-January, but he later called the blood bank and reported that he was experiencing joint pain and a rash. He was subsequently diagnosed with Zika.

Following his diagnosis, samples of the blood he donated were also tested and revealed the presence of Zika.

The two people who had received the tainted blood were tested, and Zika was detected. Fortunately, neither of the patients experienced Zika-like symptoms while the investigation was ongoing.



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