

Choices

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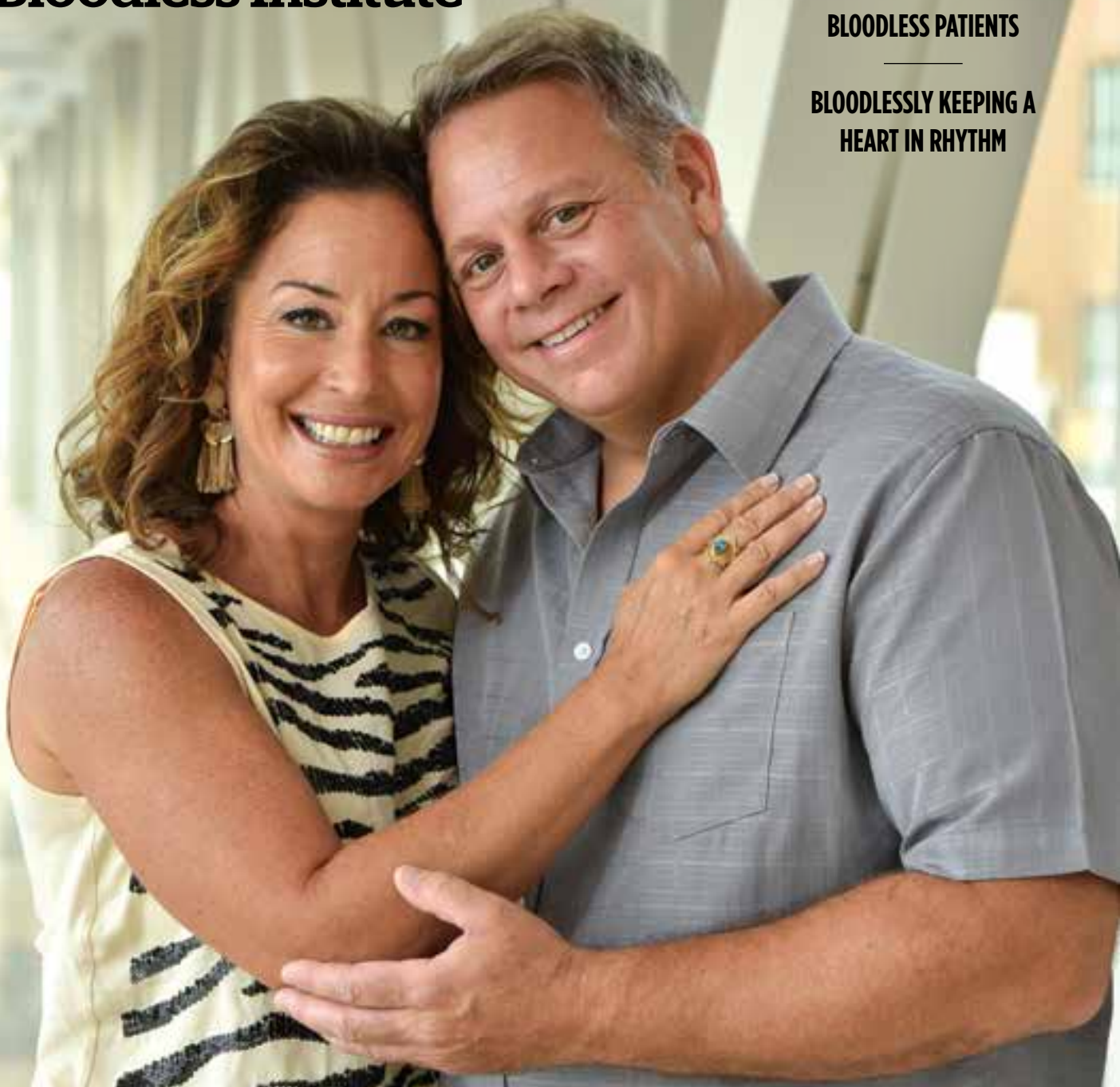
ENGLEWOOD
HEALTH

Institute for Patient
Blood Management and Bloodless
Medicine and Surgery

Closing the Book on *Pancreatic Cancer* at The Bloodless Institute

**COLORECTAL CANCER
SCREENINGS: CRITICAL FOR
BLOODLESS PATIENTS**

**BLOODLESSLY KEEPING A
HEART IN RHYTHM**



The Art of *Ablation*

A pair of procedures to correct an abnormal heart rhythm helped ensure that artist C. Clifford Brown Jr. could keep creating.



C. Clifford Brown Jr.



Grant Simons, MD

Clifford, a 65-year-old account executive, loves to draw, paint, and promote jazz in his hometown of New Brunswick, New Jersey. Early this year, however, his heart rhythm was anything but harmonious.

“I was experiencing dizziness and fainting spells,” Clifford says. “My cardiologist was concerned about my heart rate, so he referred me to an electrophysiologist, who recommended I have an ablation procedure.”

Clifford wanted to ensure the ablation—a procedure that uses catheter-delivered radio frequency energy to

destroy the tissue in the heart that is the source of an arrhythmia—would be free of blood and blood products, so he contacted the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

A Dangerous Beat

Clifford was wise not to delay seeking help for his heart.

“Clifford had complex ventricular ectopy—frequent extra heartbeats from the lower left chamber of his heart,” says Grant Simons, MD, FACC, FHRS, Chief of Heart Rhythm Services at Englewood Health, who met with Clifford in early 2018. “They put him at significant risk of developing cardiomyopathy, a weak heart that, if left unchecked, could have led to heart failure.”

Treatment Times Two

To ablate the problematic tissue in Clifford’s heart, Dr. Simons had two options: send a catheter through a vein in the groin to get to the organ—the option with the lowest risk of bleeding—or through an artery. He chose the venous route, and, in April, the procedure went

smoothly. Unfortunately, the abnormal rhythm returned, and Clifford had to have a second ablation in August using the arterial approach (see “Bloodless Care Takes Teamwork”). That one did the trick.

“I feel pretty good now,” Clifford says. “Working with The Bloodless Institute was excellent. Everyone there made sure the care team was onboard with my wishes about bloodless medicine. That gave me great comfort knowing they were looking out for my overall health.”

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

BLOODLESS CARE TAKES TEAMWORK

C. Clifford Brown Jr.’s second cardiac ablation exemplified the collaborative effort that is a hallmark of bloodless medicine at Englewood Health.

To perform the procedure, Grant Simons, MD, FACC, FHRS, Chief of Heart Rhythm Services at Englewood Health, had to access Clifford’s heart by sending a catheter through an artery. To minimize bleeding, Dr. Simons set up a closed-loop system to circulate blood from the spot of a bleed back into the bloodstream and used a micro-puncture needle to insert the catheter. He also called in reinforcement: Englewood Health interventional cardiologist Ramin Hastings, MD.

“When we got into the artery, Dr. Hastings pre-closed it—he put in place a set of sutures that would allow us to sew the vessel shut when we finished,” Dr. Simons says. “It’s a very effective technique to reduce the risk of bleeding.”

From Our Associate Director

The Importance of Being Screened

Colorectal cancer screenings are especially important for patients who cannot receive blood transfusions.

Colorectal cancer accounts for the second highest number of cancer deaths in the United States. However, colorectal cancer is highly treatable when detected early, which makes screening important for both men and women.

When to Get Screened

Some debate surrounds when people should start getting screened for colorectal cancer, but the typical consensus is that getting screened at age 45 or 50 years old is appropriate for most people with average risk for colorectal cancer. African-Americans and those with family history of colorectal cancer should speak with their doctors about getting screened earlier.

“If you have a family history of colorectal cancer, you may want to get screened 10 years earlier than when your family member was diagnosed,” says Michael Meininger, MD, gastroenterologist and Associate Director of the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

Types of Screenings

There are three main options for colorectal cancer screenings: colonoscopies, virtual colonoscopies and stool-based tests.

During a colonoscopy, an endoscope is used to examine the colon and rectum for abnormalities. Colonoscopies are considered the gold standard for screening, since precancerous polyps can be removed during the procedure without the need for a second appointment.

However, some people may opt for one of the other screening options,



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I’VE GIVEN THIS TALK MULTIPLE TIMES TO PATIENTS, AND I ALWAYS END IT THE SAME WAY. DON’T BE A STATISTIC—GET SCREENED.

—Michael Meininger, MD, gastroenterologist and Associate Director of the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health

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which is perfectly acceptable. No matter the method, getting screened is the most important step for detecting colorectal cancer early.

Both virtual colonoscopy and stool-based tests are less invasive than colonoscopies. Usually, a positive test from either of these screenings will necessitate a follow-up colonoscopy to confirm the results.

“Virtual colonoscopies are CT scans that examine the colon, while stool-based studies examine DNA and other factors that may point to colorectal cancer,” Dr. Meininger says.

Screenings should be scheduled according to your doctor’s advice. Most often, colonoscopies are required every 10 years or less, virtual colonoscopies every five years or less, and stool-based tests as frequently as every year.

Safer Treatment

Patients who don’t accept blood transfusions should be particularly vigilant when it comes to colorectal cancer screenings.

“Colon polyps and cancer can bleed and cause anemia if left untreated,” Dr. Meininger says. “In addition, detecting cancer earlier can limit the extent of surgery required for treatment, thus limiting the chance of blood loss.”

For example, surgically removing a tumor is less complicated than removing an entire section of the colon. Detecting and treating colorectal cancer earlier may also decrease the need for additional therapies such as chemotherapy or radiation therapy.

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IT'S CRITICAL TO HAVE TEAMWORK AND COMMUNICATION BETWEEN THE HEALTHCARE WORKERS—THE DOCTORS, NURSES, AND OTHERS—AND THE FAMILY, SO WE CAN FULLY UNDERSTAND AND COMPLETELY FOLLOW THEIR WISHES. PATIENTS SHOULD BE CONFIDENT THAT IN MOST ANY OPERATION THEY HAVE, WHETHER IT'S PANCREAS SURGERY OR BRAIN SURGERY, THAT THERE ARE EXPERTS IN THIS COUNTRY WHO ARE CONFIDENT THEY CAN ACHIEVE ALL THE WISHES OF BLOODLESS PATIENTS.

—Steven Brower, MD, Chief of Cancer Surgery, Medical Director of the Lefcourt Family Cancer Treatment and Wellness Center

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Institute Manager Ramón Correa with Amber and Jason McMurtrie

Double Delivery

When Jason McMurtrie was diagnosed with a rare pancreatic tumor, he wanted two things: an expert to remove it and a team that would honor his wishes for bloodless care. He found both at Englewood Health.



Steven Brower, MD

Jason, a 47-year-old airport facility manager, and his wife, Amber, love to travel—they split their time between Pennsylvania and the island of Grenada. In the fall of 2017, Jason received news that threw his life off course: He was diagnosed with a rare malignancy called a pancreatic neuroendocrine tumor, and he needed surgery to remove it.

“The first surgeon I saw, in Pittsburgh, said he always kept blood available for use in the operating room but would make an exception for me,” Jason says. “I wanted to have surgery where blood is not considered an option.”

In Expert Hands

This past spring, research and the recommendation of a friend led the McMurtries to the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health and pancreatic neuroendocrine tumor expert Steven Brower, MD, Chief of Cancer Surgery and Medical Director of the Lefcourt Family Cancer Treatment and Wellness Center at Englewood Health. Surgery on the pancreas is difficult to begin with, Dr. Brower says, but Jason’s tumor resided in an especially tricky spot—in the center of the organ atop a large artery and vein.

“With our radiologists’ help, we mapped out a laparoscopic operation that could remove the growth and leave a normal, functioning pancreas instead of having to remove half or two-thirds of the organ,” Dr. Brower says. “Removing that much of the pancreas would have increased Jason’s risk of hormonal or digestive dysfunction.”

Jason was nervous about the surgery but ready to have it.

“My anxiety stemmed from the thought of having my first major surgery,” he says. “I spoke with Dr. Brower and his team about how I was feeling, and they were very caring. They sent an email of encouragement and confidence to let me know I was in good hands.”

Continuing His Story

On September 6, Dr. Brower removed the tumor through several small incisions in Jason’s abdomen. The surgery went off without a hitch. Jason didn’t lose any blood, and the operating team did not have to use the cell saver machine to recirculate Jason’s own blood in a closed system—something they were prepared to do. After four nights in the hospital, Jason returned home to Pennsylvania. With the tumor gone, his future is bright.

“Going forward, I’ll have a few more checkups, but Dr. Brower feels confident that chapter of my life is closed,” Jason says. “That makes me happy.”

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IF YOU WANT PEACE
OF MIND REGARDING
YOUR HEALTH, AND
ESPECIALLY IF YOU WANT
BLOODLESS CARE FROM
SUPERB HEALTHCARE
PROFESSIONALS,
ENGLEWOOD HEALTH IS
THE CHOICE.

—Amber McMurtrie, whose husband, Jason, underwent bloodless surgery for a rare pancreatic tumor at Englewood Health in September 2018

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Jason and Amber McMurtrie



Getting to Know Dr. Jingjing Sherman

A love of problem-solving and desire to help her community led Jingjing Sherman, MD, general and bariatric surgeon, to the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

Dr. Sherman studied bioengineering as an undergraduate at the University of Pennsylvania. She spent much of her time there working with PhD candidates on healthcare-related projects.

“I realized I wanted to help patients, and not just from the science, lab-based perspective,” Dr. Sherman recalls. “I wanted to be involved in patient care.”

Dr. Sherman enrolled in medical school and her interests soon turned to surgery. She found that her bioengineering background fit perfectly with this new direction.

“There’s a lot of problem-solving in surgery,” Dr. Sherman says. “You have a set of tools, knowledge, and skills, and you have to apply that to every individual situation, even if the pathology or surgical procedure is the same as the last one.”

Perfect Fit

Dr. Sherman’s new passion was fostered at the Ichan School of Medicine at Mount Sinai, where she completed her medical degree and general surgery residency, and at Lahey Hospital and Medical Center, where she completed her bariatric surgery fellowship. She found that bariatric surgery was just the specialty she was looking for.

“It’s a unique branch of surgery that requires special training,” Dr. Sherman says. “It’s very technical, but at the same time, there’s an art to it.”

Dr. Sherman appreciates being able to treat chronic medical problems that affect

all aspects of her patients’ lives. In addition to addressing weight concerns, bariatric surgery can aid in managing diabetes and high blood pressure while helping people live longer.

At Home at Englewood Health

During her residency, Dr. Sherman heard wonderful things about Englewood Health from some of her fellow residents who performed rotations there. Once she completed her residency at Mount Sinai, Dr. Sherman joined Englewood Health.

“I like that Englewood Health has close ties to the community and is also a teaching institution with residents,” Dr. Sherman says.

Six months after joining Englewood Health, Dr. Sherman learned about the Institute for Patient Blood Management and Bloodless Medicine and Surgery. She was intrigued by the program and decided to become part of it.

“They presented compelling evidence regarding how not giving transfusions can be better for patients,” Dr. Sherman says. “It really appealed to my scientific side.”

Since joining Englewood Health, Dr. Sherman has enjoyed exploring New York City with her husband and 3-year-old son and is always on the lookout for new, healthy recipes to try with her family.

Visit www.inglewoodhealth.org/providers/jinjing-sherman to learn more about Dr. Sherman.

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BARIATRIC SURGERY HAS COME A LONG WAY IN THE LAST 20 YEARS, AND IT’S ABSOLUTELY POSSIBLE TO PERFORM WITHOUT BLOOD TRANSFUSIONS. DON’T LET MISCONCEPTIONS BE A HINDRANCE IF YOU WANT TO DO SOMETHING TO CHANGE YOUR LIFE.

—Jingjing Sherman, MD, general and bariatric surgeon at Englewood Health

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Jingjing Sherman, MD



Robert Malovany, MD

Legends of The Bloodless Institute:

Dr. Robert Malovany

Pulmonary specialist Robert Malovany, MD, is dedicated to honoring the beliefs of his patients while also communicating the clinical benefits of bloodless medicine.

A native of New Jersey, Dr. Malovany did not see himself in medicine until he was well into his college career. But once he discovered the field was a great fit for his career desires, Dr. Malovany embarked on a lifelong journey to serve others through science. He attended medical school at Sidney Kimmel Medical College in Philadelphia, Pennsylvania, and completed his residency at Albert Einstein – Montefiore Medical Center in Bronx, New York, before launching his career as a pulmonary medicine and internal medicine specialist.

“When I finished my training, I stayed at Montefiore for one year working full-time,” Dr. Malovany says. “When the job with Englewood opened up, I took it, and that ultimately has turned out to be a very good decision.”

Since 1976, Dr. Malovany has served as a pulmonary medicine and internal medicine specialist at Englewood Health.

“In the beginning we [Englewood Health] had no medical school affiliation, but we did have some teaching responsibility with residents and had a strong medical staff in subspecialty areas in internal medicine,” Dr. Malovany says. “We always had a higher vision of ourselves. We wanted to be more than a routine community hospital and are still constantly searching for excellence by beginning new programs and trying to do the best for the community we serve.”

Partnering for Critical Care

Early on in his career at Englewood Health, Dr. Malovany teamed up with anesthesiologist Aryeh Shander, MD, who also trained at Montefiore.

“The two of us decided to advance critical care medicine at Englewood, and we did it as partners,” Dr. Malovany says. “Establishing a full-time critical care program was a real step forward for this institution.”

Later, Englewood Health was approached by Jehovah’s Witnesses who wanted to find a hospital that would provide their medical care while respecting their wishes for no blood transfusions. Dr. Malovany embraced the opportunity to learn from this community and has been dedicated to practicing bloodless medicine ever since.

“When you have a group of people who feel the way they do with sincere beliefs, you cannot look the other way,” Dr. Malovany says. “By acting in partnership with this community, we have learned how to deal with critically ill patients and do it in a better way.”

Specifically, Dr. Malovany notes that his experience serving the Witness community helped him learn that bloodless medicine can offer superior solutions, specifically in the areas of pulmonary medicine and cardiac surgery.

“We have built an excellent cardiac surgery program here on the foundation of our bloodless program,” Dr. Malovany says. “We have the data to demonstrate that bloodless medicine can actually be a better option when dealing with cardiology and pulmonary health. This is not just about a matter of personal preference.”

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Englewood Health:

A 'Must See' During a Trip to the U.S.

During the Society for the Advancement of Blood Management's annual meeting, held September 13–15 in Brooklyn, New York, representatives from countries spanning the globe visited Englewood Health for a tour. These conference attendees, all of whom have a special interest in bloodless medicine and surgery, wanted to tour the health system that pioneered the practice and see the techniques and technology they had read and heard about for decades.

Physicians and other healthcare providers from Italy, Singapore, Malaysia, Korea, and Switzerland met with representatives of the Institute for Patient Blood Management and Bloodless Medicine and Surgery. Pictured are (front row, from left) Monica Fucentese de Haller; Sze Min Loh; Sherri Ozawa, RN, Clinical Director, The Bloodless Institute; Aryeh Shander, MD, Executive Medical Director, The Bloodless Institute; Nancy Solomon, Coordinator for Program Development, The Bloodless Institute; Ananthi Krishnamoorthy. Back row, from left: Gregg Lobel, MD, anesthesiologist, Englewood Health; Ramón Correa, Manager, The Bloodless Institute; Davide Borgarello; and Kenneth Chung.

