A Pain-Free Route

Hip pain was making it increasingly difficult for truck driver Trannie Franklin to climb in and out of his cab. Now, with two replaced hips, he’s looking forward to the rest of his journey.

Trannie, a 63-year-old grandfather from Somerset, New Jersey, first noticed discomfort in his left hip in 2012. By the end of the year, it was so severe that, after researching bloodless medicine and surgery programs, he visited the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health and met with orthopedic surgeon Jonathan Archer, MD, FAAOS. A pain-relieving injection provided only temporary respite for Trannie, so Dr. Archer recommended hip replacement surgery.

“I’d never had surgery like that,” Trannie says. “I was so nervous—almost scared.”

Replacement was the surest way to treat the pain.

“In an arthritic joint like Trannie’s, the bones rub against each other because the cartilage, which is protective, has worn out. That causes pain,” Dr. Archer says. “When we perform hip replacement, we attach implants on the end of each bone so that when they move, the pain is gone.”

Confident he was in good hands, Trannie had surgery in early 2013, with excellent results. After several months of rehabilitation and recovery, he returned to work later in the year.

“For about four years, my quality of life greatly improved,” he says. “I walked, went to the gym every other day, and felt strong. I was so glad I had the surgery.”

Ready for Full Relief

Beginning in 2017, Trannie felt a familiar, unwelcome sensation: pain, this time originating in his right hip. That’s not uncommon, Dr. Archer says—people who develop hip arthritis often do so on both sides, but one typically progresses faster.

“The pain got worse and worse, but it wasn’t as bad as the left hip had been,” Trannie says. “I didn’t want my quality of life to decline like it had before, so I told Dr. Archer I was ready to have my right hip replaced.”

Dr. Archer replaced Trannie’s right hip in November 2018. Still recovering, Trannie is confident the results will, once again, make life easier, and he looks forward to getting back to his active routine.

“Bloodless care is major for me,” Trannie says. “At Englewood Health, from the time I walked in the door, everyone respected my wish for bloodless care. It’s the best hospital I’ve ever visited.”

Don’t let joint pain keep you from working or enjoying the activities you love. To learn more about The Bloodless Institute, visit www.bloodlessmed.org. For a referral to a bloodless physician, call 888-766-2566.

“Patients can feel comfortable knowing what Englewood Health has accomplished to make complex surgeries, such as hip replacement, safe for not only those for whom blood is not an option but also for all patients. We see patients that other programs consider too risky to operate on and perform their surgeries safely.”

—Jonathan Archer, MD, FAAOS, orthopedic surgeon at Englewood Health
Words from the Chief

The Chief of Surgery and Surgical Services at Englewood Health explains how new techniques and technologies help patients who require bloodless surgery.

At Englewood Health, the development of new techniques and technologies is constantly expanding to better serve patients, says James McGinty, MD, who serves as Chief of Surgery and Surgical Services at Englewood Health.

“We’re continually evaluating our processes and looking for new techniques to reduce blood loss in order to effectively treat our patients in the safest way possible,” Dr. McGinty says. “We’re also reinvesting in technology to help patients recover faster from surgery.”

Minimally invasive techniques and technology have contributed to this goal.

“We’re able to perform surgeries and major operations through smaller incisions,” Dr. McGinty says. “This not only benefits patients in terms of pain and recovery, but it also reduces the amount of blood loss and shifting of fluids that can occur from inflammation associated with larger incisions.”

Incision Precision
In addition to smaller incisions, advanced imaging technology used during minimally invasive procedures allows surgeons to be more accurate and precise in their actions, which further helps reduce blood loss.

“High definition cameras and monitors show us blood vessels that you would barely be able to see with the naked eye,” Dr. McGinty says.

Dr. McGinty will also oversee the implementation of a new robotic technology platform. This platform, which will supplement the da Vinci® Surgical System already in use for some surgical procedures at Englewood Health, allows surgeons to use minimally invasive techniques for additional procedures that would otherwise require larger, open incisions.

“The big advantage of robotic technology is that the tips of surgical instruments can move with a wider degree of freedom than the human wrist,” Dr. McGinty says. “This lets us work in tighter spaces and difficult areas of the body.”

Seal of Approval
Beyond enhancing laparoscopic instruments with robotic technology, Englewood Hospital’s Surgery Department has also moved away from traditional sutures when sealing and dividing blood vessels.

Now, surgeons use advanced devices to perform ligations and cauterizations—procedures to remove and close off vessels.

“Instead of pausing surgery, finding a blood vessel, and tying it off, we use electrical or mechanical energy to quickly seal off blood vessels,” Dr. McGinty says.

New radiofrequency ablation technology also allows surgeons to remove cancerous tumors from organs such as the liver without making large incisions.

“Instead of removing part of the liver, which can be very bloody, we place probes directly into tumors,” Dr. McGinty says. “Energy is then applied to the tumor, and the energy destroys cancer cells and helps us preserve more of the liver.”

The Department of Surgical Services has made tremendous advances in the past decade, and the program will continue to evaluate advanced procedures and technology that will allow it to expand.

Visit www.bloodlessmed.org to learn more about The Bloodless Institute. For a referral to a blood management physician, call 888-766-2566.
Christine Samuels likes to spend life on the move. Thanks to a bloodless triple heart bypass surgery at Englewood Health, she can look forward to more dancing, traveling, and involvement in her volunteer activities.

Last July, Christine, an 80-year-old retiree, thought the sweltering heat had left her dehydrated, so she went to a hospital near her home in Laurelton, New York, on Long Island.

“Once the physicians hydrated me, I felt fine,” Christine says. “But then one of the doctors told me I was having a heart attack. I was surprised, because I just felt hot. I had no pain.”

Unconvinced of the diagnosis, Christine sought a second opinion, and then a third. When a doctor told her that she would need bypass surgery to repair blockages in her arteries, Christine, for whom bloodless care is paramount, decided to visit the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. There, she met Adam Arnofsky, MD, Acting Chief, Department of Cardiothoracic Surgery.

“I had a hard time coming to grips with the fact that I’d had a heart attack,” Christine says. “What finally convinced me was when Dr. Arnofsky showed me the results of my angiogram and explained them clearly.”

Before surgery could take place, the medical team needed to ensure Christine could withstand the rigors of a complex procedure. An important part of that was increasing her hemoglobin, a protein that helps red blood cells transport oxygen.

“With Christine, we spent almost two months optimizing her health before surgery,” Dr. Arnofsky says. “In particular, we paid close attention to treating her for anemia.”

Christine regularly visited Englewood Health for hemoglobin-boosting injections leading up to her surgery. During the operation, which took place September 18, Dr. Arnofsky used vessels taken from elsewhere in Christine’s body to create new paths for blood to bypass the blocked arteries and reach her heart. After six days in the hospital and about three weeks in an outpatient rehabilitation facility, Christine returned home.

“I received nothing but good reports about my progress while I was in the rehab facility,” she says. “That’s because I had an excellent surgery and fantastic nursing care while I was at Englewood Health.”

Now feeling great, Christine still marvels at her experience with bloodless surgery as the one-year anniversary of her heart attack approaches.

“I was treated like royalty at Englewood Health,” she says. “There’s no better way I could describe my care.”

Learn about transfusion-free surgery at Englewood Health by visiting www.bloodlessmed.org or calling 888-766-2566.
The Right Choice for Bloodless Care

David Tarabocchia already trusted the staff at Englewood Health to provide excellent oncology care. A neurosurgeon with the Institute for Patient Blood Management and Bloodless Medicine and Surgery gave him one more reason to trust the world-renowned hospital.

David, who works in the engineering field in Waldwick, New Jersey, enjoys golfing and strength training at the gym. Since being diagnosed with low-grade B cell lymphoma a decade ago, David has seen Lewis M. Attas, MD, an oncologist at Englewood Health, regularly to monitor his cancer. In November 2017, David’s wife suggested he ask Dr. Attas for a PET scan.

“It had been a while since my last one, and we wanted to make sure everything was OK,” David says. “My oncologist agreed that it couldn’t hurt to look.”

A week and a half later, Dr. Attas called with devastating news: David had a tumor the size of a pingpong ball in his brain, and he would require surgery.

“I felt fine on the outside,” David remembers. “But I had no idea what was happening on the inside.”

The Right Choice

At Dr. Attas’s recommendation, David met with Kevin Yao, MD, Director of Neurosurgery Oncology at The Bloodless Institute.

“When I met Dr. Yao and his team, I knew they were the right choice. Dr. Yao honors the wishes of those who have concerns about surgery. He put my family and me at ease because he assured us there would be no blood transfusion, which was important to my religious beliefs.”

David’s tumor was on his pituitary gland, a pea-sized organ that sits at the base of the brain. Dr. Yao was able to remove the tumor using a minimally invasive procedure.

“David had an endoscopic resection of his pituitary tumor, which didn’t involve any visible surgical cutting,” Dr. Yao says. “The pituitary gland is adjacent to the air sinuses of the skull, so we were able to access his tumor by going through the nose. Specialized surgical techniques and endoscopic equipment allow us to use the normal nasal passages to do minimally invasive surgery of the brain.”

David was able to return to his life after a three-day stay at the hospital. Today, he is off prescription medications, his vision has improved, and—most importantly to him—he is back on the golf course.

“I was worried I wouldn’t be able to play after surgery,” David laughs. “I told the medical staff, ‘Just make sure I’m vertical so I can golf again.’”

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

“Englewood Health has an outstanding reputation as a hospital that performs bloodless surgery. I chose Englewood because I value my life and care.

—David Tarabocchia, who underwent bloodless brain surgery to remove a pituitary gland tumor at Englewood Health

Francesca and David Tarabocchia
Getting to Know

Dr. Anna Serur

Driven by her lifelong desire to take care of others, Anna Serur, MD, FACS, FASCRS, Chief of Colon and Rectal Surgery at Englewood Health, is a renowned colon and rectal surgeon and advocate for bloodless medicine.

As long as she can remember, Dr. Serur wanted to be a doctor. "I really felt that it was my calling," Dr. Serur says. "I did not have any family members who were doctors, but I really tried to expose myself to medicine throughout my life."

Dr. Serur was born in Moscow and moved to the United States when she was 15 years old. She received her medical degree from State University of New York-Downstate, and then followed that with a surgical residency at New York-Presbyterian/Weill Cornell Medical Center and Memorial Sloan Kettering Cancer Center and a fellowship at North Shore University Hospital in colon and rectal surgery. Today, she is a fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons, has been nominated as a Castle Connolly Top Doctor annually since 2012, and has received both a Vitals Patients’ Choice Award and a Vitals Compassionate Doctor Award.

Dr. Serur most commonly treats anal, colon, and rectal cancer, in addition to conditions, such as Crohn’s disease, ulcerative colitis, rectal prolapse, hemorrhoids, and anal fissures.

She is also one of few colorectal surgeons in the New York metropolitan area who performs minimally invasive pelvic procedures focused on nerve sparing and organ function preservation. These procedures lead to minimal blood loss and faster recovery times.

“I tell my patients, ‘If I lose two drops of blood, that is too much,’” Dr. Serur says. “After a minimally invasive surgery, you don’t have to worry as much about blood or having to support the patient with any other fluids to keep the blood pressure up, because it stays normal. This is good for the heart, the mind, and everything else.”

While this surgical technique is particularly useful for patients who cannot receive blood transfusions, Dr. Serur says she sees the benefit in bloodless medicine and surgery for all her patients.

“Transfusion-free surgery is shown to be better in preventing infection and achieving better oncological results, meaning the risk of tumor reoccurrence and the history of survival is better for patients who do not get blood transfusions,” she says. “At Englewood Health, bloodless medicine is not an exception—it is the rule.”

To learn more about the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health, visit www.bloodlessmed.org.

Englewood Health is a pioneer in the treatment of bloodless medicine and surgery, and we have well-established protocols to optimize patients before surgery. For instance, we have all the mechanisms in place to set patients up very quickly for iron infusions or other agents, which stimulate bone marrow to produce more red blood cells. Combined with very low blood loss during surgery, patients do extremely well.

—Anna Serur, MD, FACS, FASCRS

Dr. Anna Serur

ENGLEWOOD HEALTH IS A PIONEER IN THE TREATMENT OF BLOODLESS MEDICINE AND SURGERY, AND WE HAVE WELL-ESTABLISHED PROTOCOLS TO OPTIMIZE PATIENTS BEFORE SURGERY. FOR INSTANCE, WE HAVE ALL THE MECHANISMS IN PLACE TO SET PATIENTS UP VERY QUICKLY FOR IRON INFUSIONS OR OTHER AGENTS, WHICH STIMULATE BONE MARROW TO PRODUCE MORE RED BLOOD CELLS. COMBINED WITH VERY LOW BLOOD LOSS DURING SURGERY, PATIENTS DO EXTREMELY WELL.

—Anna Serur, MD, FACS, FASCRS
Recognizing and Treating Anemia in the Bloodless Patient

Many of us have been told at some point in our lives that we are anemic. If you’ve been pregnant, had major surgery or a serious illness, or been injured in an accident, it’s even more likely that you have experienced anemia. Simply put, anemia is defined as your body having a lower than normal number of red blood cells. In fact, anemia is the most common medical condition worldwide with more than 2 billion people affected—and it disproportionately afflicts women and children.

Some forms of anemia—like sickle cell anemia, for example—are lifelong problems caused by genetics, but the most common type of anemia is caused by not having enough iron in our bodies to support healthy blood cell production. This type of anemia is commonly called iron deficiency anemia or IDA.

Why does this matter? It matters for two reasons. First, IDA can cause many signs and symptoms, some of which we may not even notice initially. These include looking pale and feeling tired, weak, cold, short of breath, and dizzy. Untreated IDA can make our quality of life poor and greatly increase the risk of complications from other illnesses or surgeries. The second reason it matters is that we can do something about it.

If you think you have anemia, the first thing to do is to see your primary healthcare provider regularly and discuss this issue. Your doctor should be paying special attention to this, especially if you are a patient for whom blood transfusion is never an option. There are laboratory tests to determine if you have anemia, and some hospitals, like Englewood, have even more advanced diagnostics that can see iron levels in “baby” red blood cells to determine if IDA is going to be in your future.

Once anemia is detected, your physician should work with you to restore your iron levels. This might be through a combination of changes in your diet to include iron-rich foods like meat, certain green vegetables, and beans, or taking iron supplements. Some patients even benefit from outpatient intravenous iron treatment, a convenient and effective way to replenish iron in your body.

It’s especially important for “bloodless” patients to choose a healthcare provider who understands the importance, causes, and treatment of anemia, as it is a critical health issue and happily, one that we can often easily fix.

For a referral to a primary care provider affiliated with Englewood Health, please call us toll-free at 888-766-2566. Our staff will be more than happy to assist you.
Here to Help YOU

The staff of the Institute for Patient Blood Management and Bloodless Medicine and Surgery is here to help patients for whom blood transfusions are not an option find medical care that meets their needs.

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

From left to right: Anarelys Pinillos Laine, Administrative Assistant; Ashlee Howard, RN, BSN, Patient Blood Management Navigator; Nancy Solomon, Coordinator for Program Development; Ramón Correa, Manager; Sherri Ozawa, RN, Clinical Director; Richard Carter, Coordinator; Tiina O’Connell, Data Coordinator; Leilani Rangel, Coordinator; Carmelo Barila, Coordinator (not pictured)