

Choices

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ENGLEWOOD
HEALTH

Institute for Patient
Blood Management and Bloodless
Medicine and Surgery

FROM HOSPICE TO HEALTHY WITH *Bloodless Surgery*

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Clemance Paris

Second Life

A second opinion gave Clemance Paris a new life. Literally.

Back in the summer of 2019, Clemance Paris was loving life. Retired from her managerial job at the Delaware Department of Health and Social Services, Clemance was enjoying the freedom she now had by spending her time shopping, traveling, and seeing her large family, in addition to her constant ministry.

“I love shopping—that is definitely going to get me in trouble one day,” Clemance says. “I’ve been on 20 cruises, and I enjoy traveling. In the summer, we have parties on my deck all the time.”

But all the vacations and cookouts and volunteering came to a grinding halt when Clemance began experiencing unbearable abdominal pain that June. On her third trip to a hospital near her Newark, Delaware, home—each by ambulance, because the pain was so bad she couldn’t drive—a doctor told her troubling news.

“He told me I had a malignant cancerous tumor in my colon,” Clemance recalls. “I said to him, ‘Did you do a biopsy?’ Well, he raised his voice and told me he did not need to do a biopsy because he knows what cancer looks like. I knew immediately that I had to get away from him.”

The hospital sent in a palliative care nurse who told Clemance to prepare for hospice, but Clemance wasn’t ready to die.

Fortunately, Clemance had learned about the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health from a friend. She called the hospital, and they agreed to transfer her from Delaware to New Jersey.

“When I arrived at Englewood, Dr. Serur’s [Anna Serur, MD, Chief of Colon and Rectal Surgery at Englewood Health] team was there waiting for me,” Clemance says. “It was a whole different atmosphere. They said, ‘Don’t worry. We’ve got you.’”

A New Diagnosis

When Dr. Serur saw Clemance, she quickly realized how critical the situation was.

“She was so sick, and I definitely thought that she may not be able to make it,” Dr. Serur says. “But there was no indication that she had a malignancy. I didn’t see any reason to believe that she had cancer. To me, it looked like a benign condition that could be solved.”

Dr. Serur determined Clemance had diverticulitis and needed surgery to remove part of her colon.

“It’s a good thing that she came to Englewood, because in general, when there is so much inflammation and infection, this kind of surgery can lead to significant blood loss,” Dr. Serur says.

With blood transfusion not an option for Clemance, Dr. Serur helped prepare her for surgery with an infusion of iron and other nutrients to help her get stronger.

“The infusion was to help her fare well through the surgery, even if she did experience some blood loss,” Dr. Serur explains.

The surgery was a success, and over her two-week stay in the hospital, Clemance bonded with her nurses and quickly became a staff favorite.

“The nursing staff was amazing,” Clemance remembers. “I asked the nurses if they all go to a seminar or a special course to learn how to be nice and how to treat their patients.”

Two special team members stand out in Clemance’s memory. Due to her illness and the surgery, Clemance began losing weight (eventually 80 pounds), and the hospital blankets couldn’t keep her warm. Her family was too far to travel and bring her sweaters, so Clemance asked for help. Ashlee Howard, RN, BSN, and Leilani Rangel, Bloodless Coordinator, were more than happy to comply, and Leilani drove to a nearby Target to pick up a hoodie and sweatpants Clemance ordered online.

“I was finally nice and warm,” Clemance says. “It was just a wonderful experience.”

A Second Surgery

During the original surgery, Clemance’s inflammation prevented Dr. Serur from reconnecting the colon after removing the blockage, so Clemance had a colostomy bag placed temporarily.

Finally, by December, the inflammation had decreased and Clemance had healed enough to have a second surgery.

“When I woke up, I almost screamed with joy! That bag was off!” Clemance says. “And Dr. Serur was standing right there, smiling.”

A Full Recovery

It took months of physical therapy and temporary stays in a rehabilitation center for Clemance to regain her strength, but she was determined to recover.

“She really has done remarkably well very quickly,” Dr. Serur says. “When I met her, she couldn’t get out of bed. She could barely talk. And now she’s 100 percent functional.”

The COVID-19 pandemic has meant Clemance has had to avoid most of her friends and family, because she’s determined not to return to the hospital. But she’s still connecting via Zoom—and doing a little online shopping

“Since I’ve lost all this weight, I like shopping for clothes,” Clemance laughs. “But being home all the time means I have to be careful, because I don’t want to eat my way out of my new clothes!”

Clemance says over and over that the staff at The Bloodless Institute saved her life.

“I will be forever indebted to Dr. Serur,” Clemance says.

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



Anna Serur, MD

**“ENGLEWOOD
HOSPITAL IS
A BLOODLESS
HOSPITAL, AND
THAT’S AN
IMPORTANT
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PATIENTS FOR
WHOM BLOOD
TRANSFUSION IS
NOT AN OPTION.”**

*— Anna Serur, MD, Chief of
Colon and Rectal Surgery at
Englewood Health*

**“I TOLD MY NEPHEW, PAUL, THAT IN CASE I EVER GET REALLY SICK—OF COURSE,
CALL 911 RIGHT AWAY AND HAVE THEM TAKE ME TO MY LOCAL HOSPITAL—BUT HE
SHOULD ALSO CALL THE BLOODLESS INSTITUTE AT ENGLEWOOD HOSPITAL RIGHT
AWAY FOR THEM TO START MAKING ARRANGEMENTS TO HAVE ME TRANSFERRED
THERE AS SOON AS I AM STABLE.”**

— Clemance Paris, patient



Phyllis and Donald May

A complex combination of spine problems left Donald E. May's stature and life diminished. A multi-part surgical solution has dramatically improved both.

Standing Tall Again

Donald May, a 66-year-old retired master plumber from Atlanta, Georgia, loves his friends, family, karaoke, smooth jazz, and sports—he starred in football, basketball, and track in high school. Later in life, however, spinal pain and several unsuccessful surgeries to treat it left Donald a shadow of his fit, vibrant self. Eventually, his posture deteriorated to the point where he was permanently bent at the waist, unable to stand up straight or perform basic daily tasks, such as tying his shoes, without assistance.

“Being bent over for more than a decade was horrible,” Donald says. “I went from being almost 6 feet tall to 4 feet, 9 inches. I couldn’t dance or play sports. Everything was a challenge.”

Donald’s wife, Phyllis, watched over the years as her husband’s condition declined.

“Donald had been athletic, stayed busy, and led a highly mobile life,” Phyllis says. “Everything changed, and he was wasting away before my eyes.”

In constant pain, unable to walk without a walker, and experiencing heart and lung complications related to poor posture, Donald needed help, but finding it wasn’t easy. He and Phyllis contacted some of the foremost medical institutions in the U.S., but none could fully satisfy their wish for bloodless surgery. The Institute for Patient Blood

Management and Bloodless Medicine and Surgery at Englewood Health offered them hope.

Answering Prayers with a Plan

Alfred “Abe” Steinberger, MD, neurosurgeon at Englewood Health, reviewed Donald’s information and, having performed bloodless spine surgeries for decades, was confident he could offer a solution.

“Donald was dealing with multiple problems, including flatback syndrome, multilevel degenerative disc disease, and arthritic changes, and he had a history of unsuccessful spinal fusion surgeries,” Dr. Steinberger says. “He was only in his 60s, but he was incapacitated by pain. We had to do something. He was a candidate for surgery, but we planned to operate in multiple stages to accommodate his wish for bloodless care.”

Donald nearly cried when Dr. Steinberger called with the news that a bloodless surgical solution was possible. Phyllis describes Dr. Steinberger’s willingness to help as the answer to the couple’s prayers.

“Dr. Steinberger said, ‘Come on up to New Jersey. We can fix the problem,’” Phyllis says. “What impressed me about him was his

preparation. When we asked questions about Donald's case, Dr. Steinberger knew exactly what we were talking about because he'd read all of the information from the records we sent."

The Mays were confident Donald was in good hands.

A Triple Solution

On April 9, 2019, three months after his initial appointment with Dr. Steinberger, Donald underwent the first portion of his surgical treatment in a procedure performed by Dr. Steinberger and fellow Englewood Health neurosurgeon Yakov Gologorsky, MD. To begin, the physicians removed much of the old hardware from Donald's previous surgeries and placed new screws in his spine.

Just over two weeks later, on April 24, Drs. Steinberger and Gologorsky removed significant portions of bone in Donald's spine to correct the spinal deformity, and a challenge arose.

"People tend to think of bone as a hard object and aren't aware that it bleeds," Dr. Steinberger says. "A reason many surgeons didn't want to operate on Donald is that there's almost always tremendous blood loss during operations like his. Significant bleeding occurred during his second surgery, but the vascular surgery team led by vascular surgeon Thomas Bernik, MD, did an outstanding job of stopping the bleeding. Donald's blood counts stayed constant. That's a tribute to the members of the bloodless medicine anesthesia service team, because they know how to precisely manage blood loss."

Donald needed time to recover from the procedure and receive treatment for other health problems, which delayed the completion of all his surgeries until August 6. That day, Drs. Steinberger and Gologorsky placed the last pieces of new hardware and finished fusing Donald's spine. After 30 hours spent in the operating and recovery rooms during three phases of treatment, the surgical portion of Donald's treatment was complete.

New Steps

Last fall, shortly before the Mays returned home to Atlanta for the first time since before Donald's initial surgery, Phyllis received a sign that her husband was on the mend in both body and spirit.

"Donald hadn't played music since we'd been in New Jersey, but one morning, from another room, I heard him playing jazz on his phone and humming along," she says. "I knew he was back. Another day, I saw him dance."

In August 2020, after the family returned to Atlanta, Dr. Steinberger, who had commented positively on Phyllis' support and advocacy during the process, called and gave the Mays the news they had been hoping for: As outlined in the treatment plan, Donald's spine surgery had resulted in complete spinal fusion.

Currently in physical therapy, Donald is working on building core and back strength and improving his gait. To help with the latter, he uses a walker to get around, but his goal is to eventually walk without assistance. In the meantime, he's savoring everything he's achieved in the year since his final surgery, including the reversal of the hunched posture that gripped his life for years.

"I can reach in the cabinet and get out a plate or glass, and I couldn't do that before the surgeries," Donald says. "Before, Phyllis had to do everything for me, but I'm more independent now. Things are coming around, and I'm getting stronger. I know that I'm on a journey, and that if I stick to the process, I'll get where I need to go."

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Alfred Steinberger, MD

"IF ENGLEWOOD HEALTH, THROUGH THE COMBINED EFFORTS OF MANY OF OUR MEDICAL SERVICES, CAN SUCCESSFULLY PERFORM A SERIES OF SURGERIES LIKE DONALD MAY'S, THERE'S NO CASE WE CAN'T HANDLE."

— Alfred "Abe" Steinberger, MD, neurosurgeon at Englewood Health



"EVERYONE AT ENGLEWOOD HEALTH KNEW THEIR ROLE AND RESPONSIBILITY. IT WAS LIKE A WELL-CONDUCTED ORCHESTRA."

— Phyllis May, whose husband, Donald, underwent a series of complex spine surgeries

By Minaxi Jhaver, MD, hematologist/
oncologist at the Institute for Patient Blood
Management and Bloodless Medicine and
Surgery at Englewood Health



Minaxi Jhaver, MD

Anemia and Bloodless Medicine: Know Your Numbers

As a bloodless patient, it's vital to know your hemoglobin numbers and work to stay healthy. Do you know yours?

Hemoglobin is an oxygen-carrying protein in your red blood cells that is home to most of your body's iron. If your hemoglobin level is too low, you become anemic, which can have particularly negative consequences for bloodless patients.

Some people, including older adults and those with a poor diet, chronic diseases, disorders that affect their intestines, and numerous other conditions, are at an increased risk for anemia. The condition is extremely common: A report from the Society for the Advancement of Blood Management found that treatable anemia is present in about one-third of nonemergent surgical patients.

Dangers of Anemia

When you're anemic and otherwise healthy, you may feel tired and fatigued, and it could be difficult or even impossible to perform daily activities. But if you are anemic and need specialized care such as surgery or chemotherapy, what started as an annoying weakness can result in serious complications. Patients who are anemic often require a longer hospital stay, experience more post-procedure complications such as infection, and have a slower recovery—even after returning

home from the procedure. Anemia also significantly increases the risk of death after surgery.

In other hospitals, anemia may be treated with blood transfusions. Since transfusions are not an option for our bloodless patients, we take a different approach by addressing anemia before surgery.

As a standard practice, we carefully assess each patient's hemoglobin levels during their preoperative lab work. For healthy male adults, hemoglobin should fall between 13.8 and 17.2 g/dL. Women's hemoglobin should be between 12.1 to 15.1 g/dL. If the patient's hemoglobin levels are too low, we can prescribe a regimen of oral or intravenous iron, vitamin B12, folate, or medications that help improve hemoglobin levels and reduce anemia.

Being Aware and Active

If you know that blood transfusions aren't an option for you, take steps now to keep your hemoglobin levels within the healthy range. Ask your physician to test your hemoglobin levels. If they're too low, work together and develop a strategy to identify the cause of anemia and treat it appropriately in a timely manner.

MAKE YOUR WISHES KNOWN

Whether for reasons of faith and conscience, health, or simple preference, you prefer bloodless medicine and surgery. Do your family and friends know this? How about your primary care physician? It's critical that your physician and family are aware that blood transfusions aren't an option for you and that you discuss alternatives that you're willing to accept.

An advance directive is a document that outlines the medical treatment you will or won't accept in the event that you are incapacitated and unable to speak for yourself. Prepare this document and provide copies to your physician's office and local hospital, as well as to family members. If you are being treated at Englewood Hospital, please make sure that you give a copy to The Bloodless Institute coordinators as well.

You can also purchase a medical alert bracelet that lets providers know that you refuse blood transfusions. These bracelets are available from organizations that you can find online.

Controlling COAGULATION



Ashlee P. Howard, RN, BSN

By Ashlee P. Howard, RN, BSN
Patient Blood Management Navigator

Coagulation, the complex process by which blood clumps together to form a clot, plays a critical role in preventing major blood loss by stopping bleeding caused by an injury or surgery.

Sometimes, however, the body forms blood clots even when bleeding doesn't occur, due to medical conditions like atrial fibrillation, illnesses that cause excessive inflammation in the body, or as a result of prolonged hospitalization. If blood clots form in or travel to vessels that supply blood to the extremities or vital organs, serious complications, including loss of limbs, stroke, heart attack, and even death, can occur.

Therefore, it's critical that physicians work diligently to control two aspects of coagulation that are essential to good health outcomes: keeping dangerous blood clots from forming in patients who are at an increased risk for such and treating patients with existing blood clots that pose a risk for complications.

Finding the Right Treatment

To treat coagulation issues, a wide variety of treatment options are available, ranging from something as simple as compression stockings that a person wears on his or her legs to highly advanced procedures that involve implanting medical devices into specific areas of the cardiovascular system where they can capture clots or prevent them from forming in the first place. Another common treatment option is to administer one or more blood thinners—medications that prevent or dissolve blood clots.

If a physician determines care is necessary to prevent or treat dangerous blood clots, patient-centered decision making is an essential part of selecting the best treatment, since the risks and benefits of each option vary from person to person and from one situation to the next. This is an important time for patients who do not accept blood transfusions to remind his or her doctor of that fact, since that must be factored into the discussion of the risks and benefits of each option.

If a treatment option being offered involves any risk of bleeding—no matter how minimal—ways to reduce this risk for patients who do

not accept transfusions must be addressed. For example, if treatment involves an invasive procedure, careful planning is needed to ensure the patient is evaluated and treated for any anemia, while also making sure the procedure is performed in a setting where special attention is given to patient blood management and/or bloodless surgery techniques and methods. If blood thinners will be prescribed, it is absolutely vital that patients understand the signs and symptoms of anemia and bleeding emergencies, and they know when and where to seek medical attention since certain reversal agents (medications that work to stop the effects of specific blood thinners) may not be readily available at every hospital.

The experts at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health are world renowned for their ability to understand and meet the unique needs of patients for whom blood transfusions are not an option.

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



For patients with atrial fibrillation, the implanted WATCHMAN™ device can close off the left atrial appendage, the area of the heart where 90 percent of heart-based, stroke-forming clots are formed.





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Are You OK?



By Ramon Correa
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and Bloodless Medicine and
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COVID-19 has been a daily presence in our lives for almost a year, and we have been forced to adapt to the new realities of unemployment, virtual learning, and social isolation during the global pandemic. Add to that fear and anxiety about contracting the disease, challenges with relationships, and the disappointment of canceled vacations and special events, and you can see why many people are struggling with mental health. It's a lot to handle.

Recent research published in *JAMA Network Open* shows that the rate of people in the U.S. with signs of depression has almost tripled during the global pandemic. The Centers for Disease Control and Prevention found that essential workers, minorities, younger adults, and unpaid adult caregivers disproportionately experienced mental health challenges. These same groups are also at a higher risk for suicide.

If you find that you're suffering from depression or anxiety, know that help is available. Speak with your primary care provider about your concerns, and follow his or her lead for treatment. You may find that you benefit from talk therapy, medications, or a combination of the two.

In the meantime, try some of these COVID-19 coping strategies.

- **Be active.** Go outside and take a walk. The fresh air and sunlight may improve your mood.
- **Don't get overwhelmed.** Break up your projects into smaller tasks, and then prioritize your to-do list. You'll feel a sense of accomplishment as you complete each item.
- **Talk with others.** Just because your in-person interactions are limited doesn't mean you have to be lonely. Call up old friends, or use your smartphone or computer to video chat.
- **Don't self medicate.** While alcohol or food may seem to make things better temporarily, alcohol use can turn into a serious, long-term problem, and unhealthy eating habits can lead to weight gain that can cause health issues.