

Choices

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 ENGLEWOOD
HEALTH

Institute for Patient
Blood Management and Bloodless
Medicine and Surgery

Making 'Impossible' **BLOODLESS SURGERY POSSIBLE**

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'Impossible' Surgeries Made Possible

Within one week, three women got their health back on track after seeking care at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.



Nicole and Roberto Granados

“I HAD NO IDEA HOW SICK I WAS UNTIL I GOT BETTER. NOW, I CAN WALK AGAIN. AND I DON’T WANT TO JUST WALK ... I WANT TO RUN! MY HUSBAND TELLS EVERYONE THAT ENGLEWOOD GAVE HIM HIS WIFE BACK.”

—Nicole Granados, patient

One week this past March, three women from different areas of the United States came to The Bloodless Institute with a sole purpose: to find relief from complex gynecologic conditions without compromising on their faith and convictions. Despite the challenges of an ongoing pandemic, each woman traveled far to undergo bloodless surgery.

Nicole’s Story: Defying All Odds

“It can’t be done” was a phrase Nicole Granados was used to hearing but unwilling to accept.

From a young age, Nicole had suffered with unbearable pain that affected most areas of her life.

“I remember getting on my hands and knees to reach for vegetables in our bottom cupboard and staying doubled over because it was too painful to get back up,” Nicole says. “I was diagnosed with so many problems and nothing was consistent.”

In 2018, she moved her life from Louisiana to her hometown of Buffalo, New York, to find treatment. After being misdiagnosed for 20 years and seeing multiple doctors, Nicole finally discovered through a preliminary surgery that she had severe endometriosis. Along with deep infiltrating endometriosis in her colon and bladder, she also was diagnosed with uterine adenomyosis. Her relief of finally having a diagnosis was met with skepticism from doctors about treatment.

“My surgeon wouldn’t operate because I was high risk,” Nicole says. “I went for a second opinion. I was told that not one of

the 40 physicians in that hospital would touch my case.”

Nicole and her husband refused to give up and prayed for guidance on next steps. That’s when a friend mentioned The Bloodless Institute at Englewood Health. And immediately after, so did another.

“I promised if one more person recommended Englewood Hospital, I wouldn’t ignore it anymore,” Nicole says. “Sure enough, two more people brought it up. I picked up the phone and called for a consult to start the process.”

The staff connected Nicole with Nimesh Nagarsheth, MD, the Director of Gynecologic Oncology and Director of Robotic Surgery at Englewood Health.

“The odds were stacked against Nicole,” Dr. Nagarsheth says. “Not only was her health in critical condition, but she had a previous surgery that was unsuccessful. That’s ominous for a second surgeon.”

Dr. Nagarsheth explained to Nicole the seriousness of the procedure, but took on the challenge and role of being her exclusive surgeon. He performed a total hysterectomy and removed the adhesions throughout her intestines. Nicole was out of the hospital that day and already seeing small improvements in her symptoms.

Now, Nicole continues doing what she loves with less pain. She is able to get back to her favorite activities: entertaining people and teaching the Bible to others.

“If something directs you to Englewood Hospital, don’t ignore it—go,” Nicole says. “Englewood respected me, took care of me, and gave me my life back.”



Nimesh Nagarsheth, MD

Julia's Story: Not Giving Up

Julia Walker was always on the move. She loved taking care of her friends and family and running a daycare center. Up until age 79, she was fortunate to never need a hospital visit outside of giving birth to her two children. But then she began experiencing intense fatigue and pain on both her sides. Julia and her husband, Charles, began researching physicians who could help.

"Julia was first seen at a local world-class academic medical center," Dr. Nagarsheth says. "She left due to

her fear that they wouldn't respect her beliefs on bloodless care. That same day she came to see us at Englewood."

After several biopsies, Julia was diagnosed with fallopian tube cancer, a cancer that affects the slender tubes that connect the ovaries to the uterus. She would need surgery to remove cancerous tumors, a total hysterectomy, and chemotherapy to ensure most cancer cells were destroyed.

"I never had surgery before and had a lot of mixed emotions," Julia says. "It was especially hard during COVID-19, when there were so many restrictions, including a 14-day quarantine before the procedure."

Because of her devotion to her faith, a blood transfusion wasn't an option for Julia, and she knew she needed to be in a hospital that wouldn't force the issue. Her husband had undergone a successful surgery and received excellent care at Englewood Hospital in 2012, so Julia knew exactly what to do: She would make the trip from Maryland to New Jersey to have surgery at The Bloodless Institute at Englewood Hospital. Dr. Nagarsheth, her primary surgeon, removed most of the cancer, except for small lesions to be treated during chemotherapy—a success considering the extent the cancer had spread.

Now, Julia is feeling much better.

"Receiving bloodless care was very important to me," Julia says. She advises others to "research to find the proper physician for a particular need. Do not settle or compromise your life to please anyone else."



Julia Walker and her family



Chenelle Sambury and family

Chenelle's Story: Prioritizing Peace of Mind

For Chenelle Sambury, bloodless surgery was non-negotiable. Chenelle had severe pelvic pain that had caused her to rush to the emergency room on several occasions. She was eventually diagnosed with stage 4 endometriosis that had spread to her ovaries and other organs. But when she suspected a local hospital would not honor her wishes for bloodless treatment, she kept searching.

"Bloodless care was important to me," Chenelle says. "My physician said he would do bloodless surgery, but then he mentioned how they usually use blood transfusions as a safety net when blood levels get low enough. That made me uncomfortable, and I decided to keep looking."

Chenelle's father had previously sought care at The Bloodless Institute at Englewood Hospital. After much consideration, Chenelle followed his footsteps and traveled from Florida to New Jersey for surgery with Dr. Nagarsheth.

"We used telemedicine visits to review her medical history and determine the best course of action," Dr. Nagarsheth says. "Chenelle underwent a robotic total hysterectomy, lysis of adhesions, and ablation of endometriosis. She did even better than we expected."

Today, she's on the road to enjoying her favorite activities, such as Latin dancing, volunteering, and spending time outdoors—all with less pain.

"Don't compromise on peace of mind," Chenelle says. "If you are having any kind of surgery, whether life-changing or not, the last thing you want to worry about is if they respect your decision on blood. It never hurts to get a second, third, and fourth opinion—that's how I found Englewood."

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

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Adria Valle Rivera and her husband, Jose

When Push(y) COMES TO SHOVE

Refusing anything but bloodless medicine saved Adria Valle Rivera's life. Three times.

Like the stereotypical New Yorker, Adria Valle Rivera doesn't easily take no for an answer. A longtime resident of the Bronx who now lives in Yonkers with her husband, Jose, and two cats, Adria has a cheerful bossiness that makes it easy to see why she was formerly a successful professional in the fundraising department at Albert Einstein College of Medicine.

And it's a good thing Adria can be so pushy. Otherwise she'd be dead.

"I am an informed patient," Adria says. "Everybody's entitled to make their own medical decisions."

From the Happiest Place on Earth to the Hospital

In 2011, Adria was on a family trip to her favorite place—Disney World.

"We were taking my niece for her first time—and my millionth time," Adria says.

Her father loved Disney, too, and it had been a year since her mother's heart attack, so it was an important family vacation. Adria hadn't been feeling so hot herself before the trip and had developed a strange rash, but she was determined to go and have fun.

Adria started feeling worse. Her primary care doctor called and



Brian Kim, MD

said her blood work from the week before showed a platelet count of just 8,000—the average count is at least 150,000.

“He told me something must be wrong with the test, because if my counts were that low, there’s no way I’d be able to do the parks,” Adria says.

He suggested she go to a hospital, but Adria said she’d wait until she got home. Instead, she had a stroke. Then she had a second one on the way home.

“You never expect that you’re going to go from the happiest place on earth to being in this tragic situation, you know?” Adria says.

Her husband rushed her to an emergency room, and the hematologist recommended a plasma transfusion. Blood transfusions aren’t an option for Adria, so she refused. Jose literally carried her out of the hospital and drove across the river to New Jersey and the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

A Treatment and a Diagnosis

The Bloodless Institute providers told Adria she might be dead within 24 hours. But unlike at the other hospital, no one attempted to try to change Adria’s determination on bloodless treatment.

“They told me that no matter what, they were going to try whatever they had,” Adria says. “I remember just lying there, being at peace that at least I was going to get proper treatment and be respected for my decision.”

The hematology team quickly realized Adria had thrombotic thrombocytopenic purpura, or TTP, an extremely rare blood disorder.

“The standard of care for this condition is what we call therapeutic plasma exchange, or apheresis, during which the patient’s blood plasma is actually removed and exchanged with donor plasma,” says Brian Kim, MD, hematologist and oncologist with The Bloodless Institute. “But in Adria’s case, because she will not accept plasma products, we performed the apheresis procedure using albumin instead of plasma.”

Adria describes the process as “cleaning the blood.”

Third Time’s the Charm?

Adria has had two more TTP flare-ups, in 2015 and in January 2021, with no known cause. She almost died in other hospitals both times, and the team at The Bloodless Institute again saved her life on both occasions.

“One of the pillars of patient blood management and bloodless medicine is patient-centered decision-making,” says Ashlee Howard, RN, patient blood management navigator at The Bloodless

Institute. “When I received Adria’s records from the other hospital in January, I was so surprised. There’s actual documentation of what she is requesting—that she will accept treatment if it’s done according to her wishes—but they just weren’t willing to offer it.”

Fortunately, Adria made it to New Jersey in time.

“I’m always thankful for Englewood Health, because they have some of the best care out there, and they take such good care of me,” Adria says. “Dr. Kim has always been an amazing doctor, very caring and very understanding.”

Although Adria is happy to be alive, she has lingering neurological and physical symptoms from the TTP flare-ups. She has developed fibromyalgia and had to give up her dream of being an American Sign Language interpreter. She was told she could never get pregnant or she might die.

“It really takes everything out of you,” Adria says. “I felt like I was an old lady.”

However, her follow-up visits this spring showed promising news.

“In terms of laboratory data, she’s had a complete response to treatment, with complete normalization of her blood levels and elimination of the autoantibody that caused the problem,” Dr. Kim says. “We could not have hoped for a better outcome, and we were able to respect our patient’s wishes in the process.”

If you have unanswered questions about a rare blood disorder, The Bloodless Institute can help. Visit www.bloodlessmed.org today to learn more.



TTP: WHAT IS IT?

Thrombotic thrombocytopenic purpura, or TTP, is an extremely rare blood disorder that allows tiny blood clots to form all over the body. As a result of the clots, oxygen to the body’s organs is restricted, causing severe damage.

The clotting also uses up a patient’s platelets, leading to increased bleeding. Often, the bleeding under the skin looks like a rash. TTP can also cause severe anemia.

TTP is caused by a lack of an enzyme in the blood that prevents abnormal clotting and platelet use. For some people, this is an inherited genetic problem. For most, it is acquired when an autoantibody develops that reduces the level of this enzyme. Women and African Americans are more likely to develop acquired TTP.



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WHO Adopts

The Bloodless Institute's Standards

Thanks to consistently positive outcomes and ongoing research and advances, standards created by the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health have been adopted by the World Health Organization (WHO)—the United Nations agency that oversees international public health.



“TO AVAIL BLOODLESS PATIENTS OF THE BEST CARE AND OUTCOMES, A STANDARD HAS TO BE AVAILABLE AND IMPLANTABLE. AS LEADERS IN THIS AREA, WE WOULD LIKE TO SEE BLOODLESS MEDICINE AND SURGERY IMPLEMENTED EVERYWHERE AS ONE OF THE STANDARDS FOR PATIENTS.”

—Aryeh Shander, MD, FCCM, FCCP, FASA, Emeritus Chief of the Department of Anesthesiology and Critical Care Medicine and Senior Consultant at The Bloodless Institute at Englewood Health

For more than 25 years, Englewood Health has been an internationally recognized leader in bloodless care. Experts from The Bloodless Institute have traveled the globe and published extensively to share information about their techniques and technology, and patients who need blood management due to an unsafe blood supply, lack of available blood products, or religious or cultural preferences have benefitted. The WHO took notice of the program's success.



Sherri Ozawa, RN, consultant to The Bloodless Institute

In 2011, the WHO introduced its first resolution about bloodless medicine, acknowledging that it was a potential solution to some of the blood safety issues around the world. Since that time, the WHO has made several additional reports and statements about blood safety and availability, regularly acknowledging the risks of unnecessary and unsafe transfusion practices and recommending a multi-part blood safety strategy. Part of that strategy includes reducing unnecessary transfusions, utilizing transfusion alternatives, and patient blood management—all steps that are already part of The Bloodless Institute's standard of care.

“The WHO isn't looking to promote bloodless medicine; they're looking to improve health for all patients, and patient blood management does that,” says Sherri Ozawa, RN, consultant to The Bloodless Institute. “It's immensely rewarding to think that something we started here in Englewood is possibly impacting lives everywhere.”

Why Bloodless Matters

Bloodless medicine is not medicine as usual. It compels patients to be at optimal health before procedures, and it relies on multidisciplinary teams of physicians and other medical experts to use extreme precision and be in constant communication before, during, and after surgery or medical treatment. These steps have been followed at Englewood Health since The Bloodless Institute was established in 1994, and they continue today. As a result, Englewood Health is consistently recognized for providing excellent patient experiences and outcomes, increased safety, and a higher quality of care.

“We created The Bloodless Institute because it was the right thing to do,” Ozawa says. “We never knew it would have such a powerful impact. Every patient who has come to us through the years should feel proud. They were on this journey with us, and they played a key role in helping us advance health and science for the entire world.”

Choices regularly contains valuable information about bloodless care. Call 888-766-2566 to get our digital issues!

Advance Care Planning— Instruction Directives: Part Two



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

The first article in this series explained three types of advance directives. Unlike a proxy directive, instruction and combined directives allow individuals to provide instructions on specific healthcare procedures and treatments that they may choose to decline, such as blood transfusions. They also may include statements about beliefs, values, and general preferences for care and treatment.

This article should not be considered medical or legal advice, but it will address some frequently asked questions about these directive types. It also may provide the basis for further discussion on advance care planning with your family and/or physicians.

Why should I have an instruction directive?

Simply put, an instruction directive speaks for you when you cannot speak for yourself. This helps to avoid potential conflicts that could arise among friends, family, and the medical team when your treatment preferences are unknown.

Besides procedures or treatments that are unacceptable to me for personal or religious reasons, what other instructions can my directive include?

Some people add statements about treatments that they are willing to accept. Give careful consideration to the wording. A general statement that begins, “I am willing to accept...” (instead of “I am ONLY willing to accept...”), ensures that the healthcare team isn’t unintentionally limited to only what is listed in the directive. This is especially important when considering unexpected scenarios as well as continual medical advancements, which make it impossible to include every potential treatment available to you.

A directive can also include a person’s feelings about life-sustaining or life-prolonging treatments, such as mechanical ventilation or tube feeding. It may note specific scenarios in which they would or would not want these measures. Also, a person’s decisions about being an organ or tissue donor can be included in the directive.

Some directives specifically include verbiage that *no one*, including a person’s designated healthcare representative, *has the authority to disregard or override the instructions contained in the directive*. This ensures strict adherence to the directive, as intended.

If I’ve given a copy of my directive to my primary care doctor and the hospital, do I still need to communicate my wishes with anyone else?

Yes! At Englewood Health, we make it easy for the entire treatment team to easily identify patients who decline transfusion and are enrolled in our Bloodless Medicine program. We also clarify which procedures and treatments are acceptable to each of these patients. However, *advance directives only go into effect when patients are no longer able to make decisions for themselves*. Until that time, it’s vital that patients actively participate in ongoing conversations with the medical team regarding recommended treatments and procedures. The patient has the responsibility to ask questions and remind the medical team of any special considerations regarding unacceptable treatments, as well as alternative treatments they are willing to consider.

To learn more about advance directives from the team at The Bloodless Institute, call 888-766-2566.

(The next article in this series will address proxy directives and the section of combined directives that allow individuals to designate healthcare representatives to make decisions on their behalf.)

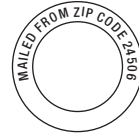


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Getting Enough Sleep?

Even before COVID-19, about one-third of the country didn't get enough sleep—and sleep habits haven't improved since the pandemic impacted virtually every aspect of our lives. Additional stress, depression, and anxiety, along with a lack of a regular routine and increased use of devices with screens, means that even more adults aren't getting the recommended seven to nine hours of nightly sleep.



By Ramon Correa
Manager, The Bloodless
Institute



Srikant Kondapaneni, MD

While some sleep issues may be related to diagnosable sleep disorders such as insomnia or sleep apnea, many of these problems are actually related to sleep hygiene—the daily routines and bedroom environment that help make it possible to consistently get restorative, uninterrupted sleep. According to Srikant Kondapaneni, MD, a pulmonologist and sleep medicine physician with the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health, the lifestyle changes brought on by coronavirus have had a negative impact on many people's sleep patterns.

“We're seeing different sleep issues during the pandemic than we did previously,” Dr. Kondapaneni says. “People are homebound—they work from home and oversee their kids' schoolwork at home—and they find that they lose their normal routines. When your daily life is disrupted and you don't have the normal triggers for your schedule, it's very easy to develop sleep problems.”

When your routine becomes chaotic, it's important to try to get back on a schedule that works for you. Dr. Kondapaneni offers these suggestions.

- **Establish a routine.** Wake at the same time and go to bed at the same time each day. If you showered in the morning before work pre-pandemic, continue to shower in the morning, even if you're not leaving the house.
- **Set work limits.** Remember, you work from home; you don't live at work. Turn off your computer when work hours are over and don't be tempted to constantly check your email.
- **Be aware of your screen time.** Excess screen time can interfere with time that can be used for healthier activities. The blue light from a phone or tablet may also decrease the natural secretion of melatonin, a chemical that helps induce sleep.
- **Watch what you eat and drink.** Metabolism changes can lead to poor sleep, and weight gain can cause medical sleep issues like sleep apnea.
- **Learn some relaxation techniques.** Anxiety or stress can impact sleep, so find some natural relief by exercising and meaningfully meditating on important things in your life.

“Lives have been completely disrupted, and people are grieving the changes to their lives and also the loss of loved ones,” Dr. Kondapaneni says. “It will possibly take months or years to recover from this impact and for sleep to return to normal, so it is important to discuss these issues with close friends, your family, and your physician.”