

# Choices

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 ENGLEWOOD  
HEALTH

Institute for Patient  
Blood Management and Bloodless  
Medicine and Surgery

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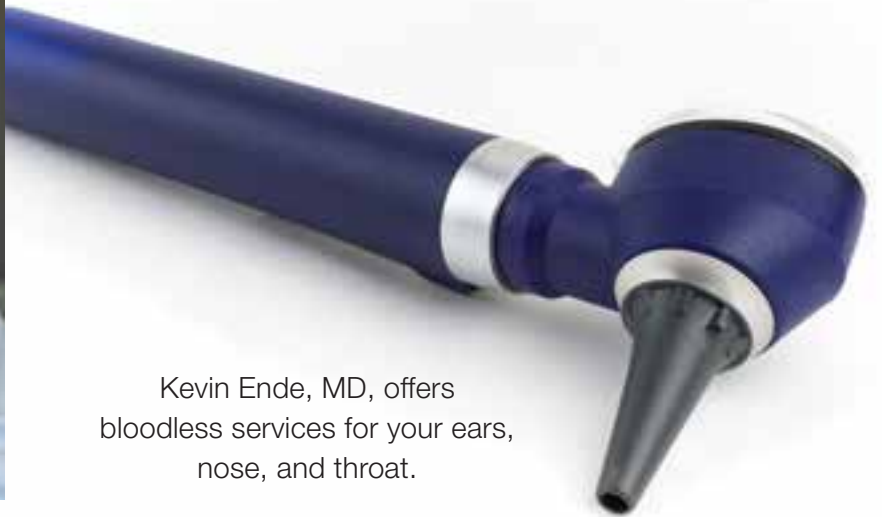


*Delayed  
Bloodless Surgery:*  
**WORTH THE WAIT**

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# Introducing *Dr. Ende*



Kevin Ende, MD, offers bloodless services for your ears, nose, and throat.

Born in Staten Island, New York, Dr. Ende earned his undergraduate degree at the University of Miami. He then began his studies for a medical career at Robert Wood Johnson Medical School in New Brunswick, New Jersey, followed by surgical training and an otolaryngology residency in head and neck surgery at Temple University Hospital in Philadelphia, Pennsylvania, where he served as chief resident during his final year. He then completed a fellowship in facial plastic and reconstructive surgery and hair restoration at the University of California, San Francisco.

With his training completed, Dr. Ende began his career in New Jersey followed by a decade practicing in Manhattan.

In 2019, he returned to New Jersey to provide ear, nose, and throat (ENT) care at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

“It’s nice to be part of the Englewood Health community,” says Dr. Ende, who is double board-certified in otolaryngology (ENT) and facial plastic and reconstructive surgery. “I’m excited to be part of the team and support the community with my bloodless services.”

## **A Bloodless Beginning**

Dr. Ende’s introduction to bloodless medicine took place during his training in Pennsylvania. A turning point came in the intensive care unit. There, a bloodless patient had severe

nasal bleeding. Her blood count was critically low, and Dr. Ende was able to save her life without using any blood products.

“It was such a wonderful thing to see her in my office when she was better,” Dr. Ende says. “After that experience, I became more and more involved with the bloodless program and have continued to treat bloodless patients, both in the hospital and in the office.”

## **Ongoing Excellence**

Today, Dr. Ende offers the full range of ENT surgery, with many of those procedures performed in his office. Dr. Ende works closely with the bloodless program to ensure adherence to protocols and patient wishes. Thanks to recent advances, this is becoming easier than ever.

“There are incredible new innovations in ENT—so many options that I can now provide in the office,” he says. “Many of these were not available a few years ago, and they work the same or better than major surgery and carry less risk.”

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## **BEYOND THE OFFICE**

Dr. Ende’s wife, Sara, is an OB-GYN. The couple has three children—Chase (13), Cayla (12), and Ariel (9)—and two dogs, Jax and Jilly. A die-hard New York Knicks fan, Dr. Ende enjoys working out, skiing, boating, fishing, and going to concerts.

# Back in Gear

For years, hip pain was more than a bump in the road for car enthusiast John Cangialosi—it was a seemingly immovable obstacle. Now, more than a year after having surgery at Englewood Health, John has put pain in the rearview mirror.



David Feldman, MD

To say that John stays active would be an understatement. The 42-year-old sales professional from North Brunswick, New Jersey, spends his free time working out at home, tossing a football with his youngest daughter—he and his wife have two girls—playing with his family dog, and driving his custom race car. Until recently, however, activity came at the cost of pain in his left hip due to arthritis.

“My kids always wanted me to go outside and play with them, but my pain kept getting worse,” John says.

“Over the last five years, it was very difficult to walk for more than two minutes. I would wake up in the middle of the night and my hip would be throbbing like a headache.”

## A Timely Trade-in

John knew he would need a hip replacement eventually. After more than a decade, the pain became intolerable—and that’s when a good friend of John’s told him about orthopedic surgeon David Feldman, MD, and the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health.

“When my friend told me about Dr. Feldman and the fact that he performs hip replacements at Englewood Hospital, I said, ‘That’s perfect. That’s exactly where I want to go because I know they’re going to respect my beliefs. I know they’re going to have everything necessary to perform surgery without blood.’”

John assumed he would need a total hip replacement, but Dr. Feldman thought he was a good candidate for a different type of procedure—hip resurfacing. Both surgeries involve removing damaged bone and cartilage in the hip socket and replacing them with prostheses. In hip resurfacing, however, the surgeon caps the head of the thighbone with metal instead of removing it.

Confident he was in good hands, John had surgery on November 24, 2020, followed by several months of physical therapy. He couldn’t be more pleased with his results.

“I’m now able to go on jogs with my dog, play football with my daughter, lift weights, and put in really good workouts,” John says. “That’s after spending more than 10 years in pain, unable to walk more than a block without having to sit down and rest my leg. I’m truly grateful for the treatment that Dr. Feldman provided because it gave me my life back.”

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John Cangialosi and family

“IT’S TRULY AMAZING THAT I CAN  
DO SO MANY ACTIVITIES NOW WITH  
ABSOLUTELY NO PAIN.”

—Hip resurfacing patient  
John Cangialosi



Klark Gabrielsen

# Worth the WAIT

When unexpected challenges delayed Klark Gabrielsen’s heart valve replacement surgery for months, his medical team at Englewood Health helped him stay safe until the operation could proceed.



Adam Arnofsky, MD

Throughout 2019, Klark, a 71-year-old retiree from Chester Township, New Jersey, became increasingly short of breath when walking uphill or climbing stairs.

“My primary care physician recommended seeing a cardiologist,” Klark says. “I told him I preferred to see a cardiologist at Englewood Health because, regardless of where this situation might lead, as one of Jehovah’s Witnesses, I wanted to be at a facility where bloodless surgery was the standard of care.”

## Treatment on Pause

In early January 2020, Englewood Health cardiologist Dennis Katechis, DO, diagnosed Klark with aortic stenosis—narrowing of the heart’s aortic valve that can force the heart to work harder to pump blood—and an aortic aneurysm, which is a bulge in the body’s largest artery. He needed valve replacement surgery.

“While we have choices when it comes to valve surgery—traditional, open surgery, and a less invasive procedure called transcatheter aortic valve replacement—that’s not the case for fixing an ascending aortic aneurysm,” says Adam Arnofsky, MD, Chief of Cardiothoracic Surgery

at Englewood Health. “Therefore, we planned an open-heart surgery to address both the aortic stenosis and aneurysm.”

A diagnosis of a nonaggressive form of leukemia foiled the plan for Klark to have heart surgery in short order. Just days after an oncologist gave Klark the green light to proceed with his surgery, in March 2020, the State of New Jersey suspended elective procedures, such as Klark’s, due to the COVID-19 pandemic.

“My Englewood Health physicians monitored my medications and stayed in touch throughout the spring and summer,” Klark says. “They kept me away from the hospital as much as possible because of COVID-19, so we had several telemedicine conferences. I appreciated how the team stayed in contact with me.”

## Perfect Timing

Klark finally had surgery on August 18, 2020, one day after Englewood Health released its last COVID-19 patient. Klark’s operation was a success. He went home five days later.

“I feel wonderful,” Klark says. “I didn’t realize how sick I was until I felt better. My energy is much higher, and I can be more active with my grandchildren. I’m so glad I had the surgery when I did. Aortic stenosis can get worse and worse, but I was able to get treatment when I was still, basically, pretty healthy.”

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## DOUBLE TROUBLE

Normally, the aortic valve has three leaflets that open and close to help control the one-way flow of blood through the heart. During presurgical testing, heart surgery patient Klark Gabrielsen learned that he was born with two leaflets, a condition called bicuspid aortic valve (BAV). BAV can lead to aortic stenosis, which is why Klark needed aortic valve replacement.



By Margit Kaufman, MD, FASA, Medical Director, the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health

# From Our Medical Director: **Pre-Op Anemia Management**

More than five percent of the U.S. population has anemia, making it the most common blood disorder in the country. Many people can treat a simple iron deficiency with a change in diet or by taking supplements, but others with chronic conditions or rarer types of anemia may have a harder time treating this condition.

This becomes a problem if you need surgery.

About one-third of patients who have nonemergency surgery have anemia. Those patients are far more likely to experience complications, including death. At other hospitals, anemic surgical patients are far more likely to receive blood transfusions.

## **Treatment Before Surgery Can Help**

At the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health, we follow guidelines set by the Society for the Advancement of Patient Blood Management (SABM) for treating

anemia. This group recommends that patients who have anemia wait to have elective surgeries until after treatment.

If you are planning a surgery with us, we will check your blood beforehand to make sure your red blood cell counts and iron levels are in a normal range. If they are not, you may need treatments like iron infusions and vitamin B12 supplements for three to four weeks prior to surgery. Patients with milder anemia may take oral iron supplements for two to four months.

We understand delaying your surgery can be frustrating, so we work hard—by identifying and treating your anemia earlier—to ensure you don't have to.

If you have ever been diagnosed with anemia or are experiencing possible symptoms, make sure to discuss this with your doctor as early as possible. The sooner we can diagnose and treat your anemia, the sooner you can get your needed and safe bloodless surgery while avoiding possible complications.

*Do you have questions about anemia? Talk to an expert at 888-766-2566.*

## **SYMPTOMS OF ANEMIA**

The most common symptom of anemia is fatigue or exhaustion. Other symptoms may include:

- Chest pain
- Cold feet or hands
- Dizziness
- Headache
- Fast or irregular heartbeat
- Pale skin
- Pounding in ears
- Shortness of breath
- Weakness

## **CONDITIONS ASSOCIATED WITH ANEMIA**

- Cancer
- Chronic heart failure
- Chronic kidney disease
- Diabetes
- Inflammatory bowel disease
- Liver disease
- Pregnancy
- Rheumatoid arthritis

# Getting to Know Dr. Molly Schultheis



After almost three years at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health, this cardiothoracic surgeon is just getting started.

From the moment she observed her first open-heart surgery as a second-year resident, Molly Schultheis, MD, knew she wanted to become a cardiothoracic surgeon.

"I found the anatomy, physiology, and the electricity of the heart to be exhilarating," Dr. Schultheis says.

In the summer of 2019, Dr. Schultheis joined the cardiothoracic surgery team at Englewood Health and its Bloodless Institute.

"I chose to come here because of the strong sense of community and family within the hospital," Dr. Schultheis says. "I was also extremely impressed with the way that the cardiologists and surgeons work together and present each patient with all therapeutic options."

## Knowledge Is Power

A key part of Dr. Schultheis's practice is helping her patients have all the information they need to make the best decisions.

"We treat our patients like family," Dr. Schultheis says. "When I discuss the patient's diagnosis, I provide a simple but detailed explanation to

them. I usually use a heart model, and I draw my own pictures and I correlate those images with images of their own heart on the computer screen, so they can understand exactly what's going on and how I'm going to treat it."

For each diagnosis, Dr. Schultheis consults with the other two heart surgeons to decide on the best treatment plan.

"Each surgeon in our group brings a different level of expertise and experience to the table, and we all work extremely well together," Dr. Schultheis says. "I think that's very different from other institutions, where one surgeon could make all the decisions on their own."

This team approach is especially important when treating patients for whom blood is not an option.

"It is a team effort with everyone on board—nurses, practitioners, anesthesiologists, the critical care intensivist—making these procedures more seamless," Dr. Schultheis says.

When she's not in the hospital, Dr. Schultheis enjoys spending her free time with her husband and three children, often going on hikes or traveling.

"We also like to cook together," she says. "My kids are 10 and under, so it's a lot of fun to bake cookies and make pizzas with the entire family."

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# Through the Storm

Watching a loved one struggle with intensive care unit (ICU) delirium is never easy. But there are things we can do to help.

Being in the hospital can be scary for both patients and their families. More than one third of patients in the ICU will develop delirium, a cognitive issue that results in a state of confusion that can last anywhere from days to months. About 70 percent of patients on breathing machines will develop delirium.

“Patients who are critically ill are at higher risk of suffering from delirium while receiving treatment,” says Margit Kaufman, MD, FASA, Medical Director of the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. “It is hard for the patients, the family, and the staff since there are few ‘easy fixes,’ and this cognitive state is not helping the patient on the path to recovery.”

ICU delirium is also referred to as:

- Sundowning (because symptoms increase in the evenings)
- ICU dementia
- ICU psychosis
- Acute mental status change

## Who Is at Risk?

While anyone who is in the ICU can develop delirium, certain factors put some patients at higher risk. These include:

- Older age
- Underlying cognitive impairment or other medical conditions
- Vision problems
- Infection
- Previous alcohol or substance abuse

“Patients who develop ICU delirium are at a higher risk for needing longer mechanical ventilation and extended hospital stays, and they’re at an increased risk for self-harm from attempts to remove treatments such as their IV or breathing devices,” Dr. Kaufman says. “Regardless

of the patient’s normal personality, patients with ICU delirium can suddenly become combative, violent, and they even use language they would never use in normal circumstances. Their speech may even become unintelligible and they may become frustrated because they can’t be understood.”

## How Can We Help?

At Englewood Health, one of our main goals is reducing risks that increase the chances for ICU delirium, and then helping patients overcome the condition if it develops.

“Our nurses, physicians, and rehabilitation therapists are committed to our ongoing early mobility initiative, which means helping ICU patients get physical activity while being treated for a critical illness,” Dr. Kaufman says. “This is the only treatment that has proven to be effective in reducing ICU delirium.”

Other factors that may reduce risk include minimizing medications that cause sedation, helping patients maintain normal sleep/wake cycles, and ensuring patients have access to assistive devices such as glasses and hearing aids.

Family members can play a big part in a patient’s recovery as well. Visiting and talking to your loved one and reminding them of the date, where they are, and why they are there can be very helpful.

“It’s important for the family to take care of themselves as well,” Dr. Kaufman says. “This is important for their own health and will help give them the strength to care for their loved one at home.”

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By Ramon Correa  
Manager, The Bloodless Institute

## Are We Remaining Vigilant?

Though U.S. COVID-19 diagnoses, hospitalizations, and deaths appear to be on the decline, the pandemic has no end in sight.

With the onslaught of new variants, people may be feeling compassion fatigue. Compassion fatigue develops over time and makes people find it difficult to keep caring as they once did. After two years of lockdowns and Centers for Disease Control and Prevention restrictions, people just want everything to go back to normal, which might be easy if they haven't been directly impacted by the virus.

Some symptoms of compassion fatigue:

- Emotional detachment or numbness
- Feeling helpless or powerless
- Feeling overwhelmed or physically and emotionally exhausted
- Irritability or anger

As human beings, we may find it frustrating to change our lives and habits for an unknown amount of time, but we never know who we might be helping down the line by taking precautions.

### Combat Compassion Fatigue

We can fight compassion fatigue to help us get our defenses back up by first practicing self-care. Make sure you're getting enough sleep, physical activity, relaxation, and safe socialization. Other ways to practice self-care include:

- Connecting with loved ones
- Eating a healthy diet
- Finding small joys throughout your day
- Meaningful reading

*For the benefit of everyone in our community, let's reconnect with our compassion and stay vigilant.*

### KEEP PROTECTING YOUR COMMUNITY

The best protection against COVID-19 is vaccination. If you haven't already, get a vaccine and booster. Other ways to refocus our vigilance:

- Avoid crowds.
- Don't touch your face with unwashed hands.
- Practice social distancing by staying six feet apart.
- Stay home if you're sick.
- Wash your hands with soap and water often.
- Wear a mask in public places.