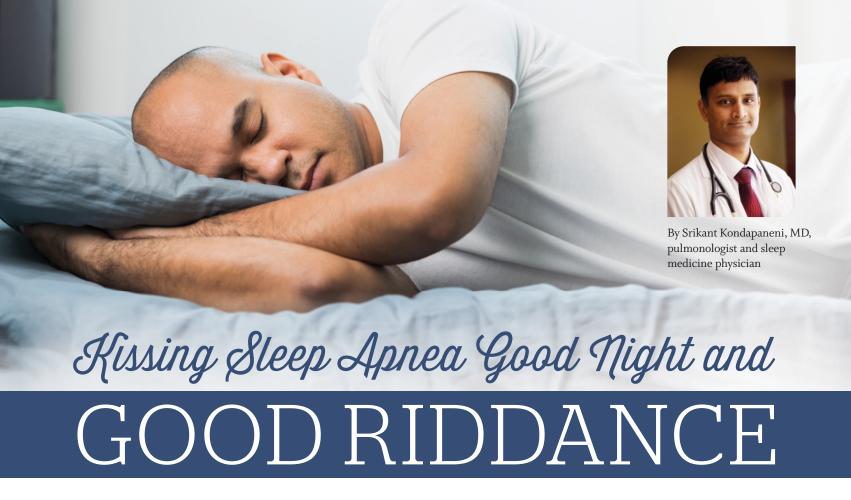




Institute for Patient
Blood Management and Bloodless
Medicine and Surgery





Don't let sleep apnea steal your sleep any longer.

Sleep apnea is a breathing disturbance that occurs during sleep. When you sleep, all your muscles relax. That includes the muscles in your throat and neck area. If they relax too much, they obstruct your airway. When this is confirmed, sleep apnea is diagnosed.

Sleep Apnea: Cause and Effect

Sleep apnea can affect anyone. Being overweight or obese increases the risk. It's also more common in men than women. After menopause, however, women's risk of sleep apnea is approximately the same as men's.

Sleep apnea reduces your body's airflow and oxygen levels. As soon as your brain senses these drops, it wakes up. Then it stimulates the muscles in your neck to breathe again.

If this happens frequently, you don't get good quality sleep, and you wake up feeling tired or unrefreshed. People with sleep apnea are more likely to snore, wake up multiple times to urinate, or wake up with a headache—any of which may also indicate poor quality sleep.

These aren't the only problems sleep apnea can cause. Over time, sleep apnea can increase your blood pressure and blood sugar. It can even increase your stroke risk.

Detect and Correct Sleep Apnea

Diagnosing sleep apnea requires a simple test, which your primary care provider can order. Known as a sleep study, the test is just what it sounds like. As you sleep, monitors record your breathing, sleep stages, and more. Depending on your symptoms, the sleep study can take place at Englewood Hospital or in your home.

Unlike many diseases, sleep apnea is a physical problem and doesn't respond to medication. It requires physical treatment that helps keep your airway open. Treatment options include:

- Continuous positive airway pressure (CPAP). With CPAP, you wear a mask that sends a constant flow of air into your nose and mouth to keep your airway open while you sleep.
- A dental appliance that moves your lower jaw forward. By doing this, the appliance opens your airway.
- A special device implanted in the chest. Electrodes connect the device to your throat muscles. These electrodes stimulate the muscles that keep your airway open.

With the right treatment, you can prevent sleep apnea from sapping your energy and overall health. Complications, including high blood pressure and blood sugar, may improve, and you lower your risk for future medical issues.

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

GET THE RIGHT FIT.

If your CPAP isn't comfortable, talk to your provider about your options. You can often exchange the mask for a different size or style, or the fit of your mask or the amount of air pressure flowing through your device can be adjusted.

A Healer at Home

Adult and pediatric orthopedic spine surgeon Jay S. Reidler, MD, MPH, brings years of specialized training and a keen interest in bloodless medicine and surgery—to the hometown hospital that means so much to him.



Jay S. Reidler, MD

An Englewood, New Jersey, native, Dr. Reidler and his family have a long history with Englewood Health.

"My family has used Englewood Health our whole lives, and the hospital saved my grandfather's life a few years ago," Dr. Reidler says. "Englewood Health has been a major part of our lives. That's partly why I wanted to return and serve people locally and also serve the worldwide population that comes

here because of the unique capabilities that we have, including our expertise in bloodless medicine and surgery."

Dr. Reidler joined The Bloodless Institute last fall after the Harvard Medical School and Harvard T.H. Chan School of Public Health graduate completed the last of three spine surgery fellowships. He treats the full range of common and complex spine disorders in adults and children and views treatment as a shared decision-making process with patients. Dr. Reidler starts by prescribing nonsurgical treatments, if possible, before considering surgery.

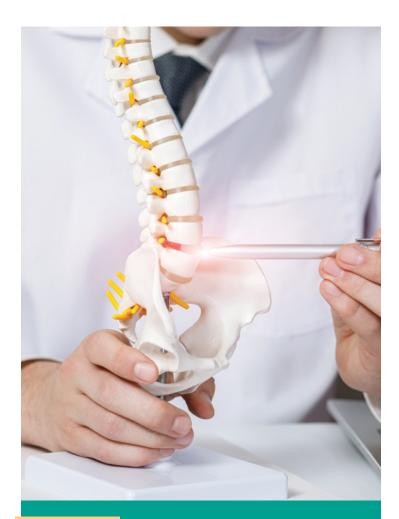
Advanced Care When Blood Is Not an Option

Dr. Reidler uses a variety of leading-edge technologies and techniques—computer navigation, lateral lumbar interbody fusion, and tubular microdiscectomy are just three examples—to perform minimally invasive surgery. That's advantageous for patients who want a bloodless procedure.

"The different programs at which I trained and practiced saw many patients who didn't want transfusions, and that made me think differently about how to approach surgery," Dr. Reidler says. "Part of my motivation to learn minimally invasive techniques was to minimize blood loss. This is a way that I can help the bloodless community."

Dr. Reidler's goal is to help patients for whom blood transfusions are not an option return to doing what they love without a spine disorder holding them back.

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ROCK ON

Practicing medicine keeps Dr. Reidler busy, but the tempo of his life doesn't slow outside of the office and operating room. A married father of four, he enjoys spending time with his wife and children—indoor rock climbing is a favorite family activity—being involved with the local Jewish community, and playing music with an old friend.

"I'm a drummer, and I recently started a garage band with a guy I used to play with in high school," Dr. Reidler says. "We play many genres, including classic rock, blues, and Jewish music."



For plant lover Angela Huggins, surgery to remove an abdominal tumor ended years of discomfort and ushered in a new, pain-free chapter.



Steven Brower, MD

Angela, a 56-year-old administrative assistant from Newark, New Jersey, is passionate about plants because of their variety, intricacy, and the insight she says they provide into her Creator. Plants are resilient, and so is Angela, who lived with abdominal discomfort for four years. One night in November 2020, everything changed.

"I was sleeping and felt something pop inside," Angela says. "It wasn't painful, but it woke me up. Within a few hours, I could tell something was wrong."

Over the next few days, Angela met with several physicians, and she learned she had an abdominal mass and would need surgery. Her Hospital Liaison Committee recommended seeking care at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. There, the full story of her case including the origin of the tumor and how to treat it—came together.

Preparing for a Challenging Procedure

Angela met with Steven Brower, MD, Medical Director of the Lefcourt Family Cancer Treatment and Wellness Center and Chief of Surgical Oncology and Hepatobiliary Surgery at Englewood Health.

"Angela had an 18-centimeter complex cystic mass in the tail of the pancreas, and it was invading many other structures,

including the kidney, liver, and colon," Dr. Brower says. "It was clear the mass would need to be removed. The final pathology revealed the tumor was what we call a malignancy in situ, or premalignant cancer."

With blood transfusions not an option for Angela, Dr. Brower knew that optimizing her hemoglobin levels before surgery would be crucial. He worked with a hematologist to do just that using medicines, intravenous iron infusion, and injections that stimulate red blood cell production. Hemoglobin optimization and an unexpected heart surgery for Angela delayed the abdominal procedure for a few weeks, but that didn't bother her.

"The fact that the team was willing to not only operate without blood but also to wait until I reached a higher blood count made me comfortable," Angela says. "I was confident in the team from the start."

Discomfort Disappears

On January 5, 2021, Angela underwent a surgery that, according to Dr. Brower, was nearly unrivaled in its complexity. During a six-hour operation, he removed the tumor and portions of several organs affected by it and reconstructed the left diaphragm—all without a blood transfusion. More than a year later, Angela is doing well, and the tumor hasn't returned.

"I feel really good," Angela says. "The pain that I used to feel from the tumor is completely gone."

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"KNOW YOUR BODY. IF YOU'RE AWARE OF YOUR BODY, IT WILL LEAD YOU IN THE RIGHT DIRECTION."

—Angela Huggins, who underwent a complex procedure to remove a premalignant abdominal tumor in 2021

Anemiaasa

Women's Health Issue

Anemia is a common condition—mostly affecting women—that is characterized by having a low number of red blood cells.



By Alicia Skarimbas, MD Family Medicine Physician

We measure hemoglobin levels to diagnose anemia. A woman's hemoglobin may be 12–16 g/dL, while a man's is typically more like 14–18 g/dL. Why are women primarily

affected? Because women lose about 70 milliliters (about a third of a cup) of blood every month during their periods, and that repetitive blood loss adds up over time.

Having a lower hemoglobin level means you have fewer red blood cells. The job of the red blood cell is to carry oxygen, and red blood cells distribute this oxygen as it circulates from your brain to the tips of your toes. Fewer red blood cells mean less oxygen, and every cell in the body needs a continuous oxygen supply.

Lower hemoglobin levels result in less oxygen distribution, but what does that feel like? The main complaint among people with anemia is fatigue, which women may often attribute to having a busy lifestyle, working full time, and caring for young children, for example. They may notice they get out of breath more quickly when exercising or climbing a flight of stairs. They may notice their brain does not feel as nimble or that they don't sleep as soundly. (Remember how important oxygen is to the brain!) But many women, over time, just accept this low energy state and become

accustomed to it, assuming it's "their normal."

In fact, it is not normal.

Modern women have more anemia than their ancient counterparts did. One possible overlooked factor may be that our pre-industrial ancestors had later onset of periods, many more pregnancies, and much longer times of breastfeeding. These factors all add up to fewer periods, which means less blood loss.

If you've ever bitten your tongue and tasted blood, you may have noticed it has an iron flavor. That is because red blood cells are chock full of iron. Without this important ingredient, the body does not have the crucial mineral it requires to make more red blood cells to replace the ones lost every month from menstruating. Even if you eat an iron-rich diet full of meat, spinach, and legumes, it may not be enough.

Taking an iron supplement, over time, may increase your body's level and correct anemia. With a hemoglobin level of 13 g/dL, most women will feel stronger, have more energy, and, in short, have improved vitality. We should not accept a lower hemoglobin in women, as "just the way it is in women because they have periods." As a family doctor, I look for anemia on the annual checkup and work to correct it.

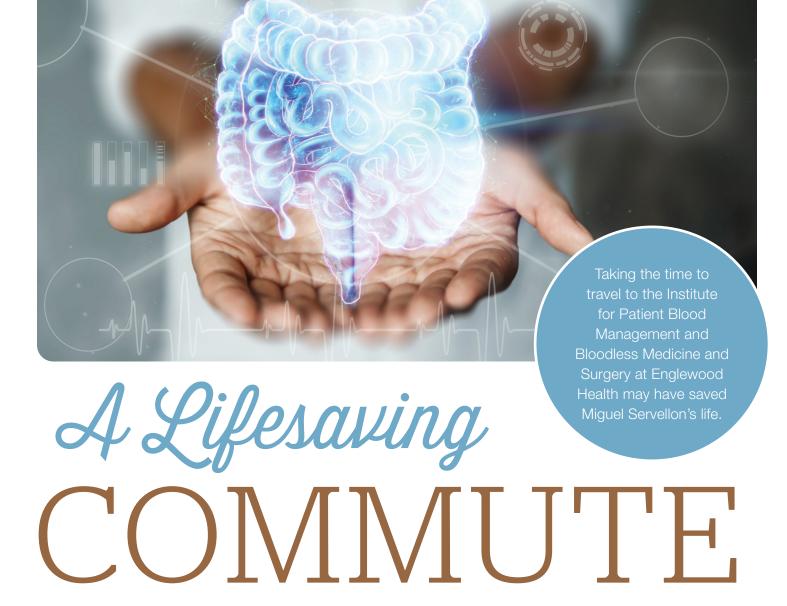
Iron supplements are available over the counter, and labeling may be confusing. But taking 65 mg of over-the-counter "elemental iron" is equivalent to the prescription dose

of 325 mg. It is a strong mineral for the stomach to absorb, so taking it every other day is sometimes sufficient and results in fewer side effects. We also often recommend taking iron with a dose of vitamin C, which helps with absorption. Three months of iron usually fixes the anemia, and women feel much better. For patients who are seriously low, I often schedule them to get their iron in an intravenous infusion. There are many possible reasons a person may be anemic, so you should take this opportunity to discuss this with your healthcare provider.

Women bear the burden of replacing the entire human race every generation. We need to support them in their good health by correcting anemia when we find it.

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Miguel started experiencing gastrointestinal bleeding in early 2021. When the blood loss became so intense that Miguel fainted, paramedics took the 76-year-old to a Long Island hospital near his home. Blood work showed that Miguel's hemoglobin had dropped to $5.1~\rm g/dL$ —significantly below the typical hemoglobin level of about 14 g/dL.

"The doctors told me that if I didn't have a blood transfusion, I was going to die within a half an hour," Miguel says. "They even told my family to come to the hospital immediately because in minutes I would be dead."

Despite that prognosis, he refused the transfusion. Instead of a transfusion, Miguel's family wanted to transfer to the hospital they knew could treat him while respecting his wishes for bloodless care. Miguel was taken to The Bloodless Institute at Englewood Health.

Stabilization, Then Trouble

Once at Englewood Hospital and stabilized, Miguel was diagnosed with severe anemia due to blood loss from diverticulosis. After Miguel's discharge from his local hospital, his daughter and niece began driving him the 150-mile round trip from Long Island to Englewood to get the follow-up care he needed, like iron infusions, to treat his anemia. Five months later, however, Miguel had another severe gastrointestinal bleed. After

another trip to the local hospital, Miguel returned to Englewood Hospital for bloodless care.

"When bleeding happens from the gastrointestinal tract, it can quickly turn life-threatening," says Anna Serur, MD, Chief of Colon and Rectal Surgery at Englewood Health. "When there's that much blood loss that fast, it can cause a heart attack or stroke."

Miguel originally turned down surgery, but this time, it was no longer an option. Fortunately, Dr. Serur was able to pinpoint where his bleeding was located.

"This gave me an opportunity to remove only a segment of the colon rather than removing the entire colon," Dr. Serur says. "The surgery was minimally invasive, and Miguel was home the next day. More importantly, our bloodless medicine techniques meant that Miguel did not need a blood transfusion, and we were able to do the surgery without any danger to his overall well-being."

Miguel has fully recovered from the surgery with no complications and is back to enjoying his life, his family, and his favorite foods.

"I'm very happy and grateful to the doctors for their work and to The Bloodless Institute team that helped me at every moment," Miguel says.

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When your hands are hurting, Manesha Lankachandra, MD, is here to bring healing.



Good Hands

Originally from Prairie Village, Kansas, Dr. Lankachandra joined Englewood Health in 2019. An orthopedic surgeon who specializes in hand surgery, she thrives on patient care.

"With the right treatment, patients overcome problems—problems that affect their ability to function and get back to enjoying life again," Dr. Lankachandra says. "It's a gift to care for someone and watch them improve. That keeps me coming back, day after day."

Making Her Way to You

Dr. Lankachandra earned her medical degree from the University of Kansas School of Medicine. She then underwent an orthopedic surgical residency at the University of Missouri–Kansas City School of Medicine before completing a shoulder and elbow fellowship at MedStar Union Memorial Hospital in Baltimore, Maryland. Finally came a hand-focused fellowship at the University of California–San Francisco School of Medicine.

Even after all this training, though, bloodless medicine wasn't on Dr. Lankachandra's radar until she received a call from the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. Dr. Lankachandra liked what she learned about the program and the care its team provided.

Now, she couldn't imagine being anywhere else. At Englewood Hospital, Dr. Lankachandra offers care for a variety of hand issues. From carpal tunnel syndrome to trigger finger to ganglion cysts, Dr. Lankachandra treats them all. And while she is a surgeon, she knows that surgery isn't the solution for everyone and recommends whatever treatment is most likely to bring relief and help patients regain strength and dexterity.

Happy to Be Home

A Kansas native, Dr. Lankachandra loves the New York area. She got her first taste of the area when she attended Barnard College as an undergraduate. Coming back feels like a homecoming, and she's eager to help patients.

"My job is to diagnose, educate, and treat patients," Dr. Lankachandra says. "I want to give them the information they need to make the best decision for their situation, and The Bloodless Institute has that same commitment to patient autonomy."

When not serving patients at The Bloodless Institute, Dr. Lankachandra enjoys visiting her sister, who lives nearby. She also enjoys hiking, cooking, and spending time in Central Park.

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"HAND SURGERY
IS AN EXCITING
FIELD. YOU GIVE
GREAT BENEFIT
TO PEOPLE IN A
SHORT AMOUNT
OF TIME. WITH
SOME PROCEDURES,
PATIENTS RETURN
TO THEIR FAVORITE
ACTIVITIES IN DAYS
OR WEEKS!"

—Manesha Lankachandra, MD, orthopedic surgeon at The Bloodless Institute



Institute for Patient Blood Management and Bloodless Medicine and Surgery

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By Ramon Correa Manager, The Bloodless Institute

Are We in an Endemic?

The United States has not entered an endemic stage for COVID-19, but the chance to move into that next phase is close.

Many of us are eager to put the pandemic behind us. But how do we know if the coronavirus pandemic is coming to an end?

The word endemic refers to a disease baseline. A baseline doesn't mean there are zero cases. Rather, outbreaks of a disease have steadied and occur in a more controlled pattern. For example, most strains of the flu are endemic, as are pneumonia and chickenpox.

An epidemic refers to unpredictable disease spread. In an epidemic, experts see unusual patterns of person-to-person spread.

A pandemic refers to a disease epidemic that spreads over many countries and continents, infecting many people.

When Will the Pandemic Become Endemic?

Experts aren't sure when the pandemic will end. In general, there is no set standard for when a disease moves between each classification.

The Centers for Disease Control and Prevention (CDC) has recently shifted from tracking transmissibility to tracking hospital admissions and number of overall cases. This shift aims to prevent severe illness and ease the strain on hospitals. Monitoring disease severity is a sign we're closer to an endemic. Medical experts use similar techniques to track the flu and predict flu season.

Despite this data, experts are still not sure when the next coronavirus variant will emerge or how serious it will be. Looming

variants are one of the main reasons the United States remains in a pandemic.

It's unlikely that COVID-19 will ever be eliminated. So far, the only infectious virus modern science has eradicated is smallpox. Even if COVID-19 remains a part of our lives indefinitely, severity and disease transmission may still improve. This means a return to a more normal way of life.

What Can I Do to Help End the Pandemic?

- **Get vaccinated.** The coronavirus vaccine is still the best protection against the disease and its variants. It's also the best method for controlling the spread and severity of the disease. Vaccines are the reasons the flu and chicken pox became endemic and are responsible for eradicating smallpox.
- Get tested. It's important to test for COVID-19 if you're feeling unwell or believe you may have been exposed. It protects your health and prevents the spread. Less spread moves us closer to normal!
- Isolate if you test positive. Prevent the spread by isolating if you test positive for COVID-19. The CDC recommends a five-day quarantine. Different states or employers may have their own requirements. Englewood Health offers COVID-19 tests and vaccines. Learn more at www.bloodlessmed.org.