

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY**

Spring 2021

1 healthy *together*

**WOMEN AND
HEART ATTACKS:
WHAT TO KNOW**

**A FRESH
START AFTER
WEIGHT LOSS
SURGERY**

**REFRESHING
LOW-SUGAR
DRINKS**

**SAVE LIVES
CHOOSE VACCINATION**

Let's Beat COVID-19

The development of COVID-19 vaccines is one of the greatest achievements in medical science. At RWJBarnabas Health, we're proud to be a key part of the effort to get the vaccine into the arms of all eligible people in New Jersey.

We also remain committed to fighting the spread of the disease. That's why we join with the Centers for Disease Control and Prevention in urging everyone, whether vaccinated or not, to continue with the simple precautions we know are effective in preventing the spread of the coronavirus:

- Wear a mask.
- Stay at least six feet apart from people who don't live with you and avoid crowds.
- Wash your hands thoroughly and often; use a hand sanitizer if soap and water aren't available.

The reason for this continued caution: In some cases, COVID-19 vaccines may protect against severe infection, but may not necessarily prevent mild or asymptomatic infection. If this is the case, an infected person could still spread the virus.

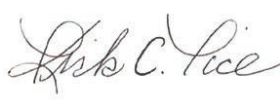
Robert Wood Johnson University Hospital Rahway is proud to be a part of the effort to vaccinate our communities and move us all forward together.

It will take all of us working together as a community to minimize the ongoing effects of COVID-19. Together, we can protect friends, family and neighbors and end this pandemic.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT & CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

KIRK C. TICE
PRESIDENT & CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL RAHWAY



Nurse Manager Sandy Sanford, RN, BSN, of 3C, RWJUH Rahway's Stroke and Telemetry Unit, with the new neurology robot.

RWJUH RAHWAY OFFERS ENHANCED NEUROLOGY SERVICES

Neurology services are in heavy demand, making in-person consults and visits difficult. To address this issue, the Northfield Bank Foundation has provided a generous grant to fund a second telemedicine robot for Robert Wood Johnson University Hospital (RWJUH) Rahway. The robot interfaces with the patient and a neurologist working remotely to provide patients with comprehensive neurological services.

"This robot affords us the opportunity to do neurological consults, anywhere any time," says Deborah Gandy, MSN, MSA, RN, CPHQ, RWJUH Rahway Vice President of Clinical Effectiveness. "We are grateful to Northfield Bank Foundation for generously supporting our ability to serve the healthcare needs of our community," says Heather Hays, MHA, OTR, Vice President of Development for RWJUH Rahway.

RWJUH Rahway has the capacity to provide neurological consults while also using the stroke telemedicine program, ensuring patients get quality, evidence-based neurology services from the best clinicians in the RWJBarnabas Health system.

Robert Wood Johnson University Hospital Rahway | **RWJBarnabas HEALTH**
Let's be healthy together.

865 Stone Street, Rahway, NJ 07065
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COVID VACCINATIONS

[SYSTEM ARTICLE]

TK

HOW WOMEN CAN AVOID HEART ATTACKS

**HEART ATTACKS ARE DIFFERENT FOR WOMEN.
LEARN HOW TO PROTECT YOURSELF.**

Heat disease is the leading cause of death in women—although fewer than half of women recognize that fact, according to research by the American Heart Association.

Because women often don't recognize the symptoms of a heart attack—which can be quite different from a man's—they may not take steps to prevent one or get treatment quickly when one occurs.

An estimated 80 percent of all heart disease, including heart attacks, is preventable. “Unfortunately, many women don't seek preventive care early enough,” says Delphine Tang, DO, an interventional cardiologist at Robert Wood Johnson University Hospital (RWJUH) Rahway and a member of RWJBarnabas Health Medical Group.

“We have all this great medicine and innovative technology,” Dr. Tang says.

“But we cannot utilize it if we aren't identifying the women who need it. More women should be coming to talk to their doctors about their heart risks.”

WHAT CAUSES A HEART ATTACK?

Heart attacks occur when the heart's blood supply is blocked, cutting off the oxygen the heart muscle needs to survive. The most common cause of a heart attack is coronary heart disease (CHD), sometimes called coronary artery disease (CAD), when plaque—made up of several substances in the blood, including fat and cholesterol—builds up in one or more of the heart's arteries, narrowing or hardening them.

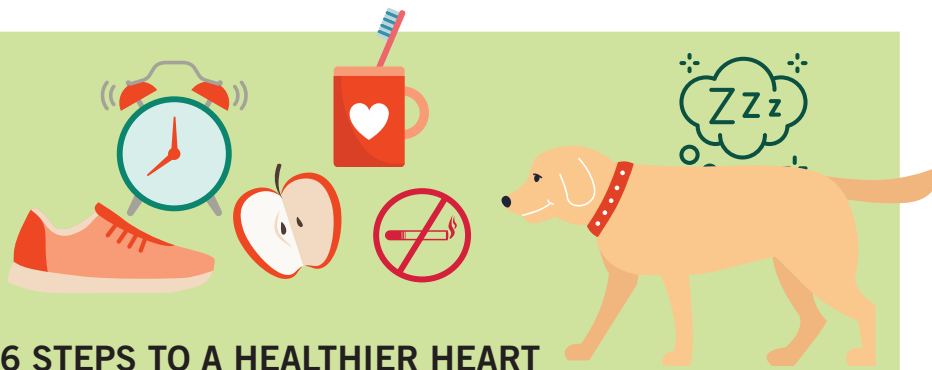
Less often, a spasm in a coronary artery that closes off blood flow to the heart muscle can lead to a heart attack. This can occur as a result of using tobacco or stimulants such as cocaine.

Recently, doctors have found that COVID-19 infection can also damage the heart. Too often, patients have delayed getting treatment for a heart attack due to fear of going to the hospital during the pandemic.

WHO'S AT RISK FOR A HEART ATTACK?

Risk factors for a future heart attack can include:

- Age (women are at greater risk after menopause).
- High blood pressure.
- High cholesterol.
- Obesity.
- Diabetes.
- Smoking.
- Excessive alcohol use.



6 STEPS TO A HEALTHIER HEART

- 1. Go for a walk.** Walking for just 30 minutes a day can lower your risk for heart attack and stroke.
- 2. Get enough sleep.** Researchers found that people who have a healthy sleep duration (seven to eight hours) are less likely to have heart disease.
- 3. Go to bed at the same time each night.** One study showed that women who went to bed at the same time every day lost about two pounds of body fat over a six-week period, compared to women who had greater variations in their bedtimes.
- 4. Consider getting a pet.** Several studies have shown that dog owners have lower blood pressure, perhaps because their pets have a calming effect on them and they get more exercise.
- 5. Brush your teeth twice a day for at least two minutes.** One study found that people who do this have a greatly reduced risk of heart disease, possibly because periodontal disease is linked to heart disease.
- 6. Quit smoking.** After one year, you'll have cut your risk of coronary disease by 50 percent. To learn about a free program to help you quit smoking, call **833.795.QUIT (7848)** or visit www.rwjbh.org/nicotinerecovery.

- Unhealthy diet.
- Lack of exercise/sedentary lifestyle.
- Family history.

Having certain autoimmune conditions, such as rheumatoid arthritis or lupus, can also raise the risk of heart attack.

WHAT CAN WOMEN DO TO PROTECT THEMSELVES?

"The more information you and your doctors have about your risk factors



DELPHINE TANG, DO

and the state of your heart health, the more you can minimize your chance of having a heart attack," says Dr. Tang. Women should seek preventive care early, especially if

they smoke or have a family history of heart disease.

Preventive measures include:

A healthy weight and diet: Include fresh fruits and vegetables and avoid processed foods and excess sugar.

Regular screening tests: These should include lipid panels (cholesterol tests), as well as blood sugar and high blood pressure screening.

Early treatment: If needed, blood pressure or cholesterol medication can be prescribed. "We have to start treating people for these issues early, because we're starting to see heart attacks in younger women," Dr. Tang says.

Regular exercise: "Every woman should exercise for 30 minutes on most days of the week, at moderate intensity," says Dr. Tang. Exercise also helps reduce stress, which contributes to overall health.

WHAT'S DIFFERENT FOR WOMEN?

Women and men don't necessarily have the same heart attack symptoms. "Chest pain can be a symptom of a heart attack, but it's not the main or only one," says interventional cardiologist Delphine Tang, DO. "For women, the symptoms are harder to tease out. They may not have chest pain at all."



SYMPTOMS THAT CAN ACCOMPANY A HEART ATTACK IN WOMEN

Because these symptoms are more subtle than sharp, sudden chest pain, many women ignore them or mistakenly attribute such signs to the flu, indigestion or just the aches and pains of getting older.

Whoever your heart beats for, our hearts beat for you. To find a top cardiovascular specialist at RWJUH Rahway, call **888.724.7123** or visit www.rwjbh.org/heart.



YOU'RE DRINKING MORE SUGAR THAN YOU THINK

THE GOOD NEWS: CUTTING BACK DOESN'T HAVE TO BE HARD AND WILL PAY OFF IN MANY WAYS.



“When I’m counseling a patient about losing weight, very often the first question I ask is, ‘What do you drink?’” says Lauren Bernstein, MS, RD, a Certified Diabetes Educator at Robert Wood Johnson University Hospital (RWJUH) Rahway. “That’s because what people drink is a leading cause of obesity.”

The average adult male should have no more than nine teaspoons of added sugar a day, and the average woman should have no more than six teaspoons, according to the American Heart Association. (Added sugars are those added to foods during processing or preparation, not sugars that occur naturally in fruits and dairy.)

However, the average American consumes more than 77 teaspoons of sugar a day—and sugar-sweetened beverages are the single biggest source of added sugar in the U.S. diet. People who often have sugary drinks are more likely to face

health problems, including obesity, Type 2 diabetes, heart disease, kidney disease, tooth decay and more.

In addition to soda, commonly consumed sugary beverages include tonic, fruit punch, lemonade, sweetened iced tea, sweetened powdered drinks, specialty coffee drinks, and sports and energy drinks.

“The problem is that you don’t feel full from these drinks,” Bernstein says. “If you drink 300 calories of soda, you don’t say ‘I don’t want lunch.’ You’re still hungry.” Moreover, she adds, sugar-heavy drinks have “empty” calories, meaning that they don’t provide any other nutrients.

Alcohol is another source of empty calories. “During the pandemic, people have been at home a lot and they’re drinking more, sometimes sharing a bottle of wine at night or having some other kind of alcoholic drink,” Bernstein says. That, in turn, has been a factor in the



OTHER NAMES FOR SUGAR

You may not realize how much sugar you’re consuming because the nutrition label on your drink doesn’t list “sugar” in the ingredients. However, sugar often goes by another name. If the ingredients include any of these, the drink has been sweetened with sugar:

- High-fructose corn syrup
- Fructose
- Fruit juice concentrates
- Honey
- Syrup
- Corn syrup
- Sucrose
- Dextrose

RWJUH Rahway has outpatient dietitian services to help you manage your sugar levels. For more information, call **732.499.6210**.

weight gain known as “COVID curves” or “the quarantine 15.”

Even fruit-based smoothies can be high in sugar. “When fruit becomes juice, you tend to consume more of it than you would in the fruit’s original state. Yes, the sugar fruit provides is natural sugar, but too much is still too much, so keep track of how much is in what you’re drinking,” Bernstein says.

Surprisingly, beverages flavored with artificial sweeteners, though lower in calories, are not more likely to prevent weight gain. Diet beverages are also related to health problems like high blood pressure, diabetes and heart disease. These findings have been consistent across numerous studies.

WATER (ALMOST) EVERYWHERE

Despite these cautions, Bernstein advocates moderation, not deprivation, when it comes to your favorite drink. “With any kind of food or beverage, it’s not that you can never have it,” she says. “The occasional sugary drink is not going to hurt you. The key is keeping track of how often you have them and in what amounts.”

For many people, keeping a food diary—writing down exactly what you ate and drank—is helpful. So if you want a caramel brulée latte from Starbucks, keep in mind that it has 49 grams (almost 12 teaspoons) of sugar. A 12-ounce can of Coca-Cola has 39 grams, or about 10 teaspoons, of sugar. A small chocolate shake at McDonald’s has 74 grams (about 18 teaspoons) of sugar. (A general rule of thumb: Take the listed grams of sugar on an ingredients label and divide by four to get the number of teaspoons.)

Then, make sure you have plenty of more healthful alternatives at hand. Water is the healthiest form of hydration, but it’s not hard to add a pop of flavor to it. “Put cut-up fruit in a pitcher of water and keep it in the refrigerator,” Bernstein advises. “Do the same with a water bottle that you can take with you when you go out.”

Iced or hot herbal tea tastes great without sweetener. Add a splash of orange juice, or a wedge of lime or lemon, to water, or a splash of cranberry juice to seltzer. For a special treat you can also try one of the recipes at right, recommended by Diane Weeks, RDN, MS, CDE.



PLUM SLUSHY

Serves 1

INGREDIENTS:

- 3 fresh plums, pitted, peeled and chopped
- ¼ cup blueberries, fresh or frozen
- ¼ cup 100 percent apple juice
- 1 handful of ice cubes

DIRECTIONS:

- Wash and prepare fruit.
- Combine all ingredients in a blender and blend until smooth, about 3 minutes.
- Serve immediately.

Source: UMass Extension Nutrition Program

FRESH MINT TEA

Serves 1

INGREDIENTS:

- ½ cup washed, packed fresh mint leaves (use more mint leaves for a stronger brew)
- 1 cup water
- 1 teaspoon sugar or honey (optional)
- 1½ teaspoons lemon juice (for iced tea)

DIRECTIONS:

- Place mint in a bowl. Boil water and pour over mint leaves.
- Steep for about 3 minutes.
- Strain into a large teacup.
- Add honey or sugar and stir.
- For iced tea, let mint tea cool and then pour it into a glass filled with ice. Add lemon juice to taste.



PINEAPPLE FIZZ

Serves 4

INGREDIENTS:

- 1 cup unsweetened pineapple juice
- 3 cups seltzer water
- 4 lemon slices (optional)

DIRECTIONS:

- In a punch bowl or pitcher, mix juice and seltzer water.
- Add lemon slices and chill in the refrigerator.

Note: If you prefer, you can use other 100 percent fruit juices, such as grape, apple or orange.

Source: Cornell Cooperative Extension



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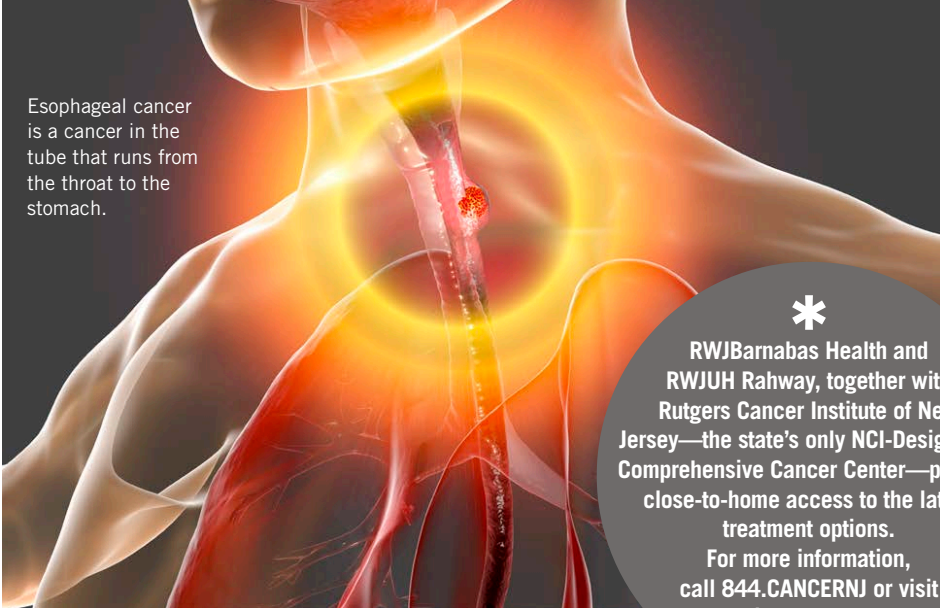


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Imagine a healthier future. So much can be accomplished with your support. As we begin a new decade, let's think forward and advance the health of New Jersey together.

For more information on the ways our donors are changing lives, please visit rwjrahwaygiving.org or call 732-499-6135.

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Esophageal cancer is a cancer in the tube that runs from the throat to the stomach.


RWJBarnabas Health and RWJUH Rahway, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options.

For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

RARE CANCER, COMMON SYMPTOMS

FOR ESOPHAGEAL CANCER, AWARENESS BRINGS EARLY DETECTION AND A BETTER PROGNOSIS.

Difficulty swallowing. Worsening indigestion or heartburn. Coughing or hoarseness. Each of these symptoms is fairly common and can have any one of a number of causes.

When combined and persistent, however, they could be signs of esophageal cancer—cancer of the tube that leads from the throat to the stomach.

“Esophageal cancer is not a common cancer. It accounts for approximately one percent of all cancers diagnosed in the U.S.,” says Pawan Gundavaram, MD, a hematologist/oncologist with Robert Wood Johnson University Hospital (RWJUH) Rahway. “However, if you’ve been consuming alcohol and smoking, or are having reflux or trouble with swallowing, see your primary care doctor.



PAWAN GUNDAVARAM, MD

“Fortunately, the prognosis for esophageal cancer is improving,” he says. “It’s better than it was five years ago. People are living longer because of awareness and early detection of this cancer.”

WHO’S AT RISK?

Men are most likely to develop esophageal cancer. (The lifetime risk is one in 125 for men and one in 417 for women.) Risk factors include:

- Age. About 85 percent of cases are found in people over age 55.
- Smoking or chewing tobacco.
- Regular, excessive alcohol consumption.
- GERD (gastroesophageal reflux disease) carries a slightly higher risk, although most people with GERD don’t develop esophageal cancer.
- Obesity, because it’s related to a higher incidence of GERD.
- Regularly drinking extremely hot liquids.
- HPV (human papillomavirus) infection.

A condition called Barrett’s esophagus, caused by persistent, chronic acid reflux, is considered a precursor to esophageal cancer. “About 10 percent of people with Barrett’s esophagus go on to develop esophageal cancer,” says Dr. Gundavaram.

WHAT ARE THE SYMPTOMS?

Esophageal cancer may have no symptoms in the earliest stages. However, as it develops, the symptoms can include:

- Heartburn/acid reflux/indigestion.
- Difficulty swallowing.
- Coughing.
- Hoarseness.
- Unexplained weight loss.
- Anemia (when there are not enough healthy red blood cells to carry oxygen to your body’s organs, leading to tiredness or weakness).
- Black stools (which may indicate blood in the stool).

HOW IS ESOPHAGEAL CANCER DIAGNOSED?

“The first screening test is an endoscopy,” explains Dr. Gundavaram. In that procedure, a flexible, lighted tube with a camera is passed down the throat so that doctors can identify irritated tissue and tumors.

A biopsy can be taken during the same procedure. If a cancer diagnosis is confirmed, further testing will reveal how far the cancer has spread, which helps doctors determine how best to treat it.

HOW IS IT TREATED?

Surgery to remove the cancer is the main treatment and can be done alone or in combination with chemotherapy and radiation.

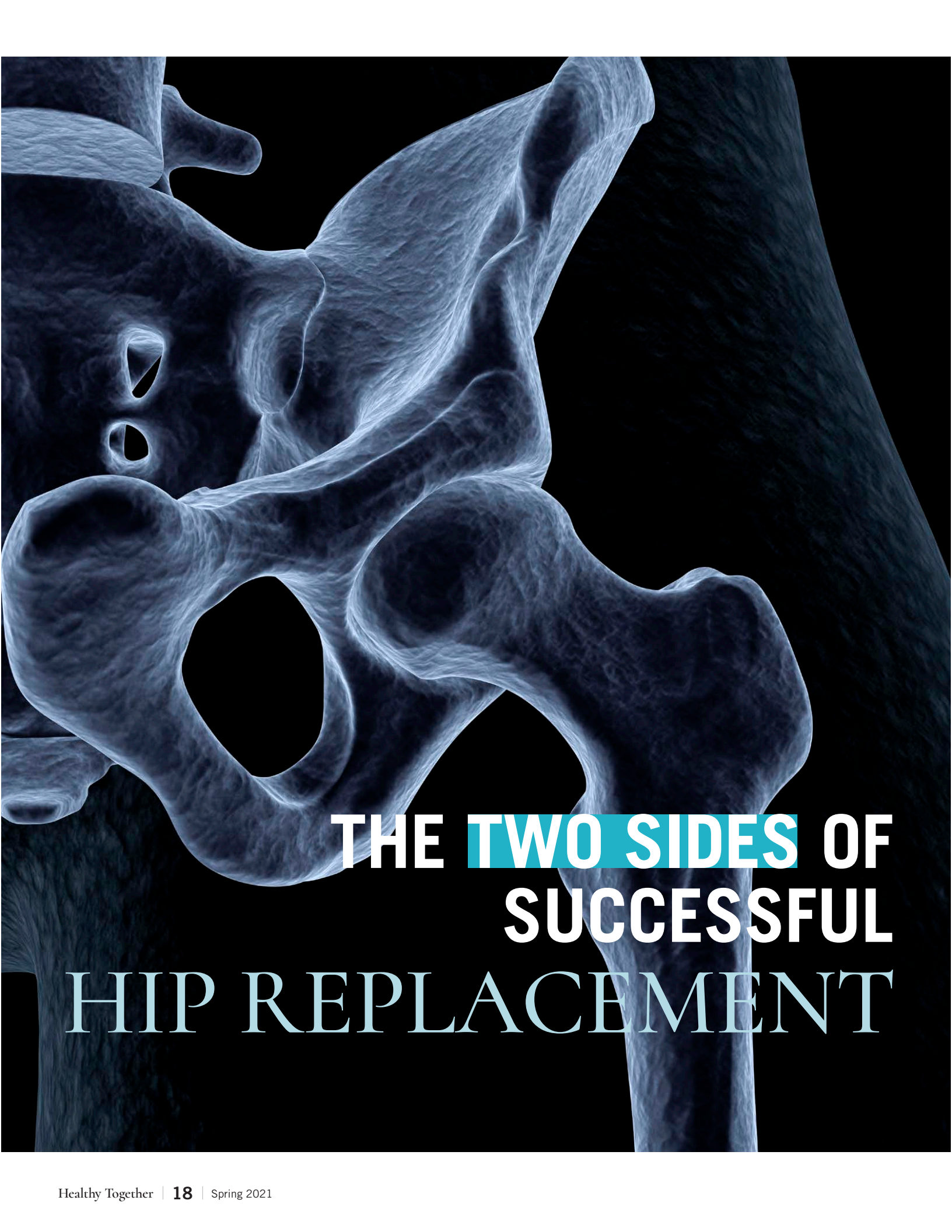
“If the cancer is in an early stage, within the mucosal layer of the esophagus, we can do endoscopic surgery, where we go through the mouth and inject saline under the tumor to separate it from the wall of the esophagus,” explains Dr. Gundavaram.

More advanced tumors require more advanced endoscopic surgery to remove a portion of the stomach and esophagus with surrounding lymph nodes, he explains.

New immunotherapy and targeted drug treatments are also being used in later stages of the disease. The cancer can be checked for markers that indicate it would be susceptible to specific drugs.

To schedule a cancer screening at RWJUH Rahway, call **844.CANCERNJ**.





THE **TWO SIDES** OF SUCCESSFUL HIP REPLACEMENT

FIRST-RATE SURGERY PLUS PHYSICAL REHABILITATION EQUALS A WINNING FORMULA FOR PATIENTS.

“Our goal for patients who have a hip replacement is that, in time, they forget they even had that replacement,” says orthopedic surgeon David Rojer, MD, Medical Director of the Joint Replacement Center at Robert Wood Johnson University Hospital (RWJUH) Rahway. “When you have the right team for both surgery and for rehabilitation, as we do at RWJUH Rahway, in the end the patient feels almost like he or she has a normal hip.”

Here’s how surgery and physical therapy work in tandem to create the best possible outcome for the patient.

SIDE 1

THE SURGERY

Most people who need a hip replacement have severe arthritis that interferes with everyday activities, such as walking, lying down, getting dressed and getting into a car. A painful hip can affect the gait (how a person walks), cause a limp and lead to back or knee pain. “Fortunately, these patients can get dramatic results from hip replacement surgery,” says Dr. Rojer.

During the approximately two-hour procedure, a surgeon uses highly specialized tools to remove diseased or damaged bone. The surgeon then attaches the new joint, which is typically made of ceramic or plastic and includes both the ball and the socket.

“These procedures are demanding because they involve exposing the hip joint, which is under multiple layers of muscle,” Dr. Rojer explains. “We take care to protect the many arteries and nerves there. And with our experience, we can make sure the leg remains the right length and that the new hip joint does not dislocate.”



DAVID ROJER, MD

Results can be

immediate and amazing. “Patients are up and walking hours after surgery, and most go home the next day with a clear understanding of how to safely and gradually recover,” Dr. Rojer says. “During the first few weeks after surgery, it is important for patients to protect the hip and be aware of putting the hip in dangerous positions that could lead to dislocation.”

After several weeks at home while following the recommended procedures, patients slowly begin to enjoy activities they haven’t been able to do for a long time.

“Though this is a major surgery, it works very, very well,” says Dr. Rojer. “It can be life-changing.”

SIDE 2

PHYSICAL REHABILITATION

“Rehabilitation is so important to the success of a hip replacement that we begin working with patients several weeks in advance of their surgery,” says Magda Ioannou, Occupational Therapist and Joint Care Coordinator at the Joint Replacement Center at RWJUH Rahway. “In addition, we greet the patient at their bedside shortly after the procedure to help get them up and walking safely.

“During a one-hour class, the patient is issued a guidebook that provides detailed instructions for before and after care. This includes specific exercises that they begin at home before surgery,” Ioannou says, “as well as hip precautions that help prevent dislocation while the joint heals, and tips to plan ahead for a safe discharge home. Without this support and education, patients may not achieve their desired goals.”

Hip precautions, which are most important for about six weeks after surgery, include:

- Not crossing the legs, even during sleep.
- Not turning toes inward.
- Not bending at the waist at more than a 90-degree angle, whether sitting or standing, or even in bed when pulling up the covers.

“These can be hard habits to break, especially during sleep,” says Clarissa Josue, an outpatient physical therapist at RWJUH Rahway. “But we offer tools and techniques to help.”

Just after surgery, physical therapists help each patient learn to use a walker on their hospital floor as well as in the rehab center, Josue says. Patients with a hip replacement are usually ready to go home the next day.

RWJUH Rahway therapists help patients get their homes ready for their recovery. This might include getting a walker, a raised toilet seat or commode, a shower chair and a reacher to avoid bending at the hip.

Two weeks after surgery, patients return to Outpatient Rehabilitation for therapy. After one to three months of therapy and home exercises, patients typically have significant improvement to their quality of life and mobility.

“Gradual is key,” says Josue. “Patients recover safely and with the best outcomes when proper procedures are followed.” If a patient transitions from a walker to a cane too soon, for example, muscles are not ready to support the new hip and falling is a risk.

Upon successful completion of the rehabilitation program, patients who have hip replacement at RWJUH Rahway may be able to return to their favorite sporting activity, including riding a bike, golf or doubles tennis. However, running and high-impact activities are not recommended.

“After a year or two, I want them to come see me for a checkup and say, ‘I almost forgot I had a hip replacement,’” says Dr. Rojer.

To find an orthopedist at RWJUH Rahway, call **844.63.ORTHO** or visit **www.rwjbh.org/ortho**.





100 POUNDS DOWN, AND COUNTING

AFTER YEARS OF YO-YO DIETING, A
MAN MAKES A BIG DECISION.

Bariatric patient
Chester DeStefano
in the lobby of his
building, next to a
display of photographs
he's taken.

I've always struggled with my weight," says Chester DeStefano, 69. "I've dieted many times and I've failed many times."

Early last year, Chester was finally ready to explore other options. At the time, his weight had reached a high of 370 pounds. "I had gained so much weight that I was having trouble moving around," Chester recalls.

The endocrinologist who was helping him manage his Type 2 diabetes had been recommending bariatric surgery for a few years, but Chester had been resistant. However, he had a change of heart last winter after he attended a seminar offered by the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway.

"At the seminar, I learned about the different types of bariatric surgeries offered and decided it was time to take the plunge and just do it," says Chester.

One of his biggest motivations: a plan to retire from his job as a probation officer this year. "I was in the process of building a new home in South Jersey in a 55-plus community and I wanted to be able to move around and enjoy myself," he says.

GETTING READY

Chester met with Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, to discuss the surgery.

"In general, a patient who needs to lose more than 100 pounds is a good candidate," says Dr. Nihalani. "We also look at body mass index, or BMI. A patient with a BMI greater than 40 is a good candidate. Those with a BMI greater than 35 who also have a medical condition, like diabetes or hypertension, can also qualify."

After exploring the bariatric surgery options with Dr. Nihalani, Chester



ANISH NIHALANI, MD

decided to pursue gastric sleeve surgery, which removes about 70 percent of a patient's stomach. A stomach reduced in size means patients become full faster

and therefore eat less.

The surgery also causes hormonal changes that can improve health. "The part of the stomach that's removed produces the hunger hormone ghrelin, so there's a drop in ghrelin production, which leads patient to feel less hungry," says Dr. Nihalani.

In addition, the surgery causes a rise in the production of the hormone GLP-1, which can help treat diabetes. "As a result, many diabetic patients are cured or experience a significant improvement after surgery," Dr. Nihalani says.

The Surgical Weight Loss Program requires patients to undergo several months of preparation before surgery, including check-ins with Dr. Nihalani and consultations with a dietitian.

An endoscopy (an examination of the digestive tract done with a long, flexible tube) is also done during this time to make sure there are no ulcers or polyps in a patient's stomach. Blood work is taken to check whether any underlying metabolic conditions can be corrected prior to surgery.

A BIG CHANGE

Chester's surgery was originally scheduled for April 2020 but, like many other elective surgeries, had to be postponed for a while due to the pandemic. In July, it was finally time for Chester's surgery, and he was ready. "My mindset was that I was in good hands and everything would be okay," he says.

Dr. Nihalani performed the 45-minute surgery laparoscopically, meaning the procedure was minimally invasive and required only a small incision. Chester was able to return home the next day to begin recovery, which consists of following an all-liquid diet for two weeks, then gradually reintroducing solid foods.

"During this time, patients are learning the new size of their stomach," says Dr. Nihalani. "Even when they are fully recovered, they could get sick if they eat too much due to their smaller



WEIGHT LOSS SURGERY SUPPORT

If you're interested in learning more about weight loss surgery, consider attending one of our virtual seminars. In addition, Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.

stomachs."

Today, Chester says he's feeling better than he has in years. He has lost nearly 100 pounds since he began the process of preparing for his surgery last year and requires less insulin to manage his diabetes. "I would encourage others who are in my situation to be brave and take that step onto the road less traveled," he says.

He would like to lose about 50 more pounds. "I try to work out at home most days—I love to walk on the treadmill, I lift dumbbells, and I also use a stepper, a Pilates ball and tension straps," he says. His meals consist mostly of low-fat, low-carb and high-protein foods. "I don't eat the things I used to, like gobs of pizza and sub sandwiches," he says. "For a while, I hit a bit of a plateau, but I'm back on track and doing well."

As Chester begins his retirement this spring, he looks forward to enjoying an active lifestyle. "I also always wanted to coach a basketball team, so maybe I'll find a rec league," he says. "I own a motorcycle and was having trouble getting on and off of it before the surgery. It'll be nice to take it out for more rides."

To learn more about weight loss surgery at RWJUH Rahway, call **732.499.6300** or visit www.rwjbh.org/weightloss.



LOVE YOUR LUNGS

FREE HELP FOR QUITTING SMOKING AND VAPING IS AVAILABLE.

Smokers and people who vape are more vulnerable to respiratory and lung illnesses. They're also more vulnerable to the effects of COVID-19, which is why New Jersey has named smokers as a priority group to receive the COVID-19 vaccine.

"Smoking and vaping weaken the immune system, which makes it harder for your body to fight any disease," explains Kristofer Novak, Assistant Director, Nicotine and Tobacco Recovery Program, at the RWJBarnabas Health Institute for Prevention and Recovery (IFPR).

To encourage patients to quit smoking or vaping, Robert Wood Johnson University Hospital (RWJUH) Rahway and the IFPR are distributing "quit smoking" goody bags when patients are discharged from the hospital. The bags include nicotine gum, stress relief devices and, most important, information for accessing the IFPR's Quit Center, a free resource that offers an arsenal of tools to help them break the habit.

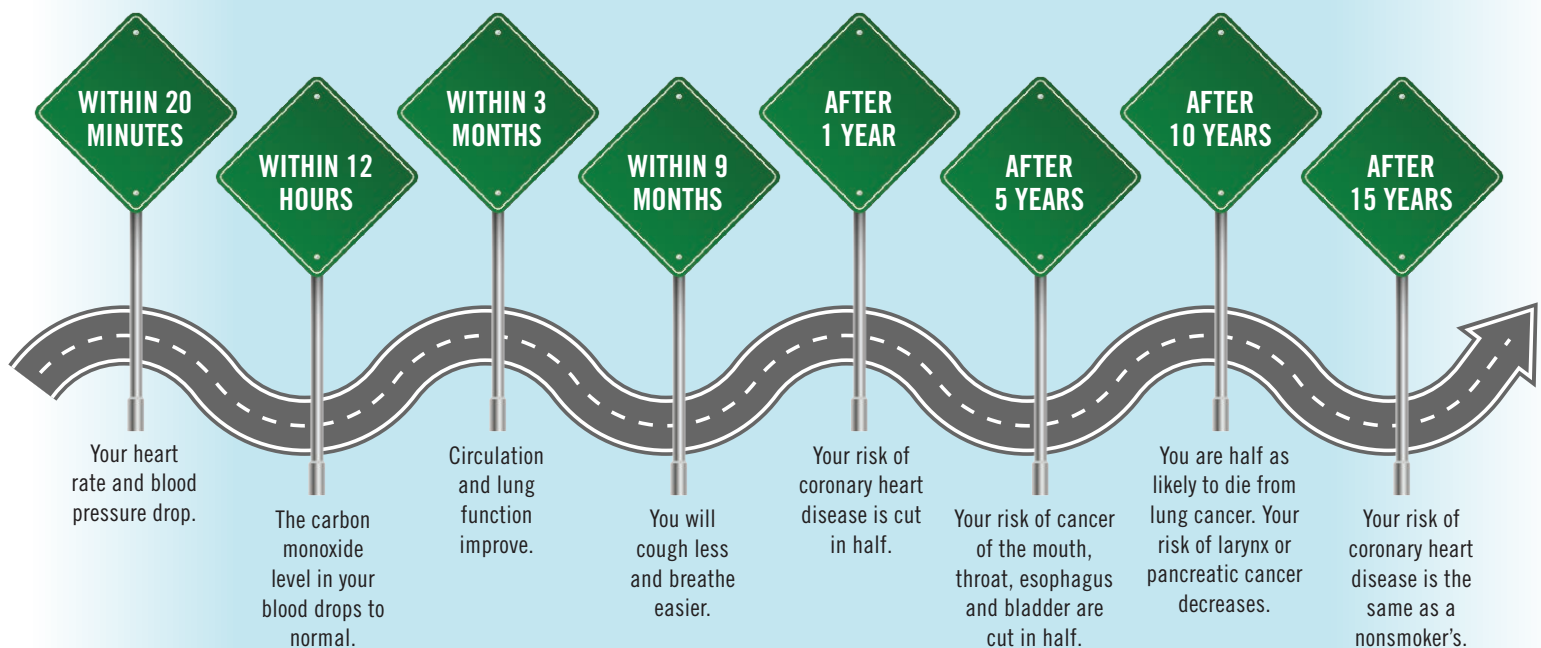
"Hospitalized patients or those who are having elective procedures can't smoke while they're here, but once they return home, we want to be sure they have the tools to help them quit," says pulmonologist Carol Ash, DO, Chief Medical Officer at RWJUH Rahway.

Studies show that individuals who vape or smoke are four times more likely to quit when participating in a structured program compared with quitting on their own. The IFPR's Nicotine and Tobacco Recovery Program is an eight-week program and includes free nicotine replacement therapies such as nicotine patches, gum and lozenges.

Participants are paired with a Certified Tobacco Treatment Specialist, who works virtually to help them establish a realistic quit date and create an individualized quit plan. The specialist supports them through the journey, which can include one-on-one or group counseling sessions.

YOUR ROAD TO A HEALTHY FUTURE

How quitting nicotine affects your body



Source: BeTobaccoFree.gov

The Quit Center, which offers the Nicotine and Tobacco Recovery Program, can be reached by calling **833.795.QUIT (7848)** or visiting **www.rwjbh.org/nicotinerecovery**.





RWJUH Rahway Is Here for You

When in-person meetings can't happen, we can still help. RWJUH Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual as well as in-person support groups and educational programs. If you have a healthcare need, or would like an email invitation to these professionally run meetings, call Community Education at 732.499.6193.

ADULT BEREAVEMENT SUPPORT GROUP: First Wednesday of each month at 1 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call **732.499.6193**.

ALL RECOVERY MEETINGS are for everyone who supports recovery. Find a full calendar of All Recovery meetings that you can join online or by phone at www.rwjbh.org/allrecovery.

BREAST CANCER SUPPORT GROUP: Virtual meeting on the first Tuesday of each month from 7 to 8:30 p.m. and on the first Wednesday of each month from 5:30 to 7 p.m.

CAREGIVER SUPPORT: Virtual meeting on the first Wednesday of each month from 7 to 8:30 p.m.

DIABETES SUPPORT: In-person support group from 6:30 to 7:30 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway. In addition, Lauren Bernstein, MS, RD, Certified Diabetes Educator at RWJUH Rahway, is providing individual education for people with diabetes, both in person and virtually. To learn more, call **732.499.6109**.

FIBROMYALGIA SUPPORT: Virtual meeting on the first Thursday of each month from 5:30 to 7 p.m. or 7 to 8:30 p.m.

LUNG DISEASE SUPPORT GROUP: For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets both in person and virtually on the first Friday of every month from 3:30 to 4:30 p.m. in the hospital's Nicholas Quadrel Center for Cardio-Pulmonary Rehabilitation on the second floor, 865 Stone Street, Rahway. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call **732.499.6193**.

PARKINSON'S SUPPORT GROUP: Virtual meeting on the second Wednesday of every month at 1 p.m. The group is open to all people with Parkinson's and their care partners. Call Community Education at **732.499.6193** and provide an email or phone number for an invitation to this meeting. If you don't have a computer, tablet or smartphone, you can join by phone.

SPOUSAL BEREAVEMENT GROUP: Wednesdays at 10:30 a.m. Eight-week session that meets in person in May and June at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To register, call **732.499.6193**.

WEIGHT LOSS SURGERY SUPPORT: Get started on a path to better health with weight loss surgery. Virtual seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call **732.499.6300**.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS



- **Breastfeeding Support**, every Monday from 12 to 1 p.m. International Board Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Register at www.rwjbh.org/breastfeedingsupport.
- **Perinatal Mood and Anxiety Disorders**, every Wednesday from 11 a.m. to 12 p.m. One of the most common complications of childbirth is anxiety or feelings of anger or sadness. You are not alone. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.



VIRTUAL HEALTHY COOKING DEMOS

Diane Weeks, RDN, MS, CDE. All classes take place from 7 to 8 p.m. To register, call **732.499.6193** and leave your name, email address and phone number.

- **Tuesday, April 27** A Healthy Spring Dinner
- **Tuesday, May 25** Diabetes-Friendly Meals Everyone Loves
- **Tuesday, June 22** Mediterranean and Plant-Based Dishes

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

- **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This peer-led group for family members and caregivers of persons with mental illness can help. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.
- **ZOOM SPEAKER PRESENTATIONS:** Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. Free resource guide for Union County available. To register, go to www.naminj.org/support/affiliates/union for upcoming events.

Your family has no history of breast cancer.

You still need a mammogram.

Now offering 3D and SmartCurve imaging.

An annual mammogram provides peace of mind and allows for early detection. Now, we can offer a more comfortable mammogram, too. Our new 3D mammography system is clinically proven to significantly improve the detection of breast cancer and reduce the need for additional testing.

To schedule your 3D mammogram at RWJUH Rahway,
visit rwjbh.org/mammo

RUTGERS
Cancer Institute
of New Jersey
RUTGERS HEALTH

**Robert Wood Johnson
University Hospital
Rahway**

**RWJBarnabas
HEALTH**

Let's beat breast cancer together.

Rutgers Cancer Institute of New Jersey is the state's only NCI-designated Comprehensive Cancer Center. Together RWJBarnabas Health and Rutgers Cancer Institute offer the most advanced cancer treatment options close to home.



**We've taken every precaution to keep you safe.
So if you've put off any cancer care due to COVID-19, please don't delay it any longer.**