

'We Lan Fix This'

After years of searching, Lisa Bond found a solution to her leg pain with bloodless surgery at Englewood Health.



"ENGLEWOOD HOSPITAL
IS PHENOMENAL. I'VE
NEVER BEEN TO ANOTHER
HOSPITAL WHERE THE STAFF
CARED FOR ME SO WELL."

—Lisa Bond

A TEAM APPROACH

Complex surgeries like Lisa Bond's require the dedication of a multidisciplinary team. Dr. Moore was supported by:

Amit Patel, MD, vascular surgery Omar Syed, MD, neurosurgery David Abramson, MD, plastic surgery



Frank Moore, MD

Lisa Bond, a wife, mother, and grandmother from Upstate New York, loves camping with her family, especially sitting around the fire swapping stories. This summer, she's looking forward to heading to the woods without leg pain.

For 10 years, Lisa lived with increasingly severe pain radiating from her back to her left leg. Four surgeons in New York failed to identify a cause. Physical therapy and pain-relieving injections didn't help for long.

"I always wanted to go home and go to bed because lying down relieved the pain," Lisa says. "By the spring of 2024, I'd had enough. I decided it was time to do something."

Words That Meant the World

Lisa visited neurosurgeon Frank Moore, MD, Past Chair of the Neurosurgery Department at Englewood Hospital. Dr. Moore diagnosed significant stenosis, or narrowing of the spinal canal, at the base of Lisa's spine, likening it to a house's crumbling foundation.

"Dr. Moore said, 'We can fix this," Lisa remembers. "It was the most relieving thing any physician had ever said to me. Before that, no surgeon had even told me what was wrong."

Shoring Up the Spine's Foundation

On October 1, Dr. Moore, assisted by three other surgeons, performed a sophisticated spinal fusion surgery in which he accessed Lisa's spine through both her abdomen and her back.

From the front, Lisa's damaged discs were removed and replaced with a cage. The cage fused the vertebrae to strengthen the spine and relieve pressure on the nerves. From the back, Dr. Moore placed screws to secure the cage according to a plan created by a robotic guidance system.

"The robot allows us to leave the muscle in place and have less bone exposure," Dr. Moore says. "That leads to less blood loss and faster healing because we don't have to cut the muscle quite as much."

Now, with the help of physical therapy, Lisa can envision a future unlimited by leg pain.

"My left leg was very weak, but it gets stronger every day," she says. "I have a positive outlook because I'm confident my leg is going to feel so much better by the end of my recovery."

Visit www.EHnoblood.org to find out how bloodless medicine and surgery can help you get back to the activities you love.

ARE YOU **ANEMIA** AWARE?

We recognize World Anemia Awareness Day each February to shed light on an often-overlooked condition.



Thomas Migliaccio, MD

You depend on hemoglobin, a protein in red blood cells that's high in iron, to carry oxygen to every corner of your body. If you have anemia, your blood either doesn't make enough red blood cells or the cells don't function properly.

Despite affecting millions of Americans, anemia is often ignored or misunderstood, according

to Thomas Migliaccio, MD, OB-GYN at Englewood Health.

"The most common misconception about anemia is that it's harmless and won't cause any major problems," Dr. Migliaccio says. "However, severe anemia can have significant effects on overall health and wellness. Most notably, this condition can lead to lower oxygen levels in vital organs and cause them to not function properly."

Women's Unique Risk Factors

Women are more likely to develop anemia than men due, in part, to loss of iron through heavy menstrual bleeding or the need for more iron during pregnancy.

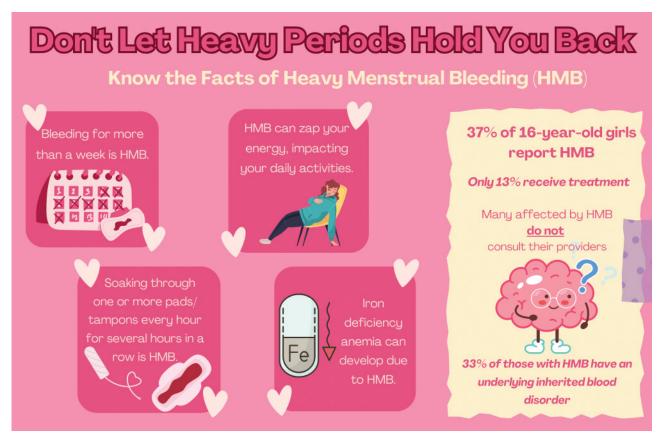
"Many people are unaware that pregnancy is a common cause of anemia," Dr. Migliaccio says. "Anemia in pregnancy can cause poor fetal growth, premature delivery, and heart complications in the developing baby."

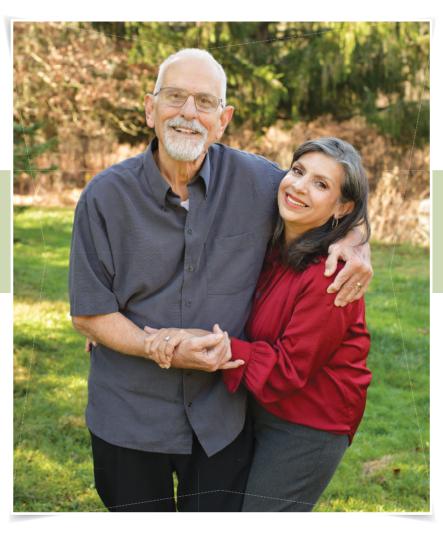
Boost Your Blood Health

Tell your doctor if you notice symptoms of anemia, such as fatigue, weakness, headaches, or thinning hair. Your doctor can diagnose the condition based on your symptoms and blood test results.

To treat anemia, your doctor may recommend medication or surgery to treat the cause of blood loss, such as an ulcer, polyps, or heavy menstrual bleeding. You may also be able to treat or reduce your risk for anemia by increasing iron in your diet.

At The Bloodless Institute at Englewood Health, we put blood health at the center of patient care. To learn more, visit www.EHnoblood.org.





STILL IN THE Driver's Seat

Retired bus driver Michael DeSimone is steering toward a healthier future after a complex heart surgery.



Adam Arnofsky, MD

After spending years working for the Metropolitan Transportation Authority in New York City, 73-yearold Michael DeSimone relishes retired life as a husband, father, grandfather, and minister. His heart is full—and on safer footing after treatment for multiple medical conditions.

By early 2024, Michael knew that he needed help for his heart,

and he needed it soon. He'd recently started medication to treat high blood pressure and learned he had atrial fibrillation, the most common type of abnormal heart rhythm. A CT scan revealed an even more serious problem: an ascending aortic aneurysm, which is a bulge in the body's main artery, the aorta, close to where it meets the heart. If an aortic aneurysm ruptures, it can cause lifethreatening bleeding.

"My cardiologist said, 'You're going to need an operation to repair the aneurysm, because it's at the size where it could rupture," Michael remembers.

Quadruple Threat

Michael searched for a surgeon who would respect his requirement for a bloodless operation. That search led Michael to Adam Arnofsky, MD, Chief of Cardiothoracic Surgery at Englewood Hospital, who met with him in April 2024.

Michael faced four cardiac problems. In addition to (1) atrial fibrillation and (2) an aortic aneurysm, he had conditions that affected his heart's aortic valve—a flap that keeps blood flowing on a one-way route through the heart. Michael's aortic valve wouldn't open fully, a condition known as (3) aortic stenosis. He also had (4) aortic regurgitation, meaning the valve wouldn't close tightly either.

Michael took a few months to prepare for surgery. He also needed time to calm his nerves.

"I was scared to death," Michael says. "I'd never had surgery before, not even to have my tonsils removed."

Surgical Solutions

In early August, the day before surgery, Michael underwent a cardiac catheterization. The results of this procedure added another wrinkle to his upcoming operation: It revealed that he had a significant blockage in one of his heart's main arteries. Thus, Dr. Arnofsky had another problem to fix. But the experienced surgeon and his team were ready for the challenge.

During the next day's operation, the surgical team placed Michael on a cardiopulmonary bypass machine to take over his heart and lung functions. Then they stopped his heart.

"Essentially, we performed three surgeries in one," Dr. Arnofsky says. "We (1) performed a bypass to fix the blockage in Michael's artery; we (2) replaced his aortic valve with a bovine tissue valve, which eliminated his aortic valve's leakiness and allowed it to open correctly; and we (3) replaced a portion of the aorta with a fabric graft to treat the aortic aneurysm."

For good measure, Dr. Arnofsky placed a clip to close the left atrial appendage (LAA), a sac in the upper left chamber of the heart. He did this because atrial fibrillation increased the risk that blood would collect in Michael's LAA and form a clot, which could leave the sac and cause a stroke. Placing the clip prevented blood from entering the sac.

"Closing the LAA allows patients to safely stop taking blood thinners to prevent clots," Dr. Arnofsky says. "That can be a huge benefit to patients' quality of life."

Michael's wife, Laura, was stunned by the transformation she saw in Michael the next morning compared to the hours after the operation.

"After the surgery, Michael was unconscious and connected to every wire and tube imaginable," Laura says. "But when I visited him the next morning, he was sitting up and preparing to order food. I was shocked. After a complicated, eight-hour surgery, he looked normal. I cried. It was an amazing situation. Dr. Arnofsky is such an incredible surgeon."

Healthier at Heart

Now months into his recovery, Michael is staying active.

"When I got home from the hospital, I started walking 30 to 40 minutes per day almost immediately," he says. "I felt great then. Now, I feel wonderful. I still do a lot of walking and go to the gym for light exercise. I almost feel like I didn't have surgery."

When Michael reflects on his experience, Dr. Arnofsky's expertise stands out.

"Dr. Arnofsky performed my operation with the same confidence that I used to have when I would drive my bus," Michael says. "It was just another day in the life of a qualified surgeon with decades of experience."

Want to know more about transfusion-free surgery? To learn about the decades of expertise that go into every procedure, visit www.EHnoblood.org or call 888-766-2566.

ANEURYSM ALERT

Before Michael DeSimone had heart surgery at Englewood Hospital, he was, in his words, "a walking, ticking time bomb" due to the presence of an ascending aortic aneurysm. He just couldn't hear the ticking. The aneurysm in Michael's aorta didn't cause symptoms, and he didn't learn about it until a cardiologist spotted it on a CT scan. That's not uncommon.

Aortic aneurysms often don't cause symptoms—at least early on—and many people only learn that they have one when it shows up in imaging ordered for another reason. Still, if you know the signs of an aortic aneurysm, you can discuss them with your primary care provider, which may lead to a diagnosis. Symptoms include:

- Difficulty breathing or swallowing
- Feeling full much sooner than usual when eating
- Hoarseness
- Pain that may occur anywhere in the upper body, from the neck to the stomach
- Shortness of breath
- Swelling of your face, neck, or arms

ARE YOU AT RISK?

An aortic aneurysm can be life threatening. You're at risk if you have:

- √ A family history of aneurysms
- ✓ A history of smoking
- √ Atherosclerosis (hardened arteries)
- √ High blood pressure
- √ High cholesterol

Getting to KnowDR. APURVA MOTIVALA



Having grown up surrounded by physicians, Apurva Motivala, MD, followed his heart. It led him to cardiology.

As a child in his native India, Dr. Motivala, a clinical and interventional cardiologist at Englewood Health, enjoyed playing with his grandfather's stethoscope. His grandparents were physicians, his father a surgeon, and his mother an OB-GYN. Interests in math and science led Dr. Motivala to follow in their footsteps by entering medicine. Still, he blazed his own trail.

"In medical school and residency, it became obvious that cardiology was the field of medicine I wanted to enter because of the pure science of it," Dr. Motivala says. "A lot of physics goes into understanding how the heart responds to stress, relaxation, and disease, and how to improve it."

Dr. Motivala received his medical degree from India's Pramukhswami Medical College before traveling to the U.S. for a residency at Detroit Medical Center. He completed fellowships in interventional cardiology and clinical cardiology at New York-Presbyterian/Weill Cornell Medical Center and Albert Einstein College of Medicine, respectively.

Heart Helper

Dr. Motivala uses medication and interventional procedures to treat a wide range of cardiac conditions, including heart attack, congestive heart failure, coronary artery disease, arrhythmias, high blood pressure, and high cholesterol.

"I love the instant gratification of heart care," Dr. Motivala says. "If a patient has a heart attack, for example, I love that I can restore blood flow quickly and see the patient start to recover. It feels good to help someone and see the results right away."

Believer in Bloodless

Before joining Englewood Health eight years ago, Dr. Motivala had heard of the program's pioneering role in bloodless medicine and surgery, which was still somewhat mysterious to him.

"At the time, I didn't understand how Englewood Health could care for patients without using blood, especially in my field," he says. "Then I joined and saw the passion of the physicians practicing here and the methods they use to reduce the chance of blood loss."

Now, Dr. Motivala is just as passionate himself about bloodless medicine and surgery—one of many professional and recreational interests that occupy his time. When not working and spending time with family, he enjoys tennis and listening to and playing music, especially drums.

Visit www.EHnoblood.org to register for upcoming seminars with bloodless medicine and surgery experts and watch recordings of previous events.

"ANYTIME I COUNSEL PATIENTS ABOUT THEIR HEART HEALTH, I ASK MYSELF, 'WOULD I ADVISE THIS TO A MEMBER OF MY FAMILY?' I LISTEN TO MY PATIENTS' CONCERNS. I'M A PARTNER IN THEIR JOURNEY OF PREVENTION OR RECOVERY RATHER THAN JUST A PRESCRIBER."

—Apurva Motivala, MD, clinical and interventional cardiologist at Englewood Health

Taking Blood Management TO THE NEXT LEVEL

At Englewood Health, our mission is to transform lives through healthcare, from preventive services to highly specialized, lifesaving treatments. One way we embrace that mission is through a newly introduced role—the patient blood management navigator.



Yoonhee Kim, APN

Patient blood management (PBM) is an evidence-based approach focused on managing and conserving each patient's own blood supply. While PBM is critical for patients who require bloodless care for religious or other personal reasons, all patients at Englewood Health benefit from the PBM strategies used by our medical teams.

"Decades of research has demonstrated the importance

of PBM in improving outcomes for patients in our care," says Sherri Ozawa, MSN, RN, PBM consultant to Englewood Health. "Effective patient blood management, like that offered at Englewood Hospital, is one of the most important steps providers can take to enhance patients' overall well-being."

Expanded PBM Care

The new PMB navigator role, made possible by generous public gifts, was created to designate a specific team member to focus on our patients' blood health. As a result, we ensure that patients' blood management needs are a priority at every step of their care journey.

"Englewood Health is committed to providing great PBM care to all our patients," says Yoonhee Kim, APN, Englewood Health's first PBM navigator. "I hope that our patients feel even more confident in their care, knowing that there is an extra set of eyes focused solely on their overall blood health."

The PBM navigator is an integral part of our healthcare team, working closely with Englewood Hospital doctors, nurses, and staff. Beyond helping create individualized, patient-centered care plans, the PBM navigator also:

- Provides education for patients with anemia. The navigator helps patients understand the steps being taken to address their anemia while they're in the hospital. She also recommends dietary adjustments, supplements, and medications they can utilize once they're home to better manage their own blood health.
- Oversees anemia management for patients. The PBM navigator reviews the charts of hospitalized patients to ensure they receive appropriate workups and treatments for anemia.
- Communicates with care teams to recommend optimal PBM strategies to conserve their patients' blood. These strategies may include minimizing lab work, using tiny pediatric tubes for necessary blood tests, and initiating treatment for anemia as early as possible.

"We already do a great job of improving outcomes by implementing PBM for our patients, and I'm focused on finding opportunities for improvement and long-term growth," Yoonhee says. "This is just another way we make sure that all patients receive the highest quality of care."

Want to find out more about the benefits of PBM? Visit www.EHnoblood.org to watch seminar recordings, read previous issues of Choices, and more.



ENGLEWOOD HEALTH

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It All Started at ENGLEWOOD HEALTH

With each passing year, the global impact of patient blood management (PBM) grows.

From its origins at Englewood Health, the concept of "blood health" has spread far and wide to the benefit of patients throughout the world. Several recent, exciting developments in PBM and bloodless medicine and surgery underscore their international reach:

- PBM proponents established Sociedad Iberoamericana de Patient Blood Management, or SIAPBM, an organization dedicated to promoting PBM in the Spanish-speaking world.
- Portugal and Brazil entered a formal partnership to promote PBM across both nations.
- Recognition of World Anemia Awareness Day skyrocketed among the public and medical professionals, thanks to promotion in social media and publications around the globe.
- The World Federation of Societies of Anaesthesiologists accepted a global statement declaring that all anesthesiologists worldwide should apply PBM principles.

 Turkey, China, Italy, Malaysia, the United Kingdom, and several other countries independently mandated formal PBM initiatives.

Pride in Our Pioneering Role

As amazing and widespread as PBM's impacts are, we're proud that 30 years ago, Englewood Health planted and nurtured the seeds of this emerging and respected medical specialty. Billions of lives have benefited from the concepts born from bloodless medicine and surgery—that a patient's own blood is best and that keeping it healthy and preserving it is the gold standard of medical care.

Englewood Health will continue to play a leading role in advancing PBM and promoting it across the globe. What we started in our small corner of the world stands to benefit generations of people, no matter where they live.



WATCH AND LEARN

Want to learn about patient blood management and bloodless medicine and surgery from leading experts? At www.EHnoblood.org, you'll find a video archive of seminars from Englewood Health clinicians. Visit the website to watch past presentations and register for upcoming events.