

Choices

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ENGLEWOOD
HEALTH

Institute for Patient
Blood Management and Bloodless
Medicine and Surgery



NOT 'WEIGHTING' FOR
*Better
Health*
BENEFITS OF BLOODLESS
WEIGHT LOSS SURGERY

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Cesar Mauricio with
his stepdaughters,
Grace and Brianna,
and dog Mylo



Ruth Francois-Vega (far right) with family members Mona Prime, Mercedes Francois, Ketsia Vega, and Kadmielle Vega

All the Right Notes

Karaoke lover Ruth Francois-Vega has a lot of singing left to do as she battles cancer with the help of a complex surgery.



Nimesh Nagarsheth, MD

For Ruth Francois-Vega, wide-ranging hobbies help make her who she is. The married homemaker and dedicated volunteer loves singing karaoke, playing board games with friends, experimenting with new recipes, and spending time with her three-year-old niece.

In March 2024, persistent stomach pain and swelling intruded on Ruth's busy life.

"Having struggled with endometriosis and undergone

several past surgeries, I knew I would likely need surgery again," Ruth says. "Over the years, I had become familiar with the symptoms and knew something wasn't quite right."

'Ideal Fit'

Because she was almost certain she would need an operation, Ruth knew exactly where she wanted to go.

"I chose Englewood Hospital for my surgical procedure because it aligned perfectly with my values and medical needs," she says. "Because I am one of Jehovah's Witnesses, Englewood Health's renowned bloodless program was a key factor in my decision. Its commitment to providing advanced medical care while respecting patients' wishes regarding bloodless procedures made it an ideal fit for me."

On the advice of friends, Ruth met with Nimesh Nagarsheth, MD, Medical Director of Gynecologic Oncology, Medical Director of Robotic Surgery, and Director of the Dizzy Gillespie Cancer Institute at Englewood Hospital. Imaging revealed a large cystic mass on Ruth's ovaries, but biopsies couldn't confirm whether it was cancerous. The only choice, Dr. Nagarsheth determined, was to perform an exploratory laparotomy, a surgery in the abdomen to reach the mass and learn more about it.

Operating for Answers

Leading up to the surgery, Ruth developed a pulmonary embolism, a blockage in a lung artery that is usually caused by a blood clot.

"Once we treated the pulmonary embolism, we set Ruth up for surgery," Dr. Nagarsheth says. "I enlisted the help of two colorectal surgeons because it seemed like the colon, which is located near the ovaries, might be affected by the mass."

Ruth had mixed emotions as the surgery neared, and the mass in her abdomen was taking an increasingly heavy toll, making even walking and bending difficult.

"Although I was nervous about having surgery, I also felt a sense of relief knowing it was all coming to an end," she says. "The anticipation of recovery gave me comfort, as I knew the challenging part would soon be behind me."

On June 18, 2024, Dr. Nagarsheth and colorectal surgeons Anna Serur, MD, and Peter Kaye, MD, performed a complex operation. After opening the abdomen, the surgeons found the mass. As suspected, it was attached to portions of the intestine.

"We had the colorectal surgeons help us detach the mass safely without injuring the intestine," Dr. Nagarsheth says. "The mass had ruptured. We removed all the cancer cells, the mass, the ovaries, uterus, and adjacent organs. We also took some of the fatty tissue around the intestine to help determine the progression of the disease."

The diagnosis: a rare type of malignant tumor called a carcinosarcoma. Ruth had stage 1 ovarian cancer.

Becoming a Survivor

Two weeks after the surgery, Ruth returned to Englewood Health to begin chemotherapy with the goal of eliminating any remaining cancer cells. The treatment left her feeling fatigued and nauseated and weakened her immune system, but she persevered. Ruth continues treatment at Englewood Health.

Her quality of life has greatly improved, and Ruth is grateful for the care she received.

"From the nurses to the surgical team, everyone was professional, compassionate, and dedicated to my well-being," she says. "It was clear they genuinely cared about my recovery, and that made my experience much smoother than I'd anticipated."

At Englewood Health, our experts perform even the most complex surgeries without blood transfusions. Learn how at www.EHnoblood.org or by calling 201-894-3656.

"DR. NAGARSHETH WAS INCREDIBLY THOROUGH IN DIAGNOSING MY CONDITION. HE TOOK THE TIME TO EXPLAIN EVERYTHING IN DETAIL, AND ENSURED I FELT COMFORTABLE AND INFORMED EVERY STEP OF THE WAY. HIS EXPERTISE GAVE ME CONFIDENCE IN THE TREATMENT PLAN, AND I FELT FULLY SUPPORTED THROUGHOUT THE PROCESS."

—Ruth Francois-Vega

OVARIAN CANCER: FOUR FACTS TO KNOW

- 1. The average woman has around a 1 in 91 chance of getting ovarian cancer.** That lifetime risk is according to the American Cancer Society, which estimates nearly 21,000 women will be diagnosed with the disease this year.
- 2. Several factors can increase your risk for ovarian cancer.** These factors include endometriosis, having a family history of the disease, having had breast, uterine, or colon cancer, or having a cancer-linked genetic mutation, such as mutations in the BRCA1 or BRCA2 genes.
- 3. Unusual vaginal bleeding may occur.** Other symptoms may include pelvic, abdominal, or back pain, bloating, feeling full too soon when you eat, and having to urinate suddenly or frequently.
- 4. Using birth control pills may reduce your risk.** If you took birth control pills for at least five years, you may have a lower risk of ovarian cancer. Other factors that may reduce your risk include giving birth and breastfeeding.



TREATMENT ON THE *Fast Track*

When Jane Lackner developed a gastrointestinal hemorrhage, she found the swift treatment she needed at Englewood Hospital.

Jane Lackner, a retiree from York, Pennsylvania, felt great when she arrived at the hair salon one day in January 2024.

"I had no symptoms," Jane says. "Then, I went to the bathroom and, suddenly, there was all this blood. I was bleeding profusely."

Jane's husband, Gene, had been waiting in the car, so he drove her to the local hospital, where an imaging scan showed bleeding in Jane's colon. She lost so much blood she passed out. Medication slowed the bleeding until it stopped, but Jane needed a colonoscopy to find the source. Unfortunately, a suspected infection in the colon delayed the process.

"Since Jane's blood count was low, I requested a transfer to Englewood Hospital because I wanted her to get attention faster," Gene says. "The hospital in Pennsylvania worked well with us, but when a facility isn't accustomed to dealing with bloodless patients like Jane, it takes more time for them to assemble their team. At Englewood Hospital, though, everything is ready to go."

Solving Anemia

The next morning at Englewood Hospital, Jane's colon was free of infection and physicians performed a colonoscopy. The procedure found no sign of bleeding. The next step was to build up Jane's hemoglobin, which had dropped to an unhealthy level and caused severe anemia.

Donjeta Sulaj, MD, hospitalist at Englewood Hospital, oversaw Jane's care during her five-day hospitalization.

"We delivered patient-centered care using teamwork and communication, which allowed us to avoid the use of blood



Donjeta Sulaj, MD

transfusions," Dr. Sulaj says. "Our team minimized blood testing and used medications to treat Jane's anemia."

Health and Strength Restored

By the time Jane went home, her hemoglobin had risen substantially, and she felt better. She described Dr. Sulaj as "soothing, kind, and loving."

The physicians weren't able to

determine the cause of the bleeding—age-related weakening of the blood vessels in the colon may have played a role, they said—but they advised Jane to eat a high-fiber diet for colon health, and to stop taking aspirin, anti-inflammatory medications, and pain medications that could cause bleeding of the colon. If she ever experiences bleeding again, she knows exactly where to turn.

"Going to Englewood Hospital was the answer for me because the team there worked so much quicker," Jane says. "They were in sync."

Now, Jane's strength is back, and she feels like herself again. She and Gene are looking forward to their 61st anniversary this year.

Visit www.EHnoblood.org to learn how we prioritize the blood health of every patient, and read other inspiring stories of care from previous issues of Choices magazine.

"ONE THING I'VE NOTICED DURING THE 13 YEARS I'VE BEEN AT ENGLEWOOD HOSPITAL IS THAT BLOODLESS PATIENTS FEEL AT HOME HERE. WHEN THEY'RE AT OUR HOSPITAL, THEY'RE CALM, AND IT SEEMS LIKE A LOT OF THE FEARS SURROUNDING THEIR HEALTH ISSUES DISSIPATE."

—Donjeta Sulaj, MD, hospitalist at Englewood Hospital

Bypass to a BRIGHTER FUTURE

César Mauricio was traveling a risky road when it came to his health. Gastric bypass surgery provided an off-ramp.

For César Mauricio, a 58-year-old swimmer and travel enthusiast, being overweight for nearly two decades brought daily challenges and limited his ability to enjoy life.

“At my heaviest, I weighed 279 pounds,” César says. “The weight not only affected my ability to participate in my hobbies but also to complete everyday tasks, like tying my shoes, taking a shower, and riding a bike. I always felt tired when I walked.”



Jingjing Sherman, MD

Committed to Change

The excess weight began to take a toll on César's health. He developed prediabetes, heartburn, gallstones, and a hiatal hernia—a bulging of the upper stomach into the chest cavity—that can cause reflux. On the advice of his gastroenterologist, César met with Jingjing Sherman, MD, bariatric and general surgeon at Englewood Health, to discuss bariatric (weight loss) surgery. Dr. Sherman deemed him a good candidate.

Dr. Sherman set a goal for César, who weighed 264 pounds when they met, to reach 250 before the surgery, which would help reduce César's risk of complications. César worked with a dietitian for three months. In the end, he surpassed Dr. Sherman's goal.

“César lost 26 pounds while we worked with him before the surgery to reach a weight of 238,” Dr. Sherman says. “That's very impressive.”

'Improved in Every Way'

Prior to the procedure, César, like all patients at Englewood Hospital, had blood work performed to check for anemia. With Dr. Sherman confident in his blood health, she performed a gastric bypass and fixed his hiatal hernia at the same time on April 30, 2024. She reshaped César's stomach so that food would enter a small pouch and then move into the intestines, where it would bypass most of the stomach and a portion of the intestines. The result: a reduced appetite, feeling full more easily, and feeling more satisfied after eating.

Thanks to the operation and his post-surgery commitment to a healthy diet and exercise, Cesar had lost 106 pounds nearly a year later. The treatment has been life-altering.

“I've improved in every way,” he says. “I eat healthy now, and my fitness is where I want it to be. The main thing is that my health has improved a lot. I don't take any medicines now.”

Interested in transfusion-free bariatric surgery?

Visit www.EHnoblood.org to start your weight loss journey.



NUMBERS TO KNOW

A body mass index (BMI) of **18.5 to 24.9** is considered a healthy weight. Bariatric surgery may be right for you if:

- You have a BMI of **higher than 40**.
- You have a BMI **between 35 and 40** and you have an obesity-related medical issue, such as high blood pressure, fatty liver, diabetes, or sleep apnea.

Some insurance companies may pay for surgery if you have Type 2 diabetes with a BMI of **30 to 35**.

Although BMI is a controversial topic, it is still the standard that most insurance companies use when authorizing bariatric surgery.



Getting to Know

DR. MOLLY SCHULTHEIS

For Molly Schultheis, MD, the path to becoming a cardiac surgeon started with an emergency redirection.

During her first semester in college, Dr. Schultheis had just begun pursuing her dream of becoming a physician assistant. Then she developed acute encephalomyelitis, a type of brain and spinal cord inflammation.

“I had a close encounter with death but was saved by the amazing doctors treating me,” Dr. Schultheis says. “After I survived that experience, people encouraged me to become a doctor, so I went back to school after a year off and got on track to go to medical school.”

Career Path with Heart

Dr. Schultheis attended St. George’s University School of Medicine in the West Indies and performed residencies at Monmouth Medical Center (general surgery) and Newark Beth Israel Medical Center (cardiothoracic surgery), both in New Jersey. After choosing to become a surgeon during medical school, she fell in love with heart surgery as a general surgery resident.

“I saw my first heart surgery and decided then and there I wanted to be a heart surgeon,” Dr. Schultheis says. “Most open-heart surgeries involve stopping the heart, completing the operation, and restarting the heart. I thought, What’s cooler than that? Plus, the next day, patients are out of bed sitting in a chair and having breakfast because the surgeon

fixed their heart problem. There’s an element of immediate satisfaction with heart surgery.”

A member of the Englewood Health team for six years, Dr. Schultheis performs a wide range of procedures, including coronary artery bypass grafting for coronary artery disease, valve repair and replacement, and surgeries for arrhythmias and aortic aneurysms.

Enlightening Introduction

Dr. Schultheis first encountered bloodless medicine when she joined Englewood Health.

“It was very enlightening to learn the risks of blood transfusion and the benefits of a bloodless mentality,” she says. “Englewood Health has a wealth of knowledge in this arena. I’ve learned so much from The Bloodless Institute at Englewood Health, including skills and techniques that will stay with me throughout my career.”

When not immersed in her career, Dr. Schultheis has another demanding role: busy mom. Her favorite pastimes include having dance parties with her children, along with running, hiking, cooking, and traveling.

Visit www.EHnoblood.org to watch experts discuss bloodless medicine and surgery in our library of educational seminars.

“MY CAREER GOAL IS TO CARE FOR MY PATIENTS LIKE FAMILY AND IMPROVE THEIR SURVIVAL AND QUALITY OF LIFE. I DO THIS BECAUSE IT’S THE RIGHT THING TO DO, AND IT MAKES ME TRULY HAPPY.”

—Molly Schultheis, MD, cardiothoracic surgeon at Englewood Health

Injectable Weight Loss Drugs: *Weighing Your Options*

Popular injectable medications can transform your health through weight loss, but they also come with drawbacks.



Sandarsh Kancherla, MD

More and more people are turning to a group of injectable medications, some prescribed primarily to treat diabetes, for help with losing weight. These medicines, commonly known by their brand names of Ozempic, Wegovy, Mounjaro, and Zepbound, work by encouraging the pancreas to release insulin, which lowers your blood sugar. They also calm your appetite and slow

the process of food leaving your stomach so that you feel full longer. Some of these medications also help patients to think less about food and eating.

These medications can lead to rapid weight loss, with a cascade of benefits for your health. Shedding excess pounds can reduce your risk for Type 2 diabetes, heart disease, and certain cancers. What's more, research has shown that weight loss drugs of this type may lower the risk of Alzheimer's disease and dementia.

Consider the Drawbacks

The news around weight loss injectables isn't all positive. Some people experience side effects, such as nausea, vomiting, diarrhea, and sagging skin on the face. Stopping the medicines may lead you to regain the weight you lost. Additionally, it is unclear how the medications affect your organs and overall health in the long term.

If you take these weight loss injectables and are scheduled to have an elective surgery, you'll need to stop the medication prior to the procedure to reduce the risk of a serious complication.

"The current practice is to withhold the medication at least one week before any elective procedure requiring anesthesia," says Sandarsh Kancherla, MD, gastroenterologist at Englewood Health. "Stopping the medication reduces the risk of stomach contents entering the lungs while under anesthesia, which can lead to aspiration pneumonia."

Dr. Kancherla says that if you need to have an emergency operation while taking an injectable weight loss medication, the benefits of surgery may outweigh the risks. In that case, though, you'll likely need to be intubated to help you breathe,

he says, and receive general anesthesia to protect against any additional risks.

Medications or Surgery?

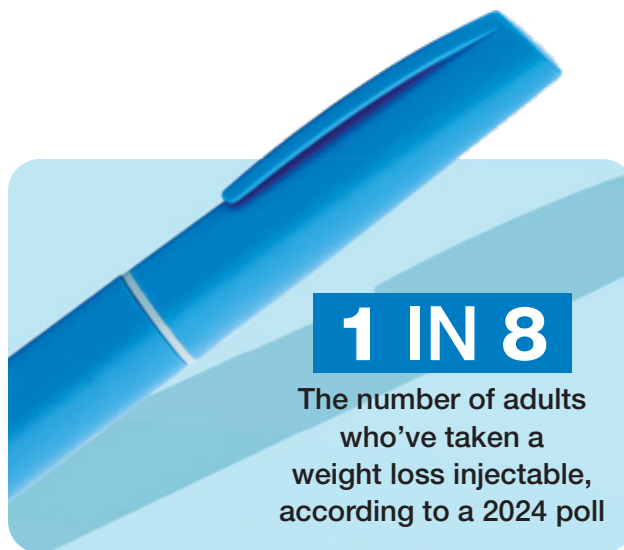
For decades, weight loss surgery has been a widely accepted option for treating obesity—but it's not suitable for everyone. Patients with medical conditions such as severe heart or lung disease, bleeding disorders, or other health risks may face complications that make surgery unsafe. Some overweight patients may not qualify for surgery because they don't meet the criteria, and others may not be able to afford the surgery if it's not covered by their health insurance.

In these cases, doctors often turn to injectable weight loss medications as a nonsurgical alternative. These drugs, which can help patients lose between 5% and 15% of their body weight and keep it off for at least 12 months, offer significant weight loss without the risks or recovery time associated with surgery.

Something to Talk About

The bottom line: If you're considering using an injectable weight loss medication, talk with your primary care provider. He or she can help you understand the risks and benefits so that you can make the most informed decision possible.

To find a bloodless expert who can help you decide whether weight loss injectables are right for you, call [201-894-3656](tel:201-894-3656) or visit www.EHnoblood.org.



New from WHO

Patient Blood Management Guidance



Sherri Ozawa, MSN, RN, Consultant to Englewood Health for patient blood management

Spring of 2025 marked a major milestone for patient blood management globally. The World Health Organization (WHO) released a document titled “Guidance on implementing patient blood management to improve global blood health status.”

This document outlines new patient blood management guidance, and will help:

- Improve patient outcomes
- Reduce healthcare costs
- Address risks associated with blood transfusion

This guidance aims to reshape the way blood is viewed. It urges readers to view blood as the body’s liquid organ—an organ that deserves to be respected, protected, and preserved.

It also gives particular attention to:

- Reducing maternal mortality from postpartum hemorrhage
- Trauma-related bleeding
- Anemia management
- Improving outcomes for elderly patients

The WHO urges Member States to adopt patient blood management as a public health priority. Doing so can benefit millions by reducing costly transfusions and reallocating healthcare resources more efficiently. This initiative is a key step in improving global patient care.

Patient blood management strategies are already in place for all patients at Englewood Hospital. To learn more about The Bloodless Institute at Englewood Health and our patient blood management strategies, visit www.EHnoblood.org.



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