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Choices

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ENGLEWOOD
HEALTH

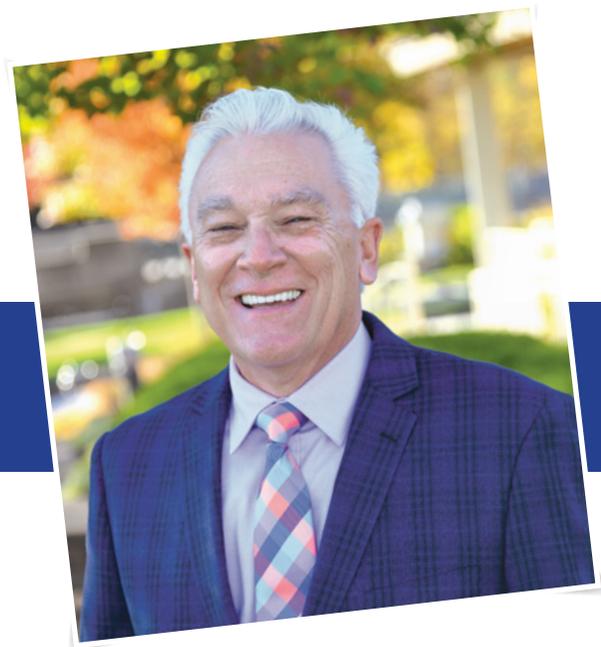
Institute for Patient
Blood Management and Bloodless
Medicine and Surgery



BLOODLESS TREATMENT FOR
*Dangerous
Internal Bleeding*

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Patient Lawrence Morgan



LIFESAVING CARE FOR *Internal Bleeding*

Timely, transfusion-free care saved Lawrence Morgan from a life-threatening internal bleed.



Eugene Han, MD

Five days after undergoing a colonoscopy at a nearby clinic, 71-year-old Lawrence Morgan was at work at a hydraulic lift company he oversees as CEO. He began bleeding from his colon, a complication of having seven polyps (potentially pre-cancerous growths) removed.

“I felt faint, but I managed to clean myself up and went to my office to lie down,” says Lawrence, who was 67 at the time. “I was fading fast.”

Lawrence’s daughter, Lauren Hill, was on site, so he told her to take him to Englewood Hospital as quickly as possible.

“I’ve referred many people to Englewood Hospital over the years,” says Lawrence, who is one of Jehovah’s Witnesses and won’t accept blood transfusions for religious reasons. “They have a state-of-the-art bloodless program, so that’s exactly where I wanted to go.”

Accelerated Care

After being admitted to Englewood Hospital, Lawrence was placed under the care of the on-call gastroenterologist, Eugene Han, MD. Dr. Han determined Lawrence needed another colonoscopy to find the source of the bleeding. Typically, patients need a full day before a colonoscopy for the prep (laxative solution), but Lawrence couldn’t afford to wait that long.

“Since Lawrence’s vital signs weren’t stable when he arrived in the Emergency Department and blood transfusions were not an option, it was imperative to do the colonoscopy as soon as possible,” Dr. Han says. “We gave him a rapid prep in which he drank the solution in just a few hours. I performed the colonoscopy about six hours after he arrived at the hospital.”

No Need for Transfusion

The colonoscopy revealed serious but treatable bleeding.

“We found two bleeding sites where the doctor had removed polyps days earlier,” Dr. Han says. “We treated them using a combination of metal clips, cauterization [burning the tissue], and an epinephrine injection, which causes blood vessels to constrict.”

Lawrence went home after three days in the hospital. He took a few weeks off from work to rest and allow his hemoglobin count, which had dropped below normal, to rebound.

“I’m happy to say that I’ve fully recovered, and my hemoglobin is back to a normal level,” Lawrence says. “Englewood Hospital saved my life.”

Whether you need an emergency procedure or elective care, transfusion-free treatment is available at Englewood Hospital. Visit www.EHnoblood.org to learn about our specialty and subspecialty services.

In the event of an emergency, call 911 and go to the nearest hospital. You or your healthcare agent can call The Bloodless Institute to request a possible transfer or seek a consultation with a bloodless physician.

“ENGLEWOOD HOSPITAL HAS BLOODLESS RESOURCES THAT OTHER HOSPITALS SIMPLY DON’T HAVE. IT’S THE GOLD STANDARD FOR PEOPLE LIKE ME WHO DON’T WANT BLOOD TRANSFUSIONS AS PART OF THEIR HEALTH CARE.”

—Lawrence Morgan

TIME AFTER TIME

After decades of trusting Englewood Health for medical care, Betty Siracusa turned to us during her most serious challenge yet.



Srikant Kondapaneni, MD

Betty Siracusa had her tonsils removed at Englewood Hospital at age 8. That began a lifelong relationship with the hospital. She gave birth to each of her four children there, along with having three hip procedures and weight loss surgery.

“I never considered any other hospital,” Betty says. “Englewood Hospital has always felt like home to me, like I was in a safe place. Although many

people decline blood transfusions for religious reasons, for me it was for personal reasons. I never wanted someone else’s blood running through me.”

Managing a Complex Challenge

Recently, blood clots in Betty’s lung and leg and a COVID-19 infection led to severe pulmonary hypertension—high blood pressure in the arteries that carry blood into the lungs. This condition forces the heart to work harder. Breathing became difficult for Betty, and she needed supplemental oxygen.

Englewood Health pulmonologist Srikant Kondapaneni, MD, led Betty’s care. He prescribed medications to treat the blood clots and pulmonary hypertension.

“Betty became weak and bedbound, so we referred her to a rehabilitation facility to build her strength,” Dr. Kondapaneni says. “Eventually, she improved enough to go home, but she stopped taking the pulmonary hypertension medication because it caused a terrible upset stomach.”

Prioritizing Quality of Life

Pulmonary hypertension is manageable but not curable. Betty had to decide whether she wanted to give the medicine another try or stop treatment. Either way, she knew she wanted her time with her husband, children, and nine grandchildren to be as meaningful as possible. Ultimately, she chose to go back on the medicine.

“We restarted Betty on the medicine, but at a lower dose and on a different schedule,” Dr. Kondapaneni says. “I see her monthly to assess how she’s doing with treatment.”

Betty is making the most of her time by hosting her grandchildren for sleepovers and staying busy.

“I have a great relationship with Dr. Kondapaneni, and he knows how important the quality of my time is to me,” Betty says. “We’re working on it together.”

Whatever life has in store for your health, our bloodless experts are ready to guide you through it. Find one by visiting www.EHnoblood.org.

SNEAKY SYMPTOMS

Pulmonary hypertension can be tough to diagnose at first because it causes the same symptoms as many other conditions. Watch for these symptoms and seek help quickly if they appear.

- Chest pain
- Heart palpitations (a pounding or racing heartbeat)
- Dizziness
- Shortness of breath
- Fatigue
- Swelling in your legs and feet



Elaine Hauser seated with her dog, Milo. Above her are her niece, Pamela Garrison (left), and her daughter, Denise Smith (right).

A Heart Restored

A new heart valve has Elaine Hauser feeling like her old self.



Joseph Shatzkes, MD

For years, Englewood Health cardiologist Joseph Shatzkes, MD, monitored retiree Elaine Hauser's heart health. Eventually, he became concerned about a particular part of her heart: the aortic valve, one of four valves that regulate blood flow through the heart.

Elaine had developed aortic stenosis, or narrowing of the aortic valve. This condition forces the heart to work harder and can reduce blood flow to the body. Aortic stenosis can lead to heart failure, and Elaine was starting to show signs of it, including leg swelling and shortness of breath. She was determined to get on with life, though.

"I would feel a little bad, but I just ignored it and told people I

was doing well," Elaine says. "I didn't want to be sick."

Still, when Dr. Shatzkes recommended a type of heart test called a diagnostic cardiac catheterization, Elaine followed his advice.

Gathering Inside Information

Interventional cardiologist Richard Goldweit, MD, Senior Adviser for Cardiovascular Services at Englewood Health, performed the cardiac catheterization. To start, he made a small puncture in her arm.

"We developed a bloodless puncture technique in which we advance a wire directly into the patient's artery to minimize bleeding," Dr. Goldweit says. "Minimizing bleeding and transfusions improves our cardiac catheterization outcomes and avoids complications."

Working through a blood vessel in Elaine's arm, Dr. Goldweit



Richard Goldweit, MD

sent a catheter (a thin tube) to her heart. Contrast material flowed through the tube, and X-rays allowed Dr. Goldweit to see how the material moved through Elaine's heart. The procedure showed significant hardening of the right coronary artery, one of the heart's major arteries. It also revealed severe aortic stenosis—narrowing of the artery due to the buildup of plaque (hardened deposits of fat, calcium, and blood components). Elaine needed a plan to help her heart.



Molly Schultheis, MD

Expert Recommendations

Teamwork is one of the hallmarks of heart care at Englewood Hospital, and it was essential for Elaine. Dr. Goldweit and his colleagues discussed the condition of her heart at the weekly meeting of the hospital's Heart Team, which discusses complex heart valve cases. The group decided the best path for Elaine was to treat her right coronary artery first. Then, she would receive a new aortic valve in a minimally invasive procedure.

Dr. Goldweit handled the coronary artery repair.

"Elaine's artery was severely diseased, but Englewood Hospital uses the latest techniques to treat these kinds of blood vessels," Dr. Goldweit says. "We used a catheter-based treatment called intravascular lithotripsy. It uses sound waves that bounce onto the calcium in the artery and soften the plaque, like breaking up a kidney stone."

With the plaque broken up, Dr. Goldweit placed a stent, a mesh tube to hold the artery open. Weeks later, Elaine returned to Englewood Hospital for the valve procedure.



Ramin Hastings, MD

TAVR to the Rescue

Dr. Goldweit, along with interventional cardiologist Ramin Hastings, MD, and cardiothoracic surgeon Molly Schultheis, MD, performed a transcatheter aortic valve replacement (TAVR). This procedure implants a new valve to take over the job of the diseased one. The team made a small incision in Elaine's groin so they could send a catheter up an artery to the heart.

"We perform TAVR by compressing the valve to a size small enough that it fits into the blood vessels of the leg," Dr. Schultheis says. "Then, we bring the valve up through the aorta, the body's main artery, and place it within the original valve. Once there, the replacement valve pushes the old one aside."

Elaine went home the following afternoon. Now, she relishes being more active.

"Nothing stops me from doing what I can do," she says. "I exercise daily using a stationary bike and a walking machine. The bike is in my living room, so I just turn on the TV and go."

Best of all, she's once again able to take frequent walks around the neighborhood with her beloved dog, Milo—best friends on the move, enjoying life together.

**“ENGLEWOOD HEALTH
EXCELS AT TRANSFUSION-
FREE SURGERY BECAUSE
WE HAVE A CULTURE THAT
BELIEVES IN THE BLOODLESS
PROGRAM. FOR ELAINE, WE
CHOSE A MINIMALLY INVASIVE
PROCEDURE TO LIMIT
BLEEDING, AND WE OPTIMIZED
HER BLOOD HEALTH
PREOPERATIVELY FOR THE BEST
QUALITY OF CARE, OUTCOME,
AND SURVIVAL. MOST OF ALL,
WE RESPECTED HER WISHES
AND BELIEFS.”**

*—Molly Schultheis, MD,
cardiothoracic surgeon
at Englewood Health*

TWO REASONS AORTIC STENOSIS OCCURS

Most of the time, aortic stenosis develops as a result of aging. Less commonly, however, aortic valve narrowing can occur due to:

- **Bicuspid aortic valve.** This condition exists at birth. It occurs when the valve has only two flaps instead of the standard three. Having only two flaps can reduce blood flow through the valve.
- **Rheumatic fever in childhood.** This condition may occur after strep throat infections and can cause inflammation throughout the body. Inflammation in the heart can cause scarring that can narrow the aortic valve.

From general and interventional cardiologists to cardiothoracic surgeons, we have a team of bloodless experts ready to help you manage your heart health. Call [201-894-3656](tel:201-894-3656) to find a cardiac specialist or subspecialist.

BE PROACTIVE ABOUT YOUR *Health Care*



A BALANCED APPROACH

It's good to take charge of your health, but don't let the pursuit of perfection detract from your quality of life. Aim for balance.

The Roman philosopher Seneca once said, "He suffers more than necessary, who suffers before it is necessary." In other words, if we worry about what might happen, we cause ourselves needless anxiety and rob ourselves of joy in the present.

Ignoring symptoms is risky, but so is overreacting to minor ones. Be especially cautious of medical advice from the internet or well-meaning friends who lack medical training. Take a middle-of-the-road approach. Be proactive about your health, turn to your trusted providers when you have concerns, and follow their recommendations. But don't let a quest for perfect health—which doesn't exist—prevent you from enjoying life.

Leilani Rangel, Senior Coordinator at The Bloodless Institute at Englewood Health, recently interviewed Englewood Health internal medicine physician Margarita Borghini, MD, about the importance of a proactive approach to health.



Leilani Rangel



Margarita Borghini, MD

Q. Why should people visit a doctor even if they feel perfectly healthy?

A. Routine visits are vital because 60% of the U.S. population has a chronic medical condition. Many of these conditions, such as high blood pressure, high cholesterol, and diabetes, often show no symptoms at the start. For instance, you can have dangerously high blood pressure without feeling dizzy or having a headache. The only way to diagnose these conditions is through regular checkups and blood tests.

Q. What routine screening tests do you recommend for your patients?

A. Adults should have a physical exam at least once a year to check their blood pressure and screen for anemia or high cholesterol. For cancer prevention, we now recommend colonoscopies starting at age 45. Women should generally begin mammograms at age 40, while prostate screenings for men typically start between ages 45 and 50.

Q. What are the benefits of diagnosing health conditions early?

A. When problems are caught early, they can be treated and managed effectively. Early diagnosis gives patients the best chance to avoid significant health consequences. The goal of preventive medicine is to help people live healthy lives by addressing issues before they become serious.

Q. What health trends are concerning?

A. We are seeing a high incidence of risk factors among patients with obesity or sedentary lifestyles, as well as patients who consume too much sugar or processed foods—all of which increase the risk of illness. Your primary care physician can help you address these issues.

Q. It can be difficult for patients to change their lifestyle. What can help?

A. First, recognize the importance of these changes. While we cannot change our genetics, lifestyle changes have a fundamental effect on our health. Regarding diet, I suggest not buying items like soft drinks at the supermarket; if you don't have them in the house, you won't consume them. If you find it hard to exercise, try using an exercise bike while watching television or going for a walk with a friend. Even small changes, like a 20-minute walk, can improve both your physical and mental health.

From primary to subspecialty care, Englewood Health bloodless experts are ready to help you be proactive about your health. To find a provider, call [201-894-3656](tel:201-894-3656).



Getting to Know

DR. MICHAEL MAGRINO

After training at Englewood Hospital, general surgeon Michael Magrino, DO, leapt at the chance to build a career there.

Growing up in Cincinnati, Dr. Magrino loved the outdoors and working with his hands. He recalls building a flashlight out of spare parts found around his house at a young age. He wasn't interested in medicine until a moment during his junior year of college, when he was pursuing an engineering degree, shifted his perspective.

"I attended a presentation by a pediatrician, who shared his experiences traveling abroad to help those with limited access to health care," Dr. Magrino says. "Listening to him, I felt something awaken inside me, telling me I wanted to do what he was doing."

Dr. Magrino completed the engineering program but later returned to school, intent on becoming a doctor. He decided that general surgery would allow him to help the most people.

Perfect Fit

Dr. Magrino received his medical degree from Des Moines University in Iowa before relocating to the East Coast for his residency. During his training at Mount Sinai Medical Center and Palisades Medical Center, he did several rotations at Englewood Hospital.

"There was a community feeling within the hospital," Dr. Magrino says. "I admired the senior surgeons not only because they were talented, but also because they treated others with respect, had integrity, and always chose the right path, even when it wasn't easy."

Dr. Magrino says he was fortunate that, when he finished his training, Englewood Hospital was looking for a new surgeon. He eagerly joined and has now been with the hospital for more than 10 years.

Surgical Variety

From repairing hernias to removing appendixes and gallbladders, Dr. Magrino handles a wide range of cases. He is trained to use several surgical techniques, including open (large-incision), laparoscopic (minimally invasive), and robotic surgeries.

Dr. Magrino takes a listen-first approach to patient care, which allows him to personalize treatment.

Interested in transfusion-free surgery? Learn more and find a bloodless surgeon at www.EHnoblood.org.

"I DID A LOT OF MY TRAINING AT ENGLEWOOD HOSPITAL, AND BLOODLESS MEDICINE HAS BEEN PART OF MY PRACTICE SINCE THE BEGINNING OF MY CAREER. I ALWAYS STRIVE TO ENSURE THAT MY PATIENTS ACHIEVE THE BEST POSSIBLE RESULTS. THE BENEFITS THAT BLOODLESS MEDICINE OFFERS HELP MAKE THOSE OUTCOMES POSSIBLE."

—Michael Magrino, DO, general surgeon at Englewood Health