

HEALTH U



Hackensack
Meridian Health

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Awareness Is Power



PARA LEER ESTA REVISTA EN ESPAÑOL,
VISITE [HMHforU.org/Spanish2](https://www.HMHforU.org/Spanish2).

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 Hackensack Meridian Health Theatre
at the Count Basie Center for the Arts

"We are grateful for our partnership with the Count Basie Center for the Arts," says Robert C. Garrett, CEO of Hackensack Meridian Health. "After two years of COVID-19 restrictions, there are so many health benefits associated with getting out, socializing, and enjoying arts and entertainment again."



10 Innovation transforming medical research into treatments
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Genetic screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.



Are you up to date with your COVID-19 booster? Find the latest guidance at HMHforU.org/COVIDBooster.

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You may soon be able to buy a hearing aid without a doctor's prescription. Learn more at HMHforU.org/HearingAid.



In an episode of the HealthU Podcast, David Leopold, M.D., shares tips for coping with chronic stress. Listen at HMHforU.org/StressLess.

Visit HMHforU.org for these stories and other great health care content.

HealthU is a 2022 APEX Award winner and a 2021 Content Marketing Awards finalist.



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Better quick tips to help you live your healthiest life



Bob Garrett happily received his updated COVID-19 booster and flu shot at the same time in September 2022 and encourages all who are eligible to do the same.

Be Proactive With Your Health

These days, you'd be hard pressed to find someone who hasn't been personally affected by cancer—whether they've fought it themselves or a friend, family member or colleague has. One in three Americans will be diagnosed with cancer during their lifetime, according to the American Cancer Society.

Fortunately, early detection can save lives. Diagnosing cancer in earlier stages, before it's spread, means treatment is more likely to be successful. We've broken down screening guidelines for men and women by age to remove the guesswork and make it simple: [HMHforU.org/Screening](https://www.hmhforu.org/screening).

In my own family, my father had a cancer scare. But thanks to early detection, he is living a long and healthy life! If you've fallen behind with your scheduled screenings, there's no time like today to catch up. Schedule a screening near you at [HMHforU.org/ScheduleScreening](https://www.hmhforu.org/schedule-screening).

In this issue, we've provided a quick guide to the different types of lumps you might find and what you should know about



Bob Garrett's father this past summer, celebrating his 91st birthday with his five great-grandchildren.

them (see "What's that Lump?") Of course, if you see or feel something that concerns you, don't take chances—talk to your doctor.

Another weapon in our collective fight against cancer: Research is leading to improved cancer prevention, screening and treatment. Breakthroughs continue to alter the future of cancer care. At **Hackensack University Medical Center**, we've launched an innovative surveillance program that screens individuals at high risk for developing pancreatic cancer—the first of its kind in New Jersey. Pancreatic cancer accounts for nearly 80 percent of all cancer-related deaths in the U.S., so advancements like this have the potential to save lives. Read more on page 10.

Every October, we celebrate Breast Cancer Awareness Month. Make a pledge this year to educate yourself and others about screening—not just breast cancer screening but screening for all types of cancer. 🌸

Robert C. Garrett, FACHE, CEO
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Kickstart Your Workout ... Safely

Doing physical activity on a consistent basis is good for your health, your mood, your sleep habits and weight control. But resuming workouts too intensely after a break may lead to injury if you aren't careful.

Patrick S. Buckley, M.D., an orthopedic surgeon and sports medicine specialist at **Jersey Shore University Medical Center**, offers tips to minimize your risk of injury while resuming regular workouts.

Start slowly. Walk, run, bike or swim for shorter distances at a slower speed than you did in the past, and gradually build to your previous abilities. Increase your distance and/or speed by no more than 10 percent every week.

Adopt healthy lifestyle habits. Stay well-hydrated before, during and after workouts. Eat nutritious foods and get enough sleep, so your muscles can heal while you're resting.

Stop if you feel pain. If you're exercising for the first time in a while, it's normal to feel some soreness. But if you feel sharp twinges of pain, don't work through it. Stop, rest and seek medical advice as needed.

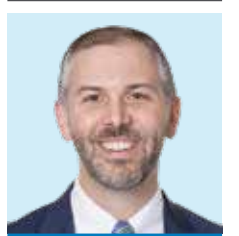
Go light. Forget about lifting the same amount of weight you lifted in the past. Do more reps with lighter weights, then gradually build to lifting heavier weights as you get stronger.

Dress appropriately. Wear supportive walking or running shoes when you're hitting the pavement. For bike rides, wear a helmet for safety.

Rotate your workouts. Alternating the type of exercise you do should help you vary the muscles you use, reducing your risk of injury.

Take days off. Don't do strength training more than two or three days a week, so your muscles have time to recover.

Stretch before and after your workouts. Doing a short warmup and cooldown with gentle stretches may help you become more limber, which may minimize your risk of injury.



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Go Online

For more exercise tips, visit [HMHforU.org/Exercise](https://www.hmhforu.org/exercise).



Does Addiction Run in Families?

What to know about addiction's impact on generations of families—and how to stop the cycle.

Addiction is a complex disease that affects a person's biological, psychological, social, emotional and spiritual life in all aspects.

Several factors can lead to addiction, including a search for ways to relieve stress, cope with trauma and manage injuries (such as becoming dependent on opioid medications originally prescribed for pain relief). "There's also a nature-versus-nurture debate, which has been resolved in a lot of ways—it's both," says Rachel Heath Wallace, senior director of substance use counseling services at **Blake Recovery Center at Carrier Clinic**.

Is There a Gene for Addiction That Gets Passed Down?

"It is a genetic disease," Rachel says. In fact, the American Addiction Centers states that first-degree relatives of someone with a history of addiction are 4–8 times more likely to develop problems with addiction themselves when compared to those who do not have a family member with an addiction.

"If you come from a family that has addiction in it, you should certainly be very careful, as there is a likelihood you may develop an addiction yourself," Rachel says. "But it's not just genetic—growing up in that environment can play an equal role."

In households of parents suffering from addiction, there is likely turmoil, anxiety, stress, depression and possibly trauma associated with that upbringing. "Just imagine if there's constant drinking or using drugs, fighting and chaos—children will think that's normal," Rachel says. This can create a cycle within the family of those misusing substances.

Hope for Families with a History of Addiction

Children in the family can be offered a safe space, therapy, educational resources and early intervention programs to understand the disease and prevent a life of active addiction.

It's important for families to avoid hiding the addiction or dismissing the disease. "Addiction teaches the family three rules: Don't talk, don't trust and don't feel because we must protect the family secret," Rachel says. "By doing this, families don't learn how to properly cope."

With proper help and support, there is hope and a future of recovery. Rachel recommends seeking professional help if you or a loved one suspect problematic substance use. "There are more ways now than ever to get help, and not all treatment is created equal, so do your research," she says. "There is hope, and people do recover. I've seen it many times. Don't give up!"

Find a location for addiction recovery services near you at [HMHforU.org/Addiction](https://www.HMHforU.org/Addiction).

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Grocery Shop on a Budget



You don't have to sacrifice healthy eating when on a tight budget. **Christina D'angelo, M.S., R.D.**, clinical dietitian at **Jersey Shore University Medical Center**, shares five tips for saving at the grocery store while still serving up healthy meals and snacks for your family.

1 Plan around sales. Plan meals that include produce, lean proteins and low-fat dairy items that are on sale and in season to save money while eating nutrient-dense foods. Compare national brands and private store labels for the lowest price. Use the unit price to compare costs between different sized packages of the same product.

2 Create a shopping list and stick to it. Prioritize vegetables, fruits, low-fat dairy, lean proteins and whole grains. To keep your grocery list from growing too long, prepare meals that include similar ingredients throughout the week.

3 Look for frozen or canned alternatives. Canned and frozen fruits and vegetables are picked at peak freshness and can be just as nutritious as fresh foods because canning and freezing preserves many nutrients. Check the ingredients list to avoid items with added sugars or salt.

4 Buy in bulk. Consider purchasing a larger quantity of meat that is on sale and preparing enough for two or more meals. Enjoy leftovers later in the week or freeze for future use. Stock up on nonperishable whole grains and dried beans, peas and lentils when on sale, or take advantage of the bulk bin by purchasing only the amount you need.

5 Reduce waste. Only buy the amount of perishable foods you will use, or freeze portions to prevent waste. Plan to use highly perishable items—such as fish and seafood, salad greens, berries and fresh herbs—early in the week, and save more hearty items for later in the week. Enjoy leftovers for lunch, or create new meals from leftover ingredients. Cooked meat and vegetables can be revamped as a filling for a casserole, frittata or soup.

Find a healthy cooking demo or other nutrition event near you at [HMHforU.org/Events](https://www.HMHforU.org/Events).



Hearty Chicken Harvest Dinner

Serves 4

Ingredients

- ¾ pound chicken breast, boneless and skinless
- 1 tablespoon olive oil
- Olive oil spray
- 1 medium onion, thinly sliced
- 2 yellow or red bell peppers, sliced
- 1 garlic clove, minced
- 1 14-ounce can low-sodium diced tomatoes
- ⅔ cup low-sodium chicken stock
- 1 tablespoon each, dried oregano and basil
- 1 cup canned low-sodium cannellini beans, rinsed and drained

Nutritional Information

Per serving: 324 calories, 28g protein, 29g carbohydrate (6g fiber), 8g fat (2g sat, 6g mono/poly), 293mg sodium

Steps

- 1** Over medium heat, sauté the chicken breast in olive oil until golden brown. Remove from pan.
- 2** Spray pan with olive oil spray. Add onion, peppers and garlic, and sauté until onions are translucent, 3–5 minutes.
- 3** Add tomatoes with juice and stir. Place the chicken over mixture, add stock and sprinkle with herbs.
- 4** Cover the pan and simmer for 30 minutes, stirring occasionally. To test when chicken is done, poke a knife in meat; juices should run clear.
- 5** Mash half of the beans, then add to pot and stir into liquid until sauce thickens. Add the rest of beans and simmer for 5 minutes.

Seasoned Cook

This is the perfect make-ahead dinner. You can even prepare it the night before through step 3. Consider doubling the recipe for great leftovers.

Find more recipes and tips for healthy eating at [HMHforU.org/HealthyEating](https://www.HMHforU.org/HealthyEating).

When should I have "the talk" with my kids?

Heather Appelbaum, M.D., weighs in:

You should initiate a conversation about puberty with your kids before the process begins. Girls typically start puberty between ages 8 and 13; for boys, between 9 and 14.

Let younger kids know in age-appropriate terms about what's to come, then keep talking about it as they mature. That doesn't mean you need to sit your kids down for multiple editions of "the talk." It means looking for opportunities to start small conversations sparked by, for example, children's questions and observations.

Here's a general guide to discussions by age:

Under 2	Ages 2-5	Ages 6-8	Ages 9-12	Teenagers
Use the correct terminology for all body parts, including genitalia.	Teach your kids about boundaries and consent—what is and is not appropriate when it comes to touching or being touched by other people.	Introduce an age-appropriate book to explore the early signs of puberty, including growth spurts, body odor, acne and cracking voices.	Normalize conversations about changes during puberty related to sexuality, such as when girls get their periods and begin to menstruate, and when boys first experience erection and nighttime ejaculation.	Teens need honest conversations about birth control, safe sex and healthy relationships.



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Learn more at [HMHforU.org/Puberty](https://www.HMHforU.org/Puberty).



How early can you go through menopause?

Steven Morgan, M.D., weighs in:

On average, women in the U.S. go through menopause around age 51 or 52. But about 5 percent of women experience menopause before age 45, and 1 percent experience it before age 40.

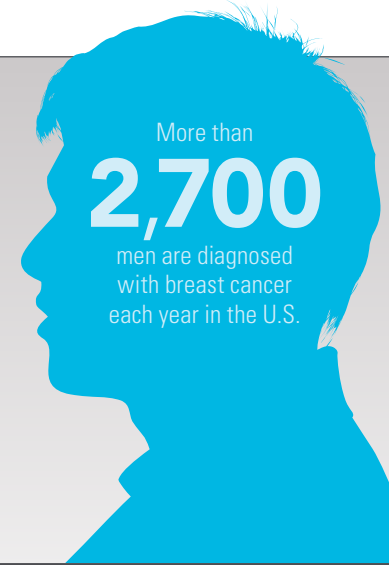
There are a variety of reasons why some women go through menopause early:

- ▶ **Certain procedures** to a woman's reproductive organs may put her in early menopause, including oophorectomy (ovary removal) and hysterectomy (uterus removal).
- ▶ **Some cancer treatments** may lead to early menopause, including certain chemotherapy drugs and radiation to the pelvic region.
- ▶ **A variety of conditions** may be linked to early menopause, such as thyroid disease, rheumatoid arthritis, Crohn's disease and ulcerative colitis.
- ▶ **Other factors** may increase a woman's risk of early menopause, such as smoking and having a family history of early menopause.



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Learn more at [HMHforU.org/Menopause](https://www.HMHforU.org/Menopause).



Can men get breast cancer?

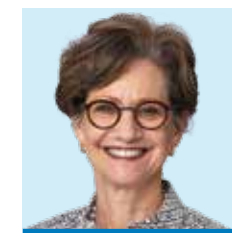
Harriet Borofsky, M.D., weighs in:

Although it is much less likely for a man to develop breast cancer than a woman, it does happen. More than 2,700 men are diagnosed with breast cancer each year in the U.S. Awareness of any changes and a proactive approach to risk assessment are important, because, as with any disease, the key to increased options and successful treatment is early diagnosis.

The most common signs and symptoms of breast cancer in men include:

- ▶ **Lumps** or thickening of the breast tissue, with or without the presence of pain
- ▶ **Discharge** from the nipple
- ▶ **Nipple changes**, such as swelling, redness or the development of scales
- ▶ **Nipple retraction** (inward turning nipples)
- ▶ **Changes in breast skin**, such as dimpling or puckering

If you are experiencing any of these conditions, you should speak to your doctor as soon as possible.



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Learn more at [HMHforU.org/MaleBreastCancer](https://www.HMHforU.org/MaleBreastCancer).

How can I reduce asthma triggers at home?

Marie Gonzalez, MSN, RN, AMB-BC, weighs in:

While some asthma triggers are out of our control, here are some ways to decrease asthma exacerbations—and the need to visit the emergency room:

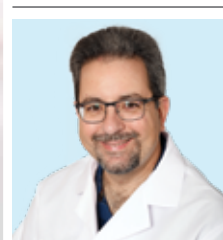
- Eliminate carpeting.
- Consider mini-blinds instead of curtains and drapes.
- Encase pillows and mattresses in fabric or vinyl protective covers, sold at regular retail stores.
- Ban smoking at home, and shower after exposure to secondhand smoke, as it stays on your clothes and in your hair.
- Limit exposure to pets, and wash hands and face after touching an animal.
- Skip cleaning products with harsh scents; consider scent-free options instead.



Learn more at [HMHforU.org/AsthmaTriggers](https://www.HMHforU.org/AsthmaTriggers).

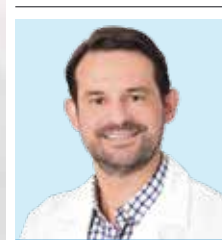
Stopping Silent Killer

Genetic screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.



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The incidence of pancreatic cancer has risen significantly since 2000, especially in women younger than age 55. According to the American Cancer Society, an estimated 62,210 Americans will receive a pancreatic cancer diagnosis this year alone, and nearly 50,000 people will die of the disease.

Pancreatic cancer usually doesn't cause symptoms until the disease is advanced, delaying diagnosis and resulting in a poor prognosis for the majority of patients whose tumors have grown large or spread to other organs. While it accounts for only 3 percent of all cancers in the U.S., it causes 7 percent of cancer deaths, making it one of the most lethal malignancies.

Rosario Ligresti, M.D., chief of Gastroenterology at **Hackensack University Medical Center**, explains: "Pancreatic cancer is predicted to become the second-leading cause of cancer death in the world by 2030, overtaking colon cancer. We absolutely need a better way to screen for it."

Early Warning

In response, Hackensack has launched an innovative surveillance program that screens individuals who are at high risk for developing familial or hereditary pancreatic cancer. Inherited genetic syndromes account for about 10 percent of cases.

This new initiative is the first of its kind in New Jersey. Patients who are eligible will receive both an imaging test and a recently approved biomarker test that measures the immune system's response to diseases in the blood.

Biomarker testing is a way to look for genes, proteins and other substances that can provide information about cancer. Each person's cancer has a unique pattern of biomarkers. Some biomarkers affect how certain cancer treatments work.

"Biomarker testing isn't for everyone, but for someone with a strong family history of pancreatic cancer, it can be a lifesaver," says Dr. Ligresti. "Even though this kind of testing is new, it's already been proven to find asymptomatic, early cancers in members of high-risk families."

Know the Signs

"Pancreatic cancer is often called the silent killer, and with good reason: Most patients don't experience symptoms until the cancer is big enough to impact the surrounding organs," says **Gregory Tiesi, M.D., FACS, FSSO**, medical director of Hepatobiliary Surgery at **Jersey Shore University Medical Center**. "Even then, the symptoms are often vague, which is why this testing is so important."

If you experience these symptoms, talk to your doctor:

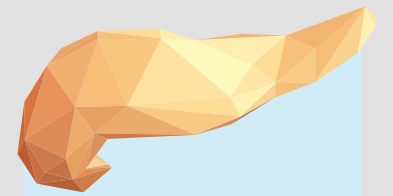
- ▶ Yellowing of the skin and eyes (called jaundice)
- ▶ Belly or back pain
- ▶ Weight loss and poor appetite
- ▶ Unexplained nausea and vomiting

Early pancreatic cancer can also lead to conditions such as gallbladder or liver enlargement, blood clots or the new onset of diabetes. If other tests and symptoms lead to these diagnoses, and you are at elevated risk for pancreatic cancer, your doctor may want to consider pancreatic cancer as a possible cause.

"If pancreatic cancer is diagnosed while it is still localized, treatment is much more likely to be successful than if it has spread," says Dr. Tiesi. "Localized pancreatic cancer has a five-year survival rate of 42 percent, versus only 3 percent for cancer that has spread beyond the lymph nodes to other organs."

Find Out if You Qualify

If you have a family history of pancreatic cancer, speak with your doctor to see if you meet the criteria to be considered for the screening. 🌟



Risk Factors for Pancreatic Cancer

The average lifetime risk of non-hereditary pancreatic cancer is about 1 in 64, according to the American Cancer Society. It rises—sometimes significantly—for people with certain risk factors, including:

- ▶ Smoking
- ▶ Drinking
- ▶ Obesity (BMI 30 or more)
- ▶ Type 2 diabetes
- ▶ Chronic pancreatitis
- ▶ Regular exposure to dry cleaning and metalworking chemicals
- ▶ Older age
- ▶ Male gender
- ▶ African American race

Go Online

For more information about early pancreatic cancer screening, call **551-795-1675**.

When Your Mammogram Is Abnormal

Getting called back for follow-up after a screening mammogram can be frightening, but knowing what to expect can ease the anxiety.



It's not unusual to get called back for follow-up after a screening mammogram. It's even more likely after a first mammogram, since there are no previous films to compare your images to. Follow-ups are also needed more frequently in pre-menopausal women, who tend to have denser breasts.

Of course, it can be frightening to hear that you have an abnormal screening mammogram. Knowing what to expect can help ease your anxiety.

Why a Mammogram May Be Abnormal

"Nine times out of 10, there is no cancer found in a follow-up, but we can't just assume there is nothing there if there is an abnormal mammogram," says **Roshani Patel, M.D.**, medical director for breast surgery at **Jersey Shore University Medical Center**. "It's important to get further testing."

Some reasons for an abnormal mammogram that are not breast cancer include:

- ▶ Suspicious areas due to the way the breast tissue is compressed during the mammogram
- ▶ Pictures that aren't clear or miss an area of the breast
- ▶ Cysts or fibroadenomas, which are almost always benign
- ▶ Benign calcifications (although some calcifications are cancerous)



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Stay a Survivor

It's vital to be aware of the early signs of metastatic breast cancer, especially for breast cancer survivors.

Today, breast cancer is often discovered early thanks to screening mammography. This development has reduced the incidence of metastatic breast cancer, which is when cancer spreads to other parts of the body beyond the lymph nodes.

Only 6 percent of women and 9 percent of men with metastatic breast cancer are found to have it at the time of their initial breast cancer diagnosis. The majority of metastatic breast cancers begin within the first five years after a person has completed treatment for breast cancer, although it can return at any time.

While metastatic breast cancer is considered incurable, early treatment can shrink tumors or slow their growth, improve symptoms and help people live longer.

For breast cancer survivors—especially those with triple-negative or HER-2 positive cases—it is vital to be aware of the early signs that cancer has returned in other areas of the body.

Symptoms to Look for

"The most common places for metastasis are in the bones, liver, lungs and brain," says **Catherine Campo, D.O.**, medical director of breast surgery at **Bayshore Medical Center** and breast surgeon at **Riverview Medical Center**. "But it's very unpredictable. Every case is different."

Dr. Campo stresses the importance of talking to your primary doctor or breast doctor right away about any new symptoms that may indicate metastasis somewhere in the body, such as:

- ▶ **Bones:** Hip or back pain, broken bones, high blood calcium levels, numb or weak limbs
- ▶ **Lungs:** Shortness of breath, fatigue
- ▶ **Liver:** Belly pain or swelling, appetite loss, yellow skin or eyes
- ▶ **Brain:** Confusion, headaches, dizziness, sleepiness, seizures, vision changes

How to Prevent Metastasis

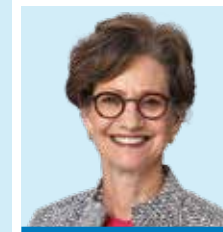
To reduce the risk of metastatic breast cancer after treatment for breast cancer, follow your doctors' advice on lifestyle changes (such as getting exercise, controlling your weight and limiting alcohol), long-term treatment (such as immunotherapy or hormone therapy), and follow-up visits and screenings.

"We have an aggressive follow-up for all people who had breast cancer to ensure we catch any recurrence early on," Dr. Campo says. "We recommend mammograms every 6–12 months after a lumpectomy, and patients see one of their oncology doctors every three months for the first five years."

Regular mammograms are important, even if you have no history of cancer. "The earlier breast cancer is caught and treated, the lower the risk of recurrence," says **Harriet Borofsky, M.D.**, medical director of breast imaging at Bayshore and Riverview. "We follow recommendations from the National Comprehensive Cancer Network and American College of Radiology, which state that annual mammograms start at age 40 for women at average risk, and earlier for women with elevated risk, for example, due to family history or genetic mutation."



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What Happens After an Abnormal Mammogram?

If you have an abnormal screening mammogram, the next step is a diagnostic mammogram. A diagnostic mammogram is similar to a screening mammogram, but more images will be taken and greater compression may be applied.

An ultrasound—which is a non-invasive test in which a wand that emits sound waves is moved over the breast—is often done in the same visit as, or instead of, the diagnostic mammogram. Occasionally, a breast MRI may be recommended.

You will not have to wait long for the results of the follow-up tests. In many cases, the radiologist will give you the results before you leave the imaging center.

"Some lesions are markers for future breast cancer, and there are others that are not cancerous but look similar to cancerous ones," says Dr. Patel. "That's another reason it's important to evaluate any suspicious findings. You'll want information that can help you and your doctor make decisions."

Staying on Top of Your Breast Health

Most of the time, you will get reassuring news that there's nothing of concern and you can return to your usual mammogram schedule. Sometimes, you may be asked to return for a repeat mammogram in six months to make sure nothing changes.

If a biopsy is needed, you will be referred to a breast surgeon. Your appointment will be fast-tracked for another visit, so you can get peace of mind faster.

"Most of the time everything is fine, but if it's not, I would rather catch cancer early than later, so the follow-up is still very important," says Dr. Patel. "As my mother would say, 'One stitch in time saves nine.'" 🌟



Schedule a mammogram near you today.

CANCER CARE

What's That Lump?

Here's a quick guide to the different types of lumps and what you should know about them.

No one wants to discover a lump on their body. Even though most lumps are harmless, they're not especially attractive—and sometimes they signal that something serious is at work, such as cancer.

That's one reason to see your doctor if you've recently discovered a lump.

"The presence of a lump doesn't mean you're sick. In fact, most often, lumps are completely harmless," says **Yolanda Tamaro, M.D.**, breast surgeon at **Southern Ocean Medical Center**. "Still, it's often the right move to check with a dermatologist or primary care doctor to make sure there's nothing to worry about." Here's a quick guide to different types of lumps and what you should know about them:

Cysts: Most forms of cysts are soft, pliable and noncancerous. Epidermoid cysts are the most common form, often appearing on the face, neck and torso, and sometimes the genitals. They range from quite small to multiple inches in width. Men are twice as likely as women to develop them. Epidermoid cysts don't become cancerous but some other rarer types may.

Lipomas: Another form of lump called a lipoma looks and acts similarly. While they appear in many of the same spots as epidermoid cysts, they also appear on arms and legs. About 1 in 100 people develops a lipoma, according to nonprofit cancer research group Cancer Research UK. Lipomas are not cancerous and are usually harmless.

Soft-tissue Sarcoma: The cancerous tumor called soft-tissue sarcoma can look similar to a cyst or lipoma and appear in similar places. "It can be difficult to distinguish between a sarcoma and cyst or lipoma, so if a lesion is growing, it needs to be fully evaluated by a professional," says Dr. Tamaro.

Breast Lumps: Because of the threat of breast cancer, one of the scariest places to discover a lump is on the breast. Even then, however, lumps are often noncancerous. Fibroadenomas, for example, are firm to the touch and can grow to be several inches wide—yet they aren't cancerous. Benign cysts can also form in the breast, where they often are easy to feel and can be as large as a few inches wide. Likewise, changes to fibrous tissue can appear as a lump on the breast. Women who detect a breast lump should see a doctor even if they suspect the lump is benign. An examination and ultrasound can reveal whether a lump may be cancerous.

"If you feel something, you don't want to take any chances," says Dr. Tamaro. "See your doctor right away if you discover a lump on your body. That way, doctors can act quickly if intervention is needed." 🌟



Yolanda Tamaro, M.D.

Breast surgeon

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Brick and Manahawkin



Go Online

Have you noticed a lump?
Schedule a screening today:
[HMHforU.org/Screen](https://www.hmhforu.org/Screen).

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Signs of an Unhealthy Heart

Be on the lookout for common symptoms of heart disease.

Sometimes, signs of an unhealthy heart may be overlooked or may not be obvious. But paying close attention is critical: Heart disease is the leading cause of death for both men and women in the U.S., according to the Centers for Disease Control and Prevention.

"Not everyone will have the same presentation or experience all of the typical symptoms of an unhealthy heart," says **Joseph Negusei, M.D.**, a cardiologist at **Bayshore Medical Center**. "Men and women may exhibit different symptoms of heart disease—especially coronary artery disease. For example, men are more likely to feel chest pain when compared to women."



Joseph Negusei, M.D.

Cardiologist

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Neptune and Keyport

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If you experience any of these six signs of an unhealthy heart, talk to your doctor about taking a closer look:

1 Chest pain. Poor blood flow to the heart can cause pain or discomfort in the chest, a condition called angina. You may feel mild discomfort, tightness, squeezing or burning sensations, as well as sudden, severe pain. You may also feel pain in the neck, jaw, throat, abdomen or back. But chest pain can also be caused by factors not related to the heart, such as indigestion.

2 Fatigue. Unusual or extreme tiredness can be a sign that something is amiss with the heart. In women, severe fatigue is a common symptom before experiencing a heart attack.

3 Heart palpitations. You may feel your heart beating quickly or unevenly. An irregular heartbeat can be a sign of an arrhythmia or other heart conditions. There are many other reasons why you might feel a fast or uneven heartbeat, such as lifestyle factors or medications.

4 Pain, numbness, weakness or coldness in the arms or legs. These sensations may occur when blood vessels in your limbs narrow, caused by vascular disease.

5 Shortness of breath. Shortness of breath can be a symptom of several different heart conditions. It might be caused by poor blood flow from coronary artery disease, or from fluid build up into the lungs.

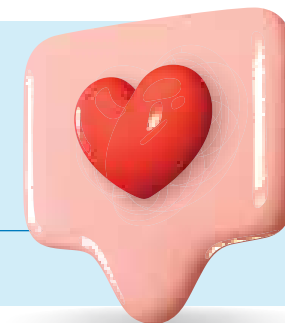
6 Swelling in your legs, ankles or feet. You may also feel swelling in your hands or abdomen. Poor blood flow can also cause blood to back up into the veins and surrounding tissues.

"If you're unsure if your symptoms are serious, it's best to err on the side of caution and have it evaluated," says Dr. Negusei. "That's especially true if you have certain risk factors, such as diabetes, high blood pressure, high cholesterol or obesity." 🌟

Know Your Risk

Knowing your risk of heart disease can go a long way toward prevention. Screenings such as AngioScreen® and CT Calcium Scoring scans are two options offered at various locations throughout Hackensack Meridian Health. These non-invasive screenings will help identify your risk for heart disease and stroke, so you can take charge of a heart-healthy life.

Learn more at [HMHforU.org/ScheduleAngioscreen](https://www.hmhforu.org/ScheduleAngioscreen).



In Reverse

Can heart failure be reversed?



Jesus Almendral, M.D.

Heart failure and transplant cardiologist

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Neptune

Heart failure is one of the top killers in the U.S. While the disease can be severe and life-limiting, it doesn't always get worse and can even be reversed, says **Jesus Almendral, M.D.**, heart failure and transplant cardiologist at **Jersey Shore University Medical Center**.

Heart failure is characterized by the organ's inability to pump blood efficiently through the body. Although it can worsen over time, an ever-expanding choice of medications and surgical treatments has transformed the diagnosis from a death sentence to a chronic condition that won't necessarily progress.

"It used to be that once you had a diagnosis of heart failure, you were going to die in four to five years. Now, we can significantly halt its progression and may even reverse it in some cases," Dr. Almendral says. "We have patients in our program who, many years later, are living a wonderful life."

Mainstay Treatments

The chances of stalling or reversing heart failure are far better for those who seek early treatment. While all therapies seek to relieve major symptoms such as shortness of breath, fatigue and swelling in the legs and abdomen, they also aim to slow disease progression and keep patients out of the hospital.

Treatment options depend on how severe your case is. Most patients benefit from four types of prescribed drugs considered mainstays in heart failure care:

- ▶ Beta blockers, which block excess adrenaline production that can damage heart cells

- ▶ ARNIs, ACE inhibitors or ARBs, which help relax blood vessels to lower blood pressure
 - ▶ Aldosterone inhibitors, which block a hormone that promotes heart failure symptoms by triggering salt and fluid retention
 - ▶ SGLT-2 inhibitors, which prevent sodium retention and reduce heart inflammation and scarring
- "All four medications block hormonal reflexes that can do a lot of damage," Dr. Almendral says, adding that lifestyle measures such as eating a low-sodium diet are also important. "Once we block them, the heart starts getting stronger."

Extreme Heart Failure Options

Even for the 1 in 10 patients coping with extreme heart failure, the condition can still be treated for most people. That may require:

- ▶ A heart valve repair procedure
- ▶ An implantable heart pump
- ▶ A heart transplant

Regardless of their condition, almost all heart failure patients require ongoing medication and regular follow-ups with a cardiologist.

"The mark of good therapy is both treating your symptoms with medications and treating your heart so it gets better," Dr. Almendral says. "If you're treating the underlying problem, it gives you a chance of a full recovery." ❄️

Go Online

Are you at risk for heart failure? Find out if you're a candidate for heart screening: [HMHforU.org/HeartScreen](https://www.hmhforu.org/HeartScreen).

iStock.com/saknakorn



After emergency surgery to repair an aortic dissection, Tony Soto isn't expected to have related future problems.

A Hearty Scare



When Tony Soto faced a potentially fatal heart condition, coordinated care and quick action saved his life.

In spring 2022, Tony Soto, 53, started feeling crummy. A heartburn sensation hit the South Amboy, New Jersey, man so hard he couldn't even lie down. "I slept upright in a beach chair all week," he says. The burn got so bad that he drove himself to the emergency department at **JFK University Medical Center**.

Doctors gave Tony the full workup, including an EKG, X-rays and a CAT scan. He received somber news: He had an aortic dissection, a tear in the major artery that carries blood out of the heart. "Blood can tear in between the layers of the vessel wall, which can cause decreased blood flow to the major organs or acute rupture or bleeding," says **Deepak Singh, M.D.**, cardiothoracic surgeon at **Jersey Shore University Medical Center** who oversaw Tony's care. "This condition is universally fatal if not treated."

Tony was told that he'd need surgery. "I asked if I need to make an appointment and was told, 'No, this needs to happen right now.'"

No Time to Waste

Advanced cardiac procedures to treat the most complex heart conditions are performed at hospitals with comprehensive cardiac programs. Experts from **Hackensack University Medical Center** and Jersey Shore see patients at JFK for comprehensive evaluation and treatment planning, all in coordination with their local physicians. So after being seen at JFK, Tony was taken by ambulance to the intensive care unit at Jersey Shore. As the team was being assembled, Dr. Singh met Tony and explained the serious nature of the surgery. "This is a significant

procedure that carries a high mortality rate, so I told him it was important that he see his wife and daughter before he went into the operating room," Dr. Singh says.

Adds Tony: "Everything happened so fast, and I can remember my wife crying, telling me I have to come back, and that my sister was on the phone praying for me. The next thing I knew, they were wheeling me down the hall."

Dr. Singh and the team worked quickly and carefully. "We were able to repair the aortic valve as well as replace all the vessels at the base of his neck that supply blood to both sides of his brain and both arms," Dr. Singh says. The team used an innovative technique called deep hypothermic circulatory arrest, or cold circulatory arrest, to repair some of the vessels.

"When the brain is deprived of blood, brain damage happens within 3–4 minutes at a normal body temperature," Dr. Singh explains. The brain can survive for much longer if the body is cooled to below 64 degrees. "With cold circulatory arrest, we can stop all blood flow to the entire body, protecting the brain while giving us a bloodless field. We have about 40 minutes to repair the vessels and reestablish blood flow, so we have to work very efficiently," he says.

A Quicker Recovery

Following the eight-hour surgery, Tony spent five days in the hospital before being discharged home. "Typically, patients stay at least nine or 10 days," says Dr. Singh. But Tony healed well and quickly because of the team's excellent technique.

"Tony shouldn't have any problems in the future," Dr. Singh says. "He'll have one or two more CAT scans, then he'll be good to go for the rest of his life."

Adds Tony: "I am so thankful for everyone for not giving up on me and saving my life."



Deepak Singh, M.D.

Cardiothoracic surgeon

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Neptune

Weighing Your Options

Are you considering bariatric surgery? Here's what you should know about the procedure.

If you're considering surgical weight loss, know that surgery won't mark the end of your weight-loss journey. In many ways, it will be the beginning. That's because bariatric procedures require not only short-term recovery, but also long-term lifestyle changes that can permanently alter your relationship with food, fitness and your body.

"It takes constant work, eating healthy and increasing physical activity to achieve success," says **Dena Arumugam, M.D.**, bariatric surgeon at **Jersey Shore University Medical Center**. "The surgery makes these changes sustainable." Here are seven things you should know about recovery from weight-loss surgery.



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Jonathan Reich, M.D.

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Manahawkin, Holmdel, Toms River and Glen Ridge



Take our health risk assessment to find out if you're a candidate for weight-loss surgery.

1 **Nerves are completely normal.** That goes for surgery as well as what comes after. "I don't know of a single person who comes through the door entirely comfortable," says **Jonathan Reich, M.D.**, bariatric surgeon at **Southern Ocean Medical Center**. "Surgery is a big step. Fortunately, we're able to put a lot of fears to rest. We are sensitive to patients' issues and concerns, and we walk them through the entire process, so they know what to expect."

2 **Recovery from gastric sleeve surgery is quick.** "We're usually able to discharge people from the hospital within 24 hours. After that, they continue the recovery process at home for the next two to four weeks," Dr. Arumugam says. Most people can resume moderate physical activity within a few days and can return to work in as little as a week.

3 **Pain is minimal.** "The stomach itself does not have any sensation, but the incisions do cause some muscular pain for the first five days or so after surgery," Dr. Arumugam says. "Your muscles will feel sore and tight."

4 **After surgery, you must make a gradual return to solid foods.** Expect to be on a liquid diet for approximately two weeks, after which you can slowly graduate to pureed foods, soft foods and, finally, solid foods.

5 **You'll have a decreased capacity for food that affects portion sizes.** Some patients also report changes in their preferred tastes and flavors. The change in appetite is as much chemical as it is physical. "Weight-loss surgery reduces appetite hormones," says Dr. Reich. When you remove a portion of the stomach, you also reduce its capacity to release ghrelin (the hunger hormone), which makes you feel less hungry.

6 **Your digestion won't change after surgery.** Neither your bowel movements nor your food absorption will change, although you should take a daily multivitamin to ensure you're getting the nutrition you need. Expect an annual check of your vitamin levels to make sure you're remaining nourished despite your diminished appetite.

7 **Weight loss is rapid and significant.** Within the first month, you can expect to lose 20 to 30 pounds. After that, you can expect to lose approximately 10 pounds per month until you reach 100 pounds of weight loss, which typically happens within eight months. ⚙️

On Memorial Day 2022, Julie Gonzalez participated in a 5-mile run, fulfilling one of her goals.

Off to the Races

Successful bariatric surgery and lifestyle changes have allowed Julie Gonzalez to run again after a seven-year hiatus.

Julie Gonzalez fell into a rut of unhealthy, stress-fueled eating after buying a house in 2016. But her beloved aunt's unexpected death three years later—triggering depression that piled onto existing diabetes, high blood pressure and high cholesterol—prompted a reckoning for the resident of Middletown, New Jersey.

"You get this shocking phone call, and it puts life in perspective," recalls Julie, now 44. "It made me take a good hard look in the mirror, which I'd avoided over the prior few years. I knew I had to do something."

The realization led Julie to **Jersey Shore University Medical Center**, where she turned her life around by combining weight-loss surgery with an unwavering commitment to healthier habits. The accounting manager has since dropped more than 100 pounds from her 5-foot-1-inch frame.

"It wasn't the quick fix that a lot of people think it is," Julie says. "It meant admitting I needed help because I'd failed so many times before to lose the weight. But I decided to make a complete lifestyle change."

Hand-in-hand Treatment

Bariatric surgery is considered a treatment option for people with obesity whose body mass index (BMI) is 40 or higher. This BMI requirement drops to 35 or higher when patients also have at least one medical condition associated with obesity, such as high blood pressure or diabetes.

"Bariatric surgery can be used as a tool for weight loss for people for whom other attempts—whether diets, exercise plans or medications—didn't work," says bariatric surgeon **Dena Arumugam, M.D.** "It's helpful if someone has the right mindset and understands surgery is most successful when used hand-in-hand with healthy eating, exercise and activity."

After undergoing preoperative testing and consultations with dietitians and psychologists, Julie's surgery was performed by Dr. Arumugam in October 2019. The gastric sleeve procedure (which removes the outer section of the stomach) was done using a minimally invasive laparoscopic technique, which inserts small surgical tools into the belly through several dime-size incisions. Bariatric procedures can also be performed robotically, modifying the laparoscopic technique with surgeon-guided robotic arms that manipulate surgical tools.

Stunning Success

For several weeks after surgery, Julie's diet consisted of protein shakes and thick liquids, with soft foods added as her stomach healed. "It's almost like I had to learn how to eat all over again," she says. "I began to listen to my body in a way I really hadn't before."

On top of her stunning weight loss, Julie's blood pressure, blood sugar and cholesterol levels are now in the normal range, meaning she no longer needs medications.

"Julie has been a complete success after her surgery," Dr. Arumugam says. "She really used it as a tool, and changed her lifestyle and thoughts around food and exercise."

On Memorial Day 2022, Julie fulfilled another major goal by participating in the Spring Lake 5 Mile Run after a seven-year hiatus. She completed the race in 50 minutes—10 minutes faster than targeted. "I try to always give myself another little goal to reach," Julie says. "I have more energy now than I probably did in my 20s."

Dementia and Alzheimer's: What's the Difference?

Our doctor clears up common misperceptions around dementia and Alzheimer's disease.

Many people who are caring for an aging relative struggle to understand the key signs and differences between Alzheimer's disease and other forms of dementia, which can prevent patients from getting proper treatment. **Magdy Nasra, M.D.**, internal medicine specialist at **Bayshore Medical Center** and **Riverview Medical Center**, breaks it down.

Dementia	Alzheimer's disease
Umbrella term for several conditions that affect memory	Condition that falls under the dementia umbrella
Multiple types of dementia	One specific type of dementia
Group of symptoms, not a disease	Disease causing dementia to occur
Some causes are reversible or temporary	Nonreversible

What Is Dementia?

Dementia refers to a group of symptoms that impact memory, communication and daily activity performance.

"Symptoms of dementia can begin with episodes of forgetfulness or getting lost in familiar settings. Confusion and forgetfulness can grow as dementia progresses," Dr. Nasra says. "Asking questions repeatedly, poor decision-making, withdrawal from social activities and changes in behavior can also be symptoms of dementia."

There is no single test to diagnose dementia. "Through a collection of tests and analyses, including a medical history evaluation, a physical examination and neurological testing, we can determine if a patient has dementia. However, because the symptoms and brain changes among various types of dementia can overlap, determining the exact type of dementia is more challenging," Dr. Nasra says.

Types of dementia can include Lewy body dementia, vascular dementia, Parkinson's disease dementia, Huntington's disease and Alzheimer's disease.

What Is Alzheimer's disease?

Alzheimer's is the most common cause of dementia, accounting for about 60–80 percent of dementia cases. It is believed to occur when there are high levels of proteins in the brain preventing nerve cells from connecting. This leads to brain tissue loss and brain cell death, slowly causing impairment in memory and cognitive function.

With Alzheimer's, patients may experience apathy, depression, disorientation and behavioral changes, and have a hard time speaking, swallowing, walking and recalling recent events or conversations.

"There is not one test to identify if a patient has Alzheimer's," says Dr. Nasra. "A team of experts work together to identify signals of it. Brain imaging and scans, neurological exams, cognitive testing and physical evaluations are all part of the testing process."

Although there is no cure for Alzheimer's, finding the right treatment plan can relieve some symptoms and improve a patient's quality of life. "As each patient is different, their care plan will be unique," Dr. Nasra says. 🧠



A Life on Hold

With her migraine attacks under control, Jeannette Rotondi is enjoying life with her 7-year-old son and recently started a private therapy practice with her husband.



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Holmdel



Monte Pellmar, M.D.

Neurologist and headache specialist

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Freehold

Botox® for her migraine attacks gave Jeannette Rotondi a second chance at family and career.

Jeannette Rotondi's life ground to a halt when she was just 29 years old. She was newly married, had recently completed graduate school and was working toward her clinical social worker license when chronic migraine struck.

"When this started, I was in my prime of life. And life stopped each time. The full-blown attacks could last days," Jeannette says. "People think a migraine attack is just head pain, but the other symptoms can be debilitating. The dizziness, slurred speech, facial tingling and drooping, difficulty finding words, abdominal pain, nausea and vomiting are just as bad as the pain."

The Pathway to Treatment

After more than a year of struggling to get an accurate diagnosis and find an effective treatment, Jeannette found **Monte Pellmar, M.D.**, a neurologist and headache specialist who is the director of the Headache Center at **Jersey Shore University Medical Center**.

Dr. Pellmar quickly determined that Jeannette met the criteria for a diagnosis of chronic migraine: fifteen headache days per month for at least three months lasting four hours untreated.

After a year of trying other treatments without success, Jeannette was approved for Botox® for migraine relief. Botox®, alongside a migraine medication and toolkit (including cold compresses, ice caps and items that

help with nausea and sensitivity to light and sound), has helped Jeannette get her life back.

"I still get migraine attacks, but they are so much less severe, and the abortive medication works well now, knocking them out in about an hour," Jeannette says.

Life, Resumed

It's been more than a decade since Jeannette started seeing Dr. Pellmar, and she has flourished. She now has a 7-year-old son and her clinical social worker license, and she recently opened a private therapy practice with her husband. She advocates and provides support for people with chronic pain through Miles for Migraine, RetreatMigraine, Headache on the Hill and the Arthritis Foundation.

"When Jeannette first came to me, she wasn't functioning because she was feeling so poorly," Dr. Pellmar says. "Since we started treating her with Botox®, she has been transformed."

Adds Jeannette: "Dr. Pellmar doesn't give up. We've had a long journey. I tell him all the time that he saved my life."

Learn more about migraine and headache treatment at [HMHforU.org/Migraine](https://www.HMHforU.org/Migraine).

Go Online

Learn about our integrated team and comprehensive, coordinated care for dementia and memory disorders at [HMHforU.org/MemoryLoss](https://www.HMHforU.org/MemoryLoss).

No Stone Unturned

Is it possible to pass a kidney stone without surgery or medical intervention?

As uncomfortable as they are, kidney stones are a common condition. One in every 11 individuals in the U.S. will experience kidney stones at some point during their life.

The good news is, you may not need surgery or a procedure to treat a kidney stone.

“Kidney stones—a hard piece of material formed as a result of mineral build-up in your kidneys—sometimes can go away on their own, and most do,” says **Emad Rizkala, M.D.**, chair of Urology at **Bayshore Medical Center**.

“Very small kidney stones can pass through the urinary tract without any trouble.”

When to Seek Treatment for a Kidney Stone

Larger kidney stones—from the size of a pencil eraser to more than 1 inch wide—can get stuck in the urinary tract. They can block the flow of urine, cause a lot of pain and even lead to infection and eventually sepsis. These may need to be removed by a urologist.

If a kidney stone can't pass on its own, you may need a procedure to break up or remove it. Procedures include shockwave therapy, inserting a scope into the urinary tract and breaking the stone with a laser or, when very large, through the back directly into the kidney (percutaneously). “We provide the full range of urologic stone procedures, from extracorporeal shockwave lithotripsy to complex percutaneous nephrolithotomy,” Dr. Rizkala says.

Seek medical help immediately if you experience any of these symptoms in association with severe back pain:

- ▶ Pain or difficulty urinating
- ▶ Blood or discoloration in your urine
- ▶ Fever and chills
- ▶ Nausea and vomiting

The right treatment method depends on the type, size and location of the kidney stone. Blood or urine tests, X-rays or CT scans can help your doctor determine your body's mineral level, and where and how big the kidney stone is.

Kidney Stone Prevention

Like with many conditions, prevention is best.

“The number one cause of kidney stones is dehydration,” says Dr. Rizkala. “To prevent most kidney stones, drinking plenty of fluids is enough to flush away minerals that build up and form stones.”

Most adults should drink six to eight 8-ounce glasses of water per day—more in the summer months, in warmer climates or with higher levels of activity when there's a greater risk of dehydration. You're more likely to experience kidney stones if you don't urinate enough each day or if you have high levels of minerals in your body.

“Especially if you've experienced kidney stones before, it's important to maintain these healthy habits to prevent future occurrences,” says Dr. Rizkala. 🌀



Hackensack Meridian Children's Health Ranked Among the Top

The pediatric nephrology programs at **Joseph M. Sanzari Children's Hospital** and **K. Hovnanian Children's Hospital** have earned a national top 50 ranking in one of the 10 specialties ranked in the *U.S. News & World Report* 2022–2023 Best Children's Hospital Report.

Learn more at [HMHforU.org/BestChildrens](https://www.HMHforU.org/BestChildrens).



Emad Rizkala, M.D.
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Old Bridge, Holmdel and Freehold

Expanding Kidney Care for Kids

There is a growing epidemic of kidney stones in children, especially teens. “Calcium kidney stones, which are common in adults, appear to be most common in children,” says Dr. Rizkala. “This seems to go hand in hand with two things: a sharp uptick in hypertension and obesity.”

Partially in response to this trend, Hackensack Meridian Children's Health has launched a second pediatric nephrology and urology clinic to care for children diagnosed with kidney conditions including kidney stones. The new Pediatric Nephrology and Urology Clinic at **Joseph M. Sanzari Children's Hospital** joins the existing clinic at **K. Hovnanian Children's Hospital**.

Learn more at [HMHforU.org/PedsKidney](https://www.HMHforU.org/PedsKidney).

How to Prevent Kidney Stones

Got kidney stones? Here are ways to keep them from coming back.



Eat a Better Diet

Common dietary changes shown to be effective for reducing kidney stone risk include:

- ▶ Drinking lots of water (generally 6–8 glasses daily)
- ▶ Eating less animal protein
- ▶ Limiting your salt intake
- ▶ Eating fewer high-oxalate (a chemical that can cause kidney stones) foods, including beets, nuts, potatoes, soy products and spinach



Lose Weight

Obesity is known to raise kidney stone risk, so achieving and maintaining a healthy weight may lower your chance of having another kidney stone.



Take Daily Medication

If your doctor prescribes a medication to reduce your risk of kidney stones, you'll need to take it as directed. The type of medication depends on what your kidney stones are made of.

Struggling to Get Pregnant a Second Time?

If so, you're not alone—and there is support available.

After having your first child, some may think that getting pregnant a second time and growing your family will be easy. For many couples, though, this isn't always true.

Erin Conway, M.D., OB/GYN at Riverview Medical Center, explains that secondary infertility is the inability to carry a baby to term—despite trying for one year to achieve pregnancy—after previously giving birth. The Centers for Disease Control and Prevention estimates that 11 percent of couples in the U.S. experience secondary infertility.

Possible Causes of Secondary Infertility

Multiple factors can account for secondary infertility for both men and women. “Many people tend to associate infertility with just women, but this is a misconception,” says Dr. Conway. “Male factors play a role in infertility up to 50 percent of the time.”

When to See a Specialist

Dr. Conway encourages couples to seek the advice of a specialist after trying to conceive for at least one year. However, if a couple has been trying for a few months and they have a known or suspected medical problem, or don't want to wait an entire year before undergoing an evaluation, she encourages starting the process sooner rather than later.

“Although it may be a very stressful period, couples can be reassured that there are both medical and surgical treatments that are available for men and women to help improve their chances of a second pregnancy,” Dr. Conway says. 🌀



Erin Conway, M.D.
OB/GYN
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Little Silver and Hazlet

Factors for women:

- ▶ Age (anyone over the age of 35)
- ▶ Irregular menstrual cycles
- ▶ Endometriosis
- ▶ Pelvic inflammatory disease
- ▶ Unhealthy body weight
- ▶ Tubal issues
- ▶ Uterine abnormalities
- ▶ Previous miscarriages



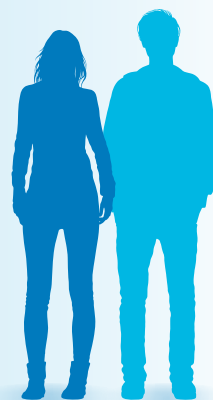
Factors for men:

- ▶ Abnormal sperm production or function due to undescended testicles
- ▶ Genetic defects such as Klinefelter syndrome or Y chromosome microdeletion
- ▶ Sperm delivery problems such as a blockage in the ejaculatory duct, vas deferens or epididymis
- ▶ Testis cancer
- ▶ Varicocele, or dilated veins in the scrotum



Factors for both males and females:

- ▶ Having recently undergone cancer treatment, such as radiation or chemotherapy
- ▶ Lifestyle exposure to cigarette smoking, excessive alcohol and marijuana
- ▶ Having taken selective antibiotics, anti-hypertensive medications and anabolic steroids
- ▶ Exposure to certain environmental factors such as pesticides and chemicals
- ▶ Diabetes
- ▶ Infections such as chlamydia, gonorrhea or mumps
- ▶ Genetic diseases such as cystic fibrosis
- ▶ Any inadvertent injury to the reproductive organs



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Maria Chludzinski says she is telling her very personal story to empower other women to get help for their condition.

Relief in Focus

Surgery gives Maria Chludzinski confidence and relief after suffering for years from pelvic organ prolapse and an overactive bladder.



Maria Chludzinski, 55, works as a paraprofessional at the E. Raymond Appleby School, an elementary school in Spotswood, New Jersey. In 2016, she started experiencing sudden and frequent urges to go to the bathroom, and she was waking several times every night to urinate. She also felt pressure in her pelvic region.

Her obstetrician/gynecologist diagnosed her with pelvic organ prolapse (POP), a condition in which one or more pelvic organs slip down into the vagina, and suggested she see a specialist. Maria found **Nina Bhatia, M.D.**, a urogynecologist at **Bayshore Medical Center**.

An Additional Diagnosis

When Dr. Bhatia saw Maria in 2017, she was also diagnosed with an overactive bladder, which has four symptoms:

- ▶ Urgency
- ▶ Frequency
- ▶ Nocturia (waking at night to urinate)
- ▶ Urge incontinence (having accidents on the way to the bathroom)

Before prescribing medication for Maria's overactive bladder, Dr. Bhatia wanted her to try pelvic therapy. “I did exercises like kegels,

contracting and holding my pelvic floor muscles and then releasing them, and used electronic devices that stimulate the vaginal muscles, so they learn to tense and release to support the bladder,” Maria says.

Dr. Bhatia also noted Maria's prolapsed bladder and uterus, which was causing pelvic discomfort. “Some women describe the feeling like they're sitting on a ball,” she says. “POP can happen to women at any age, but it tends to happen later in life, often after childbearing.”

POP can be caused by a combination of factors:

- ▶ Genetics or family history
- ▶ Pregnancy
- ▶ Previous C-sections or vaginal deliveries
- ▶ Age (as you age, ligaments start to weaken)
- ▶ Heavy lifting
- ▶ Weight gain or weight loss

Repairing the Prolapse

Despite treatment, Maria wasn't improving and her prolapse worsened. She started medication for her overactive bladder, and in 2021, Dr. Bhatia recommended surgery.

“Maria had robotic surgery during which I made five small incisions in her abdomen,” Dr. Bhatia

says. “I removed the uterus and used mesh to lift the vaginal walls. That lifted both the bladder and rectum, and supported the vagina. I also repaired the vagina to help with the support and added a sling for stress incontinence.”

Surgery made all the difference for Maria. “I feel so much more comfortable and more secure now,” she says. “I'm telling my very personal story because I want women with these conditions to feel empowered. They need to find the right person to help. For me, that was Dr. Bhatia.”



Nina Bhatia, M.D.
Urogynecologist
800-822-8905
Shrewsbury and Old Bridge

Book an appointment with a urogynecologist near you at [HMHforU.org/Urogynecology](https://www.HMHforU.org/Urogynecology).

Like Mother, Like Daughters



As a child, Kayce Ketchow—pictured second from right with her three daughters—was misdiagnosed for several years. When two of her daughters experienced similar symptoms, she knew right away what it could be.



David Dupree, M.D.

Surgeon

800-822-8905

Red Bank

A quarter century after her own gallbladder removal, Kayce Ketchow learned that two of her daughters would need the same surgery.

When Kayce Ketchow, from Middletown, New Jersey, was a teenager, she had near-constant heartburn. The now 44-year-old mother of three girls saw several doctors, all of whom blamed either hiatal hernia or irritable bowel syndrome.

When Kayce turned 18, she began seeing a new doctor, who found something troubling in her bloodwork: Her liver enzymes were through the roof. An ultrasound showed that her gallbladder was covered with stones. Kayce had her gallbladder removed and assumed that was the end of her ordeal.

Discovering a Hereditary Issue

Fast forward about 25 years, when Kayce's 15-year-old daughter, Mackenzie, began experiencing pain. "She'd come off the ice after playing hockey and say it felt like someone was stabbing her in the stomach and back," Kayce says. "It suddenly hit me—maybe she had gallbladder issues like I had when I was her age."

Kayce and Mackenzie were referred to **David Dupree, M.D.**, chairman of the Department of Surgery at **Riverview Medical Center**. "Mackenzie had no stones, but an ultrasound showed she has gallbladder sludge," Dr. Dupree says. "Normally, when the gallbladder contracts, it shoots thin, watery bile down to the intestine. But if you have sludge, it's syrupy and thick, so when the gallbladder tries to contract, it's squeezing on the sludge and can cause a significant amount of pain."

Dr. Dupree told Kayce that about 25 percent of gallbladder disease is hereditary, and it's twice as common in females compared to males—and that Mackenzie's gallbladder had to come out.

Kayce was nervous, but Dr. Dupree helped put her mind at ease. An added bonus: Dr. Dupree and Mackenzie have a common interest. "A big portion of my life involves ice hockey. I love to play it, watch it and talk about it, so we hit it off right away," he says.

For Mackenzie's surgery, Dr. Dupree used robot assistance, which dramatically improves visualization, precision and control. "We can make small incisions, which improves healing time and eases pain," Dr. Dupree says. The robot allows the surgeon to use a special dye with a camera to zero in on the proper ducts, so they don't damage the main bile duct, one of the main risks when removing the gallbladder.

Third Time's a Charm

Just as Mackenzie recovered from surgery, another Ketchow had an attack. Three months after Mackenzie's surgery, Kayce's 14-year-old daughter, Sydney, woke up in the middle of the night. "She called me from her bedroom because she couldn't get up," Kayce says. "I assumed her appendix had burst because she was thrashing around in so much pain."

Right away, Kayce drove Sydney to Riverview, where doctors were able to get Sydney's pain under control. Dr. Dupree saw her the next day. "When I saw the ultrasound, I could see the stones. It looked like little pearls all over her gallbladder," Kayce says. "I knew she too had to have her gallbladder removed."

A week later, Sydney was in surgery with Dr. Dupree, and today she is doing remarkably well. "I was so enamored with Dr. Dupree and the team the first time, there was no question that they were going to do the surgery this time as well," Kayce says.

Tummy Trouble

As most parents of young kids know, gastrointestinal issues in kids are common. Our doctors break down four possible culprits.

If you're a parent of young kids, bellyaches and gassiness are a regular part of life. "Gastrointestinal issues are incredibly common in kids," says **Brittany Parlow, M.D.**, a pediatric gastroenterologist at **K. Hovnanian Children's Hospital at Jersey Shore University Medical Center**. "The good thing is, the majority of issues can often be managed with changes in diet or lifestyle."

What Are Some of the Most Common GI Issues?

Constipation: When children experience constipation, it's usually because they aren't getting enough fluid or fiber in their diet, says Dr. Parlow. Particularly with younger children, they may have had a painful bowel movement and are afraid to have another one, so they "hold it." That makes their stool harder and more painful to move. It is not unusual for children to get constipated when they start school, because they may feel uncomfortable about using the bathroom in school, so they hold their stool in.

"It becomes a cycle, so we have to work with parents and kids to break that cycle. We help make the stool a lot softer and help them get over the anxiety about



Brittany Parlow, M.D.

Pediatric gastroenterologist

800-822-8905

Neptune and Jackson



Victoriya Staab, M.D.

Pediatric general surgeon

800-822-8905

Neptune

going to the bathroom," Dr. Parlow says. Treatment may include changes to diet, increasing water intake, temporary use of medication and techniques to manage anxiety.

Abdominal pain: A lot of things can cause bellyaches or pain. "Most belly pain in kids is easily treated," Dr. Parlow says. More serious causes usually have red flags such as losing weight, vomiting, blood in stool or abdominal pain that keeps a child from sleeping or wakes them. Frequent causes of belly pain are gas and acid reflux, which are often related to diet. In such cases, blood and stool testing may be done to get a full picture of what's going on, and there may be a period of eliminating certain items from the diet to check for food intolerance.

Appendicitis: Inflammation of the appendix—a small pouch attached to the large intestine on the right side of the body—may start as vague abdominal pain around the belly button, then consolidate into severe cramping pain in the lower right side of the belly, says **Victoriya Staab, M.D.**, pediatric surgeon at the Children's Hospital. Some children may also experience nausea, vomiting, fever and diarrhea. A burst appendix can lead to serious complications, but if attended to

early, appendicitis is typically resolved with minimally invasive surgery. Sometimes antibiotics may be used instead, Dr. Staab says.

Intussusception: Another intestinal condition that requires urgent attention is intussusception, when part of the intestine folds on itself, causing a blockage. It is most often seen in children under 2 years old and sometimes happens after a virus causes lymph node swelling in the intestines or if there's a structural abnormality, such as a polyp. Children with intussusception develop waves of sudden intense pain that may cause them to double over or pull their knees to their chest and cry inconsolably, Dr. Staab says. Children with these symptoms should go to the emergency room. Usually, the folded intestine can be reopened with an enema that uses fluid or air. In cases where there is more extensive damage to the intestine, or the enema is unable to reopen the blockage, surgery is required. 🌀

Go Online

If your child suffers from abdominal pain, problems eating or failure to thrive/lose weight, our experts can help. Visit [HMHforU.org/KidsGI](https://www.hmhforu.org/KidsGI).

No Bones About It

Osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. Here's what you should know about bone-density tests and if you should get one.

People with diminished bone density are at greater risk of osteoporosis, a condition that results in weak, brittle bones that are especially prone to fracture.

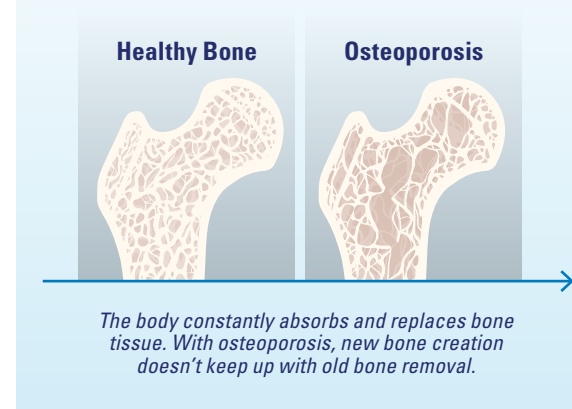
Unfortunately, osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. That's why bone-density testing is recommended for higher-risk individuals:

- ▶ **women age 65 and older**, and
- ▶ **women ages 50–64 who have risk factors** such as a parent who has broken a hip.

“Bone-density tests are generally simple, painless and straightforward. In a case where doctors are able to catch density loss early, they can make an enormous difference in a person's long-term health,” says **Nader Bakhos, M.D.**, hip and knee orthopedic surgeon at **Bayshore Medical Center** and **Riverview Medical Center**. “But providers are only able to make that catch if people take the time to get tested.”

How Tests Work

The most common form of a bone-density test works by scanning a person using X-ray technology to measure the presence of calcium and other minerals in the patient's bones. Often called DEXA scans (Dual-energy X-ray absorptiometry), the tests are



typically conducted in radiology offices. Here's how it works:

- ▶ **Patients lie on their backs on an elevated, padded table**, while a scanning machine passes over their hips and lower spine and a second X-ray device passes underneath.
- ▶ **Patients must remain still** during active scanning and may be asked to hold their breath for several seconds at a time.

The entire process lasts about 15 minutes, and the radiation risk is about the same as from a typical X-ray,

according to the U.S. Centers for Disease Control and Prevention. “DEXA scans focus on the hips and spine because those are the most likely locations for an injury related to a loss of bone density,” says Dr. Bakhos. “But other areas, such as forearms, hands and feet, also are at risk and can be assessed using a smaller, portable scanner.”

How Tests Are Scored

The test results are reported using a system called a T-score that compares a patient's bone density to that of a healthy young adult. Scores often are reported as negative numbers, and lower numbers are better:

- ▶ **0:** Patient matched the baseline “healthy young adult” standard
 - ▶ **-1 to 0:** Patient considered healthy
 - ▶ **-2.5 to -1:** Patient considered to have low bone mass
 - ▶ **Below -2.5:** Patient considered to have osteoporosis
- A second score, called a Z-score, shows the patient's bone density compared to others of the same age, ethnicity and gender.

Regardless of whether someone thinks they may be affected by diminished bone density, if they are part of an at-risk group, the guidance is clear: Speak to your primary care doctor about getting tested. 🌟



Nader Bakhos, M.D.

Hip and knee orthopedic surgeon

800-822-8905

Red Bank and Morganville

Go Online
Need a primary care doctor? Find one near you at [HMHforU.org/FindADoc](https://www.HMHforU.org/FindADoc).

Less than two months after hip-replacement surgery, Renee Bingert danced the night away in high heels at her community club.

Head Over Heals

Ready to learn about your knee and hip health? Take our health risk assessment.

Renee Bingert is back on the dance floor and sporting her high heels after hip replacement.

Renee Bingert, an accounts payable manager at an electrical installation company, had been suffering from severe back pain as well as shooting pain every time she tried to stand up. It was keeping the 60-year-old from doing what she loves, including dancing at her community club.

Renee decided to visit her chiropractor in the hopes that a treatment would fix everything. But after watching her walk, her chiropractor realized that she needed a hip replacement and referred her to **Nader Bakhos, M.D.**, an orthopedic surgeon at **Riverview Medical Center**.

Dr. Bakhos first tried a cortisone shot, but the relief did not last long. After a thorough examination, the other options he was able to offer Renee were a conventional hip replacement or the MAKO robotic-assisted hip replacement surgical procedure.

Precise Results

The MAKO surgical system offers doctors and patients increased confidence in an excellent outcome. Here's how it works:

First, the patient receives a CT scan of the affected joint to create a 3D image.

The doctor uses the results of the CT scan to develop a detailed preoperative plan to determine the appropriate size of the new joint implant as well as ensure optimal fit and positioning.

During the surgery, the doctor installs temporary pins into the pelvis to guide the MAKO camera and robotic arm.

The robotic arm then guides the surgeon's hands as the damaged bone is removed to prepare it for the new hip joint components.

Next, the robotic arm guides the surgeon's hands while implanting the hip components.

“By using the MAKO robot, I can reduce the stress for the patient because they know the surgery is going to be more precise than conventional surgery,” Dr. Bakhos says.

Pain-free and Back on the Dance Floor

Building a solid, trusting relationship with your surgeon helps reduce the stress associated with

a major surgical experience. Renee is grateful for the clear communication she experienced with Dr. Bakhos. “Dr. Bakhos was very forthcoming,” she says. “At an appointment before surgery, he told me exactly what it was going to be like. He's so easy to talk with.”

Renee's right hip was replaced in February 2022 at Riverview. Shortly after she was discharged home, she began physical therapy at Hackensack Meridian Rehabilitation at Manalapan and is now able to walk pain-free. Even though her daily commute to Long Island City, New York, includes a bus trip, train ride and five-block walk, she has already been able to return to work.

“MAKO is an exciting technology,” Dr. Bakhos says. “More joint replacements will be performed using it, and it will likely become the standard of care.”

For Renee, the results of her surgery are amazing and gratifying. Less than two months after her surgery, she attended an officer installation at her community club—not just attend, but also dance the evening away wearing 5-inch heels.

Helping Kids Cope

Here's how to provide support and context to help your kids process traumatic events.

Talking about traumatic events with children means acknowledging that their world is dangerous and that terrible things can happen—a notion that cuts against the sense of safety and security that many caregivers actively try to foster for their kids.

While it may sometimes make sense to shield younger kids from certain headlines, in other cases, it's not advisable or feasible. If a child has heard about a tragic event, silence from parents can make the event seem even more frightening.

First, discern what your child already knows. Conversations vary substantially according to a child's age, as well as the traumatic details to which they've been exposed. "With kids who first learned about the tragic event at school or from friends, for example, parents can begin the conversation by asking what the child has heard about the event, then provide clarity and context based on the child's answer," says **Lauren Kaczka-Weiss, D.O.**, child and adolescent psychiatrist at **Jersey Shore University Medical Center**.

Monitor your children's exposure to media coverage of a tragedy. In some cases, particularly with younger kids, it may make sense to limit their access to graphic images. When older kids are looking at news coverage on TV or the internet, that might be the right moment to start a conversation about what happened. Regardless of the child's age, watch the news with your child

and look for signs that the news may have brought up anxieties or fears.

Focus on active listening. "Caregivers can try to tease out their child's perspective by asking how they feel about what happened," says Dr. Kaczka-Weiss. Monitor and address whether a child feels personally at risk. Younger children, especially, can be confused about their proximity to danger after learning about a traumatic event. It is important to reassure them that they are safe—and help them feel that by creating a safe space at home.

Share your experiences with older kids. For older kids and teens who are able to think about a tragedy at a conceptual level, it can be helpful to hear from their caregivers about how they are processing the news. "Kids look to their caregivers not only for knowledge about what happened but for guidance about how to think about it and how to get through it," says Dr. Kaczka-Weiss. "These are difficult conversations, but they are absolutely essential to help kids process traumatic news."

Know when to seek help. Usually, a child's feelings of confusion, anxiety or fear after a traumatic event will fade relatively quickly. "But if their reaction starts to interfere with their school and daily life, and they

seem 'stuck' in this state even after a few weeks, they may need help from a primary care doctor or a mental health specialist, like a child and adolescent psychiatrist," says Dr. Kaczka-Weiss. 🌀



Lauren Kaczka-Weiss, D.O.
Child and adolescent psychiatrist
800-822-8905
Neptune and Brick

Go Online

Learn more about family-centered care for kids at Hackensack Meridian Children's Health: [HMHforU.org/Kids](https://www.hackensackmeridianhealth.org/FindADoc).

Doctor Spotlight



Patrick Correa, D.O., a former Fordham University running back, connects with friends by organizing regular touch football games.

PATRICK CORREA, D.O.

Family medicine
HMH Primary Care – Tinton Falls

As a dedicated fan of TV's Judge Judy while growing up, Patrick Correa, D.O., thought he was destined for a law career. But the family medicine physician at HMH Primary Care – Tinton Falls eventually realized the one-and-done nature of court rulings didn't suit his overarching desire to help people over the longer haul.

"I wanted a career in which I could follow people's progress to make sure they're doing well," says Dr. Correa, who stayed with Hackensack Meridian Health after recently serving as chief resident at **Ocean University Medical Center**. "Once I found family medicine, it checked all my boxes."

Balancing a broad variety of patients with frequent exercise in his off-hours, the Brooklyn, New York, native also prioritizes time with his many local family members and friends. The former Fordham University running back also connects with old pals by organizing regular touch football games.

How does your gym routine enhance your work-life balance?

It's good to unwind, which helps me keep my

head on straight and gives me energy for the next day. I try to get to the gym four or five times a week, because if you fall off your routines, that's when health conditions start to catch up with you. It helps my patients, too, because I can show them new workouts and explain how to start using a treadmill.

You said the best gift you ever got was a Nintendo 64 game in kindergarten. Do you still enjoy video games?

Yes, it's a mindless activity that calms me. Even better, I use video games to communicate online with some of my family and friends in Brooklyn during the week. My brother and I play every other day for a half-hour or so.

If you could have dinner with a celebrity, past or present, who would it be and why?

The British chef Gordon Ramsay. I love his shows and love how he strives for perfection. In medicine, we're always trying to keep up with the newest and best treatments, and how they work compared to the ones that came before. We don't have to be perfect in everything, but I feel if we're doing something, we should do it the best we can.

What's one of your major future goals?

I haven't traveled much. My mom is from Brazil, so I've been there. But I haven't gone to other countries. I really want to get on a plane more and explore new places. 🌀

To make an appointment with Dr. Correa, call **800-822-8905** or visit [HMHforU.org/FindADoc](https://www.hackensackmeridianhealth.org/FindADoc).



We offer a number of programs to help keep our communities healthy. Topics range from general wellness to heart health, stroke, cancer care, women's health and more. View some featured events below.

For a full listing or to register, visit [HMHforU.org/Events](https://www.HMHforU.org/Events) or call 800-560-9990.

SchedUle

Here are just a few of the events & classes October 2022 through January 2023.

Special Events

November Is Diabetes Awareness Month



Join Us for This Informative Series on Diabetes

What to Expect During a Visit With an Endocrinologist Learn the latest in medications and technologies. Speaker: Rachel Ong, M.D. Nov. 3, noon–1 p.m., virtual event

Diabetes Prevention/Insulin Resistance Speaker: Soemiwati W. Holland, M.D. Nov. 4, noon–1 p.m., virtual event

COVID and Diabetes Are you living with diabetes and have COVID-19? What does this mean for you? Speaker: Jennifer Cheng, D.O. Nov. 17, noon–1 p.m., virtual event

Diabetes 101: All About the Basics Signs, symptoms, complications, medications and more. Nov. 18, noon–1 p.m., virtual event

							HOSPITAL LOCATIONS		
Bayshore Medical Center 727 North Beers St. Holmdel	Carrier Clinic and Blake Recovery Center 252 County Rd. 601 Belle Mead	Jersey Shore University Medical Center and K. Hovnanian Children's Hospital 1945 Route 33 Neptune	JFK University Medical Center 65 James St. Edison	Ocean University Medical Center 425 Jack Martin Blvd., Brick	Old Bridge Medical Center 1 Hospital Plaza Old Bridge	Raritan Bay Medical Center 530 New Brunswick Ave. Perth Amboy	Riverview Medical Center 1 Riverview Plaza Red Bank	Southern Ocean Medical Center 1140 Route 72 West Manahawkin	

Behavioral Health

Dr. Joe Miller Mental Health to Mental Strength Series in Partnership with the Atlantic Club

Dealing With Stress During the Holidays Do the holidays make you stressed and feel blue? The holidays can be full of joy, but for some, it brings added stress, depression and other challenges. Join our behavioral health specialist, who will provide information and support to attendees to explore improved coping skills during this season. Nov. 30, 7–8 p.m., virtual event

Winter Blues With all the hustle and bustle of the holidays ending, are you finding it hard to cope? Join Lisa Sussman, PsyD., as she gives tips on how to manage the winter blues. Jan. 10, 6–7 p.m., virtual event



Diabetes

Prediabetes Join our certified diabetes educator and learn all you need to know about diabetes and what to do if you have been diagnosed with prediabetes. Dec. 8, 11 a.m.–noon, virtual event

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Heart Health

Cooking for A Healthy Heart! Join our chef and registered dietician for this virtual cooking program and learn things you can do while cooking to make your heart healthier. Jan. 12, 11 a.m.–noon, virtual event

- ▶ **Living With Heart Failure** Nov. 16, 11 a.m.–noon, virtual event
- ▶ **Why the Pressure to Have Good Blood Pressure?** Speaker: Avais Masud, M.D., Nov. 30, 2–3 p.m., virtual event
- ▶ **Angioscreen®** Special rate: \$49.95. Registration required. Call for dates, times and locations.

Pediatrics

Parent/Guardian Talks
Helping Babies and Kids Sleep Better Join Pakkay Ngai, M.D., Stacey Elkhathib Smidt, M.D., and Chee Chun Tan, M.D., to learn if sleep training is right for your child, how to recognize sleep regression, and best practices to help your child sleep better. Nov. 17, 6:30–7:30 p.m., virtual event

- ▶ **Healthy Weight: Healthy Lifestyle** Join Michelle Maresca, M.D., and Marianna Nicoletta-Gentile, D.O., as they discuss weight management, healthy eating habits and how to support your children. Jan. 26, 12:30–1:30 p.m., virtual event
- ▶ **Safe Sitter** Babysitter training for boys and girls ages 11–14. Fee: \$40. Virtual event. Visit [HMHforU.org/Events](https://www.HMHforU.org/Events) for upcoming dates.
- ▶ **Safe at Home by Safe Sitter** For students in grades 4–6. Fee: \$15. Virtual event. Visit [HMHforU.org/Events](https://www.HMHforU.org/Events) for upcoming dates.

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Neuroscience

- ▶ **Memory and Alzheimer's Disease** Learn the early signs of memory loss, what is normal during the aging process and what you need to know about Alzheimer's disease. Nov. 17, 11 a.m.–noon, virtual event
- ▶ **Stroke: Are You at Risk?** Speaker: Pinakin Jethwa, M.D., Nov. 10, 11 a.m.–noon, virtual event

General Wellness

DASH vs. the Mediterranean Diet Join our registered dietitian as she discusses DASH and the Mediterranean diets. What are the differences and benefits of each? Nov. 30, 2–3 p.m., Stafford Library, 129 N. Main St., Manahawkin

- ▶ **Weight Loss With Hypnosis** Fee: \$30. Dec. 14, 7–8 p.m., virtual event
- ▶ **Balance** Jan. 12, 2–3 p.m., Stafford Library, 129 N. Main St., Manahawkin
- ▶ **Strength Training** Jan. 24, 2–3 p.m., Upper Shores Library, 112 Jersey City Ave., Lavallette
- ▶ **Weight-loss Surgery** To learn more about weight-loss surgery, attend a free seminar. To find a seminar near you, visit [HMHforU.org/WeightLoss](https://www.HMHforU.org/WeightLoss).
- ▶ **Support Group** Hackensack Meridian Health offers regular support group meetings. Learn more at [HMHforU.org/SupportGroups](https://www.HMHforU.org/SupportGroups).



Cancer Care

Fresh Start Smoking Cessation This four-session program is available to help you quit smoking. Attendance is required at all four sessions. Nov. 4, 14, 18 & 21; Dec. 2, 5, 9 & 12; Jan. 6, 9, 13 & 16, 10–11 a.m., Riverview Rechnitz Conference Center Oct. 25 & 27 and Nov. 1 & 3, 6–7:30 p.m., Ocean University Medical Center, East Wing Conference Center Room B

- ▶ **Stop Smoking With Hypnosis** Fee \$30, Nov. 9 and Jan. 11, 7–8 p.m., virtual event
- ▶ **Lung Cancer: All That You Need to Know** Speaker: Thomas Bauer, M.D., Nov. 9, noon–1 p.m., virtual event
- ▶ **Colon Cancer Awareness** Speaker: Nathaniel J. Holmes, M.D., free colorectal take-home kits upon registration; Nov. 16, 11 a.m.–noon, virtual event

Full Circle

The Hager family moved to Holmdel at the same time Bayshore Medical Center was opening its doors. Fifty years later, they are giving back to the hospital that cared for them for decades.

Ken Hager and Vinnie Hager are grateful for the care their family has received at Bayshore Medical Center over the years, and they hope their gifts allow other families to get help when they need it most.



The Hager family moved to Holmdel, New Jersey, in 1969—around the same time local business leaders, physicians and auxiliaries were working hard to fundraise to build Bayshore Community Hospital (now **Bayshore Medical Center**) just minutes from the Hagers' new home.

A few years later, in May 1972, Bayshore opened its doors to patients for the first time. That summer, then-9-year-old Ken Hager was exploring his home's basement, came upon tools and slipped a brass nut onto his small finger. Unfortunately, it would not slip off. His finger swelled quickly, and Ken's mother took him to Bayshore after his finger began turning blue.

The Bayshore team tried using lubricants and cutters to remove the nut—both to no avail. They had one last-resort to avoid amputation: The interior of the nut was threaded to fit a screw, so they had the idea to try unscrewing the nut from Ken's finger. Much to everyone's relief, the team was successful and Ken's finger was saved. Over time, he regained full function thanks to a care plan that prevented infection, repaired tissue damage and monitored functionality to make sure it was healing.

Today, Ken still lives in the Bayshore area and took over the family business—JGS Insurance—in partnership with his brother, Vinnie Hager.

Following an incredible life-saving experience of a JGS employee a few years ago at Bayshore, Vinnie and his family made a generous gift to help construct the Dr. Robert H. Harris Emergency Care Center, which opened in 2021, the most significant construction project at the hospital since Bayshore was built. Vinnie also joined the Board of Trustees of Bayshore Medical Center Foundation, continuing the Hagers' involvement in philanthropy in support of the medical center.

"These things come full circle," Ken says. "I laugh when I tell this story, but I am grateful that my mother was able to take me a few minutes from my home to Bayshore. I am really glad the hospital is going strong 50 years later, so families can get help when they need it most."

Vinnie adds: "I think about the families and doctors who put the plans together, who raised money and made

donations to build this hospital. I'm proud we can continue to help Bayshore grow and expand."

Vinnie and his wife, retired pediatrician Maria Micale, D.O., made another gift in 2022 toward continuing education and professional development programs for the nursing team.

"Bayshore was built by philanthropy 50 years ago, and today, it continues to provide lifesaving care for the community thanks to generations of grateful patients who are compelled to give back," says Marisa Medina, executive director of Bayshore Medical Center Foundation. "We are so thankful for the Hager family. Their most recent gift will allow our nurses to continue advancing in their knowledge to meet the ever-evolving demands of health care." 🌟

Fundraise in your community for your community, and support a hospital or health care cause important to you. Start your virtual fundraiser today.



Put Yourself First

It's never too late to prioritize healthy lifestyle changes. Here are five things women need to do today to stay healthy tomorrow.

1 Sleep Well

On average, adult women need between **7 and 9** hours of sleep each night.

- Establish a calming nighttime routine to help wind down:
- ▶ Meditate.
 - ▶ Take a warm bath.
 - ▶ Read a book.

2 Get Screened

Stay up to date on screenings, including:

- ▶ Pap smears
- ▶ Mammograms
- ▶ Bone density screening
- ▶ Cholesterol check
- ▶ Blood pressure screening
- ▶ Colon cancer screening

3 Get Active

Incorporate at least **30** minutes of exercise into your daily routine.

If you're struggling to get motivated, make it simple:

- ▶ Take the stairs instead of the elevator at work.
- ▶ Take the dog for a walk around your neighborhood.
- ▶ Do a quick home workout between commercials on TV.

4 Eat More Fruits and Veggies

Only **1 in 10** adults get enough fruits and vegetables in their diet.

Aim for **1.5–2** cups of fruit and **2–3** cups of vegetables each day.

5 Stay Connected

Staying connected to friends and family can help you:

- ▶ Sharpen your memory and cognitive skills
- ▶ Stave off feelings of loneliness
- ▶ Increase your quality of life

Go Online

Learn how our women's health team can support you at every stage in your life: [HMHforU.org/WomensHealth](https://www.hmhforu.org/WomensHealth).



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Edison, NJ 08837-2206

HMH-040_S

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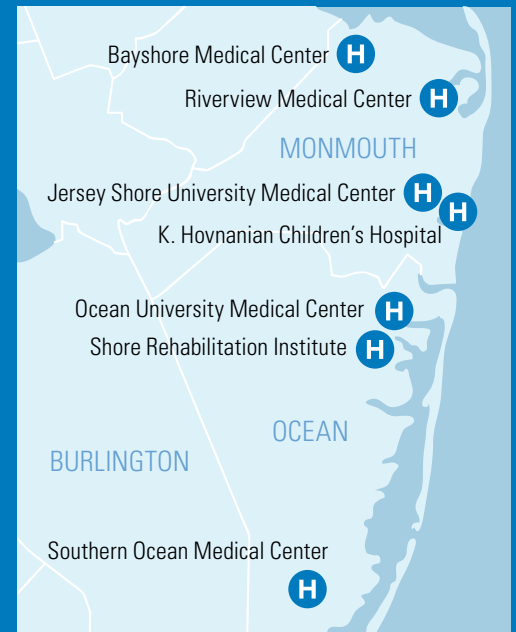
Scheduling an appointment has never been simpler or faster. You can now make an appointment on the go, any time of day, through online scheduling.

Scan the QR code to get started.



As the state's largest, most comprehensive health network, Hackensack Meridian Health is made up of 7,000 physicians, 18 hospitals and more than 500 locations.

Our hospitals near you:



For a complete listing of our hospitals, services and locations, visit HMHforU.org/Locations.



Hackensack
Meridian Health
KEEP GETTING BETTER

We Are Hiring!

We are looking for individuals who are passionate about health care to join our growing team, where great benefits, robust learning and development programs, and more perks are offered. Both clinical and nonclinical positions are open in our health care facilities throughout New Jersey.

See open positions at HMHforU.org/Jobs.