

Choices

ENGLEWOOD
HOSPITAL AND
MEDICAL CENTER

SPRING 2013 | WWW.BLOODLESSMED.COM



Preparation Makes

Perfect

Pre-Admission Screenings
Increase Surgical Safety

page 4

PAGE 2
FINDING THE
RIGHT FIT

PAGE 6
STOPPING STROKES
BEFORE THEY START



The Institute for
Patient Blood Management &
Bloodless Medicine and Surgery

Englewood Hospital and Medical Center



Chris and Keshia Hagan with Aubrie in the hospital

TREATING CANCER— On Their Own Terms

When physicians discovered a Wilms tumor on little Aubrie Hagan's left kidney, her parents were determined not to lose another child.

After 3-year-old Aubrie was diagnosed with cancer in June 2012, her parents, Chris and Keshia, knew they needed to find a hospital that could provide the lifesaving surgery their daughter needed. Their first child had undergone a blood transfusion at another hospital against the couple's wishes—and passed away 41 days after his birth—so the Hagans were determined their daughter's medical team would respect their beliefs as Jehovah's Witnesses.

"Doctors at the other hospital did a blood transfusion, but our son died anyway," Keshia says. "From our perspective—regardless of what doctors may say—blood transfusions aren't always the answer."

MAKING THE RIGHT CHOICE FOR AUBRIE

Because they knew blood transfusions are often a part of tumor removal, the Hagans realized they had to find a facility that could properly toe the line between their child's well-being and their religious convictions. Chris began researching other options, learned about The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, and got a referral to see Frederick Alexander, MD, a surgeon with The Institute. Though Englewood Hospital is a five-hour drive from their home in Oswego, New York, Chris says it was worth it.

"We were using a hospital in Syracuse, but something didn't feel right," Chris says. "The doctors there seemed indifferent to our concerns. When we arrived at Englewood Hospital, it just clicked. We went out of our way to go there, and they went out of their way for us."

Aubrie's tumor was so large that it had grown across her abdomen toward her other kidney. The larger the tumor, the more complex its removal becomes, increasing the risk for blood loss. Despite the challenge, Dr. Alexander was able to use blood-sparing techniques to surgically remove the tumor without performing a blood transfusion.

SECOND CHILD, FIRST CHOICE

Aubrie is now in full remission and enjoying being a kid again. Though the pain of losing their first child is still a reality for Chris and Keshia, they're grateful to have a second chance with Aubrie.

"I would urge all parents to explore their options and not settle for a hospital just because it's close by," Keshia says. "You have to choose what you feel is best for your family. For us, The Institute was that choice."

Visit www.bloodlessmed.com and select "Patient Stories" on the menu bar to the right to read more stories from our patients.



Frederick Alexander, MD

"The bottom line is, if you don't lose the blood in the first place, you don't have to resort to strenuous measures to replenish the blood. Even challenging surgeries such as Aubrie's can be accomplished bloodlessly when a meticulous approach is taken."

—Frederick Alexander, MD,
surgeon with The Institute



Today, Aubrie is happy and healthy.

Serving *Neurological* Patients

Medicine always interested Alfred “Abe” Steinberger, MD, neurosurgeon with The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, and Assistant Clinical Professor of Neurosurgery at Mount Sinai Medical School.



Alfred Steinberger, MD

“Medicine is a combination of art and science,” Dr. Steinberger says. “The brain and nervous system have always intrigued me from a scientific standpoint, and treating neurologic illness matches with my desire to help others.”

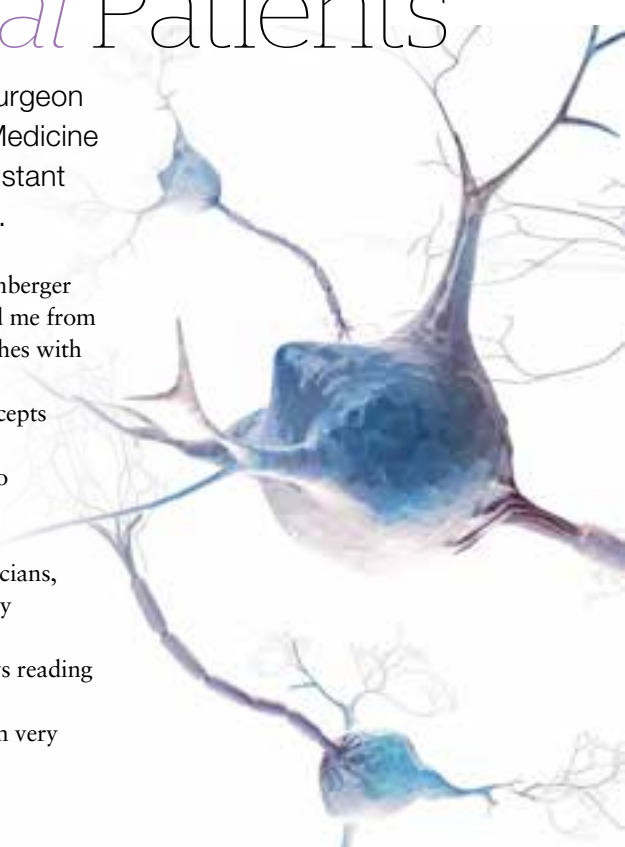
Bloodless medicine became an extension of all these concepts for Dr. Steinberger.

“Due to our patients’ religious convictions, they refuse to undergo blood transfusions, and I felt those wishes should be upheld,” Dr. Steinberger says. “Our team approach and thorough pre-surgery workup with internal medicine physicians, hematologists, and anesthesiologists allow us to successfully minimize blood loss during advanced neurosurgical procedures.”

In his spare time, Dr. Steinberger is an avid contemporary art collector and enjoys reading all types of literature and spending time with his family.

“My highest priority outside of medicine is my family,” says Dr. Steinberger. “I’m very blessed to have a wonderful wife, children, and grandchildren.”

For a physician referral to The Institute, call 1-888-766-2566.



Fulfilling a **Lifelong Dream**

Even as a child, Tanuja Damani, MD, FACS, gastrointestinal and laparoscopic surgeon at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, knew she would be a doctor.



Tanuja Damani, MD

“My father says I would tell people I was going to be a surgeon when I grew up. While I don’t remember that, I always knew I was inclined to biology and drawn to the sciences, unlike the rest of my family who worked in finance and business,” Dr. Damani says. “Once I was in medical school, I started seeing the implications of making the choice to be a surgeon. With the advent of minimally invasive surgeries, which are now in full bloom, my interest has increased.”

When used in tandem with minimally invasive approaches, bloodless medicine can offer patients optimal outcomes.

“There are overwhelming amounts of scientific data saying bloodless medicine leads to more favorable outcomes, and the medical staff here fundamentally believes patients will have better recoveries and fewer complications from bloodless procedures,” Dr. Damani says. “Working here allows me to combine both concepts and better serve patients.”

In her spare time, Dr. Damani is an avid runner and enjoys reading, traveling, and spending time with her husband and 3-year-old daughter.

“I love traveling so much,” says Dr. Damani. “I hope to spend time in various parts of Africa someday, because there’s so much beauty there.”

For a physician referral to The Institute, call 1-888-766-2566.



Freedom from **FEAR**

“For two years, we lived in fear of Tyleah possibly having a heart attack,” recalls Larry Sparks. “Our doctors at home wanted to help but weren’t comfortable with the risks of the surgery my daughter needed. Then I remembered Englewood Hospital and Medical Center.”

When Larry’s 26-year-old daughter Tyleah learned her heart’s mitral valve was leaking, the Sparks family began looking at options for surgery. Because Tyleah struggled not only with heart disease but also with sickle-cell anemia—a condition that, among other symptoms, keeps red blood cell counts low—the blood loss of open-heart surgery posed a greater threat than it would to other patients. Typically, people in this situation undergo blood transfusions, but as one of Jehovah’s Witnesses, Tyleah could not in good conscience rely on this option.



Francis Forte, MD

“Tyleah and her parents came to us because they weren’t given any options that precluded transfusion, since that’s the standard of care across the country,” says Francis Forte, MD, hematologist/oncologist and Senior Medical Director of The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital. “Englewood Hospital’s cardiac surgeons and I worked together as a team. I worked on getting Tyleah’s blood count up, and they were confident they could successfully perform her surgery without blood.”

THE LONG ROAD TO SURGERY

Because a transfusion wasn’t an option for Tyleah, it was critical to her and her family that she be as ready as possible for surgery. Prior to her surgery, the Sparks family traveled to Englewood Hospital so Tyleah could undergo pre-operative screening to determine whether or not her blood was prepared for surgery. The evaluation revealed that Tyleah would require extensive preparation prior to her surgery because of her sickle cell anemia.

For nearly two months, Larry, his wife Catherine, and Tyleah traveled back and forth from their home in Allentown, Pennsylvania, to The Institute every other day as Dr. Forte tried different infusions of iron, erythropoietin, and other advanced medications to increase Tyleah’s blood count.

“We never say no to patients simply because of distance,” says James Klein, MD, FACS, FCCP, Chief of Cardiothoracic Surgery at Englewood Hospital. “Tyleah’s family decided to make the trips here, but when patients can’t travel, we communicate with their physicians so patients can get the pre-operative evaluations and treatments they need where they are.”

Because of Tyleah Sparks’ sickle cell anemia and the incredibly high risks associated with performing her heart surgery, The Institute was the only facility willing to take on Tyleah’s case. The intensity of Tyleah’s pre-surgical blood preparation by the hematology team—combined with the remarkable skill of her surgeon—allowed Tyleah’s heart condition to be successfully treated. Today, Tyleah is doing great!

BLOODLESS OPEN-HEART SURGERY

An article in the 2012 issue of *Archives of Internal Medicine* compared outcomes in patients who underwent cardiac surgery without transfusions to those who accepted transfusions, and the article found the risks of complications or earlier mortality did not increase for patients who were not transfused.

Dr. Forte's regimen enabled Tyleah's blood count to come up to a safe level to allow her to have surgery with Dr. Klein.

"Even though the risks were very high, our staff had the skill set to perform the procedure," Dr. Klein says. "I'm thrilled for her and her family that she survived an operation that few people thought she could withstand, and she now has the best chance for recovering and leading as happy and productive a life as possible."

For questions about bloodless cardiovascular solutions, call our Bloodless Team at 1-888-766-2566 or visit www.bloodlessmed.com.



TYLEAH TODAY

Since her open-heart surgery at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, Tyleah Sparks had gone to physical therapy part time back in Allentown, Pennsylvania, before her family moved to Phoenix, Arizona. She feels that the exhaustion that came from her heart condition is going away, and she's excited about returning to the life she knew before the disease.

"I like to go door to door talking to people about the Bible, but it had gotten to the point that I could visit only two homes before I was too tired to go on," Tyleah says. "I used to be able to go non-stop, and I'm really looking forward to getting back to that."

Screenings: ENSURING SUCCESS

Screenings for patients prior to surgery at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center help eliminate blood transfusions while improving patients' clinical outcomes.

Anemia, a decrease in hemoglobin to levels below normal, can increase complications for patients. Screening of patients prior to surgery allows time for the treatment of anemia before surgery takes place. This screening process helps patients achieve better results after their surgery.

WHAT TO EXPECT

"Many hospitals perform pre-surgical evaluations the day of surgery," says Karen Randall, FNP, family nurse practitioner for Anesthesiology at The Institute. "We prefer to do screenings a month prior to surgery in order to identify and treat patients who are anemic or who have other health issues, which must be addressed prior to their surgery. This ensures that the patient has the best possible outcome."



Karen Randall, FNP

"Our approach to all patients at Englewood Hospital and Medical Center is focused toward excellent pre-surgical management with special consideration



for those who are enrolled in our Bloodless Program," Randall continues. "Using this approach with all patients helps eliminate the need for transfusions, even for patients who have no objection to receiving blood, thereby achieving excellent results for all patients."

The thorough pre-operative screening process varies for each individual at The Institute. While some will only need to give a small sample of blood to determine the risk for anemia, other patients may need further medical evaluation by a specialist, such as a hematologist or a cardiologist, depending on the type of surgery and the patient's age and health status.

If anemia is discovered during the patient's evaluation, treatment begins immediately—sometimes the very same day. Possible treatments include oral supplements, iron infusions, and/or an injection to stimulate the bone marrow to produce more red blood cells.

"At The Institute, our expert care has attracted people for whom blood transfusions are not an option from all over the county and faraway places," Randall says. "They know they can benefit from state-of-the-art medical and surgical care in a safe and respectful environment."



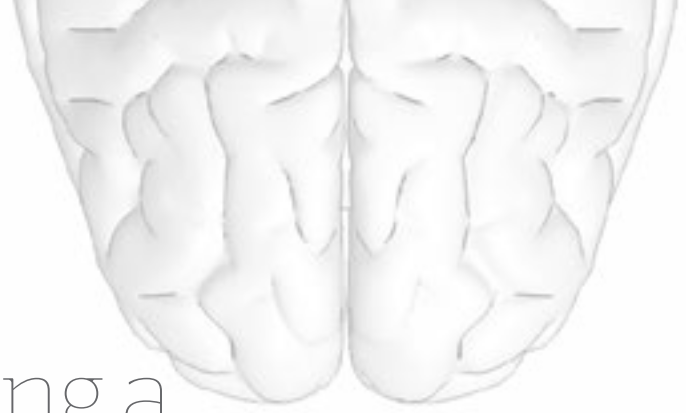
Herbert Dardik, MD

Know the **SIGNS**

Herbert Dardik, MD, Chief of Vascular Surgery at The Institute for Patient Blood Management and Bloodless Medicine and Surgery, offers a way to remember the risk factors for carotid artery disease:

- **Sitting (not being physically active)**
- **Smoking**
- **Stuffing (overeating)**
- **Sex (men get artery disease earlier than women)**
- **Senescence (growing older)**
- **SENEG (“genes” spelled backwards, denoting heredity)**

“If you have risk factors for carotid artery disease,” observes Dr. Dardik, “the first three steps in helping yourself are to stop smoking, eat a healthy diet, and get up and start moving around. These are the reversible or controllable factors. Getting older, one’s own sex, and heredity are not under our control.”



Stopping a Silent Killer

Though it shares the same risk factors as heart disease, carotid artery disease can strike without warning.

“Disease of the major arteries leading to the brain goes hand in hand with other blockages in the body,” says Herbert Dardik, MD, Chief of Vascular Surgery and Senior Medical Director of The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. “What’s important about carotid artery disease is the target: your brain. When blood flow to the brain is blocked, it doesn’t take long for that lack of circulation to cause a stroke.”

The brain is very fragile and susceptible to injury, even with brief periods of circulatory loss and oxygen deprivation, adds Dr. Dardik.

“Those three pounds of cells contain all our thoughts and awareness,” he says. “We might be able to get along with one arm or leg, but if a stroke damages our brain, we can become totally disabled.”

APPROACHES TO DETECTION AND TREATMENT

Other forms of vascular disease, such as blockage in the legs, may be treated through watchful waiting, says Dr. Dardik. Patients can decide with their physician when the blockage becomes a problem and causes pain or hinders movement.

However, the carotid artery carrying blood to the brain is different. Blockages may not cause symptoms, and the first sign of trouble may be a transient ischemic attack (TIA, or mini-stroke) or a stroke.

“Treatment depends on how narrow the carotid artery has become and how damaged its wall is,” Dr. Dardik says. “Typically, we want to treat patients sooner rather than later.”

One way to screen for carotid artery disease is Doppler ultrasound, which creates images of the carotid artery. It also provides critical information on blood flow.

“This is a relatively easy and inexpensive test,” Dr. Dardik says. “For patients who have high cholesterol, a family history of stroke, or narrowed arteries elsewhere in their bodies, it makes sense to have a screening test at around age 50—certainly an earlier age than what might otherwise be considered.”

If the carotid artery is more than 80 percent blocked, Dr. Dardik may recommend surgery to clean out the plaque, or blockage. Of course, many factors enter the decision-making process, depending on the needs of the individual patient. Some patients at 60 to 79 percent narrowing may be considered for the procedure, but less than 60 percent narrowing is unlikely to be an indication for intervention.

“In the hands of a skilled surgeon, this is basically a bloodless operation, resulting in less blood loss than a routine blood test,” Dr. Dardik says. “We use techniques to minimize blood loss, and so for us, blood loss is really not a concern.”

The Effects of **Blood Transfusions** on PEDIATRIC PATIENTS

At the Society for the Advancement of Blood Management's 2012 annual meeting in Pittsburgh, Pennsylvania, physicians with the Helen DeVos Children's Hospital in Grand Rapids, Michigan, gave a presentation comparing the outcomes of pediatric intensive care unit (PICU) patients who did and did not receive blood transfusions.

For the study, researchers compared the results of 363 patients—81 who received transfusions and 282 who did not. Patients who had burns or received massive transfusions were not included in the research.

According to study results, children who received blood transfusions had worse outcomes, including:

- Greater need for mechanical ventilation
- Higher injury severity scores
- Higher mortality (death) rates
- Larger number of days spent on the ventilator
- Less likely to be discharged to the home
- Longer PICU stays

While advocates for bloodless medicine techniques were already aware of the adverse effects of blood transfusions, the presentation provided deeper insight into transfusion complications for children.



Creating Solutions to **Blood Transfusion Overuse**

In September 2012, the American Medical Association's Physician Consortium for Performance Improvement and The Joint Commission jointly sponsored the National Summit on Overuse.

During this program, representatives from numerous physician, government, research, and patient organizations came together to discuss minimizing the overuse of five treatments—including blood transfusions—through standardized data reporting, aligning current guidelines, and better communication about alternative solutions.

MYTHS & Facts

By Sherri Ozawa,
Clinical Director



Sherri Ozawa, RN

Myth: Patients who are told they might die without accepting a blood transfusion just need volume expanders to survive.

Reality: Many times, physicians recommend blood transfusions for people who become

very sick from losing blood. Of course, this is not an option for patients who decline the use of blood transfusions.

Sometimes, with the very best of intentions, we might request that the physician use "volume expanders." These fluids may be given to patients to augment their circulation and can allow the body's cells to flow better to the organs that need it.

Each circumstance is different, however, and sometimes the use of this treatment can actually be harmful, rather than helpful, or may not be part of the solution to the problem.

We must remember that blood is a very complex organ and performs many functions. More than just carrying oxygen, blood cells carry out numerous functions including fighting infections, clotting blood, and carrying other vital substances through the body.

Physicians wanting to help may suggest a wide variety of treatments, depending on the cause of the problem. Rather than simply suggesting that doctors use volume expanders, we need to realize that this may not be helpful for the current problem. Therefore, we do well to educate ourselves on the basics of non-blood medical and surgical management and familiarize ourselves with the available alternatives, so as to better communicate with the physicians, nurses, and hospitals caring for us. Also, when possible, we should use a hospital such as Englewood Hospital that has an experienced Patient Blood Management Program.



**The Institute for
Patient Blood Management &
Bloodless Medicine and Surgery**

Englewood Hospital and Medical Center

350 Engle Street
Englewood, NJ 07631

Nonprofit Org.
U.S. Postage
PAID
Madison, WI
Permit No. 428



This is a
recyclable product.

Choices is a publication of the Marketing and Communications Department of Englewood Hospital.

100% of Our Bypass Patients Are Living It Up.

Once again, Englewood Hospital has achieved a 100 percent survival rate in heart bypass surgery—one of only three New Jersey hospitals with this perfect record. Our top-rated cardiac surgeons are experts in a range of complex procedures and can perform these surgeries without blood transfusions, which helps reduce risk of infection and complications and speeds recovery.

For a physician referral, call The Institute for Patient Blood Management and Bloodless Medicine and Surgery at 1-888-766-2566. Also, be sure to visit us at www.bloodlessmed.com.

ENGLEWOOD
HOSPITAL AND MEDICAL CENTERSM

