

Choices

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ENGLEWOOD
HOSPITAL AND MEDICAL CENTER

The Institute for
Patient Blood Management &
Bloodless Medicine and Surgery

Bloodlessly **RELIEVING** a Lifetime of Pain

**A QUARTER CENTURY OF
LEGENDARY BLOODLESS CARE**

**THE LEARNING CURVE:
COLLIN UNDERGOES
BLOODLESS SPINAL SURGERY**



Tom and
Jessica Ventimiglia



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“AT ENGLEWOOD HOSPITAL AND MEDICAL CENTER, EVERYONE WAS ON THE SAME TEAM, EVERYONE RESPECTED MY WISHES, AND EVERYONE WANTED ME TO GET WELL. I DIDN'T HAVE TO WORRY ABOUT STANDING UP FOR MY BELIEFS OR EXPLAINING WHY I DIDN'T WANT A BLOOD TRANSFUSION—ALL I HAD TO DO WAS FOCUS ON MY OWN RECOVERY.”

*Jessica Ventimiglia, Manchester,
New Jersey*

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An Unusual Surgery in Pursuit of a **BETTER LIFE**

When Jessica Ventimiglia needed a radical procedure for a digestive disorder, she chose an experienced surgeon who would respect her wishes.



Michael T. Harris, MD

At the age of 35, Jessica was living with severe ulcerative colitis. Although she had previously been able to control her disease with medication, she was no longer responding to treatment.

“I was in a lot of pain all the time, and it made it difficult to work,” Jessica says. “If I made plans, but my stomach started acting up, I would have to cancel. When ulcerative colitis is not in remission, it feels like this angry thing inside you—it’s hard to walk upright because you’re doubled over with severe abdominal pain, and you’re tired all the time. The side effects from the medications were terrible and exhausting, too.”

In late February 2016, Jessica was brought to a hospital close to her home in Manchester, New Jersey. She was malnourished and anemic, and she had lost a lot of weight. Doctors determined she would need to have part of her digestive system replaced with a reservoir created from her small intestine. This would cure her ulcerative colitis and improve her quality of life dramatically.

As one of Jehovah’s Witnesses, Jessica was familiar with The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, and knew she could get the care she needed there. At The Bloodless Institute, Michael T. Harris, MD, gastrointestinal surgeon, Senior Vice President, Chief Medical Officer, and Chief of Surgery and Surgical Services at Englewood Hospital, is world-renowned for this procedure and had the expertise to manage Jessica’s care.

High Levels of Care, High Levels of Respect

“As soon as I arrived, Dr. Harris came to see me and talk with me about the benefits and risks

ULCERATIVE COLITIS AND THE BLOODLESS PATIENT

Ulcerative colitis (UC), an inflammatory bowel disease, causes irritation and ulcers (or sores) on the inner lining of the large intestine. Symptoms of UC can include anemia and bloody bowel movements, either of which can be extremely dangerous for patients for whom blood transfusions aren't an option.

Patients who refuse blood transfusions, which are commonly used to treat UC complications, need a team of experts on their side who don't default to transfusion rather than other, well-researched options for treating UC.

At The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, physicians provide standard medical care for UC patients while also being diligent about monitoring their blood counts. As a result, they're able to preemptively provide IV iron and vitamin replacement, as well as red blood cell stimulants, to reduce the risk of anemia.

If medications and other UC treatments aren't effective and surgery is necessary, patients at The Bloodless Institute can be comfortable with their decision to undergo the procedure. Presurgical testing and treatment for anemia—as well as innovative surgical techniques and advanced technology used in the operating room—mean that surgery can be performed with as little blood loss as possible.

of surgery,” Jessica says. “He never pressured me—he gave me all the information I needed to make a good decision, including information about his own experience performing this type of bloodless surgery on patients. It instilled confidence in me when I heard that he personally believed it was best practice for everyone to avoid blood transfusions.”

On March 2, 2016, Jessica had part of her digestive system removed by Dr. Harris. Because she was so sick going into the procedure, she took several extra days to recover at the hospital. Jessica's husband, Tom, was able to stay in the room with her and even had his laundry done by the staff so that he could stay with Jessica as much as possible.

Jessica went home to fully recover from the initial procedure, then returned to the hospital so Dr. Harris could perform a second surgery to create the reservoir on June 9.

Life After Surgery

Surgery of this type has a long recovery and, according to Dr. Harris, it can take up to 18 months for patients to feel normal again. However, Jessica's body is adapting well following her procedures.

“Three months after surgery, Jessica was functioning at a level that we consider normal in people who are 18 months removed from surgery,” Dr. Harris says. “Although she needed some time to recover following the first procedure, the rest of her treatment went beautifully.”

“Having surgery has given me a lot more freedom and relief, especially compared to how I felt during a colitis flare-up,” Jessica says. “Although it was a little scary finding out I needed such serious surgery, Dr. Harris and the team made such a difference. Dr. Harris called me every week for six weeks after I got home—no other physician has ever done that. The level of care I received was incredible.”

To learn more about The Bloodless Institute, visit www.bloodlessmed.org. For a referral to a bloodless physician, call The Bloodless Institute at 1-888-766-2566.

“WHEN I STARTED CARING FOR PATIENTS WITH THE INSTITUTE FOR PATIENT BLOOD MANAGEMENT AND BLOODLESS MEDICINE AND SURGERY AT ENGLEWOOD HOSPITAL AND MEDICAL CENTER, I STARTED SEEING SUPERIOR OUTCOMES FOR MY PATIENTS. NOTHING CHANGED EXCEPT THE PERIOPERATIVE MANAGEMENT OF THESE PATIENTS. WHAT'S DIFFERENT ABOUT THE BLOODLESS INSTITUTE IS WE NOT ONLY RESPECT PATIENT'S WISHES, BUT WE LEARN FROM OUR EXPERIENCES AND BECOME AS SAFE AS WE CAN BE FOR BLOODLESS (AND ALL) PATIENTS.”

Michael T. Harris, MD, gastrointestinal surgeon, Senior Vice President, Chief Medical Officer, and Chief of Surgery and Surgical Services at Englewood Hospital



Sherri Ozawa, Director of The Bloodless Institute, with Collin, Dawn, and David Smoke

Walking Taller

Surgery for scoliosis is always tricky. When the patient's blood doesn't clot normally and the use of blood products isn't an option, it's even more complex.



Abe Steinberger, MD

Collin Smoke is a typical teenager. The 15-year-old 10th grader from East Stroudsburg, Pennsylvania, enjoys bowling with his parents, snow tubing, playing his guitar, and riding his bike. Unlike most teens, however, Collin has to be extra careful about his activities, as a slight cut or—the worst-case scenario—an internal injury could cause a dangerous amount of bleeding. The reason is hemophilia, a disorder characterized by low levels of a protein called coagulation factor VIII that helps the blood clot.

Collin was born with the condition. To manage it, he receives at-home infusions of a synthetic form of factor VIII under the direction of his mother, Dawn, a retired pediatric registered nurse.

Dawn has faced the tragic consequences of this condition many times in her life. Several of her family members (who, unlike Dawn, are not Jehovah's Witnesses) have been born with this disease. Dawn lost a brother as a toddler to Hemophilia. She also lost two other brothers—

one was 19 and the other was 42—along with an 18-year-old nephew to AIDS when they contracted the disease as a result of being treated with blood transfusions.

Life Throws a Curve

When Collin was 7, his pediatrician diagnosed him with scoliosis—an abnormal, sideways curvature of the spine. At that time, the curve was only 9 degrees. Within a few years, however, it had progressed to 30 degrees, and Collin had to wear a brace at night to prevent his spine from bending any further. It didn't work. By September 2016, the curvature had reached 86 degrees. A physician at a hospital in Philadelphia recommended surgery to correct the curve.

"I wasn't in any pain, but the surgeon said if the curve got any worse, it would start affecting my lungs and heart," Collin says. "I knew surgery had to happen eventually. I tried to accept it as best I could."

The hospital in Philadelphia was unaccustomed to performing the procedure without the use of blood products, which Collin and his parents didn't want due to their strong beliefs as Jehovah's Witnesses.

"We wanted the best medical care but without the use of blood or blood products for our son," remarks Collin's father.

“A member of the Hospital Liaison Committee recommended we call Englewood Hospital and Medical Center,” Dawn remembers. “Making the call was the best decision we’ve ever made.”



Gregg Lobel, MD

Care Coordination

Last October, Collin and his parents drove 75 miles from their home in Pennsylvania to meet with members of the team at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center. They were immediately impressed with what they found.

“Everyone told us, ‘You’re family now,’” Dawn says. “We were extremely nervous, but the team was reassuring, calm, and always concerned about us. Having worked in health care at several different hospitals, I’d never experienced anything like that.”

Gregg Lobel, MD, FAAP, pediatric anesthesiologist and President of the Medical Staff at Englewood Hospital, took the lead in coordinating the team of specialists who would assist with Collin’s case. Hemophilia made the prospect of operating on Collin quite challenging. Type 1 diabetes, which Collin has had since age 13, added to the complexity.

“If blood sugar is not well controlled before surgery, it can affect healing and infection risk,” Dr. Lobel says. “In Collin’s case, however, the most concerning aspect was hemophilia. A patient who is at risk for spontaneous bleeding is worrisome enough, but surgery causes bleeding, which makes the concern more significant. For Collin, who wished to avoid the use of blood products, we needed to have a plan for dealing with anything that might arise during the operation.”

That plan included increasing the dosage of Collin’s clotting factor medication at the time of surgery and afterward to help the healing process. Dr. Lobel consulted Collin’s regular physicians for their opinions about how best to manage his health issues and enlisted a pediatric hematologist on Long Island to assist with the case. Finally, all the pieces were in place, and the surgery took place on December 20.

Straightening the Spine

Alfred “Abe” Steinberger, MD, a neurosurgeon at Englewood Hospital, and two colleagues spent all morning and most of the afternoon operating on Collin’s spine.

“It was a long, complex case,” Dr. Steinberger says. “We placed screws and rods in the spine from the fourth thoracic level in the upper mid-spine to the fourth lumbar level in the lower spine, straightening Collin’s backbone as best as we safely could.”

During the operation, Dr. Lobel and the rest of the team carefully maintained Collin’s clotting factor levels, and they used a closed system to return the blood he lost during surgery to his body. Due to Collin’s complicated medical conditions, he stayed in the Intensive Care Unit for eight days after surgery. Dr. Steinberger and his colleagues reduced the curvature of his spine to less than 30 degrees, which surpassed their goal for the procedure. When Collin stood up for the first time following the operation, he was taller than his mother—a new experience for him. He had grown three inches, to 5 feet 6 1/2 inches. When he got home, it took a while for the pain to dissipate, but once it did, Collin didn’t look back.

“Dr. Steinberger told me I can do whatever I want, as long as it doesn’t hurt,” Collin says.

“We had hoped Collin would never need surgery because we thought, with his medical concerns, it would be impossible,” Dawn says. “Now, I realize Englewood Hospital is the only place to go for Collin and patients like him.”

Just because a surgery is complicated doesn’t mean it has to involve the use of blood products. For a referral to a physician who can discuss bloodless surgery with you, call The Bloodless Institute at 1-888-766-2566.

“

OUR TEAM CARED
FOR COLLIN SMOKE
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THAT IS INCREDIBLY
REWARDING.

*Sherri Ozawa, RN, Clinical
Director of The Institute for
Patient Blood Management and
Bloodless Medicine and Surgery
at Englewood Hospital and
Medical Center*

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The Smoke family



Miguel A. Sanchez, MD

Legends of The Bloodless Institute: Meet Dr. Sanchez

Whether advocating for respectful treatment of the Jehovah's Witness community or improving diagnostic care for patients with suspected breast cancer, Miguel A. Sanchez, MD, Chief of Pathology at Englewood Hospital and Medical Center and Medical Director of The Leslie Simon Breast Care and Cytodiagnosis Center at Englewood Hospital, embodies what it means to put patients first.

ADVANCING CANCER CARE

Miguel A. Sanchez, MD, is board certified in anatomical, clinical pathology and cytopathology, and specializes in the diagnosis of breast and other cancers. He is known around the world for his approach to breast care and support of fine-needle aspiration biopsy. This diagnostic test, which allows physicians to collect cells from the breast for examination using a small needle, offers a less painful, less invasive alternative to surgery and more immediate biopsy results.

A native of Spain, Dr. Sanchez completed his medical degree at the University of Madrid. A defining experience while serving in the Spanish Army in 1969 spurred his commitment to advocate for the Jehovah's Witness community.

"I was stationed at a recruit compound that was located next to a jail," Dr. Sanchez remembers. "One day, officials at the jail asked me to see a young man who wasn't feeling well. The young man told me he was a Jehovah's Witness, and I had no idea what that meant. He explained to me that when he arrived at the compound, he was offered an army uniform and rejected it because of his beliefs. He was automatically put in prison, which I thought was preposterous."

Dr. Sanchez learned that after a few months of incarceration, the young man would again be offered a uniform. If he refused a second time, which he intended to do, he would be considered a repeat offender and sent to general military prison.

"I thought this was outrageous, so I declared him ill and transferred him to the infirmary," Dr. Sanchez says. "This way I knew during the time I was there, he wouldn't have to be in prison."

Since his time in the army, Dr. Sanchez has had great sympathy for the lack of respect the Jehovah's Witness population has traditionally endured. As a result, when a group of Jehovah's Witnesses approached the Englewood Hospital team nearly 25 years ago with hopes of forming a partnership that would enable them to receive bloodless medical care, Dr. Sanchez was among the physicians who said yes. Their decision prompted the development of The Institute for Patient Blood Management and Bloodless Medicine and Surgery.

"When I learned that Jehovah's Witnesses were being treated in a manner in which their beliefs were questioned, it refreshed my memories and my sense of outrage at what had happened years before," Dr. Sanchez says. "I decided then that I would do whatever I could to help this community."

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Naomi, Angelo, and Leslie Prunella



Leslie Prunella; Ramón Correa, Manager of The Bloodless Institute; and Angelo Prunella

Bloodless Medicine: The Best Option for One Patient's Heart

Angelo Prunella needed serious help for his heart, but he didn't want blood products used during the surgery necessary to fix it. The sports fan from upstate New York turned to a skilled team to draw up a game plan for a bloodless operation.



James Klein, MD

Angelo, a 63-year-old self-employed plumber from Millerton, New York, lived with a heart murmur for years, but it was never more than a minor annoyance—until the fall of 2016.

"I was so tired," Angelo remembers. "At times, when I was driving home, I had to pull over and go to sleep. I took a step back from my business on the recommendation of my primary care physician and cardiologist. That's when I really became concerned."

Heart on the Line

Tests at a local hospital found three blockages in the arteries of Angelo's heart, as well as a narrowed and blocked aortic valve—the structure that opens to allow blood from the heart to enter the aorta, the body's main artery, and closes to keep it from flowing back into the organ. To fix the problem, he needed triple bypass surgery to reroute blood flow around the arterial blockages, plus an aortic valve replacement.

Angelo, who is one of Jehovah's Witnesses, wanted to have the operation as close to home as possible, if the surgeon would agree to honor his wish to not use blood products.

"The local surgeon was very concerned about performing the operation without blood," Angelo says. "He suggested I visit The Institute

for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center."

A Bloodless Alternative

In early December, Angelo made the two-and-a-half-hour drive from Millerton to Englewood Hospital. Right away, he knew he'd found a place that understood and respected his wishes.

"When I told the hospital staff I didn't want blood, they didn't try to push their views on me or tell me I'd be better off taking blood," Angelo says. "They didn't look at me as an oddball. They treated me with dignity and respect, and we made a plan."

Mending the Heart

When the seven-hour surgery with James Klein, MD, FACS, FCCP, Chief of Cardiothoracic Surgery at Englewood Hospital, was over, Angelo had a new aortic valve made from cow tissue and a heart that works properly. He did so well during recovery that he returned home in five days instead of the seven or eight his medical team predicted.

"I'd never had such a major surgery before, and the experience gave me a new outlook on life," Angelo says. "There are institutions, such as Englewood Hospital, that look out for individuals like me. It is possible for patients to receive medical care in accordance with their wishes."

This is an excerpt from a patient story featured in The Bloodless Institute's e-newsletter. To read the full version, subscribe to our e-newsletter by visiting www.bloodlessmed.org. For a referral to a bloodless physician, call 1-888-766-2566.



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Director's Corner

By Sherri Ozawa, RN, Director of The Bloodless Institute and Senior Director for Patient and Family Engagement at Englewood Hospital and Medical Center



Managed Medicare

We are all concerned about good health for ourselves and our families. In fact, many social and governmental leaders around the world describe access to quality health care as a “universal right” for all people. However, as medical science and technology continue to move forward, individuals and nations around the world struggle with the increasing costs that follow.

Here in the United States, most people who are 65 and older (and certain others) have some or all of their healthcare costs covered by Medicare, a federal program. With this type of coverage, most people are responsible for only a portion of their hospital and other medical bills.

In recent years, a number of private insurance companies have developed plans collectively known as “Managed Medicare” programs. They aggressively market plans to patients that allow insurance companies to “manage” a person’s Medicare with the benefit of reducing or eliminating the patient’s responsibility to pay the portion not covered by traditional Medicare. This can be especially appealing when such companies offer to help cover the high costs of medications.

While elements of this type of plan may be very helpful, there are pros

and cons, as there are with anything we consider. The way that these plans keep costs under control is by working with a restricted network of hospitals and doctors (the HMO model). This may work well for general health maintenance and checkups, but what about hospitalization for a serious medical problem or surgery?

Over the years, we at The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center have seen many instances of patients who have signed up for a managed Medicare program, only to find out that when facing an urgent medical situation, their chosen hospital is not an option. Also, dropping the managed Medicare plan and reverting back to regular Medicare can only happen at certain intervals and after a waiting period.

Many have found that being enrolled in standard Medicare, and purchasing what is called “supplemental” insurance, will help cover those costs not paid for by Medicare. This type of approach allows the most flexibility to choose the hospital that YOU want to use. This is critically important for patients who are concerned with blood transfusions and need care at a recognized bloodless center.