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Patients Benefit from Multi-Disciplinary Approach of Jefferson Gastroesophageal Center

John Harbold is a busy guy. In 2013, he was 58 years old and teaching physical education, algebra and personal finance at a private Christian school near his hometown of Woodbury, NJ. He was also coaching the football team at Clearview Regional High School and working as a chaplain for the New Jersey Department of Corrections.

By late summer, he started feeling very tired but chalked it up to “being an old guy running around with the young guys – nothing to worry about.” Around that time, Harbold says, he started having bouts of hiccups lasting 10 to 15 minutes every time he ate. It was a nuisance but didn’t seem like an emergency. Then, in September, he awoke in the night sneezing and coughing. When he found a blood clot in his tissue, he got in touch with his family doctor. A blood test revealed that he was anemic, while other symptoms pointed to the need for a visit to his gastroenterologist, Howard Kroop, MD, at Jefferson.

According to Harbold, the day after that visit is one he will never forget: “I was lying in my bed reading a book when my family doctor called and said, ‘John, you have cancer.’” He recalls. “Your body has to learn how to recover sooner.”

“At the monthly Esophagectomy Support and Survivorship Group meeting in April, John Harbold (center) announced, “I am so happy to be here!” as he was reunited with his care team: Drs. Christina Brus, Nathaniel Evans, Ernest L. Rosato and Pramila Rani Anne.

In April 2014 with Dr. Rosato and Nathaniel R. Evans, MD, FACS, FCCP.

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The Jefferson Gastroesophageal Center is fortunate to have a trio of specialized nurses to help patients prepare for the esophagectomy procedure, coordinate all of the required tests and follow-up, and provide support through any chemotherapy/radiation and the recovery process.

During their hospital stay, patients and families lean on inpatient nurse practitioner Kate Thistle, CRNP. Kate’s support during the initial postop days and explanations prior to discharge are critical to start a smooth recovery. Often the most challenging rehabilitation comes in the days and weeks following discharge.

Nurse practitioner Lori Pellegrino, MSN, CRNP, has spent the last seven years caring for esophagectomy patients in the practice of general surgeon Ernest L. Rosato, MD, FACS. She is familiar with the lengthy and challenging recovery – and is passionate about helping esophagectomy patients and their caregivers navigate the process. Lori notes that the recovery brings significant changes to quality of life. For many patients, one of the most challenging aspects is nutrition. The transition from five to seven days of a feeding tube to eating with a “new,” smaller stomach can take many weeks and introduce a lot of frustration.

“The collaboration between general and thoracic surgeons allows us to tailor surgical therapy to the specific needs of each patient,” Dr. Evans notes. “The vast majority of our patients have minimally invasive surgery like Mr. Harbold. Smaller incisions mean less pain, so patients can get out of bed and get on the road to recovery sooner.”

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