MONMOUTH health&life

45 WAYS TO FIND *tranquility*

LOWER STRESS
LEARN TO MEDITATE *p.* 18

LOCAL CHEFS SERVE UP **HEALTHY CUISINE**

GREAT-TASTING **ORGANIC WINE**

TAKE CHARGE OF YOUR WELL-BEING!

\+ *ideas* FOR A **HARMONIOUS HOME**

THE FIRST ANNUAL ULTIMATE SPA GUIDE

MARCH 2011 | **$3.95** | MONMOUTH**HEALTH**AND**LIFE**.COM

HEART FAILURE MANAGEMENT PROGRAM AT MONMOUTH MEDICAL CENTER

IMPROVING QUALITY OF LIFE FOR PATIENTS

In the United States, approximately 5 million people are living with heart failure, with more than 550,000 being newly diagnosed every year.

Heart failure is the most common diagnosis of Medicare hospital discharges, and nearly 20 percent of those patients are readmitted to the hospital within 30 days of discharge — most commonly a result of a failure to follow a proper diet or medication regimen, or to properly monitor symptoms. Heart failure disease management programs have been shown to improve patient outcomes, reducing the rate of re-hospitalization and improving the patient's quality of life.

At Monmouth Medical Center, the Heart Failure Management Program brings together a multidisciplinary team of heart failure experts to more effectively monitor heart failure patients, and provide interventions to manage symptoms and prevent the need for emergency care or hospital readmission.

"The Heart Failure Management Program is dedicated to helping patients and caregivers become more actively involved in their heart failure care through education, access to a multidisciplinary team, and consistent follow-up with a heart failure professional," says Monmouth Medical Center cardiologist Charles Mattina, M.D., the program's medical director. "Through this active participation, patients will improve their functionality and quality of life, while reducing the frequency of hospitalizations."

Participation in the program can begin as an inpatient before hospital discharge or a patient can be referred on an outpatient basis. Patients are initially evaluated by Denise Yaman, an experienced advanced practice nurse (APN).

"The program uses a patient-centered care approach to early management of the heart disease process," Dr. Mattina says. "The APN works individually with patients to enhance their understanding of the disease and provide the tools for patients and caregivers to effectively manage the disease process."

Long Branch resident John Angeles, 83, visits the Heart Failure Management Program clinic every other week and says the program has been a great source of support. A retired Navy Seal who works out three hours a day, seven days a week, he recommends the program to friends and fellow naval retirees.

"They've helped me manage my weight and greatly improve my quality of life," he says. "The staff is attentive, considerate and so knowledgeable. They really take the time to help you in any way possible to make sure you stay healthy."

The Heart Failure Management Program also features a Telehealth monitoring program in collaboration with the Visiting Nurse Association of Central Jersey (VNACJ). The program is designed to help patients receive treatment at home, improve their quality of life, and reduce the likelihood of a trip to the emergency room or re-hospitalization.

Other important components of the Heart Failure Management Program include access to heart failure research trials and social

HEART FAILURE AT A GLANCE

HEART FAILURE is the heart's inability to pump enough blood to meet the body's oxygen and nutrient demands. Heart failure can be systolic, which is the inability of the heart to contract strongly enough to pump blood forward. It can also be diastolic, reflecting the inability of the heart to relax normally, causing fluid to back up into the lungs.

Heart failure can be acute, an emergency in which a patient develops sudden shortness of breath or chest pain. Heart failure can also become chronic, a long-term condition in which the patient experiences persistent symptoms over an extended period of time.

A variety of conditions can lead to the development of heart failure. These include coronary artery disease, cardiomyopathy, hypertension, and disease of the heart valves. Other conditions that can contribute to the development of heart failure include anemia, an overactive thyroid gland, abnormal electrolytes, cardiac rhythm abnormalities, and diabetes.

Recognizing the signs and symptoms of heart failure is the key to early detection, as they lead a patient to seek medical attention. Signs of left-sided heart failure due to lung congestion include shortness of breath, unexplained cough, reduced urine output, loss of appetite, dizziness and light-headedness, confusion, restlessness and anxiety, and fatigue or weakness. Signs and symptoms of right-sided heart failure include swelling of the feet and legs, abdominal pain, accumulation of fluid in the abdominal area, loss of appetite, nausea, weight gain and weakness. Anyone experiencing these symptoms should seek immediate medical care.

services, clinical nutrition, cardiac rehabilitation and ancillary testing such as lab, non-invasive cardiology and radiology.

"In addition to the APN, the Heart Failure Management Program is supported by a multidisciplinary team comprised of cardiologists, primary care physicians, pharmacists, nutritionists, nurses, social workers and behavioral health professionals. Participation in the program can begin as an inpatient before hospital discharge or a patient can be referred on an outpatient basis," notes Sharon Holden, administrative director for Cardiopulmonary and Renal Services at Monmouth Medical Center.

MONMOUTH MEDICAL CENTER CARDIOLOGIST CHARLES MATTINA, M.D., SHOWN HERE WITH DENISE YAMAN, AN EXPERIENCED CARDIAC ADVANCED PRACTICE NURSE, IS THE MEDICAL DIRECTOR OF THE HEART FAILURE MANAGEMENT PROGRAM AT MONMOUTH MEDICAL CENTER.

For more information on the Heart Failure Management Program at Monmouth Medical Center, call **732-923-6702.**

SAINT BARNABAS
HEALTH CARE SYSTEM
Monmouth Medical Center

SPECIAL PROMOTION

MONMOUTH MEDICAL'S BREAKTHROUGH APPROACH TO AN ADVANCED CARDIAC TECHNIQUE

MONMOUTH MEDICAL CENTER has introduced an innovative cardiac catheterization procedure that uses patients' wrists, rather than the groin region, to gain access to blood vessels leading to the heart.

The procedure, known as transradial catheterization access, provides for a faster overall recovery period for the patient and reduced bleeding, bruising and complications. It is the latest development for Monmouth Medical Center's strong cardiac services, which provides comprehensive non-invasive cardiac testing, interventional cardiology, heart failure management, and cardiopulmonary rehabilitation.

In 2004, Monmouth's state-of-the-art cardiac catheterization laboratory took a major step in expanding its cardiac services with the introduction of emergency coronary angioplasty. Today, its cardiac catheterization laboratory is a facility offering transradial catheterization.

"Typically in a cardiac catheterization, the catheter is introduced into the body through the groin's femoral artery and is guided toward the heart," says Monmouth Medical Center interventional cardiologist Rita Watson, M.D. "But one of the biggest benefits of passing the catheter through the radial artery in the wrist rather than femoral artery is that the risk of significant bleeding is almost completely eliminated."

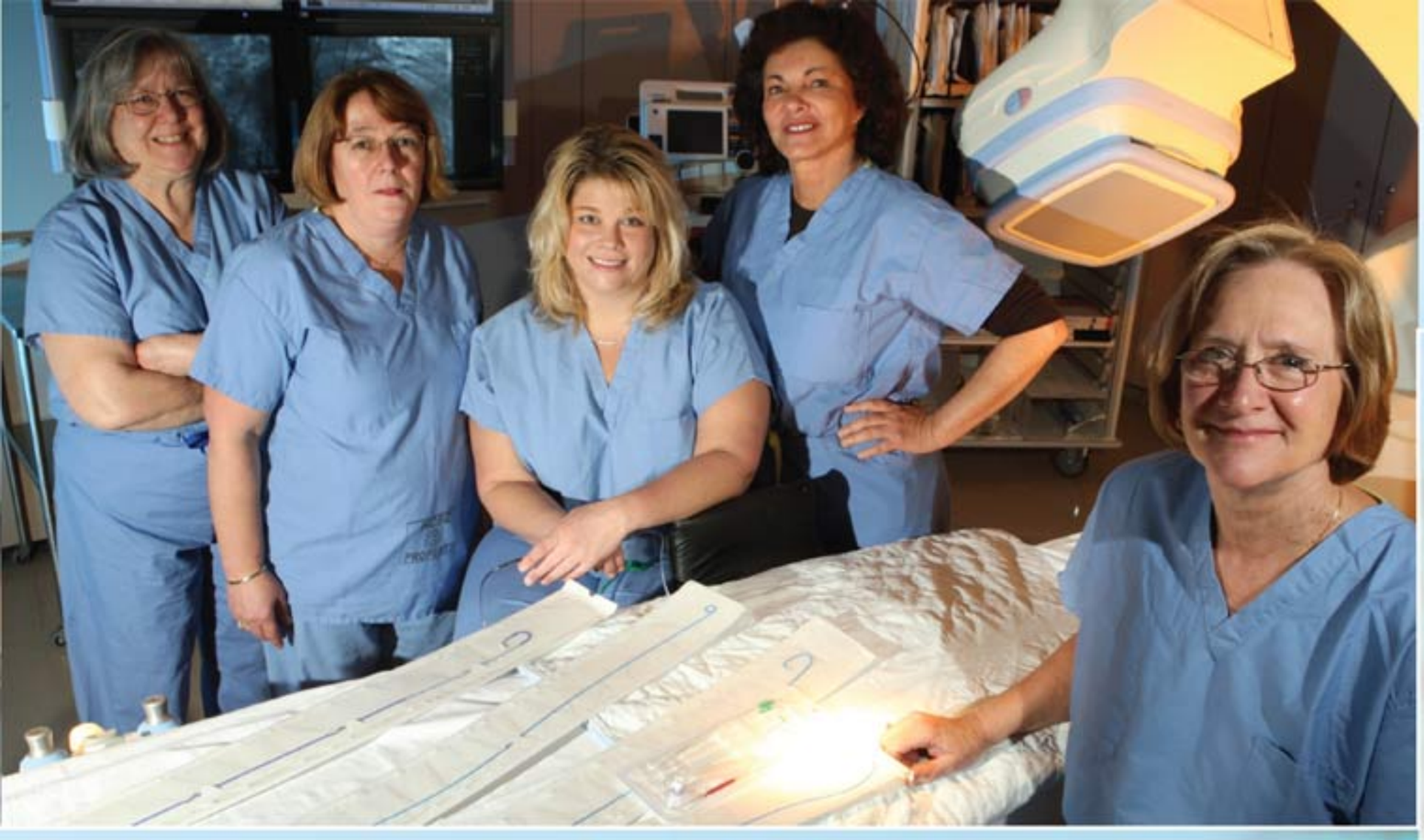
The femoral approach has been the gold standard for many years, and moving to the newer radial technique requires specialized training and advanced skills, according to Dr. Watson, who is among a relatively small percentage of interventional cardiologists in the U.S. performing the technique. She has performed more than 100 radial access procedures since last May.

"Overall, patients experience higher levels of comfort when radial access is used," she says. "When they are in the recovery area after the procedure, they usually can sit up and walk and use the bathroom, while patients receiving the traditional catheterization need to lie completely still on their backs and typically need several hours of bed rest and observation. Thus the new procedure benefits patients with back problems or those who are unable to urinate lying flat."

Cardiac catheterizations can diagnose or evaluate coronary artery disease, congenital heart defects and problems with heart valves, as well as diagnose causes of heart failure. They also are performed to open blocked coronary arteries.

At Monmouth Medical Center, the cardiac catheterization lab's medical team is comprised of highly qualified cardiologists, nurses, technicians and other professionals who possess years of experience in cardiac care. Dr. Watson, whose addition to this team allowed Monmouth to add peripheral vascular intervention with stent implantation to its roster of catheterization procedures, is the medical director for emergent angioplasty services.

A diplomate of the American Board of Internal Medicine, Cardiovascular Diseases and Interventional Cardiology and a fellow and former officer of the Society for Cardiac Angiography and Interventions, Dr. Watson graduated from Harvard Medical School, Boston, and trained in internal medicine at the Hospital of the University of Pennsylvania, Philadelphia. She received her cardiology training at the National Heart, Lung and Blood Institute/National Institutes of Health in



IN PHOTO AT LEFT: RITA WATSON, M.D., WHO IS AMONG A RELATIVELY SMALL PERCENTAGE OF INTERVENTIONAL CARDIOLOGISTS IN THE U.S. PERFORMING A NEWER TRANSRADIAL ACCESS TECHNIQUE, IS SHOWN WITH A PATIENT IN THE CATH LAB RECOVERY ROOM. **RIGHT:** DR. WATSON LEADS THE HOSPITAL'S CARDIAC CATHETERIZATION LAB'S MEDICAL TEAM, WHICH IS COMPRISED OF HIGHLY QUALIFIED CARDIOLOGISTS, NURSES, TECHNICIANS AND OTHER PROFESSIONALS WHO POSSESS YEARS OF EXPERIENCE IN CARDIAC CARE. SHE IS SHOWN HERE WITH THE CATH LAB'S NURSING TEAM.

Bethesda, Md., and was an assistant professor of medicine at New York's Columbia University, College of Physicians and Surgeons, where she was an attending physician in the catheterization lab.

Dr. Watson says that the timely use of emergent angioplasty is an important treatment approach for heart attack patients. "The introduction of the cardiac catheterization procedure has been crucial for the field of cardiology, as it allows us to obtain important information about the heart and its vessels in a minimally invasive way," Dr. Watson says. "As a diagnostic test, it allows us to see the heart as it pumps blood, and assess the arteries that supply blood to the heart. Cardiac catheterization also allows emergent treatment of acute heart attacks with removal of clot, and opening of the blocked artery with balloons or stents."

Catherine Hanlon, M.D., chair of emergency medicine at Monmouth, points out that before Monmouth's designation as a provider of emergent angioplasty, patients suffering a heart attack who were brought to the hospital were treated with clot-busting drugs to restore normal blood flow, a treatment option that is less effective than angioplasty, or were transferred to another facility to undergo angioplasty.

"Emergent angioplasty services at Monmouth Medical Center allows for the timely delivery of state-of-the-art cardiovascular care to our large patient population," she says.

The introduction of transradial access for emergency angioplasty contributes to significantly strengthening Monmouth Medical Center's leadership position in providing cardiac care, according to Sharon Holden, administrative director for Cardiopulmonary and Renal Services. She points to Monmouth's comprehensive outpatient services, including the Joel Opatut Cardiopulmonary Rehabilitation Center, designed for those recovering from heart disease as well as those seeking services to help them learn to improve their cardiac health, and the Cardiac Laboratory, offering state-of-the-art diagnostic services to monitor heart health.

"We're able to offer our community a full range of services from the minute a patient walks through our doors with the first signs of a heart attack through to their treatment, recovery and rehabilitation," she adds.

For additional information about cardiology services at Monmouth Medical Center, an affiliate of the Saint Barnabas Health Care System, call 732-923-6595.

KNOWING HOW HEART ATTACKS CAN DIFFER IN WOMEN CAN SAVE YOUR LIFE

AN IMPORTANT MESSAGE FROM MONMOUTH MEDICAL CENTER

DURING FEBRUARY, American Heart Month is a time to reflect on stories of courage and inspiration as we celebrate those who have made the journey to recovery from heart disease.

At Monmouth Medical Center, we know that countless others are just stepping on to that road to recovery. And we understand that the battle against heart disease is won only with a comprehensive approach that begins with early detection and prompt treatment and continues through heart-healthy maintenance programs.

At Monmouth Medical Center, we understand that women often experience symptoms of a heart attack that differ dramatically from those of men. To reach more women with this life-saving message, we have introduced a women's health initiative that combines the renown of our Jacqueline M. Wilentz Comprehensive Breast Center with our comprehensive cardiac services. All women seen in our breast center are offered a cardiovascular risk appraisal designed to give them an approximation of their personal risk for heart disease based on a series of questions related to known cardiovascular risk factors.

Monmouth took this initiative because we understand that while most women believe breast cancer to be their primary health risk, cardiovascular disease continues to be the leading cause of death in American women, exceeding all forms of cancers combined.

During Heart Month and throughout the year, Monmouth Medical Center remains committed to raising awareness among the women and men of our community of the importance of understanding our own cardiovascular risk.

To learn more about cardiac services at Monmouth Medical Center or about the cardiovascular risk appraisal available at the Jacqueline M. Wilentz Comprehensive Breast Center, call 888-SBHS-123.

LIKE MANY WOMEN, OCEANPORT RESIDENT JENNIE VOZOS, 89, SUFFERED A HEART ATTACK THAT OCCURRED WITH NO SYMPTOMS TRADITIONALLY ASSOCIATED WITH A HEART ATTACK. FORTUNATELY, SHE WAS QUICKLY AND ACCURATELY DIAGNOSED AND RECEIVED LIFESAVING CARE AT MONMOUTH MEDICAL CENTER — INCLUDING THE IMPORTANT HEART FAILURE DISEASE MANAGEMENT PROGRAM THAT ENABLED HER TO COMPLETE HER FULL RECOVERY. SHE IS SHOWN HERE IN MONMOUTH'S JOEL OPATUT CARDIOPULMONARY REHABILITATION CENTER WITH NURSE CAROL DEMAIO.

SAINT BARNABAS HEALTH CARE SYSTEM
Monmouth Medical Center