

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

# MONMOUTH

health & life

Holiday 2009  
\$3.95

London in winter:  
7 delights

A winter-white  
New Year's Eve fête

## GIFT GUIDE 2009

FANTASTIC FINDS FOR:

- kids
- homebodies
- fashionistas
- foodies ... and more!

### Health link

- 'My heart attack': a doc's own story
- Goodbye, back pain!



## Welcome LETTER

### One of the 'Best'

ANOTHER HOLIDAY SEASON IS UPON US, AND AT Monmouth Medical Center, we once again have much to celebrate. Topping the list of 2009 achievements was a system-wide honor, as Monmouth Medical Center was named, along with its sister Saint Barnabas Health Care System facilities, among the "100 Best Places to Work in Healthcare" by *Modern Healthcare* magazine.

*Modern Healthcare* conducts this program to recognize outstanding employers in the health care industry on a national level. From program and service development to employee retention, being named one of the Best Places to Work in Healthcare demonstrates that building a culture in which employees are supported and engaged benefits not only patients and customers but the employers as well.

The program collected information from both the employer and employees and was open to all health care companies—providers, suppliers and payers—with at least 25 employees. Employers completed a survey detailing company policies, practices, benefits and demographics, and employees were asked an in-depth set of questions that resulted in an analysis in eight core areas: leadership and planning, culture and communications, role satisfaction, working environment, relationship with supervisor, training and development, pay and benefits and overall satisfaction.

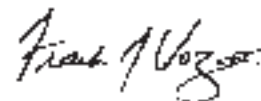
We are extremely proud to receive this distinction, as it clearly illustrates our commitment to providing an exceptional workplace. As a part of the Saint Barnabas Health Care System, Monmouth is the only health care facility in central New Jersey and is among just five in New Jersey to be recognized as a top health care employer.

As executive director of the hospital, I take great pride in the dedication of our staff to Monmouth Medical Center, and I know that it is not advances in technology or facilities that mark truly outstanding health care providers. It is the hospital staff that remains the single greatest asset of Monmouth Medical Center.

From the Monmouth Medical Center family to yours,

I wish you the happiest of holidays  
and the healthiest of new years.

Sincerely,



FRANK J. VOZOS, M.D., FACS  
Executive Director  
Monmouth Medical Center



# Like father, like son

THIS CARPENTERS' UNION LEADER DID WHAT HIS DAD DID, NOT WHAT HE SAID

## WE ALL WANT OUR KIDS

to have something better than our own lot in life, and the late George H. Laufenberg, a union carpenter who headed the New Jersey State Council of Carpenters from 1982 until his death in 1995, was no exception. He hoped his son would be a professional man, not a carpenter like himself.

“He didn’t know if this industry was going to be as successful in the future,” explains that son, Allenwood resident George R. Laufenberg, 59, who himself worked in construction every summer starting when he was 16. “He and my mother did their best.” Laufenberg smiles. “But in *spite* of that, I decided to stay in construction.”

He did earn a college degree—at Susquehanna University, with a major in economics. But the Morristown-born, Paterson-raised Laufenberg also pursued an apprenticeship during time off from school. “I remember waking up at 4:30 or 5 in the morning to drive to job sites,” he says. “Carpentry is what I really enjoyed doing.”

He became a union carpenter in 1972, and followed his dad into labor leadership, first with a three-year stint as a union organizer in Pennsylvania, settling grievances and setting up employee benefit programs. For 25 years he’s been administrative manager of the New Jersey Carpenters Funds in Edison—he now oversees health, pension, annuity and vacation benefits for the state’s 17,000 union carpenters and their families, as well as 5,000 retirees. During his tenure the Carpenters Funds’ assets have increased more than thirtyfold, from \$80 million to \$2.5 billion.

But even though he was following his dad’s path, Laufenberg had his own lessons to absorb along the way—and ironically they led to professional-level achievement. “I



learned that if you’re not involved in the discussion, what you want to happen can get lost,” he says.

A bitter example came in the early ’80s. A new system of payments to hospitals called DRGs (diagnosis-related groups) failed to give the Carpenters Funds what he thought it deserved—preferential rates comparable to those it gave other groups that bought similarly generous health insurance plans.

“Organized labor was not at the table, and as a result we paid more than our fair share,” he recalls.

So Laufenberg got busy. Taking on his current job in 1984, he took financial management courses at the University of Pennsylvania’s

Wharton School, earned certification as an employee benefits specialist from the International Foundation of Employee Benefit Plans and boned up on the hot topic of health policy. Then, in the early 1990s, he helped rectify the problem as a member of Gov. Jim Florio’s Hospital Rate-Setting Commission.

Today, Laufenberg enjoys time with his wife, Pamela, and their four grown children, and relaxes with golf and spy novels. But the professional challenges go on. “With 30 percent unemployment in our industry right now, we’d like to get everybody back to work and have our people retire with the good benefits they deserve,” he says. And his leadership isn’t limited to labor. He also chairs the New Jersey Alliance for Action, a nonprofit pro-growth consortium of business, labor, government and academic leaders, and serves as a trustee of Monmouth Medical Center, which will honor him at this year’s Crystal Ball.

Somewhere, perhaps, the spirit of George H. is winking with pride. ■



Michael Disciglio, M.D., understands better than most patients the critical difference an emergency angioplasty can make—like the one performed on him by Rita Watson, M.D.

## Beating 'the widow maker'

AS A DOCTOR, HE KNEW WHAT HIS OWN EKG MEANT—AND IT WASN'T GOOD

IT'S SAID THAT JUST BEFORE YOU DIE, YOUR whole life flashes before your eyes. But for a local physician who recently suffered a major heart attack, the flashbacks that came before he underwent lifesaving treatment at Monmouth Medical Center dated back just 13 years—to the birth of his son.

Heart attacks are the leading cause of death for both men and women, and Michael Disciglio, M.D., an internist in practice for more than 25 years (see page 27), almost became an addition to those grim statistics. The electrocardiogram performed minutes after he arrived in Monmouth's Emergency Department last April showed that he

was suffering a very massive acute myocardial infarction, the medical term for a heart attack. The EKG revealed a complete blockage of his left anterior descending (LAD) artery, the heart's main artery. Blockages there are so dangerous that the artery has been nicknamed "the widow maker."

Dr. Disciglio was well aware of his dire condition.

**"All I could think about was that I was going to miss seeing my son grow up."**

"I told the ER doctors I was a doctor and wanted to see my EKG," he recalls. "When I did, my eyes popped out—I was shocked. I thought back to my days as a resident right here at Monmouth in 1987. Back then, if we read an EKG like that, we knew the patient was

not going to survive. And all I could think about was my son—that I was going to miss seeing him grow up."

But the good news for Dr. Disciglio, 59, and his only child, 13-year-old Michael Patrick Disciglio, was that treatments for acute myocardial infarctions have come a long way since the 1980s. In 2006, Monmouth joined the American College of Cardiology in launching a national quality-improvement initiative aimed at ensuring that patients in Dr. Disciglio's condition—he had what is called ST-segment elevation myocardial infarction (STEMI)—undergo emergency angioplasty within 90 minutes, a window of time that can mean the difference between life and death.

The ST segment of the EKG specifically measures the LAD, which is how Dr. Disciglio knew his condition. The ER physicians activated the Code STEMI, with the on-call cardiologist and the specially trained cardiac catheterization team called in for emergency treatment. The Code STEMI team that cared for Dr. Disciglio was led by interventional cardiologist Rita Watson, M.D., who acted quickly, performing a lifesaving emergency angioplasty 79 minutes after his diagnosis.

"Dr. Watson did a miraculous job," he says. "The next day my EKG was normal, and after three days I felt ready to go back to work. Of course, she laughed at me." Instead, he took off about six weeks to rest, recover and undergo cardiac rehab at Monmouth's Joel Opatut Cardiopulmonary Rehabilitation Program. (See "Comeback From a Heart Attack," right.)

Dr. Disciglio, a single father who lives in Eatontown, calls himself "the last guy anyone expected to have a heart attack." Most victims have some risk factors, such as smoking or diabetes, or warning signs. But he is a trim, athletic nonsmoker with normal blood pressure and cholesterol. Adding to the irony is his special interest in cardiology—on the night of his heart attack, he had given a lecture on cholesterol at an area restaurant. When he returned home, he started feeling pressure in his chest. But he'd had a negative stress test just a month before, so he ignored it until the pain grew worse and traveled to his jaws and teeth. That's when he decided he needed to get to an emergency room.

"What happens is, you can have plaque attached to your arteries, but no blockage, which is why my stress test was normal," he explains. "But sometimes the attachment ruptures, and the plaque immediately blocks the artery. That's what happened to Tim

Russert," he says, referring to the NBC-TV newsmen who died of a sudden heart attack soon after a normal stress test last year.

"I feel extremely fortunate that I lived long enough to get to the hospital and have this procedure performed," says Dr. Disciglio. "In the time of my residency, a patient like me would have died or been left a cardiac cripple. I was lucky enough to survive—and I get to see my son grow up." ■



### Comeback from a heart attack

The Joel Opatut Cardiopulmonary Rehabilitation Program at Monmouth Medical

Center is designed for people recovering from heart and lung disease, as well as those who want to improve their cardiovascular health through disease-prevention and health-promotion services. The program features state-of-the-art fitness equipment, including treadmills, rowing machines, stationary bicycles and arm ergometers (they work like bicycles for the arms, promoting an upper-body workout).

The unit's staff works closely with doctors and patients in developing exercise programs that meet each patient's individual needs. Workouts are conducted under the supervision of registered nurses specially trained in coronary and pulmonary care. These professionals monitor each person's vital signs to measure the body's response to the exercise.

Monmouth's cardiac rehabilitation program is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) a national multidisciplinary association. Certification recognizes those programs that are rigorously reviewed by a national board and found to meet essential requirements for standards of care.

For information about cardiopulmonary rehab at Monmouth Medical Center, call 732-923-7459.

For more information on cardiac services at Monmouth Medical Center, please call 1-888-SBHS-123 (1-888-724-7123).

SHUTTERSTOCK

# GOODBYE, back pain

THANKS TO TWO SURGICAL INNOVATIONS,  
A SPINAL FUSION PROCEDURE  
HELPS A NURSE FEEL BETTER



**ELIZABETH MALDONADO HAD TRIED** all kinds of medical treatments for the chronic back pain that had plagued her since 2005. She saw pain-management specialists who injected her spine with medications and prescribed oral narcotics. After three years of this, she was no better. In fact, she was worse.

“The pain became so bad that I couldn’t lift my legs,” says the 54-year-old nurse, who lives in Toms River. “I started to drag my legs when I walked.”

When she was referred to Jonathan H. Lustgarten, M.D., section chief of the division of neurosurgery at Monmouth Medical Center, he suggested a common surgery called spinal fusion. Maldonado had been offered that option before, but turned it down. “As a nurse, I had seen that spinal fusion doesn’t always work,” she says. “But then Dr. Lustgarten told me about some new technologies that would help make the procedure more precise and effective. Then I was more comfortable trying it.”

“Surgery is always the option of last resort,” says Dr. Lustgarten. “And it’s true that it doesn’t always work. But two recent developments have turned this long-established procedure into a new and exciting possibility for some patients.”

Maldonado suffered from spinal stenosis, a typically aging-related narrowing of the spinal column that causes pain by putting pressure on the spinal cord and the nerves that extend from it to the rest of the body. Her spine had narrowed severely and an arthritic cyst was compressing her spinal nerves. She also had some structural damage to her spine, which she traces to several falls she took over the years, down stairs and off ladders at home. “Then, in August 2005, I stood up,



Jonathan H. Lustgarten, M.D.

“These two advances help us see better pain relief, better outcomes and a higher percentage of pleased patients.”

my back cracked and the pain started,” she says.

Dr. Lustgarten says that a spinal fusion procedure often consists of two components: The first is a laminectomy, in which the surgeon removes bone and abnormally thickened ligaments from the spine to relieve the compression on the nerves. The second is fusing the damaged area of the spine with bone tissue supplemented by hardware—rods and screws—to provide stability. “These procedures have been done for a long time,” he says.

But here’s where the new technology comes in. In the past, the surgeon had to harvest large quantities of bone from the patient’s hip to create the graft. “That harvest can cause pain and increase the chance of complications,” he says. Now, though, surgeons can use only the bone they already removed during the laminectomy by supplementing it with a bone morphogenic (that is, structure-creating) protein (BMP) at the fusion site. BMP interacts with specific receptors on the bone cell surface to encourage bone growth and heal fusions faster.

“This is a significant advance,” Dr. Lustgarten says. “Six months after the surgery, you see terrific fusion and much less pain, and that’s often sooner than before we used BMP.” BMP is not used in every spinal fusion, he says. Depending on the site of the operation, it may cause more bone growth than is needed, and it may trigger other side effects. “I use it in about half of these surgeries,” he says.

Next comes the hardware placement—and the second major technological breakthrough. A portable computed tomography (CT) scan called an O-Arm helps the surgeon place the screws and rods within the bony structures more accurately. The scan produces images in real time, so the surgeon sees exactly where he or she is during the operation. “And when we’re done, we perform a final scan to prove it’s where we want it, while we are still in the OR, and we can fix it right then if necessary,” says Dr. Lustgarten. “We get a level of accuracy that is

beyond what was achieved previously, which means less chance of error or injury to nearby structures.”

Spinal fusion still has a mixed reputation, the doctor concedes. “But I think these two advances put together help us see better pain relief, better outcomes and a higher percentage of pleased patients.”

Count Maldonado among them. The single mother of three children ages 19 to 27 had her surgery on March 23. She says she was pain-free six weeks later and has almost wholly remained so.

“I get a bit achy in the cold weather, and I can’t do all the yoga moves I once did, but I feel great,” she says. “I can do my job perfectly, and I’m an inch taller now that they’ve straightened me all out. I should have done this a long time ago.” ■

## New role for a new tool

Two years ago, Monmouth Medical Center became the first hospital in New Jersey to acquire a new computed tomography (CT) scanning device called an O-Arm, which shows the surgeon real-time images while he or she is operating. After performing more than 100 spinal fusions using the new scanner, Jonathan H. Lustgarten, M.D., section chief of the division of neurosurgery at Monmouth Medical Center, and his partners have begun using the technology in a new and exciting way. “We now can do spinal fusion in a delicate area more accurately than we could before,” he reports.

That area is the upper cervical spine where the spine joins the skull. There the brain, spinal cord and critical blood vessels all converge. “Any injury there can be devastating or fatal,” he says. “There is a very low tolerance for any error when placing the screws and rods. Now we can visualize with real-time images and place this hardware with unprecedented precision.”

He and his partners—David Estin, M.D., and Ty Olson, M.D.—have been using the O-Arm since it was introduced at Monmouth. “This new technology allows us to continually refine the way we do both common procedures and more unusual and complex ones,” says Dr. Lustgarten.

To find out more about treatment options for back pain at Monmouth Medical Center, call 1-888-SBHS-123 (1-888-724-7123).



## Happy hospital?

WORKING IN A MEDICAL CENTER CAN BE SATISFYING—AND THAT'S GOOD FOR PATIENTS

WE MAY NOT CARE MUCH IF THE GROCER IS grumpy or the mailman is morose. But when we trust hospital staffers with our life and health, we'd like them to be at their best. That's why it was good news for the community when *Modern Healthcare* magazine, a key health-industry trade journal, recently recognized the Saint Barnabas Health Care System, which owns Monmouth Medical Center, as one of the "100 Best Places to Work in Healthcare" for 2009.

This report acknowledges workplaces in health care that enable employees to perform at their optimum level and provide patients with the best possible services. "It's an affirmation that we're on the right track as an organization," says Frank J. Vozos, M.D., Monmouth's executive director. "Of course, we have to keep working hard to stay there."

Making a medical center employee-friendly has its challenges, especially in a time when resources are

tight and the nation's health care system is in turmoil. Clearly, such a workplace will never be stress-free. But the management of Saint Barnabas—and Monmouth—is committed to assuring a satisfied workforce in which every person knows how much his or her efforts count.

"We deliver very sensitive human services," says Sidney Seligman, senior vice president for human resources for the Saint Barnabas system. "We can't make our patients satisfied if our staff are ill-treated. For that reason, we try to be as supportive of staff as possible."

To find the finest health care employers, *Modern Healthcare* worked with the Best Companies Group, a Harrisburg, Pa.-based firm that conducts regional "best places to work" assessments across the country. For companies that volunteered to participate, the firm did two surveys: a questionnaire for the participating employer and a satisfaction survey of that employer's workers.

"They asked a wide range of questions about things like staff training and development, benefits and services we offer employees," Seligman says. As examples of services provided by Saint Barnabas, he notes onsite banks, dry cleaning and pharmacies to help staffers (75 percent of whom are female) balance family obligations and work duties. But most important, he believes, is that "we try to imbue our department leaders with a sense of obligation to support their staff, to be perceived as being in their corner, to help staff in their day-to-day professional and personal lives."

"Saint Barnabas' size and breadth of services also allow us to encourage employees' career development with tuition reimbursement and education opportunities that help them move within the system to achieve their professional goals," says Glenn Oppito, Monmouth's vice president of human resources.

"Monmouth is one of most loyal places I have ever worked," he says. "There are people who have been here 20, 30, even 40 years. That says something."

Oppito is especially proud of Monmouth's rewards and recognition program, which acknowledges the achievements of individuals and groups within the hospital. "We make sure they understand how appreciated they are," he says. "It all goes back to our core value of providing the very best in patient care." ■

To learn more about the care available at Monmouth Medical Center, please call 1-888-724-7123.

## Meeting primary care's challenge

FOR THIS MONMOUTH PRACTICE, THERE'S NO JOB LIKE BEING SOMEONE'S MAIN DOCTOR

AS HEALTH CARE REFORM PROMISES TO expand the number of people with health insurance, primary care physicians' offices have become the front lines of social change. These doctors aren't medicine's flashiest or best-paid, but they're the ones charged with coordinating our care. And unfortunately, their ranks are shrinking just when we need them most.

Monmouth Medical Group, an internal medicine practice, can't solve the country's whole problem, but its five doctors are determined to keep doing what they do. "It's everyday good medicine—the mundane but important things that keep people well," explains lead physician Barbara Courtney, M.D. "We treat chronic health conditions such as high blood pressure, diabetes and heart disease, counsel patients on disease prevention and do all the recommended screenings and immunizations. We see everyone from teenagers through the elderly. We're generalists—that's what internal medicine is."

The practice was founded in 1983 by Eric Burkett, M.D., who now also serves Monmouth Medical Center as vice president of medical affairs. The group became part of the medical center in 1994. All five of its members are board-certified in internal medicine, and Drs. Burkett and Courtney in geriatrics as well.

"We are the doctors who care for the largest part of the population," says Michael Disciglio, M.D., of his chosen calling of primary care. He says he doesn't know exactly how the expected sudden increase in patients will be handled. "The government may offer incentives for doctors to go into primary care," he says. But as far as he and his colleagues are concerned, "taking care of people is what motivates us."

"One of the beauties of internal medicine is that you become attached to families," adds Dr. Courtney. "You feel a sense of loss when people die. A lot of things going on in medicine today are counterproductive to establishing that relationship."

She tells of a woman who suffered such severe



The doctors at Monmouth Medical Group

**MICHAEL DISCIGLIO, M.D., 59**  
M.D.: American University School of Medicine, 1984  
Residency: Monmouth Medical Center, 1984–1987  
Joined practice: 2005

**GERLANDO PARISI, M.D., 49**  
M.D.: American University of the Caribbean School of Medicine, 1989  
Residency: Seton Hall, 1990–1993  
Joined practice: 1995

**ERIC BURKETT, M.D., 64**  
M.D.: Hahneman Medical College, 1971  
Residency: Monmouth Medical Center, 1971–1976  
Founded practice: 1983

**BARBARA E. COURTNEY, M.D., 63**  
M.D.: Hahneman Medical College, 1977  
Residency: Monmouth Medical Center, 1977–1980  
Joined practice: 1995

**PAUL BARNICKEL, M.D., 52**  
M.D.: St. George's University School of Medicine, 1983  
Residency: Jersey Shore Medical Center, 1983–1986  
Joined practice: 1986

anxiety she could barely leave her house. Dr. Courtney treated her with medication. "She came back six months later and said, 'I can't believe it—I went to a wedding and had great time,'" the doctor recalls. "She told me, 'When they toasted the bride and groom, I was toasting you!' Stories like that just make your day. I feel it's a privilege to be a part of my patients' lives." ■



## PROSTATE CANCER SURVIVORS gather to thank docs

FOUR MONMOUTH MEDICAL CENTER UROLOGISTS CELEBRATE THEIR  
2,000TH SUCCESSFUL ROBOTIC PROCEDURE WITH THE DA VINCI SURGICAL SYSTEM

HUNDREDS OF PROSTATE CANCER SURVIVORS congregated at the Meadowlands Sheraton in East Rutherford on November 7 to thank the surgeons who made their survival a reality.

The surgery that saved them was robotic prostatectomy, a technique that has fast become the procedure of choice for prostate cancer patients. And the doctors they came out to celebrate were the four Monmouth Medical Center urologists who pioneered this procedure in New Jersey: Vincent J. Lanteri, M.D.; Michael P. Esposito, M.D.; Mutahar Ahmed, M.D.; and Gregory

Lovallo, M.D., of the New Jersey Center for Prostate Cancer & Urology (NJPC&U).

The event marked the doctors' 2,000th successful procedure—the most of any practice in the state. In addition to meeting each other and sharing personal experiences, all those in attendance had the opportunity to “test-drive” the robot that helped to save their lives, the da Vinci S Surgical System.

But these surgeons' influence extends beyond those whom they've operated on personally: The doctors also teach one of the few courses on this robotic tech-

nique offered in the U.S. and have published the very first textbook on the subject.

Nearly 200,000 men are diagnosed with prostate cancer in the U.S. annually. In 2005, *M.D. News* magazine predicted that the robotic approach would be the future of prostate cancer surgery—and indeed, this has proven to be true, for many reasons, says Dr. Lanteri.

“In general, risks and complications are reduced, and recoveries are easier and shorter,” he says. “For instance, long-term incontinence and impotence are much less likely, there is less pain and risk of infection, the procedure is considered ‘bloodless’ due to minimal blood loss and the return to normal activity is much quicker.”

In 2006, Monmouth Medical Center, one of New Jersey's largest academic medical centers, became the first hospital in Monmouth and Ocean counties to introduce the minimally invasive robotic surgery with the da Vinci S Surgical System. This remarkable system uses computer and robotic technologies to enhance a surgeon's skills. It creates a 3-D image of the surgical field and lets the surgeon get closer to the surgical site than human hands and vision permit. It also allows for more dexterity thanks to its EndoWrist instrumentation, which can move in more directions than a human wrist can, allowing for increased control in manipulating instruments and the ability to place sutures in more complex cases than is possible with traditional laparoscopy. As a result, the surgeon's hand motion is seamlessly translated into movements more smooth and precise than any unaided human hand could achieve.

Now, three years later, Matawan resident Louis Dimino became NJPC&U's 2,000th success story when he underwent his robotic prostatectomy at Monmouth Medical Center.

Louis credits his wife, Patty, with taking the initiative to research all the treatment options thoroughly in the days following his cancer diagnosis, thereby allowing him to consider his best course of action. They heard strong recommendations for NJPC&U from friends of theirs who were former patients, some of whom were speaking about their con-

“Risks and complications are reduced, and recoveries are easier and shorter with robotic prostatectomy.”

—Vincent J. Lanteri, M.D.

ditions for the first time.

“Men don't talk as easily about these things as women do,” Patty says. “But get a bunch of them together and man, did they share! It helped us know what to expect and what we wanted to do.”

According to a recent study, robotic prostatectomy surgery patients have a 14 percent higher rate of cancer removal and, on average, regained urinary function

in about a month and a half—four times as fast as open-surgery patients. Robotic patients also experienced an increase in nerve sparing, which resulted in a lower incidence of sexual dysfunction compared with open-surgery patients, half of whom experienced impotence two years later. ■

### Why testing matters

When prostate cancer is detected in its earliest stage, the potential for survival dramatically increases—a process that begins with regular testing.

Men age 50 and older are encouraged to undergo an annual physician's checkup that includes prostate cancer testing. Men at high risk for the disease, including African-Americans and those with a family history of prostate cancer, should begin routine testing at age 40.

While one in six men will develop prostate cancer during their lifetimes, only one in 34 will die of the disease—underscoring the importance of early detection and treatment. In fact, when the malignancy is found while still confined to the prostate, the five-year survival rate is 100 percent, according to the American Cancer Society.

Prostate cancer is second to skin cancer as the most common type of cancer among American men—and the second most fatal, after lung cancer. In New Jersey, prostate cancer is diagnosed in about 6,000 men annually, claiming about 800 lives each year.

To learn more about robotic surgery or to schedule a consultation, call Monmouth Medical Center at 1-888-SBHS-123.

# What's HAPPENING at Monmouth Medical Center

## CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990 unless otherwise noted.

- **One-Day Preparation for Childbirth** December 13, January 24, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) December 5 and 12, January 9 and 16, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) January 5, 12, 19, 26 and February 2, 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** January 10 and 17, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).
- **Eisenberg Family Center Tours** December 6 and 20, January 10 and 24, 1:30 p.m. Free. (No children under 14 years old.)
- **Baby Fair** February 28, 1–3 p.m. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments and gifts. To register, call 1-888-SBHS-123, then choose prompt #4. (No children under 14 years old.)
- **Make Room for Baby** December 19, January 23, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** January 30, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** January 6, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **Baby Care Basics** (two-session program) December 12 and 19, 1–3 p.m.; January 7 and 14, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding Today** February 4, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** December 9, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** January 11, 7–9 p.m. \$30/person, \$40/couple.
- **Parenting Young Children Through S.T.E.P.** (five-session program) February 10, 17, 24, March 3 and 10, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.
- **NEW: The Happiest Baby on the Block** December 10, 7:30–9:30 p.m., \$40/couple, includes DVD and *Soothing Sounds* CD (\$40 retail value). Learn an extraordinary approach to keeping your baby happy based on the book by Harvey Karp, M.D.
- **Adoptive Parenting** Private, two-session programs conveniently scheduled to accommodate your needs. \$150/couple.
- **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Convenient appointments available; call the Center for Diabetes Education at 732-923-5025. Fee required.

## JUST FOR KIDS

(Also see sibling preparation programs above.)

- **Safe Sitter** (one-session program) January 30, 9 a.m.–

4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123, then choose prompt #4. \$50/person. (Bring snack and bag lunch.)

## GENERAL HEALTH

- **Parenting Education Series** “Current Drug Trends,” December 4, 6–8 p.m. Cosponsored by The Coastal Monmouth Alliance and Monmouth Medical Center, with speakers from the Monmouth County Prosecutor’s Office. At Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration required; call 1-888-SBHS-123, then choose prompt #4.
- **Free Glucose Screening** December 8, January 12, 10–11:30 a.m. At the Center for Diabetes Education, Monmouth Medical Center, Diabetes Education Classroom, Maysie Stroock Pavilion, corner of Pavilion and Second avenues, Long Branch.
- **Releasing Worry, Finding Peace** December 8, 7–9 p.m. At Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration required; call 1-888-SBHS-123, then choose prompt #4. \$10/person.
- **Free Child Car Seat Inspection** December 17, 11 a.m.–1 p.m. Offered through a cooperative effort of the Long Branch Police Department, the New Jersey Division of Highway Traffic Safety, The Children’s Hospital at Monmouth Medical Center and Monmouth Medical Center’s Safe Kids Chapter. At Long Branch Union Fire Company, 199 Union Avenue, Long Branch.
- **The Healing Properties of Food, Holistic Stress Busters**, January 6, 7–9 p.m., January 14, 7–9 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register for any session, call 732-842-4000, ext. 1. Fee required.
- **Diabetes Self-Management Series** Four-session program focusing on nutrition, glucose monitoring, medications, meal plans, prevention/treatment of complications, dining out and exercise. For dates and times, call the Center for Diabetes Education, 732-923-5025. Fee required.

## SENIOR HEALTH

- **Depression: Not a Normal Part of Aging** January 20, 1 p.m. SCAN.\* Free.
- **Obesity and Weight Management** January 27, 1 p.m. Presented by Zorica Mercadante, M.D., internal medicine. SCAN.\* Free.
- **Introduction to Energy Medicine** February 3, 1 p.m. SCAN.\* Free.
- **Heart Attack Prevention Strategies** February 10, 1 p.m. SCAN.\* Free.
- **Health Information on the Internet: The Good, the Bad, the “Don’t Go There”** February 24, 1 p.m. SCAN.\* Free.

\*SCAN Learning Center (Senior Citizens Activities Network, for those age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs, call 732-542-1326. SCAN membership is not required. ■