

MONMOUTH

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Readers' Choice Awards

The BEST of Monmouth



TRY THEM AT OUR PARTY AND EXPO ! *details on page 7*



10 Jersey adventures • Roller derby in Asbury Park • An ER gets faster • A better way to treat tumors

Welcome LETTER

A notable honor

MONMOUTH MEDICAL CENTER RECENTLY learned that it has earned a Thomson Reuters 2009 Healthcare Advantage Award. These Healthcare Advantage Awards are given each year to organizations—including hospitals, health systems, health plans, large employers and government agencies—that use data analytics to improve operational results and the quality of health care.

Monmouth Medical Center—along with Saint Barnabas Health Care System affiliates Clara Maass Medical Center, Newark Beth Israel Medical Center and Saint Barnabas Medical Center—was honored for clinical performance in cardiology, obstetrics and surgery. The awards were presented in San Diego in May at the annual meeting of Thomson Reuters, which produces information, benchmarks and analysis that enable organizations to manage costs, improve performance and enhance the quality of health care.

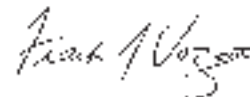
This is yet another achievement that attests to Monmouth's commitment to excellence. In 2005, Monmouth Medical Center was selected for the Solucient 100 Top Hospitals Performance Improvement Leaders Award, as the Thompson Reuters' recognition was then known. This award program is designed to identify hospital leaders—CEOs, executive teams and boards—who have instilled a true culture of performance improvement across their organization over five consecutive years, and Monmouth is so proud to be recognized by this organization for another five years.

Hospitals honored by Thomson Reuters, as shown by objective statistical national comparisons, have improved hospitalwide performance consistently, year after year, at a substantially faster rate than peers across the U.S. Those selected, according to information prepared by the company, have brought increasing value to the community year after year.

Monmouth continues to make great strides year after year, and I am so grateful to our board of trustees, medical executive committee and senior management team for the exceptional, dynamic leadership they provide. We are extremely proud to again receive this prestigious distinction, as it clearly illustrates our commitment to providing quality care and our success in cultivating a culture of excellence that we have

worked so diligently to achieve.

Sincerely,



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



Baby gifts

TO HELP TOMORROW'S INFANTS, A MOM CARRIES ON A FAMILY TRADITION OF PHILANTHROPY



Members of the Hovnanian family get a tour of the Neonatal Intensive Care Unit at the Monmouth Medical Center in Long Branch.

SIRAN HOVNIANIAN SAHAKIAN STILL RECALLS

how proud she was as a 7-year-old the day her father donated a piano for the auditorium of her public school.

“He was just starting out and didn’t have a lot of money, but the school needed the piano,” she says. “It was my first taste of giving back, and we’ve done it ever since.”

Today that tradition inspires Sahakian as she spearheads fundraising for an expansion of Monmouth Medical Center’s Neonatal Intensive Care Unit (NICU), which cares for more than 500 premature infants each year.

Her dad, Armenian immigrant Hirair Hovnanian, became a major philanthropist after achieving success as a home builder. Now retired, he leaves his real estate business in the hands of Sahakian’s brother and three sisters while he concentrates on the Hirair and Anna Hovnanian Foundation, named for him and his wife. Sahakian, a Monmouth County resident and mother of four, is one of the directors.

“We’re proud of our heritage, and most of the foundation’s activities are directed toward Armenian causes,” she says. “But it’s also our responsibility—and honor—to help our own country, and I handle the American donations.”

It wasn’t hard to find a local cause worth funding. “My family and I lived a large part of our lives in Deal, so Monmouth Medical Center was only one town away,” explains Sahakian, who has served on the medical center’s board since 2005. “It’s a leading teaching hospital and the care there is top-notch.”

Monmouth’s NICU is the oldest such unit in the state, and was the first in a community teaching hospital in the nation. “The miracles accomplished by the NICU doctors astound me,” says Sahakian. “Some of those babies are born as early as 24 weeks, weighing only 1 pound, and yet they’re able to survive. I just want to do my part to help this department grow and thrive.” ■

‘WHY I GIVE’

Siran Hovnanian Sahakian took a few moments recently to chat with Monmouth Health & Life about her support of Monmouth Medical Center’s Neonatal Intensive Care Unit:

MH&L: *What motivates you to give?*

“My father’s example. He came to America 50 years ago without a penny to his name. He started working in construction—one of his first jobs was as a foreman on the Connecticut Turnpike—and eventually established a

building business. He’s always taught us to share what we have.”

MH&L: *Why focus on a pediatric area?*

“I’ve been blessed with four healthy kids, but I know how terrible I feel when one of them gets even a stomach virus. When a child is seriously ill, parents’ fear and confusion must be overwhelming. I see it through a mother’s eyes.”

MH&L: *How do you hope to make a difference in the NICU?*

“It already has the best equipment and

doctors—including Carlos Alemany, M.D., the medical director, who is a knowledgeable and reassuring presence. But the NICU needs more space to keep up with growing demand. Plans are under way to add rooms and beds so that more babies can be cared for and parents may have increased privacy. Of course, in the current economy raising money is not easy, but if we all do our part, we can meet our goal.”

A better way to treat tumors

TODAY, INTENSE, FOCUSED RADIATION BEAMS ARE USED TO DESTROY LUNG-CANCER CELLS

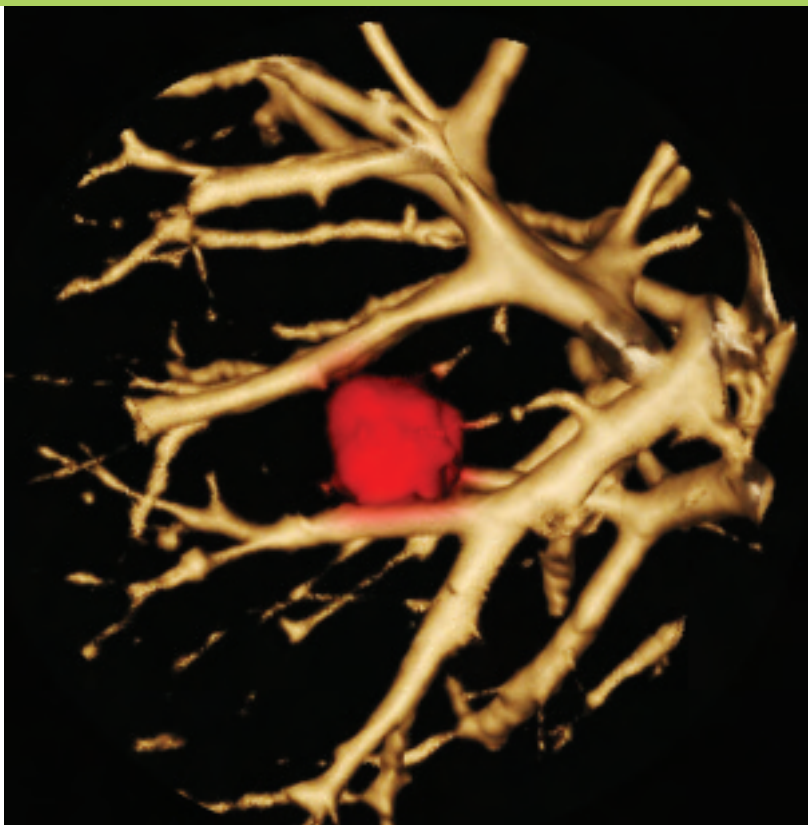
SIX MONTHS AGO, WHEN L. JAMES WILSON learned that his lung cancer had recurred, he feared that he would need a big operation to remove the new tumor. Earlier tumors in his lung had been treated with radiation, and radiation usually cannot be done in the same area twice because of the damage it does to surrounding tissue. But fortunately, the 75-year-old Long Branch resident had another option: a noninvasive procedure called stereotactic body radiosurgery with Monmouth Medical Center's new TomoTherapy delivery system.

It's a form of radiation therapy that focuses high-powered X-rays directly at the tumor, says Mitchell Weiss, M.D., chair of radiation oncology. "We call it radiosurgery because we use radiation *as if* it were surgery, to eradicate a tumor without harming surrounding tissue," he explains.

In traditional lung radiation treatment, beams are sent into a wide area around the tumor to be sure the cancerous cells are fully irradiated. But that means healthy tissue nearby also gets hit, causing possible side effects that include fatigue, skin redness and reflux symptoms in the short term, plus long-term scarring of heart or lung tissue.

Because it is more precise than other radiation delivery systems, TomoTherapy better focuses the radiation on the malignancy so that surrounding tissue is spared. Accuracy is such that the radiation margins—the amount of tissue outside the tumor that is exposed to radiation—are cut from 1 or 2 centimeters to only a few millimeters in lung radiosurgery, Dr. Weiss says. (He adds that in treating brain tumors, where stereotactic radiosurgery was pioneered, those margins can be reduced to almost zero.)

That accuracy also allows the radiation oncologist to increase the dosage significantly. For lung tumors, standard dosages of radiation, measured in units called centigray, are 180 to 200 centigray per treatment, Dr. Weiss says. Wilson received 1,200 centigray per treatment, decreasing



the total time of treatment to only four sessions. Standard radiation therapy can require 20 to 30 sessions, depending on the type and location of the cancer. Stereotactic radiosurgery can be done in one to five sessions.

The secret is in advanced technology that combines a CT (computerized tomography) scanner with a radiation treatment machine. As the doctor explains, tumors move slightly inside the body. With stereotactic radiosurgery, patients have a daily CT scan just before each treatment to locate the tumor precisely. The CT computer creates a 3-D map of the tumor site, which allows the radiation oncologist to determine the exact treatment area.

Patients do have to remain as still as possible, and the lungs continue to expand and contract as the patient breathes. To reduce movement, Wilson was placed in a specially made body cast that allowed him to take only shallow breaths during each five- to 10-minute session. But "it wasn't uncomfortable at all," he recalls.

Because of its precision, radiosurgery can be done repeatedly. So if Wilson develops other localized lung lesions, Dr. Weiss can remove them as well. "This tool offers him a much better chance of controlling his cancer than he'd have without it," he says. ■

To obtain more information about stereotactic radiosurgery at Monmouth Medical Center, please call 1-888-724-7123.

GENEROUS GIFT

BECAUSE A KIDNEY DONATION GAVE HER SON A NEW LIFE,
A LOCAL WOMAN PROVIDES A KIDNEY TO A STRANGER

WHEN MONMOUTH BEACH RESIDENT BETH ARD met Lyanna McDuffie for the first time on May 14 at a reception at Newark Beth Israel Medical Center, the two women hugged and cried. Then McDuffie gave Ard a clock as a present, because she'd already received a gift from Ard: the gift of life.

Ard, 54, and McDuffie, 24, were just one of six pairs of living donors and recipients who made up a rare six-way kidney transplant chain. This remarkable medical event took place over two days, March 12 and 13. It involved three hospitals—New York's Weill-Cornell Medical Center, and two affiliates of the Saint Barnabas Health Care System: Newark Beth Israel and Saint Barnabas Medical Center in Livingston. (Monmouth Medical Center is also part of the Saint Barnabas system.)

Living donation, when possible, is the best option in transplantation, because the organs typically start functioning immediately, while those removed from deceased donors may take longer to regain function, says Stuart Geffner, M.D., the health system's director of kidney and pancreas transplant surgery. But donor and recipient usually must have the same blood type, and people who need a kidney often don't have a willing friend or relative who's a match.

Fortunately, Saint Barnabas Health Care System offers an alternative for transplant candidates and their living donors if they are not a match. They can register in the Living Donor Kidney Exchange Program, where an effort will be made to combine them with other incompatible pairs so that participants can be cross-matched. For someone who needs a kidney transplant, being paired with a living donor through this program can significantly shorten the wait.

The story actually began three years ago, when Ard's then 16-year-old son, Daniel O'Halloran, was diagnosed with



Kidney donor Beth Ard, right, had a joyous recent meeting with Lyanna McDuffie, left, with whom she'd "paired," and Lavuria Cure, who received her kidney.

kidney disease. He needed a kidney, and Ard offered one of hers—but she had the wrong blood type.

"I was devastated," says Ard, a director at Jersey Central Power and Light. Her husband, Don Lynch, president of the utility, and Ard's three other children and stepchildren couldn't help either. "And I have 10 brothers and sisters. Out of them and their spouses, only one person was a match," she recalls. Her brother John donated, and

"For someone to say, 'I don't need two kidneys, can you find me someone to donate to?'—that is remarkable."

Daniel is now a healthy University of Delaware student.

The experience taught Ard how hard it is for those needing a kidney to find a donor. Indeed, about half of the 100,000 people on the national waiting list will die before they get a kidney. "I decided to donate to someone else, to thank my brother for what he did for Daniel," she says. A year ago, she read about McDuffie in the *Newark Star-Ledger*. Ard e-mailed her and offered her help, but again she was the wrong blood type. McDuffie, however, knew about the Kidney Exchange Program. So Ard got more information and applied to be McDuffie's partner.

Ard underwent months of physical and psychological testing, never wavering from her plan. "I told my son you have to pay it forward," she says.

In October, she learned she had been approved. Then Newark Beth Israel's transplant coordinator, Tatiana Alvarez, began looking for other pairs to match through the National Kidney Registry in conjunction with the New Jersey Organ and Tissue Sharing Network.

"I have good news—we have found you a potential recipient," Alvarez wrote in a January 26 e-mail. Ard knew that the exchange could involve more than two pairs. But when she was told to prepare for a surgery date of March 13,

she learned just how big it would be.

Today's laparoscopic approach makes the procedure less invasive and speeds recovery, says Dr. Geffner. He made four very small incisions in Ard's abdomen and threaded a camera and surgical instruments through them to detach her kidney. He then opened one of those incisions just wide enough to slip his hand in and extract the kidney, which was implanted in the recipient within an hour.

"With the old way, donors stayed in the hospital for four to five days and recovery took six weeks," Dr. Geffner says. "This way they stay one night and recover in one to two weeks. There is much less blood loss and pain."

"I did not have a single moment of pain," Ard says. "The only issue was that the anesthesia made me nauseous. I was tired for about two days, but after that I felt fine."

She learned that McDuffie was doing well too. And at the May reception, Ard met the woman who had received her kidney. "She was sitting with her mom and her son, who had given his kidney as part of the chain," Ard says. "We hugged, and she said she feels much better."

Even the surgeons were touched by the ceremony. "This is one of the very few things that get me really juiced up," says Dr. Geffner. "We see truly altruistic donors maybe three to six times in a year, out of 125 transplants we do," he says. "Relatives and best friends donate often, but for someone to say, 'I am healthy, I don't need two kidneys, can you find me someone to donate to?'—that is remarkable."

McDuffie knows just how remarkable. The inscription on the clock she gave Ard reads: "Thank you for taking the time to save a life." ■



ALAMY



Quicker Care

HOW A HOSPITAL EMERGENCY ROOM IMPROVED SPEED AND EFFICIENCY

WHEN YOU NEED EMERGENCY MEDICAL care, you want it fast. So it was bad news, a few years ago, when a Harvard study revealed that average wait times in the nation's hospital emergency departments had gone up 4.1 percent a year for seven years. At Monmouth Medical Center, however, a major renovation and upgrade have now helped the emergency department sharply reduce waits, bringing faster and more efficient care to sick and injured patients.

Average turnaround time—the time it takes to be registered and entered into the computer system, evaluated by a doctor or nurse, treated and either released or admitted to the hospital—dropped from 5.4 hours in 2007 to just below 3 hours in 2008, says Rich Heimbuch, the ED's administrative director. And for low-acuity patients—those with less serious conditions, such as ankle sprains

or minor cuts and scrapes—turnaround time averaged 3.4 hours in 2007. Last year it was below 90 minutes.

Launched three years ago, the recently finished renovation came in response to a big demand increase:

Nationwide, about 14 percent of emergency-room patients end up being admitted to the hospital.

In two decades, the number of patients seeking care at Monmouth's ED had jumped from 28,000 to 48,000 a year. "The change has led to happier patients, based on our satisfaction surveys," Heimbuch says. In '07, 79.8 percent of patients said they were satisfied with the care they received; for '08 that rose to 86.1 percent. The renovation has also helped the hospital handle more emergencies. Volume was up 6.5 percent in 2008, Heimbuch says, and in the first quarter of 2009 it was up 5 percent over that same quarter in 2008.

"Improving our productivity was critical," says Catherine Hanlon, M.D., Monmouth's chair of emer-

gency medicine. "We took pains to ease any gridlock—patients being delayed anywhere, from triage to patient care to seeing a physician to treatment to admission or discharge. The numbers suggest that we've improved at all those points."

But the ED team is not resting on its laurels. It hopes to reduce turnaround time even more, to 2.5 hours overall and 75 minutes for low-acuity patients, Dr. Hanlon reports. Reaching those goals will be easier thanks to another improvement just being completed: the creation of a special low-acuity area. "It will be helpful to have a single place to treat these patients," says the doctor.

The renovation was broken into three phases so as not to interrupt current care, Dr. Hanlon explains. In phase 1, the core patient care areas were remodeled and the nursing stations and registration area rebuilt. Phase 2 tackled the rest of the patient care area, the triage area and half of the waiting room, while in phase 3 the waiting room was finished and the low-acuity care area was created.

"As our volume has increased, we've seen the need for different types of space," Dr. Hanlon says. "For example, the demand for our pediatric services grew, so we made a special area for children, with a separate registration and waiting room and seven dedicated beds, staffed by pediatric emergency specialists, as part of The Children's Hospital at Monmouth Medical Center."

The department also upgraded workstations for better computer networking. "Information handling is much better now," says the doctor. "Patients can go straight to a treatment room and get registered there while being seen by a doctor or nurse. Physicians can look at X-rays or CT [computed tomography] scans immediately on a bedside computer and update a patient's chart right there at the bed."



A renovation has helped make Monmouth Medical Center's Emergency Department bigger, speedier and more patient-friendly.

Rooms were expanded to get stretchers in and out more easily and to better accommodate technology such as portable ultrasound, cardiac monitors and the bedside computers.

"We've strengthened Monmouth's role as the emergency department of choice for everyone in our vicinity," says Frank J. Vozos, M.D., the medical center's executive director. "And we're proud that our renovation has achieved such dramatic results." ■

Donors who made the difference

The recent renovation of Monmouth Medical Center's emergency department was made possible by an extraordinary \$3.5 million donation from Morgan Cline and Ben D'Onofrio, whose names it now bears as the Cline-D'Onofrio Emergency Services Pavilion.

"I can't say enough about those two gentlemen," says Catherine Hanlon, M.D., chair of emergency medicine at Monmouth. D'Onofrio, 82, and Cline, 78, drew on the fruits of highly successful careers, first separately and then as a pair who restored and sold homes, from Hoboken brownstones to country estates.

As age has slowed them down a bit, they've turned their energies to philanthropy. Both of them have been treated at Monmouth for various health problems, and they were so pleased with the care they received there that they decided to help out.

"We've reached an age where we want to share what we've made, and we want to enjoy seeing it used," Cline has explained.



Super-safe childbirth

'LABORISTS' CREATE A NEW MODEL OF OBSTETRIC CARE, IMPROVING PATIENT SAFETY

IF YOU'VE BEEN TO A HOSPITAL RECENTLY, you may know about hospitalists—a team of physicians who are available at all times to help treat you when your doctor can't be there. That model of care has now arrived in the labor-and-delivery suite in the form of laborists.

Laborists are accredited, experienced obstetricians who stay at the hospital to help deliver babies. Their help may be needed for a variety of reasons, says Robert A. Graebe, M.D., chair of obstetrics and gynecology at Monmouth Medical Center. "Say the mom goes into labor in February at 3 a.m., and there are 2

feet of snow on the ground," he says. "Perhaps her doctor can't make it to the hospital—but the on-duty laborist is there already."

Then there's the numbers game. At any given time, a hospital will staff delivery units with residents and a single attending physician. "But we only have one attending and one resident on night shift, weekends and holidays—and we deliver 4,200 babies each year," Dr. Graebe says. "This volume is more than double that of other area hospitals, and the laborists provide an important assist in making sure every patient

gets appropriate, safe care." The specialists stand ready to assist if a maternal or fetal complication arises.

The main reason for the laborist model—as first proposed in 2003 by Louis Weinstein, M.D., a Philadelphia ob/gyn—was patient safety, says Dr. Graebe. National research had suggested that long hours and heavy workloads were causing burnout and sometimes poor decision-making among residents and obstetricians. They needed help—and laborists now provide it.

"We see less fatigue in our physicians, which improves their judgment and therefore patient outcomes," Dr. Graebe says. In the three years Monmouth has employed laborists, patient volume has increased 25 percent, but the C-section rate has declined to 26 percent (well below the 37 percent rate seen at most area hospitals) and other complications such as infections have been cut by about 50 percent, he reports.

Most hospitals hire outside doctors as laborists, but Monmouth has struck a more unusual arrangement. About 30 obstetricians who already practice there have formed their own company, New Jersey Laborists Group LLC, and are contracted by the hospital to act as laborists. The benefit here is that the doctors already know the hospital, the staff and the safety protocols, says Brian Rogers, M.D., an ob/gyn in Ocean who is the group's president. It's the first private practice-based model in the country, he says, "and we've been contacted by many other institutions to see how we make it work. Each doctor gives 24 hours of service each month. We all take turns. We also hold monthly meetings to review outcomes and improve our standards of care."

Dr. Rogers' group went several steps beyond what traditional laborists provide. "We agreed to include additional safety precautions—all our members are not only board-eligible or board-certified in ob/gyn, they are additionally certified in basic, advanced and neonatal life support and are accredited in ALSO [Advanced Life Support in Obstetrics]," he says. The ALSO program, sponsored by the American Academy of Family Physicians, is a two-day informational and hands-on simulation training program in the management of obstetrical emergencies leading to a five-year certification. ■

To find out more about maternity services at Monmouth Medical Center or for a referral to an ob/gyn, please call 1-888-724-7123.

MONMOUTH MEDICAL CENTER LABORISTS

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Nasreen K. Salahuddin, M.D.
Tatyana Andrews, M.D.

A partnership turns 40

PATIENT CARE BENEFITS FROM A HOSPITAL'S FOUR-DECADE TIE WITH A MEDICAL SCHOOL



Left to right: Jaeger; Barbara A. Schindler, Drexel's vice dean for educational and academic affairs; Richard V. Horman, M.D., Drexel's Annenberg dean and senior vice president, medical affairs; George Davis, M.D., president of Monmouth's medical and dental staff; Dr. Vozos; Dr. Burkett.

THINK "1969" AND YOU THINK OF the moon landing, Woodstock, maybe the "Miracle Mets." The start of a medical collaboration agreement between Monmouth Medical Center and Philadelphia's Hahnemann Medical School may not spring to mind. But that event proved an important boon for health care on the Jersey Shore. And 40 years later, though the school's name has changed to Drexel University College of Medicine, the two institutions' partnership goes on.

The tie allows Drexel's medical students to follow their first two years of classroom and lab studies with two years of clinical training. The collaboration was perhaps the biggest step in transforming Monmouth from a community hospital to a university-level medical center, says Joseph Jaeger, Monmouth's associate vice president for academic affairs. It also gives Drexel students access to the one of the best clinical training centers in the region.

"As a major teaching affiliate, Monmouth offers training in all major areas of care, including surgery, pediatrics, psychiatry and obstetrics and gynecology," says Jaeger. "We also offer 40 subspecialties. Our attend-



ing physicians are faculty members at Drexel and can teach the students everything about clinical medicine, from how to take a health history through how to perform procedures from suturing to delivering babies."

In return, Monmouth takes advantage of Drexel's resources, including a vast medical library with thousands of medical journals. "We get tremendous access to the most up-to-date medical and scientific information," Jaeger says. Monmouth also influences the classroom education of future doctors. "As a training site, we can affect the medical school's curriculum, so we can be sure young physicians are well trained and familiar with our community," he adds. "We hope they then continue to advance the profession by becoming teachers themselves."

Indeed, they could become hospital leaders too. Eric Burkett, M.D., now vice president of medical affairs, was one of the first Hahnemann medical students to train at Monmouth in 1971. "I was from South Jersey, but I loved it here so much I stayed," he says. "Many students do their residencies here and stay in the area. It's nice when you can get to know students and see them in action. And they can see our programs first-hand and choose us over other postgraduate programs when they leave Drexel."

After 35 years in practice, Dr. Burkett still teaches Drexel medical students. "It helps me stay in touch with the latest science and research," he says. "It keeps our entire staff on the cutting edge and is one of the real benefits of our being a teaching hospital."

The two institutions signed a renewal of their affiliation agreement in April. "It's been a long-standing positive relationship," says Frank J. Vozos, M.D., the medical center's executive director. "Here's to the next 40 years!" ■

ROBOTIC SURGERY'S new realm

HAVING TRANSFORMED PROSTATE OPERATIONS, THIS NEW TECHNOLOGY NOW IMPROVES GYN PROCEDURES TOO

ROBERT A. GRAEBE, M.D., CHAIR OF obstetrics and gynecology at Monmouth Medical Center, has seen a lot of change. He trained as a resident at Monmouth in the late 1970s and did a fellowship in reproductive endocrinology and infertility at Yale University School of Medicine, where he helped pioneer minimally invasive surgery in the early 1980s, and brought that expertise back to Monmouth Medical Center. And today he's embracing another new trend in gyn surgery: robotics.

"Monmouth has long led the way in minimally invasive surgery," he says. "Robotics is the newest element of that."

In robotic surgery, the surgeon sits at a console several feet from the patient and looks through a special viewfinder to see incredibly detailed, three-dimensional and 11-times magnified high-definition images of the surgery site. The surgeon also controls the surgical instruments from this computerized console. This enhanced view and precise control have greatly improved outcomes in operations on the prostate and other internal organs. Robotics is just now moving into gynecological procedures, Dr. Graebe says, and it offers the same benefits there.

"It shaves days off hospitalization and weeks off recovery time, and there's much less pain and blood loss," he says. "It fulfills every aspect of why you do minimally invasive surgery."

In gynecology, the robot is mainly used for hysterectomies, says John Vaclavik, M.D., an Ocean-based



Key benefits of the robotic approach

Forget those movie-and-TV images of robots acting on their own. The da Vinci Surgical System now used for gynecologic procedures at Monmouth Medical Center is actually a tool the surgeon uses and controls to achieve a precision never before possible. With it, patients typically experience

- Less pain
- Less blood loss
- Less scarring
- Shorter hospital stays
- A quicker return to normal activities

Front row, from left: Margaret Lambert-Woolley, M.D.; Andrew Sun, M.D.; and Natalya Kugay, M.D. Back row, from left: Jack R. Gould, D.O.; William N. Kaufman, D.O.; Brian Rogers, M.D.; John Vaclavik, M.D.; and Thomas Theocharides, M.D. (Not pictured: Marie Bonvicino, M.D.; Miguel Damien, M.D.; Robert A. Graebe, M.D.; Thomas Hackett, D.O.; Earl Jackman, D.O.; Ronald Neal, M.D.; Robert S. Pessa, M.D.; John Sutherland, M.D.; and William Ziegler, D.O.)

ob/gyn who operates at Monmouth. He cuts four small openings of 8 to 12 millimeters each around the navel and the lower abdomen. The camera and the tools pass through these openings to detach the uterus, which he removes through the vagina.

The robotic system also shows great promise in other kinds of gynecologic surgeries, says Dr. Vaclavik, including the treatment of endometriosis, in which uterine tissue grows abnormally around the ovaries, fallopian tubes and sometimes other internal organs.

"Robotics is like laparoscopy was in the '80s," Dr. Vaclavik says. "It's the wave of the future." ■

To obtain more information about robotic surgery options at Monmouth Medical Center, please call 1-888-724-7123.

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING

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

- **One-Day Preparation for Childbirth** July 19, August 16, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) July 11 and 18, August 1 and 8, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) August 25, September 1, 8, 15 and 22, 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** August 2 and 9, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).
- **Eisenberg Family Center Tours** June 28, July 12 and 26, August 2 and 23, 1:30 p.m. Free. (No children under 14.)
- **Make Room for Baby** June 20, July 18, August 15, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** July 25, September 26, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** July 8, September 9, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **NEW: The Happiest Baby on the Block** June 18, 7:30–9:30 p.m. \$40, includes DVD and *Soothing Sounds* CD (\$40 retail value). Learn a novel approach to keeping your baby happy based on the best seller by Harvey Karp, M.D.
- **Baby Care Basics** (two-session program) June 20 and 27, noon–2 p.m., July 9 and 16, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding Today** August 6, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** August 19, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** July 13, 7–9 p.m. \$30/person, \$40/couple.
- **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; call the Center for Diabetes Education at 732-923-5025. Fee required.

JUST FOR KIDS (Also see sibling programs above.)

- **Safe Sitter** (one-session program) June 20, July 25, August 22, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Bring snack and bag lunch.)

GENERAL HEALTH

- **Free Child Car Seat Inspection** June 18, July 16, August 20, 11 a.m.–1 p.m. Offered through a cooperative effort of the Long Branch Police Department, the N.J.

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.

- **Free DermaView Skin Scans** June 24, 11 a.m.–1 p.m. At Monmouth Medical Center, first floor, outside SeaBreeze Cafe, 300 Second Avenue, Long Branch.
- **Free Blood Pressure and Cholesterol Screenings** July 22, 11 a.m.–1 p.m. At Monmouth Medical Center, first floor, outside SeaBreeze Cafe, 300 Second Avenue, Long Branch. Cholesterol screenings must be limited to the first 40 registrants. Call 1-888-724-7123 to schedule an appointment.
- **Diabetes Self-Management Series** Four-session diabetes education program focusing on diet, nutrition, glucose monitoring, medications, meal plans, prevention/treatment of complications, dining out and exercise. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Sleeping Smart** June 24, 1–3 p.m. Presented by Monmouth Medical Center's Sleep Disorders Center. SCAN*.
- **Indigestion and Other Stomach Disorders** June 25, 1–3 p.m. Presented by Gagan D. Beri, M.D., gastroenterology. SCAN*.
- **Healthy Feet as We Get Older** June 26, 1:30–3 p.m. Presented by Frances C. Fittanto, D.P.M., podiatry. SCAN*.
- **Could It Be My Thyroid?** July 15, 1–3 p.m. Presented by Sudha Ganne, M.D., endocrinology. SCAN*.
- **Do You Suffer from Knee Pain?** July 22, 1–3 p.m. Presented by Glenn Gabisan, M.D., board-certified orthopedic surgeon. SCAN*.
- **Vitamins, Dietary Supplements and Nutraceuticals** July 29, 1–3 p.m. Presented by Gayle Flannelly, registered pharmacist. SCAN*.
- **Keeping Your Mind Sharp** July 30, 11–11:45 a.m. Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration required; call 732-938-4500, ext. 2554.
- **Eating Your Way to Better Health and Longer Life** August 5, 1–3 p.m. SCAN*.
- **Immunizations: Not Just for Kids** August 12, 1–3 p.m. Presented by Sukrut Dwivedi, D.O., infectious diseases. SCAN*.
- **Could You Have Metabolic Syndrome?** August 19, 1–3 p.m. Presented by Zorica Mercadante, M.D., internal medicine. SCAN*.
- **Varicose Veins: New Minimally Invasive Treatment** August 26, 1–3 p.m. Presented by George Constantopoulos, M.D., section chief, vascular surgery. SCAN*.

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