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health & life

July 2007
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Summer style:

20+ things we love

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BEST BETS

- deep-sea fishing in Belmar
- custom-tailored golf clubs in Middletown
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Plus
Our Latin-infused feast in Asbury Park

health link

- 'Angioplasty saved my life': One man's story
- Special care for the tiniest newborns
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Thwarting a killer

Do you know what the top health threat is in this country? It's cardiovascular disease, which is the No. 1 killer for both men and women in the United States, claiming more lives each year than the next five causes of death—cancer, respiratory diseases, accidents, diabetes, and influenza and pneumonia—combined. Stroke, meanwhile, is the leading cause of severe long-term disability.

At Monmouth Medical Center, our commitment to excellence has led to some exciting developments in the fight against heart disease and stroke.

Last year, Monmouth—led by the hospital's chief of cardiology, John Checton, M.D., and director of interventional cardiology, Rita Watson, M.D.—joined a select group of New Jersey hospitals for a national medical trial led by Johns Hopkins University. For the trial, physicians performed elective balloon angioplasty to open clogged coronary arteries in cardiac patients, without cardiac surgery. The availability of angioplasty services means that heart-attack patients, such as Oceanport's Ronald Graniero, who is profiled in this issue's Health Link section, no longer have to be transferred to another facility to receive this advanced, state-of-the-art care—it's available right here.

In addition to the introduction of this key service, in 2005 Monmouth Medical Center earned accreditation as a Chest Pain Center by the National Society of Chest Pain Centers. The hospital thus became the first in the region to gain this important accreditation, designed to provide a comprehensive management strategy for the evaluation, triage and appropriate treatment of chest-pain patients. Monmouth has also developed a Stroke Center—a center of excellence dedicated to delivering the highest-quality comprehensive care to stroke patients.

According to the American Heart Association, the availability of new therapies to treat patients efficiently and safely is dependent on the development of specialized teams with expertise and experience, as well as detailed clinical protocols. At Monmouth, our multidisciplinary teams are trained and dedicated to

the treatment of cardiovascular patients throughout the full continuum of care.

Sincerely,

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



Art vs. cancer

THE CREATIVE CRUSADE OF OUTDOOR PAINTER JUDY STACH



Set up an easel to paint outdoors around here, and a breeze may blow your brushes away. A passerby may pepper you with questions. You may even get wet.

That's OK with Judy Stach. "I've learned," she says, "that there is very little in life we can control."

For Little Silver resident Stach, 58, the outdoors teaches spiritual acceptance. She practices a school of painting called "en plein air"—French for "in the open air." In four decades of making and selling her art, she's become expert at beachscapes, garden scenes and taking life as it comes. But acceptance doesn't mean passivity: She also knows how to bring her fellow artists together to fight for life—against cancer.

Stach works in oils, and her distinctive art can be seen in galleries in New Jersey, Florida and Georgia (and on the web at www.judystach.com). Plein Air Painters of the Jersey Coast, a group she started

in 2004 that now boasts 90 members, is one of several organizations across the country that honor a tradition begun by the Barbizon School and Impressionist painters in 19th-century France. Those pioneers threw aside centuries of artistic convention (and took advantage of newly invented portable paint tubes) to take painting outdoors so they could record not just the forms of nature, but its moods of mutable light too.

When Stach's best friend died of breast cancer five years ago, she searched for ways her art might help others with the illness. First she organized her fellow artists to contribute money raised from art shows to cancer research. Then, this winter, Stach was asked by organizers of the Two Rivers Antiques Show and Garden Tour if the garden at her home could be exhibited. She quickly agreed when she learned the tour would raise funds for Monmouth Medical Center's Jacqueline M. Wilentz Comprehensive Breast Center.

"This is a way for me to work through my sadness," Stach explains, "and also do something for others." She secured an invitation for members of Plein Air Painters to set up their canvases in the featured gardens during the tour, with a portion of the proceeds from any paintings sold going to the Wilentz Center.

Soon administrators at the center contacted her about bringing the art indoors—as an exhibit.

"It was an excellent facility, but like most medical centers it had walls that were very plain, white and dull," says Stach. "They asked me if our artists could help them add color and life to the space." Thanks to Stach's efforts, the Plein Air Painters now have a rotating exhibition in the Wilentz Center that began in May—again, with artists donating a portion of the proceeds for each painting sold. "Some of our painters have gone through cancer treatment themselves," says Stach. "Others have loved ones who have experienced it, and they really want to help."

For Stach, whose two children are in their 20s, painting can now be a full-time activity—and a year-round one too, thanks to the second home she and her husband, Paul, own in Vero Beach, Florida. ("It's the Jersey Shore with palm trees," she says.) She's grateful that the special calling of her life may help in a tiny way to extend the lives of others.

"I think everybody is an artist," she says. "People just have different ways of expressing it." ■

HEALTH Link

WHAT'S NEW IN MEDICINE AND HOW YOU CAN STAY WELL

HEALING HEARTS

Angioplasty saves a life

When a heart attack began, this patient knew what to do. So should you.

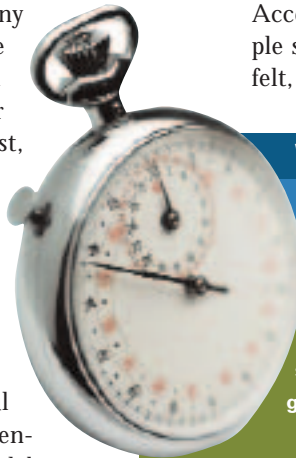
Ronald Graniero, 69, never expected to have a heart attack. He exercises to stay in shape and watches his diet, avoiding restaurant food, he says, because “I know how much butter they use to make things taste good.” But last December 14, what he didn’t expect happened anyway. He’s grateful that, thanks to an emergency angioplasty performed at Monmouth Medical Center, he lived to tell the tale.

The morning started out like any other. The Oceanport resident woke before his wife, dressed, ate a quick breakfast and hopped into his car for the 10-minute drive to Oakhurst, where the couple owns a small travel agency. Arriving at the empty office before his staff, Graniero began his usual regimen of jumping jacks, running in place and stretches (“to get me revved up for the work-day”). Fit and trim at 5’7” and 150 lbs., he prided himself on his youthful energy, which enabled him to play tennis, travel and maintain a successful business when most of his peers had settled into retirement. But halfway through his warm-up, Graniero suddenly knew that something was very wrong.

“I wasn’t suffering any pain, but I felt extreme tightness in my chest and I started sweating profusely—and I never sweat,” he recalls. “I immediately realized I was having a heart attack.”

Fortunately, Graniero took action quickly and calmly. “I called 911 and explained to them what was happening,” he says. “Within eight minutes’ time, both the Oakhurst police and the paramedic squad had arrived.”

Because Graniero wasted no time in calling for help, his chances for survival were greatly improved. But not every heart attack victim acts so decisively. According to the American Heart Association, people sometimes overlook the sensation of tightness he felt, believing that heart attacks always occur the way



What to watch for when every minute counts

Thousands of lives are lost because Americans don’t act quickly enough in response to the signs of a heart attack (myocardial infarction). The first hour after the onset of a full-fledged attack is critical, but studies show that fewer than 10 percent of heart-attack victims get to the hospital that soon.

Some heart attacks, says the American Heart Association, are the classic “movie” version in which the victim clutches at his or her chest and no one doubts what’s happening. But more often the episodes start slowly, with mild pain or discomfort. Still, says the group, it’s important to call 911 promptly if you experience one or more of these signs:

- **CHEST DISCOMFORT** in the center of the chest that lasts more than a few minutes or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **DISCOMFORT IN OTHER AREAS OF THE UPPER BODY**, including the arms, back, neck, jaw or stomach.
- **SHORTNESS OF BREATH WITH OR WITHOUT CHEST DISCOMFORT.**
- **A COLD SWEAT**, nausea or lightheadedness.

Women may experience a heart attack differently than men. While chest pain is a common symptom for both sexes, females are somewhat more likely to experience other symptoms, such as shortness of breath, nausea/vomiting, and back or jaw pain.

Even if you’re not sure it’s a heart attack, have it checked out. Fast action could save your life.



For more information on cardiac services available at Monmouth Medical Center, call 1-888-SBHS-123 or visit www.saintbarnabas.com. If you or a loved one ever experience symptoms of a heart attack, always call 911 immediately.

Heart-attack survivor Ronald Graniero does rehab exercises with the help of the Opatut Center's program manager, nurse Louise Balligan.



they're depicted in the movies, where someone clutches their chest in pain and keels over. As a result, some take a wait-and-see approach that can put their lives at serious risk.

"The most important thing anyone having a heart attack can do is to get to the hospital," says Elizabeth A. Gilman, M.D., an emergency medicine specialist at Monmouth Medical Center and the attending physician who saw Graniero that day.

Actually, Dr. Gilman began treating Graniero even before he arrived at the E.R. As part of the standard procedure Monmouth employs when a heart attack is suspected, the paramedics on the scene contacted Dr. Gilman by two-way radio. She instructed them to perform an electrocardiogram (EKG) and fax her the results. After reviewing the test, Dr. Gilman ordered treatment that included aspirin, nitroglycerin and a beta blocker—a combination of drugs to reduce the workload of the patient's heart, alleviate pain and control blood pressure en route to the hospital.

Next she notified her staff to prepare for an incoming heart-attack patient and paged Charles J. Mattina, M.D., the cardiologist on duty that day. "The great thing about

our system is that when a patient hits the door, everyone's ready to go," says Dr. Gilman. "Our degree of preparedness is something that sets us apart from many other hospitals."

In fact, the Society of Chest Pain Centers has designated Monmouth as an Accredited Chest Pain Center for the community it serves. Highly specialized training and sophisticated diagnostic equipment and techniques help the hospital meet its objective of significantly reducing heart-attack deaths through rapid treatment, says Jennifer Waxler, D.O., medical director of the Emergency Department.

"Not only are we more able to treat patients during the critical early stages of a heart attack, but we are also better equipped to monitor them when it's not clear whether they are having a coronary event," says Dr. Waxler. This helps to ensure that a patient isn't sent home mistakenly.

In Graniero's case, a second EKG upon his arrival at the emergency room confirmed that his chest pains were no false alarm. Within 12 minutes, he was prepped and on his way to the medical center's Cardiac Catheterization Laboratory, or "cath lab," where a cardiac catheterization was quickly performed.

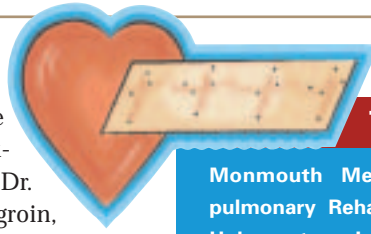


Elizabeth A. Gilman, M.D.



Jennifer Waxler, D.O.

continued



“This is a procedure that lets the cardiologist see any narrowing or blockages of the coronary arteries,” explains Dr. Mattina. A puncture is made in the groin, and a thin tube is inserted into an artery there and threaded up to the heart. Then a dye is injected that makes the arteries visible on X-ray images.

Graniero’s catheterization revealed a blockage in one of his coronary arteries. To remedy the problem, Dr. Mattina determined that a percutaneous transluminal coronary angioplasty (PTCA) was needed. During a PTCA, a small balloon is inflated inside the narrowed blood vessel. Then a stent, or tiny mesh tube, is put in place inside the artery wall to keep the vessel open and blood flowing.

Following this procedure, which was per-

The road back to vitality

Monmouth Medical Center’s Joel Opatut Cardiopulmonary Rehabilitation Center—named for the late Holocaust survivor, businessman and philanthropist who donated funds for it—offers a 12-week cardiopulmonary rehabilitation program that is open to people who have had a heart attack, heart bypass surgery, valve replacement surgery, angioplasty, stents or stable angina. The center features state-of-the-art fitness equipment including treadmills, arm ergometers, rowing machines and stationary bicycles. A physician’s referral is required, and the expense is covered by most major medical insurance plans including Medicare. To find out more about the Opatut Center, please call 1-888-SBHS-123.

How women can check their risk

Heart disease is no male monopoly—if you’re a woman, acting to reduce the risk of heart attack is just as important for you as it is for a man. And now there’s an online tool that lets women quickly assess their heart-attack risk. There’s just one catch: You must have taken a blood test for a substance called C-reactive protein, an indicator of the degree of inflammation in your arteries. (To arrange such a test at Monmouth Medical Center, get a prescription from your doctor and call 732-923-7220.)

The tool is called the Reynolds Risk Score (its development was funded by the Donald W. Reynolds Foundation of Las Vegas) and it was created by researchers at Boston’s Brigham and Women’s Hospital based on data from 24,000 initially healthy women in the federally supported Women’s Health Study. You’ll find it at www.ReynoldsRiskScore.org. Besides your high-sensitivity C-reactive protein score, it will ask you to enter your age, smoking status, systolic blood pressure, total cholesterol count, HDL (“good”) cholesterol count and whether a parent had a heart attack before age 60.

Within seconds the site will show you how likely you are to have a heart attack within a decade—and also how much lower your risk could be if you brought every modifiable factor to optimal levels. For some, it may be an on-screen wake-up call.

formed by interventional cardiologist Matt Bach, M.D., Graniero spent three days in Monmouth Medical Center’s Intensive Care Unit and then a few more days on the cardiac unit before he went home on December 22.

“It was my first-ever hospital stay, and I have to say the nurses were just terrific—very dedicated and knowledgeable,” says Graniero.

After recuperating at home over the holidays with his wife and family, Graniero was ready to begin the next phase of his recovery. In January, he started a thrice-weekly program of rehabilitation at MMC’s Joel Opatut Cardiopulmonary Rehabilitation Center, which offers individualized exercise and educational programs for patients with cardiac or pulmonary conditions. (See box above.)

“While you’re there, you can speak to other people with similar experiences and learn a lot from them about what to expect,” says Graniero. “Some people pass up on cardiac rehab, but I think it’s well worth it.” In fact, Graniero decided to sign up for an optional extended program offered by the center after he completed his 12-week rehabilitation.

Today, Graniero is grateful for the expert care that helped him survive to talk about his experience today. During a recent follow-up visit, Dr. Mattina explained to him that his heart had gotten a tremendous shock but had sustained only limited damage, thanks to his and the hospital’s quick action. By spring, Graniero was feeling so well that he was eager to swim, play tennis and resume the frequent travel he and his wife enjoy.

“Dr. Mattina suggested that I hold off for a while longer, at least until he sees me again this summer,” he says. “But I’m sure that by the fall we’ll be vacationing again.” ■

A HEALTHY SMILE

When teeth are missing, a dental implant may help

Today's technology offers an attractive, durable alternative to dentures

Unless you're Mad magazine cover boy Alfred E. Neuman, missing teeth are no laughing matter. While full dentures, partial dentures and other prosthetics work in a stopgap way to enhance appearance, a growing number of people are finding a more enduring solution: dental implants.

A dental implant is a titanium post that is placed in the jaw to create a root, which becomes the foundation for an artificial replacement tooth, explains Jeffrey C. Elbaum, DDS, an oral and maxillofacial surgeon on staff at Monmouth Medical Center. Unlike traditional bridgework, implants do not rely on neighboring teeth for support, which means healthy teeth remain undisturbed.

Swedish surgeon Per-Ingvar Brånemark discovered in 1952 that when titanium comes into direct contact with bone tissue, the two permanently fuse together. This fusion, known as osseointegration, is what makes possible the more than 500,000 successful implants that are now put in place each year.

"Implants are a great, long-lasting tooth-replacement option," says Dr. Elbaum. "They look and feel like your own teeth, don't sacrifice the integrity of adjacent teeth and allow patients to once again speak and eat with confidence."

Besides their aesthetic and functional benefits, implants also help prevent bone loss. "When people lose teeth, the bone starts to shrink away," says the surgeon. "But because the titanium actually fuses with the jawbone, dental implants preserve bone density by stimulating growth—the same way natural teeth do."

Performed in the surgeon's office under local or general anesthesia, implant surgery takes from a half-hour to an hour, followed by a three- to six-month healing period in which the implants are protected by a temporary cap. The patient then returns to his or her regular dentist to be fitted for the final crown or prosthesis that goes over the new titanium root.

The price of the surgery runs from \$1,500 upwards, and there is a further cost for the final prosthesis. Although some dental insurers now cover implants, most benefits at this point are limited.

Many implant candidates are full denture wearers who are tired of the hassles of false teeth, says Dr. Elbaum. "Full upper or lower dentures can be secured with implants to eliminate common problems like slipping and clicking," he explains.

Maryann Young, 59, of Jackson chose implants after 10 years as a partial-denture wearer, having lost some of her teeth to decay. She particularly disliked the whole putting-in and taking-out process.

"The partial was inconvenient and uncomfortable, and I hated having false teeth," she says. "Especially because my mother still has all her own teeth."

Now, because dental implants often last a lifetime, Young is looking forward to many years of worry-free oral health. "I'm so excited," she says. "It's like getting a third set of teeth." ■



Where tiny babies thrive

The Neonatal Intensive Care Unit strives to give young lives a good start



Kelly Lee remembers the birth of her twins as bitter-sweet. It was early December, just a few hours before dawn, when her water broke. She knew it was too soon. After all, she was less than six months pregnant.

“I was pretty frightened,” recalls Lee, who lives in Manchester with her husband, Darren. “The twins were in a breech position, and I had to have an emergency C-section.”

Within hours, doctors at Monmouth Medical Center delivered two tiny baby girls. Taylor and Brooke each weighed less than 2 pounds.

“Both babies gave us scary moments,” Lee says. “They were born at 24 weeks, and it’s especially tough for twins, who at that point face a 50 percent chance that one of them won’t make it.”

Although Lee wouldn’t wish on any parent the

emotional roller coaster she and her husband endured, she says they’ve learned more about caring for their newborns than they could ever have imagined.

The twins spent three months in Monmouth’s Neonatal Intensive Care Unit, which boasts survival rates of more than 90 percent for babies born at 25 weeks or above—significantly better than national averages. The doctors and nurses in the unit strive not only to make sure infants survive, but to promote their healthy growth and development as well.

“We’ve maximized survival rates; now we’re working toward maximizing each child’s potential,” says Carlos Alemany, M.D., the unit’s medical director. “When babies are born early, they’re exposed to a lot of stimuli, which can affect their development and even their psyches. So the baby survives, but are we



Carlos Alemany, M.D.

sending home a healthy baby or one with issues?" Dr. Alemany and his medical team work to minimize such issues, which can range from slight processing difficulties to learning disabilities and hyperactivity.

Parents themselves are key players. "I tell families that 50 percent of a baby's outcome is the parents' involvement," says Dr. Alemany. "It can make a huge difference in the newborn's development."

At Monmouth's NICU, doctors encourage parents to help with their baby's care as soon as each infant is stable enough to be handled—and that can be as early as day one. Parents can take a temperature, change a diaper, hold the baby during the weighing process and help with feeding. The unit also promotes a practice called "kangaroo care," in which parents hold their infants against their bare chests to stabilize heartbeat, temperature and breathing.

"When the babies were being fed, the nurses showed us how to place a finger on their cheek to get them to suck," says Lee. "They really don't develop the ability to suck, swallow and breathe on their own until about 34 weeks."

The hospital is also part of a training initiative known as NIDCAP (Newborn Individualized Developmental Care and Assessment Program), which prepares staffers to monitor a preemie's surroundings carefully, making subtle adjustments for the best effect on the child's future. The environment in the NICU has to be just right.

"For example, you need some light for eye development, but too much harsh light can damage the eyes," Dr. Alemany says.

He and his team have learned to read the subtle clues a premature infant provides. "If a baby starts to yawn and stretch while I'm doing an abdominal exam, you may think he or she is getting sleepy," the doctor says. "Actually the baby is telling me, 'I'm done. Please give me a break.'"

Also, if the respiratory rate is elevated but the baby is otherwise healthy, too much light or heat may be causing stress. And if a baby's heart rate is too high, then there may be too much noise.

"If a man stands beside a race car with the engine roaring, his heart rate goes up," Dr. Alemany explains. "In a loud environment, you're going to see a persistently elevated heart rate because babies are anxious. But they can't complain, so we have to become detectives and pay attention to those cues."

Similar sleuthing is sometimes needed to make sure premature babies are physically comfortable so they can get the rest they need, he adds, because they often

cannot change their position easily on their own. "During sleep is when babies grow the most," Dr. Alemany says. "It's good to swaddle them so they feel secure, comfortable and warm, as they did in the womb."

Lee now follows special guidance that the hospital provided for tiny Brooke. "She has reflux [backup of digestive acids and stomach contents], so she needs to sleep at a 30 degree angle," she explains. "Otherwise, she'll either have projectile puke or be very uncomfortable or in pain."

By late March, Brooke and her tiny twin were thriving at home, but they still tipped the scales at only a bit more than 6 pounds each. Their parents' medical journey had been an emotionally daunting one.

"There were times when we were nervous," Lee says. "But then I remember the day at the hospital when Dr. Alemany walked in and said, 'They're keepers!' We knew then that the girls were OK and we would be coming home with both of them." ■

Caring for your newborn:

6 tested tips

Although premature infants face special dangers, their care offers lessons that apply to full-term babies too. Carlos Alemany, M.D., medical director of the Neonatal Intensive Care Unit



at Monmouth Medical Center, offers these tips to help you ensure a smooth transition for your infant from hospital to home:

- 1. LET THE BABY SLEEP.** Infants need lots of slumber because that's when the brain is developing most.
- 2. SWADDLE YOUR INFANT.** This mimics the enclosure of the womb and helps the baby feel secure.
- 3. WATCH FOR SIGNS OF OVERSTIMULATION.** When your baby yawns, pause from playing and offer some quiet time or calm cuddling instead.
- 4. KEEP LIGHTING MODERATE.** During the day, allow natural light to enter the home. At night, keep a small amount of indirect light (such as a night light) that allows you to see outlines in the room so you can monitor your baby.
- 5. ADD BACKGROUND NOISE.** For the first two to three days, turn on talk radio, classical music or any type of music, as long as it's not harsh or too loud. Don't think you have to be totally quiet in front of the baby; he or she will actually sense that something is missing.
- 6. RESIST THE "BABY TALK" TEMPTATION.** The habit of cooing is easy to fall into, but Dr. Alemany says babies learn best when you talk to them in a soothing, natural voice.

Don't let injuries spoil your family's fun

A doctor's tips to keep you out of the E.R. this season

For your children, summer means freedom—and outdoor pleasures. But warm-weather fun also has its hazards. So Monmouth Health & Life asked an expert—Cecilia Jácome, M.D., director of Monmouth Medical Center's Pediatric Emergency Department—for tips on keeping kids safe:



SUN SAFETY: BEYOND SUNBLOCK

Children are especially vulnerable to sunburn, and the riskiest period is between 10 a.m. and 2 p.m. "Sometimes nothing will show when you're at the beach, but redness, inflammation and discomfort will appear that evening," says Dr. Jácome. Guard your children's skin by having them alternate periods in the sun with time in the shade. They should also regularly apply a sunscreen with a sun protection factor (SPF) of 15 or higher, and reapply at least every two hours and immediately after swimming.

It's OK to take babies under 6 months of age outdoors, but they should be kept out of direct sunlight. Dress them in light-colored, lightweight pants and shirts with long sleeves, and don't forget a brimmed hat to protect baby's delicate head and face.

Family members of every age should be sure to wear sunglasses that protect the eyes against the sun's ultraviolet rays. And to avoid dehydration it's important to increase fluid intake when you're active outdoors, says Dr. Jácome. Don't rely on kids' thirst as a prompt, because children are easily distracted and the body can need fluid without necessarily feeling it. Also, be aware that a concentrated sweet drink can end up making kids thirstier: "The body demands more water because of the sugar," the doctor warns.



SAVVY SWIMMING

A cool, refreshing dip is the perfect thing on a hot day, but the water can be dangerous. "If children are going to be swimming at the beach, a pool or even a small backyard pond, they should always have adult supervision," says Dr. Jácome. This doesn't mean letting them dash in and out of your peripheral vision while you're busy chatting or tending the barbecue. "If it's a party where the adults are engaged in their own activities, someone should be delegated to watch more closely," the doctor



Cecilia Jácome, M.D.

says. Parents can take turns on duty or, for larger gatherings, even consider hiring a certified lifeguard through the YMCA.

Dr. Jácome says caution is key at ocean beaches, where large waves and a powerful undertow can easily create problems even for grown-ups. Kids should swim only with a buddy and only in lifeguard-supervised areas.

Storms are another hazard. Teach your kids that if they hear thunder or see lightning while in the water, they should get out immediately and seek shelter, staying away from trees, and shouldn't go back into the water until at least 30 minutes after a storm.



BIKES AND OTHER RIDES

In New Jersey, all riders of bikes, skateboards and in-line and roller skates under age 17 are now legally required to wear helmets. Fortunately, says Dr. Jácome, the law has brought a steep reduction in the number of serious head injuries sustained by bike-riding youngsters—"and we have to remember to keep it that way." Teenagers are often tempted to take risks to prove they're cool and to be accepted, the doctor notes, so regular reinforcement of the importance of helmet use is in order.

When purchasing a helmet, look for a sticker indicating it's been approved by the U.S. Consumer Product Safety Commission. The website of the Bicycle Helmet Safety Institute, www.helmets.org, shows where to buy low-cost helmets.

While head injuries have declined, Dr. Jácome wishes she'd see less of a bike injury she calls "road rush" in which, as she explains, "the child slides on cement or another rough surface, so superficial layers of the skin get abraded, and it's very painful."

Ideally, the doctor says, a child who is a bicycle neophyte should wear knee pads and elbow pads as well as a helmet. And don't forget to check periodically to make sure brakes are working properly and there's enough air in tires. Remember, too, that helmets aren't just for bikes—kids should wear them when using scooters, skateboards or any other wheeled conveyance—especially all-terrain vehicles, which are more prone to flipping over than they appear.

Kids using three- and four-wheeled vehicles on sandy beaches are often tempted to drive them onto the rocks, says Dr. Jácome, causing accidents that produce "deep lacerations on the extremities—and fractures on the toes, because they're just wearing sandals." So warn your children appropriately.



BOATING AND FISHING HAZARDS

Swimming isn't the only water activity that can spell trouble. Make sure your child wears a life jacket on boating excursions, keep kids well out of range when you're fly-casting and don't let young ones handle fishhooks. Each year, Monmouth Medical Center's pediatric E.R. sees a number of youngsters who get fishhooks stuck in the skin, which must be removed with a surgical clamp and cutter. "We have a special fishhook tray just for that purpose," Dr. Jácome says.



TRAMPOLINE TROUBLE

Dr. Jácome has a soft spot for the backyard trampoline. "As a kid I loved it," she admits. But she knows from experience that things can get out of hand when kids jump together—especially kids who differ greatly in weight. "I'm petite," she says. "When another kid came down, I used to get bounced up."

It's best to restrict jumping to one child at a time, she says, "and a teenager jumping with a 3-year-old is a really bad idea." Be sure kids on a trampoline have adult supervision at all times.



TESTING THE LIMITS

Yes, backyard fireworks are illegal, but every Independence Day some teenagers still get their hands on them—and suffer injuries of the hands, face, eyes and other body parts. Many adolescents feel the need to break the rules in other ways too. Consider drinking and drugs: Dangerous in themselves, they dramatically raise the risk of injury when combined with summer activities like driving, boating, swimming or outdoor sports. Since teens are often on their own and out of view, Dr. Jácome concedes that keeping them from harm can be a more complex challenge than keeping water wings on your toddler.

"Sometimes when a young person is brought to the E.R. we find that when they were injured—or occasionally even assaulted—the parents had no idea where they were, or with whom," says the doctor. One remedy is keeping the lines of communication open. It's a challenge to usher your older child to adulthood safely in a world of temptation and peer pressure. Much comes down to the trust you establish.

"As an E.R. physician I often feel helpless about those things," says Dr. Jácome. "Sewing up a laceration or prescribing antibiotics—that's the easy part." ■

TAKING CHARGE

As the outdoors beckons, beware of Lyme

Spread by tick bites, this disease can be more than a nuisance if it's not caught early

Planning to be in grassy or wooded areas this summer? Try wearing long sleeves and pants and tucking your pants legs into your socks. That may help you avoid being one of about 23,000 Americans who are diagnosed with Lyme disease each year.

There is a great deal of public misunderstanding about Lyme disease, says R. Sivaprasad, M.D., chief of infectious diseases at Monmouth Medical Center, and



R. Sivaprasad, M.D.

some people have an exaggerated view of the danger. But correct knowledge can help you avoid both the illness and unfounded fears.

Lyme disease is caused by bacteria in the spirochete family. To contract Lyme, you must be bitten by a tick that carries spirochetes and the tick must be attached to the skin for about 48 hours.

The condition can be hard to identify because the first symptoms can take a while to develop, and some patients may not even realize they were bitten. But about two-thirds notice a characteristic rash, often called a “bull’s-eye,” which can appear from three to 30 days after a bite.

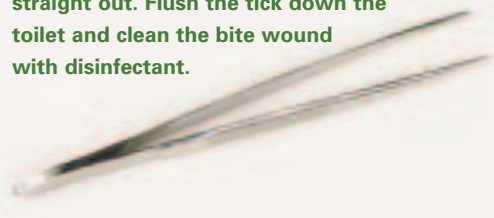
“I don’t really like the ‘bull’s-eye’ description, because in a bull’s-eye the center is usually prominent, while with Lyme disease the center actually starts to clear,” says Dr. Sivaprasad. Before the rash develops, he says, Lyme patients may exhibit flu-like symptoms including low-grade fever, chills, headaches, fatigue, muscle aches and a stiff neck.

If Lyme disease is identified early, it can be successfully treated in most cases with three to four weeks of antibiotics. When it progresses to later stages, however, its effects can include nervous system difficulties such as facial paralysis on one side, as well as arthritis and heart problems. At that point, treatment with intravenous drugs is necessary.

To avoid Lyme disease, choose light-colored garments that let you see a tick easily. Consider using insect repellents on clothes, but not on exposed skin; the most effective one is permethrin, the doctor says. Make your yard tick-unfriendly by keeping grass mowed and leaves raked. And if you are bitten by a tick, removing it promptly can decrease your odds of infection. ■

Remove a tick the right way

Using fine tweezers or a special tick remover, grasp the tick gently at the head as close to your skin as possible and pull straight out. Flush the tick down the toilet and clean the bite wound with disinfectant.



Fresh recruits with fresh ideas

Recent arrivals at Monmouth Medical Center bring experience, expertise and enthusiasm to patient care

UROGYNECOLOGIST

BETSY A.B. GREENLEAF, D.O.

Patients preparing for their first visit with Betsy A.B. Greenleaf, D.O., are advised to allow a bit of extra time for their initial appointment.

“Relationships are very important to me, and I like to spend a lot of time with my patients,” she says. “The first visit easily lasts an hour, so we can freely discuss not only a particular problem, but every aspect of their health.”

Dr. Greenleaf, 35, specializes in the medical management of female urinary incontinence and pelvic floor dysfunction. She joined Monmouth Medical



Center’s Department of Obstetrics and Gynecology in January after completing a urogynecology fellowship at the Athena Women’s Medical Center in Turnersville.

The New Jersey native was always interested in a career in medicine. “My favorite television show growing up was *Emergency!*” she reports.

Dr. Greenleaf earned her doctor of osteopathic medicine degree at the University of Medicine and Dentistry of New Jersey, Stratford. She is among just 500 physicians in the nation who are fellowship-trained in female pelvic medicine and pelvic reconstructive surgery.

Dr. Greenleaf and her husband, Patrick, share a home in Marlton with their dog, Tonka, and their pet skunk, Loki.

RADIATION ONCOLOGIST

CLARISSA FEBLES HENSON, M.D.

Clarissa Febles Henson, M.D., is a champion of the family, not just at home in Metuchen with her husband, Greg, and their young son, but also in the Department of Radiation Oncology at Monmouth Medical Center.

“Radiation oncology allows me the opportunity to work with patients of all ages, which is rare unless you’re a family practitioner,” she says. “I have the chance to treat men, women and children.”

Dr. Henson, 33, also enjoys the feeling of family and community that exists among members of her department and the entire hospital staff. Before coming to Monmouth Medical Center in February, she served as director of women’s services for the Department of Radiation Oncology at Cooper University Hospital in Camden.

New Jersey born and bred, she attended Cornell University and earned her medical degree from the University of Medicine and Dentistry of New Jersey/Robert Wood Johnson Medical School, Piscataway. Inspired by the synergy between the medical



arts and technology, she completed her radiation oncology residency program at Thomas Jefferson University Hospital, Philadelphia, where she served

as chief resident.

“New technologies have advanced radiation oncology,” she says. “It’s an exciting time to be working in this field.”

THORACIC SURGEON

LAWRENCE A. CRIST, D.O.

Lawrence A. Crist, D.O., joined Monmouth Medical Center in March and is immersed in the development of the hospital’s thoracic oncology program along with Lourens J. Willekes, M.D., chief of thoracic surgery.

“We want to get the word out that patients don’t have to travel to New York or Philadelphia,” he said. “We have the capabilities to provide state-of-the-art lung and esophageal surgery and treatment right here.”



Dr. Crist earned his osteopathic medicine degree from the Philadelphia Col-

lege of Osteopathic Medicine, completed his general surgery residency at Morristown Memorial Hospital and trained in cardiothoracic surgery at Allegheny General Hospital in Pittsburgh. While still a medical student, he took evening classes at Saint Joseph’s University in Philadelphia to obtain his MBA—“just in case I needed something to fall back on,” he says with a laugh.

Dr. Crist, 39, spends most of his free time with his wife, Veronica, and their three children but also enjoys occasional golf, swimming and kayaking. A self-described “beach bum,” he’s looking forward to moving from his current home in Linwood to something sandier along the Jersey Shore. ■

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.

■ **One-Day Preparation for Childbirth** June 24, July 22, August 19, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

■ **Two-Day Preparation for Childbirth** (two-session program) July 14 and 21, August 4 and 11, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

■ **Preparation for Childbirth** (five-session program) July 10, 17, 24, 31 and August 7, 7:30–9:30 p.m. \$125/couple.

■ **One-Day Marvelous Multiples** August 26, 9 a.m.–4:30 p.m. For those expecting twins, triplets or more. \$179/couple (includes breakfast and lunch).

■ **Eisenberg Family Center Tours** July 1, 15, August 5, 26, 1:30 p.m. Free. (No children under 14 years old.)

■ **Baby Fair** June 14, October 18, 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

■ **Make Room for Baby** June 16, July 21, August 18, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

■ **Becoming a Big Brother/Big Sister** July 28, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

■ **Childbirth Update/VBAC** July 18, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

■ **Baby Care Basics** (two-session program) June 16 and 23, noon–2 p.m.; July 12 and 19, 7:30–9:30 p.m. \$80/couple.

■ **Breastfeeding Today** July 5, 7–9:30 p.m. \$50/couple.

■ **Cesarean Birth Education** June 13, August 15, 7:30–9:30 p.m. \$40/couple.

■ **Grandparents Program** July 9, 7–9 p.m. \$30/person, \$40/couple.

■ **Parenting Young Children Through S.T.E.P.** (five-session program) September 19, 26, October 3, 10 and 17, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person, \$100/couple.

JUST FOR KIDS

(Also see sibling preparation programs above.)

■ **Safe Sitter** (one-session program) June 23, July 21, August 18, 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. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

■ **"To Your Health" Showcase** June 13, July 11, August 8, 10 a.m.–2 p.m., Monmouth Mall near the Food

Court, Routes 35 and 36, Eatontown.

■ **Blood Pressure Screening** June 13, July 11, August 8, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

■ **Monmouth Medical Center's Community Health Fair** June 27, July 25, August 22, 10 a.m.–2 p.m., Monmouth Medical Center, ground-floor lobby.

DIABETES EDUCATION

The new Center for Diabetes Education at Monmouth Medical Center offers a comprehensive four-session **Diabetes Self-Management Program** and weekly **Gestational Diabetes Education Programs** scheduled at convenient hours. Individual and group programs are led by a registered nurse and a registered dietitian/certified diabetes educator. For dates, times, fees and additional information, call the Center for Diabetes Education at 732-923-7550.

SENIOR HEALTH

■ **The New Shingles Vaccine: What You Need to Know** June 19, 11 a.m. Presented by Ajay N. Mathur, M.D., infectious-disease specialist, Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration and free membership required; call 732-938-4500, ext. 2554.

■ **Serving Up Good Nutrition** June 20, 1–3 p.m. Part of the HealthEASE health education series funded by a grant from the New Jersey Health Initiatives program of the Robert Wood Johnson Foundation through the New Jersey Department of Health and Senior Services. SCAN.*

■ **Sandwich Generation** June 27, 1–3 p.m. SCAN.*

■ **Diabetes Basics: Building a Meal Plan** July 18, 1–3 p.m. Presented by a registered dietitian/certified diabetes educator from the Center for Diabetes Education at Monmouth Medical Center. SCAN.*

■ **Common Back Injuries: What Every Older Adult Should Know** August 1, 1–3 p.m., Presented by Barry L. Swick, M.D., nonoperative spine specialist. SCAN.*

■ **Treatment Options for Arthritis Pain** August 15, 1–3 p.m. Presented by Mutahir A. Abidi, M.D., rheumatology and internal medicine specialist, Center for Arthritis and Rheumatological Conditions, Monmouth Medical Center. SCAN.*

■ **Urinary Incontinence in Women** August 29, 1–3 p.m. Presented by Betsy Greenleaf, D.O., urogynecology. SCAN.*

*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. ■