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WELCOME LETTER

RENEWING OUR COMMITMENT TO SERVE YOU

AS A PART OF THE STATE'S MOST COMPREHENSIVE health system, RWJBarnabas Health, Monmouth Medical Center is committed to our system vision of advancing the overall health of the populations we serve.

For us, "Let's be healthy together" is more than a corporate tag line—it is at the heart of our mission as health care providers. We are dedicated to improving the health of the populations we serve—far beyond the care we provide within the walls of our hospital.

Monmouth Medical Center prides itself on being a safe and trusted resource to the communities we serve. Annually, we reach more than 100,000 community members via health fairs, screenings and educational programs, and we are collaborating with our local mayors' offices to offer tools and services to help their community members lead healthier lives.

As we begin a new year, many of us will make resolutions to improve our health, and at Monmouth, we will continue to work hand in hand with the diverse communities we serve to keep people healthy and promote wellness.

Wishing you a healthy 2017.

Sincerely,

BILL ARNOLD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER AND THE
UNTERBERG CHILDREN'S HOSPITAL



FOR ADDITIONAL INFORMATION ABOUT MONMOUTH MEDICAL CENTER, VISIT
OUR WEBSITE AT BARNABASHEALTH.ORG/MONMOUTH-MEDICAL-CENTER.

INGOODHEALTH

MEDICINE + TECHNOLOGY + PATIENT CARE AT MONMOUTH MEDICAL CENTER



Monroe resident Anne Haas turned to Dr. Frank J. Borao, director of the Center for Minimally Invasive Esophageal and Gastric Surgery at Monmouth Medical Center, when she was looking for the right bariatric surgeon.

Facing new CHALLENGES

A UNIQUELY SKILLED SURGEON TREATS THE COMPLEX HEALTH CHALLENGES OF A PAST GASTRIC BYPASS PATIENT.

WHEN ANNE HAAS HAD GASTRIC BYPASS surgery years ago, she did her research and found the right bariatric surgeon for her needs. But in recent months, when ensuing medical problems required complex procedures, she faced a challenge: finding the right doctor to bring her back to health.

Anne ultimately turned to accomplished bariatric surgeon Frank J. Borao, M.D., FACS, FASMB, director of the Center for Minimally Invasive Esophageal and Gastric Surgery at Monmouth Medical Center. Today, she feels very fortunate for her decision.

"I thank my lucky stars that I found him," says the Monroe resident. "I had to have had someone looking over me."

New issues arise

Anne had dieted throughout her life with no lasting success. In 2003, she underwent standard gastric bypass surgery. Though she maintained a 75-pound weight loss for nearly a decade, her situation grew more complex.

Afflicted by unrelated kidney problems since adolescence, in 2010 she received a kidney transplant. And the transplant required Anne to take the steroid prednisone over the long-term, which weakens the body's tissues. In the past few years, she also developed severe acid reflux—a sign something had gone wrong with her older bypass.

"I gained 20 pounds in a year and a half. Up until then, my weight had been pretty stable," says Anne, 67. "I just didn't feel good; I knew something was wrong."

Anne's gastroenterologist diagnosed her with a gastrogastic fistula—a connection between the small stomach pouch created as part of her bypass and the rest of her stomach. So Anne began looking for a bariatric surgeon to fix her

gastric bypass, and she found Dr. Borao "by happenstance."

"I came upon his name, scheduled an appointment and fell in love with him," she recalls.

"Anne needed surgery," says Dr. Borao. "In addition to the fistula, she had a hiatal hernia with a significant amount of stomach in her chest. Although it is a formidable surgery, it can be done through a few small incisions."

That message was a wake-up call to Anne. "Until I went to Dr. Borao, I didn't think it was a big deal," she says.

Intricate procedure

Dr. Borao performed an eight-hour operation, which included removal of a portion of Anne's stomach and small intestine and repair of her hiatal hernia, with a takedown of the fistula.

"It wasn't an easy surgery but everything went well," says Anne, who was out of bed the next day, and returned home one day later. "The staples wouldn't hold because of the condition of my tissues from the prednisone use, so Dr. Borao had to hand-sew all of the connections."

Three weeks after her surgery, Anne returned to her job in real estate. She tired quickly at first, but after a short time, she felt "a lot better." Plus, Anne's reflux and heartburn are "totally gone," she reports.

"Dr. Borao is amazing," says Anne. "I would recommend him to anyone. In fact, I already have!"

For more information about the Center for Minimally Invasive Esophageal and Gastric Surgery at Monmouth Medical Center, call **732.923.6070**.



Frank J. Borao, M.D.

NEW PATIENT LECTURE SERIES

For those considering a bariatric procedure, the most up-to-date information on gastric bypass surgery, gastric banding and sleeve gastrectomy is available through the new patient lecture series at Monmouth Medical Center. Afternoon and evening sessions are available.

■ The evening new patient lectures take place 6–7 p.m. in the Community Meeting Room, and the Support Group meets from 7–9 p.m. in Stanley 206, 212 and 214.

Feb. 23, March 23, April 27, May 25, June 22, July 27, Aug. 24, Sept. 28, Oct. 26, Nov. 16, Dec. 21

■ Afternoon new patient lectures only take place 3–4:30 p.m. in Stanley 212.

Feb. 13, March 13, April 10, May 8, June 12, July 10, Aug. 14, Sept. 11, Oct. 9, Nov. 13, Dec. 11

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Given a SECOND CHANCE

WHEN FACED WITH HEALTH CHALLENGES, TWO PATIENTS TURN TO THE HOSPITAL'S COLORECTAL SURGERY PROGRAM

COLON CANCER RUNS RAMPANT IN

Michael Feindt's genes—affecting multiple people on the same side of his family, including his grandfather, father and uncle. Michael's grandmother and older sister succumbed to uterine and ovarian cancer at young ages.

Twice, in his 40s, the Jackson resident was diagnosed with colon cancer and underwent partial colon resections. After being cancer free for 15 years, Michael underwent a routine, annual colonoscopy at age 60 performed by gastroenterologist Joel Kurtz, M.D. A polyp, detected on the screening, was tested and pathology confirmed it was cancer.

It's in the genes

Genetic testing confirmed Michael tested positive for the mutation in the MSH2 gene, which is associated with some cancers, especially with hereditary non-polyposis colorectal cancer (HNPCC), and Lynch syndrome, an inherited condition that gives a person a higher risk of cancers of the digestive tract and other organs. And like Michael, people who have Lynch syndrome have a significantly increased risk of developing other cancers, including colorectal cancer. Additionally, the average age for colorectal cancer to be diagnosed with someone with Lynch syndrome is 45 compared to the average age of 72.

Michael turned to Roy M. Dressner, D.O., FACS, FACCRS, a practicing board-certified colorectal surgeon at Monmouth Medical Center for colon cancer surgery. He appreciated Dr. Dressner's diligence



Roy Dressner, D.O.

in doing everything possible to perform a successful colon resection and avoid attaching a colostomy bag—a prosthetic medical device that collects human waste.

Prior to surgery, Dr. Dressner brought Michael's case to the hospital's tumor board. "At these meetings, all of the specialists work together to review the cases and come up with a consensus of how we can provide the best possible treatment approach," notes Dr. Dressner.

Surgery yields excellent results

Dr. Dressner performed a colon resection surgery via a laparoscopic or minimally invasive approach. He removed the cancerous part of Michael's colon, located near one of the previous resections and meticulously incorporated the previous surgical sites. Dr. Dressner notes that the surgery was further complicated due to scar tissue and a previous hernia from the



Michael Feindt is now cancer-free following colon resection surgery at Monmouth Medical Center.

two previous colon resections performed through "open surgery" rather than a minimally invasive approach.

Michael's wish came to fruition: Dr. Dressner performed a colon resection surgery without the use of a colostomy bag. Since Michael is high risk, he remains on close surveillance and has follow-ups every 3–6 months for three years.

"I'm feeling great now and am confident that Dr. Dressner and the team at Monmouth Medical Center are providing me with the best care possible," Michael says. "While I can't control my family history, Monmouth is helping me fight colon cancer and stay on course."

CHRISTOPHER A. SETTLES WAS LOSING

his three-year battle with ulcerative colitis—a chronic disease of the large intestine that causes severe stomach pain and diarrhea. Medications were no longer helping, so the 21-year-old needed to have his colon removed.

The good news: the Neptune man is now symptom-free and living a normal life, after a series of successful colorectal surgeries last year at Monmouth Medical Center (MMC).

“I feel like I have a second chance. It’s a whole new perspective,” says Christopher, who recently returned to college and his job.

He was not alone in this struggle: About 10 percent of patients with ulcerative colitis will need surgery to eliminate the disease.

Emergency care

Diagnosed three years ago during his first semester of college, Christopher had been able to control his condition most days with medications. Then one night, he suddenly felt worse than ever. “I couldn’t eat, I couldn’t sleep, I couldn’t lie down, the pain hurt so much,” he recalls.

Christopher’s father took him to the Emergency Department at MMC, where he was admitted and put on intravenous (IV) antibiotics. But when his symptoms didn’t subside, doctors determined he needed most of his colon (large intestine) removed.

That operation would be the first in a series of three planned surgeries that would lead Christopher back to a regular, healthy life.

After the initial surgery by MMC surgeon Ernest Ginalis, M.D., Christopher’s colitis pain was gone. But he would need to live with an ileostomy bag—an external bag that collects waste through an opening in the abdomen—for several months while his body healed.

Three months later, Michael Arvanitis, M.D., FASCRS, section chief of colon and rectal surgery and acting chair of surgery at MMC, performed the second procedure—an intricate operation that included creating a “J-pouch” inside Christopher’s body, from part of his small intestine.

The J-pouch would replace the ileostomy bag once the surgical areas had healed. For the interim, Dr. Arvanitis made a temporary detour in Christopher’s intestines, enabling waste to exit his body “upstream” from the J-pouch. That required creating a new

stoma—the opening from the intestine to the ileostomy bag—through a different site on Christopher’s abdomen.

“My partner Dr. Roy Dressner and I are the only surgeons in the area who regularly perform these procedures,” notes Dr. Arvanitis, who is double board-certified in both colon/rectal surgery and general surgery, and is a clinical associate professor of surgery at Monmouth’s teaching affiliate, Drexel University School of Medicine.

Final battle

In October, Christopher had his last surgery. Dr. Arvanitis closed the ileostomy, directing waste to the J-pouch and enabling the young man to empty his bowels normally again.

Christopher returned home just three days later, with help from MMC’s Colorectal Surgery Enhanced Recovery Program.

An MMC nurse came to his house every day for a month to check and re-dress his surgery wound until the site was completely healed.

Christopher is grateful to be freed from his painful disease, as well as the ileostomy bag. He also appreciates the staff’s efforts to help him stay positive and minimize stress, which interferes with healing.

“The first few times I was in and out of the hospital, I was very down and I barely smiled,” recalls Christopher. “The nurses were very lively and tried to make me smile and laugh. They were very understanding, patient and kind.”



A series of colorectal surgeries at Monmouth Medical Center has given Christopher Settles, 21, a normal life again.



Michael Arvanitis, M.D.

Colorectal Surgery Enhanced Recovery Program

Patients are benefitting from an innovative Monmouth Medical Center program that helps them recover more quickly from colorectal surgery and ensures fewer complications.

Monmouth established the Colorectal Surgery Enhanced Recovery program to improve outcomes for patients undergoing colorectal surgery. This program involves a minimally invasive surgery when indicated, and pain management protocol, which decreases the use of narcotic medications.

Results include:

- Quicker discharge
- Extremely low complication rate
- Very low readmission rate

For more information, call 732.923.5030.

FOR MORE INFORMATION ABOUT COLORECTAL SURGICAL SERVICES AT MONMOUTH MEDICAL CENTER, VISIT RWJBHINFO.ORG/MONMOUTH. TO SHARE THIS ARTICLE WITH A FRIEND OR TO RECOMMEND IT ON YOUR FACEBOOK PAGE, VISIT MONMOUTHHEALTHANDLIFE.COM.



Expanding care for the youngest emergency patients

KIDS CAN SAY THE DARNEDEST THINGS. SO THE THUMBS UP FROM CHILDREN TREATED AT THE THOMAS & ANN UNTERBERG PEDIATRIC EMERGENCY DEPARTMENT ARE EXTRA SPECIAL.

RAJ KAUR HAS TWO ACTIVE CHILDREN—which has meant many trips to the Emergency Department. And each time, the Holmdel mom has taken her kids to the Unterberg Children's Hospital at Monmouth Medical Center, where they receive specialized care in the Thomas & Ann Unterberg Pediatric Emergency Department (ED).

While other hospitals are closer to Kaur's home, she's willing to drive an extra 20 minutes or so to Monmouth Medical Center whenever possible.

"They're experts when it comes to kids," says Kaur. "They're super compassionate and they know how to deal with children. They treat you like family."

Plus, the pediatric ED recently began providing care around the clock—making it even more accessible to families from across the region.

Kid-friendly staff

For Kaur's son, his first visit came at age 2 after he hit his head on a toilet. "When the ambulance came, I requested they take him to Monmouth Medical Center," recalls Kaur. "That's where I went when I was a kid. And I feel more secure with an Emergency Department that specializes in children."

In 2014, Kaur's kids both ended up in the ED at the same time. Her daughter Kaylyn Sidhu, now 11, fell and hurt her wrist at ten-



Monmouth Medical Center is the choice hospital for the entire Kaur family.

nis camp, while her son Dylan Sidhu, now 7, appeared to have a broken nose after getting hit with a hockey stick at sports camp.

"When I picked them up that afternoon, I was concerned, so I took them straight to Monmouth," she says. "The doctors in the Emergency Department were amazing. They were going back and forth between the two of them."

As it turned out, Kaylyn was the one with the broken bone—she had a fractured wrist. Lawrence Stankovits, M.D., a pediatric orthopedist at Monmouth Medical Center, quickly treated her with a cast, and the family continued to follow up with him at his office.

"They're amazing, from the technicians and nurses to the physicians. They know how to talk to the kids to keep them calm," says the working mom, an executive at RWJBarnabas Health since 2013. "They were always coming in to check on us, offering to get us food. You don't feel like a

number. My friends who have gone there all say the same thing."

Outstanding care

Last September, both kids returned again to Monmouth: Kaylyn came when she broke her ankle while cheerleading. Two weeks later, Dylan went after suffering a concussion during a football practice. As always, says Kaur, the service was "superior. They even guided us to the right place for Dylan's follow-up care."

Despite their injuries, Kaur's children seem to enjoy these visits. "Every time my son gets hurt now, he asks if we can go to Monmouth Medical Center," reports the grateful mom. "They love going there."

The Thomas & Ann Unterberg Pediatric Emergency Department is located within The Unterberg Children's Hospital at Monmouth Medical Center, 300 2nd Ave., Long Branch, NJ 07740. For more information, visit rwjbhinfo.org/Monmouth.

