

THE GOOD LIVING MAGAZINE FROM MONMOUTH MEDICAL CENTER

MONMOUTH

health & life

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BABY, IT'S YOU!

MEET THE
COUNTY'S
CUTEST *p.30*



**GREAT
LOOKS
FOR DAD**

**BARBADOS
GETAWAY**

**SEE WHAT
ROBOTS
CAN DO**

**MEATY
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WELCOME LETTER

RECOGNIZING EXCEPTIONAL CARE

IN THIS ISSUE OF *MONMOUTH HEALTH & LIFE*, THE "CUTEST baby in Monmouth County" is revealed.

The popular annual contest is a celebration of new life, and at Monmouth Medical Center, helping families bring new lives into the world is a truly special part of what we do.

In fact, in Monmouth and Ocean counties, more expectant parents turn to Monmouth Medical Center than any other hospital. There are many reasons why we're the trusted choice among parents throughout the region.

Monmouth Medical Center has been a level III high-risk maternity center since the designation was initiated more than 40 years ago. We have built one of the safest obstetrical and gynecological services in the nation, and we continue to expand and upgrade our facility to match our commitment to quality care and patient safety.

Recently, the safety of our maternity service was recognized by Leapfrog, an independent national nonprofit organization of employer purchasers of health care and the nation's leading experts on patient safety. Monmouth, the only hospital in Monmouth and Ocean counties to earn an "A" in the most recent Hospital Safety Score, was also the only area hospital to fully meet safety standards in all areas of maternity care. I'm very proud to say that the Leapfrog Group has validated what we have known for a very long time—our maternity services' long-standing commitment to providing quality care is exceptional.

Choosing a hospital for the birth of your baby is an important decision. At Monmouth Medical Center, the Eisenberg Family Center is focused on the individual needs of mothers and babies, as well as on the entire family. The heart and soul of the Eisenberg Family Center is the personalized attention and care provided to the whole family, from pregnancy through birth and beyond.

The birth of a child is truly one of life's most wonderful and remarkable experiences, and at Monmouth Medical Center we are proud to make each of the more than 5,000 deliveries annually a safe and memorable experience.

Sincerely,



BILL ARNOLD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER AND THE
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Your guests provide:

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Women's Education Forum

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MISSION

WEForum aims to strengthen the health and wellness of communities within New Jersey by educating women about better lifestyle choices for themselves and their families through a network of resources and educational workshops and programs that empower them to take charge of their health care decisions.

PROCEEDS

All proceeds from WEforum, a Women's Health and Wellness Conference 2016, will go towards the development of free educational health and wellness programs accessible to the entire community. Programs include Health and Wellness lectures, programs, activities and support groups developed by Monmouth Medical Center. The free programs supported by this event will be held at Monmouth Medical Center or one of its affiliate locations.

SPEAKERS

Dr. Marion Nestle, Author & Food Expert, Paul Scialla, CEO Delos Living, Jennifer Asfar, Dr. Nicole Avena, Lisa Becker, Dr. Tom Bilella, Dr. Alison Block, Dr. Matthew Davis, Dr. Andrew Elkwood, Dr. Meg Fisher, Dr. Christopher P. Godek, Kristin Gould, Dr. Robert A. Graebe, Dr. Gregory Greco, Dr. Negin Griffith, Dr. Sarah C. Hessler, Dr. Peter Hetzler, Dr. Hector Iglesias, Dr. Jessica L. Israel, Dr. Matthew Kaufman, Dr. Manpreet Kohli, Dr. Nidhi Kumar, Dr. Steven Landers, Andy Langberg, Dr. Marc J. Laufgraben, Dr. Robert Massaro, Casey McElligott, Dr. Josh Mendelson, Dr. Martin P. Michalewski, Roberta Mittman, Dr. Marc Steven Penn, Dr. James Proodian, Dr. Tina S. Rakitt, Lyn-Genet Recitas, Dr. Evan Rubin, Julie Simser, Dr. Robert Sparling, Dr. John M. Taylor, Dr. Jennifer Wolkin, Dr. Praveen Yalamanchili

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INGOODHEALTH

MEDICINE + TECHNOLOGY + PATIENT CARE AT MONMOUTH MEDICAL CENTER

TAKING THE LEAD



New Chief Executive Officer
Bill Arnold

“BILL’S DEVOTION TO MONMOUTH MEDICAL CENTER AND TO THE COMMUNITIES WE SERVE IS UNPARALLELED.”

—FRANK J. VOZOS, M.D.

“We are fortunate that Bill Arnold will assume leadership of Monmouth Medical Center,” RWJBarnabas Health President and Chief Executive Officer Barry Ostrowsky says. “His extensive experience and knowledge of hospital operations and his understanding of the new model of health care will serve the medical center and the system well as he builds on the fine record of Dr. Vozos.”

In two decades at Monmouth Medical Center, Arnold has overseen the growth and development of many clinical services, including the expansion of the hospital’s Emergency Department and the renovation of its Neonatal Intensive Care Unit, Pediatric Intensive Care Unit and operating rooms. He also was directly responsible for the addition of the David S. Zocchi Brain Tumor Center, one of only three brain tumor centers in New Jersey. And he played a key role in the joint venture with HealthSouth that created a 60-bed freestanding rehabilitation hospital in Tinton Falls, resulting in an expansion of rehabilitation services.

“Bill’s qualifications are outstanding; he is a leader in the development of strategic partnerships and a champion in the growth and development of outpatient and emergency services,” Dr. Vozos says. “His devotion to Monmouth Medical Center and the communities we serve is unparalleled.”

MONMOUTH MEDICAL CENTER’S NEW CEO IS A FAMILIAR FIGURE WHO KNOWS IT WELL.

IF ANYONE WAS EVER WELL GROOMED to take on a demanding job, it’s Bill Arnold. Named president and chief executive officer of Monmouth Medical Center effective April 1, he has been a member of the hospital’s management team for more than 20 years.

“Since joining our system in 1994 as an operations manager, Bill has earned a series of impressive promotions,” says outgoing CEO Frank J. Vozos, M.D., FACS. “He then moved to Monmouth Medical Center in 1998. In 1999 I promoted Bill to vice president of operations, and in 2006 I elevated him to chief operating officer, making him the youngest chief of operations in the system and, to my knowledge,

the youngest hospital chief operating officer in New Jersey.”

The new change in leadership coincides with the recent completion of the merger of Barnabas Health and Robert Wood Johnson Health System. Now known as RWJBarnabas Health, the resulting organization reaches approximately 5 million people—more than half of the state’s population—and is primed to achieve synergies in the fast-changing, data-rich world of health care.

After 17 years as Monmouth’s leader, Dr. Vozos has assumed the positions of executive vice president of RWJBarnabas Health and chief executive of Monmouth Medical Center, Southern Campus.

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THE ROBOTIC REVOLUTION

Cutting-edge surgery for women



WITH ROBOTIC TECHNOLOGY, GYNECOLOGIC PROCEDURES CAN BE PERFORMED MORE EFFECTIVELY THAN EVER.

ROBOTIC SURGERY DOESN'T MEAN THAT A MACHINE IS TAKING THE place of a surgeon's skills. Instead, it puts those skills to more effective use than ever before. So it's good news for women that Monmouth Medical Center offers the region's most highly experienced team of surgeons in using the da Vinci robotic surgical system. And now that team includes two new robotic surgeons: gynecologic oncologist Nonna V. Kolomeyevskaya, M.D., and minimally invasive gynecologic/pelvic surgeon Christopher Eswar, M.D. Besides treating patients, both will be involved in the training of the medical center's residents in obstetrics and gynecology.

NONNA V. KOLOMEYEVSKAYA, M.D.



Dr. Kolomeyevskaya is a gynecologic oncologist who recently joined Chief of Gynecologic Oncology Thomas E. Hackett, D.O., in practice. She provides diagnosis, treatment

and follow-up care for women with gynecologic malignancies. Her expertise involves radical abdominal pelvic surgery and chemotherapy for patients with cancers of the ovary, uterus, cervix, vulva and vagina.

During her fellowship training, Dr. Kolomeyevskaya performed more than 500 surgeries. Understanding the critical role of surgery in the treatment of these diseases, Dr. Kolomeyevskaya utilizes minimally invasive laparoscopic and robotic techniques involving the da Vinci Surgical System whenever feasible. She advocates this approach for patients with uterine cancer, early-stage ovarian and cervical cancer—including women interested in fertility-sparing surgery.

"It is a true privilege to care for women during this challenging time of their lives and to provide individualized state-of-the-art care in a compassionate environment, treating every patient as a close friend or relative. The advent of robotic technology allows us to enhance cosmetic results and expedite postoperative recovery with quicker return to daily activities by minimizing blood loss, postoperative pain and the length of the hospital stay."

Dr. Kolomeyevskaya collaborates with radiation oncologists and medical oncologists at Monmouth's Leon Hess Cancer Center. "I am very excited to join Barnabas Health Medical Group—an exceptional team of medical professionals," she says. "My goal is to provide personalized cancer care to optimize clinical outcomes and quality of life for our patients."



CHRISTOPHER ESWAR, M.D.

After completing his obstetrics and gynecology residency at Monmouth Medical Center in 2013, Dr. Eswar left for Phoenix to pursue

a two-year fellowship in minimally invasive gynecologic surgery at St. Joseph's Hospital and Medical Center under his mentor, Robert Hibner, M.D. He returned to Monmouth in 2015 with advanced laparoscopic and robotic expertise and more than 500 robotic surgeries performed to treat a host of pelvic and gynecologic disorders and conditions, including pelvic pain, benign pelvic masses, endometriosis, uterine fibroids, benign ovarian tumors, complex pelvic scarring, tubal ligations, single-site hysterectomies and pelvic mesh removals.

Almost 100 percent of the surgeries he performs are robotic. Today's da Vinci Surgical System, he says, expands the number of patients who meet the criteria for successful robotic gynecologic surgery.

"The robot's suturing abilities and wrist dexterity allow me to operate confidently within narrow spaces and small incisions," says Dr. Eswar. "Almost all of my patients go home the same day or the next morning, typically within 23 hours."

Dr. Eswar hails from a family of physicians; his twin brother is also a minimally invasive gynecologic surgeon, practicing in Buffalo, N.Y. He says he was drawn to women's health care in medical school

and to minimally invasive gynecologic surgery in residency.

“Coming back to Monmouth means joining an amazing team that has no parallel anywhere else,” he says. “I can always count on a fellow surgeon to assist me when needed and on OR

nurses and staff who all work together to attain superior patient comfort and outcomes.”

The medical center has a tradition of adopting the latest surgical innovations. It was the first facility in the region to offer patients the minimally invasive

option of robotic surgery, and it remains the region’s only hospital to employ two da Vinci surgical robots and the latest technology for minimally invasive complex procedures in adult and pediatric urology, gynecology and general surgery.

Milestones in robotic surgery

Recently surgeons at Monmouth Medical Center performed the hospital’s 3,000th robotic surgery. This technology has been used in procedures in gynecology, adult and pediatric urology and general surgery. One of the first was performed by Robert A. Graebe, M.D., a specialist in reproductive endocrinology and infertility who is Monmouth’s chairman of obstetrics and gynecology and medical director of its Institute for Robotic Surgery.

“The advent of robotic gynecologic surgery brought psychological as well as medical benefits to women, as it allowed us to discharge patients sooner, with small incisions covered with Band-Aids,” recalls Dr. Graebe. As director of Monmouth’s OB/gyn residency program, he has trained hundreds of residents to use the robot.

Chief of Gynecologic Oncology Thomas E. Hackett, D.O., has more than 900 robotic procedures to his credit and not too long ago performed the medical center’s 2,000th, a hysterectomy to treat uterine cancer. He notes that the robot’s superior technological capabilities mean a skilled robotic surgeon rarely has to convert a procedure to a traditional open surgery.

“So far, research shows that cure rates for gynecologic cancers remain the same for robotic or open surgery, but almost all women choose the robotic procedure when they learn of its benefits,” he says.

Martin P. Michalewski, M.D., director of minimally invasive urogynecology and gynecologic surgery, does more than 300 robotic urogynecologic and pelvic reconstruction surgeries each year to treat pelvic pain and bleeding, incontinence, pelvic floor disorders and prolapses of the uterus, bladder and rectum. He teaches robotic surgery to Monmouth’s residents and proctors da Vinci surgeons all over the country.

“All of our urogynecologic robotic cases are performed as outpatient procedures,” he says. “Recovery is better, satisfaction higher and inconvenience much less when patients can sleep in their own bed, eat food from their kitchen and use their own bathroom, as opposed to even the best hospital environment. Robotic surgery has given us 3D vision, superior dexterity and precision, but there’s another ‘3D’: the human surgeon’s drive, determination and discipline—drive to embrace new technologies, discipline to do meticulous testing and preparation, and determination to work harder and longer hours.”

The introduction of minimally invasive laparoscopic surgery in 1985 initiated a seismic shift in how the medical center’s gynecologists performed diagnostic and treatment procedures. In the next two decades, Monmouth’s specially trained gynecologists, gynecologic oncologists, urogynecologists and



Top: Thomas E. Hackett, D.O., meets with Monmouth Medical Center’s 2,000th robotic surgery patient. He performed her surgery. Above: Robotic surgery patient Lisa Medvitz, third from left, gathers with Martin P. Michalewski, M.D., FCOG, director of minimally invasive urogynecology and gynecologic surgery, and his staff, from left, Mary Fredo, Allison Fisher, Tammy Flavin and Connie Davis.

reproductive endocrinology and infertility specialists used minimally invasive laparoscopic and hysteroscopic techniques to diagnose and treat uterine growths, pelvic pain and prolapses, endometriosis, cervical and uterine cancers and a host of other gynecologic disorders.

Monmouth Medical Center’s acquisition of the region’s first robotic da Vinci Surgical System in 2006, followed by a second one several years later, further advanced gynecologists’ ability to treat gynecologic diseases and disorders with a minimally invasive approach. Today the medical center is the region’s only facility to employ two of the latest generation da Vinci Surgical Systems, allowing gynecologic robotic surgeons to introduce innovations, broaden the scope of robotic procedures and continue to benefit their patients with better surgical experiences and outcomes.

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 THE ROBOTIC REVOLUTION

KEEPING A KIDNEY

USING TODAY'S SURGICAL METHODS, A TUMOR IS REMOVED WITHOUT COMPROMISING THE ORGAN'S FUNCTION.

WHEN JUDITH GRISI BEGAN EXPERIENCING PAIN IN HER lower abdomen, she did what many people do—she ignored the pain and hoped it would go away. But, as the pain became more severe, Judith knew she could no longer ignore it. So one day, at the end of her shift, the cardiology physician assistant at Monmouth Medical Center went to the hospital's Emergency Department.

While everything appeared normal during the ED visit, the 63-year-old Toms River resident was advised to meet with a gastroenterologist to undergo further testing. During this visit, Judith had an MRI (magnetic resonance imaging scan) to check for any gastro-related issues. To her complete shock, MRI results revealed an incidental finding: a mass on her kidney.

At the suggestion of a colleague and after conducting her own research, Judith decided to meet with urologist Pierre J. Mendoza, M.D., a robotic surgeon at the medical center.

"When I told my friends and family I needed surgery, they were surprised I wasn't going to a big hospital in New York City," says Judith. "I've worked at Monmouth for 14 years, and I had no doubt that I wanted to have my surgery here. After all, I know and trust Monmouth Medical Center."

During the initial consultation, Dr. Mendoza recommended a robotic partial nephrectomy—a minimally invasive surgery in which a mass is removed through small incisions. Robotic surgery gives patients many benefits, including quicker healing time, less blood loss, less pain, a lower risk of infection and shorter hospital stays.

"Dr. Mendoza explained the procedure in full detail and answered all of my questions," says Judith. "It was reassuring to know he was the first surgeon to perform a robotic partial nephrectomy using fluorescent imaging in New Jersey and has extensive experience with this complicated procedure."

Dr. Mendoza's area of expertise is removing these tumors without removing the entire kidney—and without using a large incision. "Monmouth uses cutting-edge technology that's on par



with major cancer centers," he says.

During the surgery, Dr. Mendoza removed the 3.5-centimeter renal cell tumor using intraoperative ultrasound and a near-infrared fluorescence imaging guided system available on the da Vinci Si surgical system. Utilizing a specially designed camera and endoscopes, the system enables surgeons to capture images of tissue and surrounding blood vessels by injecting a unique fluorescence dye that is activated by near-infrared light.

"Using fluorescence imaging is revolutionary, as it may allow surgeons to differentiate between malignant and normal tissue in real time, because cancerous tissue fluoresces less brightly than normal kidney tissue," says Dr. Mendoza. "Monmouth was among a select group of hospitals in the country to first utilize this revolutionary technology. Since then, other hospitals, including major academic centers, have implemented it."

Through robotic surgery, the healthy portion of Judith's kidney was spared—only the diseased portion was removed. "This is the ideal outcome, because preserving the healthy kidney tissue will help maintain kidney function throughout a person's lifetime," says the surgeon.

"As a health care provider, Judith's biggest concern was how soon she'd be able to return to work to take care of her patients," adds Dr. Mendoza. "The robotic procedure was the right fit for her, as it affords a quicker recovery, particularly with the smaller incision. The fact that Judith takes good care of herself also contributed to her quick recovery."

Judith's surgery was a success. The entire mass was removed, and just seven weeks post-surgery she was back in the gym and working full-time. She will undergo surveillance imaging to monitor her kidney every six months during the first two years after surgery.

"I would recommend Dr. Mendoza to any of my loved ones who need this type of surgery," says Judith. "The entire staff went above and beyond to make sure I was well cared for every step of the way."

TO LEARN MORE ABOUT ROBOTIC SURGERY OR TO FIND A ROBOTIC SURGEON AT MONMOUTH MEDICAL CENTER, PLEASE CALL 888.724.7123. TO SHARE THIS ARTICLE WITH A FRIEND OR TO RECOMMEND IT ON YOUR FACEBOOK PAGE, VISIT MONMOUTHHEALTHANDLIFE.COM.



Farewell to 45 pounds



SURGERY HELPS A LONG BRANCH WOMAN ACHIEVE A DRAMATIC WEIGHT LOSS—AND BECOME MORE ACTIVE.

TALK ABOUT BOUNCING BACK. FORTY-ONE-YEAR-old Dawn Singleton got such positive results from a bariatric (weight-loss) procedure at Monmouth Medical Center that “I can do stuff I couldn’t do for years,” she says. “One of our grandchildren had a birthday party recently, and I could climb to the top of a giant ‘bounce house’ and play. I couldn’t do that before the surgery. I had a great time!”

Dawn is a buyer for the Barnabas Health system; besides husband Tom, a security guard for the system, she has three children (one age 6), four stepchildren and five step-grandchildren. Her trouble started years ago, when after suffering two miscarriages she turned to food for comfort. She saw her weight balloon to 230 pounds, a lot for her 5-foot, 1-inch frame. Though active physically—she played roller derby and was a regular at the gym—she couldn’t lose the weight. So she went to a weight-loss surgery seminar at the medical center.

The seminar was led by Gurdeep S. Matharoo, M.D., an advanced laparoscopic and bariatric surgeon with the Barnabas Health Medical Group. As Dr. Matharoo described the surgery, Dawn knew she wanted to try it. “I felt comfortable listening to him, and made an appointment to see him to start the process,” says Dawn, a Long Branch resident. “I really liked him; he had a great bedside manner.” She was especially excited when he said he was training to do the surgery using the da Vinci surgical robot system. “As a buyer for Barnabas Health, I know what the da Vinci is,” she says. “I saw it when it first came to the hospital.”

The robot affords surgeons an enhanced, three-dimensional view of the surgical site and precise, computer-aided movements of surgical tools. “The instruments move just as your hands and wrists move,” Dr. Matharoo says. The result is fewer complications, less pain, shorter hospital stays and a quicker recovery. Dr. Matharoo does all types of gastric surgery, including sleeve gastrectomy, gastric bypass, inguinal hernia, ventral hernia repair, single-site gallbladder removal and hiatal hernia repair. For Dawn, he recommended a sleeve gastrectomy, in which most of the stomach is removed, causing the patient to feel full after much smaller meals. She had the procedure February 4. And she couldn’t be happier that she did. By May, she had lost 45 pounds on her way to her goal weight of 150. She feels much better too.

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