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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



The solace of helping

IN A TOUGH TIME, HER VOLUNTEER WORK KEPT LIFE 'NORMAL'

The years change all of us, and for Terry Ingram of Oceanport, 60, they have erased one habit of youth.

"I used to read the end of a book before the beginning, so there'd be no surprises," she says. Today, though, she's content not to know what future chapters in the book of life have in store.

Friends know Ingram as a committed volunteer. For 11 years she's helped organize the annual Two Rivers Antiques Show and Garden Tour, held to raise funds for the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center. And for the past four years she's chaired the event, supervising 30 other

volunteers on 10 committees. But her friends may not all know the challenges she's faced at the same time.

Two years ago, Ingram's husband, Steve, 62, suffered a cerebral aneurysm. For five months she was with him in the hospital every day as he struggled to regain his health. He underwent rehabilitation, and Ingram directed a remodeling of their home to accommodate his needs. For a while he was progressing. But then he contracted meningitis and died.

Along with her grief, Ingram faced the task of sorting out papers in her husband's law office—he'd had a solo practice, so there was no partner to help—and stacks of hospital bills to resubmit to an insurance company that at one point had denied reimbursement for key services.

Was this, perhaps, a time to take a break from the burdens of volunteering? Not for Ingram. On the contrary, she says, working on the show and tour was the one thing in her life that was "normal."

"The Antiques Show and Garden Tour was part of my old life, as opposed to everything that was



going to be new," she says. There was solace in the familiar work, she says, and in "people being happy with what we'd done, with the money we'd raised."

There was also a more personal reason to carry on the fight against breast cancer—regardless of the battles under way on other fronts. The illness had claimed the lives of two of Ingram's aunts, and she'd been by the side of a good friend during a 10-year losing struggle with the disease. Ingram recalls how the two women staffed a reception table at one of the gardens on the tour together, taking questions about plants.

"I know the money we're raising is going to a

good cause," says Ingram, noting that in 12 years the show and tour have netted the medical center \$2 million for upgrades to ultrasound technology, digital mammography and other services. (This year's event, held Friday, June 8 through Sunday, June 10, will feature a tour of six local gardens and an antiques show at the Red Bank Armory Ice Complex.)

Today, life has calmed down, and Ingram continues the work that kept her going during her husband's illness. She walks Annie, her Cavalier King Charles spaniel, each morning at 7:45 and tends regularly to her own garden—vegetables rather than flowers. She visits her mother, who still lives in Baltimore, where Ingram grew up, and her two sons and their families in Washington, D.C., and Arlington, Virginia. And she finds time to babysit for her 2- and 3-year-old grandsons when they visit her in her childproofed, toy-filled home.

Inevitably, some of life's surprises are difficult ones. This dedicated volunteer meets them with grace, sustained by the solace of helping others. ■

HEALTH Link

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

A special place
for the young

What it takes to earn the label 'children's hospital'

*With this designation, Monmouth Medical Center shows its
commitment to caring for young people*



You'd think it would be a slam dunk. Children are our most vulnerable citizens, with the most future years riding on their good health. Surely providing optimal health care services to young people should be at the top of society's agenda.

Sadly, it isn't always true.

"Children don't vote," says Margaret C. Fisher, M.D., medical director of The Children's Hospital at Monmouth Medical Center. "So children's issues sometimes get put on the back burner."

Indeed, politicians are still struggling to figure out how to extend health care coverage to all young people. But there's one kind of institution that has always put the care of children first, priding itself on its sensitivity to their needs and their families' needs. That's the children's hospital.

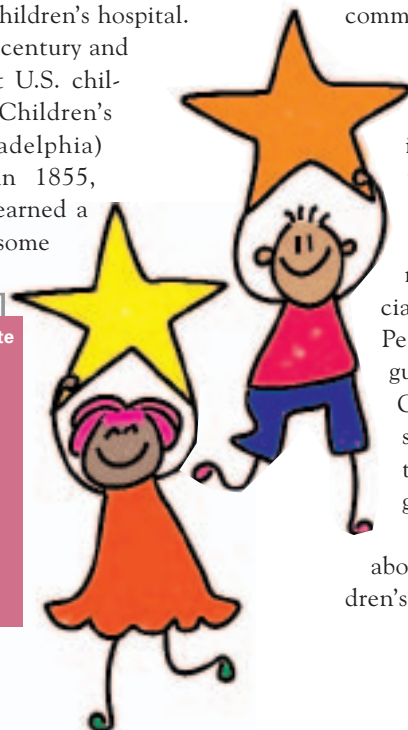
In nearly a century and a half since the first U.S. children's hospital (Children's Hospital of Philadelphia) opened its doors in 1855, these facilities have earned a reputation as "special, some

fast facts

- Children's hospitals on average devote 60 percent of their care to youngsters under age 6, and 26 percent of their beds to intensive care (compared with 9 percent in general hospitals).

- Children's hospitals handle about 1.6 million emergency-room visits yearly.

Source: National Association of Children's Hospitals and Related Institutions



even say miraculous, places," as the National Association of Children's Hospitals and Related Institutions (NACHRI) puts it, "where everything is kid-sized and child-friendly, and even the sickest children have the hope of becoming healthy once again."

That's why it was good news for children's care in Monmouth and Ocean counties when Monmouth Medical Center's pediatric facilities won formal designation in December 2005 as one of America's roughly 250 children's hospitals. "State law defines what you need to qualify for that label," says Dr. Fisher, "including an intensive-care area, a pediatric emergency room, a pediatric residency program and membership in NACHRI. It's a whole different level of sophistication and commitment."

The level was new for Monmouth, but the commitment wasn't. Back in 1968, the medical center established New Jersey's first neonatal intensive care unit—and the first in a community hospital in the U.S.—to care for infants born prematurely or in distress. In the years since, the medical center has taken a number of additional strides in pediatric care—not least in 2000, when it attracted Dr. Fisher, a nationally recognized infectious-disease specialist who serves on the American Academy of Pediatrics Red Book Committee, which sets guidelines for vaccinations. Today, Monmouth's Children's Hospital offers the services of 140 pediatric specialists in more than 30 key specialties, with more than 50 programs for children and adolescents.

On the next three pages you'll read more about the services Monmouth provides as a children's hospital. ■

Treating cancer and blood disorders

When youngsters need treatment, the Valerie Fund Children's Center is a friendly place to get it

In the late 1970s, when 9-year-old Valerie Goldstein lost her fight against cancer, her parents sought to honor her memory. They didn't want future children with serious illnesses to have to travel several times a week to New York or Philadelphia for treatment as Valerie had done. So they created the Valerie Fund Children's Center, New Jersey's first comprehensive care facility for children with cancer and blood disorders. Today the state has six such centers, and one of them is part of The Children's Hospital at Monmouth Medical Center.

The Valerie Fund Children's Center for Cancer and Blood Disorders offers chemotherapy, blood transfusions and other services in a setting designed to cheer spirits as it provides treatment. "It's about as warm and fuzzy as you can get—in the least warm and fuzzy part of your life," says Tim McLoone of Little Silver, whose 10-year-old son, Jack, is being treated for leukemia at the facility.

The center has a dedicated physician, Joanna Luty, M.D., and two nurses on staff in addition to nurse practitioner Susan Dulczak, who since late 2004 has been clinical director. A child life specialist, a social worker and a pediatric psychologist work with the center, which treats about 10 young people a day, from infancy up to age 21.

Compared with similar units at urban treatment centers, the Valerie Fund Children's Center is smaller and also, as Dulczak says, "calmer and quieter." But it provides the same high level of care and services, adhering to state-of-the-art national clinical protocols developed by the Children's Oncology Group, a cooperative group backed by the National Cancer Institute.

In 2005, the center completed an ambitious



At the Valerie Fund Children's Center, giraffes adorn the walls and children get infusion therapy in a "cinema."

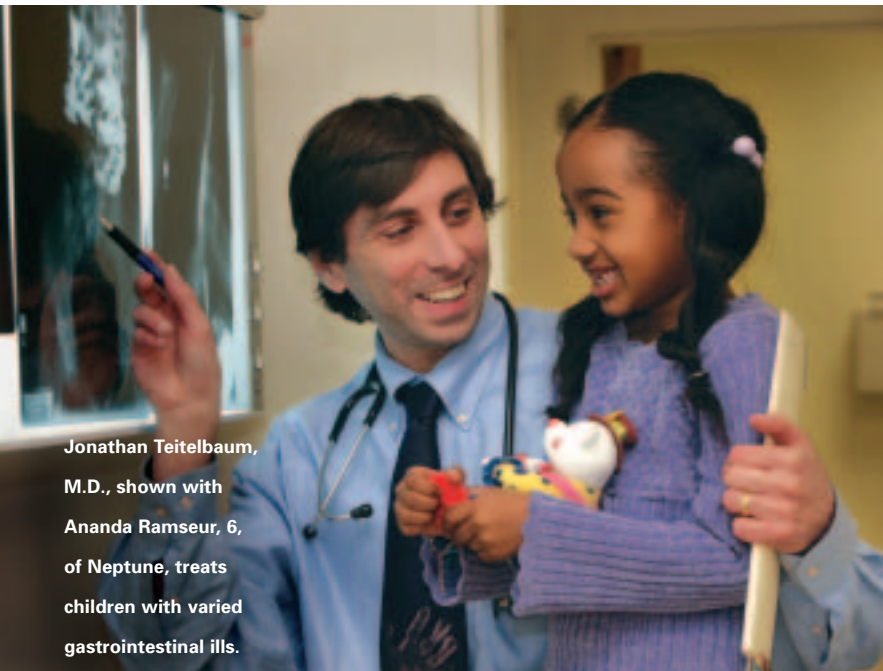
\$178,000 renovation, incorporating an exterior face-lift and a beach décor suggested by the kids themselves. One patient room has an exam table made out of a surfboard; in another, the table is a boat. A room for toddlers has a little car in it, and a more sedately outfitted room is full of recreational equipment for teens.

"When our kids get infusion therapy or blood transfusions, they're in a room that's like a cinema with red velvet curtains, where they can sit in big red recliners and watch a movie or play on a computer," says Dulczak.

Pia Binns of Rumson says her 3-year-old daughter, Isabella, cooperates with the rigorous treatment schedule for her leukemia because she feels safe at the center. "Everyone's nice, and they have everything she enjoys—from a playroom to movies to art supplies—so she never gives us trouble about going," says Binns. ■

When it's more than a bellyache

*Children with inflammatory bowel disease need both
treatment and emotional support*



Jonathan Teitelbaum, M.D., shown with Ananda Ramseur, 6, of Neptune, treats children with varied gastrointestinal ills.

On the fourth Thursday evening in alternate months, a group of 10 to 15 people—parents and children—gathers in the office of Jonathan Teitelbaum, M.D., a pediatric gastroenterologist at The Children's Hospital at Monmouth Medical Center. The kids look like ordinary youngsters, but they have a common trait that doesn't show. They're members of what is thought to be New Jersey's first support group for children with inflammatory bowel disease.

"I started the group last year, after patients kept telling me they felt like they were the only one," says Dr. Teitelbaum. "Inflammatory bowel disease is tough, because although the kids look normal on the outside they have a lot of belly pain, go to the bathroom frequently and often have bloody stools."

Many young patients said they didn't feel comfortable discussing their problem with their friends, so they welcomed a chance to meet other kids who were fighting the same battle. Dr. Teitelbaum often attends the Thursday meetings,

as do a psychologist and a social worker.

Inflammatory bowel disease includes Crohn's disease and ulcerative colitis, each of which affects about five children in every 100,000 in the U.S. each year. Crohn's disease can involve any part of the intestinal tract and can cause narrowing of the intestine or even trigger the formation of new connections of tissue in the intestine or between the intestines and the bladder or skin. Ulcerative colitis affects only the colon, or large intestine.

Treatment may involve dietary changes such as going on an all-liquid diet for a while, but children often find this difficult. Medications may also be used. They include antibiotics, preparations that coat the intestine with aspirin-like medicines, those that suppress the immune system and oral corticosteroids to decrease inflammation. The fifth—and newest—type of medication is biologics, which are given intravenously every one to two months and act on specific chemicals in the body.

"The biologic that has been approved for use in children with inflammatory bowel disease is called infliximab [Remicade]," Dr. Teitelbaum explains. "It's an antibody that targets a chemical called tumor necrosis factor, which is important in causing a lot of the irritation in these patients."

If these don't work, says the doctor, "there's surgery. It's not the first treatment of choice, but some patients need it, depending on the severity of their disease and our ability to control it with medicine."

Dr. Teitelbaum is involved in research and is a board member of the New Jersey chapter of the Crohn's and Colitis Foundation of America, working to find a cure for inflammatory bowel disease. ■



The bimonthly support group for children with inflammatory bowel disease and their parents at The Children's Hospital at Monmouth Medical Center meets the fourth Thursday in alternate months (it's due to meet in April and June) at 7 p.m. in Suite 210 at 255 Third Avenue in Long Branch. Drop-ins are welcome, but you can find out more about the group—or about the treatment of Crohn's disease and ulcerative colitis at Monmouth—by calling 732-923-6080.

Other key strengths of Monmouth's Children's Hospital

PEDIATRIC EMERGENCY ROOM This facility, the only one in the area staffed by doctors board-certified in pediatric emergency medicine, provides comprehensive emergency care for kids. It opens at noon on weekends and Mondays and 3 p.m. other days and stays open till midnight or 1 a.m. When emergencies strike at other hours, children can be taken to Monmouth's main emergency department, open 24/7, where all doctors are board-certified in emergency medicine and have had training in pediatrics.

NEONATAL INTENSIVE CARE UNIT (NICU) Sometimes babies need a way station between leaving the womb and going home. Monmouth's NICU is that special place, providing care for some 500 infants a year who are born prematurely or in distress. Survival statistics in the 21-bassinet unit consistently exceed national averages, and the NICU regularly places in the top 10 percent of hospitals in avoiding complications.

CHILDREN'S CRISIS INTERVENTION SERVICE This 19-bed inpatient facility serves patients ages 5 to 17, offering psychiatric services, nursing and social work attention. (If your child is in crisis, call the hotline at 732-923-6999.)

PEDIATRIC INTENSIVE CARE UNIT This is a six-bed unit that provides critical care for serious illnesses. A pediatric intensivist, or critical care physician, is always available. The hospital hopes to undertake a renovation of this facility soon, creating a new family area and a larger waiting room.

CYSTIC FIBROSIS CENTER The only one of its kind in the area, this facility has been led for more than two decades by pediatric pulmonologist Robert L. Zanni, M.D., a nationally recognized expert on this often life-shortening genetic condition. Dr. Zanni heads a team that also includes a respiratory therapist, a nutritionist, a geneticist, a social worker, a psychologist, a physical



therapist and nurses. They guide regular care for some 75 children and adolescents with cystic fibrosis. Recognized by the Cystic Fibrosis Foundation as a comprehensive care, teaching and research center, The Children's Hospital participates in clinical trials to advance progress against this disease.

THE HERBERT POCH CENTER FOR DISORDERS OF INSULIN AND METABOLISM

Here pediatric endocrinologist Malcolm S. Schwartz, D.O., chief of the division of pediatric endocrinology and diabetes, leads a team that battles today's epidemic of childhood obesity. He works with certified diabetes educators, dietitians, exercise physiologists, psychiatric social workers and a psychologist. The goal is to use dietary changes, exercise and weight loss to stave off the development of metabolic syndrome, or prediabetes. When diabetes does develop, this center guides young people in maintaining appropriate blood-sugar levels and avoiding complications.

THE TOUCHPOINTS PROGRAM

Research suggests that children fare best when parents are included in their medical care. The Children's Hospital at Monmouth Medical Center acts on this insight with a training program called Touchpoints, which is based on a concept pioneered by pediatrician and child development authority T. Berry Brazelton, M.D. Through role playing and discussion, clinicians sharpen their ability to forge helpful relationships with families.

AND MORE . . .

The Regional Cleft Palate Center provides surgery and outpatient services to children born with oral-facial abnormalities. The Muscular Dystrophy Program is one of five in the state sponsored by the National Muscular Dystrophy Association. And Monmouth is one of two hospitals in New Jersey that has on its premises a Ronald McDonald House, where homelike accommodations are provided for families of hospitalized children. ■

CONQUERING CANCER

A revolution in tumor imaging and treatment

By rotating a thin beam around the body from many directions, TomoTherapy makes radiation more selective—and more effective

A new technology that has been described as “the future of radiation therapy” is coming to Monmouth Medical Center this year.

It’s called TomoTherapy, and it’s a nearly 360-degree computed tomography (CT) scanner that takes images of a patient’s anatomy and then shoots thousands of little radiation beamlets into the patient in varying directions and intensities to kill tumors—and leave healthy tissue intact.

“TomoTherapy will allow us to get a high-quality CT image of the area that’s going to be treated with radiation just seconds beforehand to make sure targeting is accurate,” explains Mitchell Weiss, M.D., Monmouth’s chairman of radiation oncology, who is a former chief resident at Memorial Sloan-Kettering Cancer Center in New York.

A powerful computer controls radiation delivery, and it can raise or lower the intensity of radiation delivered to different areas of tissue—and block radiation entirely from reaching sensitive areas such as the spinal cord.

The new system is likely to bring dramatic benefits to patients, says Dr. Weiss. It may reduce side effects and potentially permit higher doses of radiation to be used safely, thus improving outcomes. And it may make radiation treatment an option for patients who were not previously considered candidates, either because they’d received earlier radiation or because their tumors were considered too close to vital regions to radiate safely. While TomoTherapy is no cure-all, the upshot promises to be better outcomes for people with cancer.

As Paul Reckwerdt, founder of TomoTherapy Inc., explains, radiation treatment many years ago was a crude process. “Our bodies are like bowls of Jell-O, and tumors move around inside them,” he says. “In the old days, they’d use radiation to blow a ‘hole’ in you large enough to be sure they got the tumor. Often that would also do a lot of collateral damage.”

In recent years, radiation delivery has become



more precise, and TomoTherapy is just one of a number of technologies that advance that precision. Reckwerdt likens it to string art, the way hundreds of small strings converge to create shapes of different colors. In similar fashion, he says, the tiny radiation beamlets come together to raise radiation to tumor-killing levels where it counts.

“The ability to treat from so many different directions, with different levels of intensity, allows you to exquisitely outline the tumor and deliver treatment to multiple sites simultaneously,” says Reckwerdt.

In a single piece of equipment, TomoTherapy combines the functions of treatment planning, patient positioning and treatment delivery.



The TomoTherapy system combines the functions of treatment planning, patient positioning and treatment delivery. The result: better targeting of tumors.

“The new system will allow us to treat almost any tumor—and even target multiple lesions at once while preserving healthy tissue,” says Dr. Weiss.

During the session, the patient lies on a treatment table, and the TomoTherapy machine rotates around him or her almost a full 360 degrees—it’s not quite a full circle, the doctor says—making it possible to treat the malignant cells from nearly any angle. The device uses 3-D CT imaging to locate cancerous tissue, and the procedure takes only 15 to 20 minutes each day.

The CT scanning capabilities of TomoTherapy, says Dr. Weiss, permit doctors to confirm information about the shape and position of the

tumor before the radiation treatment begins.

“TomoTherapy lets us accurately treat tumors, even those with significant anatomical movement,” the doctor explains. “This is a breakthrough compared with previous methods of radiation delivery, which forced us to treat larger areas to account for tumor motion. And because we now have the ability to target more precisely, we may be able to increase doses beyond what we’ve used in the past—and get better cure rates.” ■



For more information about TomoTherapy at Monmouth Medical Center, call the Leon Hess Cancer Center's Institute for Advanced Radiation Oncology, 732-923-6890.

MIND AND SPIRIT

BEYOND 'THE BLUES'?

RECOGNIZING
DEPRESSION IS
THE FIRST STEP TO
FEELING BETTER

Everybody knows what it's like to feel down for a day or two. But when the mood lingers for weeks or months, it's time to talk to a doctor; you may be suffering from depression. In any given year, an estimated 20.9 million American adults, or about 9.5 percent of the population, have a depressive illness, according to the National Institute of Mental Health.

"Today we understand that depression is a treatable disease, like pneumonia or diabetes," says Tess Medina, administrative director for behavioral health services at Monmouth Medical Center.

Sometimes people who feel depressed hesitate to seek treatment because they attach a stigma to so-called mental illness, Medina notes. They should know that there's no shame in depression and that it can be associated with a number of physical illnesses. And there's every likelihood that the sooner they seek help, the sooner they'll start feeling better.

Common symptoms of depression include losing pleasure in things you used to enjoy, feeling sad or empty, crying easily or for no reason, fatigue and trouble concentrating. Sleeping all the time and insomnia can both be symptomatic of the illness, as can persistent physical problems such as headaches or stomach troubles.

Though the manifestations of depression are fairly consistent, its causes are varied. Scientists theorize that genes play a part, as the condition often runs in families. An imbalance in brain chemicals known as neurotransmitters



For more information about the treatment of depression at Monmouth Medical Center, call 1-800-300-0628.

And if you, a friend or a family member is in crisis, call the hospital's psychiatric crisis hotline, 732-923-6999. You can also learn more about depression from the National Institute of Mental Health, 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663; call toll-free 1-866-615-NIMH (6464) or e-mail nimhinfo@nih.gov.

appears to be a key factor in the development of depression. In some people, the level of these chemicals may be too low or too high, predisposing them to the illness.

Conditions such as stroke, heart attack, cancer, Parkinson's disease and hormonal disorders can also trigger depression, as can life stressors such as the loss of a loved one, divorce or financial strain.

The main treatments include medication, stress management and psychotherapy, which involves verbal communication. Studies suggest that moderate exercise—30 minutes or more per day—can ease symptoms of mild to moderate depression. But that should never be a substitute for checking with a physician to see if treatment is needed.

Psychotherapy helps patients manage their thoughts, feelings and behaviors. The process can bring them a greater understanding of old conflicts that may still be limiting them and can teach them skills for living a more satisfying life.

Antidepressant medications, which help to restore the natural balance of brain chemicals, are often very effective in relieving depression. These drugs are non-addictive, and many newer agents have fewer side effects than earlier

Are you depressed?

A diagnostic test

Depression can be triggered by negative experiences, but it can also strike when life seems objectively to be going well. If you've been feeling blue lately, check out the 15 questions below, prepared by the National Institute of Mental Health. Tick off boxes that apply to you, and if you find you've marked several, the NIMH suggests you make an appointment with your doctor and show him or her this list.

- I am really sad most of the time.
- I don't enjoy doing the things I've always liked to do.
- I don't sleep well at night and am very restless.
- I am always tired. I find it hard to get out of bed.
- I don't feel like eating much.
- I feel like eating all the time.
- I have lots of aches and pains that don't go away.
- I have little to no sexual energy.
- I find it hard to focus and am very forgetful.
- I am mad at everybody and everything.
- I feel upset and fearful but can't figure out why.
- I don't feel like talking to people.
- I feel like there isn't much point to living and nothing good is going to happen to me.
- I don't like myself very much. I feel bad most of the time.
- I think about death a lot. I even think about how I might kill myself.

drugs. Antidepressants take effect gradually, so it can be a few weeks before patients notice that a medication is working.

If you're having symptoms of depression, consult your doctor or call the hospital for a referral. Says Medina: "There are a number of ways we can help." ■

8 signs that may mean depression

If you, a friend or a relative show these signs for two weeks or more, it's time to check with a doctor to find out if a clinical diagnosis of depression—and appropriate treatment—is required:

1. persistent feeling of sadness, hopelessness or anxiety
2. sense of worthlessness
3. decreased interest in, and enjoyment of, activities and other people
4. difficulty concentrating, slow thinking or indecisiveness
5. loss of energy and motivation
6. change in appetite or sleep habits
7. persistent headaches or stomachaches not otherwise explained
8. thoughts of death or suicide

Sources: Monmouth Medical Center; National Institute of Mental Health

Causes of depression

Depression doesn't always have roots deep in the psyche. Doctors say that in some cases it can result from:

- medications (such as high blood pressure, heart and glaucoma medications; corticosteroids; and certain antihistamines)
- a recent infectious illness such as the flu, mononucleosis or hepatitis
- thyroid problems
- diabetes
- hormonal disturbances, such as menopause
- poor diet or lack of exercise
- lack of sunlight (known as seasonal affective disorder, which occurs during the dark fall and winter months)

SURGICAL STRIDES

Pioneering two new operations on the esophagus

These groundbreaking procedures can mean a quicker recovery for patients

Recently, surgeons at Monmouth Medical Center have been among the first to perform two rare and demanding procedures, each related to the esophagus:

DOING ESOPHAGECTOMY THE LAPAROSCOPIC WAY

Surgical removal of the esophagus—esophagectomy—is the treatment of choice for many of the 11,000 Americans each year who are diagnosed with cancer of the esophagus. It's also sometimes used for Barrett's esophagus and high-grade dysplasia, conditions in which cells have been transformed into a precancerous condition by prolonged contact with stomach acids.

The conventional procedure, using large, open cuts, has had a complication rate as high as 35 percent to 40 percent. But thanks to today's minimally invasive laparoscopic surgery and surgeons like Frank J. Borao, M.D., of Monmouth Medical Center, the odds of coming through unscathed are much improved.

Laparoscopic esophagectomy employs a small scope and tiny tools inserted through several small incisions to allow access and visibility. For patients, this means less blood loss, decreased postoperative pain, fewer complications, faster healing and shorter hospital stays, averaging about a week, compared with the three weeks' stay usually required for open surgery. Dr. Borao did his first laparoscopic esophagectomy two years ago, and he's the only New Jersey surgeon to have performed it.

"This is an extremely difficult procedure," says Michael A. Goldfarb, M.D., chairman of the department of surgery at Monmouth. "Dr. Borao can do it because of his extensive background in other laparoscopic operations. You can't just decide to do this. It's a progression after a surgeon masters the variations of gastric surgery."

In laparoscopic esophagectomy, the diseased portion of the foodpipe is removed through small holes in the neck, chest and belly. Then the surgeon pulls the healthy tissue of the stomach higher up into the esophagus or neck and reconnects it.

The complex operation can take from four to eight hours. The difficulty comes in part from operating in up to three different body sections, increasing the possibility of running into problems, Dr. Borao explains.

"There are only a handful of people in the country doing this totally laparoscopically," says Dr. Goldfarb, "and Dr. Borao's rate of complications is much lower than the national average."

Another key measure of success with this procedure is conversion rate, or how often an operation begins laparoscopically but then must be converted to open surgery with cuts. Dr. Borao's is very low. "We are successful more than 90 percent of the time in performing the operation using a minimally invasive approach," he says.

There's also the human element, of course. When patients have a high level of anxiety, Dr. Borao offers to put them in touch with other people who have undergone the procedure. "This support really puts them at ease and gives them a new perspective about what they should expect," he says.

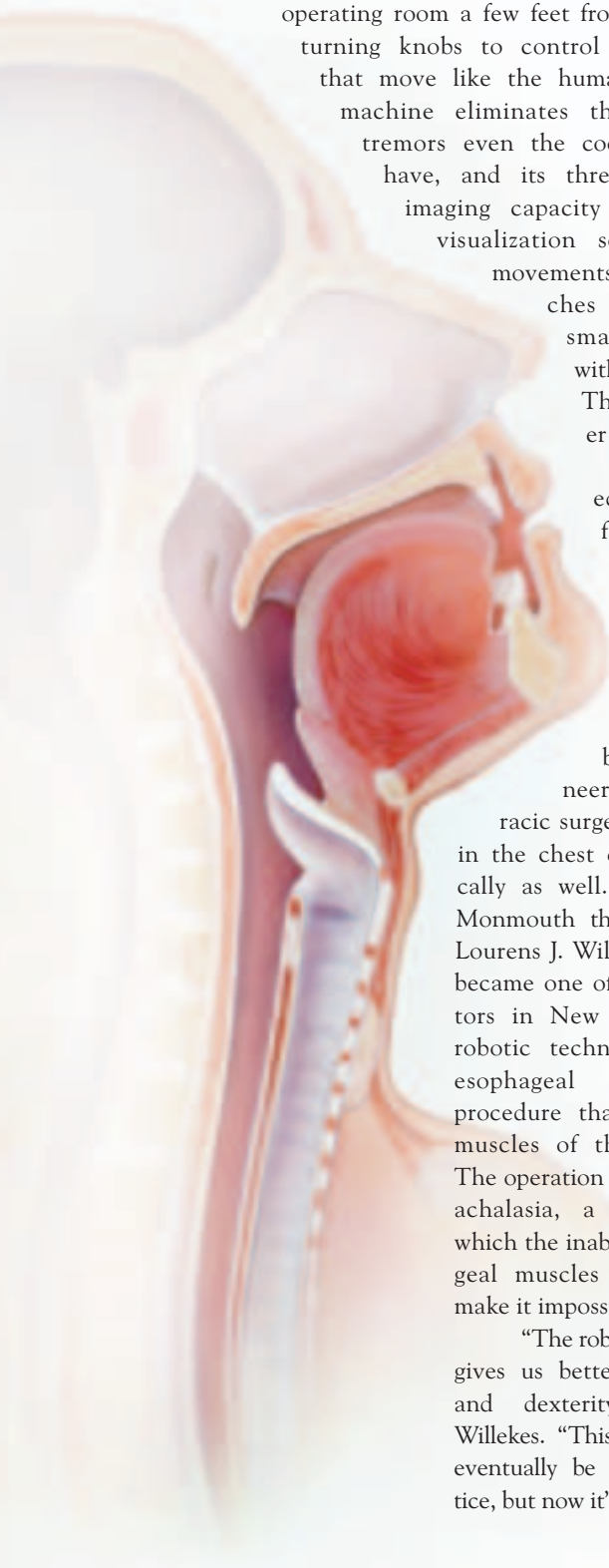
HOW ROBOTS PROVIDE A RISK-FREE ADVANCE

By now, most of us understand that robotic surgery doesn't mean an operation controlled by an independent, manlike machine. Instead, robotic technology is a sophisticated tool that extends the surgeon's reach and precision—and depends on the surgeon's own skill and savvy.

Doctors at Monmouth Medical Center employ the new da Vinci S Surgical System to perform a growing array of oper-



Frank J. Borao, M.D.



ations. The surgeon sits at a console in the operating room a few feet from the patient, turning knobs to control robotic arms that move like the human wrist. The machine eliminates the tiny hand tremors even the coolest surgeons have, and its three-dimensional imaging capacity can magnify visualization so that hand movements of several inches control much smaller motions within the patient. The result: greater precision.

While the equipment was first used for operations like prostatectomy and hysterectomy, the hospital has recently become a pioneer in doing thoracic surgery (operations in the chest cavity) robotically as well. Last August, Monmouth thoracic surgeon Lourens J. Willekes II, M.D., became one of the first doctors in New Jersey to use robotic technology for an esophageal myotomy—a procedure that divides the muscles of the esophagus. The operation is used to treat achalasia, a condition in which the inability of esophageal muscles to relax can make it impossible to swallow.

“The robotic technology gives us better visualization and dexterity,” says Dr. Willekes. “This approach will eventually be common practice, but now it’s cutting-edge.”

As he explains, esophageal myotomy is one of three kinds of thoracic surgery that can be done robotically. The others are lobectomy with lymph node dissection, in which a portion of the lung is removed to treat lung cancer, and mediastinal surgery, used to extract tumors in the central chest area. Dr. Willekes did Monmouth’s first robotic lobectomy last December. At presstime he was awaiting an appropriate patient for the first robotic mediastinal procedure.

Robotic thoracic surgery is an improvement on an improvement. A few years ago, the advent of a minimally invasive technique known as video-assisted thoracic surgery (VATS) worked a small revolution in these chest-cavity operations. Where the “open” procedure known as thoracotomy required a major incision in the chest and spreading ribs apart, VATS achieved the same results by introducing small, video-guided equipment through half-inch ports in the chest—reducing recovery times from about four weeks to five to seven days. But VATS still required direct manipulation by the surgeon.

Now, because robotic technology increases dexterity, it extends the range of procedures that can be done in a minimally invasive fashion, making this dramatically shorter recovery available to more patients. “With VATS you’re basically limited by operating with straight instruments of restricted dexterity,” says Dr. Willekes. “The robotic arm is much more similar to the human wrist, so it lets us do some of the larger procedures that once required open surgery.”

Robotics also has the potential to let a surgeon operate from miles away, if—and it’s a big “if”—someone at the bedside can position the robotic arms correctly. (While it wasn’t a thoracic procedure, the first transatlantic robotic “telesurgery” took place in 2001, when a surgeon sitting at a console in New York removed the gallbladder of a patient in France.)

But the real beauty of applying robotics to thoracic surgery, says Dr. Willekes, is that it’s an innovation that doesn’t add risk. The decision to “go robotic” can always be reversed if necessary. “If I have to convert to VATS or a thoracotomy, it doesn’t involve any extra incision,” says the surgeon. “We haven’t burned any bridges. We’re just reverting to a procedure that is still the standard of care.” ■



Lourens J. Willekes II, M.D.

HOSPITAL WATCH**Making sense of a new category of care**

Does your hospital bill say 'outpatient observation'?

Here's what that means



Are you imagining things? Your hospital bill is labeled “outpatient,” but you could have sworn you spent the night there.

Don't worry. You're just affected by a relatively new wrinkle in Medicare billing policy that, like most such policies, has spread to private insurance payers as well. It's called “outpatient observation” status, and you may see it on your bill if you've been in the

hospital lately for a brief stay of up to 48 hours.

By Medicare rules first promulgated back in 1992 but not seriously enforced in this area till 2005, observation status is the label given to hospital care for certain conditions—nausea, dehydration, fainting spells, noncardiac chest pain and mini-strokes, or transient ischemic attacks (TIAs), for example—that require close watching but tend to be temporary.

“It's a lousy term,” admits Alvin Fried, M.D., an internist who serves as physician adviser for care management and medical records at Monmouth Medical Center. That's because it may sound to some as if patients are only looked at rather than treated by physicians. Actually, says Dr. Fried, “from a treatment point of view, there's no difference between these patients and those who are fully admitted. It's a labeling distinction, not a medical care distinction. There's no compromise of patient care—that's absolute.”

The purpose of the change in billing is to save money for Medicare—and thus for the taxpayers, the doctor explains. Patients in outpatient observation status are billed as if they'd been treated in a physician's office rather than in a hospital. That means Medicare patients are billed under Part B for outpatient services rather than Part A for inpatient services.

Last year, Monmouth treated 1,001 patients on an outpatient observation basis, compared with 20,500 conventional admissions, says Dr. Fried. The hospital created an Observation Unit in 2005, but observation patients actually can be placed anywhere in the hospital.

“If you're an observation patient, the person in the bed next to yours may be a full-admission patient, and you'll both receive the same nursing care,” says Susan Skola, Monmouth's assistant vice president for patient care services, who stresses that “Medicare is the driver behind this, not hospitals. And we're talking about patients in a low-risk category.”

Finally, says Dr. Fried, it's important to know that these labels “aren't written in stone—they can be changed either way. If it's found to be necessary, an observation patient can be immediately changed to full-admission status.” ■

What makes a dedicated doctor?

For these three, seeing the difference they could make with patients was a key factor

RADIATION ONCOLOGIST

MITCHELL WEISS, M.D.

"It's amazing," says Mitchell Weiss, M.D., 36. "Thanks to the way programming and equipment have improved, we can treat cancer patients with much less toxicity than they received 10 or 20 years ago—and they're having better outcomes too."

Like many physicians, Dr. Weiss imagined himself in a lab coat from an early age—but in his case it was originally a research investigator's garb.

Growing up in Highland Park, Illinois, with a podiatrist father and a schoolteacher mother, the math-and-science whiz knew

he wanted a career that helped others. "Theoretically you could save more lives working in a lab," he says. "But I decided that was too impersonal. I wanted the daily interaction that comes with being a doctor."

At the University of Illinois he switched from bioengineering to biology to pre-med, and he earned an M.D. at the University of Chicago Medical School in 1998. Next came an internship at Chicago's Weiss Memorial Hospital (no relation) and a residency at New York's Memorial Sloan-Kettering Cancer Center, where he was chief resident. He came to Monmouth Medical Center in 2003, and in 2005 became chairman of radiation oncology.

Dr. Weiss and his wife, Jennifer, live in Ocean Township and have four children.



PEDIATRIC GASTROENTEROLOGIST

JONATHAN TEITELBAUM, M.D.

Call it the Mickey Mouse effect. Jonathan Teitelbaum, M.D., remembers the exact moment in his medical education when, already set on gastroenterology, he decided to focus on children.

"I was a third-year med student on rounds in the oncology ward—these were very sick kids," he says. "People came in dressed as Mickey Mouse and Minnie Mouse, and all the kids came running out of the rooms to give them a big hug. And the attending physician turned to me and said, 'See? How could you not want to go into pediatrics?' That was exactly how I felt. Kids are more fun to deal with. They tend to bounce back."

The Washington, D.C., native grew up on Long Island, where his father was a patent attorney and his mother an elementary-school teacher. As a highly allergic child he saw a lot of the allergist, which may have nudged him toward a medical career. An Emory University grad, he earned his M.D. at the University of Pennsylvania Medical School in 1993. Then came a residency at Children's Hospital of Philadelphia and a fellowship in pediatric gastroenterology and nutrition at both the Children's Hospital of Boston and Massachusetts General Hospital.

Dr. Teitelbaum, 39, lives in Morganville with his wife, Michelle, and their two daughters.



GYNECOLOGIC ONCOLOGIST

THOMAS HACKETT, D.O.

It's a little-known fact that many gynecologic oncologists have never practiced general obstetrics and gynecology. But Thomas Hackett, D.O., 50, chose to do so when he spent a year in Guantanamo Bay, Cuba, and two years in Jacksonville, Florida, as a naval doctor. "It was helpful for me to practice ob/gyn to learn what my patients go through when they're healthy, and to see the profound impact the diagnosis of a malignancy has on them," says the board-certified physician.

His interest in the field developed during his residency in ob/gyn at the Naval

Medical Center in San Diego. For him, treating cancer patients was—and is—the perfect balance of technical challenge and satisfying personal interaction.

Prior to that, he attended medical school at the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine. He went on to complete a fellowship in gynecologic oncology at Pennsylvania State University.

Dr. Hackett's main clinical interest now is laparoscopic surgery with the use of robotics.

When he is not working, he can often be found fly-fishing or creating in his woodworking shop at his Brielle home, which he shares with his wife, Robin, and three sons. ■



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** April 22, May 20, June 24, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

■ **Two-Day Preparation for Childbirth** (two-session program) April 14 and 21, May 5 and 12, June 2 and 9, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

■ **Preparation for Childbirth** (five-session program) May 22, 29, June 5, 12 and 19, 7:30–9:30 p.m. \$125/couple.

■ **Marvelous Multiples** (five-session program) April 25, May 2, 9, 16 and 23, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

■ **Eisenberg Family Center Tours** April 15, 29, May 6, 20, June 3, 1:30 p.m. Free. (No children under 14 years old.)

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

■ **Make Room for Baby** April 21, May 19, June 16, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

■ **Becoming a Big Brother/Big Sister** May 12, 10–11:30 a.m. For siblings ages 6 and older. \$40/family.

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

■ **Baby Care Basics** (two sessions) April 21 and 28, noon–2 p.m., May 10 and 17, 7:30–9:30 p.m. \$80/couple.

■ **Breastfeeding Today** May 3, 7–9:30 p.m. \$50/couple.

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

■ **Grandparents Program** May 14, 7–9 p.m. \$30/person, \$40/couple.

■ **Parenting Young Children Through S.T.E.P.** (five-session program) May 30, June 6, 13, 20 and 27, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person, \$100/couple.

■ **Infant Massage** (four-session program) May 15, 22, 29, June 5, 9:30–10:30 a.m. Learn massage techniques under the guidance of a massage instructor. For expectant parents, parents and infants up to 1 year of age. \$80 (includes book and oil).

JUST FOR KIDS

(Also see sibling preparation programs above.)

■ **Safe Sitter** (one-session program) May 5, 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

■ **Helping Yourself to a Good Night's Sleep** April 25, 6–7 p.m., The Chelsea at Tinton Falls, 1 Hartford Drive. Registration required; call 732-933-4700.

■ **Monmouth Medical Center's Community Health Fair** April 25 and May 23, 10 a.m.–2 p.m., medical center lobby.

■ **Bereavement Seminar** "Remembering Our Mothers as Mother's Day Approaches." April 26, 7 p.m., Monmouth Medical Center. Call 973-322-4817.

■ **Health and Fitness Expo** April 27, 3–7 p.m. April 28, 9 a.m.–8 p.m., Ocean Place Resort and Spa, Long Branch.

■ **Stress-Free Workshop** "Meditation for Inner Calm," May 8, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. May 9, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.

■ **Cholesterol Screening** May 9, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown. \$12/test.

■ **"To Your Health" Showcase** May 9 and June 13, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

■ **Blood Pressure Screening** May 9, June 13, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

■ **Surgical Solutions for Long-Term Weight Loss** June 6, 7–9 p.m. Presented by Frank J. Borao, M.D., director of laparoscopic surgery. Call 1-888-SBHS-123 to register.

SENIOR HEALTH

■ **Stop Your Tobacco Dependence** April 18, 1–3 p.m., Presented by the Saint Barnabas Behavioral Health Network Institute for Prevention. SCAN.*

■ **The Laughter Club: Long Live Laughter** April 25, 1–3 p.m. A session focusing on laughter as a stress-reduction technique to improve mood and aid mental and physical flexibility and the immune system. SCAN.*

■ **Volunteerism** May 2, 1–3 p.m. SCAN.*

■ **"Why Do My Hands Hurt in the Morning?"** May 8, 11–11:45 a.m. Presented by Arthur P. Vasen, M.D., hand and orthopedic surgery, Howell Senior Center (ages 60 and older), 251 Preventorium Road. Registration and free membership required; call 732-938-4500, ext. 2554.

■ **Slip-Sliding Away: Fall Prevention** May 16, 1–3 p.m. SCAN.*

■ **Getting a Good Night's Sleep** May 23, 1–3 p.m. SCAN.*

■ **Macular Degeneration and Other Aging Eye Disorders** May 30, 1–3 p.m. Presented by John M. Ghobrial, M.D., ophthalmology. SCAN.*

■ **Lung Cancer 2007: Have We Made Any Progress?** June 6, 1–3 p.m. Presented by Lourens J. Willekes II, M.D., thoracic and general surgery. SCAN.*

■ **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.*

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