

MONMOUTH

health & life

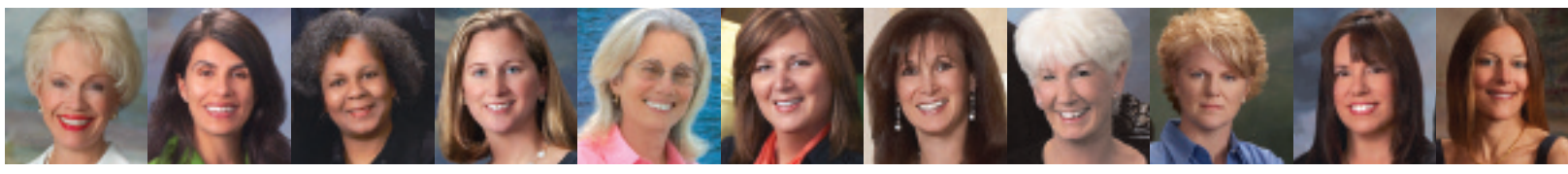
September 2009
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MOMS *making a* difference:

11

*local ladies
and the causes
close to
their hearts*

Photos
from 'The Best
of Monmouth'
pages 16 & 64



+ OUR MEAL AT BELFORD BISTRO • INSIDE 3 AREA SHOW HOUSES • GURU-GUIDED GETAWAYS

HEALTH LINK • Get a better blood test • Relief for celiac sufferers • Where health pros turn when they need a new joint

Welcome LETTER

Advancing care

AT MONMOUTH MEDICAL CENTER, THE TREND of performing surgery through small incisions is clearly illustrated in a history that is rich in laparoscopic milestones. In 2006, Monmouth's Department of Surgery added another impressive achievement to its long list of minimally invasive firsts, becoming the first and only hospital in the region to offer the da Vinci S Surgical System—the sophisticated robotic platform that combines computer and robotic technologies with the skills of the surgeon to overcome the limitations of traditional surgery. For Monmouth, the da Vinci system has painted a picture of surgical precision and a future in which an ever-widening population of patients will be able to benefit from the advantages offered by minimally invasive surgery.

Now Monmouth—the hospital that performs the most pediatric surgeries and same-day procedures in Monmouth and Ocean counties each year—has broadened its robotic surgical scope to include children. In this issue, you'll read how The Children's Hospital at Monmouth Medical Center has joined the ranks of surgical pioneers, as the first pediatric robotic surgery is performed by pediatric urologist Thomas Vates III, M.D., and urologist Michael Esposito, M.D., who is nationally renowned in utilizing the robotic system for urologic surgery, and his partner Mutahar Ahmed, M.D.

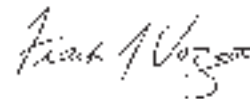
Robotic technology's entry into the operating room represents the latest advance in minimally invasive surgery. We are so proud to be able to extend these benefits to our youngest patients.

Also in this issue is coverage of a new program for adults and children with a genetic autoimmune disorder characterized by a reaction to the ingestion of gluten—a protein found in wheat, rye and barley. The Kogan Celiac Center of the Saint Barnabas Health Care System opened its first satellite location at Monmouth in May to offer central Jersey residents convenient access to comprehensive testing and treatment for celiac disease.

It is part of our hospital vision to be a leader in designing new ways for delivering key services by forming innovative and collaborative relationships with other providers. By working together with our Saint Barnabas Health Care System affiliates, as well as our highly skilled medical staff, we

are meeting this goal.

Sincerely,



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



Double tribute

HONORING TWO SIBLINGS LOST TO BRAIN CANCER, A SPECIAL EVENT HELPS OTHER FAMILIES COPE



Justin Rubin, left, and his late brother's onetime "sidekick," Andy Feldman

IT'S HARD NOT TO SEE CANCER AS A VILLAIN with a diabolical, evil will. What else could snatch the life of a 21-year-old—and then come back for his sister 20 years later on the same date?

So it was with Greg Rubin and his sister Carolyn. And their friend Andy Feldman of Middletown, a 46-year-old music and events promoter, recently chose to honor the two siblings' memory—and fight the foe—by staging a concert to benefit the David S. Zocchi Brain Tumor Center at Monmouth Medical Center.

When Feldman was growing up, his house and the Rubins' were back-to-back in Deal, and the two families' 13 kids wore down the dirt path between the two homes. He recalls the day Greg Rubin strutted into his first-grade class.

"He was larger than life, bigger than everyone else, and he announced, 'I am the king and I am taking over!'" says Feldman with a laugh. "He was just a magnetic kid, the best athlete, the best-looking, the funniest—he was

the leader, even at age 7. And I was his little sidekick."

The two boys were instantly inseparable. For the next seven years, they did their best to cause trouble. "We were bad kids, always looking for laughs out of something stupid," Feldman remembers. "When fire-crackers exploded in the school bathroom, the principal came right to our classroom. He knew whom to go to."

But in eighth grade, a tumor grew on Greg's leg, caused by a deadly cancer called glioblastoma that forms in the brain but can shed malignant cells that take hold anywhere in the body. He grew sicker, and as a high school freshman had a brain operation that left him in a coma for two months. "He was in the hospital for almost a year, and I went to see him every day," Feldman says.

Greg recovered enough to return to school the next year, but was thin and had balance problems. The former playground king was sometimes bullied—until Feldman, who now went to a different high school, heard about it. "I called some kids I knew at his school and said, 'How can you let this happen?'" They took over and protected him.

Greg lived another eight years. "We were still hell-raisers, going to concerts at The Stone Pony, skiing in the Poconos when he felt OK. He kept in touch with a lot of his friends, even when he was sick. But I was the one who was always there for him."

Still, Feldman couldn't be there when Greg died, while in Spain seeking special medical treatments, on July 9, 1984.

"Greg's death was like a time bomb going off," says his brother Justin Rubin, 40, a filmmaker living in California. "It was really hard on all of us."

After that, Feldman and the Rubin family drifted apart. "I think it was hard for them to see me," Feldman

says, "because I reminded them so much of Greg."

He'd occasionally run into Justin or one of the other Rubins at local music clubs, where he often worked as a road manager and event promoter for musical acts such as Cheap Trick and Blues Traveler.

"I'd seen him less than a handful of times over the next 20 years," Rubin remembers.

In February 2004, Feldman heard that his late friend's mother, Elizabeth Rubin, was trying to contact him. "I called her and she said, 'Before you hear it from someone else, I want to be the one to tell you that Carolyn has brain cancer too.'"

Carolyn, Greg's older sister, was Feldman's sister's best friend. "She was like a sister to me too," he says. "I just couldn't believe it. But I was touched that Mrs. Rubin had reached out to me."

By June of that year, Carolyn—now Carolyn Kelly Wallach, married with three young children—was failing. "I knew she too would die on July 9th," says Feldman. And she did—20 years to the day after her brother's death.

Feldman attended Carolyn's wake, although he was a bit worried that his presence might cause the Rubins even more pain. It was just the opposite. "When he walked in, he was like a ray of light," Rubin says. "Even in a very sad setting, we were all really happy to see him."

With old bonds rekindled, Feldman knew he wanted to do something to honor his friends. As the 25th and fifth anniversaries of Greg and Carolyn's deaths approached, he decided to do what he does best—put on a show. And he found the perfect project for which to raise money. The David S. Zocchi Brain Tumor Center at Monmouth Medical Center was building a new family room, where patients' families could gather in private to make decisions, talk to caregivers or just find a few moments of peace. Feldman asked the Rubins if they would like the room to be named in honor of Greg and Carolyn.

"There was no hesitation from our family," says Rubin. "After the two battles we'd gone through, we knew better than anyone that in a hospital people need a place to go to talk and think. And to have it named after Greg and Carolyn is very special. My parents really appreciate how much the room will mean to families in the same situation."

The benefit concert was held at the Paramount Theatre in Asbury Park on December 21, 2008. "That



Andy treasures Greg's favorite hat. Here Greg's mother, Elizabeth Rubin, sees it for the first time in 25 years as son Justin looks on.

night we saw people we hadn't seen since Greg's funeral," says Rubin. "My family is not a morose bunch. Levity is important to us, and laughing helped get us through the tragedies. For all these old friends to come together for this joyous occasion was wonderful."

On July 9, 2009, the plaque naming the family room was unveiled. Feldman gave a speech. "I am not a speaker, but I felt at ease," he says. "The day felt so natural. Everything worked."

"Andy is a special part of our family," says Rubin. "We are all thrilled to have him around again." And Feldman vows to stay near for years to come.

"This brought us closer than we ever were," he says. ■

RAISING AWARENESS—AND FUNDS—FOR BRAIN CANCER CARE

Justin Rubin, a filmmaker in California, has created an award-winning short film describing his siblings' illnesses and explaining the need for more brain cancer research. "This work is critically underfunded, and the number of brain tumors diagnosed each year is growing," he says. "Brain cancer will touch your life somewhere along the way."

• You can see his film and learn how to help at www.NoNext.org.

• For more information about the David S. Zocchi Brain Tumor Center and the Gregory Francis Rubin and Carolyn Kelly Wallach Family Room, go to www.mmc.cancer.com/neuro_onc or call 1-877-577-9800.

• To contribute to the Gregory Francis Rubin and Carolyn Kelly Wallach Family Room, e-mail Andy Feldman at andy@myfriends.gregandcarolyn.com.

JERRY CASCIANO



Orthopedic surgeon David Chalnick, M.D., stands amid the bevy of Monmouth Medical Center colleagues for whom he's performed joint replacement surgery.

NEW KNEE, NEW HIP

WHEN HOSPITAL STAFFERS NEED
A JOINT REPLACED, THEY KNOW JUST
WHOM TO TURN TO

IT TAKES HUNDREDS OF DEDICATED PEOPLE to keep a hospital like Monmouth Medical Center running, but one man does a lot to keep it walking. He's orthopedic surgeon David Chalnick, M.D., and he's been performing joint replacement operations for 20 years, the last decade at Monmouth. When hospital employees need a new knee or hip, he's the one they put their trust in.

"I'm not sure how many Monmouth employees I've done—I can think of 10 off the top of my head," says the doctor. "It always puts a smile on my face when I see someone working that I've been able to help."

Surgeons do more than 1 million joint replacements a year in the U.S., and the number is rising fast.

"One reason is that Baby Boomers are entering the senior years, and they want to remain active as they age," Dr. Chalnick explains. "Another is the obesity epidemic. As people get heavier, their knees wear out faster."

Fortunately, both the devices implanted to replace joints and the operations themselves have greatly improved in recent years. "The materials used today have a much greater life expectancy, which means they can be implanted in younger patients," he says. "And we now use more minimally invasive techniques, so there is less pain and quicker recovery."

Still, it's a major operation, and it speaks volumes that hospital employees turn to Dr. Chalnick. Two tales illustrate the point:

NEW KNEE: NURSE KATHY PIER

Monmouth nurse Kathy Pier knows the clinical lingo, but she puts it aside when she describes her favorite orthopedic surgeon.

"He's my hero," she says simply.

Pier, 53, is a divorced mother of three adult children who lives in Wanamassa. Her knee problems began in childhood, when she developed patellar subluxation, a condition common among prepubescent girls. "My knees would pop out of joint, then pop back in," she says. She had several surgeries on both knees to correct the problem, but her doctors told her she would probably develop arthritis from all the damage and eventually would need replacements.

Through her 20s and 30s she was fine. "I skied, I taught aerobics, I was very active," she says. But by age 40, her right knee had lost flexibility, occasionally locked up and caused her lots of pain. She had it replaced, but three years later the new one had worn out.

"My previous doctor didn't want to treat it," she said. "He said I needed to live with it, because if I had another replacement, in 20 years it would wear out too—then it couldn't be replaced again, and I'd have no other options."

She did live with it, but the pain and loss of function only grew. She became depressed and had trouble doing her job as an emergency room nurse, which required lots of walking and, occasionally, running. In 2005, she went to see Dr. Chalnick.

"He did the exam and immediately said, 'This is a quality-of-life issue, and you have lost all quality,'" she recalls. "It was so true. He said we had no choice but to try a revision. He didn't guarantee anything. He knew it would be a challenge—I'd already had eight surgeries on that knee. But most doctors wouldn't even have taken my case, because it was so likely to have a poor outcome, and they wouldn't want that on their records. I admire Dr. Chalnick for accepting the challenge."

So little original bone was left that it took him five hours to insert special rods from Pier's mid-thigh down to her mid-shin to hold the new knee joint in place. "Afterwards, the surgical residents called him MacGyver," she recalls with a laugh.

The operation was successful, and today Pier has more mobility than either of them expected. "He was stunned," she says. During her recovery, she decided that she would have her other knee replaced as well. The two surgeries were done eight weeks apart.

Pier was back at work in October of 2005, but she switched to the surgery recovery room, which is smaller and requires less walking. She can't ski or play tennis anymore, but she can ride a bike and do dance exercises. She can also bend down to pick up her new grandson, who was born this past March.

"Dr. Chalnick really understood that my quality of life had diminished," she says gratefully. "You go to doctors for their skills, but it's nice when they have compassion too. He's the go-to guy here."

NEW HIP: NURSE JEANNETTE WILSON

When she first consulted Dr. Chalnick about her arthritic hip back in 2002, nurse Jeannette Wilson, 62, was impressed that he *wasn't* eager to operate.

"I liked the explanations and options he gave, and that he didn't jump right to surgery," she says. "Surgeons want to operate—it's what they do. Plus, I really liked him. He was very concerned about my well-being."

By 2006, though, her hip had deteriorated greatly, due in part to a car accident she had been in. "He said, 'Now it's time,'" says Wilson, who lives in Manchester with her husband and son. "I like that he provided a lot of education on what to expect and didn't assume that as a nurse I'd understand it all."

Her surgery went well, and in about three months she was back at work in the quality and performance improvement department, where she monitors medical documents and charts for quality of care. After her glowing reports, her husband had both knees replaced by Dr. Chalnick. Wilson knows that she'll soon need her other hip done, and there's no question whom she will ask to do it.

"He's amazing," she says. "He really does a phenomenal job." ■

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"It always puts a smile on my face when I see someone working that I've been able to help."

For more information about joint replacement surgery at Monmouth Medical Center, please call 1-888-724-7123.

A ROBOT saves the season

HOW SURGICAL TECHNOLOGY HELPED A BOY RECOVER IN TIME TO PLAY BASEBALL



Thanks to robotic surgical technology, 12-year-old Leo DiGuilio III spent his summer playing ball rather than recovering from surgery.

LEO DIGUILIO III WAS LOOKING AT A LOST summer. The Bradley Beach 12-year-old needed surgery to correct a common urological problem, and the procedure would normally require three to six months of recovery. That would mean no baseball this year for an active boy used to playing all summer.

Happily, Leo's season on the diamond was saved, thanks to forward-thinking doctors and the remarkable da Vinci surgical robot. Leo became the first pediatric patient to have his surgery done with the new robotic method at Monmouth Medical Center.

Leo is the only child of Mary, 55, a project manager at Wakefern Food Corp., and Leo Jr., 52, who is in financial services. "He's playing on a couple of baseball teams and he's a junior lifeguard at the beach, so he's having a great summer," Mary DiGuilio reported happily in July. Last winter, however, that seemed unlikely.

Leo's health problems began about two years ago, when he started to experience periodic bouts of stomach pain and vomiting. "He'd miss a few days of school on and off, and we thought it was a stomach virus—they were always going around," says DiGuilio. This past school year, he missed a total of four weeks—a few days at a time—through February, and again his doctors always thought it was the flu. In February, however, the vomiting was so severe that Leo grew dehydrated. His parents took him to a hospital emergency room, where ultrasound scans revealed a blockage in his urinary tract. Leo was referred to Thomas S. Vates III, M.D., a pediatric urologist at Monmouth. "He knew what the problem was just by what they told him over the phone," says DiGuilio.

"Leo had the classic symptoms of a condition called uretero-pelvic junction obstruction," Dr. Vates explains. UPJ obstruction, as it's commonly known, is a congenital malformation of the junction between the kidney and the ureter, the tube through which urine

flows to the bladder. This blockage can result in kidney damage if not cleared in a surgical procedure called a pyeloplasty.

Normally, Dr. Vates would perform the pyeloplasty with open surgery. He would need to cut an 8- to 10-inch incision in the belly to remove the blockage, repair any damaged portions of the kidney and ureter, and then reattach them to restore normal urine flow. That would require a three- to five-day stay in the hospital on narcotic painkillers, followed by four to six weeks of recovery.

But Dr. Vates had another option. He knew that the da Vinci robot could be used for minimally invasive pyeloplasty on preadolescent and adolescent patients. The operation is successful more than 90 percent of the time when done robotically, and "in terms of recovery, use of pain medication and length of hospital stay, all are significantly reduced with very good results," Dr. Vates says. Because of Leo's age and his robust activity level, Dr. Vates thought he'd be a good candidate for the new approach.

His parents jumped at the chance. "To tell him he'd be laid up all summer—we couldn't see that if there was an alternative," says DiGuilio. "The robotic operation is a proven procedure, and the quick recovery and lack of scarring would have outweighed any concerns about being the first."

For the June 15 operation, Dr. Vates enlisted the help of two other urologists, Michael P. Esposito, M.D., and Mutahar Ahmed, M.D., who have a great deal of experience performing robotic surgery. "Dr. Esposito did most of the cutting and sewing, Dr. Ahmed did instrument placement and the major assisting, and I did very minimal assisting," says Dr. Vates. "I am learning to use the robot in practice sessions, and it is a very interesting approach."

"Instead of cutting through many layers of muscle, I made four keyhole incisions, each less than 8 millimeters wide, in Leo's abdomen," Dr. Esposito explains. Through these incisions, Dr. Ahmed inserted the surgical instruments and camera. Dr. Esposito performed



Left to right: Mutahar Ahmed, M.D.; Michael P. Esposito, M.D.; and Thomas S. Vates III, M.D.

the surgery from a console within the operating room. He donned a special visor to see a magnified, three-dimensional image of the surgical site, and manipulated the instruments with fingertip controls.

The operation took about two hours, the same as an open procedure, says Dr. Vates. But instead of spending several days in the hospital, Leo had the surgery on a Monday and was back home Tuesday night. "He got better each day, and by Thursday he said he didn't want pain medication anymore," says DiGuilio.

"This procedure is becoming the gold standard of treatment for UPJ obstruction, and any child can have it done robotically," says Dr. Esposito, who has performed about 50 pediatric pyeloplasties at other institutions. "We plan on developing the pediatric robotic program with Dr. Vates as he attains full proficiency with the robot. He's fellowship-trained in pediatric urology, so he's the one to provide care to kids."

Leo DiGuilio ended up enjoying a summer full of normal 12-year-old fun—swimming, playing at the beach, bike riding and, of course, baseball. "He was thrilled to get back out there on the field," says his mom. "In his first at-bat in his first game back, he hit a double, and when he got to second base you could see his smile all over the ball field." ■

To find out more about robotic surgery at Monmouth Medical Center and pediatric specialists at The Children's Hospital at Monmouth, call 1-888-724-7123.



Relief for celiac disease

IT TAKES A WHOLE NEW WAY OF EATING.

FORTUNATELY, THERE'S HELP

SOME 3 MILLION AMERICANS HAVE CELIAC disease, and 97 percent of them don't know it yet. But Margaret Weiss Masiello knows. She knows the bad news—that there's no medical or surgical cure for this serious gastrointestinal illness. And she knows the good—that by managing their diet properly, people with

Should you be tested for celiac disease?

If you persistently experience many of the following, ask your doctor if you should be evaluated for celiac disease

- gas
- diarrhea
- abdominal pain
- fatigue
- mood changes
- weight loss
- very itchy skin rash with blisters
- slowed growth (in children)

Source: National Institutes of Health

the disease can nevertheless feel fine and thrive.

When Masiello learned 14 years ago that she had celiac disease, it changed her life. She became a registered dietitian, and now she's the manager and clinical coordinator of the Kogan Celiac Center of the Saint Barnabas Health Care System, with programs based at the Saint Barnabas Ambulatory Care Center in Livingston and at Monmouth Medical Center in Long Branch.

"It's the opportunity of a lifetime for me, to help people live well with celiac disease," she says.

Celiac disease is a genetic disorder that causes the immune system to react dangerously to a protein called gluten, which is found in wheat, barley and rye. In affected people, ingesting gluten causes inflammation that destroys the villi, finger-like growths in the lining of the small intestine that help it absorb nutrients. Scientists don't know exactly why this happens, but it means the body can't get the nutrition it needs.

Symptoms include diarrhea, bloating and abdominal pain, and there can be nongastrointestinal symptoms as well. But because those symptoms mark a host of other conditions, celiac disease is often misdiagnosed. And in some cases, Masiello says, the disease causes no symptoms at all. But it still needs treatment, because over time it can seriously damage the intestine and cause anemia, malnutrition, osteoporosis and other conditions.

The Kogan Center began operation in Livingston in April 2008 and opened at Monmouth in May 2009. After a gastroenterologist diagnoses celiac disease with a blood test and a biopsy, the center complements the physician's care with dietary education, support and community events.

"There is no other dedicated, science-based celiac center in New Jersey," says Masiello.

The only treatment for the disease is to remove all gluten from the diet. And that's a challenge, because gluten-containing grains appear in many popular foods.

"The support we offer is crucial, because the diet can be complex," Masiello explains. "Patients need to learn to read labels carefully and make safe food choices in new ways." ■

To obtain more information, call 1-888-724-7123, e-mail koganceliacenter@sbhcs.com or visit www.saintbarnabas.com/SERVICES/celiac.

GET A BETTER blood test

WHY IT MAKES SENSE TO CHOOSE A HOSPITAL-BASED LAB TO ANALYZE YOUR SAMPLE



DID YOU KNOW THAT NOT ALL BLOOD-TEST labs are created equal? After the nurse or technician in your doctor's office draws your blood, it's best—if you have the choice—to have your blood tested in a hospital-based facility like the one at Monmouth Medical Center, says Louis Zinterhofer, M.D., Monmouth's chair of pathology and clinical laboratories. He cites four reasons:

- **Speed and consultation.** "Hospital labs like ours are operational 24 hours a day, 365 days a year," says Dr. Zinterhofer. Monmouth's lab conducts about 3.5 million tests per year, and because it's geared toward providing fast services for hospital patients, it can turn those tests around for your physician in 30 minutes if needed, says the doctor. Commercial labs are not set up for that kind of turnaround time, and delays in transport and analysis may cause specimen deterioration and inaccurate results. Results can be communicated faster by the hospital lab as well. "Your physician may have access to our lab database, or we can telecommunicate by fax and Internet," he says. "And if he or she has issues or questions, our pathologists are always available for a phone consult."

- **Certification.** Monmouth's lab is staffed with six pathologists and several residents, and one of each is on call at all times. "We have unusually well-qualified staff technologists and administrators—more than 100 people in all—and many have been here for decades," says Dr. Zinterhofer. That stability helps his lab meet the highest quality standards and receive certification from a host of health organizations, including the College of American

Pathologists, the American Association of Blood Banks, the New Jersey Department of Health and many others.

- **Range of expertise.** Because it is an academic department, offering a residency in pathology as part of the Saint Barnabas Health Care System, Monmouth has pathologists and supervisors with the entire scope of subspecialty expertise—including tissue biopsy and cytology diagnoses, clinical chemistry, immunology, toxicology, microbiology and molecular diagnostics. Commercial labs may offer some of these specialties, but usually not all of them, says Dr. Zinterhofer.

- **Staffing.** "As a teaching hospital, we also have a school of medical technology that trains technologists in our lab," says Dr. Zinterhofer. "That gives us access to a pool of qualified technologists, and they're in shortage nationally."

Although many doctors have established relationships with other labs—that's why you see those specimen drop boxes outside their offices—you can ask your doctor to use a hospital lab, Dr. Zinterhofer says. Or you can ask him or her to write a prescription for blood work and visit one of Monmouth's blood centers. "Your blood can be drawn in minutes," he says, adding that Monmouth's lab accepts virtually all insurance.

"Blood work often provides the diagnosis that is crucial to managing a condition," Dr. Zinterhofer says. "So it's wise to talk about blood labs with your doctor." ■

To learn more about getting blood tests at Monmouth Medical Center, please call 1-888-724-7123.

Sleep apnea's hidden dangers

TREATING THIS COMMON MALADY MAY HELP REDUCE YOUR RISK OF CARDIOVASCULAR DISEASE

IF AT BREAKFAST YOU SUDDENLY STOPPED breathing for 20 seconds, your spouse would surely be concerned. Yet the National Institutes of Health report that more than 12 million Americans stop breathing for similar brief periods 20 or 30 times an hour every night. They have a condition called obstructive sleep apnea.

Sleep apnea is growing more prevalent, says Robert M. Kosinski, M.D., a pulmonologist and sleep specialist who is medical director of Monmouth Medical Center's Sleep Disorders Center. And it can lead to more serious health problems. For example, there's chronic fatigue, which is more than occasionally dozing off in front of the TV. "People with apnea may feel unrefreshed upon awakening or as though they have been beaten up all night," he explains. "Daytime sleepiness can promote accidents at home or while driving and can decrease productivity at work or school."

The condition has also been linked to anxiety and depression, says Dr. Kosinski, and it has family consequences. It's usually accompanied by snoring, and when breathing stops, it often resumes with a snorting or choking sound. That causes many sleep partners to seek peace and quiet in another room.

But the primary concern is sleep apnea's link to heart disease. As breathing is interrupted, so is the flow of oxygen to the blood, and a drop in blood oxygen levels can put added strain on the cardiovascular system. "Also," says Dr. Kosinski, "the repeated effort to resume breathing means the heart doesn't get the rest it needs at night."

The only way to diagnose apnea conclusively is with a sleep study, he says. This is done in an overnight



Signs and symptoms of sleep apnea

THE 'BIG 3':

- Chronic loud snoring
- Choking or gasping during sleep
- Daytime sleepiness—especially when you've logged enough hours in bed

OTHER POSSIBLE SIGNS:

- Morning headaches
- Dry throat on waking
- Memory or learning problems
- Irritability
- Difficulty concentrating
- Mood swings or personality changes

Source: National Institutes of Health

stay at a sleep center. The patient is hooked up to electrodes that monitor sleep stages, blood oxygen levels, respiration, heart rate and rhythm and more.

There are several treatments for obstructive sleep apnea. The first is to lose weight if needed. Sometimes,

changing sleep positions can help. For more serious cases, a continuous positive airway pressure (CPAP) system can deliver air through a mask to promote regular, uninterrupted breathing. There are also dental appliances to help realign the jaw and keep the airway open. Surgery to remove excess tissue is also sometimes an option.

"If you or your sleep partner suspect you have sleep apnea," says Dr. Kosinski, "talk to your doctor." ■

To find out about arranging a sleep study at Monmouth Medical Center's Sleep Disorders Center, call 1-732-923-7660.

JUPITER IMAGES

The finest care for women

FRIENDSHIP AND A COMMON GOAL HELP TWO OB/GYNS BRING A PERSONAL TOUCH TO THEIR CHALLENGING SPECIALTY

FIGURATIVELY SPEAKING, OBSTETRICIAN-gynecologists Sardana Belkin, M.D., and Jenna Levy, D.O., are coming from the same place. "We have a shared vision," says Dr. Belkin of her partner in Sunrise Obstetrics and Gynecology in Manalapan. "It's to provide the best gynecologic care and the best pregnancy and childbirth experiences for women in the Jersey Shore community in a pleasant, soothing atmosphere."

But their geographical origins are very different. Dr. Levy grew up in nearby Marlboro and went to Freehold Township High School and the University of Michigan. She earned her D.O. at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine, and did her residency in obstetrics and gynecology at Staten Island University Hospital. Dr. Belkin came to the U.S. from her original home, the Russian city of St. Petersburg, in 1980 when it was still called Leningrad. Inspired by her surgeon father's example, she attended Rutgers University and earned an M.D. at the State University of New York Downstate Medical Center. The two women met a few years ago while working at another practice.

Still, the two doctors' zeal is as much personal as clinical—appropriate for such a personal area of medicine. "We want our patients to feel comfortable visiting us in our office," says Dr. Belkin. And the design of the suite itself, with soft and inviting colors, reflects that friendly spirit.

The pair meet a demanding test for colleagues: They're friends outside the office. "We like each other," says Dr. Levy. "That's why we opened a practice together."

Dr. Levy is single and lives in Long Branch, while Rumson resident Dr. Belkin is married with two children—Joseph, 10; and Sophia, 6. The partners often have dinner together at Dr. Belkin's house. As for the cuisine, that's often influenced by the heritage of Dr. Belkin's husband, Alex Piccolo. "I couldn't boil an egg before I met him," she confesses. "Now I cook for his whole Italian family and they love it."

Though her background is less international than



Sardana Belkin, M.D., (left) and Jenna Levy, D.O.

Dr. Belkin's, it's Dr. Levy who's now free to trot the globe. Two years ago she made a medical trip to Kenya, where she delivered babies, performed surgeries—and got a dose of perspective. "I know our country's medical system has problems," she says, "but we Americans are lucky to have the things we have."

Growing numbers of Monmouth County women feel fortunate to have these two energetic ob/gyns in practice here. "They're fantastic," says new mom Melissa Brunelli of Freehold, who dropped by the office recently while taking her 4-week-old son to see the pediatrician across the hall. "I'd be the 'poster child' for their practice if I could—they were both at my delivery."

Besides treating their regular patients, Drs. Belkin and Levy put in shifts at the hospital as laborists, specialists who help expectant moms' private OBs and the residents make sure deliveries go smoothly.

Says Dr. Levy: "Having that extra backup assures women peace of mind." ■

Sunrise Obstetrics and Gynecology is at 831 Tennent Road, Manalapan, 732-972-4200 and online at www.sunriseobgyn.com. To find out more about maternity services at Monmouth Medical Center or for referral to an ob/gyn, call 1-888-724-7123.

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING
Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990 unless otherwise noted.

- **One-Day Preparation for Childbirth** September 20, October 18, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) September 12 and 19, October 3 and 10, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) August 25, September 1, 8, 15 and 22, October 6, 13, 20, 27 and November 3, 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** November 1 and 15, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).
- **Eisenberg Family Center Tours** August 23, September 13, 27, October 25, 1:30 p.m. Free. (No children under 14.)
- **Baby Fair** October 15, 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, gifts. To register, call 1-888-SBHS-123. (No children under 14.)
- **Make Room for Baby** September 19, October 16, November 14, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** September 26, November 21, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** September 9, November 11, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **NEW: The Happiest Baby on the Block** September 3, 7:30–9:30 p.m. \$40/couple, includes DVD and *Soothing Sounds* CD (\$40 retail value). Learn an extraordinary approach based on the book by Harvey Karp, M.D.
- **Baby Care Basics** (two-session program) September 10 and 17, 7:30–9:30 p.m., October 17 and 24, noon–2 p.m. \$80/couple.
- **Breastfeeding Today** October 1, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** August 19, October 14, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** September 14, 7–9 p.m. \$30/person, \$40/couple.
- **Parenting Young Children Through S.T.E.P.** (five-session program) September 16, 23, 30, October 7 and 14, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.
- **Adoptive Parenting** Private, two-session programs scheduled to accommodate your needs. \$150/couple.
- **Gestational Diabetes Education Program** Session for women who develop gestational diabetes during pregnancy. Convenient appointments; call the Center for Diabetes Education at 732-923-5025. Fee required.

JUST FOR KIDS

(Also see sibling preparation programs above.)

- **Safe Sitter** (one-session program) August 22, September 26, November 7, 9 a.m.–4 p.m. For 11- to 13-

year-olds on responsible, creative and attentive baby-sitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Bring snack and bag lunch.)

GENERAL HEALTH

- **Free Child Car Seat Inspection** August 20, September 17, October 15, 11 a.m.–1 p.m. Offered jointly by the Long Branch Police Department, the N.J. Division of Highway Traffic Safety, The Children's Hospital at Monmouth Medical Center and Monmouth Medical Center's Safe Kids Chapter. At Long Branch Union Fire Company, 199 Union Avenue, Long Branch.
- **Stress-Free Workshop** "Keeping Your Mind Sharp," September 8, 7–9 p.m.; "Natural Energy Boosters," October 13, 7–9 p.m. At Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration required; call 1-888-SBHS-123. \$10/person.
- **Free Body Composition Analysis** August 26, 11 a.m.–1 p.m. At Monmouth Medical Center, outside the Sea Breeze Cafe, first floor, 300 Second Avenue, Long Branch.
- **Laughter Yoga/Laughter Clubs** October 6, 7:30–9 p.m.; **Evening Enlightenment** October 8, 7:30–9 p.m.; **Drumming Up Health** October 22, 7:30–9 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. Fee required.
- **Diabetes Self-Management Series** Four-session education program focusing on nutrition, glucose monitoring, medications, prevention/treatment of complications and exercise. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Could You Have Metabolic Syndrome?** August 19, 1 p.m. Presented by Zorica Mercadante, M.D., internal medicine. SCAN.*
- **Varicose Veins: New Minimally Invasive Treatment** August 26, 1 p.m. Presented by George Constantinopoulos, M.D., section chief, vascular surgery. SCAN.*
- **Simple Way to Prevent Illness: Handwashing!** August 27, 11–11:45 a.m., Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration required; call 732-938-4500, ext. 2554. October 14, 1 p.m. SCAN.*
- **The Cholesterol Controversy** September 2, 1 p.m., presented by Judith Cotov, M.D., internal medicine. Free cholesterol screening following program (limited to 40 registrants). SCAN.*
- **Healthy Older Adults and How to Be One** September 9, 1 p.m. SCAN.*
- **The Importance of Breast Self-Exams** October 21, 1 p.m. SCAN.*
- **Understanding Celiac Disease** October 28, 1 p.m. Presenter: Margaret Weiss Masiello, clinical coordinator, Kogan Celiac Center at Monmouth Medical Center. SCAN.*

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