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Community collaboration

Forming innovative and collaborative relationships with our community is central to Monmouth Medical Center’s vision. In this issue of *Monmouth Health & Life*, we spotlight two groups that have recently partnered with us to provide comfort and support to our youngest patients and their families.

You’ll meet Victoria Slater, a Monmouth Beach teenager who was so moved by volunteering with Monmouth Medical Center’s Children’s Hospital that she decided to do as much as she could now to help other kids—instead of waiting until adulthood. The result: Kidz Kare, a 19-member youth-charged volunteer organization headed by Victoria whose purpose is to support Children’s Hospital patients.

Those of you who are worried that members of “Generation Next” lack focus or concern for the world around them can take heart in this comment from Victoria regarding the Kidz Kare dynamic: “We might not always agree on the next step, but we have to remember why we’re here: It’s for the children. That keeps us focused.”

Monmouth’s dedication to families and children is also evidenced by The Michael’s Feat Family Resource Room. Michael’s Feat is a charity founded in memory of Michael Puharic, who died three days after his birth from a serious chromosome disorder. His young parents, Adam and Dana Puharic, earmarked the proceeds from a host of fundraising events for the establishment of this Family Resource Center, which is located outside the Neonatal Intensive Care Unit where Michael was admitted after his birth. According to Dana, families need a place to feel comfortable and at home when dealing with the stress of having a critically ill newborn. The Puharics have met this need by transforming a waiting room into a “living room away from home.”

Those who know me know that I’m apt to say that Monmouth Medical Center belongs to the community, and it’s up to us to make them feel that way. In working hand in hand with community leaders like the Puharics and the future generation of leaders like

those in Kidz Kare, I feel we are succeeding.

Sincerely,



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

HEALTH Link

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

HEALING HEARTS

When arteries weaken: the danger of aortic aneurysm

New surgical techniques offer the promise of full recovery

An aneurysm, or abnormal bulge in the wall of an artery, is like a ticking time bomb. Left undiscovered, an aneurysm can burst like an overinflated balloon, leading to fatal internal bleeding. This occurs most often in the aorta, the main artery that carries blood from the heart to the rest of the body, either in the thoracic (chest) cavity or in the abdomen. Often there are no symptoms—until it's too late.

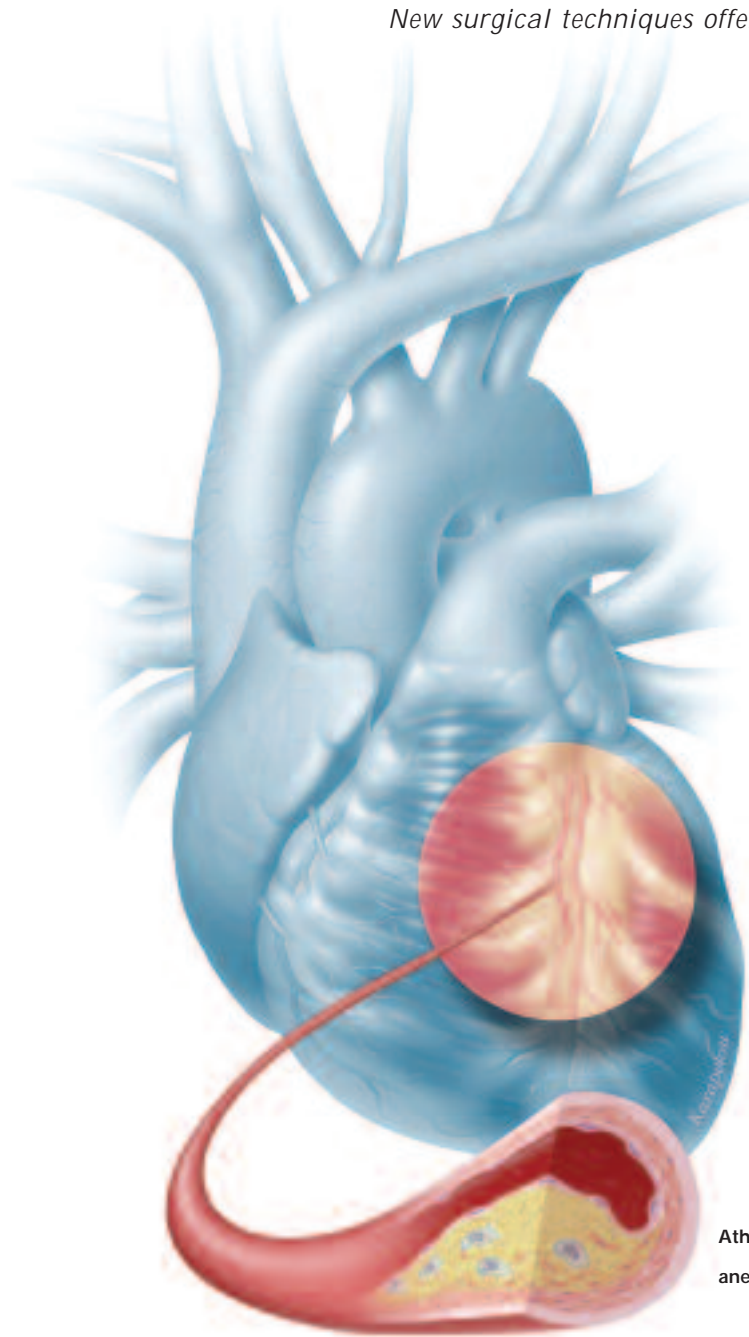
Some 15,000 Americans die each year from ruptured aortic aneurysms. But aneurysms can be treated successfully if they're found in time. "Recent surgical advances have made a big difference in the way we treat the condition," says George S. Constantinopoulos, M.D., Monmouth Medical Center's chief of vascular surgery.

One of the leading risk factors for developing an aneurysm is atherosclerosis, or hardening and narrowing of the insides of arteries. As the artery walls become thick and damaged, they lose their normal inner lining. This damaged area can begin to stretch or "balloon" from the pressure of blood flow inside the artery.

The risk of an abdominal aortic aneurysm (AAA), the most common type of aneurysm, increases as you get older. It is most likely to occur in people between the ages of 60 and 80. Men are five to 10 times more likely than women to have an AAA. In fact, it's the 10th leading cause of death in men over age 50 in the United States.

When aneurysms are found in time, they can usually be treated successfully, says Dr. Constantinopoulos. About 75 percent of aneurysms are found by chance when a diagnostic test, such as an X-ray or ultrasound, is performed for a different reason. Recently, health experts have begun recommending

Atherosclerosis, or hardening of the arteries, is a risk factor for aneurysm, which can cause a blood vessel to rupture.





Risk factors for aneurysm— and how to reduce them

THESE THINGS INCREASE YOUR CHANCES OF SUFFERING AN ANEURYSM:

- smoking, which makes you eight times more likely to develop the condition
- being overweight or obese
- atherosclerosis, a buildup of fatty deposits called plaque in the arteries
- a family history of aortic aneurysm, heart disease or other diseases of the arteries
- certain conditions such as Marfan syndrome that can weaken the wall of the aorta
- trauma, such as a blow to the chest in a car accident
- severe and persistent high blood pressure between the ages of 35 and 60
- use of stimulant drugs such as cocaine

YOU CAN DO THESE THINGS TO REDUCE THE DANGER OF ANEURYSM:

- **QUIT SMOKING.**
- **FOLLOW A LOW-FAT, LOW-CHOLESTEROL DIET** to reduce the buildup of plaque in the arteries.
- **CONTROL HIGH BLOOD PRESSURE** (following a low-salt diet helps).
- **CONTROL HIGH CHOLESTEROL.**
- **GET REGULAR PHYSICAL EXERCISE.**

SOURCE: National Heart, Lung and Blood Institute

AAA screening for the primary risk group, older males with a history of smoking. (See “Should You Be Screened?” below.)

Once discovered, smaller aneurysms often need only “watchful waiting.” Others must be treated immediately to stop them from growing bigger, to prevent or repair a rupture and to allow the patient to continue normal daily activities.

Drug therapy is often the first line of defense for unruptured aneurysms. Medicines such as beta blockers and calcium channel blockers, which slow heart rate, lower blood pressure and relax blood vessels, are prescribed to reduce the risk of rupture.

When medication isn't enough, surgery can shore up a weak arterial wall. And the recent introduction of arterial stents and grafts has made this surgery less risky.

“For 35 years, I have been treating abdominal aneurysms with an open surgical approach,” says Dr. Constantinopoulos. “This system requires making a large incision in the stomach, through which the aneurysm is repaired by suturing in a Teflon tube. For the last six years, though, we have done what we call endovascular repair, which is inserting a liner,

called a stent, inside the aneurysm. The liner has a spring mechanism to engage against the artery wall, to support the artery so no rupture will occur.”

This new procedure, which can be performed on roughly two out of three AAA patients, requires a smaller incision and less anesthesia and reduces the recuperation period from a week to perhaps just one to two days. “The surgical risk is less than half of what it used to be,” says Dr. Constantinopoulos.

That's not to say the procedure is risk-free. “The patient has to be followed up with periodic ultrasounds or CAT [computed tomography] scans to be sure the aneurysm does not increase in size,” he says. “If that happens there could be an endoleak, which means most of the blood is going through the stent but some is leaking into the arterial wall. That signifies the possibility of a rupture.” And that could require additional surgery, perhaps even reverting to the older method of open surgery.

“Although stents cannot be used for 100 percent of aneurysms,” the doctor says, “they have made our job easier. More important, they've made the prognosis better for many patients afflicted with a dangerous aortic aneurysm.” ■

Should you be screened?

National Heart, Lung and Blood Institute guidelines recommend an ultrasound screening to check for abdominal aortic aneurysms for men between 65 and 75 years old who have ever smoked (at least 100 cigarettes in their lifetime).

EAT RIGHT

Dine out in style—despite diabetes

Smart menu selections can be both healthy and tasty

Eating out is one of life's great pleasures. But many people with diabetes believe their disease puts restaurants off-limits. Not so. They just need to make the right choices—and many of those choices can point the way to healthy eating for the rest of us as well.

Every case of diabetes is different. Some people with the condition need to limit salt intake, others need to lose weight, still others have to watch cholesterol and some must heed a combination of cautions. So people with diabetes need to work closely with their doctor or nutritionist to understand their personal nutritional do's and don'ts.

Once you know your healthy eating goals, the same basic rules apply for diabetics and nondiabetics, says Lauren Dorman, a certified diabetes educator on staff at Monmouth Medical Center. Follow a well-balanced diet low in fat and high in fiber, making non-starchy vegetables half of your plateful and devoting one-quarter each to carbohydrates and lean cuts of meat. "Beyond that, you can basically eat a variety of foods, as long as you control portions and count your carbohydrates," says Dorman.

"A big diabetes myth is that you can't eat sugar," adds

Autumn Dempsey, nurse educator for diabetes and coordinator of the Cen-

ter for Diabetes Education at Monmouth Medical Center. "You don't have to cut out cookies. It's all about serving sizes and total carbohydrates. It's not about counting grams of sugar."

Dempsey and Dorman instruct their patients in the art and science of eating well. "Every person with diabetes should know how to count carbs, measure portions, read food labels and weigh food," says Dorman. "That's why we include an hour of nutrition in each of our diabetes education classes." (See the related article below.)

Carbohydrates. "Everyone needs 130 grams of carbs a day to keep their body functioning properly," says Dempsey. "A general rule of thumb is to consume

A special place devoted to helping people manage diabetes

Diabetes affects more Americans and costs more money—an estimated \$100 billion annually—than AIDS and breast cancer combined. There's never been a greater need for education about this disease, and this past April Monmouth Medical Center took a great stride toward meeting that need. It opened the Center for Diabetes Education, which offers comprehensive tools for diabetes management to both newly diagnosed patients and those who have battled diabetes for years.

"Poorly controlled diabetes is a leading cause of amputation, adult blindness and kidney failure," says nurse educator Autumn Dempsey, the center's coordinator. Control, she adds, begins with education and planning. In a monthlong series of four two-hour classes, patients and educators talk about the different types of diabetes, the importance of glucose monitoring, the affects of nutrition on glucose, medications, meal planning, dining out, the benefits of exercise, coping with a long-term illness and more.

The center is located in the Maysie Stroock Pavilion at the medical center in Long Branch. It offers free educational materials, free glucose meters and free testing supplies. Patients can arrange one-on-one counseling in nutrition, meter reading, insulin administration and more.

"The center has been a wonderful addition, given the fact that diabetes is the sixth-leading cause of death in the U.S.," says Allan Tunkel, M.D., chair of Monmouth's department of internal medicine. "It has given our patients a sense of empowerment, increased their satisfaction with their care and helped them create a better quality of life. It may also decrease medical costs, as educated patients may require less medication and be less likely to be admitted to the hospital."

For more information on the Center for Diabetes Education, call Autumn Dempsey at 732-923-5025.

Healthy snacks to choose

Monmouth nurse educator Autumn Dempsey suggests two snacks a day with 15 grams of carbs. Among the possibilities:

- 3 cups of reduced-fat popcorn
- 7 mini rice cakes
- 5 vanilla wafers
- ½ cup low-fat ice cream
- 6-ounce container of yogurt





10 TIPS FOR HEALTHY ORDERING

45 to 60 grams of carbs per meal over three meals a day. Include two snacks a day with 15 grams of carbs in each.” (See the list under “Healthy Snacks to Choose,” at left below.)

To learn your limits, test blood glucose levels two hours after eating to see how your body reacts to the food you’ve eaten. “It’s different for everyone,” says Dempsey. “Some people can eat pizza but not ice cream, some can eat both, some neither. Knowing which foods can spike your blood sugar levels can help you make smarter choices.”

Portion control.

Learning how to “eyeball” portion sizes is a key component of diabetes education. “For instance, a 3-ounce portion is about the size of a deck of cards,” says Dempsey. “One ounce is a

1. If you don’t know what’s in a dish or don’t know the serving size, ask.
2. Try to eat the same portion as you would at home.
3. Eat slowly.
4. Ask for fish or meat broiled with no extra butter.
5. Order your baked potato plain, then top it with a teaspoon of margarine, low-calorie sour cream or vegetables from the salad bar.
6. If you are on a low-sodium eating plan, ask that no salt be added to your food.
7. Ask for sauces, gravy and salad dressings “on the side” to control portions.
8. Avoid foods that are breaded or fried, because these processes add fat.
9. Ask for substitutions. Instead of French fries, request a double order of a vegetable.
10. Ask for low-calorie sauces and salad dressings, even if they’re not on the menu.

Source: American Diabetes Association

domino. A cup is a baseball. Two tablespoons is a golf ball. If you’re eating out and you know you can only have a cup of pasta, you can look at it and see right away if you need to doggie-bag half.”

Restaurants today have more healthy options than ever. Many menus feature “heart-smart” selections, and some establishments will work hard to meet your special needs, cooking with low-fat oil or margarine or minimal salt, or broiling your food instead of frying. Call ahead and ask. Even fast-food places have nutrition information available to let you keep track of carbs, fat,

sodium and calories.

There’s no need to let diabetes keep you from dining out in style. ■

Can heartburn cause cancer?

In rare cases, yes. Here's how to know if you are at risk.

Many people have experienced heartburn, or acid reflux. It's often the temporary result of eating too much spicy food. The phenomenon can also be a chronic problem, especially for overweight people and pregnant women. Usually it means no more than occasional discomfort. But in rare instances, acid reflux can lead to cancer of the esophagus.

Reflux occurs when stomach acid bubbles back up the esophagus, the food pipe that carries chewed food and saliva from your mouth to your stomach. Medically known as gastroesophageal reflux disease, or GERD, it causes a burning sensation behind the breastbone near the heart—that's why it's frequently called heartburn.

If these acids continually burn the esophagus over a long period of time, the tissues lining the esophagus change, creating what is called Barrett's esophagus. An estimated 700,000 have this condition, and typically it does not cause symptoms itself. But less than 1 in 200 of these individuals will develop cancer, says Kenneth Belitsis, M.D., an advanced endoscopic gastroenterologist at



Monmouth Medical Center.

Since Barrett's rarely shows clear symptoms, "there is a lot of controversy over whether patients who do not have symptoms should

be screened for it," says Dr. Belitsis. "The current recommendation is to screen any patient with 'red-flag' symptoms." These include difficulty swallowing, anorexia, anemia, unexpected weight loss or blood in the stool. Screening is also recommended for anyone with chronic reflux problems or anyone over age 50 who has suffered from reflux for more than six months.

"The gold standard for screening is endoscopy, sending a camera into the esophagus to look for problems and analyze suspected tissue with biopsy," explains the doctor.

If Barrett's is diagnosed, "the centerpiece of treatment is acid suppression with a proton pump inhibitor such as Prilosec," explains Dr. Belitsis. "Medication may not clear up

Barrett's, but it may prevent progression of the disease." Barrett's also requires periodic surveillance endoscopy to detect progression. A new early-stage adjunct to treatment is ablation—removing the damaged cells. "Monmouth Medical Center was one of the first centers in the state to use special radio-frequency technology to burn the Barrett's and return the lining to normal," says Dr. Belitsis.

If cancer is found at an early stage, the best treatment option is surgery, says Lawrence R. Crist, D.O., a thoracic surgeon at Monmouth. "It's an operation that can be curative and that we can do in a minimally invasive fashion." Barrett's is diagnosed more often now, he says, "because people are more aware of reflux disease—and that's good. Patients should know about the other conditions that can come with reflux so they can be treated aggressively." ■

Taking Prilosec? Tell your doctor

If you're taking over-the-counter medicines to treat acid reflux, be sure to tell your primary care physician so he or she can consider screening for Barrett's esophagus. www.aaccs.org

A parent's guide to sports safety

How you can protect your young athlete from injuries

Parents are often of two minds about their children's participation in sports: They welcome the exercise, the challenge and the discipline involved, but worry about injury. We asked Larry Stankovits, M.D., a pediatric orthopedist at The Children's Hospital at Monmouth Medical Center, how parents can keep their sports-minded children out of the emergency room.

MH&L: Publicized cases of young athletes being seriously hurt make parents worry. How common are these injuries?

Dr. Stankovits: There are three basic types of sports injuries. Catastrophic injuries, such as head, neck, spine or internal systemic injuries, are a parent's greatest fear. But the rate of these injuries in high school athletes is about one in 100,000. More common are musculoskeletal on-field injuries (a broken arm, a sprained knee) and overuse injuries (chronic aches and pains), which in adolescents often come from improper training or simply playing too much. Fortunately, all three types are preventable.

MH&L: How can parents prevent their child from having a catastrophic injury?

Dr. S: Before your child engages in sports, tell your doctor if he or she has had a previous head or neck injury. As a physician, that's the most important thing I'd want to know. A second such injury can be much more catastrophic than the first. Whether the injury occurred in sports, a car accident or a fall, the child needs to be looked at carefully by a physician before playing. Also, any child with a history of heart problems needs to be cleared by a pediatric cardiologist.

MH&L: What about other injuries?

Dr. S: Every athlete gets hurt. I played football, and I had injuries. But there are prevention strategies. Flexibility training, often overlooked, is a great way to prevent injuries. Make sure your kids warm up and cool down properly, don't play too many sports at once, and use caution if playing when they're hurt or sore.

MH&L: What sports tend to cause the worst injuries?

Dr. S: In boys, it's football, pole vaulting, gymnastics and hockey. In girls, it's cheerleading—certainly cheerleaders do more ambitious moves these days. But in all sports, things are getting safer. In football, for example, helmet designs have improved and spear tackling—tackling with your head—has been banned.



Find out more about keeping your child safe

These websites on sports equipment and sports safety offer useful guidelines, says Monmouth Medical Center pediatric orthopedist Larry Stankovits, M.D.:

- American Academy of Orthopaedic Surgeons: orthoinfo.aaos.org
- National Operating Committee on Standards for Athletic Equipment: www.nocsae.org
- American Football Coaches Association: www.afca.com
- USA Baseball: www.usabaseball.com
- USA Hockey: www.usahockey.com
- American Association of Cheerleading Coaches and Administrators: www.aacca.org

MH&L: When should a parent worry?

Dr. S: If the child cannot move a joint, can't bear weight on an extremity or exhibits symptoms such as numbness, weakness or tingling, he or she should be seen in an emergency room. If there are any symptoms of concussion—unconsciousness, confusion, disorientation—get treatment right away and don't let the child play again until he or she has been medically cleared. ■

CARE FOR KIDS

Helping families of hospitalized babies

A cheery new resource room is the latest gift of a very short life



The new resource room features a mural of a colorful beachy scene.

"It's absolutely beautiful," declares neonatologist Susan Hudome, M.D., the center's medical director, who cared for Michael in 2000 and now serves on the board of Michael's Feat.

"I think we are most proud of the resource room," says Dana Puharic. "As a parent, you're only focused on your child. We have tried to give parents a relaxing environment, with all the comforts of home away from home."

Since Michael's Feat was inaugurated, the Puharics have donated more than \$150,000 in products and services to five regional medical centers. Every family that needs NICU services

Michael Puharic lived for only three days. Adam and Dana Puharic lost their baby boy seven years ago to a rare chromosomal defect called Trisomy 13. But his brief life keeps benefiting others, thanks to Michael's Feat, the charity his parents established to help other families with infants in the hospital. Monmouth Health & Life profiled the Puharics for readers in 2003, by which time they had already provided bassinets, toothbrushes and other items families need while they devote their energies to their sick babies. Since then, Michael's Feat has grown bigger.

Its biggest success to date is the Michael's Feat Resource Room, which opened this spring in the Neonatal Intensive Care Unit (NICU) at Monmouth Medical Center. "It's a quiet place where family members can recharge their batteries," says Carlos Alemany, M.D., the newborn center's former medical director. The waiting room has been entirely redecorated in a soothing Jersey Shore motif. It's now equipped with stuffed couches, a play area for siblings, a computer with Internet access, a refrigerator and coffee maker, a television, books, magazines and more.

"It's very calming," the doctor remarks. "And it doesn't have the 'hospital smell.'"

gets an overnight bag. The charity also gives out gas cards, phone cards, whatever is needed. "They even paid for nursing care for a family with triplets so the parents could get some sleep," Dr. Hudome says. "They provide a lot of support that goes directly to our families."

The good feelings go both ways. "I think the charity allows the Puharics to understand why Michael was born and what the purpose of his short life was," reflects Dr. Alemany. "It lets them celebrate his life by helping others. They have grown stronger as a family. You can see how happy they are, having gone through such a difficult situation."

The Puharics now have three children. Grace is almost 6, Grant is pushing 5 and Victoria turned 3 in July. When Dana isn't tending to them, she says, she gives "all my time and energy" to Michael's Feat.

"We started small, sitting around the table with family and friends thinking that we wanted to do something and give back in some small way," she remembers. "We've stayed true to our mission and grown as a charity. We have tremendous volunteers and a tremendous board of directors. Michael's Feat has exceeded everything I thought it could be." ■

Saving lives— for a hobby

*Meet a doctor who's a
champion lifeguard too*

After a hard week seeing patients, making rounds and running a medical practice, many physicians would be ready for the beach—and that's exactly where Mike Barrows, D.O., goes. But when Barrows hits Sea Girt Beach most summer weekends, it's as a national champion lifeguard.

Becoming a busy doctor hasn't diminished Barrows' love for a job he's been doing since he was a teenager. "I grew up in Red Bank and started lifeguarding at 15," says Dr. Barrows, a pediatric endocrinologist who now lives in Shrewsbury. "I still do it as a way to give back to the community." Over the years he's treated seizures, head and neck injuries, diabetic reactions—you name it. "It's not only in the water; there are medical emergencies on the sand too," he says.

Dr. Barrows takes his side job seriously—so seriously, in fact, that he has trained for and won titles at the annual United States Lifeguarding Association National Championships. He's competed 10 times in the past 17 years. Last summer in Huntington Beach, California, he won his third national title in the Men's Ironman event—one of about a dozen events in the competition. He defended his title this August in Myrtle Beach, South Carolina.

In the Ironman competition, lifeguards swim a quarter mile, paddle a 10-foot paddleboard a half-mile and row a self-bailer Asay surfboat a third of a mile. Oh, and they run between each of these legs.

Dr. Barrows competes in up to 10 events at a competition, including the surf rescue race, "which most closely approximates surf lifesaving," he says. "You have to run on the beach, swim out to a victim, attach the victim to you and drag him in."

He competes against other professionals—lawyers, teachers, businessmen—but he doesn't know of any other lifeguard physicians. "I guess I am pretty unique," he says with a laugh.

As a pediatric endocrinologist, Dr. Barrows



treats children with such conditions as diabetes, thyroid disorders and obesity. "We have a multidisciplinary obesity program with three physicians, nutritionists, trainers and a child psychologist," he says. "We advocate exercise and healthy eating." When reluctant teens complain they have no time to exercise, Dr. Barrows tells them about his lifeguarding adventures and his own busy schedule. "I say, 'I work out at 4 a.m. You can find the time.' That helps to motivate many of them. Some are even coming out to watch me this summer."

So will his wife, Kerriann, a neonatology nurse. She's not a lifeguard, he says. "But she's my biggest fan." ■



MIKE BARROWS, D.O., 34
B.A.: Brown University
D.O.: University of Medicine and Dentistry of New Jersey, 1999
Fellowship in endocrinology: University of North Carolina at Chapel Hill, 2005
Joined Monmouth Medical Center: 2005