MONMOUTH
health & life

SAVING FACE
YOUR GUIDE TO A YOUNGER YOU

HOME & GARDEN DELIGHTS
» STUNNING SHOW HOUSE » INCREASE YOUR HOME’S CURB APPEAL
» SMALL BATHROOM, BIG IMPACT » GREAT GARDENING GLOVES

GET TO KNOW GREEK WINES AND CUISINE
p. 54
It’s said that when you suffer a near-death experience, your whole life flashes before your eyes. But for a local physician who suffered a massive heart attack, the flashbacks that came before he underwent lifesaving treatment at Monmouth Medical Center dated back just 16 years — to the birth of his son.

The Centers for Disease Control and Prevention reports that each year about 715,000 Americans have a heart attack, and about 600,000 people die from heart disease in the U.S. — that’s one out of every four deaths. Healthy choices, managing medical conditions and recognizing the signs of heart attacks are essential keys to prevention.

Michael Disciglio, M.D., an internist at Monmouth Medical Center, knows all too well about these statistics, as he experienced a massive heart attack three years ago. “It’s a miracle that I survived,” he said.

Initially, Dr. Disciglio attributed his chest pressure to indigestion. But then his more than 25 years of experience as an internist told him otherwise, and when he began experiencing jaw pain, a common indicator of a heart attack, he decided to seek help — a move that saved his life.

“Time is of the essence,” he says. “You need to err on the side of safety. While cardiac symptoms are variable from patient to patient, common signs, in addition to jaw pain, include heavy breathing, shortness of breath and chest pain. When these symptoms begin, the clock starts ticking.”

For Dr. Disciglio the electrocardiogram (EKG) performed minutes after he arrived in Monmouth’s Emergency Department showed him that he was suffering a very massive and rapidly fatal acute myocardial infarction (AMI) that is often referred to as the “widow maker.”

“When I saw the EKG, I thought back to when I was a resident,” said Dr. Disciglio, who completed training in internal medicine at Monmouth Medical Center in 1987. “Back then, if we read an EKG like that, we knew the patient was not going to survive, and all I could think about was my son — that I was going to miss seeing my son grow up.”

But the good news for Dr. Disciglio and his now 16-year-old son Michael Patrick Disciglio is that modern treatment for acute myocardial infarctions — more commonly known as heart attacks — can result in survival and even good outcomes. Monmouth’s ER initiated a “Code STEMI” — the process put in place to treat all heart attack patients within the first 90 minutes of an attack.
Back in 2006, Monmouth Medical Center joined the American College of Cardiology in launching a national quality improvement initiative with the goal of ensuring that patients like Dr. Disciglio with ST-segment elevation myocardial infarction (STEMI) undergo emergency angioplasty within 90 minutes. The result was “Code STEMI” and the outcomes have been impressive.

For any patient arriving at Monmouth Medical Center with symptoms of a heart attack, Emergency Department physicians order an EKG within minutes. An EKG can detect signs of poor blood flow, heart muscle damage, abnormal heartbeats and other heart problems. If a heart attack is diagnosed, the Code STEMI is activated, with the on-call interventional cardiologist and the specially trained cardiac catheterization team called in for emergency treatment. The Code STEMI team that cared for Dr. Disciglio acted quickly, performing a lifesaving emergency angioplasty just 79 minutes after his diagnosis.

“The team did a miraculous job,” Dr. Disciglio said, noting that he had a near total occlusion, or blockage, of the LAD—the left anterior descending coronary artery that feeds the entire front wall of the heart.

An acute myocardial infarction is the interruption of blood supply to part of the heart, causing some heart cells to die. It is most commonly due to the blockage of a coronary artery following the rupture of a vulnerable atherosclerotic plaque, which is an unstable collection of lipids such as cholesterol and white blood cells in the wall of an artery. The resulting restriction in blood supply and oxygen shortage, if left untreated for a sufficient period of time, can cause damage to heart muscle tissue or death. Classical symptoms of an AMI include sudden chest pain. It is estimated that a quarter of all myocardial infarctions are silent, without chest pain or other symptoms.

“I feel extremely fortunate that I lived long enough to get to the hospital and have this procedure performed,” said Dr. Disciglio, who also underwent cardiac rehabilitation at Monmouth’s Joel Opatut Cardiopulmonary Rehabilitation Program as a part of his recovery. “It’s still hard for me to fathom that I was able to survive that heart attack, and yet, the next day, my EKG was completely normal. Looking back to when I was doing my residency, a patient lucky enough to survive a heart attack like that would have been left a cardiac cripple.”

To see where the technology was then and where it is today at Monmouth Medical Center is extraordinary, he says. “I’m still in awe of this place, and that I was lucky enough to survive and get to see my son grow up,” he said of his only child, a high school student. “My son and I are like bookends—we’re always together—and I am so grateful to the team at Monmouth Medical Center for giving me back my life with him.”

For more information on Emergency Cardiac Care at Monmouth Medical Center, call 1-888-724-7123.
RUMSON RESIDENT, A.K.A. ‘MIRACLE MAN,’ RECOUNTS RECOVERY AFTER EXPERIENCING SUDDEN CARDIAC ARREST ON TENNIS COURT

THIS PAST FALL, Rumson resident Bruce Van Vliet was enjoying a round of doubles with his friends at Monmouth Beach Tennis Club when—without any warning—he collapsed on the tennis court due to sudden cardiac arrest. While 78-year-old Bruce experienced some cardiac issues in the past, he did not see this coming. Fortunately, Bruce’s tennis partners were not only good friends, but former marines. Their marine training came in handy, as they instinctively knew to remain calm and focused in a crisis situation and do what needed to be done—in this case save their friend’s life. Bruce’s tennis partner John O’Neil, along with Loren Rabon and Gene Hercsar worked together and immediately called 9-1-1, provided CPR and called for the automated external defibrillator (AED).

Monmouth Beach Police and EMS rushed to the scene and continued CPR as Bruce had no pulse or blood...
pressure and was clinically dead. They used their AED to correct the abnormal electrical activity in the heart. When the paramedics arrived, they inserted a breathing device and delivered medication to stabilize his condition, as his heartbeat started to return.

Taking quick action by calling 9-1-1, beginning CPR and using an AED can mean the difference between life and death for victims of sudden cardiac arrest, like Bruce. For every minute without CPR and defibrillation, a victim’s chance of survival decreases by 7 percent to 10 percent.

Bruce was transported to Monmouth Medical Center’s Cline-D’Onofrio Emergency Services Pavilion, where he received further airway support and was placed on a ventilator. Doctors quickly ordered a battery of tests, and medications were given to stabilize his heartbeat.

Once his condition was stabilized, he was transported to the hospital’s intensive care unit, where his care team initiated therapeutic hypothermia using Arctic Sun cooling blankets. This specialized equipment improves outcome by decreasing the body’s demand for oxygen and preventing injury to the brain, which has the body’s highest need for oxygen. Medical studies have shown that therapeutic hypothermia improves both survival and neurologic outcomes at hospital discharge for patients who experienced cardiac arrest.

While in the ICU, Bruce was cared for by a team of highly skilled nurses and physicians specializing in cardiology and neurology. After four days of treatment with the cooling blankets, the ICU team rewarmed Bruce to his normal body temperature. Diane, his wife of 35 years, said “If you can hear me, squeeze my hand.” Bruce squeezed. He woke to his normal self.

Diane then asked Bruce, “It’s a beautiful day, isn’t it?” and he gave her a thumbs up.

A neurological evaluation revealed there were no neurological deficits from Bruce’s sudden cardiac arrest. Doctors declared Bruce as 100 percent.

“It’s all about instant, efficient care,” said Diane. “Monmouth Medical Center did everything in perfect order and saved my husband’s life.”

Alan Lemansky, M.D., the Emergency Department physician who treated Bruce, states, “Mr. Van Vliet’s excellent outcome exemplifies the importance of speedy and effective care, from the lay public’s performance of bystander CPR, immediate activation of 911, early application of the AED, performance of advanced stabilizing techniques by paramedics and rapid transport to a medical center with advanced cardiac and neurologic capability that includes the application of hypothermia by Arctic Sun or similar device. Any break in this chain markedly reduces the chance of meaningful recovery by a person suffering out-of-hospital cardiac arrest.”

Monmouth Medical Center dubbed Bruce “The Miracle Man.” Bruce returned to his real estate position just five months after the cardiac arrest.

“My care was excellent,” said Bruce. “The entire medical team was just great. I am forever grateful for all they did to save my life.”

“I can remember Bruce saying to me how thankful he was that the ambulance brought him to Monmouth Medical Center, that this is his hospital, and that he would be in no other place,” said the ICU’s clinical director Maureen Bowe. “In the ICU we say ‘Time is brain,’ so the quicker the cooling blankets are applied the better the protection for the brain, which increases the chance for neurological recovery.”

“From his friends starting CPR and calling MONOC to the scene and to his transport to Monmouth Medical Center for expert care delivered by highly trained emergency and intensive care teams, the coordination of care was exceptional and key to his great outcome,” she added.

Emergency medicine and cardiology specialists at all of the Barnabas Health Heart Centers continually review and refine the way care is provided in cardiac emergencies and have helped to establish the chain of preparedness in New Jersey. Induced hypothermia therapy for people suffering cardiac arrest is available at the Barnabas Health Heart Centers at Clara Maass Medical Center in Belleville, Monmouth Medical Center in Long Branch, Newark Beth Israel Medical Center and Saint Barnabas Medical Center in Livingston.

For information on Monmouth Medical Center’s Cardiac Services, call 732-923-6595.

---

**ABOUT MONMOUTH MEDICAL CENTER**

**LOCATED IN LONG BRANCH, N.J., MONMOUTH MEDICAL CENTER,** a Barnabas Health facility, along with The Children’s Hospital at Monmouth Medical Center, is one of New Jersey’s largest academic medical centers and has been a teaching affiliate of Philadelphia’s Drexel University College of Medicine for more than 40 years. From its earliest days, Monmouth Medical Center has been a leader in surgical advancement and has introduced many technological firsts to the region, including robotic surgery and other minimally invasive techniques. The hospital is routinely recognized by HealthGrades, the nation’s largest premier independent health care quality company, for excellence in both emergency medicine and maternity care. U.S. News & World Report has recognized Monmouth as a regional leader in cancer, geriatrics, gynecology, neurology and neurosurgery. For more information on Monmouth Medical Center, visit www.barnabashealth.org.