

# MONMOUTH

## health & life

TIPS FOR A FESTIVE  
HOLIDAY TABLE

**coat couture**

SKI AT LAST!  
OUR FAVORITE SLOPES

**where to find**

- authentic fish & chips
- jersey-inspired gift baskets
- unique (and cheap!) party goods

A DAY OF SHOPPING  
IN RED BANK

**health link**

- 10 ways to banish headache pain
- a scan that spots lung cancer sooner
- when is your child too sick for school?

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# 2005's

## TRIUMPHS

The holidays are always a time of reflection, and for Monmouth Medical Center, the season provides an opportunity to reflect on all that we have accomplished and ring in an exciting new year of growth.

In 2005, advances in medical technology, expansion of services and dedication of new facilities marked a busy and successful year at Monmouth Medical Center, and as we move toward 2006, we look to build on a number of programs that have debuted in recent months.

In Pediatrics, Monmouth will continue to expand its center of excellence in specialized services for children. The hospital's new Pediatric Emergency Department—which offers a unique environment tailored to the treatment of critically ill or injured children—marked its first anniversary in 2005 with a celebration for staff members, thanking them for making young patients feel comfortable and secure while in their care. In its first year of operation, patient volume has risen more than 18 percent in the child-focused department, which traditionally has treated more than 15,000 children each year—one-third of total emergency visits.

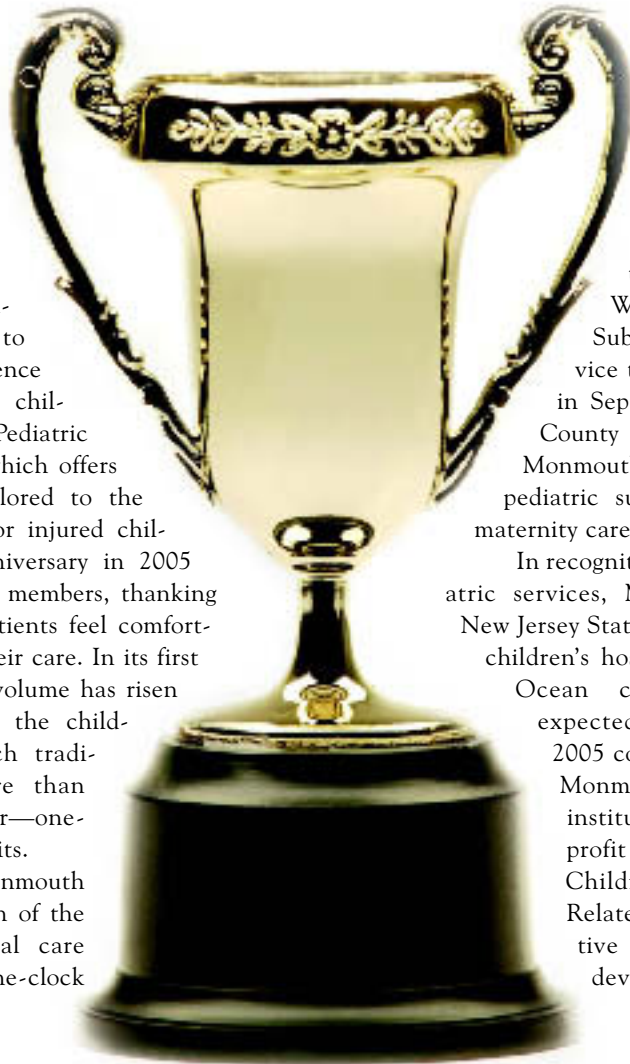
Also in this arena, Monmouth will build on the reputation of the renowned pediatric critical care team who provide round-the-clock

coverage for Monmouth's pediatric intensive care unit. Monmouth will be expanding both its pediatric and neonatal intensive care units in 2006, maintaining the hospital's leadership role in these key areas.

Growth was also seen in outpatient services for children, as pediatric endocrinologist Malcolm Schwartz, D.O., expanded his program for endocrine and metabolic disorders as he relocated to the newly dedicated Elizabeth Benjamin Special Care Unit in the Maysie Stroock

Pavilion. Dr. Schwartz, who specializes in the treatment of diabetes, thyroid conditions and hormone deficiencies in infants, children and adolescents, has also played a key role in the development of the Women's and Children's Subspecialty Center—a service that debuted in Lakewood in September to provide Ocean County residents with access to Monmouth's renowned, experienced pediatric subspecialty and high-risk maternity care.

In recognition of its strength in pediatric services, Monmouth has received New Jersey State Legislative approval as a children's hospital for Monmouth and Ocean counties—a designation expected to become official as 2005 concludes. Earlier this year, Monmouth became one of 186 institutions named to the non-profit National Association of Children's Hospitals and Related Institutions, a collective voice for health systems devoted to the well-being of



America's 70 million children and their families.

Also in 2005, Monmouth Medical Center earned accreditation as a Chest Pain Center by the National Society of Chest Pain Centers, becoming the first hospital 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. This designation was the latest in a continual evolution of our cardiac services to provide the most-complete roster of services. Monmouth Medical Center has been working diligently for the past few years to bring much-needed advanced cardiac diagnostic and therapeutic services to the hospital, and we have been successfully performing emergency angioplasties for more than a year. We are proud to be one of a select group of New Jersey hospitals without a cardiac surgery program to offer this lifesaving treatment, which means that patients no longer have to be transferred to another facility to receive this advanced care—it's available right here.

The Leon Hess Cancer Center has been the region's leader in delivering the most comprehensive cancer services for more than 30 years, and in 2005, the hospital invested significantly in the expansion of that leadership role. The Monmouth Medical Center family gathered this past spring to dedicate the new Bernard Fromkin Oncology Unit, marking an exciting step forward in Monmouth's continued development and expansion of the Leon Hess Cancer Center. The 14-bed unit provides cancer patients with high-quality care in comfortable, beautifully decorated private and semi-private rooms.

For the Jacqueline M. Wilentz Comprehensive Breast Center—which was introduced in 1994 to bring together under one roof all preventive, diagnostic, treatment, rehabilitation, psychosocial and educational services for women concerned about their breast health—2005 marked a major milestone. Modeled after the nation's most highly regarded breast centers, the facility underwent a sweeping expansion project culminating in a dedication ceremony this fall that unveiled a redesigned facility that offers greater comfort and convenience to our ever-growing number of patients.

In recent years, the Leon Hess Cancer Center's Institute for Advanced Radiation Oncology has captured the worldwide spotlight for its pioneering role in the delivery of state-of-the-art cancer therapy. In 2006, the institute will introduce TomoTherapy—the most advanced and integrated cancer treatment system available. A revolutionary way to treat cancer with radiation—combining precise 3-D imaging from

computerized tomography (CT scanning) with highly targeted radiation beams—TomoTherapy is available at just a handful of hospitals in the nation.

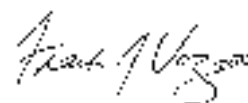
Also on the horizon for the Leon Hess Cancer Center is the launch of a Lung Cancer Program dedicated to the early detection, diagnosis and treatment of lung cancer, the deadliest form of cancer (see story, page 43). It will offer among the most-advanced array of state-of-the-art diagnostic, treatment and rehabilitative services, in one convenient location. As a division of the Leon Hess Cancer Center at Monmouth, it will provide patients with the opportunity to participate in the latest National Cancer Institute-sponsored clinical trials of the most promising cancer treatments.

And Radiology, a department that has witnessed tremendous growth in the last few years and most recently introduced a vascular lab—a testing facility that uses ultrasound and other non-invasive studies to evaluate arteries and veins—will offer the convenience of off-site imaging services, including PET, MRI and CT scanning. For Radiology, this expansion comes on the heels of a trailblazing procedure for the treatment of unresectable, recurring lung cancer that was successfully performed at Monmouth Medical Center earlier this year. Interventional radiologist Peter Park, M.D., is believed to be the first physician in New Jersey to use radiofrequency ablation (RFA) to treat medically inoperable lung tumors that recurred after radiation therapy.

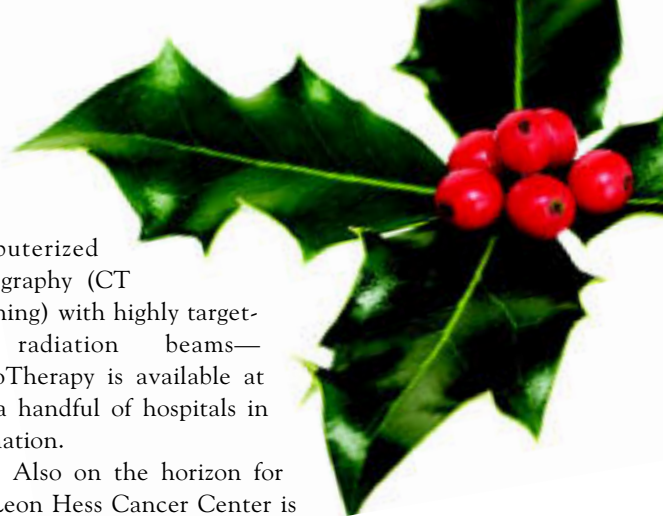
It is enormously gratifying for me as executive director to conclude each year of my administration by recounting such an impressive list of achievements—a success that is only possible through the hard work and support of the Monmouth Medical Center staff. From the Monmouth family to yours, I wish you the

happiest of holiday seasons and the healthiest of new years.

Sincerely,



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



# HEALTH *Link*

## CONQUERING CANCER

### A BETTER WAY TO SPOT LUNG TUMORS

*The non-contrast CT scan improves the chance of finding a malignancy before it's too late*

Lung cancer must be caught early if there is to be a cure. But it doesn't usually show symptoms (among them, coughing up blood, shortness of breath and loss of weight and appetite) until it's too late. Fortunately, tools for early detection are improving.

One such tool is the non-contrast chest computed tomography (CT) scan, a highly detailed imaging study. "It gives us extraordinary information about the anatomy of the lungs and any abnormalities," says Lourens J. Willekes II, M.D., medical director of the Lung Cancer Program and associate program director of surgery, thoracic surgery section, at Monmouth Medical Center. "We can see things that don't appear in a chest X-ray and sometimes catch cancer much earlier."

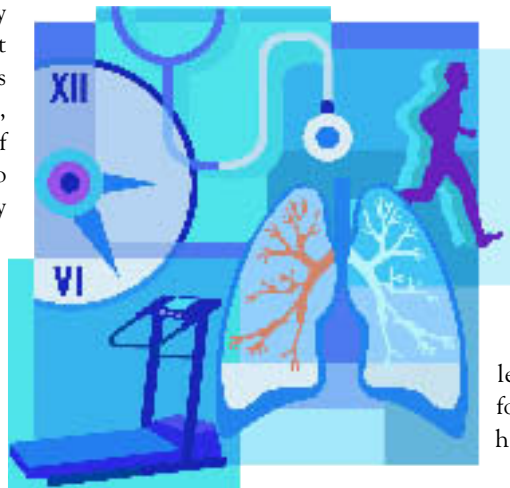
Until recently, only 15 percent of lung cancers were found early, many in tests done for other reasons.

#### Fighting the battle against lung cancer

The Lung Cancer Program at Monmouth Medical Center brings the best in diagnostic, treatment and rehabilitative services together in one convenient location. Its team includes thoracic surgeons, pulmonologists, radiologists, medical and radiation oncologists and pathologists.

Together, team members create an individual treatment plan for each patient, meeting weekly to review each case. They discuss the plan with the patient, family members and referring physicians. Because patients and families may experience emotional difficulties as well, every plan includes psychosocial support. Clinical social workers participate, and peer support groups enable patients and families to share experiences and feelings.

To learn more about lung cancer treatment at Monmouth Medical Center, call the Leon Hess Cancer Center at 732-923-6575.



Doctors still say that the best thing you can do about lung cancer is to prevent it by not smoking. But if you're a longtime smoker and thus at high risk, does it make sense to undergo an elective non-contrast chest CT scan to find any tumors while they're small enough to treat successfully?

"Absolutely," says Dr. Willekes. "I'd recommend the scan for, say, a 65-year-old man who had smoked his whole life."

It's true that screening programs have yet to prove a benefit for the non-contrast CT, says Shirley Hwang, administrative director of cancer services at Monmouth's Leon Hess Cancer Center. For that reason, insurance may not cover the scan, and you may have to pay its roughly \$1,200 cost yourself. (If a health plan does cover it—your doctor's recommendation may help—expect your out-of-pocket share to be \$200 to \$300, says Hwang.) Also, one clean scan is not an indefinite bill of health; ideally, the test should be repeated every year.

We'll know more after 2009, when a five-year screening trial sponsored by the National Cancer Institute concludes. It's testing the lifesaving efficacy of both chest X-rays and non-contrast CT scans in 50,000 subjects.

Still, asked what she'd do if she were a worried

ex-smoker, Hwang agrees with Dr. Willekes about the CT scan. "If I could afford it and it would make me feel better, I'd go for it," she says. *ll*



Dr. Willekes

#### It's quitting time

To learn about Monmouth Medical Center programs to help you stop smoking, call 732-923-6990.

## CAREFORKIDS

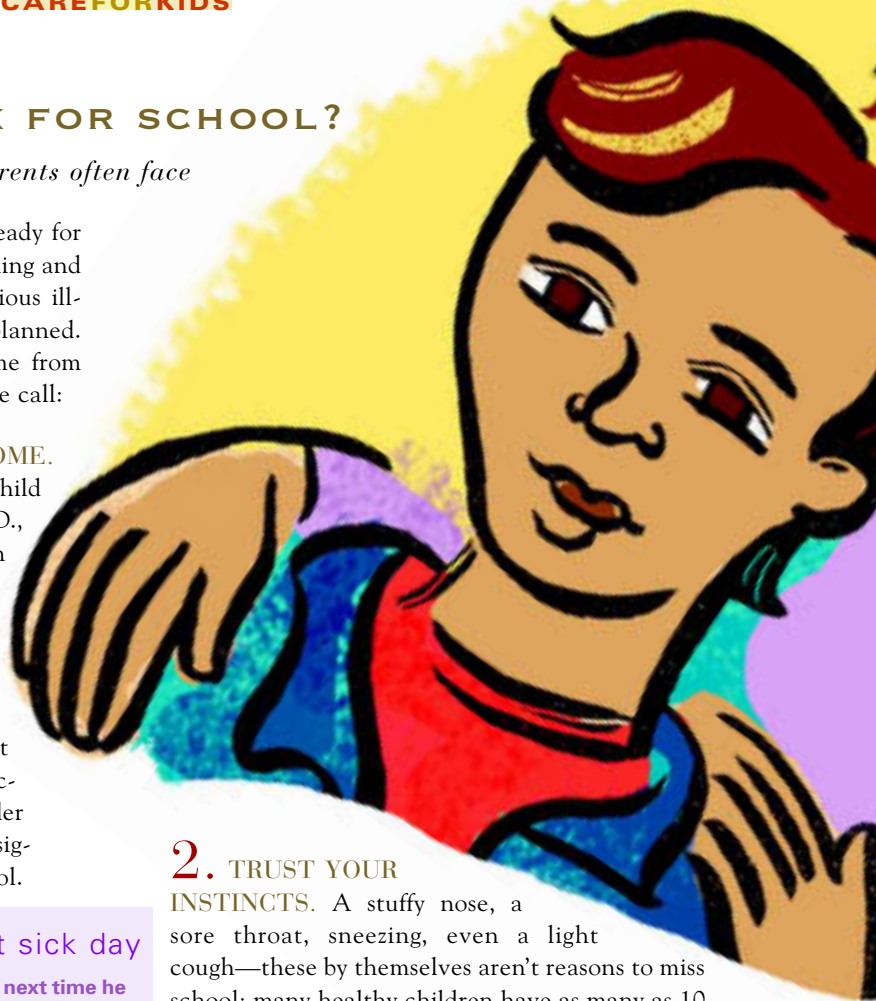
### IS YOUR CHILD TOO SICK FOR SCHOOL?

*Guidelines for answering a question parents often face*

It's decision time. Your youngster must get ready for the morning school bus, but he or she is sniffling and feeling sick. You're pretty sure it's not a serious illness—and you have your own busy day planned. Should you keep your son or daughter home from school? These five tips can help you make the call:

#### **1. KEEP A CHILD WITH A FEVER HOME.**

"Fever certainly is a reason not to send the child to school," says Richard J. DeGroot, M.D., director of pediatric in-services at Monmouth Medical Center. "Of course, the 'normal' temperature of 98.6 is really just an average. Some people's temperatures run in the 97s, others in the 99s, and time of day can also make a difference." Dr. DeGroot says 100.6 degrees is the cutoff for a significant fever in a school-age child if it's measured rectally or by ear, 100.0 if it's taken orally or under the arm. Allow 24 hours after the passing of significant fever before the child returns to school.



#### **2. TRUST YOUR INSTINCTS.**

A stuffy nose, a sore throat, sneezing, even a light cough—these by themselves aren't reasons to miss school; many healthy children have as many as 10 to 12 colds per year, and a day of TV works no magic on colds anyway. "After fever, your next best clue is how the child appears," says Dr. DeGroot. "If the child really looks and acts ill, then something probably is starting up, and he or she should be seen by the pediatrician—and kept home."

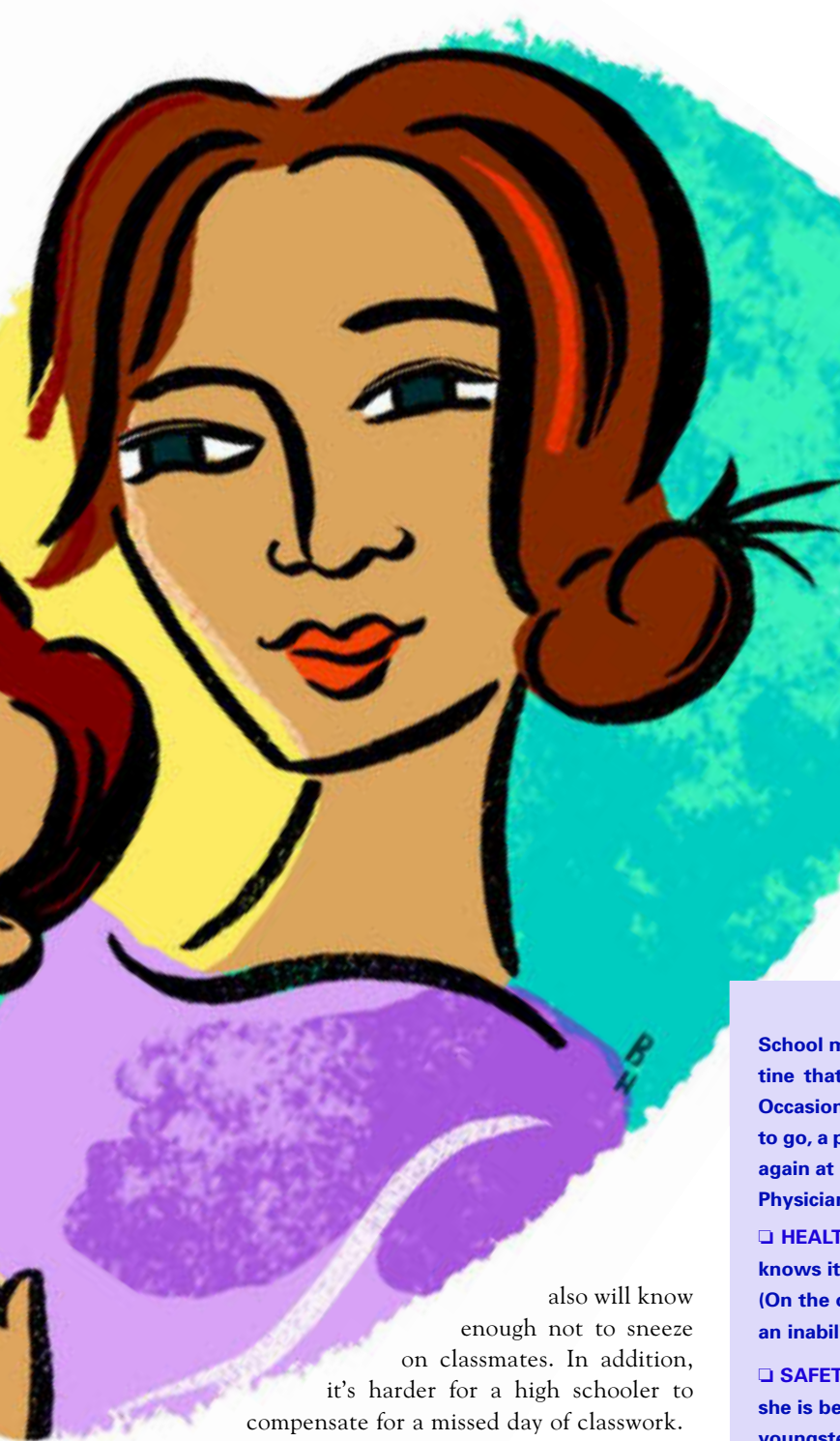
#### **3. BE MORE CONSERVATIVE WITH YOUNGER KIDS.**

"The older a child is, the more leeway you have," says the doctor. A sick first-grader may trigger a plaintive mid-day call from the school nurse, while an older child may tough it out—and

#### Plan ahead for your youngster's next sick day

Don't wait till your child is ill to decide what happens the next time he or she misses school. That means:

- **KNOW YOUR SCHOOL DISTRICT'S SICK-CHILD POLICIES.** Do certain contagious bugs mean mandatory absence? Will your child need a note when he or she returns?
- **HAVE A NETWORK.** Is the babysitter or childcare provider prepared to deal with a mild illness? Have you identified friends, neighbors or relatives who can bail you out in an emergency—and agreed to do the same for them?
- **DETERMINE WHO'S ON DUTY.** If one parent has to take off work to look after a sick child, will you take turns? Will it depend on whose job duties are more critical that day?
- **HAVE A WORK-AT-HOME PLAN.** Do you have a computer on which you can work at home while you tend to a sick youngster? Can some work be done on the telephone, or by reading materials you've brought home?



BECKY HEAVNER; TIMOTHY COOK

also will know enough not to sneeze on classmates. In addition, it's harder for a high schooler to compensate for a missed day of classwork.

**4. HEED TELL-TALE SIGNS.** Depending on the circumstances, a single episode of vomiting may not be enough to mandate a day at home. But bouts of vomiting or watery diarrhea, a heavy or frequent cough with mucus, persistent pain or a widespread rash justify an absence.

**5. CALL YOUR PEDIATRICIAN.** You may not be able to get a doctor or nurse from your pediatric or family practice on the phone in time to help with your morning decision. But if your concern lingers, don't be afraid to ask your pediatrician's advice. *M*

Keep your child home if he or she has:



- a temperature of more than 100.6 degrees F (rectal) or 100 degrees F (oral)
- dizziness, weakness or flulike symptoms
- a runny nose with thick green or yellow mucus
- a cough or congestion that interferes with breathing
- a severe headache
- persistent diarrhea
- repeated vomiting
- a rash of unknown origin
- thick mucus draining from the eye

When your student resists going to school: a checklist

School may be a drag, but for most kids it's also an accepted routine that has its high spots—friends, favorite teachers, recess. Occasionally, however, a child will fiercely insist he doesn't want to go, a problem most common with 5- and 6-year-olds that peaks again at 10 and 11, according to the American Academy of Family Physicians. If this happens in your home, check out these issues:

- HEALTH.** Sometimes an illness is brewing and the child knows it, even if obvious signs such as fever aren't yet present. (On the other hand, a malady whose first reported symptom is an inability to attend school may warrant skepticism.)
- SAFETY.** A child may be afraid to go to school because he or she is being harassed or intimidated by peers there. Ask your youngster if he or she feels safe, and be patient with the response; the child may be fearful but ashamed of the fear, or may have trouble putting it into words. If this is the problem, you may wish to contact the teacher to decide on an action plan.
- SCHOOLWORK.** Find out if incomplete homework or a test not studied for makes your child want to hide from the problem.
- ISSUES AT HOME.** Occasionally a child thinks staying home is a way to get love and attention or to guard his or her position in the family. Could family strife or sibling jealousy be a factor?

If the morning rebellions continue, consult your pediatrician. He or she may refer you to a psychologist or counselor to get to the root of the problem and help your child get back on track.



## EASING PAIN

### 10 WAYS TO BEAT HEADACHES

*Medications can help, but so can key changes in your routine*

In the Middle Ages, the Arab surgeon and medical writer Albucasis recommended one of two treatments for severe headaches: applying a hot iron to the site of the pain or inserting a piece of garlic into an incision on the temple! Thankfully, today's treatments are a lot easier to take—and a great deal more effective.

Check with your doctor if you're having recurrent headaches, recommends Martin Herman, M.D., a neurologist at Monmouth Medical Center. Meanwhile, certain changes in your diet or habits may help:

**1 Reduce stress.** Do you tend to keep your anger bottled up? No wonder you're feeling stressed—and headachy. If confronting the source of your anger is out of the question, try venting your feelings by writing a letter—just drafting it, not mailing it. And if bottled-up feelings are frequently a problem, you may

wish to ask your doctor for a referral to a counselor or psychotherapist. Exercise, massage, meditation and biofeedback are other proven ways to manage stress.

**2 Ease muscle tension.** Sometimes soreness and tension are caused by sitting in the same position for an extended period—even if you don't feel particularly uncomfortable. If you spend a large part of your day seated at a computer, for example, schedule a five-minute break at least once every 40 minutes: Take a brief walk or give stiff muscles a mini-workout by tensing and relaxing different muscle groups.

**3 Take a coffee break.** Too much caffeine can give you a headache, but so can going without it if your body's used to its daily ration. (That's why some people get early-morning headaches before their first cup of coffee.) Try eliminating caffeine from your

diet, or cut back significantly, even if that means enduring a few withdrawal headaches. Enjoy a cup of decaf or cocoa instead.

**4 Don't overuse pain relievers.** Relying too regularly on headache medicines, says Dr. Herman, "can turn episodic migraines into a recurrent problem. Pretty soon it's withdrawal from the medications itself that triggers the headache—especially if the medication contains caffeine, as Excedrin does." Doctors call the prob-

*personal take*



**Does high blood pressure trigger headaches?** Science's answer so far has been apparently not; studies have failed to link them as cause and effect. But a new British analysis of 94 clinical trials, reported in the journal *Circulation*, suggests that medications used to lower blood pressure may also prevent some headaches. The studies involved more than 17,000 subjects taking four classes of drugs—beta blockers, thiazides, ACE (angiotensin-converting enzyme) inhibitors and angiotensin II receptor antagonists—and more than 6,000 taking a placebo. Headaches were reported by 12.4 percent of those taking the inactive pill, but only by 8.0 percent of subjects taking the blood pressure medications. Because the difference extended across different medication classes, researchers speculate that the possible headache-preventing effect is linked not to any one drug but to the lowering of pressure itself. Stay tuned.

lem analgesic-rebound headache, and studies have shown that giving up the pain medication can help frequent headache sufferers get back on an even keel—though there may be a few more days of headaches first.

**5 Drink plenty of water.** Dehydration often contributes to headaches. To give your body all the water it needs to function properly, drink at least eight 8-ounce glasses a day, more if you're exercising on a hot day, traveling by air, fighting diarrhea or running a fever.

**6 Don't go hungry.** Letting more than five hours go by between meals or snacks wreaks havoc with blood-sugar levels, driving them down and causing blood vessels to dilate or expand—a natural setup for a headache.

**7 Avoid foods that trigger headaches.** Sometimes foods can be the culprit, but their effects are different for different people. "Find out which foods are your headache triggers so you can avoid or minimize using them," says Dr. Herman. For example, if you've noticed that munching a chocolate bar frequently leaves you with a pounding head, blame it on tyramine, an organic substance linked to headaches. People who are tyramine-sensitive should go easy on aged cheeses, vinegar, organ meats, sour cream, soy sauce, yogurt and yeast extracts—they also contain the substance. Other food ingredients that sometimes

### When to call the doctor

"Not all headaches require medical attention," says the National Institute of Neurological Disorders (NIND), "but some types of headaches are signals of more serious disorders." Contact your physician, advises the NIND, if you begin having frequent headaches that interfere with your routine, or if a particular headache:

- is sudden and severe
- is accompanied by confusion
- is accompanied by fever or eye or ear pain
- follows a blow to the head
- is different from any you've experienced before

cause trouble are nitrites (preservatives used in smoked fish, bologna, pepperoni, bacon, hot dogs, corned beef, pastrami and canned ham and sausages) and monosodium glutamate, or MSG (a flavor enhancer included in dry-roasted nuts, potato chips, Chinese food, salad dressings, mayonnaise and frozen or prepared foods).

**8 Avoid alcohol.** Alcohol inflicts a double whammy when it comes to a pounding head: Besides causing dehydration, many alcoholic beverages contain tyramine.

**9 See your dentist.** Sometimes, says Dr. Herman, problems with teeth or jaws can bring on headaches—for example, disorders of the temporomandibular joint, the area right in front of the ear on either side of the head, where upper and lower jaws meet.

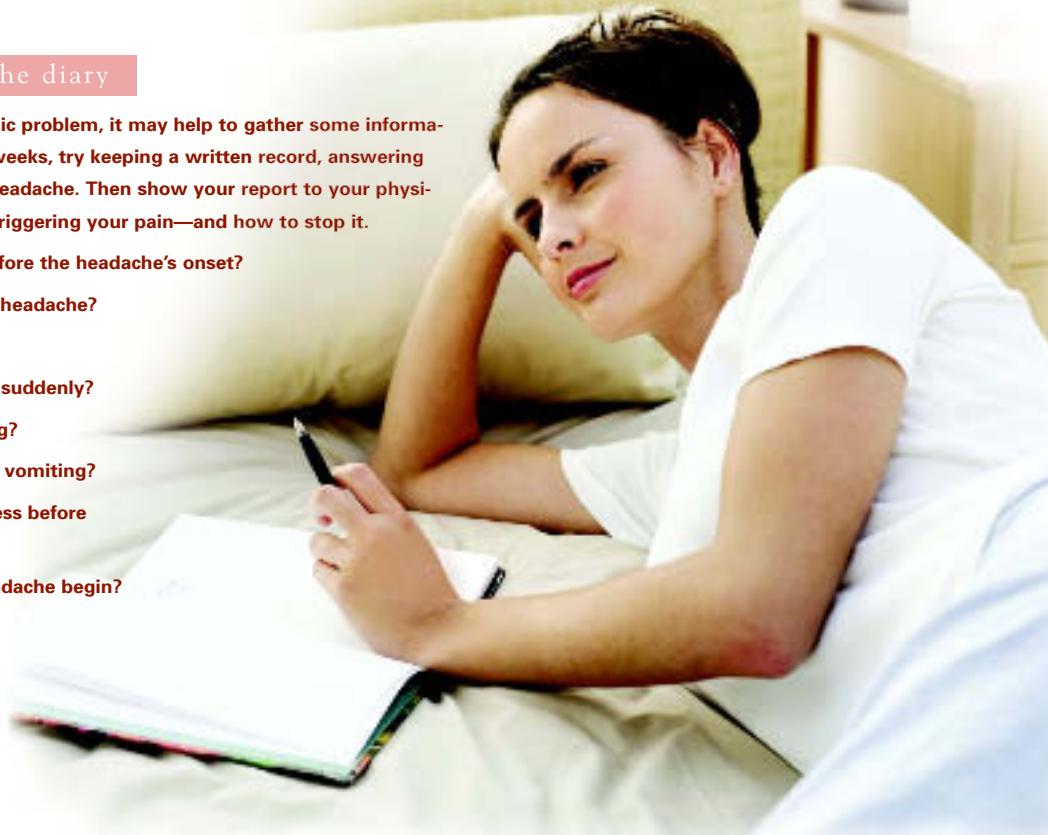
**10 Get a good night's sleep.** Too little—or too much—sleep can trigger a common, everyday headache, or even bring on a migraine. That's why bedtime routines are not just for kids. Try establishing a nighttime ritual by going to sleep and waking up at about the same time each day.

Sinus problems don't loom as large in the headache-threat department as you may think, says Dr. Herman. "People who blame their headaches on sinuses usually turn out to have tension headaches or migraines instead," he reports. *M*

### Try keeping a headache diary

If your headaches become a chronic problem, it may help to gather some information about them. For a couple of weeks, try keeping a written record, answering the questions below about each headache. Then show your report to your physician; it may offer clues to what's triggering your pain—and how to stop it.

1. Did you eat anything shortly before the headache's onset?
2. Did any symptoms precede the headache?
3. Where did the pain begin?
4. Did the pain come on slowly or suddenly?
5. Describe the pain. Is it throbbing?
6. Are you experiencing nausea or vomiting?
7. Were you under any special stress before the headache occurred?
8. At what time of day did the headache begin?





## MEN'S HEALTH

It's no one's favorite topic, but urination sometimes becomes difficult for older men. The most common cause is benign prostatic hyperplasia (BPH), an enlargement of the prostate caused by age-related changes. The good news, says Jules M. Geltzeiler, M.D., a urologist at Monmouth Medical Center, is that there are a number of things you can do about it.

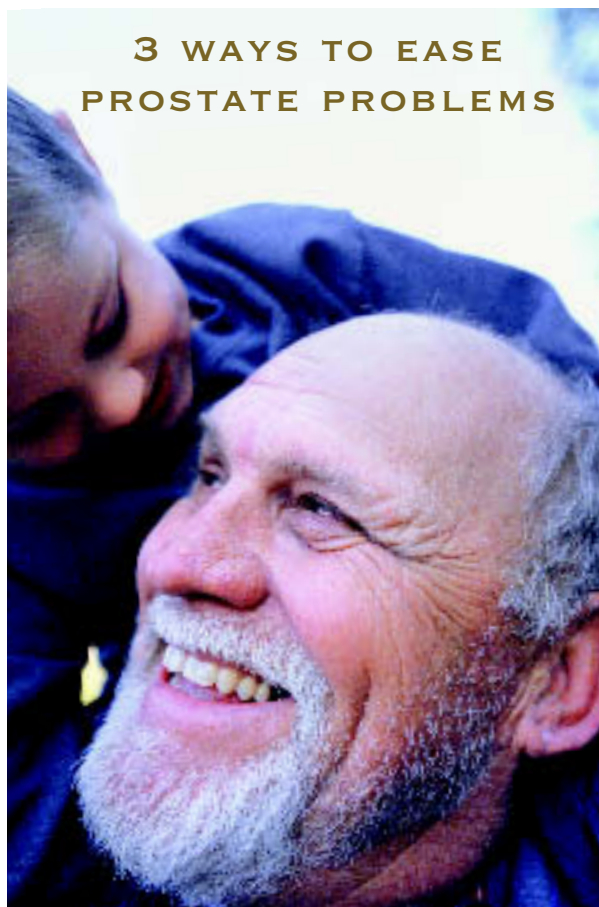
The prostate is a walnut-sized gland that sits under the bladder. Through it runs the urethra, the channel that carries urine out of the body. "The prostate gives nutrients to the sperm during our reproductive years," explains Dr. Geltzeiler. "After that, its only purpose is to annoy us."

The prostate can press on the urethra, making it harder for urine to pass through. "The prostate surrounds the channel like a donut around a hole," says the doctor. "It can enlarge both outward and inward; it's the inward enlargement that affects urination."

Because the bladder has to squeeze harder to eliminate urine, a man with BPH may not void completely, and thus may need to urinate more often. The urine stream can be weak and hard to start, and sleeping through the night may become a memory.

Remedies come in three kinds:

**1. Lifestyle changes.** For many men, simple steps like urinating when you first get the urge can help. Avoid or minimize alcoholic or caffeinated drinks. Try not to consume lots of fluid within two hours of bedtime. Go easy on cold remedies with decongestants or antihistamines, as they can aggravate BPH symptoms.



### 3 WAYS TO EASE PROSTATE PROBLEMS

*By finding the remedy that's right for you, you can avoid having frequent bathroom trips rule your life*

**2. Medicines.** For moderate to severe BPH, ask about prescription medications to improve urine flow. Alpha blockers such as tamsulosin hydrochloride (Flomax), alfuzosin hydrochloride (UroXatral), terazosin hydrochloride (Hytrin) or doxazosin mesylate (Cardura) relax the muscles around the prostate to relieve its pressure on the bladder neck. Medications such as finasteride (Proscar) and dutasteride (Avodart) affect the cells' ability to use hormones and thereby shrink the prostate—but may have side effects such as decreased libido. Also, some clinical trials have shown that the herb saw palmetto can be effective for certain men, and pygeum bark and pumpkin seeds may also help.

**3. Surgery.** If symptoms persist, your doctor may suggest an operation—especially if you have incontinence, recurrent infections or blood

in the urine. For years the mainstay procedure has been TURP, or transurethral resection of the prostate, in which excess prostate tissue is removed via a scope inserted through the penis. But TURP requires a hospital stay. Many urologists now prefer less invasive alternatives that use microwaves or lasers.

Transurethral microwave therapy, or TUMT, can be done in most urologists' offices. In this procedure, a catheter delivers microwaves to the prostate, causing some prostate tissue to atrophy over the next three months. Laser treatments, including the "Green Light" procedure for photosensitive vaporization of the prostate (PVP), have more immediate effects, but must be done in a hospital under anesthesia. *M*

AGING GRACEFULLY



test your driving skills—at home

Reflexes at the wheel not what they used to be? Over-65 drivers have the highest crash death rate per mile of any age group but the under-25s. Now the American Automobile Association (AAA) has a tool senior citizens can use at home to assess their driving skills and get recommendations for sharpening them. It's *Roadwise Review: A Tool to Help Seniors Drive Safely Longer*, a CD-ROM you pop into your computer (Windows operating system), and it tests eight areas of function found to be most often associated with auto accidents in older drivers. To find out how to order a copy (\$9.99 for members; \$15 for non-members), call 1-866-MEMBERS and ask to be connected to your local AAA club.



Eat hearty with 6 cardiac-savvy foods

When British scientists recently suggested the "polypill," a cocktail of six medications designed to cut heart-disease risk, a group of Dutch colleagues answered with the "polymeal," six heart-helpful foods on which to feast. It's a tastier selection than you might think. The foods are fish (salmon, tuna and sardines are good); almonds; garlic; produce (such as broccoli, leafy greens, melons or carrots); dark chocolate and wine. Overdosing on these good-for-you menu items, however, isn't necessarily good for you—especially the wine.



Hope on the Alzheimer's front

Researchers were so startled they thought they'd done the experiment wrong. In a recent study led by a University of Minnesota scientist, mice were genetically altered to develop unhealthy variants of natural brain compounds—variants that formed the tangled cells in the brain associated with Alzheimer's disease and killed off brain neurons. Then the defective genes were "turned off" with a drug called doxycycline. Result? The mice not only stopped deteriorating, they actually improved their performance in a swimming maze test. Scientists say the finding suggests at least the possibility that brain damage linked to the widespread dementia in humans might someday be repaired.

Tossing and turning? Tell the doc

If you're not sleeping well during the night, don't just chalk it up to age. In a supplement to the American Geriatrics Society's journal, Wake Forest University researchers say poor-quality sleep in seniors can often be remedied with treatment. "The key question is, 'Are you satisfied with your sleep?'" adds Tulay Ersan, M.D., a geriatrician at Monmouth Medical Center. Older people, she says, may (1) feel sleepy earlier in the evening, (2) spend less of the night sleeping and (3) take longer to fall asleep than the young, but other problems—or unsatisfying sleep on the whole—should be reported to your physician. Clues to treatable troubles include excessive daytime fatigue, snoring, breathing interruptions noticed by a spouse or too-frequent midnight bathroom trips.





## PREPPING FOR SURGERY

### 7 WAYS TO GET READY FOR YOUR SAME-DAY OPERATION

As the old song says, what a difference a day makes. If your doctor has scheduled you for surgery, you may be surprised to learn that you need not spend a night in the hospital. More than half of all operations in the U.S. are now done on a “same-day” basis—including many for which overnight stays were once routine.

But the new approach requires planning ahead. At Monmouth Medical Center, about 60 percent of same-day surgery patients come in sometime during the 10 days prior to their procedure for pre-admission evaluation and testing, says nurse Fe Babbitt, clinical director of same-day surgery. This process usually includes a nursing assessment and a review of anesthetic needs and may also feature blood work, X-rays and/or CT (computed tomography) scans. It all takes an hour to an hour and a half.

There are also things *you* should do before the date of your operation. Experts suggest seven steps to prepare for that day:

**1. ASK QUESTIONS.** You’ll have greater peace of mind if you’re well informed about what lies ahead. What is the procedure expected to accomplish? What are the risks? Why has your surgeon chosen this approach rather than another? How will you feel after your operation? Should you refrain from eating, drinking or taking medicines for a period before the surgery—and if so, for how long?

**2. CHECK YOUR INSURANCE.** Confirm that your surgeon’s office has completed any precertifications your health insurance company may require. Consult your insurer’s wallet card if you’re unsure what is necessary.

**3. FIND SOMEONE TO HELP.** When the hospital releases you, you may still be physically shaky and

mentally woozy. “The sedation doesn’t fully leave your system for 24 hours,” says Babbitt. Arrange for someone to give you a ride or accompany you home—you won’t be allowed to drive *or take a cab alone*. If you live alone, see if a friend or family member can stay with you for the first 24 hours to assist you with meals, medications and bathroom visits and to help spot any postoperative problems.

**4. ARRANGE FOR CHILD CARE.** It follows that if children or others depend on *your* care, you’ll need to make sure a spouse, family member, babysitter or friend can pinch-hit with these responsibilities for a day or two.

**5. GET YOUR HOME READY.** Ask your doctor if you’ll need to make any modifications to your home. If stairs will be a problem, for example, should you set up a temporary bedroom downstairs?

**6. STOCK THE PANTRY.** Find out if you’ll have any dietary restrictions in the first days after your surgery, then make sure there’s an ample supply of appropriate food and drink on hand—perhaps including convenient frozen meals that will require minimal effort to prepare.

**7. PLAN DIVERSIONS.** Recovering from surgery is no picnic, but reading or watching TV may offer a distraction and help pass the time. So rent some videos and pick up some books and magazines. (And remember: You may be more ready for Dave Barry just now than for Immanuel Kant.)

After your surgery, be sure to take promptly any prescribed medications that you are given for postoperative pain. Give yourself the rest you need, and you may well find that for recuperation, there’s no place like home. ☺

# ORDEAL BY FIRE

THREE VOLUNTEER FIREMEN PROVE  
THAT BRAVERY IS IN THE BLOOD

The call came to the firehouse at 4:22 p.m. on May 11, 2004. Flames had been seen in an apartment complex on Creek Road, the caller said, and a woman was probably trapped in the burning apartment.

Fireman John Edwards Jr., who turns 21 this month, remembers the day well. He and several other Keansburg volunteer firefighters already happened to be at one of the town's two fire stations, New Point Comfort Fire Company No. 1, helping with a local election. In two minutes Edwards, fire company Lieutenant Arthur Boden, now 40, and other crew members were suited up and on their way. At the site they met a



FROM LEFT, Firemen Albert Scott III, John Edwards Jr. and Arthur Boden

group from Keansburg Fire Company No. 1; in that crew was Lieutenant Albert Scott III, now 30. The assembled firefighters formed one team to put out the blazes, while Edwards, Boden and Scott made up a second team to rescue the trapped woman.

Says Edwards: "The front door was gone and the whole kitchen was in flames."

"We had a lot of trouble getting around," Scott remembers. "The place was filled with smoke, and there was junk everywhere. We had no idea where the woman was, or even if she was there at all."

Boden says he felt his way around the living room in complete darkness, feeling an electric jolt each time his hand touched something metal. Finally, he and Edwards reached a small hallway, where Scott joined them. The trio divided again, with Scott searching the bedroom, Boden the hallway and Edwards—the newest fireman—the cramped bathroom. It was there that the woman lay unconscious on the floor.

"First I saw a foot," says Edwards. "Then I called over the radio, 'We see a victim!'"

Within minutes that seemed like an hour, the three men had pulled the woman out of the apartment and down the stairs. "It was like trying to carry an extremely heavy newborn baby," says Edwards. "Her limbs were just hanging and slippery."

Outside, an EMS crew gave her CPR. She was eventually taken to the Saint Barnabas Burn Unit in Livingston and treated for smoke inhalation and slight burns—and emerged all right.

Such work inspires our awe when big-city firefighters do it for a salary. These Keansburg men do it for their neighbors—and to uphold a tradition. Edwards, Boden and Scott were all born and raised in the

town of 10,000 on Raritan Bay, and each has a relative who served with the fire company before him. You could say it's in their blood.

"My grandfather, who died in 1999, was a firefighter in town for 30 years, and Artie Boden knew him," says Edwards. "So Artie promised he'd take me into my first major fire."

These volunteers don't save a life every day, of course, but their work lives do suggest relevant skills. Scott, the only married man in the trio, with two children, is a detective with the Middletown Police Department, while Boden is a self-employed locksmith. Edwards will ship out with the Navy next June.

On Oct. 20, 2005, the three were given a special award at the Valor Awards Dinner of the Saint Barnabas Burn Foundation. But they insist that what they did is simply what volunteer firefighters have done in Keansburg since the founding of Fire Company No. 1 in 1912 and New Point Comfort the following year.

"It's a small town, and we're all close," explains Edwards. "We take care of each other." *oll*

# WHAT'S Happening AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

## 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** **January 22, February 19**, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

**Two-Day Preparation for Childbirth** (two-session program) **January 7 and 14, February 4 and 11**, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

**Preparation for Childbirth** (five-session program) **January 3, 10, 17, 24 and 31**, 7:30–9:30 p.m. \$125/couple.

**Marvelous Multiples** (five-session program) **January 11, 18, 25, February 1 and 8**, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

**Eisenberg Family Center Tours** **December 18, January 18, 29, February 12**, 1:30 p.m. Free. (No children under 14 years old.)

**Baby Fair** **February 26**, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring the Eisenberg Family Center tours, refreshments and gifts. (No children under 14 years old.)

**Make Room for Baby** **January 21, February 18**, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

**Becoming a Big Brother/Big Sister** **January 28**, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

**Childbirth Update/VBAC** **January 4**, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

**Baby Care Basics** (two-session program) **December 10 and 17**, noon–2 p.m., **January 12 and 19**, 7:30–9:30 p.m., **February 18 and 25**, noon–2 p.m. \$80/couple.

**Breastfeeding Today** **January 5**, 7–9:30 p.m. \$50/couple.

**Cesarean Birth Education** **December 14, February 22**, 7:30–9:30 p.m. \$40/couple.

**Grandparents Program** **January 9**, 7–9 p.m. \$30/person; \$40/couple.

**Parenting Young Children Through S.T.E.P.** (five-session program) **February 1, 8, 15, 22, March 1**, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

## JUST FOR KIDS

Also see sibling preparation programs above.

**Safe Sitter** (one-session program) **January 28**, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative, attentive babysitting. Monmouth Medical Center. Call 1-888-

SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

## GENERAL HEALTH

**Stress-Free Workshops** **December 13**, “Releasing Worry, Finding Peace”; **January 10**, “The Mystery of Emotions”; **February 7**, “Anger and Toxic Feelings,” 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. \$10/person/session.

**“To Your Health” Showcase** **December 14**: Salute to Ronald McDonald House; **January 11**: New Year’s Resolutions; **February 8**: Heart Health. 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

**Blood Pressure Screening** **December 14, January 11, February 8**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

**Body Fat Analysis** **January 11**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

**Smoke-Free Clinic** **January 17, 23, 30, February 6 and 13**, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. \$60/person.

**Hypnosis for Weight Loss** **January 19**, 7 p.m., Monmouth Medical Center, call 1-888-SBHS-123. \$35/person.

**Cholesterol Screening** **February 8**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown. \$10/test.

## SENIOR HEALTH

**Blood Pressure Screening** **December 14, January 11, February 8**, 10:30–11:30 a.m., Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

**Osteoarthritis Treatment Options** **January 18**, 1–3 p.m. Presented by Mutahir A. Abidi, M.D., rheumatology, SCAN.\*

**Cosmetic Surgery for the 50+ Generation** **January 25**, 1–3 p.m. Presented by Andrew I. Elkwood, M.D., plastic and reconstructive surgery, SCAN.\*

**Screenings for Cancer Prevention** **February 1**, 1–3 p.m. Presented by Rahab Khalil, M.D., ob/gyn, SCAN.\*

**Hypertension and the Latest Guidelines** **February 15**, 1–3 p.m. Presented by Sherif Malek, M.D., internal medicine, SCAN.\*

**Finding Joy** **February 22**, 1–3 p.m., SCAN.\*

\*SCAN (Senior Citizens Activities Network, age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs and to obtain SCAN membership, call 732-542-1326. *cm*