

# MONMOUTH

health & life

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garden state's  
grammy girl

**an end-of-the-year  
tipping guide**

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soul in anguilla

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## health link

- new drugs to relieve those aching joints
- find the right place for your mammography
- targeting tumors—and sparing healthy tissue

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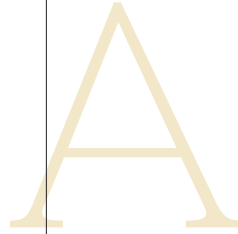
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## 2006 ACHIEVEMENTS



Another holiday season is upon us, and at Monmouth Medical Center we have much to celebrate.

Topping the list of 2006 achievements is one of our most illustrious accomplishments in recent years, as Monmouth Medical Center was selected as a Solucient Top 100 Hospital-Performance Improvement Leader. This distinction clearly illustrates our commitment to quality care and our success in cultivating excellence.

At Monmouth, we never shy away from raising the bar when it comes to delivering the best in patient care—and 2006 will be remembered as a year marked by impressive advances. In this issue, we spotlight a host of areas—including orthopedic surgery, where advances are allowing people to have major joints replaced, reconstructed or repaired without spending weeks in the hospital and months in recovery. In our region, patients with musculoskeletal-system injuries and disorders are benefiting from new surgical procedures at Monmouth Medical Center that require smaller incisions, allowing for quicker healing.

In the last issue of Monmouth Health & Life, we introduced you to a sophisticated robotic platform that's the latest advance in minimally invasive surgery. In these pages, we introduce you to Noelle, "The Pregnant Robot"—a birthing simulator used worldwide by health care educators to provide an excellent simulation of the delivery experience. Educating physicians is a major component of the mission of our hospital, a regional campus of Drexel University College of Medicine and its largest major academic medical affiliate in New Jersey. Our graduate education programs help ensure the continuity of highly educated, well-trained doctors practicing in our community, and the introduction of this state-of-the-art teaching tool highlights Monmouth's dedication to the very best medical education.

It is enormously gratifying for me as executive director to conclude each year of my administration by celebrating our ongoing success. 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



## A HABIT OF HELPING

this lawyer learned early how service to others bears fruit

For Peter A. Deller Jr., a lifelong commitment to helping people in need began, curiously enough, with strawberries. This 48-year-old Monmouth County native was just 10 when his parents, active supporters of the Oceanport Lions Club, enlisted him to help hull the spring-time fruit for the group's annual shortcake festival, a modest charity event held at the local elementary school.

Today, due largely to his volunteer efforts, that same small fundraiser has blossomed into the six-day-long Oceanport Lions' Strawberry Fair, held each May at Monmouth Park Racetrack. Over the past decade, the event has earned more than half a million dollars for Lions Club causes.

Deller, a 1987 Rutgers School of Law graduate, has built a stellar career as a personal-injury attorney. He won a landmark judgment against the manufacturer of a water heater that exploded, and lawyers all over the country still call him for advice on similar suits. On a volunteer basis he has taught a course he calls "The People's Law School," meant to take some of the mystery out of the legal system, and he's even hosted a Sunday-afternoon radio show with a similar theme.

But the law alone hasn't been big enough to contain Deller's impulse toward community service. When he and his wife, Myong, returned to Oceanport in 1995 after eight years in Hawaii, he recalls, "I found the Lions Club practically disbanded." Eager to help, he proposed the idea of a major fair to raise money and add membership, and he suggested the racetrack as an ideal location. When some mem-



bers scoffed at the scope and expense of the undertaking, Deller became even more energized. "I said to them, 'If I can pull it off, will you at least come and help?'"

He did, and so did they. Twelve years later, Deller's idea has succeeded better than even he first imagined. The Strawberry Fair now attracts as many as 35,000 people each year. All profits are donated to such long-standing Lions Club charities as the Marie Katzenbach School for the Blind, New Jersey Eyeglass Recycling and Monmouth Medical Center. In the past six years, the club has

donated \$33,600 in Strawberry Fair earnings to the center to help support its pediatric oncology and emergency room departments, as well as a variety of neighborhood outreach programs.

Today, in addition to his volunteer activities and the time he spends with his family (he and Myong have a son, Joe, 14, and a daughter, Niki, 12), Ocean Township resident Deller teaches business law at Monmouth University—a job he appreciates, he says, because it allows him to educate future leaders of our community and try to instill in them values of kindness and compassion. He uses a quotation from the noted essayist Oliver Wendell Holmes to explain his zeal for helping others that goes all the way back to those strawberries.

"Holmes said, 'A man's mind stretched by a new idea can never go back to its original dimensions,'" says Deller. "I believe the same is true of one's heart. Once you've felt the love of humanitarian service to others, there's no turning back." M



## HELPING SENIORS SAVE ON DRUGS

SIMPLE IT ISN'T, BUT MEDICARE'S NEW PART D IS A BOON FOR MANY

**C**onfusing at first, but ultimately helpful—that seems to be the verdict on the federal government's new prescription drug coverage program for seniors, Medicare Part D, as it nears its first anniversary on January 1. Though many people have struggled over whether to sign up and which plan to choose, the program has helped a number of seniors pay less for medications, says Shawn Lynch, a pharmacist in the retail pharmacy at Monmouth Medical Center.

"Everyone admits that in its first couple of months the program produced a surprising amount of confusion," says Lynch, who notes that even his own father, a retired pharmacist, was initially baffled. "But for anyone who didn't have drug coverage before, it's provided an additional benefit, and I think by now most people have a good grasp of their own plans."

Medicare Part D is available to everyone age 65 and older. You'll receive enrollment information in the mail within a few months of your 65th birthday. About 30 health insurance companies offer Part D plans in New Jersey—each with its own premiums, deductibles and copayments. Most pharmacies in the state accept Part D plans.

Here's how it works: You pay a monthly premium, which in New Jersey averages \$40. After you reach your deductible—no more than \$250—you pay a copayment for your medications (typically 25 percent of the cost of the prescription) until your drug costs reach \$2,250 (true cost, not what you shell out in copayments). After that you must pay 100 percent

of your prescriptions until your total out-of-pocket costs reach \$3,600 (which usually means until the total expenses have risen to about \$5,100). Then you pay 5 percent of your drug costs (or a small copayment, depending on your plan) for the remainder of the calendar year. Subsidies for low-income individuals are also available.

Complicated? You bet, especially when you factor in the so-called "donut hole"—the gap between \$2,250 and \$5,100 when you must pay for prescriptions at full price. "That coverage gap is the part some people don't like," says Lynch.

The open enrollment period to sign up or change plans is November 15 through December 31 of every year, with coverage beginning on January 1. If you need help deciding which plan is best for you, call the Monmouth County office of the State Health Insurance Assistance Program at 732-728-1331. Volunteers will counsel you in person at any one of nine locations around the county—or by phone if you're homebound. (Have a list of your medications handy, with dosages and frequencies, or a bag with the pill bottles themselves.) A computer program will project the likely financial impact of different plans.

Another resource, says Lynch, is [www.medicare.gov](http://www.medicare.gov) on the Web. Click on "Compare Medicare Prescription Drug Plans" to evaluate costs and "Formulary Finder" to see if plans cover the prescription drugs you take regularly. The site also allows you to track your individual Part D usage. *o//*

### Ways to sign up

- Log onto [www.medicare.gov](http://www.medicare.gov).
- Call a Medicare plan directly.
- Call 1-800-MEDICARE (1-800-663-4227; for TTY users it's 1-877-486-2048).

To inquire about low-income subsidies to help you pay Medicare premiums or deductibles, call the Social Security Administration at 1-800-772-1213 (TTY users, 1-800-325-0778) or log onto [www.socialsecurity.gov](http://www.socialsecurity.gov).

# HEALTH **Link**

FUTUREOFMEDICINE

## she's a model patient

*Moms-to-be can have peace of mind, thanks to a 'mom' made of chips and wires*

**I**t's an exciting time when you go into the hospital to give birth, but a part of you may secretly wonder what will happen if something goes wrong.

Monmouth Medical Center's Eisenberg Family Center has a new answer to such concerns, and her name is Noelle. She helps medical students, nurses and physicians prepare to deal with any unexpected complication of childbirth.

Noelle is a \$20,000, life-size, functioning model of a woman ready to give birth, acquired by the hospital in June thanks to a gift from Renee Novello, M.D., a former member of the teaching staff.

"The mannequin can simulate virtually any obstetrical scenario," says Robert A. Graebe, M.D., Monmouth's chairman of obstetrics and gynecology and its residency program director. "She helps us improve patient safety and ensure quality outcomes."

Christened by her manufacturer, Noelle is lavishly equipped and generously computer-programmed to enact childbirth and a vast array of its potential complications—and their correct and timely resolution.

"First you teach what's normal," says Dr. Graebe. "Then, once normal is understood, you start teaching the variations on normal that present a higher risk."

For example, he says, Noelle will "deliver in the breech position [rump first] or the cephalic position [head first] and can simulate problems such as shoulder dystocia, in which the baby's shoulders are blocked by the mother's pelvis. Residents, medical students, nurses—even attending physicians—benefit from life-



Attending "Noelle" are (from left) Robert A. Graebe, M.D.; Adam Paxton, M.D.; and Richard Lewis, D.O.

like practice in which every step on everyone's part can be critiqued to refine our response."

Fetal distress, maternal hemorrhage, preeclampsia—there's almost no end to the obstetrical complications requiring prompt action that Noelle can simulate, with minute-by-minute training benefit but no danger to humans. And she instructs not with numbers or text, but with realistic sensation. If a uterus won't contract properly, for example, it requires massage. A doctor or nurse who massages Noelle, says Dr. Graebe, "is immediately rewarded by seeing that the uterus actually does contract."

Noelle comes with a fetus figure, and the pair give emergency-room staffers the chance to practice dealing with crises that real life fortunately doesn't often present. In an emergency delivery involving an injured mother, for instance, a baby might need to be resuscitated and intubated, with catheters inserted into the umbilical vessels.

"If resuscitation is correct, the baby's extremities and lips will turn from blue to pink," says Dr. Graebe.

Noelle is "supervised" by Robert Massaro, M.D., assistant director of the residency program, and ob/gyn and instructor Richard Lewis, D.O. Dr. Graebe says Monmouth staffers have welcomed the mannequin as "a great opportunity to enhance the quality of care given to mothers and babies." **M**





VITALWOMAN

## the right way to manage breast cancer

*A multidisciplinary approach and high surgical standards make for good results*

**I**f you're concerned about breast cancer, you have good reason—it still claims 43,000 American lives each year. But treatment is improving rapidly. When the disease is spotted early, many women are now cured, and 95 out of 100 survive for at least five years. Much can depend on choosing the right facility for screening, diagnosis and any necessary treatment.

At Monmouth Medical Center's Jacqueline M.

Wilentz Comprehensive Breast Center, care for each patient is discussed at multidisciplinary team meetings held every Wednesday. Here all cases that require treatment are presented in advance by the principal treating physician. Usually present are all of the hospital's breast surgeons, plus radiation oncologists, medical



**Melinda J. Staiger, M.D., medical director of the Wilentz Center**



To find out more about mammography and breast cancer treatment at Monmouth Medical Center, call 732-923-7700.



oncologists, radiologists, pathologists, genetic counselors, plastic surgeons and social workers. The group works together to draw up an integrated treatment plan, which is then presented to the patient.

“This process is unique among community-based hospitals,” says Shirley Hwang, administrative director of the Leon Hess Cancer Center at Monmouth. “Even major teaching hospitals typically have such meetings only once a month and pick three or four key cases. We present them all.”

“Ours is the first fully integrated, comprehensive, multidisciplinary approach to breast cancer diagnosis, treatment and follow-up I’ve seen,” says Melinda J. Staiger, M.D., the Wilentz Center’s medical director, who has held positions at several top institutions.

Typical of Monmouth’s exacting approach to breast cancer care are the rules enforced by Michael Goldfarb, M.D., chief of surgery, for breast surgery cases handled by the Wilentz Center. Only surgeons who have statistically proven excellent outcomes and devote a sizeable part of their practice to the breast are part of the team. Each carefully follows the surgical methods the hospital has found most effective—for example, including a margin of at least half a centimeter around cancerous tissue removed.

Statistics vindicate Monmouth’s rigorous, integrated approach. The center has managed 655 breast surgery patients since its inception in 1994 (not including some procedures done at the hospital privately by affiliated surgeons). Of these, 343 have had lumpectomy (removal of the tumor and surrounding tissue), and only one had a recurrence of cancer in the breast. Of the 312 who had mastectomy (breast removal) for large or multiple tumors, only four women have had recurrences of cancer in the chest wall. Records also show a trend toward less invasive surgery; in the last six years of the 1990s, just 45 percent of surgical patients were treated with lumpectomy. For the first six years of the new century, that figure was 58 percent.

One further benefit of Monmouth’s comprehensive approach to breast cancer care is the simple fact that all of the necessary services, including radiation therapy, are available at a single location. “The patient doesn’t have to run hither and yon to coordinate her own care,” says Dr. Staiger. “We coordinate it for her.” M



### 5 questions to ask about a mammography facility

Even if your screening mammogram reveals an irregularity, chances are excellent that it’s not cancer. Still, the facility you choose for breast cancer screening can make a difference, says Melinda J. Staiger, M.D., medical director of the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center. Ask the questions below about any radiology center. (For Monmouth, each answer is yes.)

- Does it employ a dedicated breast imager, rather than relying on a “radiologist du jour” whose training may lie elsewhere?
- Does it provide an immediate workup, with continuity of care—for example, does the same radiologist who begins a patient’s diagnostic process follow that patient’s entire diagnostic course?
- Are ultrasounds done only by dedicated breast imaging radiologists who understand the subtle nuances of breast sonography?
- Do ultrasounds scan the entire breast, including the axilla (armpit), if appropriate?
- Does the center maintain all current voluntary accreditations for breast imaging and breast biopsies from the American College of Radiology?

### 3 steps to protect yourself

**Don’t let fear of breast cancer—and a desire to avoid the topic—lead you to neglect these potentially lifesaving precautions, which can make sure any cancer is found early. The American Cancer Society recommends:**

- annual mammograms starting at age 40
- clinical breast exams at least every three years in your 20s and 30s and annually thereafter
- telling your doctor promptly if you notice any change in how your breasts feel

CONQUERING CANCER

## better radiation targeting— and fewer side effects

*New image-guided technology lets doctors fine-tune the patient's position  
right before the beams are fired*

**B**ecause of the tiny ways people's bodies move—and tumors move and change within them—firing radiation beams at cancerous tissue has always been inexact. But it got a lot more exact at Monmouth Medical Center this year, when the hospital's Institute for Advanced Radiation Oncology became one of just two Northeast sites to offer Siemens "cone-beam" technology. The likely result for patients: fewer damaging side effects of the treatment.

Traditionally, efforts have been made to align patients precisely the same way for each daily treatment in a four- to six-week course of radiation. But people move as they breathe; they gain or lose weight and their tumors grow, shrink or change position. So doctors have had to leave a margin of safety, which means some healthy tissue around the tumor has had to be destroyed, with often injurious results.

The cone-beam device, however, reduces that margin. Providing what's called image-guided radiation therapy (IGRT), it uses computed tomography (CT) images acquired while the patient is in the treatment position to let doctors "visualize the tumor and internal organs and reposition the patient seconds before treatment if necessary," says Mitchell Weiss, M.D., chairman of radiation oncology at Monmouth's Leon Hess Cancer Center.

"Because there's less damage to normal tissue, we believe this approach will minimize side effects,"



**Mitchell Weiss, M.D. (right) shows off some of the equipment that lets Monmouth offer cutting-edge image-guided radiation therapy.**

says Dr. Weiss. The new technology may also permit the safe use of increased radiation doses and the retreatment of patients once thought to have reached their maximum tolerance dose, he says. "And it adds only a couple of minutes a day to the treatment time."

The new device generates three-dimensional images of the tumor site immediately before treatment. It produces a cone-shaped X-ray beam, and it employs the radiation

treatment machine as a CT scanner to acquire complete 3-D anatomy data for viewing the tumor before treatment starts, according to Jack Yang, Monmouth's chief physicist. While regular CT scanners must create images in several "slices" while rotating around the patient's body, the cone-beam approach takes anatomy images in a more elegant way that permits it to cover most of the body parts in a single rotation of the machine.

"It lets us visualize the tumor before we treat, creating submillimeter accuracy to eradicate the cancer cells," Yang explains.

IGRT with cone-beam technology will be used to treat a wide variety of cancers, including those of the prostate, lung, head and neck. And Dr. Weiss says it's already been a dramatic help in challenging cases.

"I've treated a patient with a very rare spinal tumor who has already received radiation to the spine," he says. "Should the new radiation overlap his previous treatment, he could be paralyzed. IGRT with the cone-beam device has allowed me to confidently offer radiation for the lower portion of the spine with no fear of overlapping." **M**



For more information about advanced radiation treatments for cancer at Monmouth Medical Center, please call 732-923-6890.



## SURGICAL STRIDES

# what's new in orthopedic procedures

*Operations now use less invasive methods, leading to quicker recoveries*

**W**hen medications can't repair an injury or restore a joint to pain-free motion, it's time to see an orthopedic specialist to evaluate your surgical options. Fortunately, the surgeons at Monmouth Medical Center report, this area of medicine is advancing rapidly.

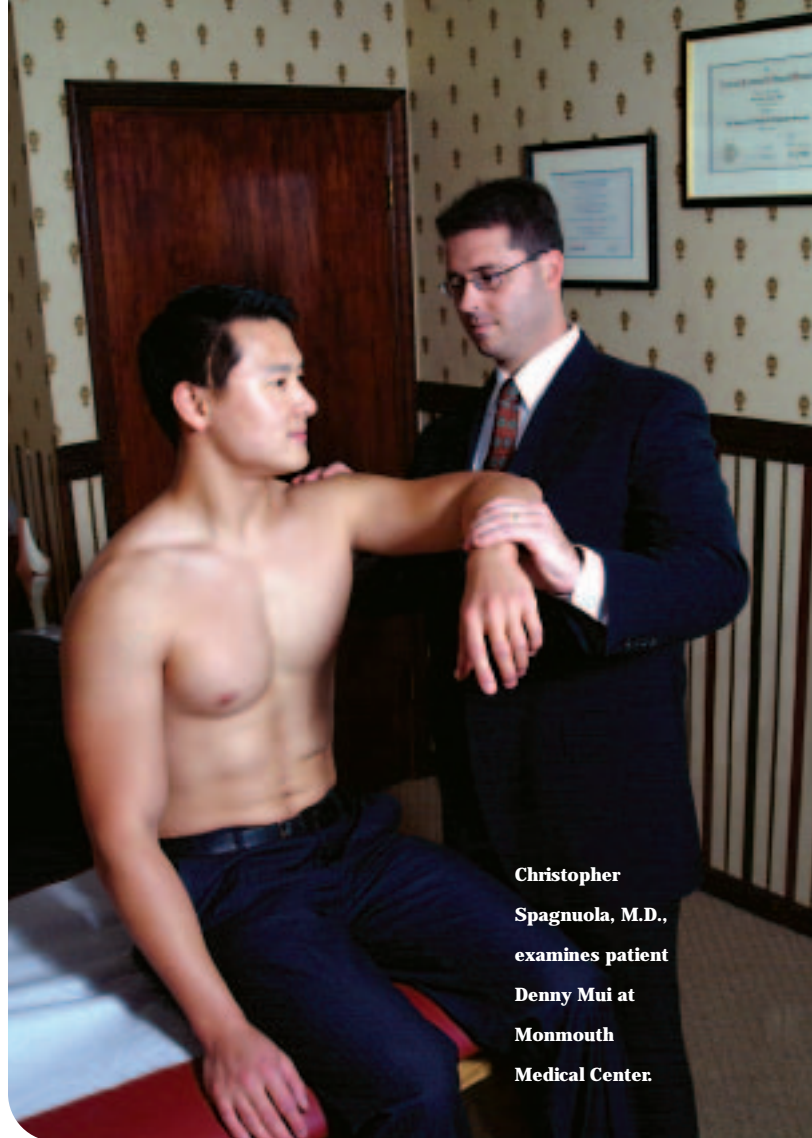
Joint replacement has become a realistic option for younger people because artificial joints are longer-lasting, according to David Chalnack, M.D., a surgeon who replaces about 100 knees and 100 joints each year. Where once it was considered a triumph to get 10 years' use out of an implant, today's implants—made of ceramics and highly cross-linked polyethylene—will likely last at least twice that long. As a result, patients no longer need to endure years of pain and limited movement waiting for the right age to operate.

Today, smaller incisions are used in many of these procedures, says Dr. Chalnack, which means “less dissection, less tissue damage and a quicker, easier and less painful recovery.”

Another trend, says Monmouth orthopedic surgeon Christopher Spagnuola, M.D., is the continued advance of arthroscopic surgery. Twenty years ago, surgeons inserted a camera called an arthroscope via small incisions to look into a joint and see what needed repair. Next, a large incision was made to repair the tear. “Then we realized, ‘Wow! We can actually treat it through the camera,’” says Dr. Spagnuola.

## Two surgical milestones at Monmouth

- “We recently did our first computer-assisted total joint replacement,” says Monmouth Medical Center orthopedic surgeon David Chalnack, M.D. “In this procedure, the computer helps determine the angle and rotation of the various cuts required.” The patient, he says, had had several prior surgeries and “hardware in place” that “made it impossible to do the repair the traditional way.”
- Monmouth is one of only a few New Jersey hospitals to perform cartilage transplantation in the knee, otherwise known as autologous chondrocyte implantation. “Often, if a fairly young person has a knee injury, we can see that he or she will develop early arthritis,” says orthopedic surgeon Christopher Spagnuola, M.D. “We can now take a few healthy cartilage cells from the patient, grow them in a lab, and put them back in the knee, where they will adhere to bone. It's the closest thing we have to giving patients their cartilage back and preventing arthritis.”



**Christopher Spagnuola, M.D., examines patient Denny Mui at Monmouth Medical Center.**

Arthroscopic surgery is now the standard of care for repairing anterior cruciate ligament tears in the knee, an injury common in active women. Success rates are up to 95 percent, and some high-level athletes are back on the field as early as four months after surgery. In another frequent procedure, repair to a torn rotator cuff in the shoulder, Dr. Spagnuola estimates that 50 percent of surgeons sometimes employ an all-arthroscopic technique, but the approach still isn't the standard of care for all tear patterns.

“If a tear is too big or retracted, some doctors feel they should do only part of the procedure arthroscopically, followed by open surgery to repair the tendon,” he says. “But the latest sports-medicine training is beginning to challenge that.”

Dr. Spagnuola does about 95 percent of his rotator cuff repairs with an all-arthroscopic technique. This approach has the potential to lessen pain, restore motion faster and minimize stiffness in recovery compared with open procedures. Arthroscopic surgery is now “trickling down” to foot, ankle, hand and wrist operations, the doctor reports. **M**



EASING PAIN

## those aching joints may not need surgery

*New drugs offer arthritis patients relief*

In the “olden days, 10 or 15 years ago,” says rheumatologist Mutahir Abidi, M.D., primary care doctors typically responded to complaints of joint pain by prescribing Motrin or Advil, then sending you to an orthopedic specialist if that didn’t do the trick. But times have changed.

“Back then, rheumatologists really didn’t have much to offer,” says Dr. Abidi, director of the Center for Arthritis and Rheumatologic Disorders at Monmouth Medical Center. “Today there are more effective medical treatments that enable us to offer a comprehensive approach.”

The center treats arthritis problems of any kind or cause, Dr. Abidi explains. He will send you to an orthopedic surgeon if your joint pain from arthritis is already so bad you can’t sleep at night, he says. But if it hasn’t reached that stage, he and his staff will try medical treatment first with two goals: easing your pain and halting the progression of your arthritis. The center offers on-site laboratory facilities, X-ray exams and bone density tests, and continuity of care is assured with a multidisciplinary team including physical therapists, physiatrists (rehabilitation specialists), pain management specialists, interventional radiologists, orthopedic surgeons and dietitians.

“Just as a cardiologist manages heart conditions without doing operations, we rheumatologists treat arthritis by all means except surgery and refer to orthopedic surgeons when necessary,” says Dr. Abidi, who established the center in 2005 after completing his training at Drexel University. “And when I refer, I call the specialist to make sure patients are seen quickly. They’re hurting; they shouldn’t have to wait.” He maintains close contact with patients

and their other treating physicians.

There are more than 100 types of arthritis, Dr. Abidi explains, and different types require different treatments. “When a patient comes in with joint

### fast fact

**More than 20 percent of U.S. adults have arthritis, say the Centers for Disease Control and Prevention. Among the obese that proportion rises to 31 percent.**



If you’re bothered by painful joints—or simply want to find out more about the medical options for treating arthritis—call 732-923-7550.

## Inflammatory arthritis comes in many forms

Rheumatoid arthritis is the most common inflammatory arthritic condition, but there are a number of others—including these:

- **Lupus erythematosus**, which affects joints, skin and internal organs. It occurs most frequently in women.
- **Gout**, in which a buildup of uric acid causes crystals to form painfully in joints, often including the base of the big toe. It's most common in older men.
- **Crohn's disease and ulcerative colitis**, inflammatory bowel disorders sometimes accompanied by arthritic symptoms.
- **Psoriatic arthritis**, which can accompany the skin disease psoriasis and tends to attack hands, feet and lower back.
- **Sjögren's syndrome**, which often accompanies rheumatoid arthritis or lupus. It's marked by inflammation of tear ducts and saliva glands, with resulting dryness of mouth and eyes, and affects mostly middle-aged women.
- **Scleroderma**, which causes joint stiffness and a tightening of the skin on arms, face and hands.

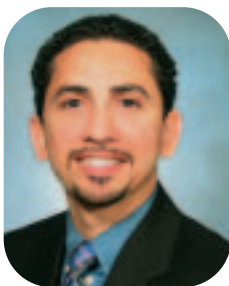


pain, we ask a lot of questions, including what kind of pain it is, when it's at its worst and what medications have so far seemed to help," he says. Your answers—along with a physical exam, lab tests and X-rays—will help determine whether your arthritis is inflammatory in nature.

In inflammatory arthritis, the body's own immune system attacks the joints. Rheumatoid arthritis, which affects roughly 2 million Americans and usually strikes between ages 20 and 50, is the most common inflammatory type. If your arthritis isn't inflammatory, it's most likely osteoarthritis, a condition that affects more than 20 million Americans in which the cartilage in your joints wears down mechanically.

These days, says Dr. Abidi, older treatments such as gold compounds have largely given way to a host of new medications for treating rheumatoid arthritis. He believes these new drugs are worth a try before you consider a joint replacement procedure.

After all, he says, "Nobody wants to go under the knife if they don't have to." M



At Monmouth's Center for Arthritis and Rheumatologic Disorders, Mutahir Abidi, M.D., leads a multidisciplinary team effort to help people feel better.

## Drugs that have changed the face of rheumatology

Mutahir Abidi, M.D., says he chose rheumatology partly because so many new medicines were being introduced in the specialty, giving doctors more ways to treat arthritis without surgery. Among these new drugs are:

- **Hyalgan**, a medication for osteoarthritic knee pain, given in three to five weekly injections, that is chemically similar to a natural chemical called hyaluronic acid, which is present in joint tissues.
- **Tumor necrosis factor (TNF) blockers**, injectable medications that work to block the action of a substance produced in the blood cells that contributes to inflammation. Examples include etanercept (trade name Enbrel), infliximab (Remicade) and adalimumab (Humira).
- **T-cell modulators**, which block one of the receptors on T-cells, white blood cells whose activation sets in motion a chain of events that is believed to produce inflammation and the pain of rheumatoid arthritis. An example is abatacept (Orencia), which works on cytokines, proteins that are produced when a T-cell has been activated.
- **B-cell inhibitors**, which block another kind of blood cell in the immune system. They include rituximab (Rituxan), a medication designed to treat non-Hodgkins lymphoma that has also been approved, in combination with a drug called methotrexate, for the treatment of rheumatoid arthritis.



FACESOFMEDICINE

## high-tech with a caring touch

*Meet the physicians of Shore Urology Group*



**From left: Drs. Keselman, Geltzeler, Cohen, Grebler and Litvin**

**Arnold Grebler, M.D.**, chief of urology at Monmouth Medical Center, and his colleagues at Shore Urology Group offer state-of-the-art treatments for urinary problems in both sexes and genital concerns in males. They perform surgery on cancers of the prostate, kidney and bladder, both laparoscopically and with the

traditional open method, and two Shore Urology doctors—Y. Samuel Litvin, M.D., and Ira G. Keselman, M.D., have begun using the new da Vinci S Surgical System to do robotic surgery on some prostate cancer patients at Monmouth Medical Center. (“It’s not a substitute for the surgeon, but a tool that extends the surgeon’s reach in a confined area,” Dr. Grebler says.)

The group’s physicians treat bladder, ureteral and kidney stones, using the latest proven techniques in holmium laser surgery, and have pioneered radiotherapy treatments for prostate cancer. Urinary tract infections, male infertility and impotence and benign prostatic hyperplasia fall under their purview too.

“As professors at Drexel University, we all also teach residents and medical students,” says Dr. Grebler, founder of the practice. “Our aim is to offer in the community a level of treatment people once associated only with the top institutions in New York, Philadelphia and Baltimore.” **M**

**ARNOLD M. GREBLER, M.D., 61**  
**M.D.:** University of Bologna, Italy, 1974  
**Internship/residency in surgery:** Maimonides Medical Center, Brooklyn, N.Y., 1974–1976  
**Residency in urology:** Maimonides Medical Center, Brooklyn, N.Y., 1976–1979  
**Founded practice:** 1979  
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**M.D.:** Hahnemann Medical College, Philadelphia, Pa., 1979  
**Internship/residency in surgery:** Monmouth Medical Center, 1979–1981  
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**Joined practice:** 1984

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**Joined practice:** 1991

**IRA G. KESELMAN, M.D., 45**  
**M.D.:** Boston University School of Medicine, Boston, Mass., 1989  
**Internship/residency in surgery:** University of South Florida Affiliated

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**Residency in urology:** University of South Florida Affiliated Hospitals, Tampa, Fla., 1991–1995  
**Joined practice:** 1995

**RICHARD A. COHEN, M.D., 70**  
**M.D.:** Chicago Medical School, Chicago, Ill., 1962  
**Internship:** Mountainside Hospital, Montclair, N.J., 1962–1963  
 U.S. Army Medical Corps, 1963–1965  
**Residency in general surgery:** Washington Hospital Center, Washington, D.C., 1965–1966  
**Residency in urology:** Albert Einstein College of Medicine, Bronx, N.Y., 1966–1969  
**Joined practice:** 2004

community health education 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 21, February 18, March 18**, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

**Two-Day Preparation for Childbirth** (two-session program) **January 6 and 13, February 3 and 10**, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

**Preparation for Childbirth** (five-session program) **January 2, 9, 16, 23 and 30**, 7:30–9:30 p.m. \$125/couple.

**Marvelous Multiples** (five-session program) **January 3, 10, 17, 24 and 31**, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

**Eisenberg Family Center Tours** **December 17, January 7 and 21, February 4, March 11 and 25**, 1:30 p.m. Free. (No children under 14 years old.)

**Baby Fair** **February 25**, 1–3 p.m. Free. For parents-to-be and those considering starting a family. Featuring Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

**Make Room for Baby** **January 20, February 17, March 17**, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

**Becoming a Big Brother/Big Sister** **January 27**, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

**Childbirth Update/VBAC** **January 10**, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

**Baby Care Basics** (two-session program) **January 11 and 18**, 7:30–9:30 p.m.; **February 17 and 24**, noon–2 p.m. \$80/couple.

**Breastfeeding Today** **January 4**, 7–9:30 p.m. \$50/couple.

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

**Grandparents Program** **January 8**, 7–9 p.m. \$30/person, \$40/couple.

**Parenting Young Children Through S.T.E.P.** (five-session program) **February 14, 21, 28, March 7 and 14**, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person, \$100/couple.

**JUST FOR KIDS**

(Also see sibling preparation programs above.)

**Safe Sitter** (one-session program) **January 27**, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

**GENERAL HEALTH**

**Smoke-Free Clinic** **February 20 and 26, March 5, 12 and 19**, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. **February 21 and 28, March 7, 14 and 21**, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.

**Cholesterol Screening** **February 14**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown. \$12/test.

**“To Your Health” Showcase** **January 10, February 14**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

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

**Stress-Free Workshop: “Challenging Irrational Thoughts”** **January 9**, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. Fee required.

**Stress-Free Workshop: “Getting a Good Night’s Sleep”** **February 13**, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. **February 15**, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.

**SENIOR HEALTH**

**Powers of Attorney and Advanced Health Care Directives** **January 9**, 11–11:45 a.m. Presented by Laura R. Tenenbaum, director of planned giving, Saint Barnabas Health Care System Foundation. Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration and free membership required. Call 732-938-4500, ext. 2554.

**Stop Your Tobacco Dependence** **January 17**, 1–3 p.m., Presented by the Saint Barnabas Behavioral Health Network, Institute for Prevention. SCAN.\*

**Why Do My Hands Hurt in the Morning?** **January 24**, 1–3 p.m. Presented by Arthur P. Vasen, M.D., hand and orthopedic surgery. SCAN.\*

**Thyroid Disorders** **January 31**, 1–3 p.m. Presented by Eric N. Burkett, M.D., internal medicine and geriatrics. SCAN.\*

**Early Heart Attack Care** **February 6**, 11–11:45 a.m. Presented by Eric L. Rehr, M.D., emergency medicine and internal medicine. Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration and free membership required. Call 732-938-4500, ext. 2554.

**Keeping Your Mind Sharp** **February 7**, 1–3 p.m. This program is part of the popular HealthEASE health education series, funded through a grant from the New Jersey Health Initiatives program of the Robert Wood Johnson Foundation via the state’s Department of Health and Senior Services. SCAN.\*

**Early Heart Attack Care** **February 21**, 1–3 p.m. Presented by Jennifer L. Waxler, D.O., chairman, Monmouth Medical Center Emergency Services. SCAN.\*

**Surgical and Nonsurgical Treatment of Hip and Knee Arthritis** **February 28**, 1–3 p.m. Presented by Arthur K. Mark, M.D., orthopedic surgery. SCAN.\*

**Colorectal Cancer Prevention: What You Need to Know** **March 7**, 1–3 p.m. Presented by Roy M. Dressner, D.O., colon and rectal surgery. SCAN.\*

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