

MONMOUTH

health & life

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the credit-card trap

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broadway salutes
a jersey boy

lavish, lovely
and local
4 NJ living
rooms

the seaside
splendor of
newport

what's cool

- tip-top toys in red bank
- a fencing school in colts neck
- euro-taxis in atlantic highlands

health link

- how robots improve surgery's precision
- why a pap smear may not be enough
- helping seniors walk painlessly again



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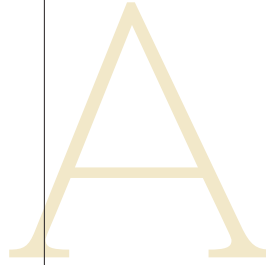
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ROBOTICS' ADVANTAGE



At Monmouth Medical Center, the trend of performing surgery through small incisions is clearly illustrated in a history that is rich in laparoscopic

milestones. In 2006, Monmouth's Department of Surgery has added another impressive achievement to its long list of minimally invasive firsts, as the hospital became the first and only hospital in the region to offer the da Vinci S Surgical System—a sophisticated robotic platform that combines computer and robotic technologies with the surgeon's skills to overcome the limitations of traditional surgery. (See story on page 38.)

Robotic technology's entry into the operating room represents the latest advance in minimally invasive surgery, with patient benefits that include less scarring, pain, blood loss and infection risk; a shorter hospital stay; reduced recovery time; and better clinical results when compared with traditional open surgery.

The robot does not replace the surgeon, but instead translates the surgeon's hand movements into precise micromovements of the system's slender instruments, placed inside the body. Because it is not a true self-performing robot, da Vinci cannot make decisions on its own, and will not move the surgical instruments or perform any type of movement without the surgeon's direct input.

The system is named after artist Leonardo da Vinci, who is often credited with inventing the first robot and who created artistic masterpieces with great anatomical accuracy and detail. For Monmouth Medical Center, the da Vinci system has painted a picture of surgical precision and a future where an ever-widening population of patients—even those undergoing the most complex procedures—will be able to benefit from the advantages of minimally invasive surgery.



Sincerely,

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

PARTNERS IN GIVING

this pair's philanthropy draws on a shared love of the past

Whatever you do, don't call it renovation. The work on old houses that philanthropists Morgan Cline and Ben D'Onofrio have done together for decades now is restoration, they insist—it's predicated on respect for things as they once were, not an urge to update them.

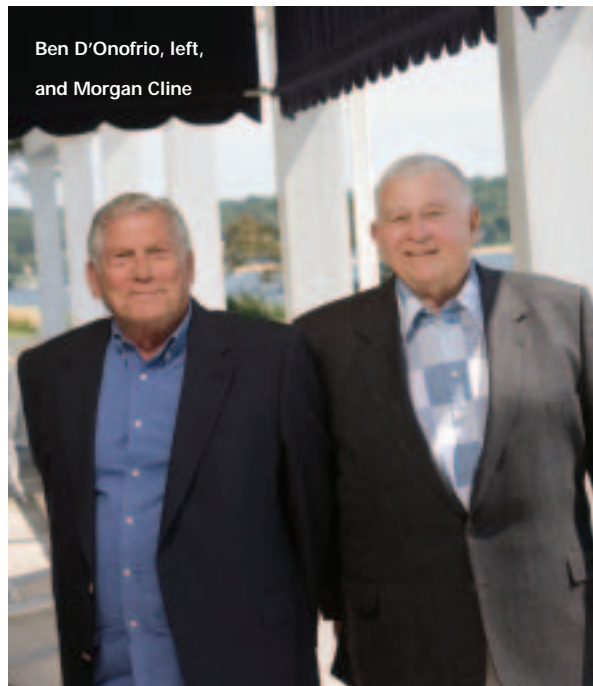
Their collaboration began years ago in Hoboken, where despite very different successful careers they found a common interest in bringing old brownstones back to life.

"We would leave our jobs at the end of the day, put on dirty old dungarees, and do painting, plastering and floor sanding," says D'Onofrio, 79. "We looked at it as fun, not as work."

Still, the duo's activity was a business partnership, not just a hobby. They bought, restored and sold old homes, ultimately rehabilitating more than 200 urban buildings, then moving on to country estates, including mansions in Rumson and Middletown. And some of the proceeds yielded by their love of the past now help to provide a better future for others.

Neither man looked like philanthropist material early on. D'Onofrio was the youngest in a Staten Island family of nine children. His father died when he was 13, and he and his siblings took jobs to help their mother make ends meet. He was entranced by the waterfront, where cargo ships docked. "I knew I wanted to get into the transportation and shipping industry," he says. So he studied traffic and transportation in school, then worked for steamship lines to learn the ropes. He went on to become CEO of three shipping and warehousing corporations.

Cline, 75, grew up on a farm near the fading mining town of Exline in one of Iowa's poorest counties. "We each had one pair of shoes—and none in



the summer—but we had a good time," he remembers. "We didn't know we were poor, because everyone was."

Valedictorian of his high school class ("It wasn't hard," he says, "because there were only seven kids"), Cline earned a pharmacy degree and took two years of medical school. But he felt creatively unfulfilled, so he got a job in the pharmaceutical advertising field—and found his niche. He went on to start an ad agency and produce groundbreaking direct-to-consumer advertising.

These days, age and health concerns have slowed the two men up a bit—they do a lot less hands-on work in dungarees. ("Our minds are still racing at a hundred miles an hour, but our bodies can't keep up," Cline says.) But they've turned the same creativity that has long marked their many restoration projects to the task of charitable giving—especially to health care institutions and facilities for the elderly, both here and in Cline's native Iowa.

Cline takes a particular interest in the care of Alzheimer's disease, which claimed his father's life. And because many of D'Onofrio's family members were lost to cancer, he is especially active in raising funds for cancer treatment and research. Together the two men host the American Cancer Society's annual ball (see page 18). And this June, having been impressed by the treatment they've both received for various health problems at Monmouth Medical Center, they made a joint donation of \$3 million to the hospital to benefit its emergency services.

"We've worked hard, but the fates have also been kind to us," says Cline. "Now we've reached an age where we want to share what we've made, and we want to enjoy seeing it used." M

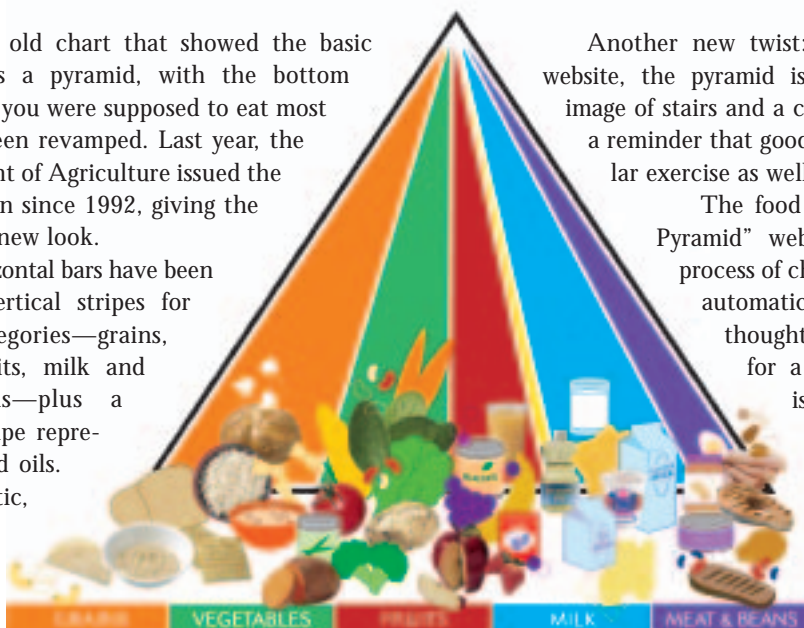
EATING RIGHT, 2006

the familiar food pyramid gets a 21st-century makeover

Remember the old chart that showed the basic food groups as a pyramid, with the bottom reflecting what you were supposed to eat most of? Well, it's been revamped. Last year, the U.S. Department of Agriculture issued the first new version since 1992, giving the familiar icon a new look.

The horizontal bars have been replaced by vertical stripes for five main categories—grains, vegetables, fruits, milk and meat-and-beans—plus a thin yellow stripe representing fats and oils.

Not just cosmetic, the change reflects new diet recommendations.



“The new version dispenses with the suggested numbers of servings,” says Laura Taddeo, assistant food service director at Monmouth Medical Center. “Instead, it provides a basis for an individualized approach to diet planning based on each person’s needs. There is a place in your diet for all kinds of foods, but balance, moderation and an emphasis on low-fat options and exercise are going to assure the best outcome.”

The pyramid has become the core of an interactive Web presentation at www.mypyramid.gov. The site lets users enter their age, gender and daily exercise time to obtain dietary guidelines designed for them. And a feature called “My Pyramid Tracker” offers an analysis of both your food intake and your physical activity when you type in more detailed information about yourself.

Instead of numbers of servings, the guidelines accompanying the new food pyramid define total daily allowances in ounces for grains, meat and beans; cups for fruits, vegetables and dairy products; and teaspoons for oils and fats. Serving sizes are given on the website and the widely distributed poster. The idea is that portion control is just as important as the selection of the proper foods.

Another new twist: On the poster and website, the pyramid is accompanied by an image of stairs and a climbing human figure, a reminder that good health requires regular exercise as well as a sound diet.

The food pyramid and its “My Pyramid” website don’t make the process of choosing the right foods automatic—it still takes some thought. “Everyone’s looking for a quick fix, but there isn’t one,” says Taddeo. “Still, the pyramid is an excellent tool that can help you come up with your own dietary goals and accomplish them.” M

6 ways to make good health easier

The Department of Agriculture suggests these tips for integrating healthy habits into your routine:

1. Make sure at least half the grains you eat—in breads, pasta, cereals and rice—are whole-grain products. (They’re identified on the label.)
2. Choose whole or cut-up fruit instead of juice. The additional fiber will make you feel more full.
3. Remember that not all fats are equally bad. For the first time, the pyramid distinguishes between solid fats (such as butter and lard, which are heavy on saturated fats and trans fat) and healthier fat-containing oils such as canola oil and corn oil.
4. Choose lean meat cuts, and remove the skin from chicken before eating.
5. Vary your protein choices by eating more fish—especially fish rich in omega-3 fatty acids, such as salmon, herring or trout—and making more main dishes out of beans or peas instead of animal proteins.
6. Make exercise fun by varying your physical activities and working out with friends. Keep running shoes in your car or at the office. Walk more, drive less!



JULIETTE BORDA

HEALTH **Link**

AGING GRACEFULLY

mobility makes a comeback

Don't accept poor leg circulation as the price of age—there's help

For some seniors, a simple evening stroll on the boardwalk can be daunting. They have peripheral artery disease (PAD), a variant of “hardening of the arteries” that is marked by leg pain and numbness that can make walking difficult and uncomfortable.

Not long ago, this condition kept people on the sidelines of life, with little but aspirin to ease the pain. Treatment, when possible, often meant an open operation, typically with long leg incisions and a substantial recovery period after major surgery. When these methods failed, amputation of a foot was often necessary to eliminate pain and prevent gangrene.

Now there's a better option: the Silverhawk system for arterial plaque excision. With it, says Paul Haser, M.D., Monmouth Medical Center's assistant program director of general surgery, “patients feel they've gotten their lives back. And the beauty is that it's a same-day procedure.”

Silverhawk removes plaque from blocked arteries with a ½-millimeter blade that works inside the artery. “In laymen's terms, I suppose you could call it a Roto-Rooter system,” says Dr. Haser. The tiny, high-speed rotating blade is placed at the end of a wire, which is inserted in the groin via a needle. The blade is then advanced through the blockage, shaving plaque off the artery walls. Unlike angioplasty, which introduces a balloon into the artery via a catheter to restore blood flow, the Silverhawk procedure actually



eliminates plaque, retaining it inside a catheter tube.

“The length and narrowness of the guide wire and the precision of the blade make it possible to treat longer, more severe blockages than angioplasty can treat,” Dr. Haser explains.

After the procedure, the patient is able to return home within hours. Meanwhile, the excised plaque is made available to researchers

testing the effectiveness of new drugs for fighting cholesterol. “It's an advance on two levels—for treatment and for research and development,” says Dr. Haser.

The Silverhawk plaque excision procedure is now being used at Monmouth as an alternative to arterial bypass surgery, which involves long incisions and hospital stays of two to four days. With Silverhawk, patients are back on their feet the same day and resume normal activities within a week. “They are very grateful,” says Dr. Haser.

Since the Silverhawk procedure was introduced at Monmouth a little more than a year ago, its success rate has been 80 percent. Success in this case means the artery remains open after one year, pain and numbness are alleviated and the patient is able to walk again. Those who stay on the follow-up program, which involves reduced dietary fat and daily moderate exercise, can expect to stay healthy, says Dr. Haser. **M**



To find out more about treatment for peripheral artery disease at Monmouth Medical Center, call

732-923-5030.



BRAINHEALTH

minutes count in treating stroke

A clot-busting drug can be a lifesaver when this serious condition strikes

When someone has a stroke—also known as a brain attack or a cerebrovascular event—getting a timely diagnosis and treatment can mean the difference between complete recovery and disability or death. That's why Monmouth Medical Center has recently augmented its stroke care services, guaranteeing that patients receive a diagnosis within 45 minutes of their arrival at the emergency room.

There are two types of strokes: ischemic and

hemorrhagic. Eighty-five percent of all strokes are ischemic ones, in which oxygen is cut off from the brain because of a blockage caused by a blood clot that has either built up on the wall of a brain artery (thrombosis) or traveled into the artery from another place in the body (embolism). In hemorrhagic strokes, the remaining 15 percent, a ruptured artery causes bleeding in the brain, damaging brain tissue.

Timing of diagnosis is crucial for an ischemic stroke, because the clot-busting drug tissue plasminogen activator (tPA) must be given within three hours



To find out more about treatment for stroke at Monmouth Medical Center, call 732-923-6635.

of the onset of symptoms to be effective. When tPA is given, it can restore blood flow to the brain and sometimes prevent permanent damage. Patients who are diagnosed with hemorrhagic stroke are quickly evaluated by a neurosurgeon to assess whether surgery would be effective.

Monmouth's stroke team has instituted protocols to prescribe each step of stroke care to speed the evaluation of patients with symptoms. These "order steps" cover the emergency room assessment and physical exam, blood tests, blood pressure check, computed tomography (CT) scan read by a neuroradiologist, electrocardiogram (EKG) and finally a diagnosis.

"By expediting the diagnostic workup using American Stroke Association guidelines, we optimize care with the goal of improving the outcome dramatically," says Martin Herman, M.D., section chief of neurology, who heads the stroke team.

If an ischemic stroke is diagnosed and the patient is given tPA, he or she is hospitalized for 24 hours in the medical center's intensive care unit and then moved to the designated stroke inpatient unit. If the three-hour tPA window has passed or the patient cannot tolerate the drug for medical reasons, aspirin or other antithrombotic medications may be given. Patients are hospitalized in the stroke unit. (Those who experience transient ischemic attacks, or TIAs —"mini strokes" that can be a precursor to a stroke—are observed in the medical center's short-stay unit.)

"Throughout the next few days, every patient is assessed for rehabilitation therapy, smoking cessation, nutrition services, social services and the prevention of heart disease and diabetes," explains nurse Shirley Hwang, administrative director of neuroscience services at Monmouth Medical Center.

All these disciplines make up the stroke team, along with emergency medicine physicians, neurologists, an advanced practice nurse coordinator, on-call neurosurgeons, radiologists, registered nurses and trained ancillary staff. All nurses who staff the inpatient stroke unit must undergo at least eight hours of continuing education every year.

Community outreach is a final component of Monmouth Medical Center's comprehensive stroke services. Earlier this fall, the stroke team presented an educational seminar for the Holmdel First Aid Squad's emergency medical services personnel. Stroke prevention is a frequent topic of talks delivered by the medical center's health educators to senior groups and civic organizations. It's all part of the hospital's aggressive efforts to ensure optimal response to an emergency condition in which time can make all the difference. M



3 groups with a higher risk of stroke

Consult your doctor to see if there are

steps you could take to reduce your risk of stroke—for example, getting more exercise, eating healthier, starting daily aspirin therapy or making other changes. Be extra vigilant if you belong to one of these three groups, which have been linked in studies this year to a higher-than-average stroke risk:

- **Seniors with a history of untreated severe sleep apnea**, a disorder in which breathing is briefly interrupted many times during the night. In a study, Spanish researchers found that older people with severe apnea were two-and-a-half times more likely to suffer stroke than others.
- **Women who suffer migraine headaches with "aura"**—that is, those who experience flashing lights or similar symptoms at the onset of the headache. An analysis of data from the Women's Health Study shows that such women face twice the average woman's risk of stroke (and heart attack too). Doctors believe some of the same genetic factors may help to promote all three conditions. Women who have migraines without aura did not show an increased stroke risk.
- **People with mildly impaired heart function**. A study published in the American Heart Association journal *Stroke* says individuals with the slight heart impairment known as left ventricular dysfunction (LVD) have a "significantly increased risk of stroke." LVD, which has no symptoms, can be identified with echocardiography, a test that uses soundwave technology to test heart function, and is thought to be present in from 3 percent to 6 percent of the population.

FUTURE OF CARE

can technology improve on a surgeon's hands?

Your next operation may be performed smoothly and safely by a robot

Forget Rosie from *The Jetsons* and *Star Wars*' C-3PO. The robot that occupies an operating room at Monmouth Medical Center doesn't wave its arms or move around by itself. But it does function as a surgical tool that can overcome some of the natural limitations of even the steadiest human hands.

Of course, the robotic da Vinci S Surgical System, the newest technology employed by Monmouth surgeons, isn't a substitute for surgeons' skills, but a new tool these physicians use in applying them. The center is the first and only hospital in Monmouth and Ocean counties to acquire a da Vinci, which is named for Renaissance artist Leonardo da Vinci, who designed—and is thought to have built—the world's first robot.

Surgeons use the da Vinci S Surgical System's computerized robotic technology to provide patients with a safer, gentler, more precise approach to many types of surgery, including hysterectomy, prostatectomy and lung biopsy. Robotic surgery is a natural evolution of laparoscopic surgery, which—because it is performed through very small incisions—offers patients reduced risk, faster recovery and the potential for successful repeat operations.

The robotic system cannot be programmed or maneuvered without the surgeon's hands. When using da Vinci, the surgeon sits at a console in the operating room a few feet away from the patient. Inside the console, he or she views a magnified three-dimensional image of the surgical field that is sent by a tiny camera inside the patient. The surgeon slips his or her hand into instrument controls resembling joysticks below the image display. These instrument controls move special robotic instruments that have been placed inside the patient through several very small incisions. The surgeon can even manipulate the robotic "arms" to move the camera without having to



rely on another person in the OR.

"Da Vinci enables us to operate more accurately because the system eliminates the slight movements that a surgeon's hand can make, and it offers us superior visualization and improved dexterity," explains Robert A. Graebe, M.D., chairman of obstetrics and gynecology at Monmouth Medical Center, who was part of a medical team that helped bring da Vinci to the hospital in June. "Da Vinci makes it easier for surgeons to place sutures and connect tissue at difficult angles that would be impossible using standard laparoscopic surgery. In addition to routine surgeries, we can use the da Vinci to perform more complex procedures with less blood loss, fewer complications, less pain, fewer infections and a quicker recovery."

Robotic surgery also gives doctors more options for patients who cannot tolerate traditional surgery



It's a tool, not a substitute. Robert A. Graebe, M.D., shows off the da Vinci S Surgical System at a recent demonstration in Monmouth Medical Center's main lobby.

because of fragile overall health.

An example of what robotic surgery can do better than laparoscopic or traditional "open" surgery is the radical prostatectomy, the gold-standard treatment for localized prostate cancer. Recent research has shown that robotic prostatectomy is as effective as traditional surgery in removing the prostate gland, yet significantly reduces the incidence of incontinence and impotence, two of the surgery's most onerous side effects.

Dr. Graebe and other surgeons on staff at Monmouth Medical Center trained with the da Vinci S Surgical System at the medical center's affiliate, Newark Beth Israel Medical Center of the Saint Barnabas Health Care System, which serves as a training site for the entire Northeast. In time, Monmouth Medical Center will also function as a

regional center for the training of other surgeons in Monmouth and Ocean counties.

Surgeons in various specialties at Monmouth Medical Center are already using the da Vinci to perform gynecologic procedures such as hysterectomy, uterine fibroid removal (myomectomy) and tubal ligation reversal; urologic procedures such as radical prostatectomy; thoracic (chest) biopsy and lung cancer surgery; and general operations, including hiatal hernia repair, gallbladder removal, gastric bypass and colon cancer surgery. Potential future uses include urogynecologic procedures to treat incontinence and complex gynecologic surgeries to treat ovarian and uterine cancers. M

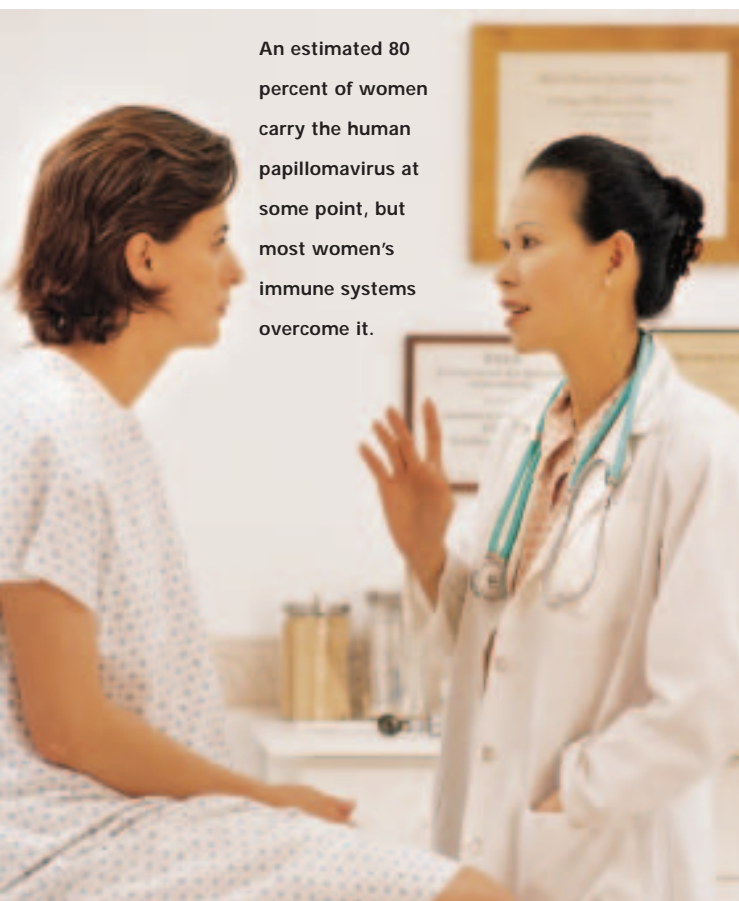


For more information about robotic surgery at Monmouth Medical Center, call 1-888-SBHS-123 or visit www.sbhcs.com/hospitals/monmouth_medical.

VITALWOMAN

the 2 tests you need to prevent cervical cancer

Along with your annual Pap smear, consider a screening for the human papillomavirus



An estimated 80 percent of women carry the human papillomavirus at some point, but most women's immune systems overcome it.

Cervical cancer claims the lives of 3,700 American women each year, but they don't need to die. The disease is preventable.

Cancer of the cervix—the narrow, lower part of a woman's uterus—has been declining for years thanks to widespread use of the Pap smear, a screening test that is performed in a doctor's office during a pelvic exam. In this broadly recommended test, cells taken from the cervix are smeared on a glass slide and examined under a microscope for abnormalities.

But Pap smears aren't perfect. Their effectiveness depends on the doctor's getting a good sample and correctly interpreting changes within cells. A recent study in the *International Journal of Cancer* showed that these cell changes can be detected more clearly by testing the cells for the human papillomavirus (HPV), a common sexually transmitted virus that has been linked to genital warts and an increased risk of cervical cancer.

Use of the HPV test may soon become standard practice. And the availability of widespread HPV testing could make insurance companies less apt to cover Pap smears for certain women—for example, those with a negative HPV test and a previous normal Pap. Some doctors now believe that a woman of any age should be aware of her HPV status, so that if it's positive she can be followed more carefully—perhaps with Pap smears every six months rather than annually. **M**

Before your Pap smear and HPV test

For 48 hours:

- don't douche.
- don't have intercourse.
- don't use vaginal medicines (unless directed by a doctor) or birth control foams, creams or jellies.

Source: National Cancer Institute

Beyond the Pap

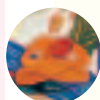
If a woman's Pap smear shows precancerous or cancerous cells that may need treatment, these further procedures may be suggested:

- **Colposcopy:** Often in a doctor's office, a colposcope (a device with a bright light and a magnifying lens) is used to examine cervical tissue.
- **Biopsy:** Tissue is removed, often in a doctor's office under local anesthesia, so a pathologist can examine it. Types include the punch biopsy, in which a sharp, hollow device pinches off tissue samples; endocervical curettage, in which a spoon-shaped instrument or a brush is used to scrape off tissue from the cervical canal; and LEEP (loop electrosurgical excision procedure), in which an electric wire loop slices off a thin, round piece of tissue. A conization, or cone biopsy, in which a cone-shaped tissue sample is taken to see if abnormal cells lie below the surface, requires general anesthesia.

Source: National Cancer Institute

personal take

New vaccine on the scene In June, the Food and Drug Administration approved Gardasil, the first vaccine to prevent cervical cancer, for females ages 9 to 26. It blocks infection by the two strains of HPV virus that cause 70 percent of cervical cancer cases and the two strains responsible for 90 percent of genital warts. Priced at \$120 a shot and given in three shots over six months, it's only a preventive and does not cure these conditions.



TAKING CHARGE

to keep workers safe— and companies protected

*The Occupational Health Department
does more than treat workplace injuries*

If you're an employer in Monmouth County and surrounding areas—or have one—you should know about Monmouth Medical Center's Occupational Health Department. "Occupational health is a branch of medicine that focuses on the health and wellness of employees in the workplace," explains Joyce Jenkins, one of the unit's two full-time nurse practitioners. "Its primary purpose is to protect employees and maintain a safe work environment."

The department, open weekdays from 7:30 a.m. to 5 p.m., provides a variety of services both to Monmouth's many departments and to private companies that have contracts with the hospital. Says Jenkins: "We seek to keep employees safe and to limit employers' liability for workers' compensation claims."

Businesses are required to have a workers' compensation policy, which covers needed treatment. If a workplace injury occurs, the Occupational Health Department evaluates and treats the injured worker. But companies also request services such as pre-placement examinations, educational sessions, vaccination programs, risk analyses and annual physicals.

"About 50 percent of our contracted work involves pre-employment physical examinations," says Jenkins. Such an exam on an individual offered employment as a security officer, for example, must include a check to make sure the person is physically



10 services provided by Monmouth's Occupational Health Department

- pre-employment physicals
- drug tests
- immunizations
- hearing tests
- spirometry (tests of lung function)
- retail pharmacy
- community education on accident prevention
- screenings for diabetes, hypertension and high cholesterol
- wellness programs
- consultations on ergonomic (posture-friendly) design and adjustment of furniture and equipment to avoid repetitive-motion injuries

fit not just for the hours of watching required, but also for the occasional emergency that might demand a quick and agile physical response. The department makes a recommendation, but it's the employer's responsibility to make final hiring decisions.

Occupational Health also offers consultations on workplace health and safety—for example, helping people avoid repetitive-motion injuries. In addition, it provides adult vaccinations, which now include immunizations required for international travel.

"Some occupational health units are free-standing facilities," says Jenkins. "We feel it's a big advantage that we're on the premises of Monmouth Medical Center, able to perform X-rays, CT [computed tomography] scans and MRIs [magnetic resonance imaging studies] on site. We're also right across from the Emergency Department, and any worker requiring emergency treatment is escorted there." M

Stop these 10 workplace accidents before they happen



Whether you're the proprietor or an employee, it's only simple sense to take a look around your workplace from time to time to report or correct potentially hazardous conditions. These situations, for example, can develop innocuously—and end in injury:

- Liquid spills that aren't completely swabbed and dried
- Floors with loose tiles
- File cabinets left open
- Rugs that slip or slide, or whose corners come up
- Stairways with loose railings
- Computer cables or other cords left uncovered, loose or in the way
- Poor lighting on stairs or in narrow passageways
- Ladders improperly secured
- Tools or chemicals incorrectly stored
- Ledges or overhangs without adequate protective barriers



To find out more about services to the community offered by the Occupational Health Department of Monmouth Medical Center, call 732-923-6746.

FACESOFMEDICINE

giving young lives a good start

Monmouth's neonatologists do their utmost to assure a bright future for the babies in their care



Scientific literature governs medicine these days, but there's still such a thing as medical culture—habits doctors learn informally from one another. The doctors at Monmouth Neonatal Group learned long ago, for instance, to use continuous positive airway pressure (CPAP) devices to assist the breathing of most infants in their care, because one of the group's founders trained at New York's Columbia Presbyterian Hospital, which helped to pioneer use of the device.

The CPAP apparatus gently pushes oxygen into the nostrils via a soft face mask or tubes that fit more tightly than the nasal cannula (the thin tubes traditionally inserted when a baby needs oxygen). "Data now show that most babies in respiratory distress will benefit from CPAP," says Carlos Alemany, M.D., head of the group and medical director of the Neonatal Intensive Care Unit at Monmouth Medical Center. "But because CPAP can be difficult to manage, there's still a big segment of the field that starts with just the tubes and applies CPAP only if the baby worsens. Then you're already behind the 8-ball!"

This "pet peeve" is just one example of the dedication Dr. Alemany and his three partners bring to caring for infants, especially those born prematurely or with special problems. Group members—from left in photo, Diane Attardi, M.D.; Dr. Alemany; Susan Hudome, M.D.; and Kirby Rekedal, M.D.—are known for sensitivity as well as proficiency. "We're committed to hands-on care, and we

work well as a group," says Dr. Hudome.

Each doctor also brings special strengths. For example, Dr. Attardi has introduced a protocol for kangaroo care, a practice begun in South America in which a diaper-clad infant is placed on a parent's bare chest. And Dr. Rekedal worked with renowned pediatrician T. Berry Brazelton, M.D., on the Touchpoints program, which recognizes and draws upon the participation of families in a child's care. **M**

Doctors devoted to helping newborns thrive

DIANE ATTARDI, M.D., 38
M.D.: Hahnemann University School of Medicine, Philadelphia, Pennsylvania, 1993
Residency in pediatrics: St. Christopher's Hospital for Children, Philadelphia, Pennsylvania, 1993–1996
Fellowship in neonatology: Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, 1996–1999
Joined practice: 1999

CARLOS ALEMANY, M.D., 44
M.D.: Ponce School of Medicine, Ponce, Puerto Rico, 1987
Residency in pediatrics: University of Texas Health Science Center, San Antonio, Texas, 1987–1990
Fellowship in neonatology: Brown University, Providence, Rhode Island, 1990–1993
Joined practice: 1993

SUSAN HUDOME, M.D., 44
M.D.: Pennsylvania State University, Hershey Medical Center, 1988
Internship in pediatrics: Duke University Hospital, Durham, North Carolina, 1988–1989
Residency and chief residency in pediatrics: Arkansas Children's Hospital, Little Rock, 1989–1992
Fellowship in neonatology: Pennsylvania State University, Hershey Medical Center, 1992–1995
Joined practice: 1995

KIRBY REKEDAL, M.D., 56
M.D.: University of Maryland, Baltimore, 1980
Internship and residency in pediatrics: Johns Hopkins University, Baltimore, Maryland, 1980–1983
Fellowship in neonatology: Yale University, New Haven, Connecticut, 1983–1985
Founding member of practice, 1987 (Left in 1999 to serve as acting chair of pediatrics at Monmouth Medical Center, 1999–2000, then pediatric residency program director at MMC, 2000–2004, returning in 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 October 22, November 19, December 10, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

Two-Day Preparation for Childbirth (two-session program) November 4 and 11, December 2 and 9, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

Preparation for Childbirth (five-session program) November 14, 21, 28, December 5 and 12, 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 November 5, 19, December 3, 1:30 p.m. Free. (No children under 14 years old.)

Baby Fair October 19, 7–9 p.m. Free. For parents-to-be and those considering starting a family. Featuring the Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

Make Room for Baby October 21, November 11, December 9, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

Becoming a Big Brother/Big Sister November 18, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

Childbirth Update/VBAC November 15, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

Baby Care Basics (two-session program) October 21 and 28, noon–2 p.m.; November 9 and 16, 7:30–9:30 p.m.; December 2 and 9, noon–2 p.m. \$80/couple.

Breastfeeding Today November 2, 7–9:30 p.m. \$50/couple.

Cesarean Birth Education December 13, 7:30–9:30 p.m. \$40/couple.

Grandparents Program November 20, 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.

Understanding Your Baby's Behavior November 6, 10–11:30 a.m. \$40/couple.

JUST FOR KIDS

(Also see sibling preparation programs above.)

Safe Sitter (one-session program) November 18, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

Smoke-Free Clinic October 16, 23, 30, November 6 and 13,

7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. October 18, 25, November 1, 8 and 15, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.

Annual Chronic Fatigue Syndrome Conference October 22, noon–5 p.m. Cosponsored by Monmouth Medical Center and the New Jersey Chronic Fatigue Syndrome Association Inc., Sheraton Conference Center. Call 609-219-0662. \$35 in advance, \$45 at door. Lunch included.

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

"To Your Health" Showcase November 8, December 13, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

Blood Pressure Screening November 8, December 13, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

Stress-Free Workshop: "A Sampler of Relaxation Techniques," November 14, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. November 29, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.

Stress-Free Workshop: "Relaxing With Guided Imagery," December 6, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. December 12, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. Fee required.

SENIOR HEALTH

Breast Disease: Latest Diagnostic and Treatment Options Available at the Jacqueline M. Wilentz Comprehensive Breast Center October 18, 1–3 p.m. Presented by Melinda J. Staiger, M.D., radiology. SCAN.*

Disaster Preparedness October 25, 1–3 p.m. Presented by Robert J. Bertollo, associate director, Saint Barnabas Health Care System Center for Health Care Preparedness. SCAN.*

Stroke Awareness: Every Second Counts November 1, 1–3 p.m. Presented by Gautam Desai, M.D., internal medicine. SCAN.*

Blood Pressure Screening November 13, December 11, 10:30–11:30 a.m., Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

Minimally Invasive Techniques for Treating Peripheral Arterial Disease (PAD) November 15, 1–3 p.m. Presented by Paul B. Haser, M.D., vascular surgery, assistant program director, general surgery. SCAN.*

Diabetes Awareness November 29, 1–3 p.m. 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