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MONMOUTH RAPID EVALUATION CENTER TARGETS 'MINI STROKES'

MONMOUTH MEDICAL CENTER

recently launched the region's only expedited diagnostic program specifically designed for patients who have had a transient ischemic attack (TIA), also known as a mini-stroke.

The outpatient TIA Rapid Evaluation Center (TREC) at Monmouth Medical Center provides an immediate, comprehensive evaluation of patients within 24 hours of TIA and refers them directly to emergency physicians and other specialists.

"TIA's can be a major warning sign of impending stroke," says board-certified neurologist and program director Neil R. Holland, M.D., who notes that patients who have had a recent TIA need to be evaluated as soon as possible for reversible risk factors that can lower their stroke risk.

A TIA is a stroke-like episode that leaves no lasting effects but is considered to be a warning sign that a more significant stroke could occur. During an episode, patients experience a range of neurologic symptoms, all of which improve or disappear within 24 hours. Symptoms include:

- Sudden onset of numbness or weakness of face, arm or leg, especially on one side of the body
- Sudden lack of coordination
- Sudden onset of confusion, trouble speaking or understanding
- Sudden onset of vision disturbance in one or both eyes
- Sudden trouble walking or dizziness

Immediate assessment and intervention of a TIA reduces the chances of having a future disabling stroke, according to Dr. Holland, who says TREC services encompass every diagnostic test necessary to determine the best stroke

prevention strategies.

Patients undergo imaging studies, cardiac testing and blood tests, and meet with a stroke neurologist who designs a personalized treatment plan. The most appropriate stroke prevention treatments are identified for each patient in a single day so that preventative care can be scheduled with appropriate specialists and administered without delay.

The TREC at Monmouth Medical Center is an open-access center, which means that any patient who has experienced a TIA or minor stroke within the last two weeks, and has been referred to the center by their family or emergency room physician, will be seen the next day without a set appointment.

"Traditionally, these patients are admitted to the hospital, where they can spend several days waiting to be seen by the neurologist and getting tests done," Dr. Holland says. "Through this innovative new program, Monmouth is offering an alternative daily open access service, where patients can have all the necessary tests done and be evaluated by the certified stroke team all in one day without staying overnight in the hospital."

Dr. Holland says Monmouth is one of the first major hospitals in the United States to offer this type of service, which in other countries has not only proved more convenient for patients, but has also been shown to improve outcomes and lower health care costs.



NEIL R. HOLLAND, M.D.

MONMOUTH APPOINTS DIRECTOR OF NEUROSCIENCE INSTITUTE

MONMOUTH MEDICAL CENTER has named board-certified neurologist Neil R. Holland, M.D., medical director of its Neuroscience Institute.

Dr. Holland, of Little Silver, is Monmouth's section chief of neurology and, as medical director of the Neuroscience Institute, he leads a multidisciplinary team of specialists in providing the latest advances in the diagnosis, treatment and therapies of disorders of the brain, spine and nervous system. The Institute's comprehensive services provide advanced care for all diseases of the brain and spine, including brain tumors, stroke, back pain and epilepsy.

A Fellow of the American Academy of Neurology and the American Association of Electrodiagnostic Medicine, Dr. Holland also is board certified in a host of subspecialties, including electrodiagnostic medicine, clinical neurophysiology, neuromuscular medicine and vascular neurology. He earned a medical degree from the University College London School of Medicine and completed his neurology residency at Johns Hopkins Hospital and University School of Medicine in Baltimore, Md., where he completed a clinical neurophysiology fellowship.

At Monmouth, Dr. Holland serves as the director of the Muscular Dystrophy Association Clinic and Stroke Service. He is an associate professor of neurology for Monmouth's teaching affiliate, Drexel University College of Medicine in Philadelphia.

FOR MORE INFORMATION ABOUT THE TREC CENTER AT MONMOUTH MEDICAL CENTER, CALL **732-923-5576** OR VISIT **BARNABASHEALTH.ORG/MMCNEURO**.

GAMMA KNIFE CENTER AT MONMOUTH MEDICAL CENTER MARKS ONE YEAR OF OPERATIONS

THE GAMMA KNIFE CENTER AT

Monmouth Medical Center recently celebrated its first year of treating patients. The addition of Gamma Knife technology to the hospital's radiosurgery program helped place Monmouth Medical Center at the forefront of advanced benign and malignant brain tumor treatment, as well as treatment of functional brain disorders and vascular malformations.

Although the name may invoke images of knives and scalpels, Gamma Knife treatment doesn't require surgery, so there's no cutting and only local anesthesia involved.

Considered by many to be the gold standard of stereotactic radiosurgery treatment for deep-seated brain tumors, brain metastases and some functional and neurological disorders, Gamma Knife is an advanced radiosurgery system that delivers high-dose gamma radiation beams with pinpoint accuracy to targeted locations in the brain. Because of the extreme precision and accuracy of Gamma Knife treatment, damage to normal tissue surrounding a tumor or other target is minimized.

"Our first year has been successful, and we're continuing to look at new ways to grow the Gamma Knife Center and increase awareness for this advanced treatment within our community," says Sang Sim, M.D., radiation oncologist and medical co-director of the center.

For patients with inoperable or surgically complex brain tumors, or those seeking an alternative to conventional surgery or radiation therapy, Gamma Knife can be an important treatment option.

Gamma Knife treatment is complete in a single outpatient procedure and involves no surgical incisions, no blood loss and virtually no pain. Patients are typically allowed to go home following the procedure to resume normal activities.



▲ GAMMA KNIFE PLANNING SESSION

Globally, more than half a million people have been treated with the Gamma Knife radiosurgery system.

In addition to treating malignant and benign brain tumors and brain metastases, Gamma Knife provides effective treatment of functional brain disorders such as trigeminal neuralgia, a debilitating nerve disorder that causes excruciating, electroshock-like pain throughout the face. Gamma Knife also treats essential tremor, a neurological disorder typically characterized by uncontrollable shaking in different parts of the body including the hands, arms, head and tongue.

Other benign conditions treated by Gamma Knife include acoustic neuromas, slow-growing benign tumors that can adversely affect hearing and balance, and blood vessel malformations commonly known as arteriovenous malformations,

abnormal clusters of blood vessels that develop in the brain and cause neurological problems in some cases.

"The addition of Gamma Knife technology to our portfolio of treatments for brain tumors and brain disorders offers patients in our area a highly advanced and individualized approach to treatment," said Ty Olson, M.D., neurosurgeon and medical co-director of the center. "Our multidisciplinary team of clinical experts develops customized treatment plans tailored to each patient's specific condition."

The Gamma Knife clinical team includes physicians and other experts with backgrounds in neurosurgery, radiation oncology and stereotactic radiosurgery. The Gamma Knife Center offers the only Gamma Knife technology in Monmouth and Ocean counties.

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TO LEAN MORE, CALL **732-923-6562** OR
VISIT **MONMOUTHGAMMAKNIFE.COM.**



SLEEP DISORDER TREATMENT LOWERS HEART DISEASE RISK, MONMOUTH MEDICAL CENTER EXPERTS SAY

MONMOUTH MEDICAL CENTER PHYSICIANS EXPLAIN CONNECTION BETWEEN USE OF CPAP MACHINE AND LOWER HEART DISEASE RISK

ACCORDING TO A RECENT ARTICLE

published by WebMD, a study has found that continuous positive airway pressure (CPAP) therapy, an effective treatment for sleep apnea, can also improve risk factors for heart attack, stroke and diabetes.

The study's results, which were published in a recent issue of the *New England Journal of Medicine*, reported that CPAP therapy is also associated with a lower risk of metabolic syndrome – a group of risk factors that occur together and increase the risk of heart disease.

"For a long time, we've known that there's a relationship between heart disease and sleep apnea and that

treating sleep apnea can decrease some of the risk factors associated with heart disease, including high blood pressure," said Robert Kosinski, M.D., FACP, FCCP, DABSM, a pulmonologist and medical director of the Sleep Disorders Center at Monmouth Medical Center.

Sleep apnea occurs when an individual repeatedly stops breathing during sleep. The most common form of this disorder occurs when a blockage in the airways prevents the flow of oxygen to the lungs. CPAP therapy regulates breathing by keeping the airways open with a constant supply of air pressure, eliminating snoring and subsequent sleep disturbance.

"The heart is like any other muscle in that it rests at night while you're sleeping. If your sleep is disrupted, the cardiovascular system can't rest properly, and over time, that leads to trouble," said Dr. Kosinski.

"Many people don't recognize they are not sleeping or that they stop breathing and are not getting good oxygenation during the night," said Jeffrey Osofsky, M.D., FACC, a board-certified cardiologist at Monmouth Medical Center who refers at least one patient a week for a sleep study.

"There are so many cardiac conditions that are, at least in part, caused by sleep apnea, including atrial fibrillation (rhythm disturbances) and cardiomyopathy (weakening of the heart muscle). I'm a huge believer in sleep studies as part of a diagnostic plan," said Dr. Osofsky, who added that most of the patients he refers for sleep studies are diagnosed with sleep apnea and receive CPAP treatment.

"CPAP normalizes high blood pressure, heart rate and other irregularities that occur cardiovascular-wise during apneic events," said Dr. Kosinski. "We often see significant improvement in these patients, including a decrease in the number or dosage of medications needed for good control of their blood pressure."

FOR MORE INFORMATION ABOUT THE SLEEP DISORDER CENTER
AT MONMOUTH MEDICAL CENTER, CALL **732-923-7660**.

NEW 2012 CHILDHOOD & ADOLESCENT IMMUNIZATION SCHEDULES RELEASED

MEDICAL DIRECTOR OF CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER EXPLAINS NEW RECOMMENDATIONS



▲ MEG FISHER, M.D., PEDIATRIC INFECTIOUS DISEASE SPECIALIST AND MEDICAL DIRECTOR OF THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER

THE NEW 2012 CHILDHOOD

and Adolescent Immunization Schedules have recently been released by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) and the American Academy of Family Physicians.

The schedule outlines immunizations for newborns up to age 6, children ages 7 to 18, and a "catch-up schedule" for children and adolescents who fall more than one month behind the scheduled timeline. The 2012 guidelines contain significant changes to the recommendations, especially in terms of a pediatrician's role in vaccinating parents and other family members in order to protect infants under 6 months.

"The influenza vaccine, for example, is not effective in children under 6 months of age. The only way we can protect them is to be sure that everyone around them is immunized against influenza," said

Meg Fisher, M.D., pediatric infectious disease specialist and medical director of the Children's Hospital at Monmouth Medical Center.

Dr. Fisher suggests that pediatricians can help protect infants by reminding parents and family members to get vaccinated, as well as providing the vaccine in their offices.

Another new recommendation suggests that pregnant women receive a vaccine to protect against pertussis in an attempt to "cocoon" infants.

"The only way to truly protect these infants is to immunize everyone around them, including cocooning, meaning immunizing their mothers during pregnancy," said Dr. Fisher. "Not only will the mother be protected against pertussis if exposed, but the baby will be protected as long as the mother's antibodies last—usually for six months. During that time, the child is immunized and begins making his

or her own antibodies."

In addition to the recommendations outlined for newborns, the 2012 schedule suggests vaccinating 11- and 12-year-old boys against the human papillomavirus (HPV). According to Dr. Fisher, antibody response to the vaccine is better at this age than at 16 or older.

"It makes perfect sense to vaccinate boys—both to protect them, and to prevent them from infecting girls. We want to protect our teens before they get exposed to these viruses, and we can help protect all of our adolescents by immunizing both boys and girls," said Dr. Fisher.

"Prevention is key to keeping our children safe, and vaccines are the best way to protect our children and ourselves," said Dr. Fisher.

For more information on the changing immunization recommendations, check with your pediatrician to ensure your child is up-to-date.

TO LEARN MORE ABOUT THE CHILDREN'S HOSPITAL AT MONMOUTH, CALL **732-923-6934**.

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at Monmouth Medical Center