

MONMOUTH

health & life

May 2009
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THE HOME ISSUE

Find your design 'time'
A sea-inspired space in Brielle
RUGS: Style underfoot

Health link

- Balloons—for your sinuses?
- Rx for wounds that won't heal
- Colorectal cancer: Are you at risk?



Welcome LETTER

Medicine's leaders

IN 2003, MONMOUTH MEDICAL CENTER, ONE OF New Jersey's largest academic medical centers, signed a prestigious new affiliation agreement with Drexel University College of Medicine, as it became known as a major regional medical campus for the school. But this was just the newest chapter in a long-standing association: This spring Monmouth Medical Center—Drexel's largest major academic medical affiliate in New Jersey—will celebrate the 40th anniversary of its affiliation with the Philadelphia medical school.

As a former surgeon who served as a clinical associate professor of surgery at the medical college, I know firsthand the long-term and very successful relationship with Drexel that dates to 1969. This strong relationship also is illustrated through the awards several Monmouth physicians have received in recent years from Drexel's Student Government Association for excellence in clinical teaching.

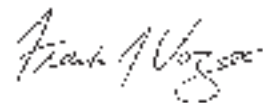
And in another medical education coup, internist Sara Wallach, M.D., vice chair and program director of internal medicine at Monmouth Medical Center, has been elected to a position on the Council of the Association of Program Directors in Internal Medicine (APDIM). This is a wonderful honor for Dr. Wallach and another great national recognition of Monmouth's status as a leading academic medical center.

The APDIM is the premier national organization of program directors and is integral to the development of policies and procedures for graduate medical education, and to setting the standards for education of internal medicine residents in the United States. APDIM also has an important voice in interactions with The Accreditation Council for Graduate Medical Education, which in 2004 granted Monmouth Medical Center national accreditation for an extended five-year period—rather than the standard four years—for upholding the highest academic standards in graduate medical education.

As one of America's teaching hospitals, Monmouth Medical Center is counted among the nation's leading health care institutions that are the front-runners in medical research and technology. Monmouth's dedication to the very best medical education is helping to ensure a continuity of highly educated, well-trained doctors are here to care

for our community.

Sincerely,



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



A balloon that clears sinuses

HOW SINUPLASTY REDUCES PAIN AND BLEEDING AND SPEEDS RECOVERY



IF YOU'RE ONE OF THE 37 MILLION AMERICANS diagnosed with sinusitis each year, you know the intense discomfort it can bring. But balloon sinuplasty, a catheter-based surgical procedure offered at Monmouth Medical Center, has brightened the outlook for sinusitis sufferers.

"Balloon sinuplasty uses a catheter to open passageways between the nose and the sinuses," explains Vin Prabhat, M.D., an otolaryngologist—ear, nose and throat specialist—at the hospital. "It uses an inflatable balloon in a way similar to angioplasty, which opens blocked coronary arteries."

Sinusitis is an inflammation or structural blockage in the sinus cavities. These are hollow spaces connected to the nose that allow free exchange of air and mucus. "Sinuses help the nose warm, filter and humidify incoming air and let particles in the air be processed by the body's immune system," explains Dr. Prabhat. When these openings become swollen or blocked, normal mucus drainage stops, and infection or inflammation can result.

Sinusitis is responsible for an estimated 18 million to 22 million doctor visits every year in the U.S.

The first line of treatment is usually antibiotics with allergy medications to eliminate infection and/or steroid nasal sprays to reduce swelling, and for most patients they bring relief. "If repeated trials of medications don't resolve the problem, we do a CT [computed tomography] scan to assess the anatomy of the sinuses and their connection to the nose," says Dr. Prabhat. He also performs an office procedure called a nasal endoscopy, in which an endoscope—a long, flexible tube connected to a video camera—is inserted into the nasal passage to allow examination. If he finds that sinus passages are indeed blocked, it may be time for surgery.

Sinus operations once required surgeons to access the sinus cavities from the outside, through incisions in the gums or near the eyebrow. Then, in the 1980s, functional endoscopic sinus surgery (FESS) was

For a referral to a Monmouth Medical Center otolaryngologist, please call 1-888-724-7123.

developed, eliminating the need for external cuts. With this approach, surgeons can examine the sinuses and insert instruments through the nose to remove diseased bone and soft tissue, enlarging the openings. But FESS has drawbacks, including postoperative pain, swelling and bleeding.

Enter balloon sinuplasty. Available in this country since just December 2005, it's not a replacement for earlier surgical interventions, but a new method that minimizes tissue trauma. "Through the dilated opening created by the balloon, you can suction out fluid, remove a polyp or irrigate a sinus with antibiotics—whichever you need to do," says Dr. Prabhat. "The result is less bleeding, less pain, less swelling, less scar tissue and a quicker recovery."

Previously, sinus-surgery patients were out of work for as long as a week, with packing in the nose on both sides that made nasal breathing impossible. With balloon sinuplasty, packing is often unnecessary, and many patients return to work the next day.

There are four sinuses: frontal, in the lower forehead; ethmoid, alongside the upper part of the nose; sphenoid, deep behind the nose; and maxillary, in the cheeks. Balloon sinuplasty is less useful for ethmoid sinuses, the doctor says, because they're full of small aerated cells like a honeycomb. But it improves access to the frontal sinuses, which are behind the forehead at the roof of the nose, linked to the nose by a narrow tunnel.

With standard FESS techniques, poor visualization can make accuracy hard to achieve. When balloon



Vin Prabhat, M.D.

sinuplasty was introduced, that problem was solved by using X-ray guidance. Today Dr. Prabhat uses a catheter with a fiber-optic lighted tip.

"If you pass this catheter tip into the sinus and turn the lights down in the operating room, you can see a light shining from inside the sinus—just as a lighted flashlight is visible inside a tent," says the doctor. "That confirms that we've catheterized the correct sinus."

When the catheter is in position, the surgeon extends it with a 3- to 7-millimeter balloon into the sinus opening. The balloon is then dilated, expanding the natural opening in the sinus passage.

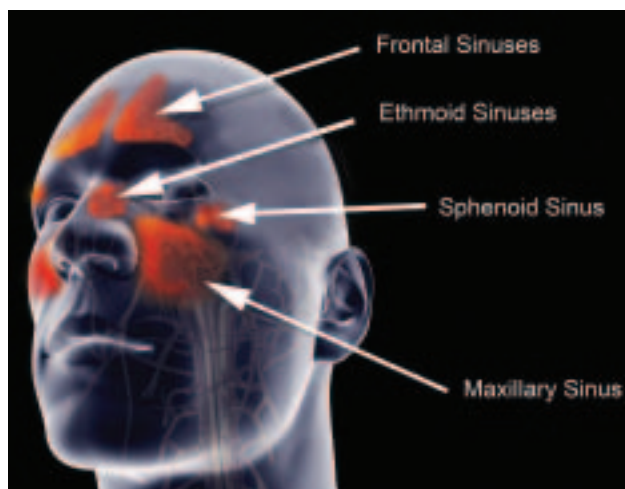
In many cases balloon sinuplasty makes unnecessary the repeat or "revision" surgeries that would have been required with earlier methods. And it can be done safely in children; they're often considered ineligible for surgery because of scarring and possible complications, but these are less likely with the newer technique.

Balloon sinuplasty is not for everyone. People with severe scarring from previous surgery, for example, are not usually candidates. "But it's very effective for people whose chronic sinus issues have been unresponsive to medical and allergic therapy and who have not previously had sinus surgery," says the doctor.

Patient satisfaction with the procedure has been very good, he says. And interest is huge, especially from people who have been hesitant about surgery because of pain.

"Balloon sinuplasty is fast becoming state-of-the-art," says Dr. Prabhat. ▢

SIGNS OF SINUSITIS



Take the quick symptom census below. Checking three or more boxes means you may have sinusitis, and it's worth checking with your doctor to find out for sure.

- facial pressure or pain
- headache pain
- nasal congestion or a stuffy nose
- thick, yellow-green nasal discharge
- low fever (99–100 degrees)
- bad breath
- pain in the upper teeth

Source: American Academy of Otolaryngology—Head and Neck Surgery



Walls that comfort kids

A CHILD'S HOSPITAL STAY WILL NEVER BE 'A DAY AT THE BEACH.'
BUT IT CAN LOOK LIKE ONE

A HOSPITAL IS A POTENTIALLY FRIGHTENING place, especially for children, and fear can have a negative effect on sick kids and their parents. But The Children's Hospital at Monmouth Medical Center has acted to replace fear with cheer.

"I truly believe that how you feel about where you are can influence your ability to recover from serious illnesses," says Meg Fisher, M.D., The Children's

Hospital's medical director.

It's more than a hunch. The National Association of Children's Hospitals and Related Institutions reviewed 223 studies to produce a 2008 report called *Evidence for Innovation*. "A growing body of research shows that the physical design of health care settings unintentionally contributes to nega-



tive outcomes,” it declared. “On the other hand, thoughtful, evidence-based facility design can help bring the patient, staff and families into the center of the health care experience, increase patient safety and enhance the overall quality of care provided.”

Putting this insight to work, The Children’s Hospital has recently given its pediatric inpatient unit a major cosmetic facelift. The goal, says Dr. Fisher, was to create a more soothing, child-friendly environment for ailing youngsters and their families.

Before the renovation, which was completed last October, the unit “looked like the typical hospital ward,” she says. Now it resembles a beach. The designers brought touches of the Jersey Shore to the patient rooms, the waiting area, the teen room and the playroom. These spaces are painted in bright primary colors, with murals



Meg Fisher, M.D.

“Every day I see people smiling. The new design makes it easier to fulfill our mission.”

depicting sandy scenes and people surfing and swimming. The examination table in the treatment room is covered with a raft and the floor looks like water. The hardwood floors are reminiscent of a ship’s deck. Even the privacy curtains have beach-themed decorations, like flip-flops.

“The whole idea is to feel as if you are at the Shore,” says Dr. Fisher.

Each of the patient rooms also received a new flat-screen television and a recliner chair for parents to sleep on if they stay overnight. And the recreation rooms were completely renovated too. One, for younger children, has a full supply of toys along with many arts-and-crafts materials. “Children get a lot by painting with fingers or brushes,” says Dr. Fisher. “Art gives them an outlet to express their frustration and pain.” A room for teenagers has been designed more in the style of a family rec room, with TVs, computers, a small basketball net and other age-appropriate diversions.

However, the renovation was not just cosmetic. “We completely redesigned the nursing station to make it more functional,” says Dr. Fisher. “The nurses had a lot of input into where we put their computers, printers and monitors. We have to fit a lot of stuff in a small area. Now their workflow is more efficient.”

Everyone loves the end result. “Every day when I walk into the ward I see people smiling,” she says. “That has to help the families. In fact, our scores on patient-satisfaction surveys have gone way up since we opened the new unit. It proves you can still comply with safety regulations, but look very different and make people feel less threatened. The new design makes it easier to fulfill our mission, which is to provide quality care in a family-friendly way.” n

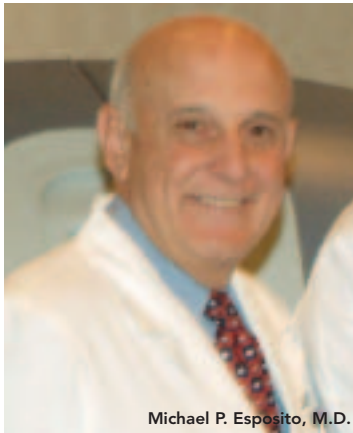


Walls painted with beachy scenes evoking the Jersey Shore cheer children and their families in the redesigned pediatric unit at Monmouth Medical Center.

To find out more about The Children’s Hospital at Monmouth Medical Center or for a referral to a pediatrician or pediatric subspecialist, please call 1-888-724-7123.

HOW PROSTATE SURGEONS 'wrote the book'

TWO NEW JERSEY UROLOGISTS HELP EDUCATE THE PROFESSION ON USING
ROBOTS IN THE OPERATING ROOM



Michael P. Esposito, M.D.



Vincent J. Lanteri, M.D.

WHEN IT COMES TO DOING PROSTATE SUR-gery with robotic technology, Monmouth Medical Center urologists Michael P. Esposito, M.D., and Vincent J. Lanteri, M.D., are experts. They've performed more than 2,000 robotic prostatectomies (prostate removals), and they're co-editors of a medical textbook, *Urologic Robotic Surgery*, published last year by Humana Press. They shared thoughts in a recent chat:

MONMOUTH HEALTH & LIFE: How did you come to create this textbook?

DR. LANTERI: We were teaching other urologists to do these procedures and helping them operate on pigs. We figured, "Let's write a book, what the heck?"

MH&L: It's not like trying to publish a novel.

DR. ESPOSITO: That's right. We knew that it could be published. And we asked experts around the country to write chapters.

MH&L: You've told us in the past that the robot is only a tool, not a substitute for the surgeon. How does it help?

DR. L: We work with delicate structures in a small space, and the robot gives us better access to them, and also smooths out the natural tremor of the human hand. It helps us achieve our three-part goal: to remove all the

cancer and allow the man a quick return to complete continence and the sexual potency he had before.

MH&L: I understand the book has an extra feature.

DR. E: Yes, it comes with a DVD. You can see it a hundred times and still catch things you haven't noticed before.

MH&L: How did you get started with the robot?

DR. L: In 2001, we went to Paris for a week of special training in laparoscopic [minimally invasive] prostatectomy. It wasn't robotic then, and it was hard as hell—no two ways about it. Then, early in 2002, the FDA approved the robot, the Da Vinci Surgical System, and a New Jersey hospital bought two of the first units. We started using one just for part of the surgery. Finally, we said, "We could modify the operation and do it all robotically."

MH&L: So you made that adaptation yourselves?

DR. E: Yes. That's what makes us pioneers.

MH&L: And you taught other doctors?

DR. L: Yes. Our lab became one of three teaching sites in the country for the manufacturer, Intuitive Surgical.

MH&L: What's next?

DR. L: Now we're using a technique we call athermal noncautery—it's too new even for our book. When there is bleeding from blood vessels that feed the nerves near the prostate, we let them bleed—within safe limits—and use suction rather than cauterizing them. New surgeons worry about bleeding, but we find that if we don't cauterize near these nerves, it helps preserve sexual function.

DR. E: Also, we now use what's called anterior urethropexy, in which a special "W" stitch fastens the urethra to the pubic bone, helping to

restore continence more quickly. ⁿ



For a referral to a Monmouth Medical Center robotic surgeon, please call 1-888-724-7123.

When wounds won't heal

HYPERBARIC MEDICINE INCREASES THE BLOOD'S OXYGEN LEVELS TO HELP HEAL DAMAGED TISSUE

MOST SKIN WOUNDS HEAL AUTOMATICALLY, but some stubbornly resist healing—for example, some of those that result from cancer radiation treatments or chronic infections. Fortunately, a therapy called hyperbaric medicine now offers new hope for the successful treatment of such wounds.

Martin Murphy knows. In 2006, the Toms River resident had a cancerous lesion removed from the skin of, as he puts it, “my butt.” He had squamous cell carcinoma, a common skin cancer that is usually treated successfully, as his was, by removing the lesion and then using radiation to kill any remaining cancer cells in the surrounding tissue. Although the radiation was successful in eradicating Murphy’s cancer, it also destroyed some of the healthy surrounding tissue, leaving him with an open wound that he had to keep bandaged for three years.

Murphy, now 55, saw several doctors and plastic surgeons, none of whom could help. The reason, explains Catherine Hanlon, M.D., chairman of the Emergency Department and medical director of hyperbaric medicine at Monmouth Medical Center, was that radiation treatment often kills the blood vessels that feed the area surrounding where the tumor grew. As a result, new tissue can't grow, and skin grafts don't get the blood supply they need to take hold. Murphy needed help restoring the blood supply to the wound. And that's where hyperbaric medicine came in.

“Hyperbaric” means higher than atmospheric air pressure. Patients undergoing hyperbaric therapy sit or lie (depending on the wound site) in a fully enclosed chamber in which the air pressure is 2 to 2.5 times that of the air outdoors at sea level. The air is 100 percent oxygen, about five times the oxygen content of ordinary air. Spending 60 to 90 minutes—a typical session—in



In a hyperbaric therapy session, the patient typically spends an hour to an hour and a half in a chamber with extra-high oxygen content.

the chamber can raise blood oxygen content significantly.

“Normal oxygen content is measured at about 90 to 100 millimeters of pressure in the blood,” says Dr. Hanlon. “If you just breathe pure oxygen through a mask, you can get that up to 200 millimeters. But when you add the extra air pressure, you can drive oxygen content to 1,200 or 1,300 millimeters.”

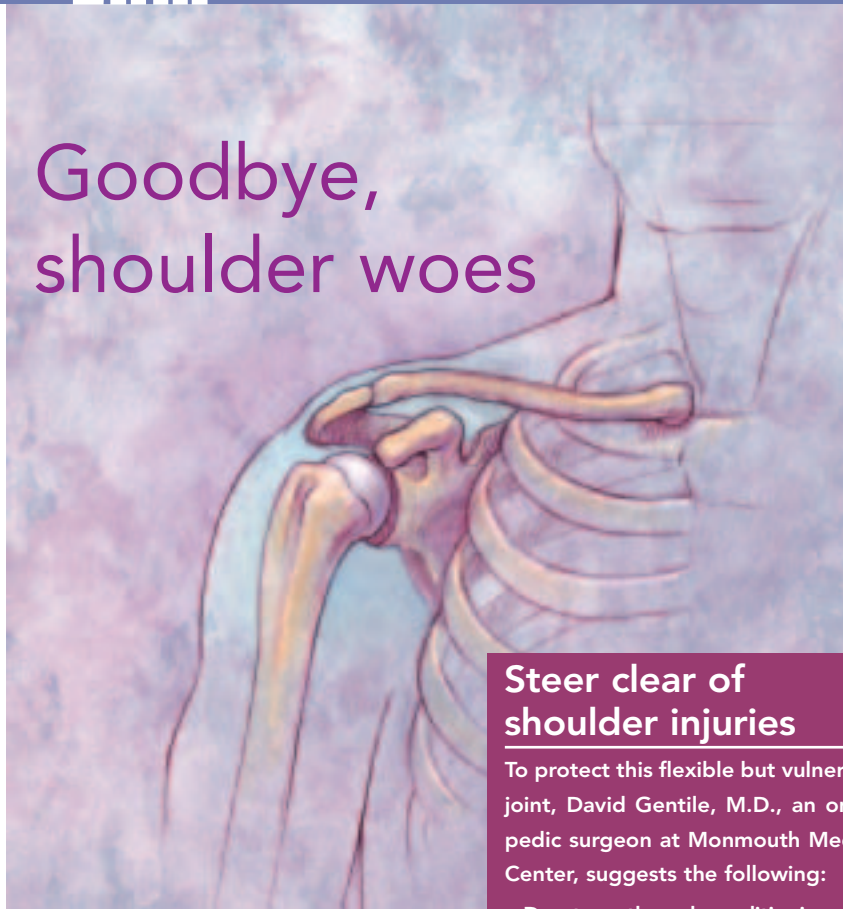
The extra oxygen helps regrow new blood vessels in the vascular bed, the area in which a skin graft will be implanted. “Without a healthy vascular bed, it's like planting seeds in concrete,” Dr. Hanlon says. That's why Murphy's previous skin grafts failed. But after 40 90-minute hyperbaric sessions (he went five days a week for eight weeks) his wound had improved enough to allow his plastic surgeon to apply a graft in December. Next came another 10 sessions of hyperbaric therapy to continue the healing process.

The results have been “amazing,” says Murphy, who underwent one final operation on March 13. Since July he has been on medical leave from his job as a route salesman for a food manufacturer. “Driving a truck was tough,” he says. “I couldn't sit for long.” But with his wound healing at last, he was scheduled to return to driving his route this May.

“I can't wait to get back to work,” he says. ■

To find out more about the Wound Treatment Center and hyperbaric oxygen therapy at Monmouth Medical Center, please call 1-888-724-7123.

Goodbye, shoulder woes



FREEHOLD RESIDENT DAVID Silva well remembers the moment in 1985 that ended his baseball career. A pitcher in the Philadelphia Phillies minor-league system, he was shagging fly balls in the outfield before a game. As he tried to throw to home plate from deep center field, something went wrong.

“I felt an enormous amount of shocking pain,” he recalls, “as if someone had stuck a knife inside my right shoulder and twisted it.”

He had suffered a shoulder injury, just like thousands of other Americans do every year. As David Gentile, M.D., a Monmouth Medical Center orthopedic surgeon, explains, the shoulder comprises three bones: the clavicle (collarbone), the scapula (shoulder blade) and the humerus (upper arm bone). The shoulder joint is of the ball-and-socket type, though its “socket” is less complete than that of the hip joint. The ball is the top, rounded portion of the upper arm bone; the socket-like glenoid is

a dish-shaped part of the outer edge of the scapula into which the ball fits.

The glenoid is like the concave surface of a golf tee, on which a golf ball sits and which it can slip off with relative ease. Because the bones provide little stability to the shoulder joint, it depends on surrounding soft tissues—mainly the ligaments, tendons and muscles known as the rotator cuff—to hold the ball in place. That instability is both good and bad: It makes the shoulder the body’s most movable joint, able to pivot in almost any direction. But it also makes the shoulder prone to injury.

In the 1980s, says Silva, now a 46-year-old real estate broker, shoulder surgery was seen as an ordeal with uncertain results, so he chose rehabilitation instead. But by last year, his shoulder had deteriorated. “I couldn’t even lift my arm over my head anymore,” he recalls. “I couldn’t sleep without pain, and I had to use my left hand to lift everything.”

After a failed operation elsewhere, Silva found Dr. Gentile. The doctor diagnosed a tear called SLAP—superior labrum, anterior (front) to posterior (back). (The labrum is a raised rim of ligaments that helps hold the ball in the socket.)

Last August, Dr. Gentile repaired Silva’s shoulder using arthroscopy, a minimally invasive approach that uses a scope inserted into the joint through a small incision. This time surgery worked—and today Silva is playing fast-pitch softball.

“I can throw 86 miles an hour with no pain,” he says. “I can bench-press 220 pounds, which I haven’t done since I was in my 20s. I feel like a kid again!” ⁿ

Steer clear of shoulder injuries

To protect this flexible but vulnerable joint, David Gentile, M.D., an orthopedic surgeon at Monmouth Medical Center, suggests the following:

- Do strength and conditioning exercises geared to the sport or movement you perform regularly.
- Cross-train as well—do activities that provide strengthening and aerobic benefit, but put different stress on the shoulder.
- Stretch before physical activity and again afterward to cool down.
- If you feel tired, stop. Don’t risk hurting yourself. Rest and come back another day.

You can treat most shoulder problems yourself with “RICE”: rest, ice, compression and elevation. Other treatments include exercise and anti-inflammatory medicines to reduce pain and swelling. In some cases, when these methods don’t work, surgery is an option.

For a referral to a Monmouth Medical Center orthopedic surgeon, please call 1-888-724-7123.

Colorectal cancer: Are you at risk?

AN AGGRESSIVE NEW SCREENING PROGRAM
CAN HELP YOU FIND OUT

COLORECTAL CANCER CLAIMED 45,000 AMERICAN lives last year, and many of those people didn't need to die. Fortunately, a new multidisciplinary screening program at Monmouth Medical Center can now help people conquer this eminently beatable disease.

We know that with screening techniques such as colonoscopy—a visual examination of an emptied colon with a scope—many incipient cancers can be spotted early enough for effective treatment, and many precancerous polyps (projecting buds of tissue in the colon) can be found and removed before they become malignant. That's why a colonoscopy every 10 years or less is recommended for all of us once we turn 50.

But did you know that a few of us face a special, elevated risk? A hereditary condition called Lynch syndrome is thought to be responsible for 2 to 7 percent of the roughly 160,000 new colorectal cancer cases diagnosed each year. Lynch syndrome has been linked to variations in four specific genes that are involved when DNA is copied as cells divide. People with the syndrome “tend to get cancer earlier, in their 30s or 40s, and have a 50 percent risk of passing it on to their children,” says Michael Arvanitis, M.D., chief of colon and rectal surgery at Monmouth.

For that reason, Dr. Arvanitis' division, along with the Department of Gastroenterology and the High-Risk Cancer Assessment Program at the Leon Hess Cancer Center, has started the Familial Colorectal Cancer Registry. “This is a multispecialty team approach to the assessment of family risk, genetic counseling and testing and treatment of polyps and cancer,” says Dr. Arvanitis. To his knowledge, it's the only one of its kind in the state.

The free program allows anyone to learn about his or her personal risks for the disease. The first step involves completing a detailed family health history and a five-page family colorectal cancer risk evaluation form.

MONMOUTH MEDICAL CENTER COLORECTAL SURGEONS:

Michael Arvanitis, M.D.

Roy M. Dresner, D.O.

Glenn S. Parker, M.D.

Thomas R. Lake III, M.D.

For a referral, call 1-888-724-7123.

A genetic counselor then reviews the family history to determine the likelihood that hereditary factors play a part in that person's cancer risk.

“We put people into one of three risk categories: average, increased or high,” says Dr. Arvanitis. Those in the first two groups are advised about screening and other cancer prevention strategies, based on American Cancer Society recommendations for diet, exercise and colonoscopy.

People who are found to be at high risk may choose to undergo genetic counseling and a blood test to look for Lynch syndrome and three other hereditary risk factors—services that are billed to their health insurer.

These patients are also admitted into the High-Risk Cancer Assessment Clinic, which offers colonoscopy and other screenings along with treatments, including surgery if needed. They also receive education about the disease and lifelong follow-up from the clinic. ⁿ

How you can learn about your colorectal cancer risk

It starts with picking up the phone—or typing a quick e-mail. If you, a family member or friend are interested in joining the Familial Colorectal Cancer Registry or want to schedule an appointment at Monmouth Medical Center's High-Risk Cancer Assessment Program, call 732-923-6576.

Family ties

CLOSE RELATIVES HAVE INFLUENCED THE CAREERS OF THESE THREE PHYSICIANS

SHADDY YOUNAN, M.D.

INTERVENTIONAL CARDIOLOGIST

WHEN SHADDY YOUNAN, M.D., 35, needs advice about treating one of his patients, he can ask his father, George, or his twin brother, Ziad. The three cardiologists practice together, with a fourth associate, in Sayreville, Holmdel and Long Branch. George is a general cardiologist, Ziad an electrophysiologist and Shaddy an interventionalist.

“We all get along,” says Dr. Younan, “and our working together is good for our patients, because we can expedite their treatment.”

Born at Saint Michael’s Medical Center in Newark during his father’s cardiology fellowship, Shaddy graduated from the University of Medicine and Dentistry of New Jersey–New Jersey Medical School, did his residency in internal medicine at Temple University Hospital and returned to Saint Michael’s for his cardiology fellowship.

The Red Bank resident says he chose interventional cardiology because he enjoys the combination of office care, diagnostic imaging, acute-care medicine and procedures—such as angioplasty with stenting—that the field requires.

When he isn’t working, Dr. Younan enjoys skiing and golf.



MARK R. SCHWARTZ, M.D.

GENERAL SURGEON

IN 1980, MARK R. SCHWARTZ, M.D., came to Monmouth Medical Center as a student at Hahnemann University School of Medicine. He never left. He did his surgical residency here from 1983 to 1987, was chief resident from 1987 to 1988 and was part of the team of surgeons who performed one of the state’s first laparoscopic gallbladder removals here in 1990.

“That was monumental,” recalls Dr. Schwartz, now 51.

He has also been part of a revolution in breast surgery, as lumpectomy—removal of a tumor with surrounding tissue—has increasingly replaced full mastectomy. Each Friday, he sees patients in the Jacqueline M. Wilentz Comprehensive Breast Center.

The son of an ob/gyn who practiced in the family’s Vineland home, Dr. Schwartz considered joining his father’s practice until a surgical rotation made him realize he enjoyed “fixing people.”

The Ocean Township resident is a wildlife photographer whose work has been exhibited in the Guild of Creative Art in Shrewsbury. He and his wife, Joy, a nurse who manages his offices in Oakhurst and Brick, have a son, Jonathan, 22; and daughters Allison, 21; and Dana, 18.



MARC J. DEVITO, M.D.

INTERNIST/PEDIATRICIAN

A MEDICAL CAREER WAS always the goal for Marc J. DeVito, M.D., 35, but he faced a challenge in settling on a specialty and an approach. “I couldn’t choose between Eastern and Western medicine, or between pediatrics and internal medicine,” the Red Bank resident recalls, “so I decided to incorporate them all into my practice.

After graduating from St. George’s University School of Medicine in Grenada, he completed an internal medicine/pediatrics residency at the University of Medicine and Dentistry of New Jersey–New Jersey Medical School.

Internal medicine/pediatrics allows the physician to treat the whole family; Dr. DeVito is board-certified in both specialties. He opened a practice in Little Silver in 2008.

Dr. DeVito also has a professionally important family tie: He has studied the Asian practice of shiatsu acupressure and plans to travel to South Korea to visit relatives of his wife, Sharon Hwang, M.D., to learn more about Eastern medicine.

A saxophone and piano player in his spare time, he wrote a song that he sang at the opening ceremonies of the Special Olympics in Pennsylvania in 1995 and Nevada in 1996. n

Double trouble

WITH TWO FAMILY MEMBERS IN CRISIS, A WALL STREETER GETS TWIN LESSONS IN GRATITUDE

Peter Giordano and his wife,
Ann-Marie Nielsen



SOMETIMES IT TAKES A CRISIS TO MAKE US appreciate a special place we've taken for granted. For Long Branch native Peter Giordano, it took two.

Three years ago his sister, Karen Siegel, went into labor prematurely. Her daughter, Sydney, was born eight weeks early and had to spend a month in the neonatal intensive care unit at Monmouth Medical Center. About two weeks after the birth, Giordano's stepfather, Michael Powers, had a cardiac stress test as part of a regular physical exam. The troubling results led his doctor to locate extensive blockages in his coronary arteries and tell him, as Giordano recalls, "Get your butt into the hospital *now*." During the next two weeks, Powers underwent additional diagnostic testing at Monmouth Medical Center—and was hospitalized on the same floor as the neonatal intensive care unit where tiny Sydney Siegel was being cared for.

"We spent *way* too much time walking that hallway between the two of them," Giordano, 36, says with a laugh. He can smile because his stepfather recovered fully and his niece suffered no complications and is now a thriving preschooler. But the time he spent at the hospital during those weeks, and the care his family members received, touched him and his wife, Ann-Marie. The

events made them realize how important the medical center had been in their lives.

Giordano, in fact, was born there. Though he now lives in Manhattan, where he works on Wall Street, he grew up in Ocean Township, and members of his family still live in the county, where his mother and sister have often participated in the hospital's fundraising activities. Five years ago, just before the birth of his daughter, Avry, Giordano launched a fundraising event here that he calls "Links & Ponies." And this year, proceeds from that event will go exclusively to the medical center.

As its name implies, Links & Ponies is both a golf outing (at Royce Brook Golf Club in Hillsborough) and a day at the races (Monmouth Park Racetrack). At first, says Giordano, it included just him and some golfing buddies who "threw our own cash in a hat and gave it away." Then he realized that many of

his friends back home weren't golfers, but did know their way around the track (as he did, having worked there as a waiter in high school). "I put two and two together, and Links & Ponies was born," he says. The event now draws about 100 people to each day's activities and has raised more than \$70,000 for children's charities.

The take from this year's Links & Ponies on June 5 and 6 will go to Monmouth's Regional Newborn Center, where Giordano's niece spent her first few weeks. As a Level III center, the highest level of neonatal care in New Jersey, the unit cares each year for more than 500 infants who are premature or have low birth weights, acute illnesses, congenital disorders or problems requiring surgery.

The money will help fund an expansion of the newly named Hirair and Anna Hovnanian Foundation Neonatal Intensive Care Unit to increase the number of intensive- and intermediate-care bassinets from 23 to 31 and reconfigure the unit to accommodate updated medical equipment.

"My wife jokes that my event is just an excuse to play golf and go to the track—and that's partly true," Giordano says. But it's also a grateful remembrance of the anxious days he spent shuttling up and down a hallway in the building where he was born. ■

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. For fees and to register, call 732-923-6990 unless otherwise noted.

- **One-Day Preparation for Childbirth** April 19, May 17, June 14, 9 a.m.–4:30 p.m.
- **Two-Day Preparation for Childbirth** (two-session program) May 2 and 9, June 6 and 13, 9 a.m.–1 p.m.
- **Preparation for Childbirth** (five-session program) June 2, 9, 16, 23 and 30, 7:30–9:30 p.m.
- **Two-Day Marvelous Multiples** May 31 and June 7, August 2 and 9, 9 a.m.–1 p.m. For those expecting twins, triplets or more.
- **Eisenberg Family Center Tours** April 26, May 17, 31, June 28, 1:30 p.m. Free. (No children under age 14.)
- **Baby Fair** June 11, 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments and gifts. To register, call 1-888-SBHS-123. (No children under age 14.)
- **NEW: The Happiest Baby on the Block** June 18, 7:30–9 p.m. Learn an extraordinary approach to keeping your baby happy.
- **Make Room for Baby** April 25, May 16, June 20, 10–11 a.m. For siblings ages 3 to 5.
- **Becoming a Big Brother/Big Sister** May 23, July 25, 10–11:30 a.m. For siblings age 6 and older.
- **Childbirth Update/VBAC** May 13, July 8, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean.
- **Baby Care Basics** (two-session program) April 18 and 25, 1–3 p.m. May 7 and 14, 7:30–9:30 p.m.
- **Breastfeeding Today** June 4, 7–9:30 p.m.
- **Cesarean Birth Education** April 22, June 17, 7:30–9:30 p.m.
- **Grandparents Program** May 11, July 13, 7–9 p.m.
- **Parenting Young Children Through S.T.E.P.** (five-session program) May 13, 20, 27, June 3 and 10, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6.
- **Adoptive Parenting** Two-session private program.
- **Gestational Diabetes Education** Call the Center for Diabetes Education, 732-923-5025. Fee required.

JUST FOR KIDS

- **Safe Sitter** (one-session program) May 16, June 20, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Call 1-888-SBHS-123. \$50/person. (Bring snack and bag lunch.)

GENERAL HEALTH

- **SAFE KIDS Week Special Event** May 2, 10 a.m.–2 p.m. Featuring safety demos, craft activities, free raffles and giveaways. Sponsored by Monmouth Medical Center's SAFE KIDS chapter and The Children's Hospital at Monmouth Medical Center. Monmouth Mall near the food court, Routes 35 and 36, Eatontown.

- **Monmouth Medical Center Community Health Fair** May 13, 11 a.m.–1 p.m., American Stroke Month and Cardiopulmonary Health Month, featuring free screenings of blood pressure, body composition and cholesterol (cholesterol limited to first 40 registrants) at the medical center's ground floor lobby, 300 Second Avenue, Long Branch. Call 1-888-724-7123 for an appointment.

- **Free Child Car Seat Inspection** May 21, June 18, July 16, 11 a.m.–1 p.m. Long Branch Union Fire Company, 199 Union Avenue, Long Branch.

- **Introduction to the World of Essential Oils and Aromatherapy** June 8, 7:30 p.m. Spring Lake Public Library, 1501 Third Avenue. Registration required; call 732-449-6654.

- **Diabetes Self-Management Series** Four-session diabetes education program focusing on diet, nutrition, glucose monitoring, medications, meal plans, prevention/treatment of complications, dining out and exercise. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Chronic Pain of the Neck and Back** April 22, 1–3 p.m. Presented by Harris Bram, M.D., anesthesiology, Monmouth Medical Center. SCAN.*

- **Warning Signs of Heart Attacks and Strokes** May 6, 1–3 p.m. Presented by The Primary Stroke Center, Monmouth Medical Center. SCAN.*

- **How to Combat Seasonal Allergy and Sinus Problems** May 13, 1–3 p.m. Presented by Gary L. Gross, M.D., allergy and immunology, Monmouth Medical Center. SCAN.*

- **The Essentials of Hearing** May 20, 1–3 p.m. Presented by Alan B. Gertner, audiologist, Monmouth Medical Center. SCAN.*

- **Nature's Healing Power** June 3, 1–3 p.m. SCAN.*

- **Grandparenting in Today's World** June 10, 1–3 p.m. SCAN.*

- **Marlboro Township Senior Health and Wellness Day** June 12, 8:30 a.m.–2:30 p.m. Marlboro Recreation Center, 1996 Recreation Way. Registration required; call 732-617-0100.

- **Food's Healing Properties** June 22, 1–3 p.m. SCAN.*

- **Drumming for Health** June 23, 1–3 p.m. SCAN.*

- **Sleeping Smart** June 24, 1–3 p.m. Presented by Monmouth Medical Center's Sleep Disorders Center. SCAN.*

- **Indigestion and Other Stomach Disorders** June 25, 1–3 p.m. Presented by Gagan D. Beri, M.D., gastroenterology. SCAN.*

- **Healthy Feet as We Get Older** June 26, 1:30–3 p.m. Presented by Frances C. Fittanto, podiatry. SCAN.*

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