

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

MONMOUTH

health & life

November 2008
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TOTAL HEALTH 2009

Your HEAD-to-TOE
wellness guide

Back in action

new life for
bones and
joints

The skinny on skin

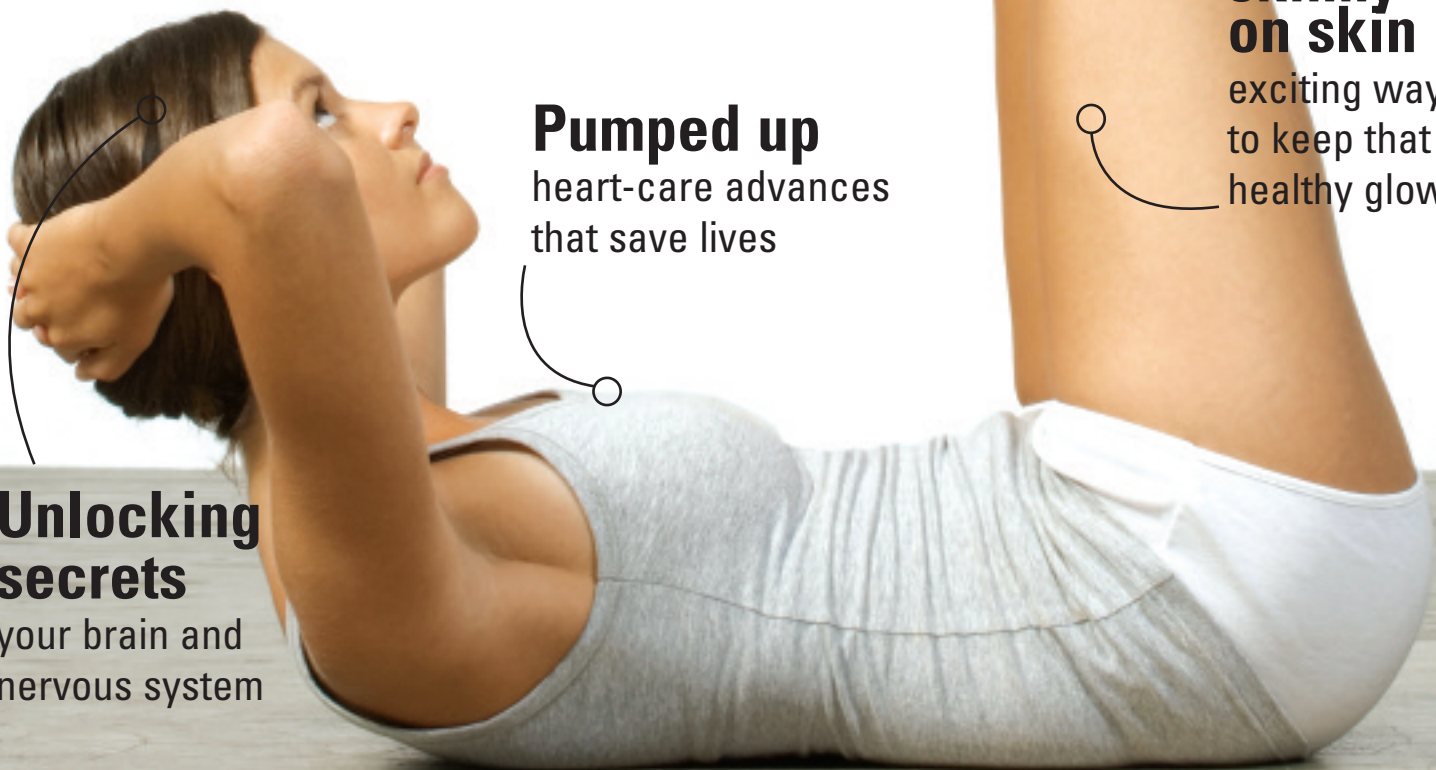
exciting ways
to keep that
healthy glow

Pumped up

heart-care advances
that save lives

Unlocking secrets

your brain and
nervous system



Welcome LETTER

Caring for kids through the years

IN SEPTEMBER MONMOUTH MEDICAL Center's Regional Newborn Center celebrated its 40th year of delivering highly specialized care for premature and ailing infants. Spearheaded in 1968 by William Ellis, M.D., a group of local pediatricians helped establish the first Level III Neonatal Intensive Care Unit (NICU) at a community hospital in the United States and the first of its kind in New Jersey. Today, Monmouth's NICU exceeds national averages for quality in six different categories when compared to more than 700 NICUs. Conducted by an independent third-party network, see the side-by-side comparison on page 49.

The Children's Hospital at Monmouth Medical Center offers a wide scope of services for children and families that is unrivaled throughout the region. It is known for its comprehensive care for virtually every area of pediatric medicine—from the first fragile days of life (as noted by the NICU's success) through adolescence. Part of this scope of pediatric care includes pediatric orthopedic surgery. In particular, pediatric orthopedic surgeon Lawrence Stankovits', M.D., expertise in the treatment of scoliosis offers children and families a unique specialization that affects 10 percent of the adolescent population.

Monmouth Medical Center's expertise in orthopedic surgery is unparalleled, thanks to the three decades of leadership from Angelo Lopano, M.D., who recently stepped down as chairman of Orthopedics. In his stead, I am delighted with Jason Cohen's, M.D., appointment to the leadership. As you will read, Dr. Cohen is home-grown, having served his residency training here at Monmouth Medical Center. Following his fellowship training, Dr. Cohen returned to New Jersey to establish his practice. Now as the new chairman of Orthopedics, I am thrilled about his commitment and loyalty.

This issue of *Monmouth Health & Life* is particularly exciting. Not only will you learn about the latest advances in care at Monmouth Medical Center through our Health Link section, but you'll read about national breakthroughs and the latest research with commentary from experts at Monmouth

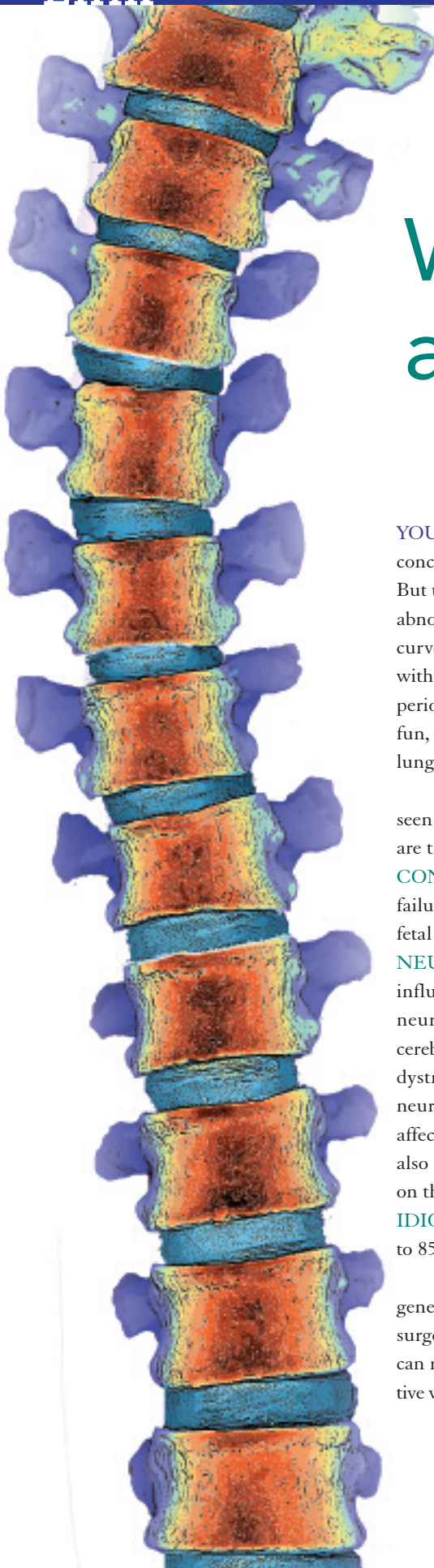
Medical Center.



Sincerely,

A handwritten signature in black ink that reads "Frank J. Vozos".

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



When spines aren't STRAIGHT

A BRACE—OR SURGERY—CAN PROTECT
THE FUTURE OF KIDS WITH SCOLIOSIS

YOUNGSTERS IN THE PRETEEN AND TEEN years are concerned about being “normal” and fitting in with the group. But unfortunately that’s when a few of them have to deal with an abnormal condition called scoliosis. In this disorder, the spine curves sideways, usually in the shape of an “S” or a “C.” Those with severe cases often need to have a procedure or spend long periods wearing a back brace. And while neither is a kid’s idea of fun, these treatments can help prevent problems with heart and lung function in the long run.

Any child can develop scoliosis, but it’s most commonly seen in girls during the “tween” years of about ages 8 to 12. There are three main types:

CONGENITAL: Present at birth, this kind is caused by failure of the vertebrae to form normally during fetal development.

NEUROMUSCULAR: This genetically influenced variety is associated with neurological conditions, including cerebral palsy, spina bifida, muscular dystrophy, spinal cord tumors and neurofibromatosis, a genetic condition affecting the peripheral nerves that is also characterized by light-brown spots on the skin.

IDIOPATHIC: This term, which describes 80 to 85 percent of cases, means the cause is unknown.

“New data now suggest that many cases of scoliosis are genetic,” says Lawrence Stankovits, M.D., a pediatric orthopedic surgeon at Monmouth Medical Center. Because the condition can run in families, he recommends that any child who has a relative with the condition should be checked at annual physical exams.

Scoliosis is common enough that pediatricians routinely

About 10% of the adolescent population has some degree of scoliosis, but only 3% will require a brace or surgery.

screen for it. “The telltale signs of scoliosis are uneven shoulders, lack of waist-crease symmetry and, most important, the appearance of an uneven ribcage when the child bends forward in a ‘diving’ position,” says Dr. Stankovits. Such abnormal findings should trigger a referral to a scoliosis specialist, he says.

The specialist will conduct a physical exam and possibly order imaging tests to make a diagnosis. An X-ray of the spine lets the doctor measure the curve in degrees and see its location, shape and pattern. An MRI (magnetic resonance imaging) test or CT (computed tomography) scan may also be used.

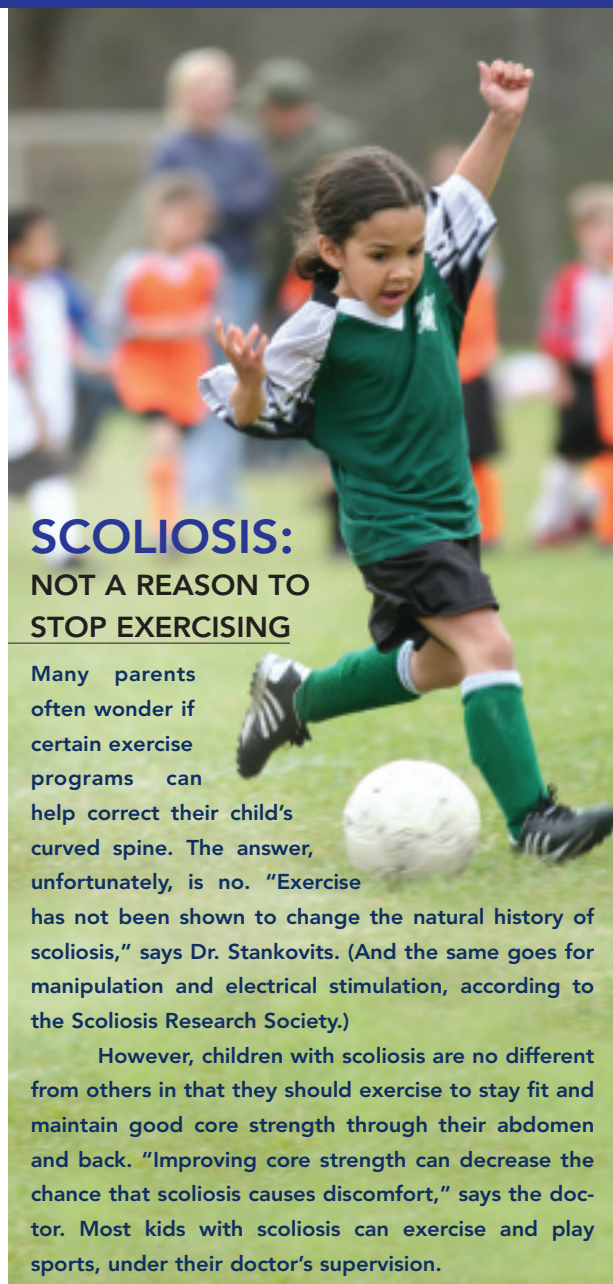
The goal in treating scoliosis, Dr. Stankovits explains, is to stop the progression of the spinal curvature. The treatment chosen is based on the patient’s age, the type and degree of the curvature and how much more he or she is likely to grow. “Not all curves progress, so most children need simple observation at four- to six-month intervals until growth is complete,” he says. This is recommended if the curve is less than 25 degrees.

Growing youngsters with spinal curves of 25 to 45 degrees in many cases need to wear a back brace. Most braces are made of firm plastic that is pulled tight with Velcro straps and worn over an undershirt. A brace won’t straighten the spine; its job is to prevent curvature from increasing more than 5 or 10 degrees, eliminating the need for an operation. Braces may be worn overnight or for as many as 18 hours a day, depending on the curvature’s location and severity. They can be taken off when the child participates in sports.

Surgery may be required if a youngster’s spinal curve is more than 45 percent, or if a brace does not slow its progression. The procedure involves fusing together two or more bones in the spine. The surgeon may put in a metal rod or other device to hold the spine in a corrected position until the bones fuse, which usually takes six to nine months. After the operation, the implants remain in the spine to maintain its corrected position.

At Monmouth, scoliosis specialist Dr. Stankovits works with spine specialists Marc Menkowitz, M.D., and Steven Paragioudakis, M.D., to perform procedures. “Detailed surgical planning is vital to minimize the long-term side effects of spinal fusion,” Dr. Stankovits explains. “We use state-of-the-art instrumentation techniques and real-time spinal cord monitoring to ensure optimal outcomes.”

After surgery, patients are usually walking with-



SCOLIOSIS: NOT A REASON TO STOP EXERCISING

Many parents often wonder if certain exercise programs can help correct their child’s curved spine. The answer, unfortunately, is no. “Exercise has not been shown to change the natural history of scoliosis,” says Dr. Stankovits. (And the same goes for manipulation and electrical stimulation, according to the Scoliosis Research Society.)

However, children with scoliosis are no different from others in that they should exercise to stay fit and maintain good core strength through their abdomen and back. “Improving core strength can decrease the chance that scoliosis causes discomfort,” says the doctor. Most kids with scoliosis can exercise and play sports, under their doctor’s supervision.

out a brace by the second or third day and are discharged from the hospital within a week. A return to some sports is possible in six to nine months.

Though the cause of most cases of scoliosis remains elusive, Dr. Stankovits reports that research has revealed a family of genes that shows which curvatures are more likely to progress. “This information,” he says, “will someday be used to make earlier decisions about which patients can benefit from wearing a brace.” ■

To find out more about the treatment of scoliosis at Monmouth Medical Center, please call 1-888-724-7123.

New role for a familiar face

AN ORTHOPEDIC SURGEON TAKES OVER THE DEPARTMENT THAT TRAINED HIM

CALL IT A MEDICAL *Welcome Back, Kotter*. Like the hero of the 1970s sitcom, Jason D. Cohen, M.D., has returned as an authority figure to the place where he was taught. A former intern and resident at Monmouth Medical Center, Dr. Cohen, 40, was appointed this July as chairman of its department of orthopedics. In a recent conversation, *Monmouth Health & Life* inquired about his career and plans:

MONMOUTH HEALTH & LIFE: You have a busy practice as an orthopedic surgeon. Why take on this added responsibility as chairman?

Dr. Cohen: A sense of loyalty, really. My training here helped me get a great fellowship in spine surgery, and I wanted to rejoin the folks who had trained me and be part of this great program. I thought I could contribute to its success.

MH&L: And where did you get your feeling for loyalty?

Dr. C: I saw how my father and grandfather ran their manufacturing business. They treated their employees like family. That had a big influence on me.

MH&L: How do you see as your role as chairman?

Dr. C: To transition the department from Angelo Lopano, M.D., who was chairman for 30 years. Having been a resident here myself, I want to make the resident experience the best it can be. I want this to be one of the premier programs in the country, and I want to better integrate our department with other departments.

MH&L: Any plans for new initiatives?

Dr. C: We'll work with the administration more closely. We'll be leaders in community service, taking care of local sports teams, working with local industry.

MH&L: How did you choose orthopedics as your field?



JASON D. COHEN, M.D.

Professional Orthopaedic Associates, Tinton Falls, Toms River and Freehold

Board-certified, fellowship-trained orthopedic surgeon

COLLEGE: Lafayette College, 1986–1990

MEDICAL SCHOOL: Albert Einstein College of Medicine, 1990–1994

INTERNSHIP: Monmouth Medical Center, 1994–1995

RESIDENCY: Monmouth Medical Center, 1995–1999

FELLOWSHIP: Maryland Scoliosis and Spine Center, 1999–2000

SPECIAL INTERESTS: Treating of conditions of the spine, including spinal surgery, herniated discs, reconstructive surgery, sciatica, scoliosis and degenerative disorders

Dr. C: Like most orthopedists, I played sports and had my share of injuries. So I intended to go into sports medicine. When I started training, I had exposure to spine surgery and was fascinated by the field.

MH&L: What's the appeal?

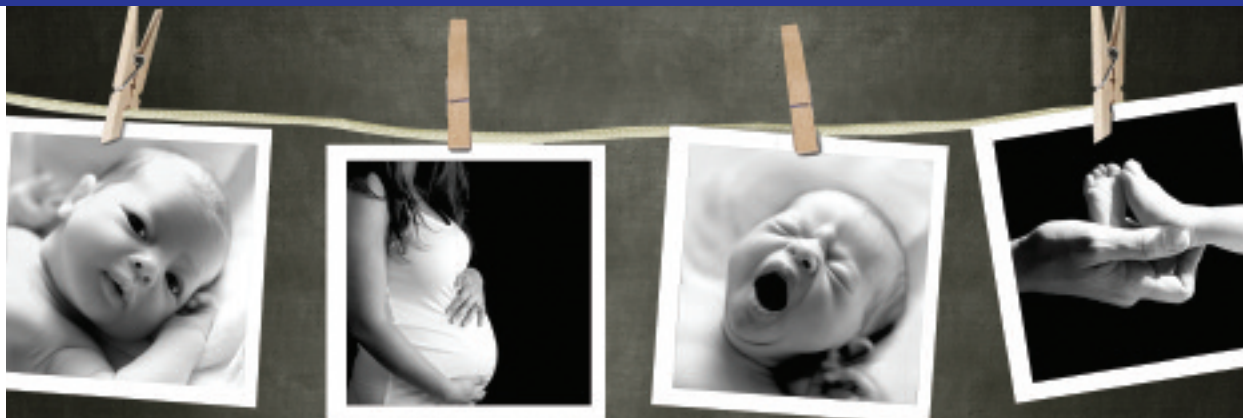
Dr. C: You see patients of all ages, from adolescents to the elderly. And there are many different areas of the spine and approaches to it, which makes it especially interesting to me. Some procedures require big, open surgery, which is a challenge I like. And we do minimally invasive surgery as well.

MH&L: What do people most misunderstand about spine surgery?

Dr. C: Many people don't realize all back surgeries aren't equal. They tend to think they've all had the same surgery, and nothing is further from the truth. I tell patients not to compare notes with friends unless they know for sure they're talking about the same treatments.

MH&L: What's your personal life like?

Dr. C: My wife, Julie, and I live in Sea Bright with our daughter, Leah, who is 2½. My family takes up most of my time off. I also like skiing and golf. ■



Saving at-risk babies for 40 years

A MILESTONE FOR A LOCAL NEONATAL INTENSIVE CARE UNIT THAT'S A BIG PLUS FOR FAMILIES

TALK ABOUT GOOD PROBLEMS TO HAVE. A slight waistline expansion or a thinning of hair are among the complications now facing the first babies treated at Monmouth Medical Center's neonatal intensive care unit (NICU). They're about to hit age 40 as the facility—the first Level III NICU at a community hospital in the U.S.—marks four decades of caring for premature and ailing infants in Monmouth County.

It was in 1968 that a group of local pediatricians established the NICU so that new parents wouldn't have to travel to an academic medical center in New York or Philadelphia. "Back then the hospital was delivering 500 babies a year," says Susan Hudome, M.D., the NICU's medical director. "Now it's more than 4,000."

Fortunately, only a few of these newborns need a NICU. The unit helps at-risk infants—weighing as little as 1 pound—through the critical first days, weeks and months of life. Monmouth has an active high-risk obstetrics program to deliver at-risk babies, and the NICU staff can coordinate care and provide a broad, multidisciplinary team of experts to deal with any neonatal concern. "We coordinate care with the departments of surgery, hematology, infectious disease, gastroenterology, pulmonology, endocrinology and cardiology," Dr. Hudome says.

But what the NICU does takes more than just medical expertise. "We get to know these babies and their families very well, because we're a close-knit group of people taking care of them," adds Dr. Hudome.

Jackson resident Matthew Gawron is one confirmed fan. In November 2000, he and his wife, Jennifer, had twin boys born four months premature. One, sadly, did not survive; the other, Nicholas, spent 90 days in the unit. This month Nicholas will celebrate his eighth

birthday as a healthy lad who's "one of the biggest kids in his class," his dad reports.

"The people in the NICU were great, not only at answering our medical questions but also at helping us through the emotional roller-coaster we were on," he says. ■

The proof of quality is in the numbers

If there's anywhere in medicine that you want to be most sure of top clinical quality, it's in neonatal intensive care, where the future lives of tiny at-risk babies hang in the balance. Fortunately, there are concrete statistics that help to show when a neonatal intensive care unit (NICU) is doing its job well.

The Vermont Oxford Network is a nonprofit group that includes more than 700 NICUs, including Monmouth. It compiles data that measure outcomes in babies born before 29 weeks of gestation and weighing less than 1,500 grams (about 3 pounds). The network's latest figures leave no doubt that Monmouth's NICU is achieving above-average results:

CATEGORY	MMC	AVERAGE
Mortality	6.3%	17.3%
Death or morbidity (combined)	26.7%	58%
Bronchopulmonary dysplasia*	15%	33%
Severe intraventricular hemorrhage (IVH)	4%	12%
Any IVH	6%	30%
Severe retinopathy	9%	11%

*A serious lung condition that makes breathing difficult. It's defined here to include all babies who were on supplemental oxygen at 36 weeks' corrected age—what their age would be if they hadn't been born prematurely.

Source: Monmouth Medical Center

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING

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

- **One-Day Preparation for Childbirth** October 19, November 9, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) November 1 and 8, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) November 11, 18, 25, December 2 and 9, 7:30–9:30 p.m. \$125/couple.
- **Eisenberg Family Center Tours** November 2 and 16, 1:30 p.m. Free. (No children under 14 years old.)
- **Baby Fair** October 16, 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, free gifts. To register call 1-888-SBHS-123. (No children under 14 years old.)
- **Make Room for Baby** October 18, November 15, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** November 22, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** November 12, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **Baby Care Basics** (two-session program) October 18 and 25, noon–2 p.m., November 6 and 13, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding Today** December 4, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** October 15, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** November 10, 7–9 p.m. \$30/person, \$40/couple.
- **Adoptive Parenting** Private, two-session programs conveniently scheduled to fit your needs. \$150/couple.
- **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Appointments available; call the Center for Diabetes Education at 732-923-7550. Fee required.

JUST FOR KIDS

(Also see sibling preparation programs above.)

- **Safe Sitter** (one-session program) November 15, 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

- **Stress-Free Workshop** “Keeping Your Mind Sharp,” October 14; “Meditation for Inner Calm,” November 11; 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. Fee required.
- **Free Child Seat Inspections** October 16, November 20, 3–6 p.m. Sponsored by Long Branch Police Dept., Monmouth County Sheriff's Office, N.J. Division of Highway

Traffic Safety, The Children's Hospital at Monmouth Medical Center and its SAFE KIDS chapter at Long Branch Union Fire Company, 199 Union Avenue. No appointment required.

- **Free Child Seat Inspections** October 18, November 15, 8:30 a.m.–12:30 p.m. Sponsored by The Children's Hospital at Monmouth Medical Center. At Galaxy Toyota, 700 State Highway 36 East, Eatontown. Appointment required; call MONOC Child Passenger Safety Hotline at 1-800-287-3515, ext. 1107.
- **Monmouth Medical Center Community Health Fair** October 22, November 19, 11 a.m.–1 p.m. Monmouth Medical Center lobby, 300 Second Avenue, Long Branch.
- **Free Depression Screening** October 22, 11 a.m.–1 p.m. Conducted by health care professionals from Behavioral Health Services. Monmouth Medical Center lobby, 300 Second Avenue, Long Branch.
- **Creating a Journal to Love and Enjoy** October 23, 7:30–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.
- **Annual Chronic Fatigue Conference** October 26, 11:30 a.m.–4:30 p.m. Co-sponsored by Monmouth Medical Center and the N.J. Chronic Fatigue Syndrome Assn. Inc., Sheraton Conference Center, State Highway 35 and Industrial Way East, Eatontown; fee required. Registration necessary; call the NJCFSA InfoLine at 1-888-835-3677.
- **Keeping Your Mind Sharp** October 28, 7–9 p.m. Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.
- **Introduction to the World of Essential Oils and Aromatherapy** November 4, 7:30–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.
- **“To Your Health” Showcase** November 14, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Blood Pressure Screening** November 14, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Diabetes Self-Management Series** Four-session diabetes education program focusing on diet, nutrition, glucose monitoring, medications, meals, exercise and preventing complications. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Living with Depression** October 15, 1–2 p.m. Presented by Kenneth J. Rubin, M.D., psychiatry and neurology, Monmouth Medical Center. SCAN.*
- **Managing Multiple Medications** October 29, 1–3 p.m. Presented by Joseph DiCubellis, administrative director, Monmouth Medical Center Pharmacy. SCAN.*
- **Care for the Caregiver** November 12, 1–3 p.m. Presented by the Saint Barnabas Hospice and Palliative Care Center. SCAN.*

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

Perfect match

TWO VOLUNTEERS USE TENNIS TO FIGHT BREAST CANCER

WHEN CANDI GERARD first met Debbie Ferraid at a charity tennis tournament Gerard was organizing, it wasn't just Ferraid's energetic volunteer efforts that made a big impression. It was also the tennis bags.

"I said, 'Who provided these amazing Wilson bags for all the players? Give me her number!'" recalls Gerard (at left in photo).

She knew she'd found a volunteer who could rustle up the good stuff to help an event succeed. For a decade Gerard has planned Monmouth Medical Center Foundation's annual tennis tournament, which has raised \$170,000 for the Jacqueline M. Wilentz Comprehensive Breast Center. Since the pair met two years ago, she and Ferraid have been a "dream team," making the fundraiser even more of a hit.

For both women, the battle against breast cancer is personal. Each has lost close friends to the disease, and Ferraid, a two-time breast cancer survivor herself, was once a patient at the Wilentz Center.

"When you're going through breast cancer, it means a lot to have one place you can go for screening, diagnosis, every kind of treatment, surgery and rehab," says Ferraid. "Wilentz does it all. The care is excellent. In fact, they have one of the nation's lowest recurrence rates after lumpectomy. And they really get to know you."

As homemakers, the two women have time to pursue what they love. For Wall Township resident Gerard, 49, that means leading this fundraising effort and spending time with daughters Isabella, 15; Morgan, 14; and Sophia, 12, and husband, Bob, who is a trustee on the boards of Monmouth Medical Center and its foundation. For Ferraid, 50, of Brielle (married to Rick, with daugh-



ters Cara, 25; and Lauren, 22), it means helping women with cancer, working part-time in the local library—and tennis.

"I'm an avid player, and I even play paddle tennis in the winter," she says.

"Debbie has connections I don't have," explains Gerard. "She's very active in the tennis community. She's the athlete; I'm the business networker."

At the tournaments, each player contributes a \$200 entry fee and plays in a doubles match. A charity auction adds a few more thousand dollars, with gifts contributed by local merchants. Gerard and Ferraid especially wish to thank two sponsors: Hamilton Jew-

elers in Red Bank and Bentley Diamond in Wall Township. This June, the event brought in more than \$17,000.

In past years, such funds have been used to buy recliners, blanket warmers and blankets. But Gerard points out that the Wilentz Center made the transition last month to all-digital diagnostic imaging, and it will require even more support in the future. The pair have big plans. They'd like to earmark a specific piece of diagnostic equipment and support it with funds from the tournament.

In 2009, besides the original tournament at the Spring Lake Bath and Tennis Club, Gerard and Ferraid hope to have five tennis tournaments taking place on the same day. For enthusiasts of the game, that means an opportunity to aid a good cause in a big way without worrying about black-tie formalities. "If people at other tennis clubs call 732-923-6886, we'll be happy to guide them every step of the way in becoming part of this event," says Gerard. "The hard work has already been done." ■