

MONMOUTH

health & life

Jactor
James Avery
*on the fresh prince,
music and red bank*

**GENTLEMEN
PREFER . . . FACIALS**

**an outfit for
every holiday party**

**ENLIVEN YOUR
LIVING ROOM**

- where to**
- revitalize your reptile
 - slip into cowboy couture
 - try tasty tapas

health link

- cut your child's allergy odds
- bringing paralyzed limbs back to life
- wake up your workout

AN ERA OF ACHIEVEMENT



Monmouth Medical Center remains unrelenting in our quest for excellence. To maintain our position as the region's leading community teaching hospital, we continually embrace new ideas and implement new initiatives. As a result of this commitment, the past few years have been marked by exciting accomplishments for Monmouth Medical Center that have set the stage for continued achievements.

One such accomplishment: Monmouth Medical Center earned national accreditation from the Society of Chest Pain Centers, becoming the first hospital in the region—and one of only 141 acute hospitals nationwide—to receive full accreditation status. (Read more about Monmouth's Chest Pain Center designation on page 49.) Just as exciting, the American Association of Cardiovascular and Pulmonary Rehabilitation granted Monmouth accreditation in both cardiac and pulmonary rehabilitation—the first health care facility in Monmouth County to achieve such honors.

The accolades don't stop there. HealthGrades, the nation's premier independent health care quality company, named Monmouth Medical Center among the top 5 percent of hospitals in the country for overall clinical quality performance. In addition, Monmouth received its five-star rating—the highest possible—for treatment of heart attack and heart failure, stroke, pulmonary and OB services and total hip replacement.

The feat I am most proud of, however, is the recognition Monmouth received from Press Ganey, the health care industry's leading independent surveyor of patient satisfaction. In a widely acclaimed assessment of select hospitals nationwide, Monmouth was named "Distinguished Academic Center" among an elite group of the country's nine leading teaching hospitals. We were also recognized as "Top Performer in Patient Satisfaction Efforts with Physicians," sharing this honor with only three other hospitals in the nation.

I have a great deal to be proud of as executive director of this fine institution. But even with our many achievements and special recognitions, I maintain that our hospital staff is the single greatest asset of Monmouth Medical Center. The results of a 2005 employee survey conducted by HR Solutions—an international management consulting firm—attest to that. We have not lost sight of our mission, having scored "Best in Class" for employee satisfaction on both a national and state level. Our success is proof that, by creating an environment that breeds

support, trust and confidence, we have set a strong foundation for sustained growth—a fortunate position for any health care facility.



Sincerely,

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

FRANK J. VOZOS, M.D., FACS

Executive Director
Monmouth Medical Center

HEALTH *Link*

SURGICAL STRIDES

BRINGING PARALYZED LIMBS BACK TO LIFE

Reconstructive surgeons work miracles with a new nerve transplant procedure

A 22-year-old New Jersey man has his mom's nerves.

He didn't inherit them, and it's not just a figure of speech. In an operation this January at Monmouth Medical Center, the man, whose arm had been paralyzed in a motorcycle accident, literally had nerves from a living donor—his mother—surgically transplanted into his arm, along with nerves from his own leg.

The surgeon in charge was Andrew Elkwood, M.D., Monmouth's chief of plastic surgery, and his name may be familiar if you watch TV. He and his colleagues have had a lot of exposure lately, because they're helping to advance the frontiers of plastic surgery in ways unimagined just a few years ago. With an innovative new nerve transplant procedure, these surgeons restore mobility to paralyzed limbs.

"Nerve transplants have shown incredible promise in helping once-paralyzed patients surpass previous expectations for recovery," says Dr. Elkwood, who has performed dozens of advanced reconstructive surgical procedures at Monmouth.

In May 2004, Dr. Elkwood did a father-daughter living-donor nerve transplant, which brought back full mobility in the young patient's once-paralyzed arm. He used the same procedure in June 2004 to restore function in another patient's arm, paralyzed in a car accident nine months earlier. In March 2003, using



Using a new nerve transplant procedure, surgeon Andrew Elkwood, M.D., (left) can restore function to paralyzed limbs.

nerves from a cadaver, Dr. Elkwood did the East Coast's first nerve transplant on a person with gunshot wounds in the arm and leg. The patient has since regained nearly full use of these limbs.

The doctor explains that, like organ-transplant patients, individuals who receive nerve transplants must rely on a regimen of immunosuppressive medications to prevent the rejection of the transplanted tissue.

Dr. Elkwood also performs post-bariatric

body contouring, another new plastic surgery technique. People who undergo gastric bypass (bariatric) surgery often have sagging skin after their dramatic weight loss, which poses a risk of rashes and infection. Body contouring surgery, done over several visits, removes and tightens loose skin to fit slimmer bodies. Incisions are placed so as to minimize the appearance of scars.

The Oprah Winfrey Show has been following one of Dr. Elkwood's patients, Stacey Halprin, who has lost more than 300 pounds through bariatric surgery and is now undergoing body contouring surgeries. Halprin was last seen on the show in May, and an update on her—including footage of surgery shot at the hospital in August—will air in November.

Dr. Elkwood has also been featured in news programs on CNN, CBS, ABC and Fox, and on the Learning and Discovery channels. He has offices in Shrewsbury and Manhattan. *ell*



To learn more about Dr. Elkwood and plastic surgery services available at Monmouth Medical Center, please call 888-SBHS-123.

HEALINGHEARTS

HOW DOCTORS SPOT CARDIAC TROUBLE AND SAVE LIVES

*Today's tools are better than ever,
but clinical judgment is still paramount*

"Some people are blessed with garden hoses," says Jeffrey L. Osofsky, M.D., of Monmouth Medical Center. "Others have twigs."

He's referring to the size of one's coronary arteries. A 50-percent blockage in one person's artery, he explains, may not pose the same heart-attack risk as the same degree of blockage in another's.

It's differences like that, the doctor says, that keep his job challenging. Heart disease remains the nation's biggest killer. So assessing cardiac problems—from the healthy person whose cholesterol is a bit high to the heart patient whose blocked arteries threaten death—is one of the most vital tasks in medicine. Fortunately, there's a fast-growing array of tools to help doctors do the job. (See "Ways of Assessing Heart-Disease Risk," on the opposite page.)

"With a new patient, we start by taking a medical history, doing a physical exam, performing an electrocardiogram to measure the heart's electrical rhythm—and then usually do some other kind of objective test," says Dr. Osofsky.

Often doctors will do a stress test, in which pulse, blood pressure and heart rhythm are monitored first at rest and then when the patient is exer-



cising vigorously.

It helps to spot heart conditions that don't show up when the heart is at rest. But an artery usually needs to be 70 percent blocked before a stress test shows an abnormal result, and the test is accurate in only about 85 percent of cases.

Technology for making images of the heart to spot blocked arteries is advancing rapidly. One new tool is the "64-slice" computed tomography (CT) scanner, which uses contrast dye and X-ray technology to combine a large number of images of the heart and coronary arteries, forming a picture much more detailed than those previously available by scanning.

Many high-risk individuals, however, will still require the procedure that is known as the "gold standard" for evaluating high-risk heart patients: the coronary angiogram. In this process, a catheter is inserted through the groin and snaked up to the heart. A dye inserted through the catheter is used, under X-ray, to highlight blockages.

As imaging becomes more powerful, it will help doctors not only to spot blockages but to iden-

Hearty recognition

Monmouth Medical Center has earned special plaudits from HealthGrades, the nation's leading independent health care quality assessor. The organization has ranked the center among the top 5 percent of hospitals for overall clinical performance and given it a five-star rating—the highest rating possible—for its treatment of heart attack and heart failure.

Needed: cells that do a repair job

Add one more to the list of known risk factors for heart disease: low levels of the cells that repair damage to the lining of arteries. Termed endothelial progenitor cells, they travel to the arteries from the bone marrow, where they are manufactured. In a German study of 519 individuals, reported in *The New England Journal of Medicine*, people with low levels of these cells were more likely than others to suffer a

heart attack. While studies are under way to find out how people can increase levels of progenitor cells, the finding also vindicates heart-health advice you've heard before.

Smoking and high blood cholesterol served to reduce levels of progenitor cells, researchers found, while exercise and cholesterol-lowering statin drugs increased them.

personal take





JOSE ORTEGA

tify how they're likely to behave. "Often it's not the 90-percent blockage that causes a heart attack," Dr. Osofsky says. "It's the 20-percent blockage, an immature plaque that is most vulnerable to turbulent blood flow."

Plaque in arteries tends to be covered with a fibrous cap, he explains. And interventional cardiologists—those who do invasive procedures—will be more likely to operate to clear an artery if the plaque has a thin fibrous cap rather than a thick one, because a thin one means the plaque is more likely to rupture and prompt a clot to form—the cause of most heart attacks.

Another diagnostic tool, the calcium scoring test, serves as a kind of early warning system. It shows calcium deposits built up in arteries—a likely precursor of heart disease. (The test costs about \$300; to find out about getting one at Monmouth Medical Center, call 732-923-6100.)

If you think you're at risk for heart problems, take action. Stop smoking, exercise (consult your doctor before starting a new regimen) and eat right, going easy on fat, salt and junk food. Get regular physical exams—and stay tuned for new developments in the fast-changing world of heart risk assessment. ☺

Act fast if it's chest pain

Each year in the United States, more than 5 million Americans go to hospital emergency departments complaining of chest pain. Of those, 1.25 million have cardiac distress symptoms and 600,000 die of heart disease. Saving these patients by improving heart-attack awareness and treatment is the goal of an international professional group called the Society of Chest Pain Centers.

Recently, Monmouth Medical Center became the first hospital in Monmouth County to earn designation as a Chest Pain Center by the society, which has a rigorous accreditation process designed to improve performance in heart-attack care.

"Chest Pain Centers provide a comprehensive management strategy for evaluation, triage and appropriate treatment," says Jennifer Waxler, D.O., chair of emergency medicine at Monmouth. "Patients come in, are evaluated in a calm environment and receive prompt, appropriate treatment. Historically, people have waited too long after the onset of symptoms of a heart attack before seeking medical care. But if a patient having a heart attack is treated within 70 minutes, damage to the heart can be minimized."

To learn more about the Chest Pain Center at Monmouth Medical Center, call 732-923-7311.



Ways of assessing heart-disease risk

PROCEDURE	WHAT IT DOES	ADVANTAGES	LIMITATIONS
Blood test	Measures levels of cholesterol and C-reactive proteins in blood	Inexpensive, easily provides clues to heart-disease risk	Nonspecific; both blood levels are very loose predictors
Electrocardiogram	Records electrical impulses of the heart's pumping action	Rhythm irregularities can be a sign of damaged heart tissue	Can't show where in the heart the problem is
Stress test	Measures pulse, blood pressure and electrical action of the heart as it responds to exercise	Reveals heart at work; shows physiology, not just anatomy	Only shows blockages of 70 percent or more; even then misses some
Calcium scoring test	Via an injected contrast agent, computed tomography shows calcium buildup in arteries	High levels of calcium correlate with high likelihood of heart attack	Calcium increases with age, and doesn't always spell trouble
Coronary angiogram (cardiac catheterization)	Through a catheter inserted into the groin, a dye highlights arteries and reveals blockages	Long preferred for those at high risk, depicts blocked arteries well	Invasive; requires hours of recovery; complications can occur
64-slice computed tomography (CT)	With a dye and many separate CT images, takes a very detailed picture of the heart	Much less invasive, accurate in determining if there is significant heart damage	Costly; not yet widely available

VITALWOMAN

BANISHING THE PAIN OF ENDOMETRIOSIS

When uterine lining tissue shows up where it isn't wanted, hormonal treatments are often the remedy

Five percent to 10 percent of all women in the U.S. have endometriosis, in which tissue resembling that of the endometrium, or uterine lining, grows outside the uterus. It can cause painful menstruation, debilitating cramps and fertility problems.

“Endometriosis can be difficult to diagnose, because its symptoms can also have other causes, such as irritable bowel syndrome and interstitial cystitis,” says Robert A. Graebe, M.D., chairman of obstetrics and gynecology at Monmouth Medical Center. For a firm diagnosis, he says, “it has to be visualized [in surgery] or proven with a biopsy.”

Diagnosis and treatment are sometimes combined in a laparoscopy. In this procedure, a surgeon inserts a scope through a small incision near the navel and uses fiber-optic lights to examine the pelvic organs. Once endometriotic tissue is located, it is removed or destroyed using a laser, electrocautery or other small surgical instruments. A laparoscopy can be completed in less than a day.

In many cases, laparoscopy can be effective even when endometriotic tissue has spread far beyond the uterine area. This minimally invasive operation does not require opening the abdominal cavity to remove the



tissue and avoids a two- to four-day hospital stay. Recovery from laparoscopy usually takes just days, compared with the more painful laparotomy procedure (open surgery), which may take four to six weeks to recover from.

But sometimes, Dr. Graebe explains, it's better to treat likely endometriosis on an “empiric” basis—that is, without knowing for sure it's endometriosis—because treatment is safe and avoids the need for surgery.

Treatment may be in the form of nasal sprays,

injections or pills. It often employs a gonadotropin-releasing hormone agonist, or GnRHa, which works to prevent the release of estrogen. Because GnRHa treatments can interfere with a woman's menstrual cycle, doctors often use what is called “add-back” treatment to moderate their effects, Dr. Graebe explains. They administer estrogen and progesterone to restore the woman's hormonal balance

while keeping her estrogen levels below the threshold that would trigger endometriosis symptoms.

In rare cases when hormonal and surgical treatments fail to bring relief and fertility is no longer desired, a complete hysterectomy, with removal of the tubes and ovaries, may be the only recourse. *ell*

Signs of possible endometriosis

These symptoms could—but don't necessarily—mean endometriosis. They should be reported promptly to your physician:

- painful periods with heavy or irregular flow
- lower back pain
- chronic pelvic pain
- painful bowel movements during periods
- painful intercourse
- longstanding infertility
- tenderness of the abdomen

TAKINGCHARGE

CLEAR UP CLOUDY EYES

You'll see better if you see about treating those cataracts

Revise that list of inevitables—make it death, taxes and cataracts.

“If we live long enough, we all eventually develop cataracts,” says Robert Fegan, M.D., an ophthalmologist at Monmouth Medical Center.

A cataract is a clouding of the lens of the eye, caused by a change in the protein composition and structure of the lens. The encroachment of age-related chemical changes appears to play a role in the gradual development of this clouding.

As we get older, the normally transparent lens becomes opaque, leading to impaired vision. The Mayo Clinic says that by age 75 as many as 70 percent of us have significant cataracts.

“Some people actually have cataracts without knowing it, because their vision worsens gradually and they may not have high visual demands in their lives,” says Dr. Fegan.

Once a diagnosis of cataracts is made, treatment may involve only a change in your eye-glasses prescription. However, if impaired vision is affecting your ability to function, it may be time to

Keep an eye out for these warning signs

According to the National Eye Institute, the following symptoms may mean that a cataract is forming. If you experience any of these, you should see an eye doctor:

- Hazy, fuzzy or blurred vision
- Frequent need for new eyeglasses
- A feeling of having a film over your eyes
- A change in the color of your pupil from the usual black to gray, yellow or white
- Problems with light (for example, finding the right amount of light when reading, or being bothered by sunlight glare or by headlight glare when driving at night)

- A temporary improvement in reading vision. This might occur as a cataract progresses, but the gain doesn't last long



When not to have surgery

Although cataract surgery is safe, guidelines developed by the Agency for Health Care Policy and Research and endorsed by the American Academy of Ophthalmology suggest that you consider surgery only if glasses don't restore your vision—and only if vision problems get in the way of your regular activities.

undergo a surgical procedure.

Cataract surgery is typically performed on an outpatient basis under a local anesthetic. After the operation, the patient usually enjoys improved vision within 24 hours. Complications common to any type of surgery, such as bleeding or infection, may occur, but these are rare. A recent Swedish study showed that most patients' vision remains much improved for years after surgery, although other eye problems can develop as the years progress.

Major vision loss from cataracts need not be an obstacle to your daily activities. Talk with your eye doctor about your options. *ell*

Will you have early cataracts?

You have a higher-than-average risk of developing cataracts in middle age, says Monmouth Medical Center ophthalmologist Robert Fegan, M.D., if you:

- have diabetes
- have used steroid medications
- have been exposed to lots of sunlight
- drink alcohol heavily for a long period
- have family members with early cataracts

STAYING FIT

IS IT TIME TO SHAKE UP YOUR EXERCISE ROUTINE?

Varying your workout can keep you interested—and make you more fit

If you've fallen into an exercise rut, your routine could be less beneficial, less interesting—and perhaps even less safe—than it should be. It may be time to “surprise” your muscles by changing the way you exercise.

“When you do one type of exercise regularly and only one type, you're more likely to sustain an injury,” says Todd Cooperman, M.D., medical director of the Rehabilitation Hospital of Tinton Falls.

Such unvarying routines also risk a problem some call “asymmetric strengthening.” That can occur when you work the muscles visible in the mirror and neglect those on the back side of your body. In the thighs, for example, overdeveloping the front quadriceps (which are stronger anyway) and ignoring the back hamstrings can heighten the risk of injury to the hamstring or knee. Similarly, women who spend hours on the treadmill or Stairmaster but never train their upper bodies set themselves up for lower back pain.

Even a well-balanced exercise regimen needs a periodic shuffle. As muscles become habituated to performing certain exercises, some experts say, they burn fewer calories in doing so—thus reducing the benefits of the workout.

But the biggest reason to change your workout from time to time may be simply that, as Dr. Cooperman says, “if you never vary it, you're more likely to get bored.”

The solution? Shake up your routine, perhaps focusing on the upper body one day and the lower body the next, to maximize strength in every muscle. Small changes can make a difference. If you've been using a flat treadmill, try ramping up the incline or

alternating with one- or two-minute bursts at a faster pace. Instead of standard squats, use one leg at a time, or switch to lunges. If you're into weight training, try trading up to heavier barbells or adding an extra set of repetitions.

But if you'd really like to inject new vigor into your fitness plan, why not go for something totally different? Consider these possibilities for providing the change-up you need:

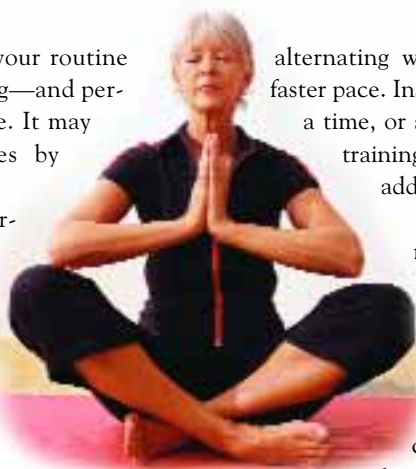
Water exercise: Exercising in a pool is a low-impact activity that can strengthen your muscles and heart—without straining bones or joints.

Unlike air, water provides resistance in any direction you move, maximizing your efforts. In fact, 10 minutes of water exercise is as good as 40 minutes of movement on land.

Tai chi: This ancient Chinese technique involves a series of forms, or postures, that flow from one to the other in slow, smooth, dance-like movements. According to recent studies, tai chi helps reduce high blood pressure without raising heart rate, boosts circulation and improves balance and coordination.

Core conditioning: These exercises target your core—the body's center of power, which starts just below your shoulders and ends just below your hips. Pilates is a popular exercise style that builds longer, leaner muscles through moves performed on a floor mat and on a special piece of equipment called a reformer. Stability ball exercises—moves done on a large, rubber ball—target and stabilize your core.

Yoga: This well-known Hindu exercise system can benefit the body by increasing flexibility; toning the stomach, back and chest; and stimulating circulation. Devotees say it gives them energy and a greater feeling of peace and well-being. ☪



KIDS' HEALTH

News you can use to help your child get the best care



good news about baby talk Don't fight the temptation to "goo-goo" the next time you're deep in conversation with an infant. It may feel foolish, but it turns out that baby talk could actually help young minds learn. In a recent study reported in the journal *Infancy*, investigators played two tapes for a group of 40 8-month-old babies. Both tapes were full of nonsense syllables; one used the cadences of adult speech, another the elementary sounds of baby talk. Researchers tested babies' response by how long they gazed at a flashing light that was keyed to a repeated word within the taped sounds. They found that the baby-talk sounds made the infants more attentive.

It's never too late to treat 'lazy eye'

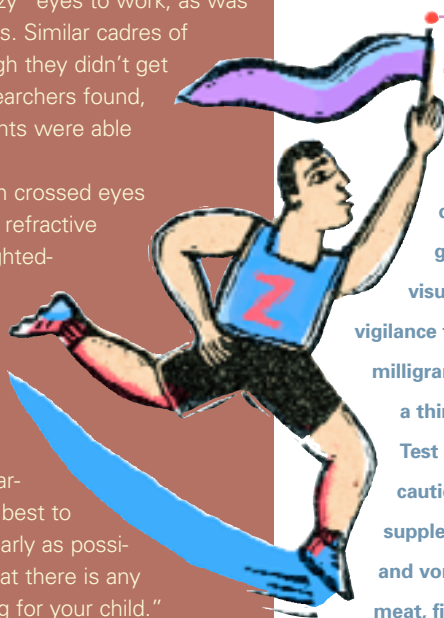
Roughly three in every 100 American children have impaired vision due to amblyopia, or "lazy eye," and ophthalmologists usually try to correct the problem in the first few years of a child's life. Till recently, some doctors thought there was little benefit in treating it in older children, but new research has changed their minds.



In a study of more than 500 amblyopic kids funded by the National Eye Institute, a group aged 7 through 12 was fitted with glasses and their "good" eyes were patched or blurred with eye drops. They were asked to perform near-vision activities designed to put "lazy" eyes to work, as was a control group that got only glasses. Similar cadres of teens 13 to 17 also took part, though they didn't get eye drops. In both age groups, researchers found, the kids who got the extra treatments were able to see somewhat better.

Amblyopia can result from crossed eyes or differences between the eyes in refractive error—as in farsightedness, nearsightedness or astigmatism.

"It's very encouraging that improvement in amblyopia can be achieved at later ages," says Lawrence Turtel, M.D., a pediatric ophthalmologist at Monmouth Medical Center. "But parents should remember that it's still best to identify and treat the condition as early as possible. This study does *not* suggest that there is any benefit to delaying an eye screening for your child."



A Dutch study reported this year casts doubt on the long-held notion that allergy-prone families can reduce tots' chances of developing allergies to eggs, fish or peanuts by waiting till age 2 or 3 to introduce these foods. The best thing moms can do to prevent allergies is to breastfeed exclusively for the first 4 to 6 months, experts say. And if you can't breastfeed, choose a formula that is based on protein hydrolysates, not soy or cow's milk.

Cut your child's allergy odds

Zinc may help kids think

A Department of Agriculture study hints it may be time to raise children's recommended daily quota of zinc from the current 10 milligrams. Two groups of seventh-graders took visual memory, word recognition, attention and vigilance tests after drinking fruit juice spiked with 20 milligrams and 10 milligrams of zinc respectively; a third group had to think without zinc. Results? Test scores rose with zinc levels. Researchers caution parents not to go haywire with zinc supplements, as very large doses can cause diarrhea and vomiting. Food sources of zinc include lean red meat, fish and grains.



TAKE YOUR MEDICINE—RIGHT

MISTAKES ARE EASIER THAN YOU THINK. HERE ARE 7 WAYS TO AVOID THEM

Take one teaspoon of cough syrup three times daily. Easy, right? Not always, says Jessica Israel, M.D., acting chair of medicine at Monmouth Medical Center.

“The consequences of taking medicine incorrectly can be very serious,” she says. And the problem is common even among educated patients. The Institute for Safe Medication Practices estimates that 50 percent of all patients take the wrong medicines in the wrong doses at the wrong times or in the wrong ways.

Medications can be swallowed, chewed, sipped, injected or applied to the skin. They come in different dosages, shapes, formats and flavors. And in many cases they must be taken not just at certain intervals, but under specified conditions, such as with meals or on an empty stomach. Especially if you’re taking several different ones, it’s easy to slip up.

To get the best performance out of your medications, Dr. Israel offers seven suggestions:

1. FINISH YOUR PRESCRIPTION. Just because you feel better after three days doesn’t mean it’s time to stop taking your medicine. If you don’t complete your entire prescription, your ailment could flare up again.

2. BE PRECISE. Use a medicine cup or dropper to measure liquids, not a kitchen spoon. Don’t crush or halve tablets unless you check with your physician or pharmacist first.

3. DON’T USE OTHERS’ MEDICINES. You know this one, of course, but—really! A drug

that’s just right for Aunt Hilda may trigger dangerous side effects or allergic reactions in you.

4. FOLLOW THE DOSING SCHEDULE. If you miss a dose, don’t double up the next day. Taking two hypertension pills at once, for example, could lower your blood pressure dangerously. If frequent dosing—several times a day, for example—is a problem, ask your physician if there’s a similar medication you could take just once or twice daily. Buy pill containers that will hold a week’s supply in compartments labeled for each day. Keep a daily checklist to keep track of the medications you need to take. Set an alarm to remind you when it’s time.

5. DON’T SKIMP BECAUSE OF COST. If expense is an obstacle, ask your doctor if there is a generic version of the medication or a more inexpensive alternative you could take instead. Skipping dosages to save money can compromise your health.

6. BE SCRUPULOUS WHEN GIVING MEDICINE TO CHILDREN. Don’t administer adult products or any over-the-counter medication to a child without asking the pediatrician beforehand. Check the concentration of medicines for children; if you need to give a teaspoonful, don’t reach for the concentrated infant drops by mistake.

7. CONSULT YOUR PHARMACIST. He or she is an excellent resource for any questions you have about your medication, its dosing schedule and any special instructions about taking it. ☺

Ask your doctor . . .

When your physician prescribes a medication, be prepared with questions like these:

- How much do I take?
- How do I take it?
- How often do I take it?
- Could I be allergic to it?
- What side effects are possible?
- What interactions with other medications might occur?

Also, make sure your physician has an up-to-date list of all the drugs you are taking—including herbals and over-the-counter preparations—in your medical file.

IN THE PINK

LYNN REDGRAVE, ACTRESS
AND CANCER SURVIVOR,
OFFERS A ROSY REPORT

A single hue dominated attire at a Middletown luncheon held July 21, when stage and screen star Lynn Redgrave shared her experiences with an audience of 300, and the color was only logical. The event was the “Power of Pink” luncheon, held annually to benefit Monmouth Medical Center’s efforts in the struggle against breast cancer and other kinds of cancer.

Redgrave, 62, hails from a theater clan without peer, give or take the Barrymores. You’ve seen her light up movie screens from 1966’s *Georgy Girl* to 2004’s *Kinsey*, and if you’re lucky you recently caught her act on Broadway in *The Constant Wife*. She’s now preparing to appear in a Los Angeles stage production of *The Importance of Being Earnest*, and she was fully in earnest here in Monmouth this summer.

Fighting breast cancer, you see, isn’t just a good cause for the actress. It’s personal. In 2002, the nonsmoking, physically fit Redgrave, whose legendary family had no history of the disease, was diagnosed with it herself.

“I said, ‘I don’t know why it was me,’” she told the luncheon guests.

She was treated with surgery, chemotherapy and radiation—a process she chronicled in a 2004 book that combines her journal entries with pictures by her photographer daughter. Needless to say, the images aren’t all movie-star pretty.

Redgrave’s treatment was successful, and today she’s cancer-free. But as she explained, she’s fearful that the disease will come back.

“I don’t want it to return,” she declared. “I wish I hadn’t had cancer. Except, do I really wish that?”

Hard as it was, her cancer experience actually gave her a gift, Redgrave decided. Now, she said,



The “Power of Pink” lunch featured a chance auction and a talk by actress Lynn Redgrave.

“because of what I have learned about living, because I have been threatened . . . I live my life in a way that is less stressful.”

As many breast cancer patients know, the story isn’t always tied up neatly in a pink ribbon. But medicine’s battle against the disease continues—and that was the point of the luncheon. Held at the home of Monmouth Medical Center trustee Judith Stanley Coleman, it marked the 10th anniversary of the Women’s Council for the Leon Hess Cancer Center. The event raised some \$60,000 to help buy breast biopsy equipment guided by magnetic resonance imaging and to benefit the Hess Center’s High-Risk Cancer Assessment Service, which aids both women and men in evaluating their genetic risk for cancer.

Pink was powerful indeed that day—and so was one eloquent example. *ll*

WHAT'S Happening AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

CHILDBIRTH PREPARATION/PARENTING

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

One-Day Preparation for Childbirth **November 6, December 4**, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

Two-Day Preparation for Childbirth (two-session program) **November 5 and 12, December 3 and 10**, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

Preparation for Childbirth (five-session program) **November 15, 22, 29, December 6 and 13**, 7:30–9:30 p.m. \$125/couple.

Marvelous Multiples (five-session program) **November 2, 9, 16, 30 and December 7**, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

Eisenberg Family Center Tours **November 6, 20, December 4 and 18**, 1:30 p.m. Free. (No children under 14 years old.)

Baby Fair **February 26**, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring the Eisenberg Family Center tours, refreshments and free gifts. (No children under 14 years old.)

Make Room for Baby **November 12, December 3**, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

Becoming a Big Brother/Big Sister **November 19**, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

Childbirth Update/VBAC **November 16**, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

Baby Care Basics (two-session program) **November 10 and 17**, 7:30–9:30 p.m., **December 10 and 17**, noon–2 p.m. \$80/couple.

Breastfeeding Today **November 3**, 7–9:30 p.m. \$50/couple.

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

Grandparents Program **November 14**, 7–9 p.m. \$30/person or \$40/couple.

Parenting Young Children Through S.T.E.P. (five-session program) **February 1, 8, 15, 22 and March 1**, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

JUST FOR KIDS

Also see sibling preparation programs above.

Safe Sitter (one-session program) **November 19, January 28**, 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

Chronic Fatigue Syndrome Conference **November 5**, noon–5 p.m., Sheraton Conference Center, Eatontown. Cosponsored by Monmouth Medical Center and the New Jersey Chronic Fatigue Syndrome Association, Inc. Registration information: 609-219-0662. \$30/person, payable to NJCFSA, Inc.

Stress-Free Workshops **November 8**, “Getting a Good Night’s Sleep”; **December 13**, “Releasing Worry, Finding Peace,” 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$10/person/session.

“To Your Health” Showcase **November 9**, 10 a.m.–2 p.m. In recognition of American Diabetes Month and National Hospice Month, a representative from Monmouth Medical Center’s Center for Hospice Care will be available to answer questions and provide free health-related information. Also, learn about volunteer opportunities at Monmouth Medical Center. Monmouth Mall, near Food Court, Routes 35 and 36, Eatontown.

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

Free Cholesterol Screening **November 9**, 10 a.m.–2 p.m. Free screening available to the first 80 registrants. Appointments required. Call 1-888-SBHS-123. Monmouth Mall near Food Court, Routes 35 and 36, Eatontown.

Smoke-Free Clinic **January 17, 23, 30, February 6 and 13**, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. \$60/person.

SENIOR HEALTH

Blood Pressure Screening **November 9, December 14**, 10:30–11:30 a.m., Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

Living Wills and Advance Directives **November 2**, 1–3 p.m. SCAN.*

Gratitude Workshop: Count Your Blessings **November 16**, 1–3 p.m. SCAN.*

*SCAN (Senior Citizens Activities Network, age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs and to obtain SCAN membership, please call 732-542-1326. ☺