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## WELCOME LETTER

# PROUD TO BE A 'TOP PERFORMER'

IN THIS ISSUE OF *MONMOUTH HEALTH & LIFE*, the 2015 Best of Monmouth Readers' Choice Awards are revealed.

Although hospitals are not included on the magazine's annual ballot, Monmouth Medical Center is committed to ensuring that we remain the best in Monmouth County for health care.

Most recently, the Joint Commission, the leading accreditor of health care organizations in the U.S., named Monmouth Medical Center, a Barnabas Health facility, as a Top Performer on Key Quality Measures®. Monmouth Medical Center was recognized for achieving excellence in performance on its accountability measures for heart attack, heart failure, pneumonia and surgical care. The recognition was announced in conjunction with the Joint Commission's release of its annual report, "America's Hospitals: Improving Quality and Safety."

The Top Performer program recognizes hospitals for improving performance on evidence-based interventions that increase the chances of healthy outcomes for patients with certain conditions. We're honored to receive such prominent recognition from the Joint Commission as it reinforces our commitment to using evidence-based practices and providing quality care to our patients.

Monmouth Medical Center is one of 26 Top Performer hospitals in New Jersey that exceeded measurement requirements by collecting and reporting data on five or more core measure sets. As a Top Performer, we were required to achieve a cumulative performance of 95 percent or above across all reported accountability measures, among other factors.

The Joint Commission concluded this most recent four-day triennial survey with many positive observations about the culture of the hospital, our focus on quality and safety and the critical thinking skills of the staff. Thanks to the hard work of our physicians and hospital staff, we had an outstanding performance on the survey and continue our commitment to remaining the best of the best for health care in Monmouth County.

Sincerely,

**FRANK J. VOZOS, M.D., FACS**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER,  
MONMOUTH MEDICAL CENTER AND  
THE UNTERBERG CHILDREN'S HOSPITAL



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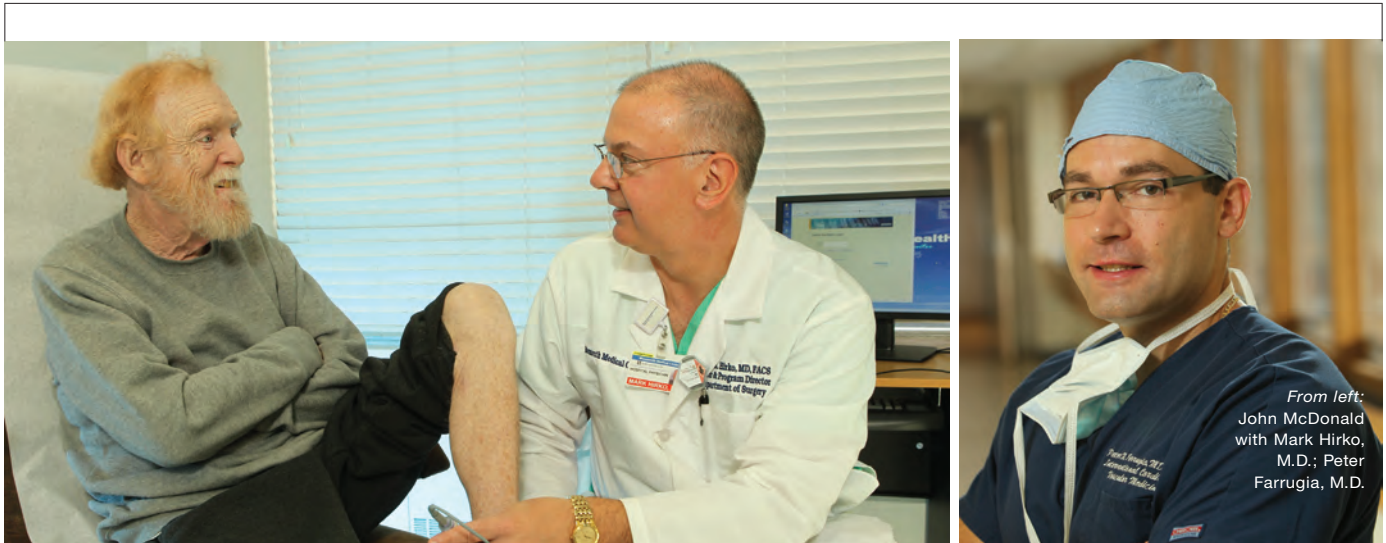
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# IN GOOD HEALTH

MEDICINE + TECHNOLOGY + PATIENT CARE AT MONMOUTH MEDICAL CENTER



From left:  
John McDonald  
with Mark Hirko,  
M.D.; Peter  
Farrugia, M.D.

## SAVING A LEG

A LOCAL MAN'S TREATMENT PRESERVES A LIMB—AND A LIFE.

People often think leg pain isn't serious—just sore, tired muscles. But chronically aching legs can signal a dangerous condition: clogged arteries throughout the body, called peripheral arterial disease (PAD).

That was the case with John McDonald, 65, whose legs started hurting three years ago. Eventually the pain got so bad the Hazlet man couldn't walk. When a local senior center offered screenings for leg circulation problems, John went—and learned he had signs of PAD. He was advised to see a vascular expert immediately.

John turned to Monmouth Medical Center's Comprehensive Vascular Center, where he received care that saved both his limb and his life.

"I thought something was wrong with my leg," recalls the retired security-system installer. "When I went to Monmouth Medical Center, I discovered I needed heart work."

Indeed, multiple Monmouth Medical Center specialists worked together to identify blocked arteries in John's left thigh,

pelvis and heart.

"If John had waited a few more weeks, the tissue in his leg would have started dying," says Mark Hirko, M.D., medical director of Monmouth's Vascular Center and chairman of the hospital's Department of Surgery. "We would have had to amputate."

But before Dr. Hirko could safely treat the damaged leg, he had to make sure John's heart was healthy. He brought in Monmouth Medical Center cardiologist Peter Farrugia, M.D., who diagnosed blockages in that vital organ.

Working collaboratively, the physicians provided optimal, coordinated treatment for John's multiple health issues. They addressed John's heart disease first, to help prevent a heart attack during the leg repair. When Dr. Farrugia implanted a stent (a metal mesh tube) to hold open an artery in John's heart, he used a non-medicated version. The reason: A medicated stent requires use of blood thinners for up to a year, making leg surgery too risky.

Just eight weeks after the heart procedure, Drs. Hirko and Farrugia teamed up again to operate on John's leg. They cleared a major pelvic blood vessel—the left common iliac artery—and placed a stent in it. Then they created a new artery from one of John's leg veins and implanted it as a bypass for the blocked thigh (femoral) artery.

"From the first test at the hospital, everything went very smoothly," says John, whose legs have been nearly pain-free since the operation two months ago. "I'm very happy."

"The staff at Monmouth Medical Center did a great job," adds wife Jacqueline, noting that John is walking and becoming more active each week.

He's even learning to ride an adult tricycle he bought so the couple can pedal around together for fun and exercise. "I always wanted one!" John says.

Plus, Jacqueline has much more peace of mind now. "I'm not worried about John's circulation causing problems," she reports.

TO LEARN MORE ABOUT THE COMPREHENSIVE VASCULAR CENTER  
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# GOOD NEWS FOR MEN

TODAY'S MORE PRECISE TREATMENTS FOR PROSTATE CANCER  
MINIMIZE TROUBLESOME SIDE EFFECTS.



Gary Jannarone is back to gardening, playing golf and most other activities after surgery.

AS A RETIRED DENTIST, 61-YEAR-OLD GARY JANNARONE OF Avon-by-the-Sea is more sophisticated about medicine than your average patient. But that didn't lessen his disappointment when he learned the results of his biopsy.

"I expected it would be benign," he confesses. "When it showed prostate cancer, my heart dropped a little."

Still, Gary knew that in recent years prostate cancer treatments have been getting better. And he quickly got online and learned more. The second most common cancer in American men (after skin cancer), prostate cancer will be diagnosed this year in some 220,800 individuals, according to the American Cancer Society, and will claim about 27,540 lives. Roughly one man in seven is found to have prostate cancer in his lifetime (average age of diagnosis: 66) and there are more than 2.9 million men alive in the U.S. who have had the disease. If prostate cancer is caught early nowadays it can often be cured—without long-term loss of continence or sexual function.

At Gary's regular annual physical late last year, a prostate-specific antigen (PSA) blood test showed an elevated result of about 5. ("Three years ago it was a 1," he says.) His physician referred

him to Pierre J. Mendoza, M.D., a urologist and robotic surgery specialist at Monmouth Medical Center, who ordered the biopsy. That specialist also recommended a magnetic resonance imaging (MRI) scan "to confirm that the cancer had not spread to the outer margins of the prostate," as he explains.

Because the cancer had not spread, it wasn't necessary to employ radiation first. Dr. Mendoza could go ahead and remove Gary's cancerous prostate using the advanced da Vinci Surgical System, a minimally invasive robotic technology that provides enhanced visualization and more precise movements than previous techniques. Instead of a large incision of five inches or more, it requires five much smaller incisions.

"And the smaller the wound, the less the surgical trauma, the faster the recovery and healing and the



Pierre J. Mendoza, M.D.

fewer the side effects," says the well-informed patient.

Prostate cancer surgery presents a double challenge to the surgeon. "Many cancer surgeries simply involve removing malignant tissue," Dr. Mendoza explains. "Here we must follow that up with a reconstructive technique in the same setting. It ups the ante. Fortunately, the robotic technology enables me to suture more effectively in a confined space." This reconstructive work is important to minimize the two side effects men fear most in any kind of prostate cancer treatment: incontinence and diminished sexual function.

Gary's May 27 surgery was a success. He spent less than three days in the hospital, compared with the five to seven days that were the norm a few years ago. All of the cancer was removed—nearby lymph nodes removed as a precaution came out clean.

Before his surgery, Gary says, possible loss of urinary control "was freaking me out more than the cancer. But it turned out it was not nearly as bad as I thought, and it's getting better." His return to continence came in a much shorter time than the medical literature says is typical, says Dr. Mendoza. At presstime it was still far short of the four to six months usually required for the restoration of normal sexual function, but there seemed no reason to expect any difficulties there either.

"I give Dr. Mendoza high marks for his communications skills and his bedside manner," says Gary. On a pre-surgery trip he made to South Carolina for his son's college graduation, he says, he even got a call from the doctor out of the blue to see if he had any more questions.

"Dr. Mendoza and his team handled things very well," says the satisfied patient. "They made it clear from the start that my comfort was important to them—not just physical, but emotional too." Within constraints set by the doctor, patients are given a measure of control over their pain medication, Gary adds, and the attentive staff assures that "one never needs to be uncomfortable."

"Monmouth Medical Center's Institute for Robotic Surgery has a wonderful program," says Dr. Mendoza. "It has the most robotic experience in the area, so the nursing staff and the operating room staff are fine-tuned. That really goes a long way to improve the patient's experience."

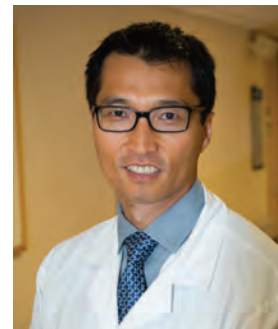
A few weeks post-surgery, Gary was feeling much better. "I'm not back in the gym yet, and there's a bit of soreness in the abdomen," he reports. "But I'm gardening, playing golf and doing most of the things I usually do. I'm glad I made this choice."

### » FACING PROSTATE CANCER? YOU'RE NOT ALONE

Monmouth Medical Center offers Monmouth County's only hospital-based chapter of Us Too International, a support group for men with prostate cancer and their partners that meets here on the first Thursday of the month. To register or find out more, call 732.923.6090.

### » OTHER WAYS TO TREAT PROSTATE CANCER

Robotic prostatectomy—removal of the prostate using the robotic da Vinci Surgical System—is the fastest-growing prostate cancer treatment in the United States. (See main article.) But it isn't the only treatment for this disease at Monmouth Medical Center.



Sang Sim, M.D.

Through a multidisciplinary approach, the medical center's specialists in radiation oncology and urology explore all medical and surgical options to ensure the best possible outcome for each patient.

In 1998, Monmouth became the region's first hospital to introduce high dose-rate (HDR) brachytherapy, which reduces the overall treatment time for prostate cancer compared with standard radiotherapy by one-third. (The debut brought a Gallo Award for Outstanding Cancer Research from the Cancer Institute of New Jersey.)

HDR brachytherapy, which treats intermediate and high-risk prostate cancer, involves implanting radioactive material into the targeted area and immediately removing it after each treatment session. In contrast, permanent seed brachytherapy (PSB) for men with early-stage prostate cancer involves the placement of low-energy radiation seeds that remain in the prostate for several months to deliver treatment.

HDR brachytherapy has proved particularly effective against aggressive cancers; it spares men the urinary, bowel or sexual problems often associated with other prostate cancer treatments. Using 3-D conformal radiation therapy that ensures that radiation delivered is confined to the prostate, the HDR radiation implant is inserted in a minimally invasive procedure performed under epidural anesthesia by a radiation oncologist and a urologist. The patient then receives three 10- to 15-minute radiation treatments during a 23-hour hospital stay.

The effectiveness of both techniques is reflected in a growing record of successful results with minimal side effects.

Monmouth Medical Center radiation oncologist Sang Sim, M.D., says the beauty of prostate-implant treatments is that they conform the radiation dose to the target and spare surrounding healthy tissue and organs. Dr. Sim has been invited to sit on the national prostate cancer committee of the Patterns of Care Study within the American College of Radiology (ACR). This study, supported by a grant from the National Cancer Institute, has for more than 25 years conducted surveys of the structure, process and outcomes of care for patients treated with radiation therapy and seeks to improve the quality of care received by cancer patients.







Mark K. Hirko, M.D., chairman of surgery at Monmouth Medical Center (back row, fourth from right) gathers with surgical residents and staff at a grand opening for the hospital's newly dedicated inpatient surgical unit.

# 2 VICTORIES FOR PRIVACY

IN BOTH LONG BRANCH AND LAKEWOOD, NEW PRIVATE ROOMS ENHANCE THE PATIENT EXPERIENCE AT MONMOUTH MEDICAL CENTER.

**YOUR OLD COLLEGE ROOMIE MAY** remain a cherished friend, but when you need to stay in the hospital, you'd probably prefer a room all to yourself. And while that isn't always possible in health care today, studies show that when it is, such an accommodation isn't just more comfortable—it can be better for your recovery too.

Fortunately, two recent initiatives at

Monmouth Medical Center have increased the number of private rooms available to hospital patients in Monmouth and Ocean counties. The medical center's main campus in Long Branch has announced the opening of a new Surgical Unit featuring 15 well-appointed private rooms, many with ocean views. And its Southern Campus in Lakewood is undergoing a major renovation that will yield 54 private

rooms in the Medical/Surgical unit and 10 in Critical Care.

The new Long Branch unit, located on the sixth floor of the hospital's Greenwall Wing, offers advanced monitoring equipment and technology and a highly skilled nursing staff board-certified in the care of surgical patients and the acutely ill.

"It was designed to meet the needs of our patients and incorporate the latest



Photos show the newly dedicated inpatient surgical unit at Monmouth Medical Center's main location in Long Branch, featuring private rooms with ocean views and a bright, airy waiting area for family to gather. At bottom right is a rendering of what the new private rooms will look like at Monmouth Medical Center, Southern Campus, in Lakewood.



research findings in an optimal patient healing environment and clinical care delivery," says Frank J. Vozos, M.D., FACS, the medical center's president and CEO. "The transformation from semiprivate to private rooms is part of our strategic plan to continue to transform the delivery of quality care for our patients."

The new surgical unit fits in with the medical center's role as the region's leader in surgical services. Its highly skilled team of surgeons has quickly adopted the latest surgical innovations, including robotic surgery, laparoscopic gastrointestinal/colorectal procedures and endovascular aneurysm repair. Today the department offers a minimally invasive surgery program that ranks among the

nation's most experienced.

Last year, the medical center opened a new wing featuring modern and spacious private rooms with homelike amenities, a centrally located nurses' station and ample room for visitors. The exceptional unit set the standard for the medical center's private room initiative. The hospital also expanded its Eisenberg Family Center, adding several spacious, private postpartum rooms and an additional newborn nursery.

In Lakewood, the renovation enables the medical center to unveil new private rooms for all overnight stays. "We are steadfast in our commitment to provide quality, patient-centered care," says Michael Mimoso, MHSA, FACHE,

president and CEO of the medical center's Southern Campus. "Private patient rooms are proven to reduce the risk of hospital-acquired infections and help patients heal."

Amenities in the redesigned rooms will include flat-panel TVs, an updated nurse call system and special features for geriatric patients, including brighter lighting, safer beds and more security.

The rooms are the second phase of an ambitious three-phase renovation project at the Southern Campus. The main lobby face-lift was completed earlier this year, and the final phase—renovating the grounds, parking, lobby area and entrance to Outpatient Services on Route 9—is under way.

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