

# MONMOUTH

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## THE *Food* ISSUE

- » MAKE-AT-HOME GLOBAL FARE
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MEET  
MONMOUTH'S  
CUTEST BABY!  
*(see page 30)*





◀ Danny Smith works on a project dismantling a shed at his Hazlet home.

## ADVANCED LIMB-SALVAGING SURGERY SAVES LEG, RESTORES QUALITY OF LIFE, OF ACTIVE HAZLET MAN

**DANNY AND EVELYN** Smith celebrated their golden wedding anniversary on April 25—but the Hazlet couple had much to celebrate in addition to their 50-year milestone.

The couple, who met in kindergarten in Ashley, a Pennsylvania

town outside Wilkes-Barre and have four daughters and six grandchildren, recently attended the graduation of their oldest granddaughter from Albright College in Reading, Pa. Thanks to the Comprehensive Vascular Center at Monmouth Medical Center, Danny,

who suffers from advanced circulatory disease, was able to walk on his two legs to the college's football stadium to see his granddaughter get her diploma.

A retired warehouse worker whose 37 years of physical labor took their toll on his legs, Danny noted that prior to a series of advanced vascular procedures at Monmouth Medical Center, he was unable to walk more than a few steps due to excruciating pain in his legs. His thoracic surgeon, Anthony J. Squillaro, M.D., who had performed carotid artery surgery on him in 2003 and bypass surgery on his left leg in 2005, referred him to vascular surgeon Mark K Hirko, M.D., when a blister on his left foot led to an infection that put him at severe risk of the amputation of his diseased left leg.





▲ Danny and Evelyn Smith talk with thoracic surgeon, Anthony J. Squillaro, M.D at right, and vascular surgeon Mark K Hirko, M.D., chairman of the Department of Surgery at Monmouth Medical Center.

“In patients like Danny, blocked blood flow to the legs can cause pain and numbness and can raise the risk of getting an infection in the affected limbs that the body may have a hard time fighting,” he said. “In very serious cases like his, this can lead to leg amputation.”

Dr. Hirko, who recently joined Monmouth as Chairman of the Department of Surgery, brings to Monmouth expertise in the combined use of endovascular and open surgical techniques in treating patients a host of vascular conditions. He performed three limb-salvaging procedures that included the amputation of the second toe on his left foot.

“The pain in my right leg was worse, but Dr. Hirko had to operate on my left leg first because of the infected toe,” Danny said.

Together with Dr. Squillaro, he performed bypass surgery on his left leg on September 26, and then on November 12, Danny underwent surgery to remove his infected toe. Finally on February 10, he underwent bypass surgery on his right leg. Following a protracted recovery that included treatment for a bleeding ulcer and heart attack resulting from all of the stress he had endured, rehab

for his legs and advanced wound care, he returned home for good on March 16. Noting that prior to the surgeries he couldn’t walk the short distance from his front door to the curb, he is now tackling such ambitious home projects as the dismantling of the shed in his side yard and climbing onto his roof to cement around the chimney.

“He hasn’t felt this good in he can’t remember how long,” Evelyn said, noting that their busy summer included a two-week car trip to visit their daughter who lives in North Carolina and preparations for an extended camping vacation in their trailer.

Dr. Hirko leads the Comprehensive Vascular Center at Monmouth Medical Center, which provides a wide range of therapies to treat the vast scope of circulatory conditions. The center’s health care professionals, who include vascular surgeons, interventional radiologists, cardiologists, podiatrists and other providers, work collaboratively to determine individualized treatment plans for each patient. Monmouth’s vascular interventionalists offer expertise in the combined use of endovascular and open surgical techniques.

## THE COMPREHENSIVE VASCULAR CENTER AT MONMOUTH MEDICAL CENTER

**THE COMPREHENSIVE** Vascular Center at Monmouth Medical Center provides a wide range of therapies to treat the vast scope of circulatory conditions. The center’s health care professionals, who include vascular surgeons, interventional radiologists, cardiologists, podiatrists and other providers, work collaboratively to determine individualized treatment plans for each patient. Monmouth’s vascular interventionalists offer expertise in the combined use of endovascular and open surgical techniques.

### SERVICES INCLUDE:

- Consultative care for vascular problems
- Medical management of vascular disease
- Peripheral vascular screening programs
- AAA therapies (endovascular, open, hybrid)
- Venous care, including endovenous procedures, sclerotherapy and compression therapy for varicose and spider veins
- Inferior vena cava filter procedures (placement/removal protocols)
- Temporal artery biopsy
- Hemodialysis access (creation, catheter placement, access maintenance)
- Carotid artery disease intervention
- Port/access procedures for chemotherapy (placement/removal)
- Limb salvage program
- Wound Treatment Center— including referral to the Hyperbaric Oxygen Therapy Center at Monmouth Medical Center
- Amputation Program (including prosthesis/rehabilitative referrals)





## ON A LIFE-SAVING MISSION: LOCAL MAN CONDUCTS EXHAUSTIVE SEARCH FOR BEST SURGEON

**UNDERGOES  
FIRST ROBOTIC  
COLORECTAL  
PROCEDURE IN THE  
REGION UTILIZING  
THE DA VINCI  
STAPLER**

**TO SAY THAT DAVE GRANT** has overcome challenges is an understatement. Throughout his life, the 62-year-old Bayville resident and father of three has had four heart attacks, 31 orthopaedic operations due to a motorcycle accident and was diagnosed with and battled osteosarcoma (bone cancer) in 2001.

A fighter at heart, he entered into remission in 2004. Even though Dave was feeling completely healthy and asymptomatic, he recently followed his family physician's advice to get

routine annual blood work done. Blood test results indicated that Dave was very anemic and per his doctor's recommendation, he made an appointment for a colonoscopy—his first since 2001.

Dave received the first piece of tough news when colonoscopy results revealed a mass on the cecum portion of his colon—the beginning of the large intestine. Then, following a PET scan, he was dealt with more bad news: several tumors were diffused throughout his liver and a biopsy of the 3 cm mass

◀ Dave Grant is shown here center with his surgeons, from left, Michael Arvanitis, M.D., FACS, the section chief of Colon and Rectal Surgery at Monmouth Medical Center, and Roy M. Dressner, D.O.

in his colon tested positive for colon adenocarcinoma—the most common type of gastrointestinal cancer and the second leading cause of death due to cancer. His diagnosis: stage 4 colorectal cancer that metastasized to the liver. His prognosis with minimal treatment was three-to-six months and 20 months with aggressive treatment—neither of which was good enough for Dave.

“The liver diagnosis rattled my cage,” says Dave. “I knew colon cancer was treatable, but liver cancer is usually a death sentence; most people don’t survive.”

Dave’s stubborn personality and refusal to accept things at first glance led him on a mission. Immediately after being diagnosed, Dave began a natural healing approach that included vitamin C infusions and chemotherapy to address the liver cancer, but he knew that undergoing colorectal surgery would give him the best chance for survival. He went on a search for someone who would perform the procedure and, after researching and taking advice from friends, he interviewed four surgeons.

During one visit at a well-known treatment facility, Dave was taken aback when the prominent surgeon told him that surgery “wasn’t in the cards for him” since he was stage 4. The surgeon’s advice was to treat Dave’s colon cancer with chemotherapy and not bother with surgery. This doctor, along with another doctor Dave interviewed at a different hospital, gave Dave no hope.

Fortunately, Dave had a completely different experience when he interviewed Michael Arvanitis, M.D., FACS, the section chief of Colon and Rectal Surgery at Monmouth Medical Center who is also a clinical associate professor of surgery at Monmouth’s teaching affiliate, Drexel University College of Medicine. “Dr. Arvanitis was thorough and patient and gave my wife Carol and me as much time as

we needed to ask questions. He made me feel 100 percent that he was there for me.”

Dr. Arvanitis—assisted by his partner Roy M. Dressner, D.O., a board-certified colorectal surgeon—performed a minimally invasive colon resection utilizing the robotic da Vinci EndoWrist stapler to remove the mass from Dave’s colon. This technology enables the surgeon autonomy and fully wristed articulation to access critical anatomy, while incorporating SmartClamp feedback to ensure appropriate tissue closure. The surgery required only six tiny incisions in Dave’s abdomen as opposed to a large incision with traditional open surgery.

In typical “Dave” style, he was walking just six hours after surgery. He was discharged three days following surgery, whereas traditional surgery would have required a six-day stay, months of recuperation and more potential for complications.

“Robotic surgery is essentially laparoscopic surgery that equips the surgeon with better magnification and more precision,” said Dr. Arvanitis. “In the short term, robotic procedures offer patients quicker recovery, less pain, fewer infections, and in the long term—less scar tissue and therefore less hospital readmission for scar tissue build up.”

Dr. Arvanitis also points to Monmouth Medical Center’s multidisciplinary approach where each month, specialists from different fields participate in a colon rectal cancer meeting where the group presents ongoing challenging cases. “At these meetings, all of the specialists work together to review the cases, including Mr. Grant’s, and come up with a consensus of how we can provide the best possible treatment approach.”

“I couldn’t have asked for a better hospital stay or treatment,” he said. “I had the benefit and blessing of being on the cutting edge of what’s available surgically today by the best surgeons. You also can’t beat the soothing view of the Atlantic Ocean from my hospital bed.”

Dave continues to follow-up with

Dr. Arvanitis and is currently undergoing multiple agent chemotherapy treatment.

“I’ve healed incredibly well without any complications and I feel fantastic also,” says Dave, who credits his faith in God, physicians, medical treatment, along with a holistic approach, to where he is today.

## OFFERING SPECIALIZED CARE TO THOSE AT HIGH RISK OF COLORECTAL CANCER

**DESIGNED TO EVALUATE**, educate and closely monitor individuals who are at high risk for developing colorectal cancer, the High Risk Colorectal Cancer Program at Monmouth Medical Center’s Leon Hess Cancer Center takes a coordinated approach to care. As part of the program, a high-risk team works closely with each patient at high risk to develop a personal colorectal health plan and to educate them about the disease. Additionally, the Gastrointestinal Multidisciplinary Cancer Conference gives surgeons, radiation oncologists, radiologists, pathologists, medical oncologists, residents and medical students the opportunity to evaluate, discuss and collectively determine proper courses of treatment.

Monmouth’s colorectal surgeons are leaders in the state in laparoscopic colectomies—a cutting-edge approach to colon cancer surgery that offers advantages over traditional surgery including less scarring and faster healing and recovery. They also introduced the first robotic colorectal procedures in the region. *(See details at left.)*

