

# MONMOUTH

health & life

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## OUR LITTLEST PATIENTS

W

hen it comes to health care, children are not "small adults." They have different diseases and sometimes even different symptoms than those of grown-ups. In hospitals without the expertise and equipment required to treat these young and sometimes very fragile patients, the care received may not be the most appropriate, particularly for children who suffer from complex, chronic or congenital conditions.

In this issue of Monmouth Health & Life, we spotlight the state designation of Monmouth Medical Center as a Children's Hospital for Monmouth and Ocean counties—a status that tells the community that pediatrics is a major part of the hospital mission.

Monmouth Medical Center has long served as the region's center of excellence in specialized services for children. In 1968, we became the first hospital in New Jersey and the first community hospital in the country to establish a neonatal intensive care unit, demonstrating our knowledge and understanding of specialized pediatric care.

Today, we offer facilities and equipment tailored to the needs of all children, from the tiniest infants to adolescents and young adults. Our attending staff includes more than 190 pediatric practitioners who represent virtually every major pediatric subspecialty service. And as the area's premier teaching institution, we not only provide the most cutting-edge treatment to our littlest patients, but we are educating future pediatricians to adhere to the same high standards of quality care on which we have built our reputation.

Also in this issue, we spotlight a number of our pediatric experts, starting with nationally and internationally renowned pediatrician Margaret C. Fisher, M.D., medical director of The Children's Hospital at Monmouth. Highly regarded among her peers nationwide and a prominent and influential member of the American Academy of Pediatrics, Dr. Fisher helps establish national guidelines and standards for quality health care for children and adolescents, and The Children's Hospital at Monmouth benefits greatly from her expertise.

We are grateful to the community for supporting this designation. The administration, trustees and medical leadership of Monmouth Medical Center are intensely focused on sustaining the quality of pediatric care on which our community has come to rely so heavily.

Sincerely,

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



## A HUSBAND'S TRIBUTE

how a wall street trader honors the wife he lost too soon

In 2002, when 42-year-old Aida Hyde was losing her battle with a rare cancer called nasopharyngeal carcinoma, she realized her husband, Bobby, would probably marry again. But she wanted veto power.

"Three days before she died," says Colts Neck resident Hyde, "we put a 'Do Not Disturb' sign on her hospice-room door and talked and hugged and cried and laughed together for five hours. She told me I couldn't look at another woman for a year, and she made a list of women I could never date."

Hyde, 46, an institutional sales trader for CIBC World Markets, tells the story with amusement—but he was careful to obey. He even added someone to the list whom he knew his wife would have included but had forgotten. Later, when one of the listed women called, Hyde wouldn't even go to the phone.

"I was afraid there'd be lightning bolts," he quips.

The pair had shared 20 years of marriage and had been together since age 17, having met for a blind date the day of high school graduation. Aida was a spunky, self-described "shopaholic" with an Imelda Marcos-like shoe collection. At her wake there was one floral decoration shaped like a pair of shoes and another made up to resemble a giant credit card. And she was widely liked—the wake drew 1,300 people.

The years since have been a challenge for Hyde and for the couple's son, Justin, now 13. Having lost one parent, Justin became a little clingy toward the other. "It was hard for him to see me leave in the morning," says Hyde.

Justin made his father promise to take him along if he had to fly on a business trip, and Hyde kept that promise too. (One such trip brought a sur-



prise bonus: a chance meeting with Shaquille O'Neal in a Milwaukee hotel lobby. "What's up, little man?" said the basketball legend, patting then 10-year-old Justin on the head.)

It had been Aida's wish to hold a huge fundraising "cancer gala" with everyone dressed to the nines. So Hyde joined with friends to host an event at the Jumping Brook Country Club in Neptune on October 5, 2003, the one-year anniversary of Aida's death. The event netted \$110,000 for cancer care at Monmouth Medical Center. The group also established the Aida Hyde Foundation and is planning a major fundraiser for the fifth anniversary of her passing in 2007.

Meanwhile, though memories stay fresh, Hyde has moved past the grieving period. On another blind date in May 2004, he met Kim Antico, 35, also a Colts Neck resident—and not on the forbidden list. "We had friends in common and went to the same beach, but we'd never met," Hyde says. They will be married on August 19, and if there's a thunderstorm that day, they're pretty sure it will be simply a coincidence.

Call it serendipity or intelligent vibes, but Hyde found in his fiancée someone who was wise enough not to see herself as competing with the past. She has four children—Jack, Gabriella, Michaela and Isabella, 11, 9, 6 and 5 respectively—and each of her daughters now wears a piece of Aida's jewelry. "At first I'd try not to talk too much about Aida lest it make Kim uncomfortable," Hyde admits. But Antico insisted that he share his thoughts. Indeed, on Aida's birthday, when Hyde was at work, it was Antico who took Justin to the cemetery to mark the day.

Says Hyde: "It just shows how lucky I am, to have had two special ladies in my life." M

# HEALTH **Link**

*a special section on*

## Caring for children

In January, Monmouth Medical Center was licensed by New Jersey as a children's hospital for Monmouth and Ocean counties. The designation honors a tradition of excellence dating back at least 35 years to when Monmouth became the state's first university-level hospital—and the nation's first community hospital—to open a Level III neonatal intensive care unit.

## the battle against obesity

*Diabetes spells trouble for overweight youngsters, but timely intervention can help*

**F**ifteen percent of this country's children are obese, says Malcolm S. Schwartz, D.O., chief of the division of pediatric endocrinology and diabetes in The Children's Hospital at Monmouth Medical Center. And thanks in part to fast food, TV, computers and video games, their ranks are growing.

In practice nearly 30 years, Dr. Schwartz says he has also seen the incidence of pediatric obesity's compatriot—type 2, or insulin-resistant, diabetes—rise from 2 percent to 3 percent of all obese children in the 1970s to 33 percent in 2005. And diabetes can bring a number of dangerous, life-shortening complications.

Of course, genetic factors play a role in whether a youngster becomes overweight. "We know that if a child is missing a hormone called leptin from his or her fat cells, the child will become obese, but there isn't much at this time that we can do about leptin," says Dr. Schwartz. "Insulin, however, is a hor-



**On the front lines in the battle against obesity, Malcolm Schwartz, D.O., helps a young patient check her weight.**

more we can do something about. We can reduce children's risk factors for developing insulin-resistant diabetes by changing their diets and increasing the amount of exercise they get."

At the Herbert Poch Center for Disorders of Insulin and Metabolism at The Children's Hospital, Dr. Schwartz, his colleague Frank Barrows, D.O., and their staff offer a comprehensive program to treat pediatric obesity, featuring dietitians, exercise physiologists, certified diabetes educators, psychiatric social workers and a psychologist, along with referrals to other specialists.

In many cases, says Dr. Schwartz, insulin resistance can be staved off by a combination of diet, exercise and weight loss, and no medication is needed. And some children already diagnosed with diabetes can be helped by a medication that aids weight loss.

"Our goal is to prevent the onset of metabolic syndrome, sometimes called pre-diabetes, and type 2 diabetes," says Dr. Schwartz. "But if diabetes does develop, we help children decrease their risk of complications that could come later in life, such as heart disease, kidney disease and eye problems." **M**



To find out more about programs to treat childhood obesity, diabetes and other metabolic disorders at

The Children's Hospital at Monmouth Medical Center,

please call 732-923-6085.

{Caring for children}

## new shots your youngster needs—and why

*A national expert explains the ins and outs of immunization*



**H**ow to make your child enjoy getting a shot? Even Margaret C. Fisher, M.D., doesn't have the answer to that one. But Dr. Fisher, medical director of The Children's Hospital at Monmouth Medical Center, does have formidable immunization expertise. She serves the American Academy of Pediatrics as a member of the Executive Committee of its Section on Infectious Diseases and was recently reappointed to the AAP's "Red Book" Committee, on which she served from 1996 to 2002. Recently she gave Monmouth Health & Life an update on how the authorities decide what pokes children need for protection.

**MONMOUTH HEALTH & LIFE:** What does the Red Book Committee do?

**DR. FISHER:** We study information from scientists and pharmaceutical companies and make policy for the AAP, which collaborates with the American Academy of



Margaret C. Fisher, M.D.

recommended at the last meeting of the CDC's Advisory Committee on Immunization Practice. It isn't official yet, but probably will become so in July. So will the addition of a new vaccine for rotavirus, the major cause of diarrhea in infants. One of the key reasons for hospitalization of young infants is dehydration due to rotavirus.

**MH&L:** One website notes that "the vaccine schedule has become much more complicated and children are receiving far more shots." Is this a problem?

**DR. F:** No, it's wonderful. It means that they can be protected against far more things. Counting rotavirus it will be 15 conditions we can protect your child against with a few shots.

**MH&L:** But there's still resistance out there against immunization. What do you say to people who worry about a link to

Family Physicians and the Centers for Disease Control and Prevention to draw up the schedule of recommended immunizations for children.

**MH&L:** Are there new changes to that schedule?

**DR. F:** Yes. There are three additional immunizations: a booster pertussis vaccine for adolescents, a meningococcal vaccine for adolescents and a hepatitis A vaccine that all children will receive.

**MH&L:** Haven't they also extended the range of ages for annual flu shots from six months to two years up to six months to 5 years?

**DR. F:** That change was

## Recommended Childhood and Adolescent Immunization Schedule: 2006

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Hepatitis B	HepB		HepB	HepB	HepB	HepB						HepB Series			
Diphtheria, Tetanus, Pertussis	DTaP		DTaP	DTaP	DTaP		DTaP				DTaP	Tdap**		Tdap	
Neisseria meningitidis type b	Hib		Hib	Hib	Hib		Hib								
Inactivated Poliovirus	IPV		IPV	IPV		IPV					IPV				
Measles, Mumps, Rubella	MMR					MMR					MMR		MMR		
Varicella	Varicella					Varicella						Varicella			
Meningococcal										MPSV4		MCV4		MCV4†	
Pneumococcal	PCV		PCV	PCV	PCV	PCV				PCV			PPV‡		
Influenza						Influenza (Yearly)						Influenza (Yearly)			
Hepatitis A	HepA Series														

This schedule, says the U.S. government, indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at

any subsequent visit when indicated and feasible.

Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year.

**Range of recommended ages**    **Catch-up immunization**    **Assessment at ages 11 or 12 of need for catch-up shot**

Source: Department of Health and Human Services, Centers for Disease Control and Prevention. \*Dose not needed at this age if monovalent vaccine used. \*\*Tdap is the adolescent preparation. \*\*\*Dose not needed at this age for some vaccine products. †MPSV4 is polysaccharide vaccine; MCV4 is conjugate. ‡PCV is pneumococcal conjugate vaccine; PPV is pneumococcal polysaccharide.

autism, or who think the long-term effects of immunizations haven't been studied enough?

**DR. F:** You could say that about anything, that we haven't sufficiently studied it. We've been using vaccines since the 1940s. Immunization has been the biggest public health success story in the past 50 years, and the decrease in the incidence of diseases has been dramatic. We're really the victims of our own success. Because we've eliminated all of these diseases, or reduced them so sharply, people no longer have seen them, so they don't measure them against the occasional story of alleged vaccine injury.

As for autism, we don't know what causes it. We have no evidence that autism is caused by vaccines or any of the vaccine components. Some people blame the preservatives in vaccines, but good studies in Britain and Denmark have shown that when the preservatives were removed there was no difference in the incidence of autism. The biggest problem with people who obsess about vaccines as the cause is that they're distracting energy from the effort to find out what the real cause is.

**MH&L:** The new meningococcal vaccine for adolescents is recommended for ages 11-12. Weren't these shots previously given right before college?

**DR. F:** That actually was never a recommendation, just a suggestion. The new shot is now recommended for ages 11-12 because the incidence of the disease increases by age 15. So to wait until college age was

to ignore all these teens who were at risk. Also, the old polysaccharide vaccine wasn't a great one; its protection was time-limited. The new conjugate vaccine is better, and we hope it will really decrease the incidence of the disease and the number of people who carry the bacteria in their noses.

**MH&L:** How was the hepatitis A shot decided upon?

**DR. F:** For the past several years this vaccine been recommended in 13 states that had a higher incidence of hepatitis A—New Jersey wasn't one of them—and it sharply reduced that incidence. So it made sense that it would work countrywide.

**MH&L:** Any advice about handling a child who fiercely resists getting a shot?

**DR. F:** There is a topical ointment or cream available called EMLA, an anesthetic, that may make it a bit less painful as the needle goes through the skin. But it doesn't remove that sensation of pushing, and that's what is upsetting to some children. Of course, adults know that the benefit is worth the brief pain. **M**

### fast facts



**Vaccination lesson** This year's outbreak of mumps in the Midwest, the largest in the U.S. in 20 years, reminds us it's important to get two doses of the measles-mumps-rubella vaccine. But the shots aren't perfect. Ten percent of people who get both doses remain susceptible to mumps, says the Centers for Disease Control and Prevention.

{Caring for children}

when every minute counts

*Kids are special—and so are kids' emergencies*

**W**hen her 13-year-old son, Michael, broke his arm in a hockey game and she drove him to the emergency room, Marianne Romano Simone was all set to reveal she's a nurse to get the best care. But she never needed to.

The Manalapan resident had driven an hour from the rink, bypassing a closer facility in favor of The Children's Hospital at Monmouth Medical Center, which had been recommended by friends. At Monmouth she found a kid-friendly environment and clinicians with special expertise in caring for childhood emergencies.

"I thought it was a good idea, having a separate ER for kids," she says.

Each year, U.S. hospital emergency departments receive about 30 million emergency visits from people under 18, according to the U.S. Department of Health and Human Services. Yet few hospitals have dedicated pediatric EDs like the one at Monmouth. And even more important, says Jennifer Waxler,



**It helps when staffers have special training in pediatric emergency medicine, explains Jennifer Waxler, D.O.**

D.O., an emergency medicine physician and chair of the Monmouth ED, is the practitioners' preparation.

The facility has two pediatric emergency physicians—Cecelia Jacome, M.D., who is certified in pediatrics and emergency medicine; and Laura Snyder, M.D., who is certified in adult emergency medicine and pediatric emergency medicine. And specialized nurses trained in pediatric advanced life support work only in the pediatric ED.

"Children aren't just little adults," Dr. Waxler says. "They have unique needs, both physiologically and

emotionally, and the fact that they're constantly growing makes their medical picture especially dynamic."

Pediatric ED patients benefit from the fact that Monmouth offers "the full spectrum of care," says Dr. Waxler—including a pediatric inpatient unit, neonatal intensive care and well-baby nurseries, and a residency program for pediatricians in training.

As for Michael Simone, he was seen by the doctors, X-rayed and given a cast and follow-up instructions—all in one hour. Reports his pleased mom: "They took care of Michael as if he were the most important person in the world that day." **M**

**The waiting room in the pediatric ED is decorated in a charming beach motif.**

**Be prepared for a trip to the emergency room**

**You don't know, of course, when a sudden visit to the pediatric emergency department may be required. But experts say taking these steps in advance can help you be more ready:**

- **Keep emergency phone-number lists at hand.**
- **Have your child's up-to-date medical information handy, including immunizations, allergies and your pediatrician's phone number.**
- **Make emergency babysitting arrangements for other children with a relative or close friend you can call at the last minute.**
- **Take a trial run so you'll know the way. (Monmouth Medical Center's pediatric ED is located at 300 Second Avenue in Long Branch, just off Pavilion Avenue.)**



## {Caring for children}

### respect for the role of parents

*Medicine's bias is to look for what's wrong.*

*Touchpoints honors what you're doing right*

The toddler's ear infection was clearing up nicely, and the waiting room was full of restless kids. The pediatrician gently shepherded Mom toward the door, but the woman hesitated, asking about a follow-up appointment. That's fine, the doctor said, but it isn't really necessary. Still, there was something in this mother's eyes.

A bit of sensitive verbal probing brought it out: The toddler often tended to keep to himself, and she was worried he might be autistic. That's not always an easy call, but in this case a bit of observation allowed the pediatrician, Nancy S. Deacon, D.O., to allay a fear.

The boy was fiddling with a bottle, trying to put its cap back on. "When he managed to accomplish that, he looked up at me and smiled, wanting to share it with me," says Dr. Deacon, who is on staff at The Children's Hospital at Monmouth Medical Center. "Was that child autistic? No."

It is of such moments, as well as the shots and strep tests and stethoscopes against the chest, that pediatric care is made. And while doctors who choose pediatrics tend to be "people persons," they're under pressures these days that threaten to dehumanize medicine. That's why there's a Touchpoints program.

Defined by nationally acclaimed pediatrician and child development specialist T. Berry Brazelton, M.D., touchpoints are foreseeable milestones in a child's development when family influences can be critical—learning to speak or walk, separating from parents, making age-related strides in eating and sleeping. The program of the same name teaches young pediatricians how to respond to such moments in a way that respects parents, listens to their concerns and builds and supports their confidence and authority. Touchpoints is a formal part of pediatric residency training in The Children's Hospital at Monmouth, where tomorrow's private-practice physicians are developing not just their clinical skills but their professional personality as well.



"As physicians, we take in a lot of knowledge, and Touchpoints helps us be humble with our knowledge and less intimidating," explains Dr. Deacon. "You observe. You ask questions. You help parents come up with the plan. You view every interaction as an opportunity to give them an understanding of their own child's capabilities without saying 'You shouldn't do that' or 'That's not right' or 'Here's how it's supposed to be.' We'll say, 'I see how you're interacting with your baby and how he's looking at you. I like how you listen to your children.'"

Monmouth is one of 65 facilities with staff members who have undergone formal training at the Brazelton Touchpoints Center in Boston, Dr. Deacon says. Training sessions there—and at Monmouth—feature real families and incorporate role playing, discussion and "an examination of ways we might follow the family's agenda and give advice without telling them what to do." Health care providers are encouraged to get to know children and their families and forge relationships with them over time.

"Touchpoints shifts the paradigm," says Dr. Deacon. "Most of us operate from a deficit model, looking for what's wrong. Instead, we find that if we look for the strengths within our children, the family and ourselves as practitioners, we can better collaborate with one another to bring up a physically and emotionally healthy child." M



If you need help finding a pediatrician, call  
1-888-SBHS-123. Clinicians wishing to inquire about  
Touchpoints training may call The Children's Hospital,

732-923-7250.



{Caring for children}

to breathe easier—and much longer

*Prospects are brighter today for children with cystic fibrosis*

A few decades ago, experts didn't worry much about what life was like for adult cystic fibrosis patients, because most people with the condition didn't live that long. They died in childhood from lung damage or lung infections.

But the outlook has changed dramatically for people with CF, according to Robert L. Zanni, M.D., director of pediatric pulmonology and medical director of the Cystic Fibrosis Center in The Children's Hospital at Monmouth Medical Center. "Median survival for CF patients is now 36.8 years, up from 35.1 years in 2004. Anyone being diagnosed today as an infant will reap the benefits of all the therapies now available, and that age will increase into the 50s and 60s."

Cystic fibrosis is a genetic disease in which the body produces thick, sticky mucus that clogs the lungs, causing inflammation of the bronchial tubes and lung infections. Mucus also obstructs the pancreas, inhibiting proper digestion. To have CF, a person must inherit two defective CF genes, one from each parent. The disease affects about 30,000 people in the U.S.

The good news, according to Dr. Zanni, is that advances in care enable CF to be viewed as a chronic disease that can be managed, rather than a fatal condition. First and foremost is daily airway clearance for all CF patients. Until recently, that always meant traditional chest physical therapy—vigorous clapping on the chest and back to dislodge mucus so it can be expectorated. Some still prefer chest clapping, but a mechanical device similar to a vibrating life vest can now do the job faster for patients older than 18 months.



**Robert L. Zanni, M.D., medical director of the Cystic Fibrosis Center, examines Erin Conaty, 11, of Wall.**

One of the newest treatments is inhaled hypertonic saline (specially treated salt water), which loosens mucus. There are also aerosolized antibiotics, and azithromycin was recently approved to treat lung inflammation caused by *Pseudomonas* bacteria infections. Mucus-thinning drugs are also used and may help decrease the number of lung infections. And for eligible patients whose quality of life is severely compromised by CF, lung transplants can offer a healthier future. (CF doesn't circulate in the bloodstream, so a new lung cannot be damaged by the CF genetic defect.)

Good nutrition is also important in the treatment picture, says Dr. Zanni. "CF

patients need twice the recommended daily allowance of calories and we encourage them to eat high-fat, high-protein meals." He adds that CF patients don't have cholesterol problems.

Babies born in New Jersey are now screened for the defective CF gene, making early intervention possible. "Making a CF diagnosis before patients exhibit symptoms is critical to a good prognosis," says Dr. Zanni. "These children are healthier, better nourished and on a better track."

And as for a cure for CF, he says he is confident that it's "sometime down the road." M



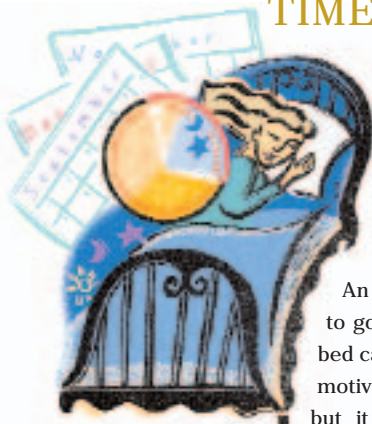
The comprehensive Cystic Fibrosis Center at Monmouth is the oldest and largest of the three such centers in New Jersey, offering patient care, teaching and research. For more information, call 732-222-4474.

# {Caring for children}

## KIDS' HEALTH

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

### TIME CURES bedwetting



Enuresis, or bedwetting, doesn't need to be treated unless it's upsetting to the child, according to new guidelines issued by the Canadian Pediatric Society.

An alarm device that can be set to go off when the child wets the bed can be helpful with older, highly motivated kids, the guidelines say, but it only works about half the

time. Many families will do just as well with practical remedies such as limiting fluids at bedtime, enforcing an extra pre-bedtime bathroom visit and/or getting the child up during the night to urinate. Then there's simply time, as almost all children eventually outgrow bedwetting.

### beverages vs. teeth

Remember the experiment in which a baby tooth is left in a glass of cola, which eventually gobbles it up? Data from a version of that project were presented at a recent conference of the American Association for Dental Research.

Researchers immersed four teeth in each of five popular beverages for 25 hours, replenishing the liquids every five hours. Then under a microscope they examined the resulting levels of acidic erosion to tooth enamel. The biggest offender was the sports drink Gatorade, followed, in order, by the energy drink Red Bull, Coca-Cola, Diet Coke and apple juice.

The dental profession and the beverage industry disagree about how ominous the results are, given that kids guzzle drinks rather than marinating their teeth in them. But there's no disputing that children should brush their teeth often and limit their consumption of sodas and other sugary or acidic beverages.



### Getting help helps the kids

If you're a mom and you're depressed, seek treatment for your children's sake if not your own. That's the lesson clearly implied by a study reported recently in the *Journal of the American Medical Association*.

Researchers followed 151 mothers who were treated with medication for depression at primary care or psychiatric outpatient clinics from 2001 to 2004. Their children, who ranged in age from 7 to 17, were less likely to develop their own psychiatric disorders if their mothers' treatment was successful—and were more likely to recover from any depression or other problems they did suffer.

The findings vindicate the experts' long-voiced contention that depression affects the whole family. And study authors suspect there would be a similar environmental influence with depressed dads.

### Cough syrup alone? Don't bother

Some over-the-counter pediatric cough medicines are a waste of money, say new guidelines from an expert panel of the American College of Chest Physicians. Cough syrups that rely principally on dextromethorphan (sometimes listed simply as DM) or diphenhydramine bring no demonstrated benefit, and antihistamines such as Claritin and Zyrtec also do nothing for children's coughs or colds, while expectorants—a common cough-medicine component—have not been proven to help till the teen years. Cough medicines that include anti-histamines such as chlorpheniramine or brompheniramine have been found to be helpful, especially if combined with a decongestant—pseudoephedrine, for example.



FACES OF MEDICINE

## new talent at monmouth

*Three recent arrivals at Monmouth Medical Center bring exciting ideas to patient care*



**LOURENS J. WILLEKES II, M.D.**  
THORACIC SURGEON

**G**rowing up in rural Iowa, Lourens J. Willekes II often tagged along with his father, a general practitioner, sometimes traveling to patients' farms via snowmobile. "He was the traditional country doctor who did it all," recalls Dr. Willekes, 37, assistant program director for the department of surgery.

He attended the University of Iowa Medical School, then completed residencies in general surgery and cardiothoracic surgery. His particular area of expertise is complex lung cancer resection surgery; he often removes tumors that other surgeons have deemed inoperable.

New techniques such as minimally invasive bronchial interventions and video-assisted thoracic surgery have sharply improved prospects for people with diseases of the chest, esophagus and lungs, says Dr. Willekes, a Long Branch resident. "Seeing patients after they have recovered from major surgery," he reports, "is the most satisfying part of my job."



**TY J. OLSON, M.D.**  
NEUROSURGEON

**T**he Jersey Shore attracted Ty J. Olson, M.D., but it was the promise of a new brain tumor center at Monmouth Medical Center that sealed the deal. A native of Bremerton, Washington, Dr. Olson grew up sailing and water-skiing. When it came time to put down professional roots after his neurosurgery residency ended in June 2005, he and his wife, Susan, a former TV-commercial producer, wanted to be near water. They now live in Fair Haven with their son, Oliver, 1.

A graduate of Duke University Medical School, Dr. Olson, 34, is one of a handful of surgeons in the country to employ "awake brain mapping." This technique helps neurosurgeons decide how much of a tumor and surrounding tissue in the brain

can be removed without damaging a patient's ability to speak, write, understand and remember.

"Halfway through the surgery, after the skull is open and the brain exposed, we wake up the patient and alternatively deactivate and then stimulate areas that perform certain tasks, such as expressive speech," says Dr. Olson. "The brain doesn't have pain receptors, so we can do this with just a local anesthetic. Once we have mapped out the safe areas, we put the patient back to sleep for the rest of the surgery."



**SUMUL N. RAVAL, M.D.**  
NEURO-ONCOLOGIST

**A**s chief of Monmouth Medical Center's new David S. Zocchi Brain Tumor Center, Sumul N. Raval, M.D., 37, envisions a multidisciplinary facility to rival the major centers in New York and Philadelphia. And experience shows he's no mean forecaster.

"On a trip back to India several years ago," says Dr. Raval with a laugh, "my old fifth grade teacher showed me a notebook in which I'd written, 'When I grow up I want to be a big doctor.'"

After medical school and an internship in India, he came to the U.S. in 1993. Stateside he did an internship in internal medicine/neurosciences, a residency in neurology and a postdoctoral fellowship in multiple sclerosis. Then came a fellowship in neuro-oncology—the study of cancers of the central nervous system—at New York's Memorial Sloan-Kettering Cancer Center. He lives in Eatontown with wife Sima, daughter Ruchi, 8, and son Aaryan, 4.

Dr. Raval's clinical research trials using aggressive targeted chemotherapies to attack brain cancer cells at the molecular level are starting to gather notice among his peers. His latest forecast? Neurology, says Dr. Raval, is about to shed its reputation as an unglamorous specialty. "In the next 25 years, because of the treatments we will have for brain tumors, stroke, multiple sclerosis and other neurologic diseases, medical students are going to be clamoring to go into the field." **M**

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, call 732-923-6990.

**One-Day Preparation for Childbirth** **June 25, July 23,** 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

**Two-Day Preparation for Childbirth** (two-session program) **July 8 and 15, August 5 and 12,** 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

**Preparation for Childbirth** (five-session program) **July 11, 18, 25, August 1 and 8, August 15, 22, 29, September 5 and 12,** 7:30–9:30 p.m. \$125/couple.

**Marvelous Multiples** (five-session program) **July 19, 26, August 2, 9 and 16,** 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

**Eisenberg Family Center Tours** **July 9, 30, August 13, 27,** 1:30 p.m. Free. (No children under 14 years old.)

**Baby Fair** **June 15, October 19,** 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring the Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

**Make Room for Baby** **June 17, July 22,** 10–11 a.m. For siblings ages 3 to 5. \$40/family.

**Becoming a Big Brother/Big Sister** **July 29,** 10–11:30 a.m. For siblings age 6 and older. \$40/family.

**Childbirth Update/VBAC** **July 5,** 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

**Baby Care Basics** (two-session program) **June 17 and 24,** noon–2 p.m., **July 13 and 20,** 7:30–9:30 p.m. \$80/couple.

**Breastfeeding Today** **July 6,** 7–9:30 p.m. \$50/couple.

**Cesarean Birth Education** **June 14, August 23,** 7:30–9:30 p.m. \$40/couple.

**Grandparents Program** **July 10,** 7–9 p.m. \$30/person or \$40/couple.

**Parenting Young Children Through S.T.E.P.** (five-session program) **October 11, 18, 25, November 1 and 8,** 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

**Understanding Your Baby's Behavior** **August 7,** 7–8:30 p.m. \$40/couple.

**JUST FOR KIDS** (Also see sibling programs above.)

**Safe Sitter** (one-session program) **June 24, July 22,**

**August 19,** 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**

**"To Your Health" Showcase** **June 14, July 12, August 9,** 10 a.m.–2 p.m. Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

**Blood Pressure Screening** **June 14, July 12, August 9,** 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

**Oceanfest** **July 4,** 10 a.m. Join Monmouth Medical Center, a corporate sponsor of Oceanfest, in the biggest Independence Day celebration at the Shore, on the Promenade in Long Branch.

**National Night Out** **August 1,** 6 p.m. Join Monmouth Medical Center and the Long Branch Police for a crime and drug-prevention event. Slocum Park, Long Branch.

**Cholesterol Screening** **August 9,** 10 a.m.–2 p.m. Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown. \$10/test.

**SENIOR HEALTH**

**Getting a Good Night's Sleep** **July 19,** 1–3 p.m. SCAN.\*

**Osteoporosis** **July 26,** 1–3 p.m., presented by Mutahir Abidi, M.D., medical director, Center for Arthritis and Rheumatologic Disorders at Monmouth Medical Center. SCAN.\*

**Managing When You Are a Caregiver—What You Need to Know (Parts 1 and 2)** **August 2 and 16,** 1–3 p.m., presented by Laura R. Tenenbaum, J.D., Saint Barnabas Health Care System Foundation, director of planned giving, and a representative from Saint Barnabas Hospice and Palliative Care Center. SCAN.\*

**Urinary Incontinence and Pelvic Organ Prolapse** **August 23,** 1–3 p.m., presented by Daniel Kim, M.D., ob/gyn, urogynecology. SCAN.\*

**Menopause and Beyond** **August 30,** 1–3 p.m., presented by Rahab Khalil, M.D., ob/gyn. SCAN.\*

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