

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

# MONMOUTH

health & life

January 2009  
\$3.95

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### Health link

- 'Senior moments': Are they serious?
- Safer radiation for breast cancer
- A solution for stubborn wounds

## Welcome LETTER

# Ring in the New Year with good health

AS FATHER TIME MARCHES ON and the New Year emerges for 2009, Monmouth Medical Center marks the third consecutive year that more than 4,000 new babies were welcomed by our obstetricians, nurses, staff and families. In Monmouth and Ocean counties, more families are choosing our center to deliver their newborns than any other facility, ranking the hospital among the state's most active maternity programs. In this issue, Robert Graebe, M.D., chairman of Obstetrics and Gynecology, explains why so many families are choosing Monmouth Medical Center.

For women, not only is the Jacqueline M. Wilentz Comprehensive Breast Center the destination of choice, but through the Institute for Advanced Radiation Oncology, it is the only center of its kind in the region offering prone radiation therapy for breast cancer. Sang Sim, M.D., radiation oncologist, discusses the advantages of this cutting-edge treatment option for breast cancer.

Men and women of the "Sandwich Generation" are faced with taking care of both their children and their parents. When their parents begin to experience memory loss, the weight of the responsibility grows even greater. Pyra Angi, M.D., geriatrician, explores memory deficit and Monmouth's programs that aid families facing this increasing issue.

Providing the latest, cutting-edge surgical techniques has helped our hospital maintain the lowest surgical mortality rate in New Jersey for two consecutive years. Frank J. Borao, M.D., section chief of Minimally Invasive Surgery, provides insight into an array of surgical procedures that are only available at the nation's most prestigious institutions, including Monmouth Medical Center.

For men and women battling a life-altering infection, the experts at the Wound Treatment Center offer the latest techniques to prevent amputation. Podiatrists George Fahoury, DPM, and David LaPorta, DPM, lead Monmouth's wound-care team, providing hope in dire circumstances for individuals affected by nonhealing wounds.

On behalf of the staff and physicians of Monmouth Medical Center, Happy New Year!



Sincerely,

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

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

## In Jimmy's memory

TWO SISTERS HONOR A LOST BROTHER BY HELPING TO MAKE LIFE EASIER FOR OTHER SICK KIDS

SISTERS ARE SUPPOSED to tease you, fix you up with their friends and maybe, years later, drop by with the kids for a holiday dinner. But Bethie W. Dayton of Meyersville and Sandra W. Siliato of Wall Township can only remember. Their brother, Jimmy Walters, died of non-Hodgkins lymphoma five days before his 16th birthday in 1974.

They cherish memories of Jimmy as a jokester, an avid horseman and a defender of the underdog. And they also recall when he was sick. At the time there was no state-of-the-art pediatric oncology center near their Summit home, so the family on occasion had to drive into New York City for some of Jimmy's treatments.

"I remember him getting sick the whole car ride back," says Siliato, who was 10 at the time. "When you've just had chemotherapy or radiation treatments, it's hard to travel for an hour or two in the car."

But New Jersey kids can be treated closer to home today, thanks to the nonprofit Valerie Fund for children with cancer and blood disorders (named for 9-year-old Valerie Goldstein), founded in 1976. The fund has seven centers around the state—including one at The Children's Hospital at Monmouth Medical Center—where kids receive comprehensive care from pediatric doctors, nurses and child care specialists without traveling a long way. And as adults, Dayton and Siliato have put their sorrow to work raising money for the Valerie Fund.

"The fund's centers focus on kids and treat the whole patient, not just the illness," says Siliato. She heard about the Valerie Fund when a friend from school was treated at one of its facilities. Then, at age 25, she decided to try to mount a charity gala for the first time.



Siliato sought Dayton's help, and the two sisters lined up donated goods and services and organized a ball that raised \$25,000 for the fund. Over the next 11 years, they raised more than \$1 million for children with cancer and blood disorders.

Today Siliato and Dayton focus on helping the Valerie Center at Monmouth. "Many people don't realize there's a state-of-the-art pediatric oncology and hematology facility right here," says Siliato. She adds that the center is an active participant in the Children's Oncology Group, the world's largest cooperative pediatric oncology clinical trial group.

Recently the pair have used Dayton's expertise as a professional show-horse trainer to stage two charity horse shows with the theme "Kickin' Childhood Cancer." Held in 2006 and this past October, the events raised a combined \$125,000. Understanding firsthand the financial challenges facing families with sick children, the sisters are also eager volunteers with Monmouth's annual holiday party and toy drive.

"Kids are our future," says Dayton. "We try to involve young people in all our fundraising activities to teach them about the privilege of giving." That includes their own daughters—Libby, 17, the child of Dayton and husband Shea; and Autumn, 7, daughter of Siliato and husband Richie. But of course the memory of one particular teenager lies at the heart of all this pair's good work.

"You wonder why a kid was taken away so young and didn't get a chance to make a difference," reflects Siliato. "But in a way Jimmy *is* making a difference. Because of him, we've done positive things for other kids." ■

# On surgery's CUTTING EDGE

A PRACTITIONER DISCUSSES  
TODAY'S ADVANCED MINIMALLY  
INVASIVE PROCEDURES

A DECADE AGO, WEIGHT-LOSS operations such as gastric bypass were a novel advance, available at only a few hospitals, including Monmouth Medical Center. Today these procedures are performed at hundreds of institutions nationwide. To find out what's new in surgery today at Monmouth that will become widespread tomorrow, *Monmouth Health & Life* recently spoke with Frank J. Borao, M.D., the hospital's director of minimally invasive surgery and bariatric surgery, who has helped pioneer a number of surgical procedures.

**MH&L:** *You've been a practicing surgeon for 10 years, the past nine at Monmouth. What drew you to gastrointestinal surgery in general, and minimally invasive surgery in particular?*

**DR. BORAO:** Well, after medical school at the University of Medicine and Dentistry of New Jersey and my general surgery residency here at Monmouth Medical Center, I completed a fellowship at the Institute for Minimally Invasive Surgery—New York Medical College. There I was exposed to the most cutting-edge advanced minimally invasive procedures at the time. I knew that this was the future of surgery and was able to bring this technology back to central New Jersey.

**MH&L:** *At that time, was the focus mainly on gastrointestinal procedures?*

**DR. BORAO:** Yes. The institute was one of the first ones to do bariatric weight-loss surgery, and when I joined



Monmouth we were the only ones doing it in this region. In all, I've done more than 1,000 stomach-related laparoscopic surgeries over the years, giving us the most experience in the area.

**MH&L:** *Now that weight-loss surgery is fairly commonplace, what procedures can you offer here that can't be found elsewhere?*

**DR. BORAO:** We're pioneering an operation to fix failed gastric bypass procedures: We were one of only six centers

in the country participating in a trial for the ROSE procedure (restorative obesity surgery—endoluminal), which is performed through the mouth. Over time, the small pouch created during a gastric bypass can become enlarged and the opening can drain the pouch, allowing the patient to eat more and therefore regain weight. We can put specialized endoscopic equipment through the mouth and downsize the pouch and its opening. There are no incisions and virtually no pain. Patients can go home that day. We did 22 of the 120 cases in the trial. This represents the cutting-edge nature of this type of surgery.

**MH&L:** *What else can you do without open surgery?*

**DR. BORAO:** We do a lot of what's called "foregut surgery," which involves the stomach and esophagus. There are basically two types of stomach surgery—besides bariatric (weight loss) surgery there's gastrectomy, which is removing part or all of the stomach, mainly because of cancer. We are the only place in the region to do total laparoscopic gastrectomies, removing the entire stomach and reconstructing the esophagus (food pipe) to empty into the intestines without open surgery.

**MH&L:** *People can live without a stomach?*

**DR. BORAO:** Yes. The small intestine can be connected to the esophagus and nutrients will still be absorbed in the small bowel. You may lose some weight at first, but your body adapts.

**MH&L:** *What unusual esophageal surgery can you offer?*

**DR. BORAO:** There's a condition called achalasia in which the muscles around the esophagus to the stomach are thickened and the valve between them is spastic. This condition makes it very difficult for the patient to eat. We can do a procedure called a Heller myotomy with a laparoscope. We cut all the muscles around the food pipe, then go into the stomach and cut some of those muscles too. We recently did that for a woman who had been on a liquid diet for years. She was transformed into a different person. This is quite a rare condition; we see only a few cases per year.

We are also the only center in the state doing laparoscopic esophagectomies to remove a cancerous esophagus. It is an extremely challenging procedure to perform laparoscopically, because you are removing an

organ that is located in various body compartments. You are operating in the abdomen, chest and sometimes the neck. I do these in conjunction with Anthony Squillaro, M.D., a top-notch cardiothoracic surgeon.

Finally, our experience with minimally invasive paraesophageal hernia repairs—that is, repairs of a very severe kind of hiatal hernia in which most or all of the stomach goes through the diaphragm and into the chest cavity—includes more than 120 successful repairs.

**MH&L:** It sounds like there isn't much you can't do laparoscopically.

**DR. BORAO:** We perform the entire spectrum of advanced laparoscopic procedures. Many hospitals say they offer advanced laparoscopic procedures, but in reality they mean hand-assisted laparoscopic operations. An incision is

made large enough to accommodate the use of their hand, which may take away some of the benefits of minimally invasive surgery. There's substantially greater risk of wound complications and hernia formation. We can take out part or all of any solid organ—spleen, kidney, adrenal gland, ovary and uterus—with a laparoscope. We've been doing colon

resections that way for 10 years now. In the rest of the country, fewer than 10 percent are done laparoscopically, and most of those are hand-assist. My partners, Roy Dressner, D.O., and Michael Arvanitis, M.D., are among the few colorectal surgeons performing laparoscopic colectomies in New Jersey. Their experience includes more than 800 cases, one of the highest totals in the tri-state area.

**MH&L:** *I'm sure the surgeon's skills are a major factor in these advances. What role does the hospital itself play?*

**DR. BORAO:** That is always a factor, both in performing the procedures and in the outcomes. Monmouth is a great institution. It wants to be cutting-edge, a leader not just in New Jersey but in the whole country. The medical center keeps up with the latest technology and has state-of-the-art operating rooms. These procedures can only happen at a facility that has the resources and leadership to support them. ■

**“We perform the entire spectrum of advanced laparoscopic procedures.”**

*Frank J. Borao, M.D.*

**For more information on minimally invasive surgery at Monmouth Medical Center, please call 1-888-724-7123.**



# Nothing heals the *skin* like *skin*

HOW A PRODUCT MADE FROM HUMAN CELLS WORKS WONDERS WITH STUBBORN WOUNDS

**WHEN A 50-SOMETHING JERSEY SHORE** man with diabetes visited his doctor recently to check out a persistent sore on his foot, he got disturbing news: The foot might need to be amputated. The ulcer had developed because, like many of the 16 million Americans with diabetes, the patient had poor circulation in the lower part of his legs. And he was unable to feel it because of nerve damage from diabetic neuropathy. Now the sore had become severely infected, and the man was at risk for developing gangrene.



David LaPorta, DPM

When this patient found his way to Monmouth Medical Center's Wound Treatment Center, however, he got a more encouraging report. There, podiatrist David LaPorta, DPM, cleaned the wound thoroughly and applied a special skin-repair product to the infected area. About eight weeks later the sore had healed, and today the man is back at work.

## PERSONAL TAKE

If you have diabetes, a foot exam is an essential part of your regular physical. "Early detection and appropriate treatment of [foot] ulcers may prevent up to 85 percent of amputations," reports the journal *American Family Physician*.



George Fahoury, DPM

“The product is made from the cells of actual living skin,” explains George Fahoury, DPM, the Wound Treatment Center’s co-medical director. In the lab of a biotechnology company, it’s grown from human skin cells (the donated neonatal foreskin tissue of circumcised male infants). The finished product contains two skin layers: epidermis and dermis. That is why it’s called a bi-layered bioengineered skin repair therapy—and it explains why it looks like a thin, round piece of real skin.

The product lacks certain elements found in human skin—hair follicles, blood vessels, sweat glands and pigment-producing cells—that can contribute to host rejection. But its epidermal and dermal layers are made of living cells containing proteins and other skin-healing substances. Says Dr. Fahoury: “When this material is applied as a patch, or graft, to a nonhealing wound, it jump-starts the body’s natural healing process,

providing a structural scaffold for new skin cells and growth factors that help the skin naturally regenerate itself.”

One such skin-based wound-healing product, Apligraf, was approved by the Food and Drug Administration in 1998. It’s much more effective for chronic nonhealing wounds than traditional treatments such as antibacterial dressing or ointments. “When it’s used properly on the right patient, I’ve found that Apligraf heals foot and leg sores in one-third less time than conventional wound care,” says Dr. LaPorta. Many doctors prefer it to Dermagraft, the only other FDA-approved skin-based product. “Dermagraft also provides factors that stimulate skin growth, but it contains only one skin layer, the dermis,” says Dr. Fahoury.

But these skin-based products are not for everyone. Currently they’re only approved to treat diabetic foot ulcers and venous leg sores, which are caused by poor blood circulation due to faulty valves inside leg veins. And they should only be used if a patient’s sore won’t heal after three to four weeks of conventional treatment. “Apligraf and Dermagraft are usually not a physician’s first treatment option,” says Dr. Fahoury.

Apligraf and Dermagraft can be very expensive

## How skin-repair therapy is applied

Attaching a skin-based repair product to a skin wound is simple and virtually pain-free. “It’s not like doing a traditional skin graft, where a patient is in the operating room under anesthesia,” says Monmouth Medical Center podiatrist David LaPorta, DPM. Instead, this skin patch can be attached in a doctor’s office while the patient is awake.

A physician first prepares the wound by cleaning and debriding it—that is, removing infected tissue. “The body uses a lot of energy to clean up that dead tissue, and that doesn’t leave much energy for wound-healing,” explains George Fahoury, DPM, co-medical director of Monmouth’s Wound Treatment Center. “So first we want to reduce the stress on the wound by removing the non-viable tissue with a scalpel.”

Next, a piece of skin-repair material is placed, dermal side down, directly on the sore. A doctor must order each piece in advance, then trim it from its standard 4-inch size to fit the specific wound. “Once it’s in place, it’s fixated to the ulcer with a special skin glue or adhesive strips—you don’t even need sutures,” says Dr. Fahoury.

Finally, the skin-repair product is covered with a moist dressing. “You don’t want to let the wound dry out or be exposed to air,” says Dr. Fahoury. “Keeping it damp creates a good environment for healing.” After one week, the dressing is removed. The area is rinsed with a saline solution, and a new dressing is applied. Healing can usually be seen after two or three weeks.

“Over a four-week period, the Apligraf or Dermagraft is absorbed into the body and replaced by the patient’s own tissue,” says Dr. Fahoury. Occasionally the product must be reapplied. Dr. Fahoury says he usually waits about six weeks before doing this. “And I’ve never had to apply it more than twice,” he adds.

for an individual without health insurance, but Medicare and many insurance plans cover both treatments. These days Dr. LaPorta says he performs approximately three skin-repair applications per week.

“Skin-repair therapy is now a major weapon in our wound-care treatment protocol,” he explains. “With it, we’re able to prevent some amputations.” ■

To find out more about Monmouth Medical Center’s Wound Treatment Center, please call 732-923-6060.

The average adult has about 21 square feet of skin with about 300 million skin cells.



# Where to have your baby?

IT'S IMPORTANT TO CHOOSE A HOSPITAL WITH A DEMONSTRATED RECORD OF EXCELLENCE

**YOU'RE PLANNING A FAMILY** or your pregnancy test just registered positive. You have many decisions to make, but one of the first should be where to have your baby.

The hospital where your obstetrician practices will most likely be the determining factor. But if you are still in the planning stage, are looking for a new obstetrician or have a doctor who practices at more than one institution, a bit of research can help you be confident you've chosen the best place to give birth.

For one thing, it makes sense to consider the choices other families have made.

The 4,200 babies born at Monmouth Medical Center this year represent the highest total for any hospital in Monmouth and Ocean counties and an increase of 1,000 babies in the past five years.

## What new moms will find at Monmouth

**M**onmouth Medical Center's childbirth facilities ensure a continuous stream of care, from diagnostics through to birth, recovery and postpartum care. Monmouth offers comprehensive antepartum diagnostic services, including ultrasound, amniocentesis, high-risk pregnancy care and genetics screening and counseling, as well as antepartum rooms for pregnant women who must be hospitalized during pregnancy. There are three equipped operating rooms for C-sections. Anesthesiologists and nurse-anesthetists who are dedicated to obstetrical anesthesia services are available at all times.

For 40 years, Monmouth Medical Center's 26-bed neonatal intensive care unit (NICU) has cared for thousands of premature newborns or those needing special medical care

after birth. The unit was the first of its kind at a community hospital in the United States and the first in New Jersey. Having this facility on the same floor as the postpartum rooms and not in another hospital away from the mother eases patients' anxiety about having a baby who might need intensive care.

"We have the lowest rate in our group of counties of patients who have had no prenatal care, thanks to our hospital obstetric clinic and our associate Visiting Nurses Association clinics in Keyport, Asbury Park and Red Bank," says Robert A. Graebe, M.D., chairman of obstetrics/gynecology at Monmouth. "This translates into fewer maternal complications and fewer babies needing the NICU at birth."



With a birth rate relatively steady in both counties, that means more moms and dads are choosing Monmouth for their first, second or subsequent babies.

“We have dedicated our resources to providing positive outcomes and superior safety for mom and baby,” says Robert A. Graebe, M.D., chairman of obstetrics/gynecology and director of Monmouth’s ob/gyn residency program. “Families come here for our outstanding care; obstetricians come for the support they receive from their peers. Our staff includes 50 general obstetricians, four perinatologists for high-risk mothers and babies, four physicians specializing in reproductive endocrinology and infertility, two gynecologic oncologists, two urogynecologists and several nurse-midwives. Our residency program, with eight residents, is one of the state’s oldest. And once our residents complete their training, many of them stay, because they say the environment at Monmouth makes it desirable to join our staff.”

Within the past several years, Dr. Graebe and the Department of Obstetrics and Gynecology have instituted a new model of care involving hospital-based obstetricians called laborists, which adds an extra layer of security for women giving birth at Monmouth.



Robert A. Graebe, M.D.

Laborists are obstetricians who are based in the medical center. They work in partnership with the obstetric residents, the attending obstetrician of the day, and private-practice obstetricians to offer round-the-clock coverage for women in labor. Monmouth’s laborists are board-certified members of the attending staff, all of whom have private practices in the community. They work several rotating shifts per month in the childbirth unit. They act as backup for private obstetricians in the community.

“If a woman goes into labor at 3 a.m. on a February morning with 2 feet of snow on the ground, she can be assured that there’ll be two obstetricians, a resident, anesthesiologist and neonatal care specialist at Monmouth until her doctor can get there,” says Dr. Graebe.

All the laborists are certified in advanced life support, basic life support, neonatal advanced life support and advanced life support in obstetrics. To be accepted into the rotation, they must pass a written and hands-on test with a simulator mannequin and agree to follow certain protocols for the proper management of mothers and babies and communicating with the childbirth team.

## Childbirth at Monmouth, BY THE NUMBERS

When you’re choosing a place to have your baby, statistics tell only part of the story. At Monmouth Medical Center, “Preparation for Childbirth” classes and a tour of the Eisenberg Family Center can acquaint you with what lies ahead and the warm, welcoming environment you’ll find when you come to the hospital to have your baby. (Call 732-923-6990 to sign up.) But numbers can reflect the clinical quality a hospital achieves. Here’s what Monmouth’s statistics say:

- **INFANT DEATH RATE** for the past year among infants considered to be of viable age and condition: **0**
- Rate of **VAGINAL BIRTHS AFTER CESAREAN SECTION (VBAC): 20 percent**, with 78 percent of those who desire a VBAC having success. This translates into fewer C-sections, which are slightly more dangerous for mother and baby.
- Rate of **THIRD- AND FOURTH-DEGREE PERINEAL LACERATIONS** occurring during childbirth: **less than half the national average**.
- Rate of **C-SECTIONS: 25 percent**, compared with averages of 28 percent for the nation, 37 percent for the state and 45 percent for Monmouth and Ocean counties.
- Rate of **ADVERSE EVENTS** during childbirth: **down 50 percent** over the past five years.

“All of these guidelines guarantee that our newest doctors and those who have been in practice for two or more decades are up to the same current standards in childbirth practices,” says Dr. Graebe.

To further ensure safety, there’s an obstetric rapid response team, which can be activated by a patient, nurse or member of the patient’s family if there is any concern about a new mom’s care. The team includes the attending obstetrician of the day, a laborist, an obstetric resident, a newborn nursery nurse, a labor and delivery nurse and the medical rapid response team that responds to emergency situations in the Emergency Department, Labor and Delivery Suite and postpartum and antepartum patient areas. ■

For more information about childbirth services at Monmouth Medical Center, please call 1-800-724-7123.

# A safer way to TARGET breast-cancer cells

ONLY A FEW HOSPITALS OFFER PRONE RADIATION THERAPY, WHICH BETTER PROTECTS HEALTHY ORGANS

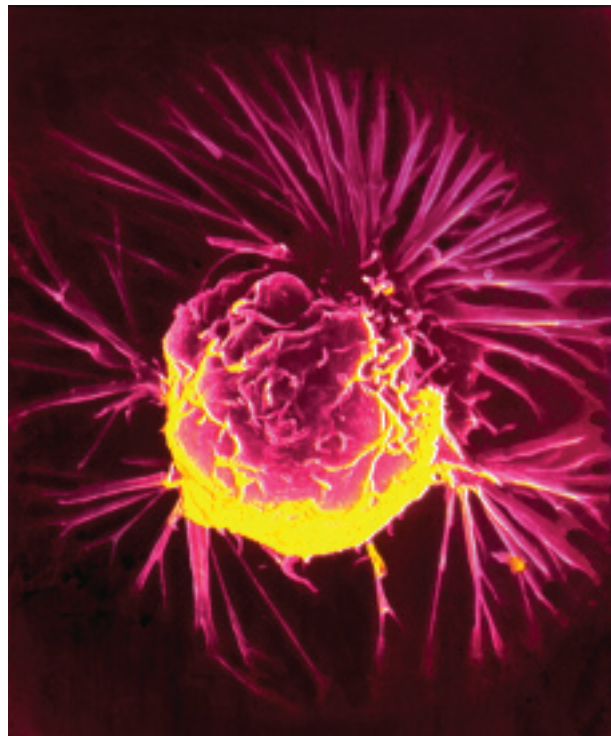
A KEY TREATMENT FOR BREAST CANCER has improved. A few leading hospitals such as Monmouth Medical Center have begun using prone radiation therapy for nearly all breast-cancer patients who receive radiation. The result: fewer side effects.

Women needing radiation to treat breast cancer have long been placed in a supine position—lying on the back. Typically, the radiation field encompassed the entire breast in order to destroy any remaining cancer cells and minimize the chance of the cancer's return. But with the conventional approach, more than the breast tissue was exposed to the radiation.

"Because the breast slopes around the chest wall, you couldn't help but include a portion of lung in the radiation field and, with the left breast, also a small portion of heart tissue," says Sang Sim, M.D., a radiation oncologist at Monmouth. The effect on heart tissue wasn't damaging, he notes. "But it was common to see scar tissue in the lung after radiation treatment. There was also an inherent risk of pneumonia." While these side effects weren't life-threatening, he says, radiologists believe it's a good idea to reduce radiation exposure whenever possible.

That's why most patients at Monmouth are now placed in a prone position—on the stomach—on top of a special breast board placed over the radiation equipment. The board includes an adjustable opening through which the breast hangs. The entire breast still receives the same dose of radiation, but the lungs and heart are largely spared.

A 2008 study in the *International Journal of Radiation Oncology, Biology and Physics* concluded that the



new approach leads to a "drastic reduction" in the amount of lung tissue exposed to significant radiation. "In the supine position, 6.3 percent of the lung receives almost a full radiation dose," says Dr. Sim. "In the prone position that is reduced to 0.43 percent. The volume of heart tissue radiated is also reduced by the change, but less dramatically—from 0.56 percent to 0.3 percent."

Only a few top medical centers now offer prone radiation therapy, says Dr. Sim. "It requires a high level of technical expertise and training that right now only a few institutions have."

At centers like Monmouth, prone radiation has actually been used since about 2000 to treat women with large breasts. The extra tissue causes skin folds that often increase skin reactions and breast swelling from the radiation. "By placing those patients on their stomachs, we reduce the number of skin folds and have fewer acute skin reactions," says Dr. Sim. Today the new method is standard procedure for the majority of patients who require whole-breast radiation. Only advanced cases needing more comprehensive radiation are still done the traditional way, the doctor says. "But we hope to develop prone therapy for those cases in the near future." ■



Sang Sim, M.D.

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

# 'Senior moments': Should you worry?

MILD MEMORY LAPSES ARE NORMAL WITH AGING, BUT YOU CAN DO THINGS TO KEEP YOUR MIND SPRY

**YOU FORGET WHERE YOU PUT** the car keys. The phone number of your best friend suddenly escapes you. What's the name of that movie you saw just yesterday?

We tend to laugh off these occasional memory failures as "senior moments." But on a deeper level, many of us worry. We wonder if our forgetfulness is the first sign of Alzheimer's disease or another form of dementia. How can you tell where senior moments end and dementia begins?

"We all forget where we parked the car or left our wallet," says Priya Angi, M.D., a geriatrician at Monmouth Medical Center. "That's not a problem. But if it interferes with your day-to-day activities—if you forget the route to the supermarket that you've traveled for years—that's a problem."

Roughly 6 to 8 percent of those 65 to 85 suffer severe memory loss, she says. For those older than 85, it's about 30 percent. "There is a belief that serious memory loss is a natural part of aging, but it's not," adds Dr. Angi.

"Most people remain alert and able as they age, though it may take them longer to remember things."

That's not dementia. According to the National Institute on Aging, dementia describes a group of behavioral symptoms caused by changes in brain function like:

- **asking** the same questions repeatedly
- **becoming lost** in familiar places
- **being unable** to follow directions
- **getting disoriented** about time, people and places
- **neglecting** personal safety, hygiene and nutrition

Serious memory loss has a number of possible causes, says Dr. Angi, and some are highly treatable. Thyroid gland problems, alcohol abuse and depression are all correctable, and in these cases cognitive function often can be returned to where it should be. Low levels of vitamin B-12 also impair brain function. "B-12 is vital for healthy neurons, the cells that pass information throughout the brain," the doctor explains. If a simple blood test



## PERSONAL TAKE

If you're worried about your memory, a visit to your doctor to be checked out may prove reassuring. And you can find out more about Alzheimer's disease and other forms of dementia from these three websites:

- The National Institute on Aging, [www.nia.nih.gov/Alzheimers/Publications/adfact.htm](http://www.nia.nih.gov/Alzheimers/Publications/adfact.htm)
- The Alzheimer's Association, [www.alz.org](http://www.alz.org)
- Alzheimer's Disease Education and Referral Center, [www.alzheimers.nia.nih.gov](http://www.alzheimers.nia.nih.gov)

reveals B-12 deficiency, she prescribes high doses (1,000 micrograms a day) in pill form to get levels back up.

The two most common forms of dementia in seniors are Alzheimer's and multi-infarct dementia (sometimes called vascular dementia), she says. Medications may slow the dementia's progression, but there is no cure. Scientists are working to develop new drugs that someday may slow, reverse or prevent dementia. In the meantime, there is a lot we can do to prevent normal memory loss.

"Brain exercise is very important," says Dr. Angi. She suggests keeping the brain active by reading, doing puzzles, taking classes—anything that involves active cognition. "Get up and learn something new!" ■

To learn more about the evaluation and treatment of memory problems at Monmouth Medical Center, call 1-800-724-7123.



Priya Angi, M.D.

# 'Dr. C' times three

IN DIFFERENT WAYS, THESE MONMOUTH DOCTORS

EACH FOUND THE RIGHT MEDICAL NICHE

GENERAL SURGEON

**STEPHEN A. CHAGARES, M.D.**

WHEN SANTA CLAUS arrived on Christmas morning at The Children's Hospital at Monmouth Medical Center, the guy in the red suit was Stephen A. Chagares, M.D. For 10 years, Dr. Chagares, 44, and his wife, Marianne, aka Mrs. Claus, have brought gifts and cheer to pediatric patients and their siblings. Last year, the Shrewsbury residents were joined for the first time by their daughter, Isabella, now 19 months old.

"It's our big day," says the doctor. "Marianne coordinates donations from our families, the Colts Neck Women's Club and other organizations all year."

A lifelong New Jersey resident, Dr. Chagares graduated from the University of Medicine and Dentistry of New Jersey–Robert Wood Johnson Medical School in Piscataway in 1990, then came to Monmouth for his general surgery residency. After completing it in 1996, he joined the medical staff and opened a solo practice in Shrewsbury. Today he is assistant program director for the general surgery residency.

"One of the more satisfying parts of my practice is removing cancerous tumors," he says. "My reward at the end of a long day is that I'm able to tell my patients in the recovery room that their cancer is gone."



INTERVENTIONAL CARDIOLOGIST

**EDWARD J. CHOI, M.D.**

A THIRD-GENERATION physician, Edward J. Choi, M.D., didn't have to look far for inspiration. His grandfather was a general practitioner in Korea; his father is a surgeon in Edison.

"My father has a wonderful rapport with patients, and I am trying to emulate his ways," says Dr. Choi, 37, of Long Branch. The two also play tennis together and share a love of reading, with interests in medicine and history.

Dr. Choi grew up in East Brunswick. He graduated from Wake Forest University School of Medicine in North Carolina in 1998 and did an internship and residency in internal medicine at the UMDNJ–Robert Wood Johnson Medical School in Piscataway. After a cardiology fellowship and an interventional cardiology fellowship at Brown University School of Medicine/Rhode Island Hospital in 2006, Dr. Choi went into private practice at Atlantic Cardiology in Neptune.

Dr. Choi enjoys encouraging his patients to get fit and reduce their risk factors for heart disease. He and some of his medical partners play in an over-30 soccer league at Fit Sports in Wall.

"We have some exciting therapies and procedures available today for heart disease, but preventing it is always better than treating it," he says.



VASCULAR SURGEON

**GEORGE S. CONSTANTINOPOULOS, M.D.**

WHILE IN MEDICAL school at the University of Athens, George S. Constantinopoulos, M.D., came to the Boston suburbs for a summer clerkship at Waltham Hospital. There he fell in love with surgery, realizing that it fit his personality.

"I like to solve problems and get results quickly," he says. "That's what a surgeon does."

After earning his M.D. in 1976, he came to the U.S. to do his internship and surgical residency at Monmouth Medical Center, then did a fellowship in vascular surgery and transplantation at Philadelphia's Hahnemann University. Next his path led back to

Monmouth and into practice in Long Branch. Today, Dr. Constantinopoulos, 56, is section chief of vascular surgery, specializing in carotid artery and endovascular procedures.

"I love Monmouth for a simple reason: I can trust the staff with my patients," he says.

An avid reader of books about history, politics and the business of medicine, Dr. Constantinopoulos also completed an MBA program at Kennesaw State University in Atlanta, Georgia. He and wife, Andrea, have three children, Anthony, 23, Julia, 17, and Chloe, 3. ■



# What's HAPPENING at Monmouth Medical Center

## CHILDBIRTH PREPARATION/PARENTING

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

■ **One-Day Preparation for Childbirth** December 14, January 25, February 22, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

■ **Two-Day Preparation for Childbirth** (two-session program) January 10 and 17, February 7 and 14, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

■ **Preparation for Childbirth** (five-session program) January 6, 13, 20, 27 and February 3, February 24, March 3, 10, 17 and 24, 7:30–9:30 p.m. \$125/couple.

■ **Two-Day Marvelous Multiples** January 11 and 18, March 29 and April 5, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).

■ **Eisenberg Family Center Tours** December 21, January 4, 18, February 1 and 15, 1:30 p.m. Free. (No children under 14 years old.)

■ **Baby Fair** March 1, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, gifts. To register, call 1-888-SBHS-123. (No children under 14.)

■ **Make Room for Baby** December 20, January 24, February 21, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

■ **Becoming a Big Brother/Big Sister** January 31, March 28, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

■ **Childbirth Update/VBAC** January 7, March 11, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

■ **Baby Care Basics** (two-session program) January 8 and 15, 7:30–9:30 p.m., February 21 and 28, noon–2 p.m. \$80/couple.

■ **Breastfeeding Today** February 5, 7–9:30 p.m. \$50/couple.

■ **Cesarean Birth Education** February 18, 7:30–9:30 p.m. \$40/couple.

■ **Grandparents Program** January 12, March 9, 7–9 p.m. \$30/person; \$40/couple.

■ **Parenting Young Children Through S.T.E.P. (five-session program)** February 11, 18, 25, March 4 and 11, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person; \$100/couple.

■ **Adoptive Parenting** Private, two-session programs scheduled to accommodate your needs. \$150/couple.

■ **Gestational Diabetes** One-session class for women who develop diabetes during pregnancy. Call the Center for Diabetes Education at 732-923-7550. Fee required.

## JUST FOR KIDS

(Also see sibling preparation programs above.)

■ **Safe Sitter** (one-session program) January 31, March 28, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

## GENERAL HEALTH

■ **Free Child Car Seat Inspection** December 18, January 15, February 19, 3:30–6:30 p.m. Offered by Long Branch Police, Monmouth County Sheriff's Office, N.J. Division of Highway Traffic Safety, The Children's Hospital at MMC and its SAFE KIDS chapter. Long Branch Union Fire Company, 199 Union Avenue.

■ **Free Child Car Seat Inspection** December 20, January 17, February 21, 8:30 a.m.–12:30 p.m. Conducted by MONOC safety technicians and sponsored by The Children's Hospital at MMC. At Galaxy Toyota, 700 State Highway 36 East, Eatontown. Appointments are required; call 1-800-287-3515, ext. 1107.

■ **Stress-Free Workshop** "The Happiness Studies," January 13; "Communication Skills," February 10; 7–9 p.m., Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration required; call 1-SBHS-123.

■ **The Happiness Studies** February 12, 7–9 p.m., Tatum Park.\* Fee required.

■ **Laughter Yoga/Laughter Club** February 17, 7:30–9 p.m., Tatum Park.\* Fee required.

■ **Change Your Thoughts for Inner Calm** February 26, 7–9 p.m., Tatum Park.\* Fee required.

■ **Evening Enlightenment** March 10, 7:30–9 p.m., Tatum Park.\* Fee required.

■ **Diabetes Self-Management Series** Four sessions focusing on diet, glucose monitoring, medications, prevention/treatment of complications and exercise. Monmouth Medical Center. For dates and times, call 732-923-5025. Fee required.

\*Tatum Park is located at Red Hill Activity Center, Middletown. Registration required. Call 732-842-4000, ext. 1.

## SENIOR HEALTH

■ **Age-Related Memory Loss** January 21, 1–3 p.m. Presented by Priya Angi, M.D., geriatrics, SCAN.\*\*

■ **Could It Be My Thyroid?** January 28, 1–3 p.m. Presented by Sudha Ganne, M.D., endocrinology, SCAN.\*\*

■ **Age-Related Macular Degeneration and Low Vision** February 4, 1–3 p.m. Presented by Lisa Ann Ortenzio, optometric physician, SCAN.\*\*

■ **The Heart Truth for Women** February 11, 1–3 p.m. Presented by Monmouth's cardiology services, SCAN.\*\*

■ **Hereditary Breast, Ovarian and Colon Cancer: Does It Run In Your Family?** February 18, 1–3 p.m. Presented by the High-Risk Cancer Assessment Program, Familial Colorectal Cancer Registry, MMC, SCAN.\*\*

■ **Mediterranean Diet: What Is It and What Are the Benefits?** March 4, 1–3 p.m. Presented by nutritional care at Monmouth, SCAN.\*\*

■ **Non-surgical Treatment Options for Back Pain: What Older Adults Should Know** March 11, 1–3 p.m. Presented by Barry L. Swick, M.D., nonoperative spine specialist, Monmouth, SCAN.\*\*

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